

## **Empowerment of Migrant Workers for their Sustainable Livelihoods Bangalore, Karnataka**

Sampark, a voluntary organization, was registered in 1991 under the Karnataka Societies Registration Act 1960. Sampark's mission is to empower vulnerable and poor people, especially women, so that they can gain direct control over their lives and thereby make the desired improvements. For the last 23 years, Sampark's emphasis has been on a direct people centered integrated livelihood approach by adopting a facilitating role, developing local leadership, and supporting several multi-pronged development projects in both rural and urban area in Karnataka. Sampark has successfully implemented projects in Koppal (rural) and in Bangalore City (urban).

Based on the organization's learning experience of over five years with migrant workers in the construction industry, Sampark initiated the project 'Empowerment of Migrant Workers for their sustainable Livelihoods' with the migrant worker communities in Bangalore, Karnataka. The project has been supported by Jamsetji Tata Trust (JTT) for a period of three years starting January 2013. The indentified target area for the project implementation is the construction sector in Bangalore city which is populated with interstate and intrastate migrants.

### *Distribution of migrant workers across Bangalore city based on place of origin*

Sl#	Name of State	Male	Female	Total
1	Andhra Pradesh	168	126	294
2	Assam	13	0	13
3	Bihar	104	0	104
4	Chhattisgarh	6	4	10
5	Jharkhand	127	12	139
6	Karnataka	314	202	516
7	Madhya Pradesh	4	0	4
8	Maharastra	2	0	2
9	Odisha	123	0	123
10	Rajasthan	5	0	5
11	Tamilnadu	32	2	34
12	Uttarpradesh	21	1	22
13	West Bengal	222	6	228
	<b>Total</b>	<b>1141</b>	<b>353</b>	<b>1494</b>

### **Registration and photo identity of migrant families:**

The organization established Worker Rehabilitation Centre (WRC), at locations in the close proximity of work sites of the migrant workers. The organization team provided an initial orientation to the worker community regarding the objective of the project and generated database of the profiles of the workers (1494 in total) including 1141 (76%) male and 353 (24%) female workers. Out of the 1494 workers, 516 (35%) are intrastate and the remaining 978 (65%) are interstate migrant workers.

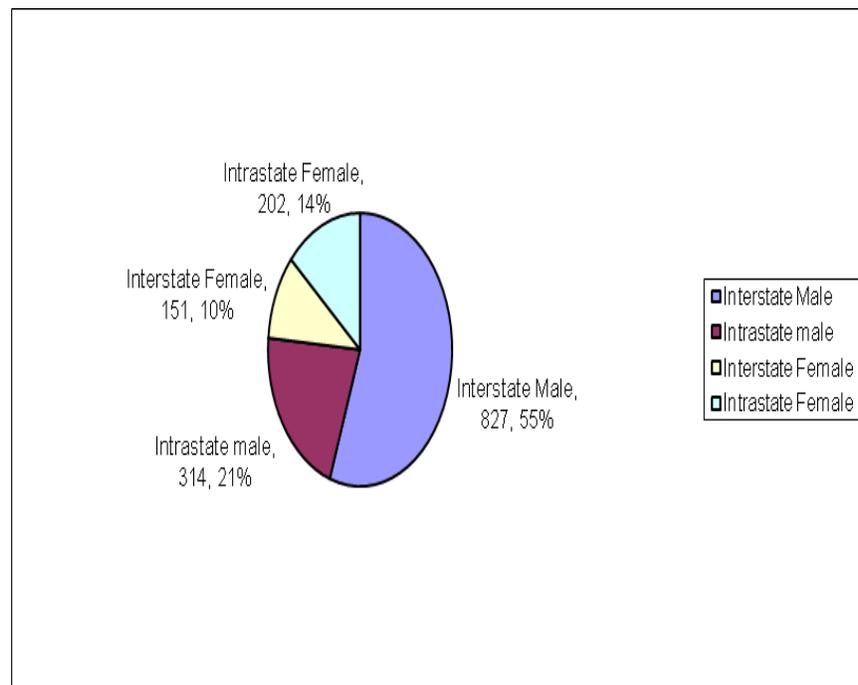
WRC also provided Sampark ID cards to 211 workers through the software developed by Aajeevika Bureau, Ahmedabad. This is taking time because development of Monitoring and Information System (MIS) system required to provide ID cards is under process and details like the names of the villages, taluks and districts of several states from where the workers are migrating need to be added.

