

DISTRESS MIGRATION

Identity and Entitlements

A Study on Migrant Construction Workers
and the Health Status of their Children
in the National Capital Region
2007-2008



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Foreword

This Study is a small attempt to provide evidence on what many of us working with migrants already know. It was conceived as a starting point for investigation into similar situations across various sectors such as salt pans, agricultural workers and brick kilns, etc., where the work is seasonal, temporary and involves frequent movement. Very little data exists about such populations, resulting in their continuing invisibility and marginalization. It is hope that such studies will add to the body of information on the unorganized sector and provide critical inputs for urgently needed policy change at the national level.

This Study would not have been possible without the deep involvement and oversight of Ms Mina Swaminathan, who has been closely involved with Mobile Creches in its journeys for several years. Dr. Vandana Prasad specially deserves mention for guiding us through the complex findings on health and nutrition status, and helping us to frame the chapter on health and nutrition (Chapter 6). It is her long experience that helped us in data interpretation and situation analysis. We are indeed fortunate to have a committed team of about seven members to take complete responsibility for collecting and analyzing the information gathered from the field. Co-ordination and support in the field was provided by the Mobile Creches staff and also by our facilitators working at the construction sites. The editing of the chapters has very ably been done by Ms Sudha Shankar, Word-by-Word. We take this opportunity to thank her for the value addition to the report.

We hope the study will contribute to strengthening ground interventions and open up these issues at the policy levels.

Mridula Bajaj
Executive Director
Mobile Creches
July 2008

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Executive Summary

Introduction

Mobile Creches shares a four-decade-old relationship with construction workers and their children. During these 40 years, it has encountered multiplicity in all its manifestations: migrants from various states, many layers in the construction sector and a gamut of well-meaning state schemes and laws. The constant in the situation, which defied change, was the poverty of the migrant families, the loss of opportunities for children, the powerful vested interests in the construction industry and the complete lack of political will of state agencies towards migrants.

While the primary target of Mobile Creches has been the children of construction workers, we came to understand the difficulty of making any substantial impact on their lives without engaging with the larger issues of migration, the working and living conditions of workers, their social security, legal awareness and access to state services. Many steps were taken over the years to strengthen ground interventions and open up these issues at the policy levels. The Consultation on 'Labour Mobility and the Rights of the Children', held in March 2006, was one such initiative in this direction.

The Consultation threw up the inadequacy of laws and programmes in reaching mobile populations and the large gaps in the data on employment-seeking, short-term migrants, partly responsible for the low visibility of migrant workers' issues. The issue of data gaps was immediately brought to the attention of the National Statistical Commission and suggestions made to insert questions in the Census/NSSO special surveys to address the same.

To strengthen the case, Mobile Creches also decided to capture evidence from the ground, in a micro study on '**Migrant Construction Workers and the Health Status of their Children**', at sites with and without its intervention. The objective was to equip Mobile Creches with credible data on the health and educational status of young children on construction sites and examine the health-seeking practices and childcare arrangements for them at this most critical stage of human life. The evidence, in the context of the working and living conditions of their working parents, could be a potent advocacy tool to raise visibility and seek action on issues related to migrant construction workers.

The Study

Within the context of the larger issues, a major concern was to look at how migration impacts children and their families. The Study looks at the status of migrant workers in Delhi the migrating patterns, the duration of stay and the composition of families; social and economic status; access to government programmes (for example, ration shops, health centres, anganwadis); and the impact of the Building and Other Construction Workers' Act ,1996. It then examines the health and nutritional status of children on the sites, and the childcare and health-seeking practices of the migrant families.

The sample included 425 migrant households, drawn mainly from families with young children and spread across 15 construction sites located in the National Capital Region. The sample comprised 325 families from sites with Mobile Creches daycare centres (MC sites) and 100 families from sites without any such intervention (Non-MC sites). The latter constituted a control group to enable Mobile Creches to examine the impact of its intervention on children. The time-frame for the Study design, data collection and data analysis was January 2007 to March 2008.

We need to remember that a mobile population presents an immense challenge for the researcher; to compensate for the attrition of the original sample s/he needs to start with a large sample and limit comparisons with the baseline to the small group that stays. So, even as our sample of 100 children at MC sites had reduced to 23 by the end of the Study, we were able to look at the trends and the possible impact of the MC intervention.

Findings: Pattern, Root Causes, Impact of Migration

The findings on the background, age group and regional composition of migrants confirmed some of the observations of Mobile Creches over 39 years of its work at urban construction sites. Most of the migrants were from agricultural backgrounds and in the productive/reproductive age group of 26-40 years. The ubiquitous Rajasthani labour of yesteryears, however, seems to have been replaced by Chhattisgarh topping the list (52%) as the source state. Literacy levels were low, especially among women (11%), and almost half the families belonged to the backward classes.

On the root causes of migration, the findings underscored the lack of 'options' in the agrarian sector and, hence, the distress factor in pushing the families out: unemployment (31%), indebtedness (23%), low wages and irregular income in the villages (81%)¹. The pull factors were 'two

¹ Data obtained from multiple answers to a questionnaire

square meals a day', availability of work round the year and, for many, the hope of a better life.

The answer to the question whether migration worked as a survival strategy revealed what other micro studies have also shown, that is, a substantial increase in the family income with 93% of the families crossing the Rs 3,000 per month barrier, post-migration. Asset-building, a key indicator of economic, upward mobility, however, told a different story. Whereas a handful of respondents (9%) reported some savings, there was no increase in the assets for 98% of the families. The increased money income was largely being spent on food, illnesses and for paying off debts back in the village.

The rural-to-urban migration was facilitated largely by jamadars, who were approached for work by other villagers and family members and informal information networks. We found that migrants continue to migrate in groups and most of them with the jamadar. One of three migrants had moved from the village to the city. The majority (58%), however, had migrated from city-to-city and from one construction site to another site. A majority (97%) of these movements were within the National Capital Region. **This intra-city movement** is even more invisible than the short term village-to-city movement. **As regards the length of stay**, two of three migrants stayed less than one year on a site. This phenomenon of frequent mobility has received no attention and no systems have been devised to enable migrants to get their due as citizens of the city.

Findings: Working/Living Conditions, Legal Awareness and Entitlements

Working conditions and wages in the unorganized sector, especially construction, are well known for their complete disregard for labour laws. Given the layered structure of the industry, it is difficult to pin responsibility on an identifiable employer. Apart from one government site in Delhi, where 22% of the male workers received the minimum wages, almost no other employer pays the labour, and certainly not the women, the legal minimum. Women continue to do the head-loading, the most unskilled job at the site, and get paid less than the male workers.

Decades after three major labour legislations the Contract Labour Act 1970, the Inter State Migrant Workers Act 1979 and the Building and Other Construction Workers Act 1996 the labourers continue to be deprived of minimum wages, maternity entitlements and old age pension. There was no awareness of the 1996 Act and less than 1% workers were registered with the Delhi Construction Workers' Welfare Board. Interestingly, none of the workers were members of any trade union nor had they been approached by one for enrolment.

Other provisions at worksites were minimal. Some of these were:

- First aid and subsidized medical facilities were visible only on MC sites.
- Deductions were being made for Provident Fund (PF) in only 1 of 15 sites. Even at this site, there was no evidence of any paperwork that would confirm that workers would, eventually, get their money back.
- No creches were available on the Non-MC sites, where the workers have rated the quality of safety provisions for their children as poor.

Living conditions at the site comprised low, temporary shacks made of brick with asbestos or tin roofs. Whereas most workers lived on the site, some preferred to live outside, on a meagre allowance given to them for the same. Half the workers in the sample had access to clean drinking water and only 23% to clean toilets. Interestingly, at MC Sites, the numbers were 70% and 30%, respectively. This reflects the facilities at the larger construction sites and, possibly, the impact of MC's insistence on these as a prerequisite for opening a crèche.

Access to government facilities declined with a move from the village-to-city. Access was better at the MC sites since it is involved in facilitating linkages with government services: 42% families at the MC sites accessed the Primary Health Centres (PHCs) and a small number of children went to the primary schools. However, none of the families was using the nearest anganwadi or buying provisions from a ration shop. This finding throws light on the increasing disempowerment of migrant families from access to services and the impact on the education and care of their children.

Findings: Health and Nutritional Status of Children Under Six Years

The status of maternal and child health compared poorly for each indicator with the country situation, as seen in the NFHS III data. It revealed the same causal sequence of early marriages, early pregnancies, child births in the absence of a trained birth attendant, no exclusive breastfeeding for six months, and inadequate complementary feeding thereafter so well understood and, yet, least addressed. One of ten women had experienced a child's death at birth.

Health-seeking practices among workers are reactive in nature. Health was found to be the highest, single reason for incurring debts. 84% of the families reported regular, monthly health expenses. Between August 2007 and February 2008, there were 98 episodes of children's illnesses; the families, typically, spent up to Rs 500 to treat the same by a Registered Medical Practitioner or a private doctor.

Findings on the nutrition status of children on the sites revealed that 2 out of 3 children were malnourished. Digging deeper, the numbers confirmed the sequence above: 48% of the women were married before 18 years of age; half the mothers (46%) had their first child before 18 years of age; most deliveries took place at home in the village; only 32% of the mothers had exclusively breastfed her child for the first six months; only 32% children received complementary food at six months.

Impact of the MC intervention could be seen in the steady rise in the percentage of children in the 'Normal' and 'Grade I' malnutrition category, accompanied by a concurrent, steady fall in the percentages in the 'Grade II' and 'Grade III' categories. Even though the original sample size of 100 children at MC sites dwindled to 23 during the course of the Study, the findings are indicative of a 'positive impact'. This is fully borne out by our experience that care-giving and the health of children are closely related. The absence of Creches and anganwadi centres deprive children of quality childcare and close growth monitoring needed in the early years. Malnutrition in early childhood may well change the life trajectory of the adult, resulting in poor performance in studies, frequent illnesses, exclusion from the skilled workforce or any kind of work at all, ensuring the legacy of poverty from one generation to another.

The gender connection between the status of women and the status of children emerged again as the missing piece in the South Asian puzzle of low social and gender indices, as compared to those in sub-Saharan Africa. Malnourished women (70%) carry the triple burden of hard labour at the site, running a home without the basics of water and sanitation, and raising children in a threatening environment with no traditional support systems in the city (86% are nuclear families). Among the unskilled and non-literate women, only one woman was working as a supervisor and earning semi-skilled wages. The Study clearly showed that this mobility from village-to-city was not upwards by any means: women earned less than men; they had no opportunity to raise their skill levels; there was no access to state services or maternity entitlements. The move had, perhaps, further marginalized them.

Recommendations

The findings from the Study on Migrant Construction Workers and Health Status of Children throw up issues that need to be addressed in the short, medium and long term. The immediate need is the implementation of laws, programmes and schemes already in place. The state must ensure that minimum wages are paid to the workers, social security entitlements are provided through tripartite boards in the unorganized sector and the implementation of the Building and Other Construction Workers Act 1996 is carried forward, using the good practices seen in Madhya Pradesh, Tamil

Nadu and Kerala.

The National Rural Employment Guarantee Scheme, despite its malfunctioning in many areas, needs to be strengthened. It is a powerful tool to reduce distress migration, and there are instances where this has already happened. The ICDS, the largest scheme for the under-sixes, must be universalized and made more effective both for the settled as well as mobile populations and made more flexible to reach young children on the move. This will require specific outreach strategies.

The above will also address a second pressing need, the need for identity and the rights of citizenship for migrants in a hostile urban environment. The current policy orientation of catering only to settled populations has to make room for this large, vulnerable segment. Registration with the Labour Boards, issue of mobile ration cards, easy admissions to municipal schools, anganwadis in off-site labour settlements, etc., are all ways to make the migrant visible, as a citizen with rights.

A medium-term consideration is filling the data gap on migrant construction workers and their children, which has ensured their continuing invisibility in policy and programmes. Mapping of migration is an important step for intervention at the rural and the urban ends to begin the process for national focus and planning.

Taking the long view, our planners will have to take a hard look at agrarian distress, the impact of the New Economic Policies, the growth of the unorganized sector and the future of our cities. The situation cannot change substantially unless this is firmly taken in hand. The state needs to address the rights of our children to good health, safety and development, through long-term measures that address rural poverty, labour rights and gender concerns. This has long been neglected.

The findings of the Study corroborate our experience of four decades as well as those of other concerned groups working with migrants, construction workers, women and children. We hope that the study will draw the attention of policy makers to the above issues so they may address the lacunae in the current framework of law, policy, programmes and implementation structures.

1. Introduction

Background

The unorganized workforce of the construction industry largely comprises poverty stricken families, who are pushed out of their rural settings in search of employment and food. Many factors compel the rural poor to migrate: non-viable subsistence farming, deforestation, displacement and loss of land, mechanization, unequal access to water, credit and markets, lack of skills and information, rural indebtedness, and collusion between employers at source and destination points on wages and labour arrangements.² The New Economic Policies have worsened the situation.

