

Young Lives at Worksite

A study on the status of children
of migrant workers in seven cities of India



Preface

It is our pleasure to bring forth the study on young migrant children and their access to basic services at urban worksites which was conducted in seven cities of India- Bhopal, Chennai, Delhi, Guwahati, Hyderabad, Jaipur and Patna by Migration Information and Resource Centre (MiRC), Aide et Action International, South Asia.

UNDP Human Development Report (HDR) on migration and human development 2009 puts the figure of seasonal migrants at 100 million. Seasonal migration is a phenomenon where in people from one area migrates to another area in order to work in a particular season and then return back to their home. While our assessment the poor labourers from different parts of India shared their heart-rending experiences which showed that migration not just has positive connotations but negative as well.

As per Cunningham (1995:3), 'Childhood cannot be studied in isolation from the society as a whole' as it is situated in the broader social and economic context in which people grow up. In India millions of children grow without any social and legal protection. One such category is children who occasionally shift from their natural habitation and travel to far away regions spending their life in unhygienic, uncared worksites as migrant children. A large number of migrant families including women and children are recruited by labour agents and are employed in the different sectors like brick kilns, construction sites, stone crusher, laying of roads and pipelines. Child labour is an integral part of the brick making labour units. The debt or the advance which people borrow from the middlemen is paid back by the migrant labourers not by working alone but also by involving their children to work in worksites.

Aide et Action International South Asia has been working in such worksites in different parts of India to ensure education to the children of migrant families. It is also focusing on nutrition and child protection issues.

The present study is an attempt to document the condition of children living in a number of worksites in these seven cities of India. The study illustrates the harsh conditions of children who live with their parents in worksites and struggle hard to access bare minimum facilities for human survival. It further reveals as to how children are being subjected to abuse and human exploitation. Such children are far away from the ambit of accessing nutritious food, school, drinking water, sanitation, clean environment and other social security in the worksites.

We at Aide et Action International are quite optimistic, that, this study will definitely help the children working in worksites making their issues visible and heard for a meaningful policy and programme intervention, by policy makers, government and civil society organizations.

Acknowledgments

India is a fast growing country in terms of economic power in the world. There have been positive trends both in terms of GDP growth and social sectors reforms. But still there are many aspects which call for an improvement when it comes to the realization of rights of children. As children are on the move with their parents in search of livelihood, the provision of quality education, health care, nutrition services are still out of reach. These areas need significant systematic change. This study on “Young Lives at Worksites” and their access to basic services at urban worksites” conducted in seven cities of India, provides an insight on the status of education, nutrition and protection of these invisible children. This is an attempt to document the condition of such children living in various worksites.

We acknowledge the funding support provided by Bernard van Leer Foundation (BvLF) to conduct this study. In doing this assessment we have received immense help and encouragement from Ms. Dharitri Patnaik- Representative of BvLF India.

We also owe our special thanks to the seven Regional Offices of Aide et Action, South Asia situated at Bhopal, Chennai, Delhi, Guwahati, Hyderabad, Jaipur and Patna, who actually worked in collecting data from the field and extending their hands in many ways to complete the study.

Last but not the least we thank the owners of the worksites who allowed us to enquire about the situation in their respective worksites, the respondents and their families for their cooperation without whom the study could not have been completed.

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Abbreviation

PDS	: Public Distribution System
APL	: Above Poverty Line
BPL	: Below Poverty Line
MGNREGA	: Mahatma Gandhi National Rural Employment Guarantee Act
RSBY	: Rashtriya Suraksha Bima Yojana
GDP	: Gross Domestic Product
BvLF	: Bernard van Leer Foundation
ECCE	: Early Childhood Care Education
UP	: Uttar Pradesh
UNESCO	: United Nations Education, Scientific and Cultural Organization
AP	: Andhra Pradesh
NSS	: National Sample Survey
NCPCR	: National Commission for Protection of Child Rights
UNDP	: United Nations Development Programme
ICDS	: Integrated Child Development Scheme
MWCD	: Ministry of Women and Child Development
PHC	: Primary Health Centre
SEZ	: Special Economic Zone
ST	: Scheduled Tribe
SC	: Scheduled Caste
AWC	: Anganwadi Centre
RTE	: Right to Education
SMC	: School Management Committee
LPG	: Liquefied Petroleum Gas
ANM	: Auxiliary Nurse Midwife
RMP	: Registered Medical Practitioner

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Executive Summary

Education and health are fundamental rights of every child. It is critical for the development of an individual and society as a whole. Access to these rights paves the way to a successful and productive future of the children. However it has been found in many instances that a child does not receive his entitlements and is forced into child labour. In fact, millions of young people in India are excluded from any form of social and legal protection.

The desperate need to survive drives people to shift seasonally from one place to another in search of livelihood. Poverty, unemployment at source, violence, natural disaster, social discrimination, indebtedness and a number of other factors compels these families to migrate in search of work. At the destination these families are primarily engaged in the unorganized sector. Most often these migrants are excluded from accessing common minimum services and entitlements due to frequent mobility and because of lack of distinct government policy on these issues. The worst sufferers are the children of these migrant workers as they spend half their life uncared for in unhygienic worksites.

This study has tried to highlight the condition of young migrants at urban worksites and their lack of access to basic services. The survey conducted in seven cities of India has tried to capture the environment in which these young migrants live. It has taken into consideration the impact of migration on children and their access to education, health, nutrition, sanitation and child protection services. The assessment takes a deeper look at worksite conditions and offers solutions by identifying local service providing institutions such as, primary schools, Anganwadi Centers and Panchayats and showing how they can be linked to children of migrant workers.

