Towards a better response to Internal Labour Migration in India

Key Recommendations for the 12th Plan

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Disha Foundation
National Coalition for Security of Migrant Workers
Labour migration: An overview

- 30% of the population or 309 million people were classified as migrants. (Census 2001); However, these data do not tell us how many people migrate on a temporary basis.
- Both NSS and Census data are likely to provide serious underestimates given the difficulty in interviewing mobile population.
- This trend also highlights increase in migration among women (both with their families and independently), making it a significant proportion of migration flows.
- Of the 309 million migrants, 218 million are females of which 90% were interstate migrants as compared to only 21% of males being interstate migrants.
Labour migration: An overview

- Among male interstate migrants, rural to urban accounted for 47% of migration while for female interstate migrants 36% moved from rural to rural areas.
- Migration is on the rise with 226 million migrants being in 1991 census and 309 million migrants being in 2001 census (increase of 36.7% in a decade).
- Much of the migration is concentrated around northern Indian states with UP leading as a destination followed by Delhi, West Bengal, Tamil Nadu and Rajasthan.
- Delhi leads as a destination for rural to urban (followed by MH, UP, HR, AP) and urban to urban migration (followed by UP, MH, WB and KA).
- MH, GJ, AP and KA have significant migration into urban areas.
Migration: Key Statistics

572,254
Surveyed Population
NSS 2007-08

30%
Migrants

Intra-State
85%

Across-States
15%

Geographic Distribution of Intra-State movement
Inbound vs. Outbound pattern across States
Migration between Rural and Urban regions
Intra-State migration Patterns

Number of migrants moving within each of the States...

...in absolute numbers

...as a % of state’s survey size

Source: Asia Analytics lab, Indian School of Business and Gramener
Migration across **Rural Areas** is significant!

..followed by migration to **Urban Areas**..

..Reverse migration from Urban to Rural is rare!

<table>
<thead>
<tr>
<th>State migrated to</th>
<th>Rural-to-Rural</th>
<th>Rural-to-Urban</th>
<th>Urban-to-Urban</th>
<th>Urban-to-Rural</th>
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</thead>
<tbody>
<tr>
<td>INDIA</td>
<td>53%</td>
<td>24%</td>
<td>16%</td>
<td>6%</td>
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<tr>
<td>Bihar</td>
<td>71%</td>
<td>17%</td>
<td>7%</td>
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<td>Sikkim</td>
<td>69%</td>
<td>12%</td>
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<td>Tripura</td>
<td>66%</td>
<td>19%</td>
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<td>Himachal Pradesh</td>
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<tr>
<td>Uttar Pradesh</td>
<td>65%</td>
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<tr>
<td>Orissa</td>
<td>65%</td>
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<td>9%</td>
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<td>Rajasthan</td>
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<td>21%</td>
<td>13%</td>
<td>6%</td>
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<td>Madhya Pradesh</td>
<td>57%</td>
<td>21%</td>
<td>18%</td>
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<td>Jharkhand</td>
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<td>22%</td>
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<td>West Bengal</td>
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<td>Chhattisgarh</td>
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<td>Kerala</td>
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<td>Andhra Pradesh</td>
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<td>Uttarakhand</td>
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<td>Andaman &amp; N Islands</td>
<td>50%</td>
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<td>Karnataka</td>
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<td>Meghalaya</td>
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<td>Dadra &amp; Nagar Haveli</td>
<td>45%</td>
<td>39%</td>
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<td>Gujarat</td>
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<td>Jammu &amp; Kashmir</td>
<td>45%</td>
<td>38%</td>
<td>16%</td>
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<td>Maharashtra</td>
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<td>Tamil Nadu</td>
<td>40%</td>
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<td>Daman &amp; Diu</td>
<td>40%</td>
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<td>Manipur</td>
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<td>Nagaland</td>
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<td>Mizoram</td>
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<td>Arunachal Pradesh</td>
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<td>Pondicherry</td>
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<td>Lakshadweep</td>
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<td>Chandigarh</td>
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<td>39%</td>
<td>44%</td>
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<td>Delhi</td>
<td>6%</td>
<td>54%</td>
<td>37%</td>
<td>3%</td>
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</tbody>
</table>