The construction industry is the second largest employer of labour in India, after agriculture. The industry has both organized and unorganized workforce, the former accounting for only 11 per cent of the workforce. As per the National Institute for Construction Management and Research, roughly three-fourths of the unorganized workforce, that is, 89 per cent, in the industry is unskilled.

In terms of national investment, almost 40 to 50 per cent of the National Plan outlay is on construction. The industry contributes to 20 per cent of the GDP.³ The booming construction industry and real estate market provides a sharp contrast to the plight of the workforce involved in construction. The boom 'pulls' a large number of workers into the cities. Delhi, particularly, is experiencing rapid expansion in infrastructure (metros, flyovers, high rises, stadiums, etc.) in preparation for the 2010 Commonwealth Games. Investment for the Games is estimated to be Rs 7,000 crores. Nirman Mazdoor Panchayat Sangam (NMPS), Delhi, who led the campaign for the framing of the 1996 legislation for construction workers and have worked on the issue for past three decades estimate that there are 8 lakh construction labourers in the city. Another one lakh will be absorbed by the current construction activity.

The working and living conditions of rural migrants absorbed by the construction industry have traditionally been severely exploitative. An attempt was made to regulate conditions through the Contract Labour Act 1970 and Interstate Migrant Workers' Act 1979. However, these failed to improve the situation, primarily, for two reasons: the model of the legislation was inappropriate for construction workers and the will to implement it was severely lacking. Among the workers, the women workers and the children who accompany them suffer greatly. In 1996, The Building and Other Construction Workers (BOCW) (Regulation of Employment and Service

² Labour Mobility Consultation Report, 2006, Mobile Creches

³ K. Sundaram, 'Employment and Poverty in India, 2000-2005', *EPW*, July 28, 2007

Condition) Act 1996 was passed specifically for construction workers. It sought to provide basic social security and improve working conditions. The Act was based on a tripartite model in which a cess was imposed on construction, a Welfare Board was set up and the registration of workers provided for. The registration was critical to establish the identity of the workers and their access to entitlements, *independent of changing employers or sites*. The Act has improved the access to social security of workers in some states such as Tamil Nadu, Kerala and Madhya Pradesh but is yet to have an impact in Delhi.

Study on Migrant Construction Workers and Health Status of Children

The relationship of Mobile Creches' with construction workers and their children goes back to 1969 when its first crèche was opened at the Gandhi Darshan Centenary site in Rajghat. The four-decade-long journey has been a lesson in understanding the predicament of a large sector of the population thrown up by rural poverty and ignored by policies and programmes. The living and working conditions of the workers and the status of their children have not changed much during these 40 years. Mobile Creches began with the objective of providing intervention for safety, care, health and education of the children of working women. It was soon confronted by a tangled web of factors that impact children and pervade the lives of migrants. Establishing a crèche at construction worksites was a difficult but important step to provide simple shelter, basic nutrition and care for all children under six. The task required convincing employers about the need and the benefits of having a crèche at the site while concurrently developing the people and the systems to work with children in difficult circumstances.

The lives of young children are inextricably tied up with the condition of their parents' lives, particularly with their working mothers, who are mostly young and at the child-bearing age. To make any substantial impact on their lives, the larger issues of their living and working conditions had to be addressed. When they leave their villages behind, women construction workers also leave behind all family support systems. They are engaged in back-breaking labour and have to care for themselves and their children through pregnancy, birth and early childhood. Mobile Creches, therefore, sought from time to time to examine these issues and bring them into the public domain. The Consultation on Labour Mobility and the Rights of the Children in 2006 threw up large gaps in the data, the inadequacies of policies and programmes, and the low visibility of migrant workers. A decision was taken to follow this up with a 'Study on Migrant Construction Workers and the Health Status of their Children', to provide data on the status of migrants, and the health and education of their young children. The basic objective of the Study was to focus on the human dimensions of the problem and on the urgent need for policy interventions at all levels.

2. Objectives and Design

The objectives of the Study were to examine the current status of migrant workers in Delhi, look into their migrating patterns, the duration of their stay, the composition of their families, their social and economic status and the impact of the 1996 legislation . The central issue of concern was to look at how migration impacts children.

The objectives of the study were to understand:

1. The migrating pattern of construction workers.
 - ✧ Who migrates?
 - Socio-economic, demographic and ethnic backgrounds
 - Occupation prior to migration
 - Who they bring with them with and who they leave behind
 - The pattern of maintaining ties with the native village
 - ✧ Why do they migrate?
 - Push factors
 - Pull factors
 - Advantage and disadvantage of migration
 - Role of economic security and indebtedness
 - ✧ How do they migrate?
 - Composition of the groups (families, single men and single women)
 - Proportion of city-to-city, village-to-city migration
 - Mechanism of getting employment
 - The role of the jamadars
2. The living and working conditions of migrants in the cities:
 - Wages, welfare and awareness of rights
 - Gender issues related to wages and other entitlements
3. Health status of children of migrant workers:
 - Childcare practices
 - Nutrition grades of women and children
 - Health-seeking practices

Time-frame, Scope and Methodology

The time-frame for the Study was January 2007 to March 2008. The Study planned to cover 425 migrant households. Because of the focus of the Study, the sample was drawn mainly from families with young children.

The Study was conducted on sites that had Mobile Creches centres (MC Sites) and those that did not (Non-MC Sites). Of the 425 families, 325 were chosen from Mobile Creches sites because this facilitated easy entry for extensive data collection. It also provided the opportunity to look at living conditions, wages and entitlements on different types of sites. The break-up of families as per MC sites is as follows.

a) Group A

- | | | |
|------|--|----------------|
| i. | MNC sites (3 large sites) | - 100 families |
| ii. | Indian developers
(3 large and 3 medium-size sites) | - 200 families |
| iii. | Government builders (1 site) | - 25 families |

b) Group B

One hundred families were chosen from five small sites, where Mobile Creches did not have centres. Getting entry into such sites was difficult and required a lot of negotiation.

The reason for this choice of sites was to enable the research team to examine the impact of programme intervention on the families through a comparative analysis between MC sites and Non-MC sites.

Of these 425 households, 150 households were chosen for data on the health status of children. However, we were only able to cover 419 families because of mobility within the sample group. They were from 15 different sites in Delhi, Gurgaon (Haryana), Noida and Ghaziabad (UP).

Three questionnaires were designed to gather information on the following:

- i) The background and profile of the families
- ii) Migrating patterns
- iii) Health status of children

Focus Group Discussions (FGD) were planned at both MC and Non-MC sites with migrant families, jamadars and contractors because the groups have different power equations that impact workers.

3. Profiling of Migrants and the Root Causes of Migration

"Madam, do tarah ka aana hota hai. Ek sukh se aana, ek dukh se aana. Hamara aana dukh se aana hai." (Madam, migration can be out of distress or out of choice. For us it is out of distress.)

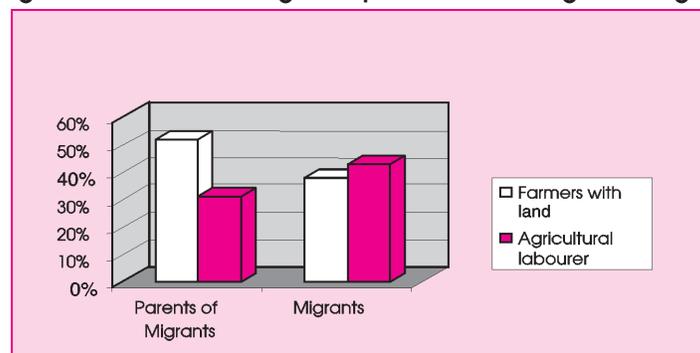
A worker in one of the MNC sites

Who Migrates?

Agrarian stagnation has always remained in the backdrop of distress migration. Nearly two-thirds of India's 100-crore population depends on agriculture, which contributes only around 20 per cent of the country's GDP. This fact broadly explains the pathetic situation in the sector. There has been low investment in the sector, falling from 1.6 per cent in Ninth Plan to 1.3 per cent in the Tenth Plan. As a result, capital formation in agriculture has been low and agriculture has remained rain-dependent.

The migrants we interviewed were mainly from agricultural backgrounds (81%). We found their parents were also largely (83%) from the same background. However, the disaggregated data clearly points out that the percentage of families totally dependent on the income from their own land in the parents' generation has come down from 52 to 38 per cent in the migrants' generation and the number of families dependent on agricultural wages has increased from 31 to 43 per cent. This indicates an increased dependence on wage-earning and a decrease in asset-holding in the second generation. This micro data is an endorsement of the national data on increasing landlessness. As per the Rural Labour Enquiry Report on General Characteristics of Rural Labour Households (55th Round of NSS, 1999-2000), "At the all-India level, 59.15% of the Rural Households possessed cultivated land. This percentage during the previous survey (1993-94) was 61.26."

Fig. 1: From asset-holding to dependence on wage-earning



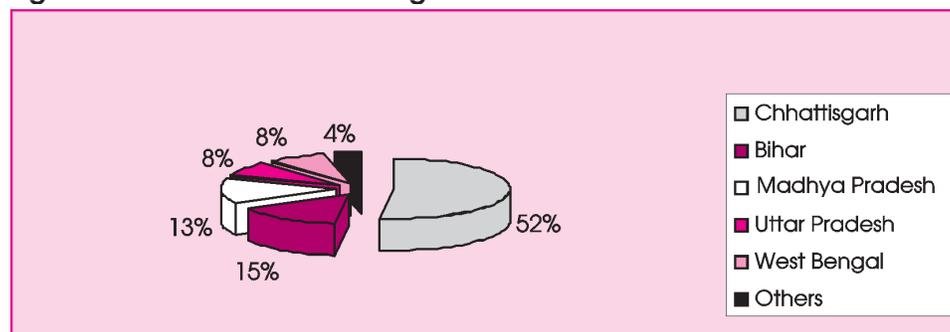
States to which the Migrants Belong

"One of the major changes I have seen in the industry is the change in states from where labourers migrate. In recent years, there has been a sharp fall in the number of migrants from Rajasthan, and Chhattisgarh has become one of the major states from where a large number of workers are coming."

A contractor, Ghaziabad, UP

Majority of the migrants we covered are from Chhattisgarh (52%) followed by Bihar (15%) and Madhya Pradesh (13%). The rest come from states such as Uttar Pradesh (UP), West Bengal (WB), Jharkhand, Assam, Rajasthan and Orissa, in small numbers. The three districts of Chhattisgarh - Bilaspur, Durg and Raipur - have contributed to 46 per cent of the migration. It is ironical that Chhattisgarh, known as the rice bowl of India, pushed food insecure farmers out of their villages.

Fig. 2: States from where the migrants came



Caste, Age and Education

The families comprised adult members, who were mostly under 40 years of age. A majority of the men (69%) were in the age group of 26-40 and women (82%) were in the age group of 18-30.

Almost half (46%) of the migrants were from the SC, ST and OBC backgrounds with low literacy levels. Only 11 per cent of the women was found to be literate whereas the educational levels of the men were somewhat higher (46 per cent).

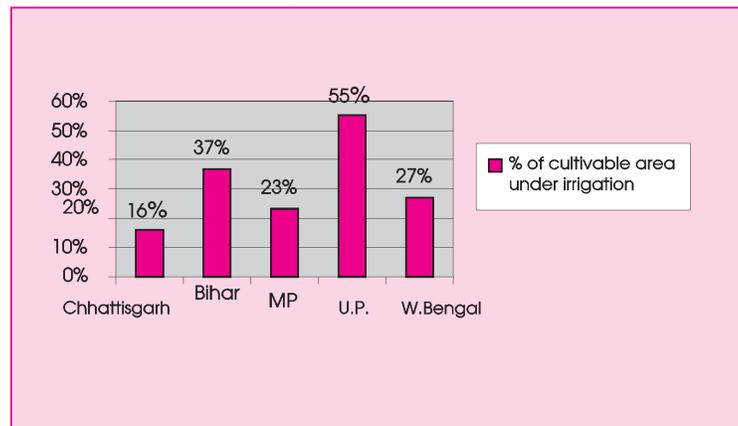
Reasons for migration

This section primarily depicts the economic side of the story. Most of the labourers, who were from different parts of Chhattisgarh, said they had small land holdings, no irrigation facilities and agriculture is totally dependent on

rainfall. They cannot depend on the income from agriculture. Droughts bring debts. Hence, they moved to the cities for food security. A majority of the labourers spoke of debts.

Percentage of Irrigated Area: Since drought was a recurring reason given for migration, we did a comparative analysis of the percentage of cultivable area under irrigation for the five states to which the maximum migrants we interviewed belonged.

Fig. 3: Area under irrigation



Source: Minor Irrigation Survey (2000-01)

Chhattisgarh has the lowest percentage of irrigated land (at 16 per cent). Clearly, families cannot sustain themselves on rainfall-dependant agriculture.

Low rural wages, unemployment and

indebtedness: The primary data gathered through questionnaires show that the reasons for migration are unemployment (31%), indebtedness (23%), low rural wages or low and irregular income in villages (81%)⁴.