For the survey 50 worksites each in Bhopal, Chennai, Delhi, Guwahati, Hyderabad, Jaipur and Patna were identified. Five sectors- brick kilns, stone crusher units, building construction sites, road construction sites and pipeline projects were targeted for the survey because they employ large number of migrant families. Stratified random sampling method was chosen to collect the data. Ten households with children in the age group of 0 to 14 were chosen from each worksite. Questionnaires were designed and administered in a total of 3553 migrant households living in 361 worksites. Data analysis and report generation was done by incorporating feedback from stakeholders without compromising on the basic composition and mode of analysis.

The survey shows that brick kilns employ the largest number of migrant households while pipeline projects employed the least. Worksites had awful living conditions with 80 to 90 percent of the migrant population - including children living in temporary huts. Sanitation within the worksite was appalling as 94 percent households had no sewerage system while 77.3 percent practiced open defecation due to the lack of toilets facilities.



Only 123 children from 35 worksites have access to Anganwadi facilities while children from the remaining 325 worksites do not receive ICDS facilities. Around 39 percent children have never been enrolled in school. Only 18.9 percent school going children at the source continue their education at the destination.

Poor nutrition and sanitation and environment polluted by dust, smoke and hazardous conditions contributes to an abnormally high rate of chronic illnesses and acute problem amongst the children. Children living in these worksites are frequently afflicted with fever, dysentery and skin diseases. They do not receive any treatment as their parents are either not able to diagnose the disease at an initial stage or do not have time. Only 41.54 percent of the households visited government health centers, 19.50 percent visit quacks (uncertified practitioners) and 38.95 percent do not go in for any form of treatment.

The study also shows that children were not protected from exploitation. In fact many of them support their families in the worksites and a large number of them are engaged as child labourers. Around 9.52 percent children met with accidents, 0.54 percent children were beaten up by employers, 0.26 percent fell from high buildings and 2.05 percent were wounded at the worksites. Around 12.17 percent children were threatened at the worksites.

The study recommends, creation of a system for tracking these children both at source and destination, facilitation of seasonal enrolment in neighborhood schools located

close to the worksite and retention and mainstreaming of children into native schools. Further, a strong and a workable convergence mechanism be developed to streamline entitlements and services to deserving internal migrant families, under the government's anti-poverty programme.

The role of NGOs and civil society organization will be invaluable in strengthening implementation of child rights instruments and programmes to benefit children of migrant workers.



Chapter I

Introduction to the Study

Introduction

Labour migration has played a significant role in the process of urbanization and industrialization and is one of the most important factors in the process of development, economic growth and employment creation in India. A vastly improved communication and transportation network has helped in the movement of surplus agriculture workers and other unemployed labourers from rural to urban areas have been employed as migrant workers. The poorest and under-developed regions are labour sending or source states. Some of the key states which have the larger share of migrant workers are UP, Bihar, Odisha, Jharkhand, Chhattisgarh, Madhya Pradesh, Rajasthan and the states located in the eastern part of India. Labourers migrate largely because of two basic reasons: one, to earn a better livelihood and secondly, for their survival. Most of the key migration destinations today are Delhi, Chennai, Hyderabad, Bangalore, Kolkata, Guwahati, Mumbai, Surat, Ahmedabad and also some of the tier II capital cities of India which is witnessing a huge infrastructure development. The majorities of migrant labourers are illiterate, ignorant, unskilled and semi-skilled and belong mostly to dalit, tribal and other backward communities. "Among the biggest employers of migrant workers is the construction sector (40 million), domestic work (20 million), textile (11 million), brick kiln work (10 million) and other important sectors like transportation, mines & quarries and agriculture which are managed in many cases by private labour contractors and fuelled by social networks."¹

Today migration is emerging in India as a means of coping with circumstances and in providing opportunity to the rural people to access a better standard of living. However, the distress condition of the people both at source and the destination or workplace is a major worrying factor. Devoid of critical skills, information and bargaining power, migrant workers often get caught in exploitative labour arrangements that force them to perform their duties in low-end, low-value, hazardous works. Lack of identity and legal protection accentuates this problem.²

The population census of India estimates that there were 309 million internal migrants in India in 2001. According to the NSS estimates of 2007-2008, the number of internal migrants was 326 million (census adjusted figures). This included 118 million urban migrants and 208 million rural migrants. Internal migration is 400 million in India (UNESCO 2013) where 15 per cent constitute children.

1. Ajeevika- the reference is from <http://www.ajeevika.org/migration-in-india.html>

2. NCPCR, Monitoring the Rights of Vulnerable Children with Trafficking point of view

It is ironic that, the census or surveys often bypass the migrant workers and are unable to capture their status due to their frequent movement.

Although no clear data is available, estimates suggest that child migrants constitute approximately 10 - 15 million (Daniel, 2011; Smita, 2011 UNESCO). Children accompanying their parents in the 0-14 age group constitute about one-third of the total migrant population (Smita, 2008). Among children in the 0-5 year age group, 85 per cent migrate with their families (Smita, 2008). Children of 6-14 year age group (elementary education age group) constitute nearly 6 million child migrants (Smita, 2008).³ Instead of having access to a healthy environment, proper nutrition and quality education, these children spend half of their lives in makeshift, unfriendly, unhygienic and testing conditions in brick kilns, stone crusher units, construction sites, rice mills, plantations and other sectors to help their parents earn their daily living.