Union Territories buck this trend, again! ..along with some North-Eastern states

Source: Asia Analytics lab, Indian School of Business and Gramener
A word on rural to urban migration

- India’s present urban population is around 350 million which is expected to grow up to 800 million by 2050
- India will be increasingly living in cities and more than two-thirds of India’s economic output will be from urban areas
- These numbers indicate that migration is here to stay and is going to increase exponentially in coming years with continued development
- This will have huge impact on India’s society, culture, politics and natural and built environment
- If we wish to continue on our path of developing into a strong, vibrant, sustainable democracy we should make our urban planning migrant friendly and inclusive
Components of urban population growth

Largest interstate migrations

Major rural to urban interstate migration

Major urban to urban interstate migration

Inter-State migration: Net Gain/Loss View

Net Inflow (i.e. Inbound – Outbound) of migrants into each State...

...in absolute numbers
Net loss for UP, Bihar
Net gain for Delhi, MH

...as a % of state’s survey size
(rescaled)
% Net gain for UTs
+41% Chandigarh
+34% Daman & Diu
+23% Puducherry
+22% A&N Islands
+21%

Source: Asia Analytics lab, Indian School of Business and Gramener
Top migration streams

Estimated top 50% of Total Migration

Estimated top 50% of Migration into Urban areas

Inter-State migration: States Heat-map

Top destinations for UP, BH, RJ migrants
Consistent migration in geographic proximity

Source: Asia Analytics lab, Indian School of Business and Gramener
Internal Migration in India – Migrant workers

Migration main exit from poverty; Migration and Revenue - studies

Principal and preferred means of labour recruitment

Economic growth hinges on mobility of labour

Magnitude ~ 100 million migrant workers/wage labourers
Causes of migration

- Landlessness
- Lack of sufficient water for agriculture
- Agriculture and allied activities are unable to make sustained contribution to the livelihood of the rural poor
- Lower wages of daily Labour at Source
- Advance /debts
- Comparatively better wages and employment opportunities in cities
- Attraction of City Life
- Major survival strategy
Causes of migration - The major reason for women to migrate is due to marriage and for men it is search for better employment/transfer.

Source: Asia Analytics lab, Indian School of Business and Gramener
Changes in causes of migration with time - Gradually increasing / changing with evolving economic conditions

### Migration by Reason, year and gender

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<tbody>
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<td>Marriage</td>
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<td>Migration of parent earning member</td>
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<tr>
<td>Acquisition of own house</td>
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<td>Housing problems</td>
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<td>Health care</td>
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<td>Post retirement</td>
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<td>Employment</td>
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<td>Transfer of service/Contract</td>
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<tr>
<td>Business</td>
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<tr>
<td>Proximity to place of work</td>
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<td>Studies</td>
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<td>Natural disaster</td>
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<td>Social/Political problems</td>
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<td>Displacement by development project</td>
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<td>No data</td>
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</table>

Legend (# migrants): 0 - 8630 - 27500

Source: Asia Analytics Lab, Indian School of Business and Gramener
Causes differ by state - people in Tripura migrate mostly because of Forced Reasons, whereas the most dominant reason in UP is Marriage!

Source: Asia Analytics lab, Indian School of Business and Gramener
Women who marry and migrate are involved in domestic duties, while men who migrate are employed as wage employees.
Sectors of migrants

- According to NCRL, a large number of migrants are employed in below sectors, which have shown an increase in employing both men and women
- Cultivation and plantations,
- Brick-kilns, quarries, construction sites
- Fish processing.
- Urban informal manufacturing construction Services or transport sectors and are employed as casual laborers, Head loaders
- Hotel and tourism industry
- Rickshaw pullers and hawkers.
- Certain types of work such as construction, transport, hotel, domestic work, sex work, work in garment manufacturing and seafood processing, has shown a marked increase in engaging migrants
Vulnerability of Migrants

Majority of poor migrants work in the informal sector where:

