Tracking of Migrants by ASHAs for COVID-19 Community Surveillance in Uttar Pradesh

Background

WHO declared COVID-19 as a pandemic on 11 March 2020. In order to contain the spread of COVID-19, India announced lockdown of the entire country on the midnight 24-25 March 2020. While this lockdown has been recognized as a very timely intervention in limiting the spread of the infection, it also meant that lakhs of migrant workers across the country were stranded in their cities of work with no employment and therefore, limited means of survival.

As per census 2011, Uttar Pradesh had more than 20 lakh migrants working outside the state. After the lockdown, lakhs of migrants returned to UP from across the country and from within the state. These returning migrants posed a dual challenge- dealing with the risk of importation of COVID infection as well as ensuring their welfare. There was an urgent need to track these migrants and link them with local health services as well as COVID surveillance system.

Challenges due to mass movement of migrants

Increased risk of COVID: Physical distancing, hand washing & other WASH activities compromised in quarantine centres/shelter homes and in transit

Low awareness about preventive measures related to COVID-19 among the migrant population

Restricted access to essential health & nutrition related services– susceptibility to vaccine preventable diseases, other communicable diseases, malnutrition particularly in children, lack of menstrual hygiene for adolescent girls and women in quarantine centres and shelter homes

Migrants not included in due beneficiary lists and poor linkages to Govt benefit schemes both in cities of work and native places

Stigma and discrimination both in quarantine centres/shelter homes/returned migrants

Psychosocial issues due to uncertainty and helplessness including in women and children, especially those in quarantine/ shelter homes

Interventions/Strengths

Political commitment for tracking migrants: Department of Health and Family Welfare, Uttar Pradesh decided to track all the migrants who had been placed in home quarantine to create awareness amongst them on preventive measures for COVID-19 and to link them with COVID-19 surveillance system.

Clear guidelines on community based surveillance: At the time this intervention was initiated in the end of March, national COVID surveillance guidelines did not require testing of migrants with ILI. However, recognizing the high risk of infection amongst these migrant, Government of Uttar Pradesh decided to test migrants with severe ILI. ASHAs were instructed to conduct house-to-house surveys in their areas and take the following actions:

- *Counsel the migrants on strict adherence to home quarantine protocols*
- *Create awareness on preventive measures for COVID-19*
- *Identify migrants with symptoms of ILI and link them with surveillance system for COVID-19*
- *Provide paracetamol to those with fever*
- *Follow-up all migrants with symptoms in three days and all others after seven days*

Use of technology for migrant tracking: An online tracking system was developed with support from UNICEF for data entry at field level and dashboard for state level monitoring. ASHAs conducted house-to-house surveys and sent reports to Block Community Process Managers (BCPMs) telephonically or through Whatsapp and BCPMs entered the data on the online system

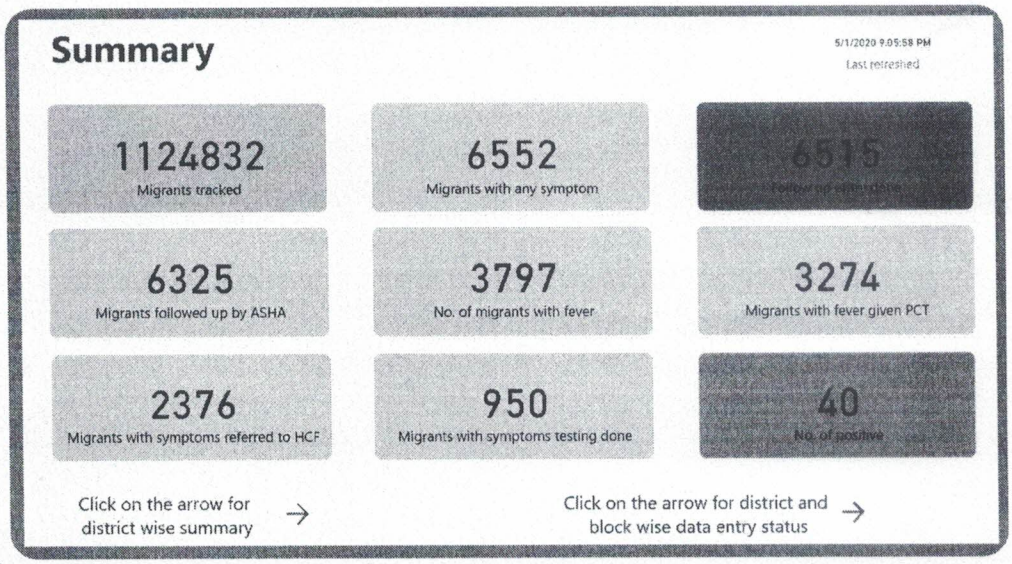
Use of technology for capacity building: The capacity of district and block level ASHA supervisors was built through the video conferencing on the mechanism of tracking migrants, interpersonal communication (IPC) on COVID-19 and data flow system. These district and block level supervisors in turn trained their respective ASHAs through a training video which was shared through Whatsapp.