Children's experiences of poverty and vulnerability are multi-dimensional and differ from those of adults. Children of seasonal migrant workers face a number of hindrances such as:-

Infants



- Migrant families find it difficult to obtain birth certificates for their children as they usually do not have an address proof
- Children of migrant workers are under-nourished as employers do not provide maternity leave, breast feeding breaks at worksites and other

3. UNESCO hand book on internal migration in India

entitlements. Malnutrition in early childhood can result in poor performance of children in studies, frequent illnesses, stunting and exclusion from the skilled workforce

- Owing to their mobile status, infants often miss or undergo incomplete immunization. They are unable to access food and nutritional programmes both at source and destination
- Risks of malnutrition, morbidity and mortality among migrant children are high⁴

Pre-School Children

- Children of migrant workers have limited access to Anganwadi, public distribution services and public health services and this has a negative impact on their health and well being
- Inadequate access to safe drinking water and sanitation facilities and poor work and living conditions results in diseases like malaria, diarrhoea, water borne and respiratory diseases
- In the absence of crèches, young children are left for care with their siblings
- Without pre-schooling children's transition to formal schooling remains incomplete
- Lack of child care services exposes children to risks like drug abuse and sexual abuse⁵

School Going Children

- Increased rate of dropout from schools
- Many of them are never enrolled due to regular migration
- They undergo a number of physical and mental trauma
- Children fail to cope with their studies leading to deficit learning
- Above all they are deprived of their child-like sensitivity

Laws and Policies on Children and Migrants

A number of Acts exist to safeguard the rights of migrant

4: NCPCR, Monitoring the Rights of Vulnerable Children with Trafficking point of view

5: NCPCR, Monitoring the Rights of Vulnerable Children with Trafficking point of view

workers and their children. These Acts are implemented separately, not taking into consideration the relevant provisions of other Acts. The enforcement agency for each Act is also different. Yet, there is little or no institutional framework in place to safeguard the rights of children of migrant families at the worksites or places of destination. Their basic and inalienable rights go unrecognized.

(i) Right of Children to Free and Compulsory Education Act 2009

According to this Act every parent and guardian should admit their children aged six to fourteen in a neighborhood school for pursuing elementary education. Section 8 defines the term “compulsory education” to mean the duty of the government to ensure and monitor admission, attendance and completion of elementary education by every child.

However, the Act does not speak about how the government or the local bodies will ensure attendance of children whose parents migrate frequently due to their vocation (especially those of migrant labourers).

(ii) The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979

This Act regulates the employment of inter-state migrant workmen and includes terms and conditions of the agreement under which the workmen will be recruited, remuneration payable, hours of work, fixation of wages and other essential amenities in respect of the inter-state migrant workmen. According to the act it is the duty and obligation of contractors to issue every inter-state migrant workman a pass-book with a duly affixed passport size photograph of the workman including details like name, place of the establishment, period of employment, proposed rates and modes of payment of wages, the displacement allowance payable, return fare payable on expiry of the period of his employment, deductions made, etc.

The Act does not include the details of the accompanying family members while registering the workers during recruitment. If the details are available the children can receive their rights and entitlements.

(iii) The Building And Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996

Registration of establishments is mandatory under this Act and there is provision for regulation of hours of work, welfare measures and other conditions of service, wages for overtime work, maintenance of registers and records, prohibition from employing persons suffering from

particular kinds of disabilities. It states that basic facilities shall be provided by the employer to his employees free of cost. Temporary living accommodation to all building workers with provisions of drinking water, toilets and urinals shall also be provided by the employer. It has provisions for crèche in every place wherein more than fifty female building workers are employed as well as first-aid and canteens at the worksites. Anganwadi and schools shall also be built in its vicinity.

Policies and Programmes for Children

Besides laws, there are policies, programmes and administrative mechanisms designed to protect the interests of children. However these policies have largely failed to provide any form of legal or social protection to children of migrant workers. In a continuous state of drift, migrants are left out of the ambit of state provisions at both ends – the “source” and the “destination.” They are usually kept out of government and civil society initiatives, both because of being “invisible” and for their inability to carry entitlements along as they move.

I. Survival and ECCE

The Honorable Supreme Court has ordered the universal coverage of the six components of ICDS. Consequently, the Ministry of Women and Child Development issued a circular (on 13th April 2011) to extend ICDS services to children of migrant labourers and temporary residents through setting up of Mini-Anganwadis even at scattered habitats of migrant workers.

Yet there is no evidence of such facilities for children of migrant families available at construction sites, brick kilns, etc.

II. Integrated Child Protection Scheme (ICPS)

Integrated Child Protection Scheme helps build a protective environment for children in difficult circumstances, as well as for other vulnerable children, through Government-Civil Society Partnership. The effort is to institutionalize essential services and strengthen structures, enhance capacities at all levels, create database and knowledge base for child protection services, strengthen child protection at family and community level and ensure appropriate inter-sectoral response at all levels. ICPS provides preventive, statutory care and rehabilitation services to children of potentially vulnerable families and families at risk and children of socially excluded groups. It also provides open shelters for the migrant population and shelter homes for migrant children.

III. The Sarva Shiksha Abhiyan (SSA)

The Sarva Shiksha Abhiyan of the Ministry of Human Resource Development envisages specialized intervention for children of migrant population. It has provisions for setting up of tent schools, mobile schools, residential and non residential bridge courses, induction of language tutors, special admission drives and community mobilization programmes to enable them to pursue education as such entitlements generally remain poorly implemented. Out-of-school children are entitled to seasonal hostels/residential camps when their parents migrate to different places, worksites schools at the location where migrant families are engaged and bridge courses/remedial courses focusing on mainstreaming of children.