**KBOCWWB card** – This ID card contains the workers' residential address of source, details about nominees and occupation details. This card would help workers to avail all the welfare schemes of the Board.

**Union ID card** - This card helps in registering the workers with the Karnataka State Construction Workers Central Union, which provides them with personal and occupation identity and also helps in getting support for the worker if he/she is having disputes with the contractor/principal employer.

**Sampark ID card** –This card has the signatures of the principal employer/secretary of union/contractor/maistry and that of a Sampark representative. This card serves as the worker's personal and occupation identity. For workers who do not have any ID proof, this ID card would help in difficult situations, such as when the workers are harassed by the police. The card will also have a neighbour's contact number, which would help if the worker meets with a road accident.

**Figure 1: Details about Inter and Intrastate Workers Enrolled with WRC**



The above figure shows that from among the total migrant workers enrolled with WRC, 14% are intrastate female workers, 10% are Interstate female workers, 21% are intrastate male workers and 55% are Interstate male workers.

The overall goal of the project is to create awareness among the migrant workers about their entitlements in various sectors such as health, education, financial and social security and legal aid, facilitate their access to these facilities and thereby improve their livelihoods.

### ***Activities and services***

The organization operates various activities and services under the overall scheme of the migration and livelihood project. These include health services, legal aid and social welfare, and strengthening of linkages with Anganwadi and Health centres.

### **Health linkages and other services:**

As part of the health related activities, eight general health awareness programs were organized covering 528 workers in eight labour colonies. Out of 528 workers, 36.3 per cent were women, and 74.6 per cent were men. A total of 701 workers have undergone screening in the nine health camps. The common physical problems identified with the migrant communities relate to menstruation issues amongst women, nutritional problems among children and work caused health issues among men. Prevalence of HIV/AIDS is quite high among the worker settlements due to unhygienic conditions of living and lack of access to basic amenities. special health camps have also been organized for diagnosis of presence of HIV/AIDS and then referring the identified cases for special treatment in PHCs.

### **Education related services:**

As part of education related activities, awareness about importance of education was created among the migrant parents. Linkages were made with Aganwadi centers from where 25 children, between the ages of 6 months to 6 years receive monthly supplementary nutrition packages and recommended immunization doses. Day care centers are made to function as classrooms where children are provided with elementary education. Special health camps are organized for children where the common ailments are identified and corresponding treatment is prescribed. Ensuring proper health of children is essential for better upbringing and building learning capabilities in the early stage.

A total of 55 children have been enrolled in the local government schools, of which 30 were from the labour colonies and 25 from day care centres.. Out of the 140 children from labour colonies, only 30 children were enrolled in the local government schools; while the rest didn't have access because the family unit migrated back to origin destination because of seasonal nature of work of the parents some of the older children have to take care of their younger siblings when their parents are working, and some of parents are not sure when they will move to other work places.

### **Financial Inclusion activities:**

As part of the Financial Inclusion activities, financial literacy (FL) trainings were organized covering 245 workers. At the end of each FL program the organization team initiates the documentation process for the migrant workers interested in opening bank account. The organization has established a rapport with state banks (State Bank of India group) to help facilitate the process. Financial institutions also need to have knowledge of issues related to rural population. Rural banking needs to be made more flexible in terms of documentation process. For migrant workers, availability of Identity proof is the biggest hurdle which prevents them from accessing banking services.

### **Legal aid and Social welfare linkages of the migrants and their families**

The legal aid cell addresses the legal issues of construction workers. The interventions in the social security and legal domain spans awareness programs on the relevant Acts, Schemes and Labour laws; service related programs where placement services will be provided; and rights based linkages that will facilitate linkages with welfare organizations and schemes will be facilitated. Migrant workers are collectivized and formed as trade unions which would be strengthened for the sustainability of the project activities.

### **Health Camp Helped to Identify Leprosy Patient and Accessed Free Treatment**

A Health Camp was conducted at Ascent Infrastructure on 26<sup>th</sup> May, 2103. During the healthscreening, the doctor noticed that Urukundamma's six year old daughter had a white patch on her left hand and did not have any sensation at that area. The doctor advised Urukundamma to take her daughter to the Government Leprosy Hospital immediately. Field Officer Manjula took Urukundamma and her daughter to the Leprosy Hospital where after conducting the necessary tests the doctor confirmed that was having leprosy, but luckily it was only in the initial stage. The doctor said that the child would have to undergo treatment for six months and prescribed medicines and Vitamin syrup for a month, which they got free of cost. Subsequently, Urukundamma took her daughter the local PHC at Doddakannahali for checkups and also got the medicines free of cost from there. Seeing that Urukandamma's daughter is now cured of leprosy, most of the workers from this labour colony go to the local PHC when they fall sick.