The labourers in one of the sites had migrated from states such as UP, Bihar and MP. They were largely agricultural labourers in the village, where they earned only Rs. 30 a day and work was not available throughout the year. The agricultural wage was much below the rural wage rate, as shown by the government data. The villagers moved to the city to ensure two square meals a day. Three to four of them said they own small plots of land in the village. However, as the family grew, the number of people dependent on that land grew. People from Bihar spoke of the recurrence of floods leading to heavy debts whereas migrants from Jhansi reported three consecutive years of drought.

⁴ Since many of the families gave more than one reason as their reason for migration, for example, some mentioned unemployment and indebtedness together, the data presented here reflects multiple answers and, hence, the total exceeds 100.

When asked whether, under the National Rural Employment Guarantee Act (NREGA), it was easier to find work during the lean season in agriculture, they said that that the people implementing NREGA were corrupt and they only gave jobs specifically to the people who could bribe them. The issue of corruption also came up while discussing the Below Poverty Line (BPL) category of ration cards and other facilities.

Pull factor of comparatively high urban wages: The push factor of low rural wages and pull factor for higher urban wages has been one of the reasons for migration. The figures below illustrate it pictorially.

Fig. 4a: Income before migration

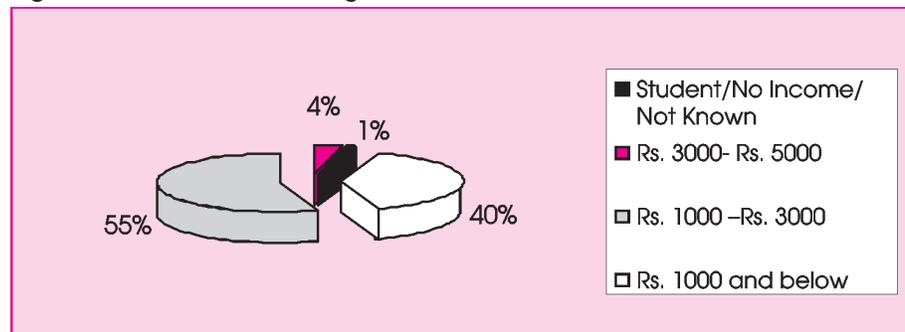
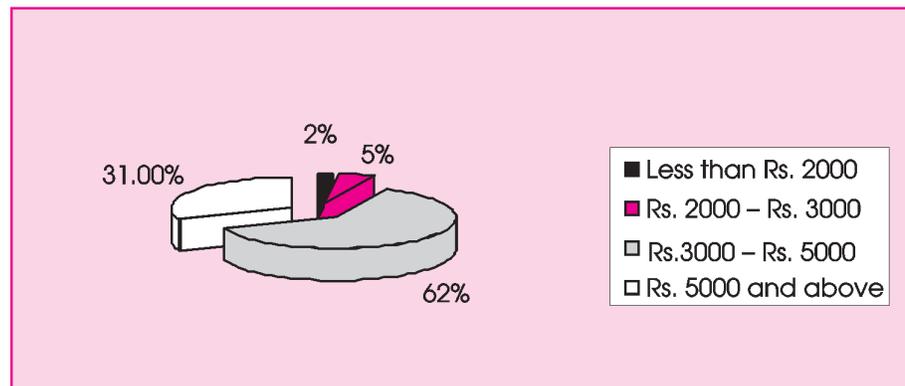


Fig. 4b: Income after migration



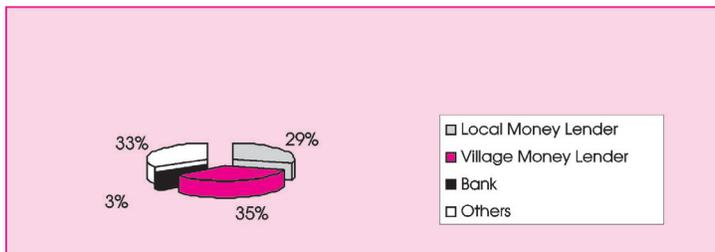
Prior to migration, 95 per cent of the families earned Rs 3000 or below. This category was reduced to 7 per cent after migration whereas the group earning Rs 3000 and above increased from 1 to 93 per cent. Thus, a noticeable increase in cash earnings was found. However, this increase in income did not necessarily translate into asset-building. It was generally offset by a rise in expenses, quality of life issues and health problems, as discussed later.

A special vulnerable category in the study was the nine families that earned less than Rs 2,000 after migration. Of them, five were headed by women.

Status of Indebtedness after Migration

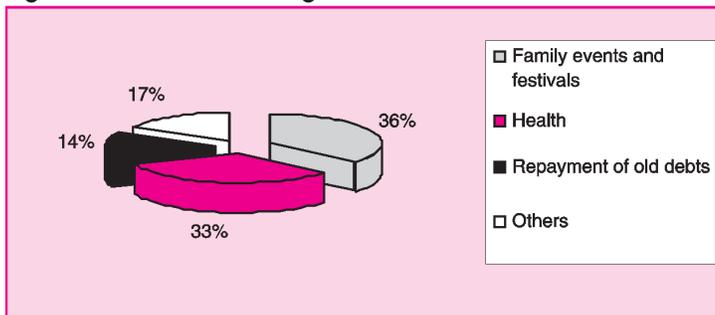
To study the extent of improvement of the economic status of migrants, their present indebtedness was examined. One of three workers in the Study was found to be in debt. Of these indebted workers, 35 per cent approached village money lenders for loans and 29 per cent approached the local money lenders. This shows their continued dependence on the unorganized credit market that charges high rates of interest. This does not include the small loans taken by the workers from time-to-time from the jamadars, whenever wages are not paid in time. These they did not consider as debts.

Fig. 5: Who the migrants approach for borrowing money



Loans are taken for meeting a variety of needs. Thirty-six per cent of the families take loans for family events such as marriages, festival / functions and deaths; 13 per cent incurs loans to repay earlier loans or to free mortgaged property. However, health (33%) is the highest single item for which families have to borrow money.

Fig. 6: Reasons for incurring debts



Migration Extent and Quality of Economic Upliftment

Migration is a step towards economic improvement and is perceived as a way of escaping poverty. All (100%) the migrant construction labourers reported an increase in income levels. However, they reported that their expenses had also increased.

- Of the 98 per cent that earned between Rs 2,000 and Rs 5,000, 68 per cent of the families reported spending between Rs 2,000 to Rs 4,000 on food.
- 84 per cent of the families reported a monthly expenditure on health ranging from about Rs 500 to Rs 1,000.
- Education of children is a casualty in the migration process. Only 26 per cent of the families had school-going children and 96 per cent of them said they do not spend any money on education.

Asset-building is one of the main indicators of economic upliftment. Ninety-eight per cent of the workers said that they have not added any asset such as house or land after migration although 9 per cent reported some savings. This shows that the increased money they earned was all spent on food and on health. They also sent money back to their villages for family expenses (55%) and to repay debts.

All the workers thought that their decision to migrate was right, given the situation in their villages. They were of the opinion that, in a similar situation, people should migrate. They said that there was definitely an improvement in the quality of life in the cities. For them, migration is an improvement as it is an escape from dire poverty situation. There is guaranteed shelter and availability of work round the year. The shelter, however, most of the time is a low shaft made of asbestos or bricks, often without electricity and with an irregular supply of water.

The workers are not in a position to negotiate minimum wages. When negotiating for a job, most of the workers ask whether there is any transport provided to reach the site. They do not even think of negotiating for facilities such as safe drinking water, sanitation, electricity or facilities such as health and education for children as these remain low priority in the backdrop of survival and livelihood issues.

4. Migrating Patterns and Mechanisms

The construction industry is stratified into many layers. First, there is the principal employer, who takes up a project. Under him are the large and medium-level contractors. Below them are the petty contractors, who employ labour through the jamadars or thekedars. The labourers generally come through thekedars and jamadars, although there were few examples of direct employment in a company. One of the jamadars described this chain as compartments of a railway train (*'rail gaadi ke dabbe'*)! The engine is the company, which decides the destination (site) so it links up with contractors; the contractors link up with the thekedars; the thekedars with the jamadars, who in turn link up with the labourers. This whole chain moves from one site to another site, sometimes from one city to another. When work on a construction site is complete, the labourers usually move as a group to their new site.

Migrating Mechanism

Migrant construction workers are influenced by their relatives and other villagers to migrate. The workers, their families, relatives and other families from the village migrate in groups. Usually, they come into contact with the jamadar through friends, relatives or persons, who are already working with him. Others go to the construction sites in search of work and come into contact with the jamadars or the thekedars.

Table 1: The first migration

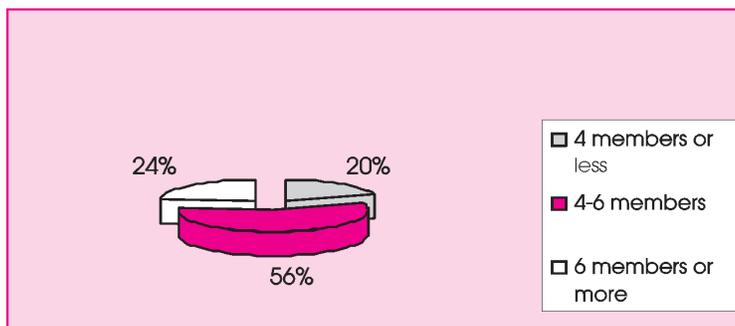
		Jamadar	Village folks	Family members
a)	Who influenced the family to migrate?	10%	45%	45%
b)	Who did the workers approach for work?	50%	35%	15%
c)	Who helped the migrant find work?	23%	50%	27%

Fifty-six per cent of the workers migrated in groups; of these 11 per cent was single men and 2 per cent was single women. The rest migrated with their respective families. Of the 56 per cent, 71 per cent migrated with the jamadar. During migration, 53 per cent had family members migrating with them. The data revealed that those who migrated first helped others to migrate. 19 per cent of the migrants interviewed said that they had assisted their village folks to migrate.

The migrating family: who comes and who is left behind?

The Study found that 86 per cent of the families were nuclear families and 8 per cent were joint families. Of the nuclear families, single women came with their children. Single men migrated without families. More than half of the sample had 4-6 dependents. The following figure elaborates the family sizes, as observed in the Study.

Fig. 7: Number of members dependent on the income



The families largely migrated with their younger children. Older children are usually left in the village in the care of their grandparents. The

mothers, at times, stayed back in the village if the child was very small and needed constant care. The data indicated that 19 mothers stayed back in the villages to take care of their very young children.

Single Women on Sites

The research team met eight single women, of whom six were from Chhattisgarh, one from Bihar and one from Bengal. Two women were widows and the rest were abandoned by their husbands. All of them had small children to take care of, and one of them was living with her father. Their daily wages were between Rs 60 and 75, and an average of 2-3 members of the family was dependent on her.

Children in the Village: The 419 families we met in the sites had a total of 65 under-6 children in their villages, of which 19 were with their mothers and the rest with their grandparents. Five of them were going to Anganwadi Centres (AWCs) and 22 to schools in the village.

Ninety-seven families from the sites had 132 children, who were above six years old, in the village. Of these children, 108 were school-going, 6 were working and 18 were at home.

Children on the Sites: Most of the families with children below six years with them on the site sent the children to the Mobile Creches centre, wherever

available. Mothers in non-MC sites took their young children to work and fed them on the site.

Table 2: Children above six years on sites

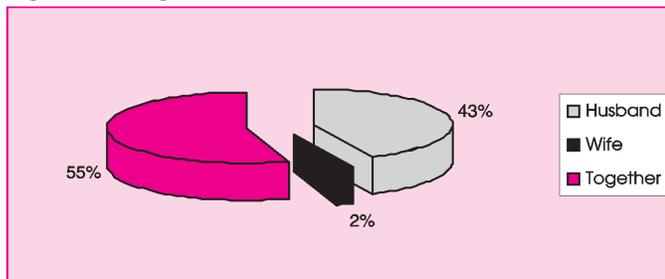
	MC-Sites	Non-MC-Sites
No. of children attending formal school	23	4
No. of children attending non-formal classes	5	5
No. of working children	5	11
No. of children who are at home	14	46
Total no. of children above six years of age on sites	97	61

Table 2 shows that the presence of Mobile Creches did help to encourage and provide support to families to send their children to school. Twenty-three children attended formal schools and 55 children attended the non-formal classes offered by Mobile Creches. This is the collective result of the advocacy efforts of Mobile Creches with the families on educating their children, offering non-formal education on sites for children under 12 years of age, and freeing the girl child from the burden of sibling care so that she can attend school.

Migrant Couples

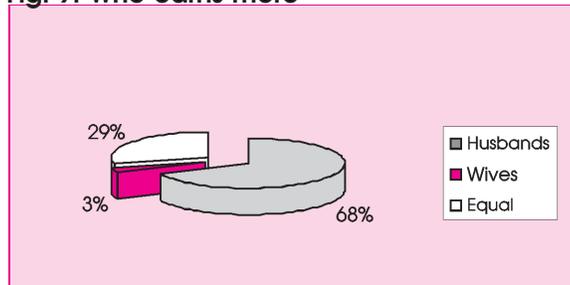
In 84 per cent of the instances, the wife migrated because the husband decided to migrate.