- Working conditions are often dirty, dangerous and degrading;
- Wage rates are poor; with job insecurity and without written contracts;
- Working hours are long and access to formal social security is limited or non-existent
- Non-availability of basic sanitation and crèche facilities (Borhade 2007, Deshingkar and Farrington 2009).
- Migrants are mainly illiterate and are unaware of their rights and entitlements under law. They are frequently exploited – overworked and underpaid – by agents and contractors. Even those who freelance rarely earn a minimum wage and this is especially true for migrant women.
- While men’s wages have increased recently, women’s wages have remained low. Men = $4/5, Women= $2
Vulnerability of migrants

- Migrants are usually employed in jobs that are labeled as “light” but are in fact as difficult as the jobs done by men.
- The risk of accidents and exposure to hazardous chemicals and disease is high and in the absence of accessible social protection.
- Lack of information and access to health services pertaining to contraception, pre and post natal care leads to poor SRH.
- Poor families face the risk of worsening poverty if they are unable to work or have to spend on expensive healthcare.
- Women migrants are highly vulnerable to sexual abuse and violence at the hands of labor market intermediaries.
- They are also routinely paid less than men for equivalent tasks and face extremely hostile working conditions when pregnant or breast-feeding.
Common issues of migrants

Lack of identify at the destination cities; absence of ration/voter card.

The legal identity is linked with access to basic rights:

- Right to Education
- Right to food security and Livelihood
- Right to Health
- Right to shelter
- Issues related to financial inclusion
Government Response to Migration

- Migration not understood as development issue (both source and destination)
- Fixed frameworks of programs and policies – leads to systematic exclusion of migrants
- Limited human resource for better coverage of migrants in programs
- India does not have comprehensive policy on internal migration, fragmented polices do exist
Indian Public policy & Internal Migrants

- Missed out in National Statistical surveys
- Unable to exercise their franchise
- Portability of entitlements a serious issue
- Inter State Migrant Worker Act, 1979 – obsolete, ineffective
Recommendations for Comprehensive Institutional Response to Seasonal internal Migration in India
<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
<th>Reference Case</th>
<th>Responsible department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lack of registration &amp;</td>
<td>Concerted efforts are required to address knowledge gap on migration. 1. To</td>
<td>• Disha Foundation, Nashik has engaged panchayats and Tribal Department for migration registration</td>
<td>Labour Department</td>
</tr>
<tr>
<td>accurate data of migrants.</td>
<td>involve the PRIs to initiate a countrywide documentation of migrant workers</td>
<td>and database.</td>
<td>Rural Development Ministry</td>
</tr>
<tr>
<td></td>
<td>moving out of rural areas with the help of the civil society organizations and</td>
<td>• Rajasthan Labor department has initiated such registration through an NGO named Aajeevika Bureau in</td>
<td>Tribal Development Ministry</td>
</tr>
<tr>
<td></td>
<td>the labor department can take up a proactive role in supporting this initiative.</td>
<td>Southern Rajasthan.</td>
<td></td>
</tr>
<tr>
<td>2. Need of Mapping of Internal</td>
<td>2. To adopt the Census and NSS methodology to capture seasonal and circular</td>
<td></td>
<td>Census and NSSO</td>
</tr>
<tr>
<td>Migration</td>
<td>migrant populations.</td>
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## Legal Response to Migration

<table>
<thead>
<tr>
<th>Issue</th>
<th>Recommendations</th>
<th>Reference Case</th>
<th>Responsible department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ineffective Legislation &amp; its implementation</td>
<td>• Re-draft the legislation in keeping with the rising incidence and complexity of inter-state migration.</td>
<td>The Ministry of Labour and employment needs to initiate the process of revising the legislation. In order to contribute to the process, NACSOM would like to highlight specific lacunae in the Act, which need to be addressed</td>
<td>Labour Department</td>
</tr>
</tbody>
</table>
| 2. Grievance Handling                           | • Fast track legal response for cases of minimum wage violation, accidents at workplace and abuse | • Disha Foundation  
• Aide et action, Hyderabad/Odisha | Labour Department |
## Government Policies & Internal Migrants