The capacity building included components on following measures for protection of the ASHAs themselves. Within three days more than 900 district and block supervisors were trained for data entry and more than 140,000 ASHAs were trained for survey and data collection.

Regular review at district and state level: Daily review mechanism using the online dashboard was set up at both district and state levels to follow up on the progress of migrant tracking through ASHAs. This review and support helped in fast tracking the entire exercise. Coordination with Pachayati Raj Department was also done for using the data collected by their department for comparison and review.

Results

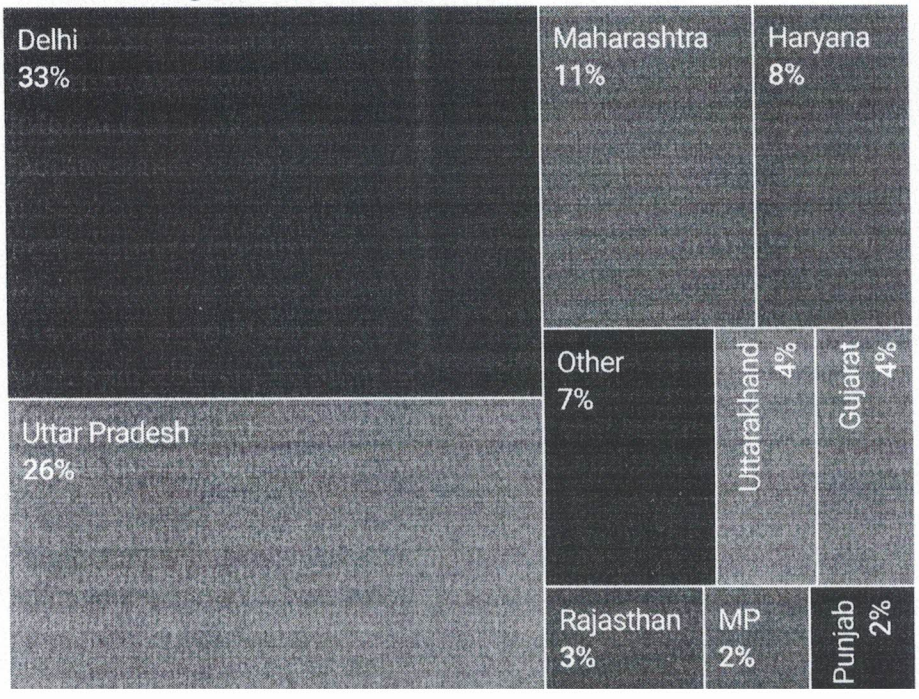
The online tracking of migrants was initiated on 03 April 2020 and within three weeks 11,24,832 migrants were visited and line listing done. During the visit, all the migrants were counselled on the preventive measures and quarantine protocols and where to contact if they develop any symptoms.



Among them, 6,552 migrants with symptoms of ILI were identified. 3,797 migrants who had fever were given paracetamol for three days. About 2,376 migrants with severe symptoms were informed to health care facilities and screened for nasopharyngeal swab (RT-PCR) testing through the Block Response Team (BRT). Among them, 950 migrants with symptoms were eligible for testing and nasopharyngeal swabs were taken. Among the 950 samples collected, 40 patients turned COVID positive and were isolated and treated in designated COVID hospitals.