Fig. 8: Who got the job first



A majority of them (55%) got jobs together. The husband earned more than the wife in most instances (68%). Some wives (3%) earned more than their husbands. Though a small

Fig. 9: Who earns more

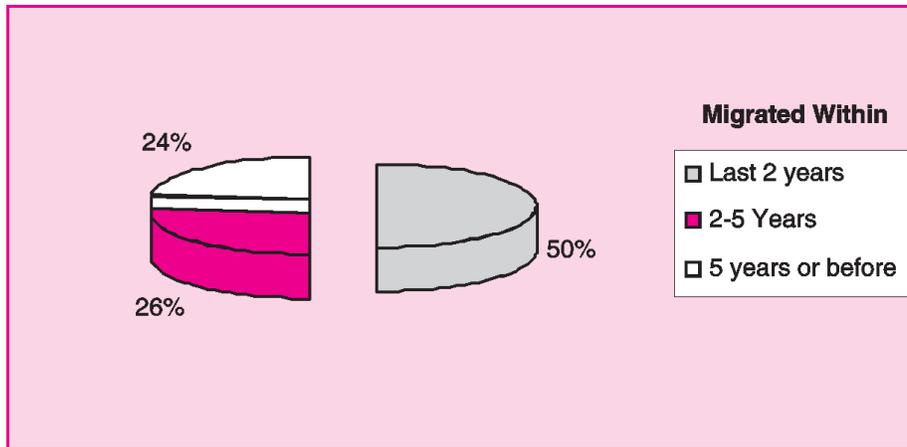


number, this is an interesting point.

Period since migration

Half the migrant construction workers interviewed had migrated within the last two years. Only one-fourth of the migrants migrated five years ago or even before that.

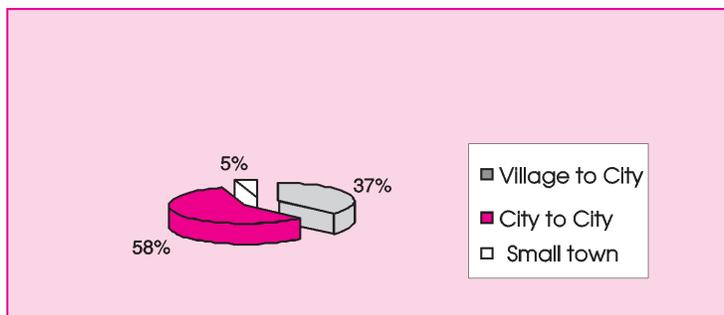
Fig. 10: Information on first migration



Proportion of City-to-City, Village-to-City Migration

Most of the migrants (58%) interviewed had migrated from city to city from one construction site to another. Of these, 97 per cent had moved from one

Fig. 11: Proportion of city-to-city, village-to-city migration



site to another within the National Capital Region. Thirty-seven per cent of the migrants had moved out of their villages for the first time.

Maintaining Ties with the Native Village

All the migrants maintained ties with their villages through telephone (100%) and also through friends and relatives visiting the village. Fifty-five per cent sends money back to their villages; of these, 65 per cent sends money twice a year.

Trips to the Village: The following Table captures the frequency of trips to villages.

Table 3: Frequency of Village Visits

No. of trips to native village in last five years	Percentage
Never	32 (50 per cent of the migrants migrated in 2006 or later)
1-3	59
4+	9

Usually the migrants spend a month or so in the village. According to the contractors, the workers go home in summers or during family functions. Earlier, the trips were mainly for agriculture activities and hence the stay in the villages was longer but now a majority go to the villages to visit their families. Only 3 per cent visited the village for agricultural purposes.

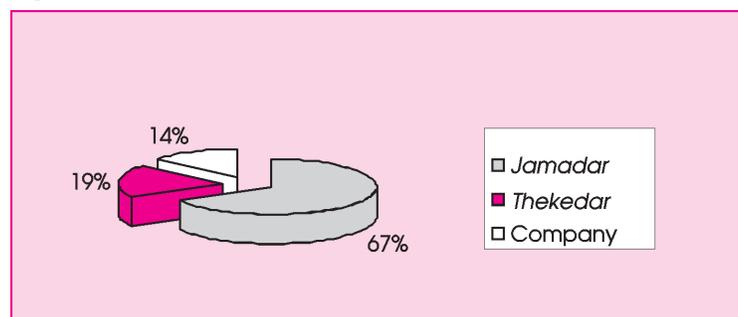
Table 4: Duration of Visits

Average duration of visits	Percentage
15 days or less	11
16 days to 1 month	31
1 month to 3 months	16
3 months to 6 months	9
6 months +	1
Migrants who have never visited the village after migration	32

Present Employers and Mobility

At present, 67 per cent of the migrant workers was found to be working under jamadars whereas 14 per cent had been employed directly by the company and the rest were with the thekedar.

Fig. 12: Present employers

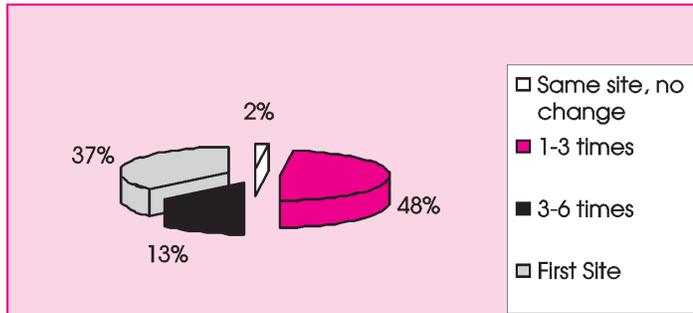


The workers changed sites frequently. The only exception we found were two sites in Dwarka, where many migrants had been working for more than

4 years. Fig. 13 indicates the frequency of change of sites in the last five years.

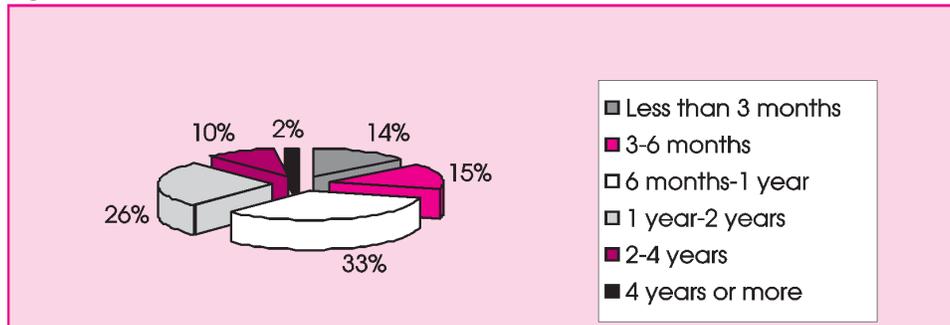
Fig. 13 indicates the frequency of change of sites in the last five years.

Fig. 13: Frequency of change of sites



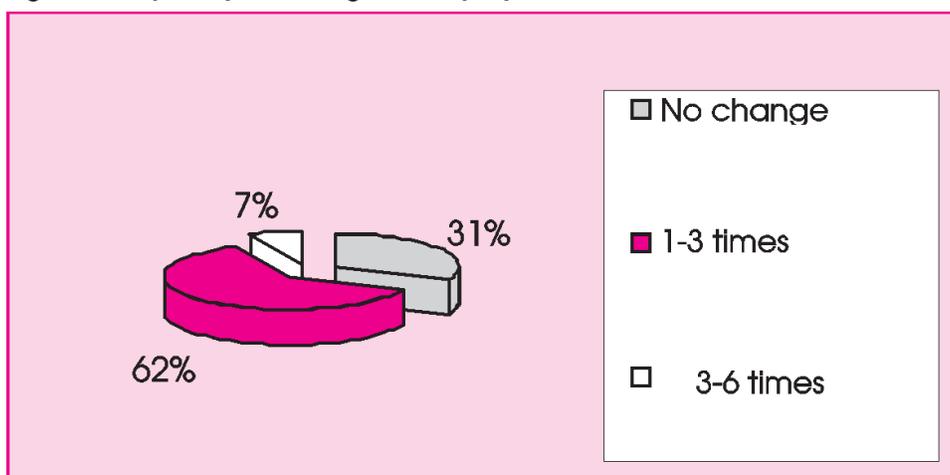
Data show that the stay in a particular site was for a very short period. More than half of them stayed less than one year on a site.

Fig. 14: Duration of stay on a site



Just as there was a frequent change of sites, most of the workers (69%) changed employers too.

Fig. 15: Frequency of change of employers



The workers changed jamadars if:

- The jamadar was rude.
- The workers did not receive timely or regular payment.
- If the jamadar's relationship with the thekedar or the company got strained and he was unable to provide regular work to the workers.
- The jamadar cheated the labourer.

The overall picture is of a group that shifts frequently from one site to another and, at times, from one employer to another. The frequent mobility of the families threatens the children's education and also access to government facilities, which settled families usually enjoy.

5. Status of Migrants : Legal Entitlements and Access to Services

Living Conditions and Entitlements

The Building and Other Construction Worker's (BOCW) Act 1996 is "An Act to regulate the employment and conditions of service of building and other construction workers and to provide for their safety, health and welfare measure and for other matter connected therewith or incidental thereto."⁵

Some of the other main provisions of the Act are:

1. Registration of each establishment within a period of sixty days.
2. Registration of building workers as beneficiaries under this Act.
3. Constitution of a Building and Other Construction Workers' Welfare Board by every state government.
4. Immediate assistance in case of accidents, old-age pension, loans for construction of house, premia for group insurance, financial assistance for education, to meet medical expenses and maternity benefits
5. Penalties.

Voices from the sites:

"There are toilets and also a system of daily cleaning. Water supply is given at a fixed time every day. Electricity is there when the generators are on (between 10 a.m. and 11 p.m.). We are happy to have child care support on this site."

From an MNC Site in Gurgaon

"We get blankets and new bedding every year. There is a toilet but no covered space for bathing. There is scarcity of water. We go outside the site to fetch drinking water. Electricity used to be provided but last week, one child got an electric shock, so the company disconnected the electricity. After a lot of negotiations, the company agreed to provide electricity to only those labourers, who were willing to sign a bond that says they take responsibility for accidents from electric shock."

From an MNC site in Indirapuram

"Living conditions are not good and there is no electricity. However, water supply is quite regular and there are toilets for the workers. One sweeper is

⁵ Preliminary section of the BOCW Act.

appointed to clean them. We do not like living in this narrow, low accommodation. The village is much better. We have fresh air. If only we had regular work..."

From an Indian Developer's Site in Gurgaon

"The quality of water is not good. We suffer from water-borne diseases, skin diseases, diarrhoea, etc. The same water has to be used for drinking as well as bathing. The site does not have electricity. Hence, there is no question of having fans during the summer or an hour of TV watching in the evening. The evenings bring mosquitoes and some of us suffer from malaria."

From a site in Dwarka

"There is no toilet facility available. Men, women and children bathe in the open. Defecation is also in the open. There is no drainage facility, neither is there any system of keeping the place clean."

MNC Site in Indrapuram

Their perception about a better quality of life included:

- Better wages and job security for all
- Ample water and electricity on the sites
- Provision of ration cards and identity cards
- Access to education for their children

All of them knew that the constraints they were facing in day-to-day living would all get sorted out for the economically stronger class, who would come to stay in these buildings once they get completed. "Then there will be electricity, good quality water, good health and education facilities."

Access to government services

There was no access to government facilities such as ration shops, AWCs, government schools on any of the sites covered by the Study. Their floating status deprived them of all services, which settled families could enjoy in slums or in villages. Table 4 underlines the poor access to government facilities, mostly due to the frequency of mobility and lack of information. However, a few families were able to access these facilities during their stay in the village. The Creches provided by Mobile Creches came up as the only service which they accessed in the city. Mobile Creches, through its programme, seeks to link the families on sites with government services such as the Primary Health Centres (PHCs) and the government schools.

Mobile Creches had been able to link some of them to the PHCs in the cities. However, some families complained about the rude behaviour of health workers.

Table 5a: Access to Services

Services	Percentage of migrant families availing of facilities in the city		Percentage of migrant families availing of facilities in the villages before migration
	MC Sites	Non-MC Sites	
a PDS	Nil	Nil	1%
b AWC	Nil	Nil	1%
c PHC	42%	Nil	2%
d Hospitals	2%	Nil	2%
e Govt primary schools for girls	Nil	Nil	2%
f Govt primary schools for boys	0.3	Nil	3%
g Govt high schools for girls	Nil	Nil	0.7%
h Govt high schools for boys	Nil	Nil	1%
i Creches	82%	Nil	Nil

A significant finding was the use of government health facilities (42%) by families that were in touch with Mobile Creches; there was no access by families in the non-MC sites.

Regarding the use of government services in the village by family members, who were there, the following information was collected.

