

The Long Walk Home: COVID-19 Lockdown and Migrant Labour in India

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Summary

The announcement of a nationwide lockdown in India to combat the spread of COVID-19 saw millions of migrants rush back to their villages. In doing so, they placed themselves and their families at risk. Why did they do so? Did policymakers have choices?

Introduction

The 21-day nationwide lockdown in India announced on 23 March 2020 to curb the risk of mass transmission of COVID-19 was necessary and inevitable. The possibility of rapid transmission in a densely populated country with sparse health and medical infrastructure made the decision to confine all citizens to their homes an imperative. For a population of 1.3 billion, India is estimated to have about 42,000 ventilators, most of which are likely to be used in intensive care units across the country. Its doctor and nurse ratio is significantly below that recommended by the World Health Organization, with medical personnel heavily concentrated in the urban areas. While ventilators, other medical equipment and medication can be gradually supplemented, medical personnel cannot be trained or sourced at short notice, especially when resources are stretched to an unprecedented degree around the world.

Limited access to the healthcare system in many parts of rural India, an overstretched public health service and the lack of trained medical staff could pose insurmountable constraints if the infection rate among the general public spreads. In 2018, Prime Minister Narendra Modi launched a free publicly funded National Health Insurance Policy (*Ayushman Bharat Pradhan Mantri Jan Arogya Yojana*) targeting the poorest 40 per cent of the population. The programme has encountered some teething problems in its administration and reach, and will not be adequate to deal with a rampant epidemic. Thus, there is a need for swift pre-emptive action.

Response to the Lockdown

Despite strict orders to stay indoors and cancellation of train and inter-city bus services, the announcement of the lockdown resulted in a spontaneous mass exodus of migrants living and working in India's urban centres. They travelled by foot or any other available means to return to their villages or smaller towns, many hundreds of kilometres away. The move back to the villages was captured extensively in vivid video clips distributed across the global media. What induced this seemingly mass defiance or wilful dismissal of the government's orders?

The movement to return to their homes may have been socially undesirable, but for individual migrants, it was a rational decision, reflecting economic vulnerability and a deep fear of their inability to cope with the uncertainties that lay ahead. The absence of a safety net and the financial wherewithal to help tide over an uncertain period of time, without any income, inadequate access to medical facilities and a latent desire and need to seek the comfort and security of home – all resulted in an inexorable movement back to the villages where they felt they would receive shelter and food.

While precise estimates are difficult to obtain, over 90 per cent of the Indian workforce outside agriculture is employed in the informal sector. Internal migrants in the informal sector are estimated to number about 120 million. By 2019, about 30 per cent of the workforce in India's cities survived on daily wages. Estimates indicate that nine million workers are on daily wages in the National Capital Region of Delhi's population of 30 million. Amongst these, over 83 per cent migrated to Delhi in search of work. This is the base that is vulnerable and likely to attempt to leave the city. The poorer states of Uttar Pradesh and Bihar account for two of every five migrants to cities, followed by Rajasthan and Madhya Pradesh.

The construction industry alone is the biggest employer in the informal sector, employing 55 million workers across the country on daily wages, accounting for around nine per cent of the gross domestic product. Each year, an estimated nine million workers move from villages to cities in search of work at construction sites and factories. The construction sector also accounts for the highest proportion of women employed with 67 per cent of the workforce in urban areas and 73 per cent in rural areas. Since there is minimal labour protection and most workers are on daily wages, remuneration in construction is below the minimum wages, ranging (in purchasing power parity terms) from between S\$9 and S\$18 for 55 per cent of workers supporting an average family size of four, while another 40 per cent earned daily wages ranging from S\$18 to S\$27. The prescribed daily minimum wages for skilled, semi-skilled and unskilled workers are S\$31.50, S\$28 and S\$25.50 respectively. A brief survey conducted by *Jan Sahas*¹ among migrant labour on 25 March 2020 and thereafter indicated that 42 per cent of workers had no rations left for a day and 66 per cent stated that they could not sustain their household expenses beyond a week. The survey revealed that the immediate need of the migrant workers were foodgrain rations and an assurance of monthly support for the duration of the lockdown. About 83 per cent of the workers believed they would not be able to find work at the end of the shutdown, and 80 per cent feared the three-week lockdown would leave their families without any food.

Challenges of Meeting the Objectives of the Lockdown

Jobs in the informal sector offer no employment safeguards or health benefits, with most workers surviving on daily wages. As the richest and fastest-growing city in the country and proximate to the poorest, densely populated states in the country, Delhi is a magnet for migrants from the countryside. Four of five workers in the informal sector in Delhi, the highest proportion in the country, are migrants from nearby states. These workers are heavily concentrated in urban slums and tenements. The fear of being locked down for an

¹ Jan Sahas is an NGO working on social development <https://jansahasindia.org/>.

unprecedented period of 21 days with no apparent means of earning or having access to resources that would help them tide over the difficult period, triggered immediate panic, and a desire rush to home to the familiarity, security and comfort of family and the community.