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations</th>
<th>Reference Case</th>
<th>Responsible department</th>
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</thead>
<tbody>
<tr>
<td>• Lack of effective policies &amp; its implementation</td>
<td>• Inclusion of migrants in construction workers welfare boards at receiving states - <em>universalization of these boards</em></td>
<td>State Government of Delhi, Gujarat, Madhya Pradesh, Rajasthan etc. have formed the welfare boards for construction workers.(Annex)</td>
<td>Planning commission, Labour Department</td>
</tr>
<tr>
<td>• Lack of proper assistance for migrants</td>
<td>• Setting up of Migrant Resource/Assistance Centers</td>
<td>-Odisha- AP Labour Departments MOU</td>
<td>State Labour departments</td>
</tr>
<tr>
<td>• Lack of support system for migrants</td>
<td>• Creation of a national labor helpline: supported by a network of migration resource/assistance centers managed collectively by the labour departments and civil society</td>
<td>Disha Foundation and Maharashtra Labour Department Aajeevika Beaurea</td>
<td>Central Government-Labour Department/IT</td>
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# Social Security

<table>
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<th>Reference Case</th>
<th>Responsible department</th>
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</thead>
<tbody>
<tr>
<td>• Lack of social security</td>
<td>• <strong>Universalization of social security for migrant workers:</strong> social security provisions which need to be made sensitive to the realities in which migrant workers operate</td>
<td>Kerala Migrant Welfare Board</td>
<td>Labour Department</td>
</tr>
<tr>
<td>Lack of proper implementation of the existing provisions.</td>
<td><strong>Execution of existing provisions</strong>&lt;br&gt;• More resource to support State Labour Departments:&lt;br&gt;The Labour department needs an urgent infusion of resources both human and capital.&lt;br&gt;- State to state and Central to states co-ordination and resources management for migration governance.</td>
<td>Odisha-AP&lt;br&gt;Bihar initiatives BRLPS Special Commissioner for migrant workers issues in Delhi</td>
<td>Labour department, State and central government</td>
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# Food Security

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<th>Reference Case</th>
<th>Responsible department</th>
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<tbody>
<tr>
<td>1. Food security</td>
<td>1. Low cost food option for migrant workers</td>
<td>Bhopal Municipal Corporation</td>
<td>Public Distribution system</td>
</tr>
<tr>
<td></td>
<td>2. Portability of PDS for Migrant workers across state borders.</td>
<td>Disha Foundation has worked with PDS, Maharashtra towards activation of available GR for temporary ration card for migrant workers. According to this GR the intrastate migrants should be able to get temporary ration card at the destination city, and can avail up to 35 kg of food grain during the migration period.</td>
<td>Public Distribution System</td>
</tr>
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<td>3. A national roaming (mobile) Temporary ration card for such migrants can be provided to migrant workers</td>
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<td>Issue</td>
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| Livelihood | •Adapting Skill Up-gradation Programs to needs of Migrant Workers:  
  •National Skill Development Corporation needs to be expanded to develop into the Enterprise mode rather confining to the EMPLOYABILITY. | Industrial Training Institute (ITI), Nasik along with Disha Foundation has done pilot training on plumbing for migrants, at their halt point suiting to their time during 6 -9 pm. | Aide et Action                                |
|       | Strengthening of MNREGA                                                         |                                                                                                                                                                                                             | LAMP, America India Foundation              |
|       | Agriculture/Horticulture/Tribal Welfare or other related departments             |                                                                                                                                                                                                             |                                             |
|       | Promote financial inclusion of target group                                     |                                                                                                                                                                                                             |                                             |
|       | Undertake efforts necessary to promote livelihood opportunities                |                                                                                                                                                                                                             |                                             |
|       | Family Development change Plans                                                 |                                                                                                                                                                                                             |                                             |
### Right to Shelter

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| • Lack of accommodation during migration                               | • Night shelters, short-stay homes and seasonal accommodation for migrant workers in cities (the Supreme Court of India gave an order requiring state governments to create a night shelter for every 1 lakh of homeless population) | 1. Disha Foundation, Nasik has set up transit camp facility for migrants in Nasik city with support of the District administration. The District Collector has allocated land for the construction of such shelters.  
2. Bhopal Municipal Corporation has renovated the 4 night shelters in Bhopal and are open for migrants, persons staying at these Rein Baseras are to be provided with food and cool water under Ram Roti Yojana. |                        |
## Education for Migrants