IV. Anti-Human Trafficking Units (AHTUs)

The Indian Government recently started a scheme called ‘strengthening the law enforcement response in India against trafficking in persons through training and capacity building.’ The scheme has two components: establishing integrated Anti-Human Trafficking Units (AHTUs) and training of police officers specifically to handle cases of human trafficking. The newly enacted laws, i.e. the Prevention of Children from Sexual Offences Act, 2012 and the Criminal Law Amendment Bill, 2013, intend to reduce the vulnerabilities of children, particularly of migrant and trafficked children who are engaged as child labour and are sexually exploited.⁶



6: NCPDR, Monitoring the Rights of Vulnerable Children with Trafficking point of view



Chapter II

Rationale & Methodology

Rationale

This Study has laid special emphasis on young migrant children as they are the most unrecognized and vulnerable groups among migrants. Children constitute around 25% of the seasonal migrant labourers in India who work in semi urban locations. Seasonal migrant workers are generally recruited by labour agents and placed in worksites that provide them 6 to 8 months of employment. Nearly 40 million migrant workers are employed at construction sites in India (Sarde, 2008). The brick kiln industry employs an average of 100 male workers per site in the roughly 50,000 worksites across the country. Stone crusher units employ a significant amount of India's lower caste. Estimates are up to over 500,000 workers throughout India (Bhawan, 2009).



The labourers and their families are provided accommodation and bare minimum facilities for 6-8 months as they spend time working and living in the worksite as migrant labourers. Most of these worksites lack basic and minimum facilities, services and amenities for healthy living. Children who live with their families are the worst sufferers and are denied their basic right to minimum level of services and development. Aide et Action and Bernard Van Leer Foundation has been working with excluded children living in difficult circumstances in slums and temporary migrant habitations. The study has been



undertaken so as to have a deeper understanding of issues affecting infants and young children living in worksites, which would enable in formulating programmes and undertake advocacy activities.

Indian cities are categorized into three types, i.e. Tier I, Tier II and Tier III, on the basis of geographical expansion and rate of growing population. The study has been undertaken in seven cities of India. While Delhi and Chennai were taken as Tier I metro cities, the fast growing city Hyderabad, tourism destination- Jaipur and eastern India's high growth city Guwahati as Tier II cities, and emerging state capitals like Bhopal and Patna as Tier III cities.

The current study has identified worksites based on three parameters:

1. Worksites which have families including children
2. Worksites where the majority of the migrant workers belong to the unskilled wage labour category
3. Worksites located within the city periphery areas

Objectives

- Assess the status of young children of migrant workers in selected temporary worksites in the seven selected cities on their access to basic services like health, ECCE, safe environment, decent living condition etc.
- Facilitate policy advocacy and contribute to the national campaign on the issues of urban deprived children in general and migrant children in particular
- Develop a comprehensive database on the status of access to basic services by migrant children

Methodology

The methodology used to conduct the study on assessment of vulnerability of young migrant children in worksites of seven cities is as follows:

- **Identification of worksite:** The regional teams of Aide et Action undertook a pre-identification of 50 worksites each having migrant labour with their children working in construction sites, brick kilns, stone crusher units, road construction and pipelines projects in the concerned cities. These worksites are

located in both urban and suburban areas of the cities.

- **Sampling:** Stratified random sampling method was chosen for collecting data for the study. Ten households with children in the age group of 0 to 14 were chosen from each worksite.
- **Questionnaire designing:** In preparing questionnaires, consultations were held with experts, researchers, academicians, civil society organizations working in the area of migration, child right and urban issues. The questionnaire has been designed taking into consideration both quantitative and qualitative aspect of the study. The quantitative section contains both open and close ended questions.
- **Data collection:** Both the quantitative and qualitative tools were explained to investigators in a two days workshop. A pilot testing of the questionnaire was done prior to the household survey. All the investigators were provided guidelines for data collection. About 360 worksites and 3553 households were surveyed in seven cities of India.

- **Draft report:** As per the study objectives and generated tables, the draft report was prepared. The report was then discussed with key stakeholders and necessary changes without compromising basic composition and mode of analysis were made based on the feedback generated.

Limitations of the Study

Although most of the cities in India have a large number of neglected and undocumented children (children of migrant workers), this assessment only takes into account the seven cities of Bhopal, Chennai, Delhi, Guwahati, Patna, Hyderabad and Jaipur.

Only five sectors namely brick kilns, construction sites, road construction sites, stone crushers units and pipeline projects have been kept within the purview of this study. Innumerable other worksites also employ migrant families but have not been included in the assessment.





Chapter III

Demographic & Socio-Economic Profile of Migrant Families

Worksites and its Locations

India's economic and investment policies have been paying off, and the country has been experiencing a boom in all sectors. The special initiatives taken by the respective governments in providing the smaller cities with infrastructural facilities and creation of SEZs, has played a vital role in promoting these cities into megacities of the future.¹ These infrastructure development projects require huge amount of skilled and unskilled workers to produce building material and engage in construction works.

The current study has attempted to identify worksites which employ seasonal migrant workers. The study has shortlisted five sectors namely brick kiln, construction, road construction, stone crushers and pipelines which contribute hugely to the creation of infrastructure in urban areas. These worksites were also chosen because they employ seasonal wage workers who live with their families inside the worksite.

Due to the horizontal urban growth spread to suburban region, majority of the worksites are either located centrally within the city or in the outskirts. While building construction sites are located in the city limits, brick

kilns and stone crushers which are regarded as polluting industries are located at suburban and city outskirts. Barring construction, the workers engaged in brick kiln, stone crushers and road laying often live with their families near or inside the worksites.

Table 3.1 shows that 360 worksites were covered during the course of the study out of which 203 are brick kilns, 142 are construction sites, 8 are road construction sites, 6 are stone crusher units and 1 is a pipeline project. Of this, 275 worksites (76.38%) are located in the suburbs and 85 (23.61%) are in urban areas. Around 56.11% of the brick kilns are in the suburbs while 52% of the construction sites are located in urban locations.