Table 5b: Access to Services in the Villages

Services and Schemes	Percentage of migrants' families who are presently in the village, availing of government services
PDS	5
AWC	15
PHC	2
Hospitals	5
Govt. primary school for girls	28
Govt. primary school for boys	30
Govt. high school for girls	13
Govt. highschool for boys	16
Creches	Nil

Keeping in mind the earlier finding that access to government services by migrants on sites was nil (other than where Mobile Creches had intervened), it was interesting to note that 15% children of these families used the AWC, 28 to 30% children of these families used government schooling at the primary stage, and 13% to 16% children used government high schools in the village. This finding throws light on the increasing disempowerment of migrant families

from access to services and consequently the impact on education and care of their children, creating greater marginalization.

Work and leisure

A majority of the men (72%) and women (73%) work on the site for 8 hours a day. Twenty-five per cent of the men and 10 per cent of the women work 10 hours and beyond on the site. Working hours on the site are longer for men; however, women enjoy less leisure because of household chores and their responsibilities of childcare. A majority of the women (63%) said they have about three hours for their children, which, in the absence of family or other child care support, is inadequate for the needs of the very young children.⁶ These three hours include cleaning and feeding the child, attending to his/her other demands in addition to her responsibilities at home.

Working Conditions and Entitlements

Wages

The current minimum wage is Rs 133.45 (Rs 101.47 per day during the Study) per day in Delhi, Rs 138 per day (Rs 117 per day during the Study) in Haryana and Rs 111.49 in UP. We found the minimum wages for unskilled labour ranged from Rs 65 to Rs 85 a day. On one site, women's wages were as low as Rs 55 per day. In addition, workers had the burden of paying a commission @ Rs 5 a day to the jamadar. Contractors said they were not responsible for the wages being paid as that was the responsibility of the thekedars.

On MNC sites in Gurgaon, Noida and Delhi, nobody, neither men nor women workers, received minimum wages. Although the MNC sites were not paying minimum wages, the best living conditions, we observed, had been provided by an MNC principal employer. The rooms were spacious and two cots and a fan had been provided for every family.

On the Indian developers' sites in Gurgaon, however, the situation was marginally better in that 11 per cent of the male workers were paid minimum wages; however, no women had received minimum wages.

On a government site in Delhi, the situation was a little different. Twenty-two per cent of the men received minimum wages. The situation for women remained the same.

On the Indian developers' sites in Ghaziabad, only 4 per cent was given minimum wages. Interestingly, there was one woman, who not only got the minimum wages but was also in a supervisory position.

⁶ Keeping in mind that the Mobile Crèches intervention is on very limited worksites, child care support for migrant construction women is, in reality, non-existent.

Voices from the sites

Workers

"Wages are different for men and women. Women labourers working directly with the company get Rs 60 per day whereas men get Rs 65 per day. Women, who are working through jamadars, get Rs 55 per day."

"Wages of the unskilled labourers are between Rs 60 to Rs 70 and the skilled labourers' wages varied from Rs 110 per day to Rs 200 per day."

"No, we have not heard of Labour Welfare Board."

Employers

One contractor commented that, in the last 20 years, the daily wage rate had tripled. He did not have much to say on the improvement of the workers' quality of life. He mentioned that apart from wages, the labourers are provided shelter and water free of cost by the contractor. The thekedars said they suffer because labourers leave for better wages. When asked about the percentage of the turnover, they said 10 per cent or less.

Case Study: Malda Labour

We came across a group called 'Malda Labour' on multiple sites. They migrate from Malda and Cooch Behar districts of West Bengal and are mostly Muslim men. They are given employment for 50 to 52 days at a stretch. They work for 14 hours a day and receive around Rs 125 per day as wages. The contractor provides three meals a day and deducts Rs 25 per day for the food. They are usually sent back to their villages after 52 days or given a two weeks' break, whichever is required. This breaks their continuity of service and deprives them of the entitlements they could claim after two months of continuous service.

Limited avenues of skill development

A variety of skills such as masonry, carpentry, plumbing and electrical work are used in construction. Most of this skill development is graduation on-the-job from an unskilled to a skilled worker. However, this skill upgradation is mainly for the male workers. In our study, we found that 15 per cent of the male workers said that their skills had increased. Of these, 91% had been in the industry for two years and above and only 3 per cent had been trained by the organization. The remaining had acquired their skills on-the-job. A majority have become *mistris*. Even within the small group that had moved from unskilled to skilled, only 65 per cent were being paid the wages due to them as semi-skilled workers.

Table 6: Work, Wages, Registration with the Welfare Board and Access to Welfare Measures

	Status of compliance in all sites (%)	Status of compliance in MC sites (%)	Status of compliance in non-MC sites (%)
Hours of Work			
Fixed working hours	98	98	100
Enjoying one day weekly off with pay	1.4	2	0
Wages			
Regularity in receiving wages	96	97	95
Receiving overtime	71	76	56
Welfare Board Registration and benefits			
Registered with the Welfare Board of Construction Workers	0.7 (all male workers)	1	Nil
Can access construction worker's welfare fund in emergencies	Nil	Nil	Nil
Provision for Old-age Pension	Nil	Nil	Nil
Provision for maternity benefits	Nil	Nil	Nil
Provision for maternity leaves	Nil	Nil	Nil
Welfare			
Free accommodation provided	99	98	100
Employer provides crèche facilities	76	100	Nil
Free or subsidised Medical facilities	15	17	6
First Aid on Site	42	55	Nil
Immunisation for children	69	87	Nil
Access to clean drinking water	53	70	37
Access to clean latrines and urinals	23	30	Nil

Regarding the hours of work, the Table clearly indicates that the workers are satisfied with the hours of work. This supports the findings on the hours of work. But only 1 per cent of the workers said that they enjoyed one weekly off with pay, indicating exploitative conditions. The workers enjoyed leave with pay only in case of accidents on site. Usually, the employer had an arrangement with a local hospital or a nursing home and the employer bore all the costs of treatment.

The payment of wages was considered to be regular. Payment of overtime was more or less regular for men workers (71%). However, only 58 per cent of the women workers said that the payment of overtime was regular. During discussions, the workers said that there were delays in the payment of wages and that they took money from the jamadar, if and when needed. They did not consider these as debts or delay in payment.

PF is mandated for all workers, casual and otherwise. However, only one site deducted a percentage of the wages @ Rs.12 per day as the PF contribution of the workers. During FGD on the site, the workers said that they would get that amount back when they left the company, and the money would be deposited in the bank account in their villages. However, none of them had filled any form for the purpose. Only 8 out of 60 workers present in the discussion had a bank account.

The Welfare Board had almost not been heard of. Not even 1 per cent of the workers were registered in the Welfare Board. As a result, the workers lost out on social security measures such as maternity benefits and old-age pension. None of them had accessed the Labour Welfare Fund. This is in spite of the fact that Delhi has over Rs. 150 crores in the Labour Welfare Fund to date (May 2008).⁷

Accommodation and drinking water were provided by the employer. However, only 53 per cent of the workers reported availability of clean drinking water. The study indicated that accommodation had been provided to the workers mostly on the site. In Ghaziabad (Indirapuram) and Delhi (Rohini) worksites, some labourers preferred to live outside the site with the meagre allowance they had been given. On most sites, the accommodation provided comprised low, temporary shacks made of bricks with asbestos roofs. Asbestos made living in summer and winter extremely difficult. There was electricity available and the place was cleaned daily. Only 59 per cent of the workers said there were toilets available on the site and 23 per cent of these workers said that the toilets were clean. There was no provision for health and crèche facilities for children except on the sites in which Mobile Creches had a centre. First-aid facilities were visible only on Mobile Creches sites and employers provided medical facilities at a subsidized rate, reported more by the workers at the MC sites than by workers at the Non-MC sites.

Most of the families on the construction sites had young children. The safety and security of children were perceived as important issues by families. Ninety-three per cent of the workers on the MC sites have rated the safety and security provisions for children as good and all the workers on the Non-MC sites rated it as poor. However, when asked about what they thought about their personal safety, their relationship with the jamadar and the working environment, they did not seem to have any particular unease.

⁷ Cess collection was started only in 2005 despite the fact that the act was passed in 1996. The cess stood at Rs.100 crores till July 2007 and had recently increased to Rs 130 crores. The progress in registration in the Welfare Board can be attributed to some extent to the advocacy with the government by a citizen's coalition Commonwealth Games Citizens for Workers, Women and Children in Delhi.

5.3 Legal Literacy and Awareness of Trade Unions

The BOCW (Regulation of Employment and Conditions of Service) Act 1996 provides the above-mentioned entitlements to the workers (see Table 6). The status of legal awareness among labourers was explored. The findings from questionnaires and discussions showed that legal literacy is appallingly low among workers and none of the workers were aware of the Construction Workers' Act 1996. Very few people knew about the Construction Workers' Welfare Fund. Only 0.7 per cent of the workers covered were registered, which shows they had little access to social security entitlements. None of them was a member of any trade union and, significantly, no trade union had approached any of them. This intensified their vulnerability. They were not registered in the Welfare Board through the industry, they did not belong to any trade unions and the government programmes did not reach them. As a group, they were unaware of their rights and entitlements; were not organized to fight for their entitlements and had no access of any kind to social security.

Because of their migrant status, political leaders have little interest in them. The local MLA never visited the sites to enquire about their situation, work conditions, etc. On the other hand, some of the migrant labour said that they were paid Rs 50 a day, to shout slogans during political rallies.

6. Health Status of Children under Six

Jyoti lived at the Universal site in Dwarka, New Delhi. When the team first visited her, she was 10 months old and weighed only 5 kg. It assessed her nutrition level at Grade III, which implied she was severely malnourished. The team informed the parents about Jyoti's condition. She had neither been weighed before nor had she received any vaccination. The parents said that Jyoti was their first child. She had been born on the site; the women in the neighbourhood had helped the mother during her delivery. They did not even know about the existence of a government dispensary nearby.

The team visited the family again after two months. This time Jyoti looked healthy. Her parents showed the team the immunisation card from the government health centre. The card showed that Jyoti had completed three rounds of immunization. The team was very happy to see the difference.

Reeta and Sheetal, Researchers

One of the objectives of the Study was to collect information on the health status of the migrant labour, and on health-seeking and child care practices. Concerns about health surfaced again and again as a concern during the Study. The workers had voiced their concerns about health issues when they spoke of the problems of migration and also during the discussion on indebtedness. Almost all the migrants (84%) mentioned the inevitable monthly expenditure on medicines.

In order to get a clear idea about the health-related practices, baseline information was collected from women on the age of their marriage and the age they became pregnant and on childcare. The health status of 150 children was studied. Of these, 100 children were from MC sites and 50 from non-MC sites. These children were surveyed three times, in August and November 2007, and in February 2008.

Of the 150 children surveyed in August, only 66 could be located in November and in February 2008 only 53 children. During these six months four Mobile Creches centres suddenly closed down. Hence in February only 23 children out of 100 children chosen from the MC sites were left. Since the number of children kept changing and declining, it was difficult to make decisive conclusions on the findings, a characteristic difficulty in studying migrant populations.

Readings on the status of nutrition of the women and children on the sites underlined the fact that about 70 per cent of the women and children were below the normal grade. The impact of this condition of malnutrition is far-

reaching, starting from low performance in studies to the possibility of exclusion from the organized, skilled workforce category or any kind of work at all.

Findings

The Study found almost half of the mothers (46%) had had their first child before they were 18 years old. 48 per cent of these women were married before 18 years of age and 9.3 per cent had experienced the death of their babies at birth. The children were mostly born in villages (72%) and most deliveries (80%) were without a trained birth attendant. Only 32% of the mothers had exclusively breastfed their children till six months and even lower percentages offered colostrum (18%). Only 32% children had had complementary food in the first six months. All these factors impacted the nutrition grades of the children. 67 per cent of the children were found to be below the normal grade. The status of maternal and child health was worse off on the sites in comparison to the country situation as presented by NFHS III data. Table 7 shows that for each indicator, the data on maternal health, child health and childcare practices in Column 2 (which present the status on sites) clearly depicts a worse-off condition than the data in Column 3 (which present the country status as provided by NFHS III data).

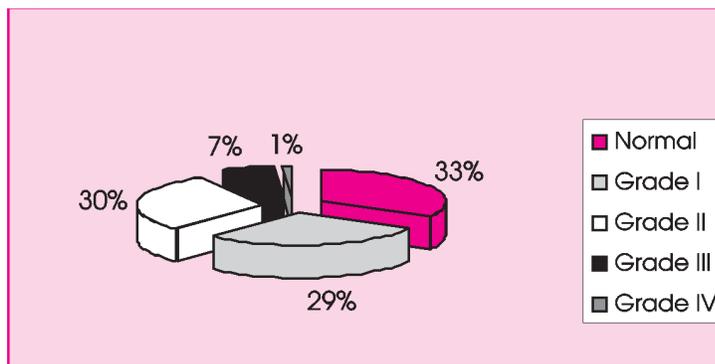
Table 7: Findings on Maternal and Child Health Status⁸

	Percentage of children/mothers	Percentage of children /mothers in NFHS III (India)
Girls married before they were 18 years old	48	44.5
Girls who gave birth to their first child they were 18 years old	46	21.7
Children born in the cities	28	
Children born in the villages	72	
Babies born at home	87	60
Babies delivered by Trained Birth Attendant (TBA)	20	48.3
Babies weighed at birth	13	
Babies given pre-lacteals at birth	58	
Babies given colostrum after birth	18	23.4
Babies fed exclusively on breast milk till six months	32	34.5
Babies given Complementary feed at 6 months	31	55.8
Children registered at birth	47	
Babies bathed		
-just after birth	89	
-after 3 days	4	
-after 6 days	1	
Immunization (12-23 months)	Complete - 35 Incomplete - 55 Nil -10	43.5

⁸ Note: Since the information on breastfeeding practices, complementary feeding, etc., was totally based on recall, only the 0-3 age group was chosen to maximize authenticity.