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</table>
| High School Dropout ratio of migrant children | • Mapping of migrant families children  
• To initiated education system for migrant children’s  
• Early Childhood Care and Education  
• Piloting operational challenges of Right to Education Act | • Government of Andhra Pradesh and Aide et Action have mapped migrant families children across the state of Andhra Pradesh, more than 2 lakh children in the age group of 01-4 years were identified against the total mapped migrant population of 7.39 lakhs, it is shows that about 25% of the population are children.  
• LAMPS program promoted by America India Foundation in western Orissa through organizations such as Lokadrusti for children of brick kiln workers,  
• SETU in Gujarat for children or migrants working in salt pans  
• Disha foundation in Nasik. | • Education Department |
## Financial Inclusion of Migrants

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<tr>
<td>Lack of Identity proof and other documents for financial inclusion</td>
<td>• Strengthening linkages to banks for migrant workers</td>
<td>• Adhikar has taken an initiative to address the remittance needs of migrant workers of Orissa working in the far flung areas of Gujarat &amp; Maharashtra through its unique/innovation intervention like ”Shramik Sahajog” (SS) / Money Remittance system.</td>
<td>AADHAR RBI Financial institutes</td>
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Health of Migrants - Overview

- Health of migrants affected due to various unique conditions migrants face such as
  - Exposure to difficult and unsafe conditions
  - Occupational hazards
  - Living in poor conditions with inadequate quantity and quality of water, poor environmental sanitation
  - Poor nutrition
  - Losing family and societal support structures
  - Exclusion from various mainstream programmes and benefits since they are considered “outsiders”

- All of the above creates situations that makes migrants vulnerable to infectious diseases, chronic diseases esp. related to occupation, maternal/child health problems and mental health issues
Infectious diseases among migrants

- Due to lack of proper water supply, poor hygiene and sanitation, migrants are prone to various infectious diseases such as malaria, hepatitis, typhoid, respiratory infections etc.

- Chief infections among migrants are malaria and tuberculosis (TB) – apart from increasing exposure to agents and reducing access to health services, migration may also increase drug resistance. Especially in case of TB, migration has been found to be an important reason for the persistence of TB due to treatment default (up to 25% of default).

- Another important infectious disease among migrants is HIV/AIDS with prevalence being 0.55% among migrants compared to 0.29% among non-migrants.
Various occupational health problems plague migrant workers due to poor work conditions, lack of safety measures and prolonged working hours.

Occupational health problems can include:

- Chronic fatigue with increased cold-cough-fever and diarrhea
- Chronic pain in various body parts
- Injuries
- Chemical and pesticide exposure related problems – giddiness, lack of appetite, weight loss, dermatitis, respiratory conditions, cancer etc.
Maternal and child health outcomes for migrants

Migrant communities experience poorer maternal and infant health outcomes than non-migrant populations (NUHM draft 2008)

- Poor antenatal care coverage
  - Poor access to MNCH facilities.
  - Missing MNCH services due to temporary migration
- Lack of immunisation coverage
- High rate of Low birth weight
- Higher Prevalence of anaemia, and malnutrition in children
  - Under nutrition among migrant children is 47.1% compared to urban average 32.8% and rural average 45%
  - 28% children are severely stunted
- Higher U5MR among urban migrant children (72.7%) Compared to urban average (51.9%)
- Low status of women
  - Doubly disadvantaged
- Vulnerable to violence and abuse
- Lack of accessibility redressal system
Sexual and reproductive health among migrants

- Prolonged standing, bending, overexertion, poor nutrition and pesticide/chemical exposure contributes to-
  - Increased risk of spontaneous abortion
  - Premature delivery
  - Fetal malformation and growth retardation
  - Abnormal postnatal development

- Lack of toilets at work place and stringent work conditions promote chronic urine retention, which in turns encourages bacterial growth and stretches and weakens the bladder which in turns promotes chronic infections or colonization
Migration is a very stressful process with various factors like job uncertainty, poverty, social and geographic isolation, time pressures, poor living conditions, intergenerational conflicts, separation from family, lack of recreation etc. fuelling the stress.