A majority of the worksites in cities like Hyderabad, Patna and Guwahati are brick kilns; on the other hand, Delhi, Jaipur, Chennai and Bhopal have more construction sites. Delhi leads in construction work at 13.33%, followed by Jaipur (10.27%), Bhopal (9.44%) and Chennai (6.38%). Bhopal has eight road construction worksites all of which are in urban locations. Stone crushers were taken in Bhopal and Jaipur with equal numbers in both urban and suburban areas.



Table 3.1: Sector and Area Wise Coverage of Worksites

City	Brick kiln		Construction		Road construction		Stone crusher		Pipe line	
	Urban	Suburb	Urban	Suburb	Urban	Suburb	Urban	Suburb	Urban	Suburb
Bhopal	1	4	21	13	8		1	1		1
Chennai		27	3	20						
New Delhi		1	20	28						
Guwahati		53								
Jaipur		14	29	8			2	2		
Patna		50								
Hyderabad		53								
Total	1	202	73	69	8		3	3		1

1: <http://www.indianground.com/upcoming-cities.aspx>



Demography of Migrating Population

As per 2001 census, the total number of internal migrants was 309 million based on place of last residence and constituted nearly 30% of the total population. Although the number of internal migrants has doubled since 1971, the proportion continues to be around 30% since 1971 except in the 1991 census when it declined to 27% of the total population.² As per the 64th round of the NSS (2007-08) estimates, the number of internal migrants was 326 million (census adjusted figures).

The study has drawn purposive sampling by choosing an average of 10 households having children from each worksite irrespective of caste, ethnicity, region or religion.

Table 3.2: Concentration of Migrant Households (in HH)

City	Brick kiln		Construction		Road construction		Stone crusher		Pipe line	
	Worksite	HH	Worksite	HH	Worksite	HH	Worksite	HH	Worksite	HH
Bhopal	5	50	34	361	8	56	2	20	1	10
Chennai	27	249	23	251						
New Delhi	1	15	48	544						
Guwahati	53	502								
Jaipur	14	176	37	299			4	20		
Patna	50	500								
Hyderabad	53	500								
Total	203	1992	142	1455	8	56	6	40	1	10

The study covered 360 worksites, 3553 households consisting of a population of 15103 across seven cities. Table 3.2 indicates that the maximum number of households i.e. 56.06% work in brick kilns while construction accounts for 40.95% followed by road construction at 1.57%, stone crushers with 1.12% and pipelines with 0.28% of the total households respectively.

2: S. Irudaya Rajan, "Migration, Identity and Conflict" 2011, p:10

Table 3.3: Distribution of Population across City and Sectors

City	Brick kiln		Construction		Road construction		Stone crusher		Pipeline		Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Bhopal	107	106	778	776	127	116	46	35	30	29	2150
Chennai	553	586	500	469							2108
New Delhi	39	39	1149	1056							2283
Guwahati	1077	1013									2090
Jaipur	418	366	648	589			46	39			2106
Patna	1269	1073									2342
Hyderabad	1003	1021									2024
Total	4466	4204	3075	2890	127	116	92	74	30	29	15103

Table 3.3 specifies that the male and female migrant population constitute 51.57% and 48.43% of the total population respectively. Construction work engages 39.49% of the studied population of which 51.55% is male and 48.45% female. As per the study, 1.6% migrants work in road construction out of which 52.26% is male and 47.74% female. Stone crushers constitute 1.09% of the total migrant population of which male and female population consists of 79.31% and 20.69% respectively. Pipelines engage 0.39% of the total migrant population of which 50.84% is male and 49.16% female. Out of the total population of 15103 at the worksites, 47.08% are children who stay along with their parents. Amongst them 52.87% are boys and 47.12% are girls. Details of the child population can be found in Chapter IV.

Social category of Migrant Households

The social composition of migrant households indicates the fact that they are from the most deprived sections of the society. Figure 1 indicates that a majority of the migrant workers belong to Scheduled Caste (SC)/Scheduled Tribe (ST) communities. The SC households constitute 31% of the total migrant households followed by the ST at 25%. Other backward class households constitute 22% while 5% households are from the general category. Around 16% households belong to the Muslim community and 1% is Christian of which again 6 households belong to the Scheduled Tribe community.

Fig: 01

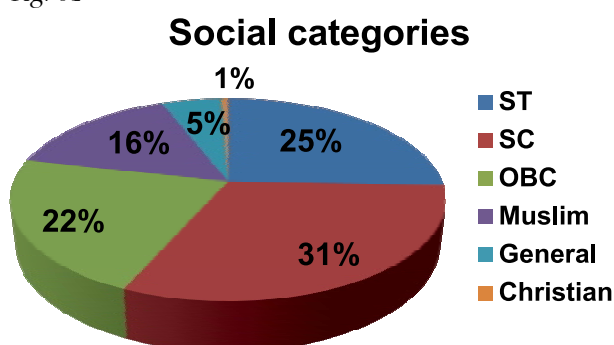


Table 3.4: Social Status of Migrant Households

Worksite	ST	SC	OBC	Muslim	General	Christian
Brick kiln	559	583	354	413	77	6
Construction	301	486	408	141	106	13
Road construction	21	22	12	0	1	0
Stone crusher	21	9	6	0	3	1
Pipeline	5	5	0	0	0	0
Total	907	1105	780	554	187	20

As per Table 3.4 a large number of ST (61.63%) and SC (53%) migrant households work in brick kilns located in Chennai, Patna and Hyderabad. Among other backward classes the largest section (52.30%) works in construction. A large 75% of the migrant Muslim households work in brick kilns in Guwahati.