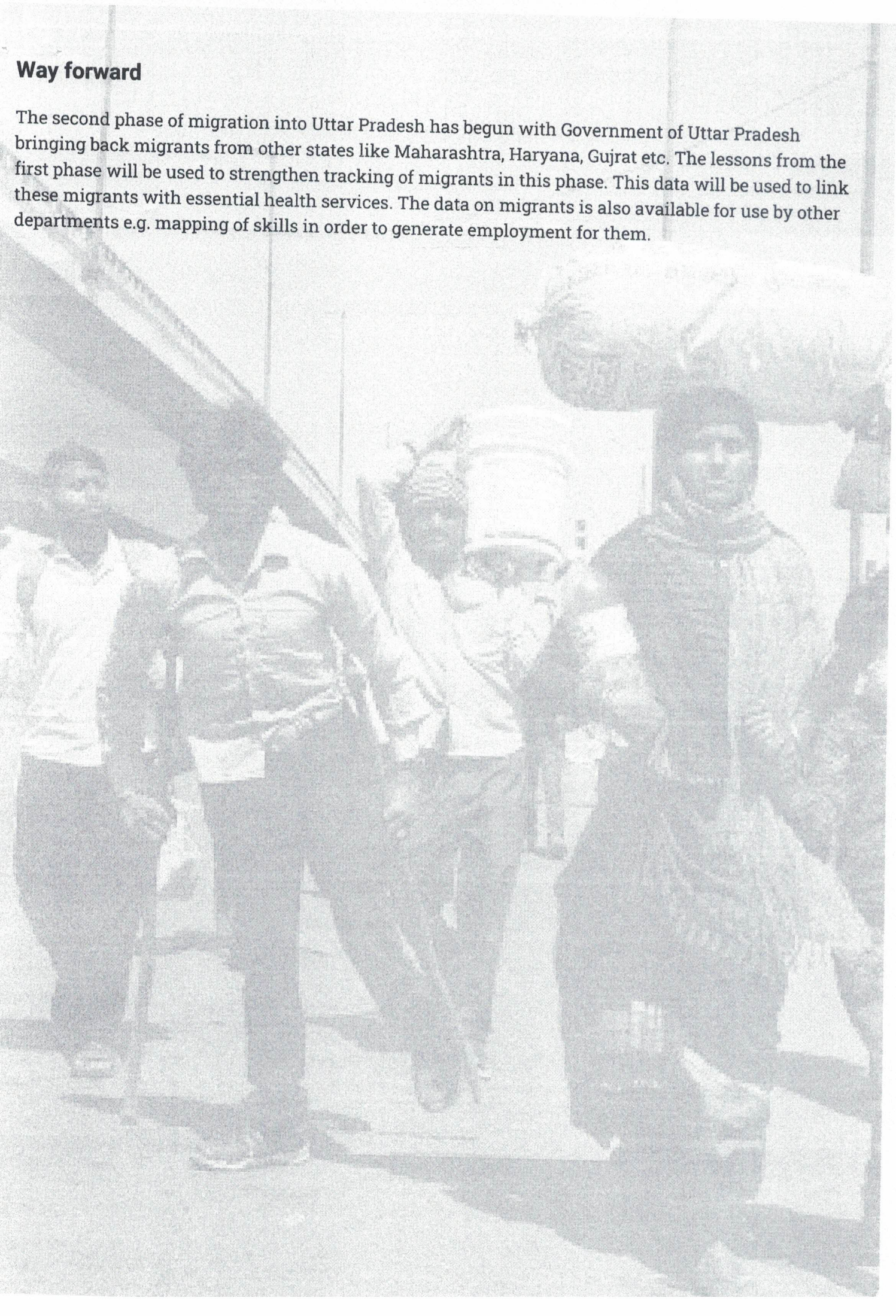
The data on source of migration as depicted in the following tables was used to prioritize districts for action related to COVID-19, with those with high proportion of migrants returning from COVID hotspot districts prioritized for various COVID response actions.

Inter-state migration in Uttar Pradesh



Intra-state migration in Uttar Pradesh

Districts	Percent of return migrants
Agra	4%
GB Nagar	20%
Ghaziabad	13%
Kanpur Nagar	6%
Lucknow	18%
Meerut	3%
Prayagraj	2%
Varanasi	2%
Other	32%

Way forward

The second phase of migration into Uttar Pradesh has begun with Government of Uttar Pradesh bringing back migrants from other states like Maharashtra, Haryana, Gujrat etc. The lessons from the first phase will be used to strengthen tracking of migrants in this phase. This data will be used to link these migrants with essential health services. The data on migrants is also available for use by other departments e.g. mapping of skills in order to generate employment for them.