Manifestations of stress include:
- Relationship problems
- Alcohol, drug and substance abuse
- Domestic violence
- Psychiatric illnesses
- Risky sexual behavior by single men
- Child abuse among migrant children
Issues related to health of migrants

- Issues related to infectious diseases such as malaria, TB, HIV:
  - Most of the above diseases are addressed via vertical programmes of the government
  - Due to migration discontinuity occurs in accessing the services of these programmes
- Occupational health and mental health
  - Both the above areas are under-addressed in the public health scenario of India and also among migrants
- Overall, there is an immense lack of data regarding the health status of migrants and we need good research studies to know further about issues related to migrant health
<table>
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<tr>
<th>Issues</th>
<th>Recommendations</th>
<th>Reference cases</th>
<th>Responsible depts.</th>
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<tbody>
<tr>
<td>Mother and child health</td>
<td>Integrated Child Development Scheme: According to Central Govt. guideline any migrant child, adolescent and pregnant and lactating women can be benefited from ICDS centers at the destination cities during their migration, BPL and non BPL families are eligible for it.</td>
<td>Referral forms</td>
<td>Women and Child Development</td>
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<td>Infections disease</td>
<td><strong>ESI</strong> hospitals and health centers should made accessible to migrant workers. RSBY should be revised and made applicable to non BPL families also. As well the RSBY should be made applicable for OPD use.</td>
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<td>MOHFW</td>
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<td>Occupation diseases</td>
<td>Health Insurance.</td>
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<td>MOHFW / Labour</td>
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<td>Sensitization and training of government and non government stakeholders on large scale- human resource development and cadre building to address migrants health and other need.</td>
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<td>• Sexual and reproductive health</td>
<td>• Some currently functioning programs like National AIDS Control Program have a mandate to provide outreach services. This program has adopted an outreach approach for HIV/AIDS prevention and treatment for few categories of migrant population viz. truckers, sex workers and construction workers in India.</td>
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| • Mental health - Stress factors leading mental health problems among migrants: Job uncertainty, Social and geographic isolation, Intense time pressure, Poor work and living conditions, Separation from family, Lack of recreation, health safety concern. | • Better implementation of Labour Laws  
• Addressing basic needs of migrants in cities.  
• Night shelters, short stay homes, and seasonal accommodation for migrant workers.  
• Portability of PDS for migrant workers across state borders.  
• Development of national migrant policy | Disha foundation has worked with PDS, Maharashtra towards activation of available GR for temporary ration card for migrant workers should be able to get temporary ration card at the destination city, and can avail up to 35kg of food grain during the migration period. This is applicable for BPL families. It is working successfully in Nasik. |                                                                                 |
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<tr>
<td>Vertical program for health and its coverage for migrants</td>
<td>There is need to consciously channelize the information into health sector and devise <strong>tracking strategies</strong> for improving health outcomes of migrants. It could be like providing mobile health cards to the migrants.</td>
<td>• Disha Foundation as partner of a task force study is conducting an <strong>INTERVENTION STUDY ON MIGRATION, POVERTY AND ACCESS TO HEALTH CARE: A MULTI-CENTRIC STUDY ON PEOPLE’S ACCESS AND HEALTH SYSTEMS RESPONSIVENESS IN NASIK CITY OF MAHARASHTRA</strong></td>
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Recommendation for more research studies on migration health

- There is a need for good research studies on the health of migrants
- A recent taskforce study as mentioned before is being conducted in 15 centers regarding healthcare access of migrants
- However, a well planned cohort study will provide detailed prospective data on the health outcomes of migrants
- Such a study can be readily done at Nasik by building up on the work done with migrants as a part of the task force study
Recommendation for more research studies on migration health

- Based on the results of the initial analysis of the taskforce study it is possible to create a cohort of 2000-4000 migrant workers from within Maharashtra.
- These participants can be followed up for 5-15 years and various aspects of health and healthcare can be assessed.
- Their migration patterns can also be profiled in detailed during follow-up.
- Intermittent studies can assess various outcomes, exposure and interventions.
- If done, this can become the single largest data resource for health on migrant workers.
Some Case studies ......
About NACSOM

• The National Coalition of Organizations for Security of Migrant Workers (henceforth, the Coalition) is a network of organizations working on issues related to internal migration and urban poverty.