Occupation of Migrant Workers

The agrarian crisis coupled with severe rural unemployment has been forcing people to search for alternative options for their livelihood. While skilled and trained workers bargain for better work opportunity, unskilled, illiterate people fail to get remunerative employment in urban locations. The discussion below throws light on the employment status of the poor both at their source and migration destination.

Table 3.5: Occupation of Migrant Workers

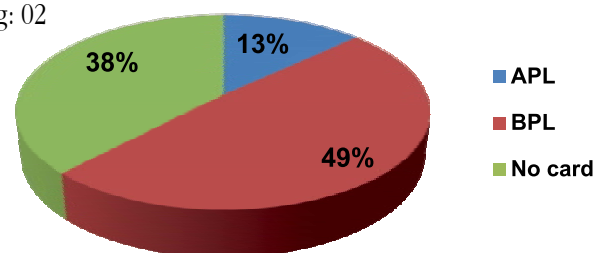
Occupation	Household	Percent
Agriculture	1408	39.63
Daily wage	2049	57.67
Traditional Occupation	89	1.51
Driver	7	0.2
Total	3553	100

Table 3.5 shows that 57.67% of migrant households in the seven cities under study are daily wage earners while 39.63% are engaged in agricultural activities at the source villages, 1.51% is engaged in traditional occupations and 0.2% work as drivers in their homeland. The study reveals that it is the daily wage seekers and agriculture depended people who have been on the move and they constitute 97% of the total migrant workers. The respondents who engage themselves in various agricultural activities were found mostly in Jaipur, Hyderabad and Chennai, where as the majority of the wage labourers were concentrated in Bhopal, New Delhi, Guwahati and Patna.

Poverty Profiling and Access to Food Entitlements

Although ration cards become dysfunctional at the destination only 49% of the migrant households, considered as the poorest of the poor have BPL cards, where as 38% do not have any card. It is quite disturbing to observe that, the BPL and other people who do not possess

Fig: 02



any categorization of poor are being on the move. In India, the BPL survey was done in 1997 and people identified during that time are still enjoying BPL status. The number of BPL households in Patna was found to be 58%, followed by Bhopal 50% and Jaipur 48%. People who were left out of BPL have been found largely in Bhopal city.

Table 3.6: Sector wise Poverty Profile of Migrant Households

Sector wise Poverty Profile			
Worksite	APL	BPL	No card
Brick kiln	7.4	29.4	20
Construction	5.1	18.2	18
Road construction	0.1	0.8	0.7
Stone crusher	0.2	1	0.5
Pipeline	0.1	0.1	0
Total	13	49	38

The unorganized sector comprises of 400 million strong workforces in India. It consists of small manufacturing, organized farms, marketing, hotel and hospitality, construction and allied sectors, service and heavy industries. However, the socially and economical backward community are largely employed in labour intensive sectors like construction and other allied sectors.

According to Table 3.6 brick kilns have the largest workforce of 52% of the total surveyed households. Brick kilns employ 29% of the BPL, 7.4% APL and 20% people who don't possess any card. Altogether, 57% of the poorest find place in brick kilns.

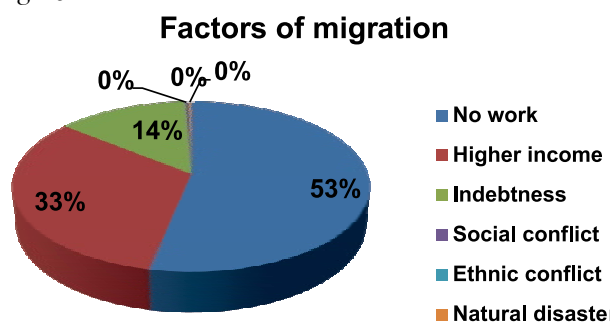
Table 3.7: Sector wise Social Security Profile

Worksites	MGNREGA		Old age pension		RSBY		Disable pension		Widow pension	
	HH	%	HH	%	HH	%	HH	%	HH	%
Brick kiln	711	20.11	18	0.5	89	2.5	8	0.22	13	0.36
Construction	213	6	17	0.47	146	4.1	8	0.22	8	0.22
Road construction			1	0.04	14	0.39				
Stone crusher	13	0.36			4	0.11				
Pipeline					1	0.02				
Total	937	26.47	36	1.01	254	7.12	16	0.44	21	0.58

Since independence, both the Central and State government have been formulating an array of poverty, employment, social entitlements schemes to reach out to a large number of poor, destitute and vulnerable sections of the society. Some of the schemes and its access by the migrant households has been discussed in this report. Among the migrants, 26% were having job card in their source village, 7.12% were enrolled under the Rashtriya Swasthya Bima Yojna (RSBY) and 1% under the Old age pension scheme. People migrated to Hyderabad mostly from Odisha and about 55% were enrolled under MGNREGA, followed by 40% in Patna and 38% in Chennai.

Factors of Migration

Migration is triggered by a host of factors such as, uneven distribution of resources, backwardness, non remunerative economic activities, high levels of unemployment coupled with social discrimination.³ Figure 3, portrays factors of migration in seven cities of India. Among these factors 33% Fig: 03



migrated to earn a higher income, however, quite a large number (67%) of people have reported distress conditions like lack of employment (53%), indebtedness (14%) and other push factors such as social conflict, ethnic conflict and natural disasters that have forced people to move to the cities for mere survival and wellbeing.