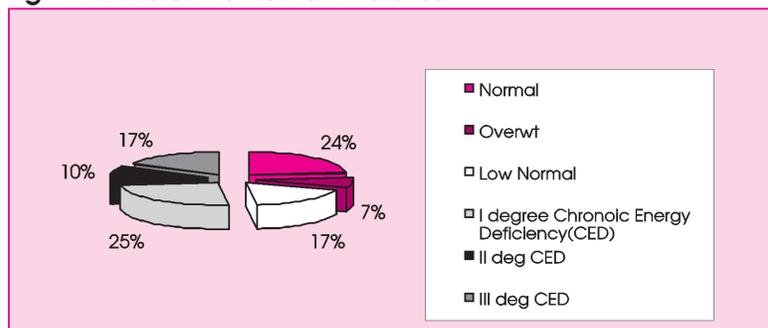
*Children's Nutrition Status:*⁹ Of the 150 children surveyed, most were below the normal category. The highest concentration of malnourished children was in Grade II (30%) and Grade I (29%) categories. Children were weighed during the three visits and a comparative analysis was done. Only 33 per cent belonged to the normal category, implying that 67 per cent children were in below normal category. (As per NFHS III, 46 per cent of the children in our country are malnourished.)

Fig. 16: Nutrition status of children on the sites



Women's Nutritional Status: The Study team collected data on the height and weight of the mothers of the children interviewed. Since this decision was taken during the second phase of collecting information on children, the team could collect data on 66 mothers only. The Body Mass Index (BMI) calculations showed that 69 per cent of the women were either in the low normal category or were suffering from chronic energy deficiency (CED) of varying degrees.

Fig. 17: BMIs of women on the sites



⁹ The Grades are according to IAP classifications. Grade 1 corresponds to the mildest and Grade IV to the severest stage of malnutrition.

A daughter was born to Bhotbai while she was working on the Mandi House site. When Bhotbai was at work, her new born, Saraswati, was in the crèche run by Mobile Creches. Bhotbai had been immunized against tetanus at the centre during her pregnancy. However, she did not bother to have her baby vaccinated although the crèche workers repeatedly reminded her about the immunization. From Mandi House, the family shifted to the Parivar Suchna Bhavan site and from there to a site in Dwarka. The site did not have a crèche; hence, children used to be left at home on their own while their parents worked in the sites.

During this time, Bhotbai became pregnant once again but did not receive any immunization. She had received useful information on pregnancy and childcare from her earlier interaction with Mobile Crèches, but did not take any steps to protect herself and her child. There was no trained birth attendant for her delivery. The new born child was weak.

Now Bhotbai leaves her two-month-old alone in the jhuggi in the care of her five-year-old daughter Saraswati. Her husband looks fifty although he is only 35. Bhotbai is 4'7" tall and weighs only 37 kg. She has one son but her desire to have two sons led to her recent pregnancy. All her three children roam about the site without shoes be it summer or winter; they play with mud and eat without washing their hands. The family seems to be living for two meals a day only. However, their festivals are celebrated with great enthusiasm in the sites. This adds some colour to their hardworking lives.

Reeta and Sheetal, Researchers

Health-seeking practices: The workers in both MC (94%) and non-MC sites (100%) the workers are mainly dependent on Registered Medical Practitioners (RMPs). The Mobile Creches health intervention is more preventive than curative in nature. A doctor was available only twice a month in the centre for immunization, weighing and consulting on good childcare practices. Therefore, he/she was not available for emergencies or follow-ups. Table 8 also shows that through its intervention, Mobile Creches has been able to build a small linkage with the Public Health Centres (PHCs) and government hospitals.

Table 8: Health-seeking Practices

	MC Sites	Non-MC Sites
Child Treated by:		
PHCs/Govt Hospitals	6%	
RMP	94%	100%
Private Doctor	18%	19%

(multiple answers)

Episodes of Illness:

During the three visits, the team found 98 episodes of illness in the 150 children identified for the Study. The following table gives an account of the cost of treatment.

Table 9: Cost of treatment

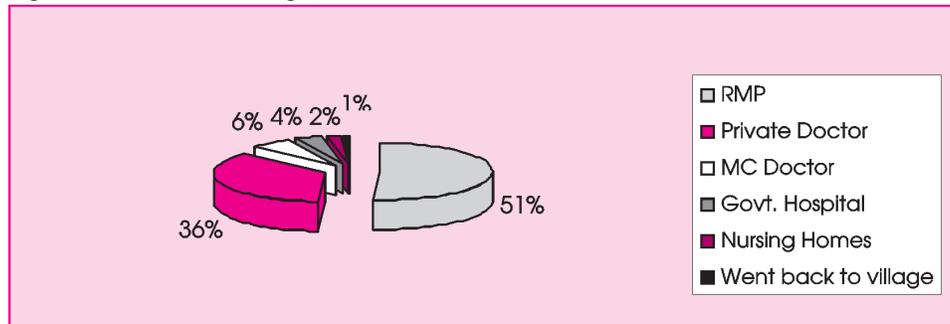
Cost of Treatment	% of episodes
Nil (Treated by the MC doctor cost)	
Upto Rs. 500	86%
Rs. 501 - 1000	1%
Rs. 1001 -2000	6%
Rs. 5000	1%

The National Sample Survey Organisation (NSSO), Fifty-First Round in November 1998 reports an annual personal expenditure of Rs 288 per head per month for non-hospitalised treatment per ailment.

In 36 per cent of the episodes, the child was treated by a private doctor; in 51 per cent of the episodes, the child was treated by an RMP; 6% were treated by Mobile Creches doctor; 4% accessed government hospitals and 2% went to nursing homes and 1% went back to the village. Significantly, the families in the sites where MC did not have a centre were accessing private doctors or RMPs in most of the cases.

No child from a non-MC site accessed government facilities. In the 4% episodes in which government hospitals were used, Mobile Crèches had intervened to link up with government facilities. However, in spite of this intervention, the parents in MC sites depended mainly on RMPs and private doctors due to their accessibility and convenient timings. (As mentioned, the MC Doctor is generally available in the centre only two to four times a month.)

Fig. 18: Health-seeking practices



Case Study

Durga's elder brother, Sanju, is three years old and comes to the balwadi at the Aditya Megha site. Their parents are from Chhattisgarh and are Scheduled Castes. The family's interaction with Mobile Creches brought about a number of changes in their childcare practices. Prior to the interaction, they had offered colostrum to their earlier child three days after birth; they neither thought of weighing the child nor had it immunized. However, in case of Durga, there was a difference. She was offered colostrum and weighed just after birth. She was given Polio, BCG and DPT vaccinations by the doctor at the Mobile Creches centre. The mother also decided to be at home to breastfeed and care for her baby.

Nutrition Status and progress of Children as Observed in the Three Visits

The children were weighed during the three visits, to assess their growth status. The data was analyzed for MC-Sites and non-MC sites separately to see what difference the intervention through cooked food was making. The children in the MC-centre were being weighed regularly and their growth was monitored whereas the non-MC children had never been weighed and their growth had not monitored. Almost all the children in the non-MC sites were being weighed for the first time in the city. The research investigator weighed them to know their nutrition grade and informed their families about their nutritional status. A comparison was then made for the children, who were there in all three visits¹⁰. Only a very small number of children (48) could be followed for six months. The small sample size made it difficult to come to any definitive conclusion. Also, the baseline data showed that the children in the non-Mobile Creches sites were nutritionally better off to start off. This created a skew in the data. However, some inferences that can be drawn are reinforced by previous studies and experience. They would, of course, need further larger studies for validation.

Table 10: Nutrition Grades of Children on Sites

Grade	Visit 1		Visit 2		Visit 3	
	MC Sites (in per cent)	Non-MC Sites (in per cent)	MC-Sites (in per cent)	Non-Mc Sites (in per cent)	MC Sites (in per cent)	Non MC Sites (in per cent)
Normal	27	60	32	48	41	68
Grade I	36	4	36	28	50	16
Grade II	32	28	27	16	9	16
Grade III	5	8	5	8	0	0

¹⁰ Four Mobile Creches centres closed down during this period. Only 23 children were found in all three visits out of 100 children; of the 50 children selected from non-MC sites, only 25 were available in all three visits.

Grade
Normal
Grade I
Grade II
Grade III

Fig. 19a: Nutrition status of children on MC sites

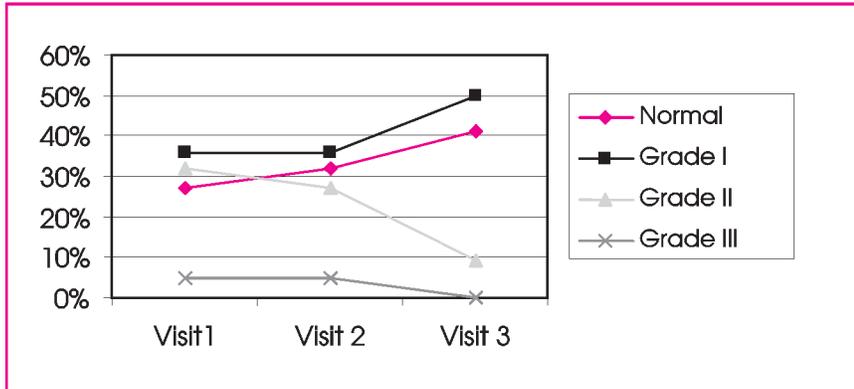
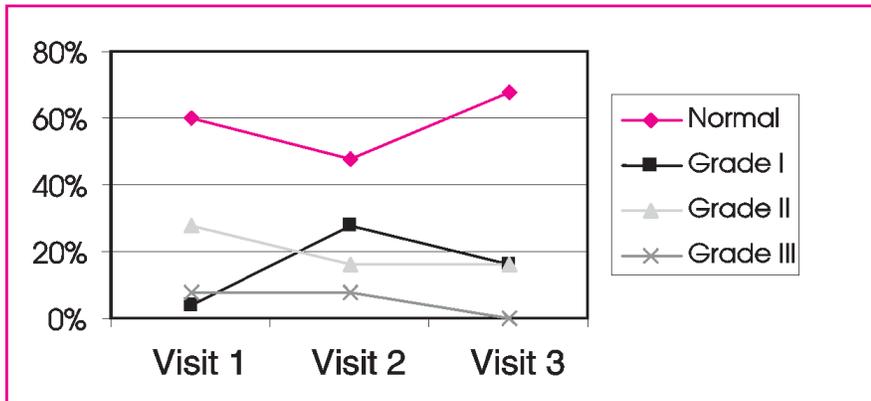


Fig. 19b: Nutrition status of children on Non-MC sites



Although the children were selected randomly within the given age group, the baseline of children in the normal category was far higher on the 'non-MC' sites. Nevertheless, there is consistent improvement in grades amongst children from the MC sites. Though grades show an improving trend in the non MC sites also, this is not consistent (see graph below). The graphs show the steady rise or fall in MC areas, indicating steady improvement whereas the grades of children in non-MC sites have fluctuated erratically.

Fig. 20: Children in Normal Grades

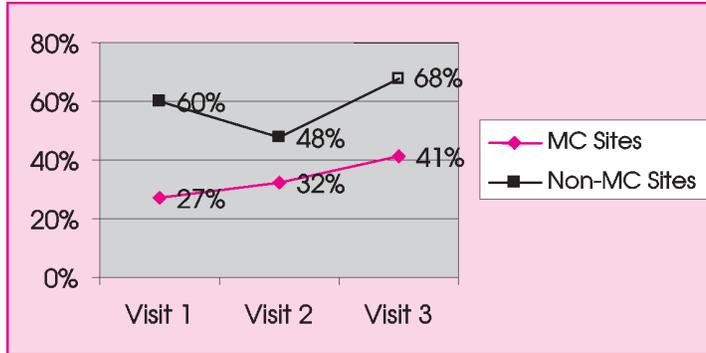
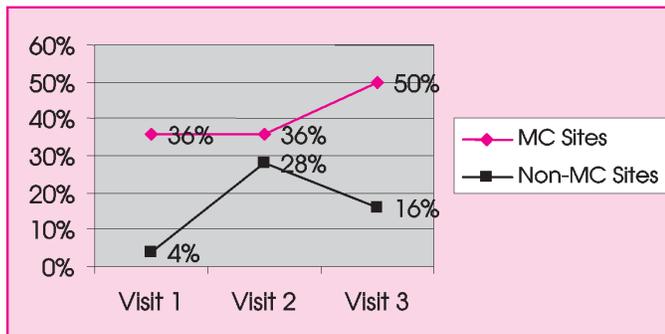


Fig. 20 clearly shows that in MC sites the percentage of children under the normal category has increased steadily from 27 to 41, an increase of 14 points during a

period of six months. In all three visits, an improvement was noticed in the percentage. For non-MC sites, the increase in the normal category is 8 points (compared to 14 points in MC sites) in six months (from 60% to 68%). During the second visit, the percentage fell by 12 points. The graph for the MC-Children was a steadily increasing graph whereas the graph for the non-MC Children fell in the second visit and then again shot up in the third.