Furthermore, the objectives of the lockdown – the need to impose social distancing and taking precautionary measures to minimise the risk of transmission across states – are exceedingly difficult to achieve. Conditions in the slums are far from ideal for observing prescribed hygiene norms or social distancing. Delhi has one of the highest population densities in the world with an average of 12,000 people per square kilometre. The conditions are worse in the slums, where five people may be staying in a 10-square metre room without running water. The shared toilet and bathing areas are quite appalling, so the standard prescription of washing hands regularly, frequent cleaning of common areas is extremely difficult if not impossible to implement. While public services delivery infrastructure, including water delivery, has improved significantly in recent years, it is far from what is necessary for a lockdown to function effectively. The problem is rendered worse by the exceptionally poor air quality and contamination of piped water in Delhi that renders a vast swathe of the population more vulnerable to pulmonary and gastrointestinal problems.

Within the slums, there is a differentiation between migrants on daily wages and those with jobs that are stable enough to allow them to bring their families from the villages. Medical studies on influenza in Delhi point to the risk of over-estimating the time taken for the infection to peak by several weeks, and underestimating the infection rate by 10- 50 per cent when the slum population is ignored in the calculations. The environment in slums constitutes a 'Petri dish' for the outbreak of infections. Since workers living in the slums are an integral part of the urban economy, an outbreak anywhere in the city could be transmitted rapidly. The particularities of vulnerability among the slum populations have a significant effect on influenza transmission in urban areas, complicating policymakers' challenge of estimating infection rates.

Experiences Elsewhere

Other countries do not mirror the challenges India faces. A lockdown of the sort implemented in Italy, Spain or even China, cannot be carried out with the same degree of effectiveness in India. South Africa announced a three-week lockdown to be implemented after four days on 26 March 2020, giving the population time to prepare. The largest city, Johannesburg has a sizeable informal sector with a large population of migrants not only from the neighbouring townships, but also from the hinterland. So, the four-day notice gave migrants time to prepare themselves for the lockdown. The Brazilian leadership is yet to acknowledge there is a problem at all. Among the larger countries that have imposed lockdowns, China is most similar in size to India. The differences, though, are stark. Aside from a lower population density, China underwent the world's largest and arguably fastest migration to urban areas engineered by the state. Entire cities with apartment complexes cropped up to accommodate the needs of its people. Recent migrants live in cities with a developed urban infrastructure, resulting in a lower average density. Families, at least, have the wherewithal to manage isolation.

Furthermore, the *Hukou* policy on migration to cities prevented the growth of slums seen in other developing economies. The controlled urban agglomerations and permanent residences for migrants obviated the need to leave the city. The closest parallels to large Indian cities may be cities such as Lagos, Karachi and Dhaka, especially the latter two.

Policy Issues

The exodus seems to have caught the state and local governments by surprise. On 26 March 2020, the central government issued orders to the state governments to set up relief camps providing food and shelter to migrants on the roads until the end of the lockdown period. These camps would also carry out tests and screen all residents to prevent further transmission of the virus. The march back home entailed a high cost. Aside from the tremendous physical and mental strain and fear, a population that already was not in the best of health was rendered further vulnerable through stress and weakness. Conditions in the relief camps seem to vary, but there is no systemic evidence yet of how the migrants are being treated, and whether they have been voluntarily persuaded to stay there till the end of the period.

On the day after the lockdown, the Finance Minister, Nirmala Sitharaman, announced relief measures, but most migrants did not possess the requisite paperwork or documentation to prove their eligibility for relief. As an illustration, on 24 March 2020, the government issued a directive to all the state and local governments to transfer funds through Direct Benefit Transfer to workers in the construction sector. However, a survey found that 94 per cent of workers did not possess the Building and Construction Workers identity card, thus ruling out the possibility of receiving any benefits from the sizeable corpus of the Building and Construction Workers fund. Furthermore, while the number of citizens with bank accounts has grown exponentially, many of these accounts remain dormant or the workers cannot operate them. Despite the impressive achievements in digitalisation of payments and cash transfers, the 'last mile challenges' stifle the potential for a large number of workers.

Could the lockdown be handled differently? It is not difficult to envisage the panic that struck the millions of migrants depending on daily wages for sustenance. In the absence of any announcement on the provision of food supplies or the mechanisms for doing so, the natural response was to head back to secure, familiar surroundings, carrying whatever was possible on their backs. Social distancing is well nigh impossible for the poor in urban areas.

Assurance of food and essential supplies during the 14-day lockdown period accompanied by income support in the immediate aftermath of the lockdown until the economy returns to a semblance of normalcy could have induced migrants to stay back, notwithstanding the elevated risks due to living conditions. It could have allowed for monitoring health and when needed, testing of suspected carriers. This period could also allow for community resources to be mobilised to inform and reassure people. Moving back to their villages or towns risked transporting or acquiring infections.

How can the immediate bread and butter issues for a vulnerable moving population be resolved? There are no easy options. With the vulnerabilities, any strategy resulting in deprivation of work would result in a mass migration. However, giving credible information,

time and support for the move back, subject to medical clearance, could have mitigated the mass exodus back to the villages.

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