Paying with their Childhood



In 2012, Bagarathi Sagor's father expired and he was forced to borrow Rs. 40,000 to spend on the death rituals. Immediately after this he needed money for his daughter's marriage for which he had to borrow a further Rs. 80,000 from the local money lender. The meagre harvest from his small land holding did not fetch enough to repay the money lender and Bagarathi decided to borrow money from the labour contractor and migrate as a brick kiln worker. Having been offered Rs. 48,000 as advance to work in a brick kiln in Andhra Pradesh, he along with his family members migrated and worked hard to pay back the debt. In the process both his son and his daughter had to drop out from school and work with their parents at the worksite.

Table 3.8: Distribution of Migrant Labourers at Worksites

Worksite	No work	%	Higher income	%	Indebted	%	Social conflict	%	Ethnic conflict	%	Natural disaster	%
Brick kiln	1123	31.60	600	16.90	254	7.10	8	0.20	1	0.00	6	0.20
Construction	708	19.90	524	14.70	216	6.10	2	0.10	2	0.10	3	0.10
Road construction	25	0.70	23	0.60	8	0.20						
Stone crusher	33	0.90	6	0.20	1	0.00						
Pipeline	2	0.10	5	0.10	3	0.10						
Total	1891	53.20	1158	32.60	482	13.60	10	0.30	3	0.10	9	0.30

As per Table 3.8 unavailability of work at their source village is the major reason (53.20% migrant households) for migration. Most of these families work in brick kilns. A majority of migrant households (67.40%) are distressed migrants, whereas only 32.60% migrate for a higher income.

3. <http://orissamigration.blogspot.in/search?updated-min=2010-01-01T00:00:00%2B05:30&updated-max=2011-01-01T00:00:00%2B05:30&max-results=10>

Source and Destination of Migrants

Urbanization and infrastructure development in recent decades have also proved catalytic in creating wage employment opportunities in urban area. The demand for manual wage workers are met through large scale recruitment of rural workers.⁴ Internal migrants constitute about one-third of India's urban population, and this proportion has increased to 35% in 2007-08 (NSSO 2007-08). Table 3.9 illustrates major labour sending states to the developed cities in India. The mobility of rural workers has shown manifold increase due to improved access of road communication and public transport. A migrant worker today travels more than 1000 kilometers to find work in other states. The following table provides the movement of workers and their source.

Table 3.9: Source and Destination of Migrant Workers

City	Source states											
	Andhra Pradesh	Assam	Bihar	Chhattisgarh	Jharkhand	Madhya Pradesh	Maharashtra	Odisha	Rajasthan	Tamil Nadu	Uttar Pradesh	West Bengal
Bhopal	1	9	164	3	1	293	2	6	18			
Chennai	87		7	10	1	2		344		38	3	8
New Delhi			130	52	34	114		2	3		150	74
Guwahati		406	2		4						30	60
Jaipur		2	52	174	3	35		14	152		50	13
Patna			394		101			1			4	
Hyderabad	5					1	17	477				
Total	93	417	749	239	144	445	19	844	173	38	237	155

Out of 3553 migrant households, 23.8% are from Odisha and are located in southern cities of Chennai and Hyderabad, 21.1% from Bihar can be found within the state or located in central and north Indian states of Delhi and Bhopal. 12.5% migrants from Madhya Pradesh are found in Madhya Pradesh, Delhi and Jaipur and 11.7% from Assam were located within the state of Guwahati. The remaining 31% households are from Andhra Pradesh, Chhattisgarh, Jharkhand, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.

Table 3.10: State of Origin and Sector wise Distribution of Workers

Source State	Brick kiln	Construction	Road Construction	Stone crusher	Pipeline
Andhra Pradesh	5	87	1		
Assam	408	7	2		
Bihar	406	326	13	3	1
Chhattisgarh	43	196			
Jharkhand	106	38			
Madhya Pradesh	53	335	38	17	2
Maharashtra	17	2			
Odisha	705	139			
Rajasthan	84	60	2	20	7
Tamil Nadu	31	7			
Uttar Pradesh	73	164			

4: Smita (2006), 'Locked home empty schools: The impact of distress seasonal on the rural poor'

West Bengal	61	94			
Total	1992	1455	56	40	10

Table 3.10 states that the highest number of households working in brick kilns are from Odisha (35.39%) followed by Assam (20.48%) and Bihar (20.38%). In construction sites, 23% households are from Madhya Pradesh followed by Bihar (22.40%) and Chhattisgarh (13.47%). People from Madhya Pradesh are found in road construction sites, followed by people from Bihar. Similarly, migrant households from Rajasthan, Madhya Pradesh and Bihar have been reported in stone crusher units. While, 64% of the migrants were inter-state migrants, 36% are intra-state migrants.

Table 3.11: Distribution of Regular and First Time Migrant Households

City	Regularly Migrating HHs	%	First Time Migrant HHs	%
Bhopal	275	55	222	45
Chennai	146	29	354	71
New Delhi	238	43	321	57
Guwahati	321	64	181	36
Jaipur	281	57	214	43
Patna	347	69	153	31
Hyderabad	346	69	154	31
Total	1954	55	1599	45

Table 3.11 specifies that 45% migrating households are first timers and the remaining 55% have been migrating regularly. The table also points out city wise distribution of migrating households. Majority of them have been migrating regularly to Hyderabad, Patna, Guwahati and Bhopal. A significant number of new migrating families (71%) migrated to Chennai in 2013.

Seasonality and Duration of Migration

Seasonal or circular migration in India is spread over 6-8 months of the calendar year. The seasonal migrant labourers leave their home during the month of October-December and return prior to the onset of monsoon. Many of these migrants move seasonally, but come back home during festivals. On the other hand, short term and long term migrants live at single worksite throughout the year or keep changing the worksite within the same city or destination.