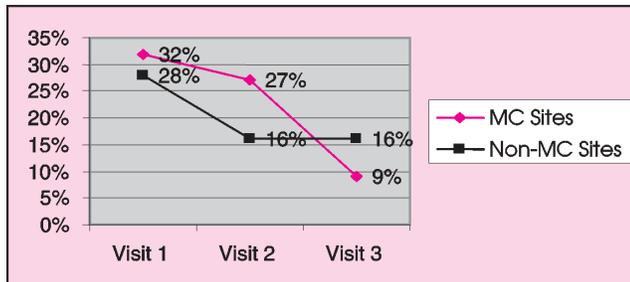
Fig. 21: Children in Grade I



For the graph depicting children in the Grade I category, the MC children are at a constant of 36 per cent; in the second visit, it grows to 50 per cent. The percentage of normal grade children increased in

Visit 2 (Fig 20). This indicates that in two months, children from Grade I had shifted to the normal category. The constancy of the percentage of MC children in Visit I and Visit II implies that the children who were Grade II in visit I has shifted to Grade I in Visit 2. On the other hand, for children in the Non-MC sites, the increase in percentage of children in Grade I in Visit II is due to a fall in percentage of children in the Normal Grade. The situation improves in Visit 3.

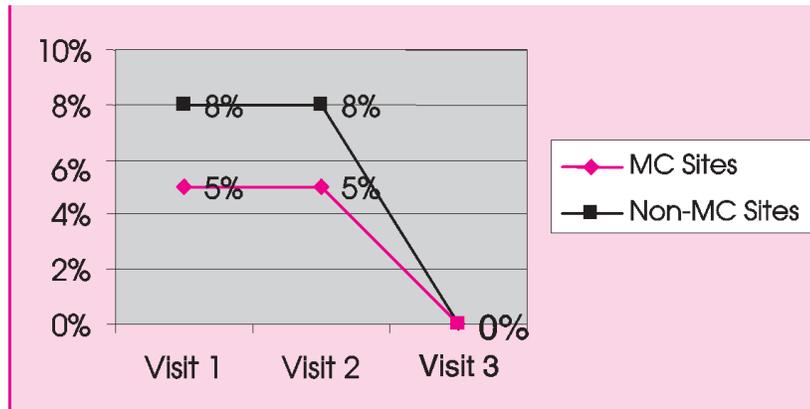
Fig. 22: Children in Grade II



Both MC and non-MC sites record a fall in number of children belonging to Grade II. The fall in MC sites is steeper than the non-MC sites, where the number of children remained constant in both Visit 2 and Visit 3.

The rate of improvement in MC children was better than in children belonging to Non-MC sites.

Fig. 23: Children in Grade III



In both the sites, there were fewer children in Grade III during the first two visits and there were no children in Grade III during the third visit. This implies that as there were no children in Grade IV, all these children have moved up to the higher category.

As mentioned, it is difficult to come to conclusions with such a small size of data; it needed the intervention of an expert. However, years of experience in nutrition supplementation and growth monitoring has shown that cooked food interventions do have an impact on children's health.

In another Mobile Creches Study at Madanpur Khaddar, where only health messages were given and no nutrition, an improvement was noted in the practice of colostrum feeding, exclusive breastfeeding and many other childcare practices, but there was no noticeable change in the status of nutrition over two years of time. In fact there seemed to be deterioration as the child required more and more food and the calorie gap increased with age.

Care-giving and Health of Children MC Experience beyond the Study

As mentioned, the challenge of studying a moving population is the inevitable attrition of the original sample. Whereas it helps to look at trends within the small end-line sample and our experience in nutrition supplementation and growth monitoring speaks for a positive impact on children's health, it would be useful to draw upon other studies in the context of the MC intervention.

The findings of this mobility study and small sample sizes are substantiated by a larger Study (henceforth referred to as Study I and Study II, respectively) done for this purpose on construction sites of MC over 2006-07. The baseline data for 752 children (staying for just a month), in 21 centres of Mobile Creches, were compared to the baseline data collected from 150 children of Study I (Table 11 a).

Among the children of Study II, 205 children continued to avail services at the 21 Mobile Creches centres for the next 6 months to one year. Table 11 b compares the baseline and end-line nutrition grades of these 205 children with those of the 23 children, found in all three visits during the mobility study (Study I). As can be seen, the data on status and trend of improvement amongst "MC" children is very similar in the larger Study.

Table 11a: Status of Malnutrition; Comparison of baseline data

Different Nutritional Grades	Study II - 752 children who in the centre for one month (in per cent)	Study I: Mobility Study children in the original sample (in per cent)
Normal	32	33
Grade I	37	29
Grade II	22	30
Grade III	8	7
Grade IV	1	1

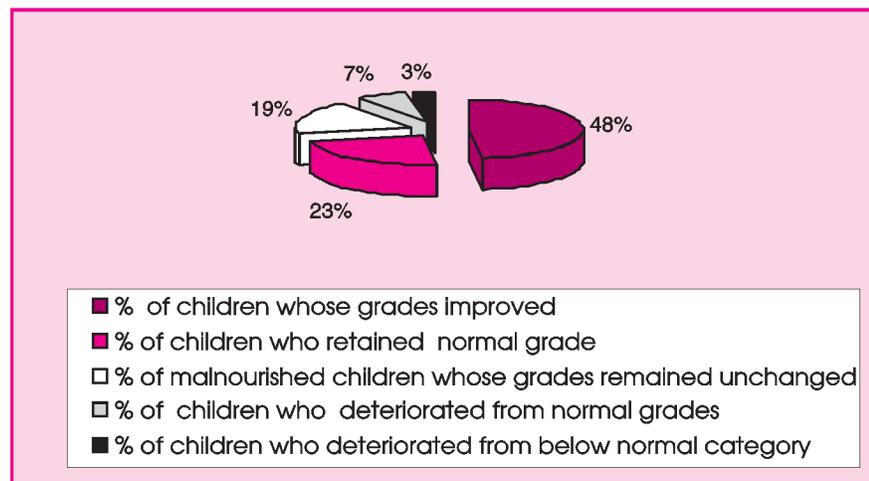
Table 11 b: Comparison of Baseline and End-line data for MC-Study Children and MC-Non Study Children

Different Nutritional Grades	Study II MC Children Baseline data (in per cent)	Study II MC Children Endline data (in per cent)	Study I Mobility Children Baseline data (in per cent)	(Study I) Mobility Study Children Endline data (in per cent)
Normal	30	47	27	41
Grade I	26	30	36	50
Grade II	28	17	32	9
Grade III	12	5	5	0
Grade IV	4	1		

We were, of course, not able to get any extra data on trends of children who do not attend MC centres. What is clear, however, is that children are seen to significantly improve within six months of comprehensive care. In another Mobile Creches Study at Madanpur Khaddar, in which only health messages were given, without any nutrition, an improvement was noted in the practice of colostrum feeding, exclusive breastfeeding and many other childcare practices, but there was no noticeable change in the status of nutrition over two years. In fact, there seemed to be deterioration as the child required more and more food and the calorie gap increased with age.

In Study II, the findings on the change in grades for each child as an impact of programme intervention were an eye opener. Of the total number studied, 23% children retained normal grades and 48% improved in grades. In other words, a total of 71% of the children had either moved up or retained their normal grades. Of the rest, 10% showed deterioration 75% of these children deteriorated from Normal Grade to malnourished and 25% children deteriorated from below-normal category to further downward grades.

Fig. 24: Impact of programme intervention



This data strengthens the hypothesis that programme support with a package comprising care, supplementary nutrition, growth monitoring and health-care can improve the nutritional status of a child. The above data showed that 7 out of 10 children had either retained normal grade or had improved their grades.

Further detailing these very important findings on the 205 children, who stayed in their respective centres for a period of 6 months to 12 months, we find that 76% of normal grade children retained their grades, 8% deteriorated to

Grade 1, 11% to Grade 2 and 5% to Grade 3.

Of the 54 children found in Grade 1, 61% improved their grades and achieved normal grade, 37% remained in Grade 1 the rest 2% deteriorated to Grade 2. Among the 58 children found in Grade 2, 22% attained normal grade and 45% improved their status and achieved Grade 1. 26% remained in Grade 2, 5% deteriorated to Grade 3 and 2% (one child) to Grade 4.

During the baseline survey, 25 children were identified at Grade 3; 16% were normal grade, 32% were Grade 1 and 36% Grade 2, 16% remained in Grade 3. However, there was no deterioration noticed.

Six children were found in Grade 4 of whom 3 children improved their grades to Grade 1 and 3 children became Grade 2. Here also, like Grade 3 cases, no deterioration was noticed.

Table 12 captures detailed information on the change in grades. One can very easily see the challenge hidden in it and how children from every grade have responded to the programme intervention. Although 23% of the children retained their normal grades, they are not included in Table 12. We would like to underline the importance of this data.

Table 12: Improvement, Constancy, Deterioration

Retention at Normal or Improvement in nutrition grades	Unchanged grades, below normal	Deterioration from normal to below normal	Deterioration within below normal grades
Normal to Normal 23%	G1 to G1 10%	Normal to G1 3%	G1 to G2 0.5%
G1 to Normal 16%	G2 to G2 7%	Normal to G2 3%	G2 to G3 2%
G2 to Normal 6%	G3 to G3 2%	Normal to G3 1%	G2 to G4 0.5%
G2 to G1 13%			
G3 to G1 4%			
G3 to G2 4%			
G3 to Normal 2%			
G4 to G2-3 1%			
G4 to G1-3 2%			
Total 71%	Total 19%	Total 7%	Total 3%

The condition of individual children is in a state of flux, evident from the fairly rapid and extreme changes of grades that can be seen within short periods of time. Thus, they need close monitoring and swift action none of which is currently possible on the average construction site, marginalized as it clearly is, from services of child care and health care.

The Study bears many important implications. It underlines the fact that health of migrant's children is a special concern. Since malnutrition is so widespread and persistent, health expenditure on children is a regular phenomenon. Care-giving and the health of children are closely related. The absence of crèches and AWCs deprives children of good quality child-care and growth monitoring. These children, because of their migrant status, have not been reached by SNP programmes and health programmes. This absence from government programmes has further removed them from the planning process. These invisible children with high levels of malnutrition over time join the unorganized unskilled workforce because they neither get the opportunity to acquire the required education or skills nor the health to sustain these in the organized workforce.

7. Conclusion and Recommendations

"All India crop growth rates have halved in 1990s compared to 1980s, and food grains output has become stagnant over last five years; rural employment growth has dropped sharply and open unemployment has been growing fast... Food grains absorption (of farmers) per head has declined sharply to reach levels prevalent 50 years ago. Rising farm debts have led to loss of assets reflected in a rise of landlessness and to historically unprecedented situation of farmer suicides."

Utsa Patnaik, 'Neo Liberalism and Rural Poverty', EPW, Vol 30, 2007

"It is an explosive situation in India today as far as agriculture is concerned and the farmers are concerned with the employment rates in rural areas being the lowest since the late 1990s. We keep hearing about huge displacements due to dam-building or canal-digging, but let me tell you the biggest displacement is in agriculture where the largest mass migration in the history is beginning to unfold following displacement of people from their land..."

P. Sainath, 'India's Brave New World: The Agrarian Crisis, Farm Suicides and the Wages of Inequality,' hosted by the South Asian Journalists' Association in New York.

The 419 families of construction workers, studied in the NCR of Delhi, are a subset of the increasingly large number of people affected by the New Economic Policies. Livelihoods are threatened as the net sown area is declining in almost every state. In order to address migration, there is a need to look at agrarian policies, industrial policies, SEZ policies and all other policies that contribute to widening the rural-urban divide in the name of development. The decision to migrate for survival, as is evident from the findings, is a result of these policy decisions. Families clearly articulated the factors that pushed them out to seek work in cities. All this is in direct contrast to the boom in the construction industry, which is drawing a big chunk of distressed migrants.

According to a recent article in Seminar, "Indian developers, domestic fund managers, and numerous small investors are speculating on individual properties and real estate stocks. Foreign institutions such as pension funds and banks, NRIs, so-called 'high net worth' individuals, and the people who manage their money are all betting on India's future by investing in Indian real estate."¹¹

¹¹ 'Betting on Growth', Seminarist, Seminar, February 2008.