• The Coalition represents 30 plus organizations spread across states of Maharashtra, Uttar Pradesh, Rajasthan, Bihar, Orissa, Madhya Pradesh, and Gujarat.

• The Coalition has been working to mainstream concerns of migrant workers at the state and national level and make the existing policies sensitive to the rising incidence and complexity of rural to urban and inter-state migration.
About Center for Migration Health and Development (CMHD)

- CMHD is a new center within Indian Institute of Public Health, Delhi (IIPHD)
- It is dedicated to work on research, training and policy dialogues in all areas related to labour migration, health and development
- It is a multidisciplinary center drawing in experiences from diverse fields like public health, social sciences, law, medicine, geography, health economics and political sciences
- CMHD is focused on the needs of migrant population and their sustainable development
SAFE & PRODUCTIVE LABOUR MIGRATION

An initiative to Address
Labour migration in North Maharashtra

Center for Migration and Governance.
Disha Foundation, Nasik
Geographical Map

Nashik (Maharashtra)
Government Response to Migration – Challenges

- Migration not understood as development issue (both source and destination)
- Fixed frameworks of programs and policies – leads to systematic exclusion of migrants
- Limited human resource for better coverage of migrants in programs
Migration program initiated in December 2002.
Migration as important development issue
Government’s migration friendly approach and accountability is crucial

DISHA’S APPROACH:

- Engaging government for institutionalization of ‘Labour Migration’ in programs and policies
- Empowering migrants for access to government programs
Approach

Research & Knowledge Generation

Advocacy

Intervention
Temporary Ration Cards
- A mediating role between the Public distribution system state government authorities and the community
- Facilitated the issuance of 55 temporary ration cards

Registration And Identity
- Disha has initiated trade union of migrants and enrolled around 15,000 migrants in the union
- Initiated empowerment and capacity building initiatives for accessing public services including health, education, public distribution system etc
- Identified and trained the local leaders within migrant communities from different labour markets at destination as well from source villages.

Health Referral
- Initiated need-based advocacy with authorities to address the SRH health needs of migrants.

Grievance Handling
- Two Grievances handling board initiated jointly with Labour Department

Migration Resource and Information Center

Livelihood and skill building & labour bank
- Linkages with existing government and non govt. stake holders for livelihood skill building and job linkages

Education
- Developed liaison with government educational Facilities to mainstream migrant children.
- Started four schools for migrants with active support of Sarva Shiksha Abhiyan and Municipal Corporation.
ENGAGING GOVERNMENT

**SOURCE LEVEL**

- Gram Panchayats: MIRC set up and facilitation at 6 units, authorization of sarpanch for union cards
- NREGA – facilitation for registration, and linkages to jobs for outgoing migrants
- Tribal Development Department: Migration Research and Resource Centre
- Aam Admi Pension scheme: registration of migrants
- Health Dept – Outreach and referral services for migrants
- Union membership

**DESTINATION LEVEL**

**Labour Department**
- Construction welfare board
- Grievances handling – units at 2 labour markets
- Interstate migrant workers act

**ICDS**
- Mapping of migrant children /Education construction worksites/Day care centers

**Health Department**
- Joint Referral services for migrants

**Nasik Municipal Corporation**
- Sarva Shiksha Abhiyan – mainstreaming migrant into education
  - Basic amenities

**Public Distribution system:**
- One time food grain scheme- formal evaluation and replication in sending districts
- Temporary ration cards
- Union registration /membership
MIGRATION RESOURCE AND RESEARCH CENTRE (MRRC) FOR MIGRANT WORKERS

• The center is initiated by Tribal Ministry, and GOM; Disha has facilitated the process and technical partner for the center.

• Migration Data management – source and destination

• Facilitation of migration at Nasik city- destination

• Individual family development plan at source areas- existing tribal programs for sustainable development of the region to reduce distress migration for livelihood.
Thank You