Addressing Health Needs of Migrant Workers in Nasik, Maharashtra

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Migration Scenario in Maharashtra

- Compared to other states in India, Maharashtra reports the largest number of net migrants, 2.3 million from 1991 to 2001.

- Mumbai is the leading destination area for rural-urban migrants, other cities in Maharashtra, like Pune, Nasik, Nagpur and Aurangabad, have also attracted large rural populations.

- Maharashtra witnessed largest in-migration of population during the last ten years from different states.

Source: Census of India
Migration in Nasik

• Being a pilgrim city, booming industrial area, and agriculture sector city has attracted skilled and unskilled workforce from across the country
• Nearly 3 lakh labour migrants in Nasik both inter and intra state.
• Most of them are residing in unauthorized and temporary habitats.
• Seasonal migrants resides on roadside and open spaces.
Migration in Nasik

**Interstate:**
1. Utter Pradesh
2. Bihar
3. Rajasthan
4. Orissa
5. Chhattisgarh
6. West Bengal
7. Assam

**Intrastate:**
- Drought prone districts- Marathwada, Vidarbha, Tribal belt of Nasik
Sectors of Migrants

A large number of migrants are employed in below sectors, which have shown an increase in employing both men and women

- Cultivation and plantations,
- Dairy and poultry
- Brick-kilns, quarries, construction sites
- Transport sectors
- Hotel and tourism industry
- Rickshaw Drivers and hawkers
- Industrial Sector.
WORKING SECTORS IN NASHIK
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.
Migrants Living Condition
Background of Disha

Disha Foundation was established in 2002 to address the specific issue of seasonal labour migration with mission to facilitate seasonal migration in Nasik region, as Nasik is important destination for tribal and non-tribal labour migrants, and it was most crucial to intervene and advocate in favour of migrants to increase the outcome of seasonal migration.

DISHA has initiated direct intervention with migrant population for the past 6 years, focusing on improving the productivity of migrants and ensuring their rights to shelter, food security, livelihood, and education, including their children.
Barriers for Migrants in Access To Govt. Health Services

• Lack of confidence for accessing the health services / Fear of the System.
• Local Language Problem.
• Blind Belief / Cultural Bias.
• Distance from Hospitals.
• Lack of awareness about Provision of Health Facilities.
• Patriarchy Prominence. (Women are not able to access health care without the male member in family)
• Financial Problems.
Disha’s Initiatives

Disha Works with temporary sezonal, inter and intra state migrants with empowerment based approach in Maharashtra, both at destination and source areas of migrants in Maharashtra.

Disha works at two levels:
1. Direct intervention with migrants’: Empowering migrant to access their basic rights at the destination cities, namely health, education, livelihood and food security and social security.

    Trade union of migrants is initiated comprising almost 40% women migrants, comprising 15,000 migrants.

2. Building accountability among government to address migration and migrant’s needs.
Addressing Health Needs of Migrants

• Key objectives of the project

  – To raise awareness on health issues and empower migrants to utilise govt. Health services.

  – Sensitization of govt. Health providers to address special health needs of migrants.

  – To improve the livelihood skills among migrants.
Process

• **Profile of seasonal migrants in Nasik covered under project** (Socio-demographic details including age, marital status, education, with or without family)

The intervention process and project activities:

• **First focused on health, and then recognised that the holistic needs of migrants must be met**

  (e.g. Food security, Education, wages, improvement in living conditions)
• **Activities:**

1. **Health related programs**
   • Awareness programmes on pregnancy, contraceptives (Mala-D and condoms) HIV/AIDS, STI/RTI, diet, hygiene
   • Provision of supplies, including condom, etc,
   • Occupational health
   • Referrals
   • Accompanied on referral visits

2. **Non-health related**
   • Food security, birth registration certificates, school enrolment of children, vocational training and linkages to employment, insurance investment for accident and death, temporary provision of tankers for water supply

• **Sensitisation of providers**
   • Municipal corporation/Tribal Commissioner, Health officials, Education Dept. Collector
   • Strategies for sensitisation: Meetings, visual presentation, trips to nakas, flag GRs etc.
Medical Health Camp at Construction Sites
Medical Health camp at Construction Sites

Medical Checkup at Satpur, Two Female doctors were invited for the checkup of females and Children and one male doctor of Mans
SAFE MOTHERHOOD PROGRAMME
World breastfeeding week Programme
Nutrition week Programme

Suyojit construction site

Nayantara Construction site
World Health Day
Occupational Health Programme
• Migrants have started accessing health services on their own
• Migrants now taking supply of condom and Mala D from Govt. hospitals
• Regular Polio and BGG immunisation drives in naka
• Birth certificates received
• Children now enrolled in schools
• Temporary ration cards received
• Water supply provided
• Wages exploitation cases handled and follow-up
• Vocational training for women on masons/plumbing work
• Insurance for accident and illness
• Changing attitude of providers (reflected in interviews)
• Separate school for children fro 1-4th std, with 6 months academic year. 4 such school has started by Nasik corporation.
Initiation of Formal Referral Forms For Migrants

Need:

• Though the informal referral system was arranged for migrants with government services. **It was felt need to institutionalize the process.**

• Dialogue was initiated with state and local health services- Civil Hospital and Municipal Corporation.

• Formal referral system is being set up with govt. health services.
Health Referral Form

Inauguration of Medical Referral form at Civil Hospital
Inauguration of Medical Referral form at Civil Hospital
Referral Form in Three Copies For
1. Govt. Hospital, 2. Patient 3. Disha Foundation
वैद्यकीय संदर्भ सेवा

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Analysis of patients referred via referral forms.

1356 Nos. Total Patients Referred to Hospital

- FEVER/COUGH & COLD, 841
- MALERIA, 68
- Typhoid 203
- DENTAL PROBLEM, 40
- Anemia, 41
- ASTHMA, 41
- JOINT PAIN, 68
- HIV/AIDS, 27
- HEART DESEASE, 27
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ANC/Delivery/Child Immunization Cases Referred through Referral system

- Child Immunization: 42
- Delivery: 46
- ANC: 52
- Abortion: 6
How Referral Form Helps Migrants’?

- Patients detail information mention in the referral form, which is helpful for patient to get direct treatment from doctor without more discussion with Doctor
- The form helps to Increase the access level to Govt. health care system for migrant labour
- Migrants increased awareness about Govt. Health care facilities and incentives under various programs
The End Goal is to ensure Universal Health Care through a PARTICIPATORY APPROACH
THANK YOU