### **Renuka Accessed Government Health Facilities and Deliver Healthy Baby**

At the BSNL site in Kaikondarahalli, Field Officer Manjula met Renuka, who is 6 months pregnant. Renuka is staying with her husband and parents in-law. The family had migrated from the Devadurga Taluk, Raichur district, North Karnataka to Bangalore and are involved in construction work. Although five months pregnant, Renuka had not undergone any health check-up. Manjula linked her to local PHC at Doddakannahalli where she got the ANC card (*Thayi Card*) in April 2013. After that, Renuka went for health checkups regularly every month and got required immunisation injections at free of cost. On the midnight of 3<sup>rd</sup> June, 2013 when Renuka started getting labour pains, she recalled Manjula's advice and telephoned the PHC in Doddakannahalli. The PHC staff gave her the telephone number of Vani Villas Government Hospital at city market, Bangalore, and asked her to contact the hospital at once. When Renuka called the Vani Villas government hospital, they sent an ambulance immediately and delivered a healthy baby girl in the hospital without any complications, free of cost. Renuka's family appreciated the efforts of Field Officer Manjula and also that of the doctors and nurses in the hospital who helped to her to deliver her baby. Both mother and child are doing well and now Renuka takes her daughter for immunizations as specified in the *Thayi card*.

### ***Networking and advocacy with local government, district and state officials:***

Under the research, networking and advocacy campaign of the project, the Sampark team has worked to build a network with the State Labour Department, government schools, Anganwadi centres, Public Health Centers and the Karnataka Welfare Union for Construction workers. This has helped in coordination of activities and flow of information across all ends to reach the final result of legal advocacy. The team collected training materials on general health awareness, HIV/AIDS and on the process of registration of construction workers with the KBCWWB and about its schemes. Sampark has formed an advisory committee for the Migrant Workers Support Program in order to ensure that migrant workers benefit and get overall guidance..

Monitoring the progress of any project is an essential component in reaching the desired outcomes. Regular meetings with the concerned stakeholders, training of migrant workers at the sites and sensitization through awareness outreach, and discussion of grass-root level issues with concerned state officials are crucial.

### ***Project Impact: Assessment and Evaluation***

IN the past one year, the project has been successful in generating mass awareness through the Worker Rehabilitation Centre (WRC), the focal point of this project. Migrant workers have been mobilized and collectivized in their decision making process. For the workers, the WRC is the point of contact with the government, particularly, the state welfare board (KBCWWB). Developing trust and forging a relationship with the migrant communities is only possible through direct intervention services which can address the urgent issues. For the migrant families, access to public health care system has been made possible by provision of health infrastructure through 'Health Services'. Resource personnel from PHCs were utilized in setting up health camps addressing the special needs of the mother and child health. .

During the project period, it has been realized that pre-natal care and services were unavailable for women in the communities. To address this need, linkages with local PHCs and CHCs were created which provided ease of access to health infrastructure. Similarly, government schools were also included in the ambit of the project for provision of elementary education to the migrant children. At construction sites, where majority of the migrant workers are located, day care centres have developed with the help of concerned employer (the construction company) in terms of monetary contribution. Having access to financial services is an essential indicator of development which in this case was abysmal. The WRC has been successful in linking the banks with the migrant workers and easing the process of opening 'no-frill' bank accounts. In order to bridge the knowledge gap, the WRC has conducted financial literacy camps and sensitized them with the use of financial products.

The main impact that the project has had is that it has created awareness about the WRC, its objectives and activities among workers, builders, contractors and the Department of Labour, especially the KBOCWWB and Karnataka State Construction Workers Central Union (KSCWCU). This has ensured that the project will reach its desired objective of providing with sustainable livelihood to the migrant workers and access to essential social infrastructure and services.



**Figure 2: Health Camp for Workers**

**Figure 3: Labour Camp Outside Labour Colonies**



**Figure 4: Health and Safety Measures Training at Labour Colony**

**Figure 5: Health Camp at Day Centres on Worksites**



**Figure 6: Distribution of Bank Pass Book to Worker at WRC**