In the same issue of *Seminar*, another article states that the real estate market in India is currently growing at 30 per cent per annum and offering maximum returns to investors. It states that the real estate market, "which is presently estimated at \$16 billion (Rs 72,496 crores), will increase by over three and a half times and touch \$60 billion (Rs 271,860 crore) by 2010." To give an example of how real estate firms in India are gaining from this boom, it states that "Unitech, one of the largest real estate firms in the country, reported net profits of Rs 452 crores during the third quarter last year, as compared to Rs 13 crores during the corresponding period in the previous year, a 3,190% jump!"¹²

The Study clearly showed that the workers were not getting their share of this boom. In fact, the increasing supply of unskilled workers migrating from the villages actually helped the industry to keep the wages low. The utter and callous disregard of the prevailing law continues across construction sites, government, private and multinational, with 78 to 100 per cent workers being paid below minimum wages. None of them was aware of the BOCW Act, and an abysmal 0.7 per cent was registered with the Welfare Board. The Minimum Wages Act 1948 and the BOCW Act 1996 were enacted to ensure safety, health and welfare to the workers. These also regulate the conditions of work. The Minimum Wages Act and the Builders and Other Construction Workers Act together make it the responsibility of the principal employer to guarantee minimum wages to the workers as per the state government's notification. The government needs to have proper mechanisms in place to check and guarantee the payment of minimum wages to workers and charge penalty from the employer as per the Act in case of violation. It is also the responsibility of the state to disseminate and update information on minimum wages among the workers. The implementation of this Act is the first step forward.

Due to the appallingly low awareness about the Act and the unorganized nature of the workforce, migrant workers are not in a position to negotiate collectively. Though protected by law, these workers have not been able to extract any of the benefits of the law. Because of their migrant status, political leaders and big trade unions are not interested in them. The onus of providing social security and the implementation of BOCW Act, therefore, lies heavily on the government and on the political will to reach poverty groups and bring these into the mainstream of development. However, for the government to take note and bring these people into the planning process, data on frequently moving migrants needs to be captured. As of now, neither the NSSO nor the Census has captured this population. As such, this group remains vulnerable, invisible and outside the planning process.

¹² 'Towards Corporate City States?' Aseem Srivastava, *Seminar*, February 2008.

The Study also showed that the status of women as workers had not improved by their moving out of the villages. Gender discrimination persisted. The irony of the situation was that though women had access to work and wages, it did not, in any way, result in improving their economic opportunities at the work sites. Women workers were paid less than male workers on most sites. Women continued to remain unskilled. They often worked as helpers to their husbands, who had acquired skills. There was no opportunity for skill development. Women workers were illiterate (89%) and were considered incapable of being upgraded to the level of skilled workers. No training was imparted to them nor had they developed the skills that men developed on the job. A further cause for concern arose from the mechanization of the industry, which thereby gradually eliminated the employment of women. As regards access to benefits that the law provides, there were no women workers amongst the 0.7 per cent of the workers who had registered with the Welfare Board.

The working and living conditions of construction workers threw up a number of critical questions on whether migration had actually brought economic gains or whether it had worsened their status. It was clear from interviews and discussions that the decision to migrate had been a survival decision. Workers moved from villages to towns because of a 'no' or 'low' food situation and the lack of work. The move had brought them two square meals a day and round-the-year work. However, the reality was that the increase in expenses on health and food were eating away any increase in income. In addition, health issues and loss of educational opportunities for their children as well as the inaccessibility of entitlements such as ration cards, ICDS and PHCs increased their vulnerability as a group.

Though migration ensured two square meals a day, it did not result in nutrition security because 70 per cent of the women and children on the sites were found to be malnourished. This clearly indicated that hunger persisted. Undernourished women with the burden of hard labour and responsibility of home and childcare lived without any support system in the city. These created health issues and compromised the future of their children. Lack of basic amenities on worksites such as adequate shelter, potable water and sanitation affected the health of families. The absence of creches severely impacted the care and development of young children. There was no growth monitoring, no health check-up for the child. Only 35 per cent of the children received complete immunization. Children did not receive appropriate food at the regular times as required by the age group.

A typical construction-site child is malnourished and hardly receives any interventions. The undernourished, uncared-for child on the site grows up without going to school or drops out of schooling in between. The children of construction workers do not have the education, skills and health to

sustain themselves. They can only look forward to swelling the ranks of the low productivity, low wages and unskilled, unorganized workforce of the future.

Recommendation on Law, Policy and Programme¹³

The Study on Migrant Construction Workers and the Health Status of Children throws up the issue of agrarian distress and impact of the New Economic Policies on agricultural workers and farmers. They are being pushed into an insecure, asset-less urban existence where laws do not protect them and the living and working conditions harshly impact the health and education of the children. All measures to intervene in the situation will remain limited unless the very policies that are exacerbating the situation of rural poverty are addressed. These must become the top priority.

Despite the malfunctioning of the National Rural Employment Guarantee Scheme in many areas, it remains a powerful tool to reduce distress migration. There are recent reports of instances when this has actually happened. We therefore recommend that the scheme be strengthened and implemented with strong political will.

As regards more specific recommendations to tackle the complex situation of construction workers and migrants, the following steps are recommended.

- i. **Mapping Migration:** The lack of data on migrant construction workers and their children has heavily contributed to their invisibility and continued marginalization. Mapping of migration is, therefore, an important step to begin the process for national focus and planning.

In order that the scale/nature of work seeking migration is captured, the national data collection and also pool information on data from NGOs need to be enhanced and strengthened. The following are recommended:

- (a) Redefine migration in official statistics. Include specific questions on migration in the NSSO and Census questionnaires to get details on seasonal inter/intra-state, and rural-to-urban migration.
- (b) Pool information. From panchayats, railway authorities ministries and department (for example, district-wise data on out-of-school children from SSA), worksites, micro-studies on groups of migrant workers, industries that employ them, etc.

¹³ Acknowledgement for this Section: Report of Labour Mobility and Rights of Children, A Consultation organized by Mobile Crèches.

- ii. **Identity and Entitlements:** All programmes and planning for entitlements cater to settled populations. Migrants are citizens too, and all rights and entitlements can only reach them if they are based on the individual, not on the residence. This calls for cooperation between states, ministries (for example, Labour, Health, Education, Panchayati Raj) and civic authorities.
 - (a) Institution of migrant cells. Migrants need to be registered at the source and the destination points, and identity cards (employer, Tripartite Boards, government authorities) issued. Assign panchayat/block-level officials, Labour Welfare and Minimum Wage Officials to the Migrant Cell.
 - (b) Access to public services. Identity cards will ensure access to the ICDS, PDS, public health care centres, help children access government schools and facilities and ensure the right to vote.
 - (c) Extension and outreach modules. Campaigns and schemes for children such as SSA, ICDS and the Rajiv Gandhi Crèche Scheme should have an outreach variant to ensure care, health and education for the migrant child.
 - (d) Inter-state coordination committees are required to help in mapping, resolving disputes of access and identity and protecting migrants from harassment by the police.

- iii. **Labour Laws:** Laws must be implemented to provide minimum wages, basic social security and maternity entitlements in the construction industry, which employs the largest number of migrant workers.
 - (a) Time-bound implementation of the BOCW (Regulation of Employment and Condition of Services) Act, 1996 and the accompanying Cess Act - Rules, Board's Cess Collection, Worker Registration, etc. Boards can regulate employment, facilitate Board-to-Board migration of workers, and timely entitlements to workers.
 - (b) The National Maternity Benefit Scheme. The scheme requires revision of the financial support made available for maternity. The revision should be based on the ILO norm of 100 days' wages as maternity entitlement. Easy and timely access to entitlements must be ensured.
 - (c) New Legislation. It is recommended that the Unorganised Sector Workers Act should have Tripartite Sectoral Boards that can regulate employment and ensure a fair wage; provide dispute resolution mechanisms; migrant labour cells and social security, including entitlements to childcare, education, housing and health services for workers and their families. A cess/levy at every level of the industry (production and distribution) should be stipulated, and

3 per cent of the budget set aside by the government to fund social security.

- Industry-specific legislation. Brick kilns and others, as per the recommendations of a government-appointed Tripartite Committee in 1984, need to be brought under the purview of the labour welfare funds of the Government of India on the lines of funds for beedi, mica and others.

As per our study, only 0.7 per cent of the male workers were registered in the Welfare Board. Significantly, among the three NCR states (Delhi, Haryana and UP) covered in this Study, only Delhi has set up a Welfare Board where only 11,000 workers are registered till date (Delhi has an estimated number of eight lakh construction labourers). Rs 150 crores has been collected as Construction Workers' Welfare Fund though the Act was notified in Delhi in 2002. UP does not have a welfare board and Haryana has a functional board but no information was available beyond that. This Fund is collected through cess collection from the builders; the workers contribute a marginal amount every quarter as membership fees.

The Fund is to ensure social security benefits to the construction workers such as maternity benefits, scholarship for children, financial assistance for health, old-age pension etc., which reaches the worker through the board. As the board is not functional in every state, the workers lose out on entitlements, in case they migrate to a state where the board is non-functional.

Welfare boards should be made functional and the systems and structures to inform/publicize it, to facilitate ease of access for registration, be put in place so that workers can register easily. Preferably, a dedicated person should be deputed from the government to cover a number of sites in a particular geographical area. This person will be responsible for registering each and every labourer to the state construction labourers' welfare boards and make them aware of the benefits available from the board. IEC materials should be prepared and distributed among workers to disseminate information on the entitlements.

- iv **Childcare:** The child on the construction site needs to be provided with appropriate and adequate childcare services so that the mother can work, the older sibling can be released for schooling and the young child can get the care required for survival and healthy development.
 - a. Creches/early childhood care and education at workplaces need to be provided and enforced to ensure mother-child proximity for breastfeeding. Norms for adequate time off for nursing mothers, weaning foods, immunization, etc., also need to be enforced.

- b. Development of a special cadre of childcare workers/ teachers. A specially trained cadre will be needed for quick response to address the needs of a mixed group of children, who move with their parents and are, therefore, available for short durations.
- c. Rajiv Gandhi Crèche Scheme. There is need for allocation of adequate funds for wider coverage of children, payment of minimum wages to the worker, and a replacement of the current schematic pattern by a per child norm to allow flexibility in usage of the grant, to suit local conditions of work and childcare needs.
- d. The vision of ICDS has to change from being a mere nutrition delivery programme to a holistic programme of care and education of the young child. The entire programme needs to be redesigned to include the following suggestions:
 - o Universalization as per Supreme Court orders.
 - o A model day-care programme for the under-3s to provide full-time day care including nutrition, immunization, healthcare and ECE to the migrant child.
 - o Regularization of minimum wages to the AWWs.
- e. Budgeting for Creches under the National Rural Employment Guarantee Act. The rules under NREGA require that for every five women employed on a worksite, one woman be employed (at the same wages as the others) for childcare. A proper budget will be required to provide shelter, food 3-4 times a day for the under-threes, water, training of crèche workers, etc.
- v. **Education:** Mainstreaming the child into the formal school system must be the ultimate goal. Alternative models are stop-gap arrangements, and outreach variants work only if the fundamentals are in place. Bringing the migrant child within the ambit of the SSA or instituting specific schemes for her must be with a view to strengthening access, quality and continuity of education.
 - (a) The Alternative and Innovative Education scheme is flexible and could be used to provide this coverage and support to ECCE/ Creches.
 - (b) Education options for migrant children are mobile schools, mobile teachers, bridge courses, summer camps, residential schools as under the Delhi School Education Act and hostels as under the Department of Education. Flexible school admissions, issuance of certificates and equipping schools to receive returning children are necessary enablers.
 - (c) Girl Child. Older girls migrate with the parents to look after the

young ones. If left behind, marriage is considered a safe way out. Enforcing the law against child marriage and providing safe schooling options are necessary pre-conditions to educating girls.

- (d) Appropriate medium of instruction in receiving states implies hiring the right teachers and getting the right textbooks.
- (e) No child labour. As a first step, a focused campaign must be carried out to root out child labour on government sites.
- (f) Midday Meal Scheme. A comprehensive study to review effectiveness and coverage.

It needs to be emphasized again, that children of migrant workers are a vague and excluded category, missing in strategy discussions, programmes, laws and policies. There is some hope, however, based on the current momentum built up by the Supreme Court judgment on the food security-related scheme and the NREGA. We need to capitalize on this to open up the issue of children of migrant workers, firmly find a space for them in policy and programmes, and strengthen our collective efforts to prevent such children from falling through the cracks, to once again jeopardize our goals for development and the vision of a fair and equitable society.

Abbreviations

GDP - Gross Domestic Product

MNC - Multi National Companies

UP - Uttar Pradesh

WB - West Bengal

SC - Scheduled Caste

ST - Scheduled Tribe

OBC - Other Backward Classes

MP - Madhya Pradesh

NREGA - National Rural Employment Guarantee Act

FGD - Focussed Group Discussion

MC-Site - Mobile Creches Site

Non-MC Site - Non- Mobile Creches Site

MLA - Member of Legislative Assembly

AWC - Anganwadi Centres

PDS - Public distribution System

PHC - Primary Health Centre

PF - Provident Fund

BMI - Body Mass Index

RMP - Registered Medical Practitioner