Table 3.12: Seasonality and Duration of Migration

Worksite	Short term	%	Seasonal	%	Long term	%
Brick kiln	31	0.9	1566	44.1	395	11.1
Construction	156	4.4	339	9.5	960	27
Road construction	13	0.4	21	0.6	22	0.6
Stone crusher	7	0.2	23	0.6	10	0.3
Pipeline			7	0.2	3	0.1
Total	207	5.8	1956	55.1	1390	39.1

As per Table 3.12 a little more than 55% of the migrants are seasonal migrants, 39.1% are long term migrants and only 5.8% are short term migrants. Seasonality of migration varies from worksite to worksite. Brick kilns attract the most number (44.1%) of seasonal migrants, whereas construction sites draw the most number (27% households) of long term migrants. Most of the short term migrant families (4.4%) are also based in the construction sector.



Chapter IV

The Invisible Children



The Invisible Children

The principles outlined in the international human rights framework apply both to children and adults. Children are mentioned explicitly in many of the human rights instruments; standards are specifically modified or adapted where the needs and concerns surrounding the rights are distinct for children. The Convention on the Rights of the Child brings together the children's human rights articulated in other international instruments. This Convention articulates the rights more completely and provides a set of guiding principles that fundamentally shapes the way in which we view children.

India is home to the largest child population in the world of 420 million in the 0-18 year age group. The Indian State guarantees all children their rights and entitlements under the Constitution of India through its various provisions. The Directive Principles of State Policy in the Constitution specifically guides the States in securing all children from abuse and ensuring that children are given opportunities and facilities to ensure optimal growth and development in conditions of freedom and dignity. It is an obligation of the State to ensure that children are protected from exploitation, moral and material abandonment throughout the period of growth and development.

The Indian State has reiterated its commitment to secure the rights of its children by ratifying related international conventions and treaties. These include the Declaration of the Rights of the Child or Geneva Declaration, 1924, UN Declaration of the Rights of the Child, 1959, UN Standard Minimum Rules for the administration of Juvenile Justice (the Beijing Rules), 1985, Riyadh guidelines on the Rules for the protection of Juveniles deprived of their liberty, United Nation Convention on the rehabilitation of the disabled child, Universal Declaration of Human Rights and its Covenants, the Convention on the Rights of the Child and its two Optional Protocols, the United Nations Convention on the Rights of Persons with Disabilities, the United Nations Convention against Transnational Organized Crime, the Protocol to Prevent, Suppress and Punish Trafficking in Women and Children, the Hague Convention on Protection of Children and Cooperation in respect of Inter-Country Adoption, and the Convention on the Elimination of All Forms of Discrimination Against Women.

Migrant children are one such category of vulnerable children who are still considered as invisible and unnoticed due to their fragmented location. It is estimated that around 15 million children in India are migrants and are denied of their right to basic entitlements, rights and services which is guaranteed in the UN declaration and the Constitution of India.

The following chapter discusses the profile, status, environment, hope, despairs and sufferings of migrant children.

Profile of Migrant Children

Children in the 0 to 14 year age group constitute 47% of the total migrant population i.e. 7111 out of 15103. Figure 4 indicates that 44% of these children are in the 6 to 14 year age group, 29% are of 3 to 6 years and 27% are in the age group of 0 to 3 years. Children in the age group of 6 to 14 years are half the child population.

Fig: 04

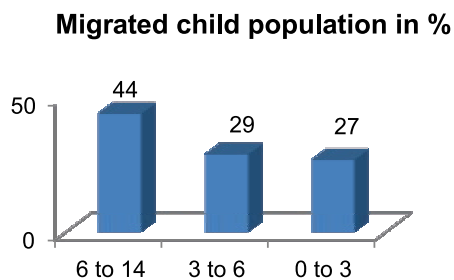


Table 4.1: Age and Gender Wise Distribution of Migrant Children

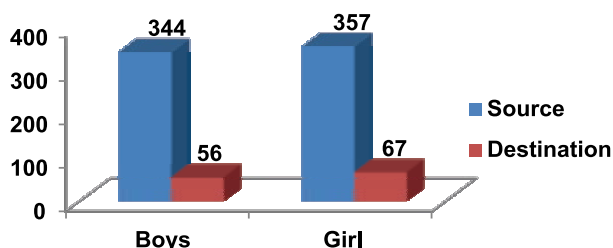
Age group	Boy	%	Girl	%	Total	%
6 to 14	1684	54	1453	46	3191	100
3 to 6	1056	52	973	48	2081	100
0 to 3	1020	52	925	48	1997	100

Table 4.1 indicates the sex-ratio and the distribution of migrating boys and girls. It shows that boys of all age groups are more in number than girls.

Access to Basic Services for Children

The Integrated Child Development Scheme (ICDS) is one of the world's largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.¹

Figure 5 shows the comparison between access to Anganwadi at the source and destination by children in the Fig: 05



1. <http://www.wcd.nic.in/icds.htm>

3 to 6 year range. While it is sad to observe that only 33.68% children access ICDS services at the source, astonishingly the access to Anganwadi services by migrant children at the destination drops drastically to 5.9%. This is a clear indication that infants, children and mothers are excluded from accessing women and child services at destinations.



As per the instruction of the Government of India, facilities under the ICDS Scheme should be extended to all eligible beneficiaries i.e. children below the age of six, pregnant and lactating mothers who are ordinarily residents in the area. The migrant population falls within this category.

Table 4.2: Access to Anganwadi at Destinations

City	Anganwadi at Source		Anganwadi at Destination	
	Boy	Girl	Boy	Girl
Bhopal	115	141	12	16
Chennai	41	42	0	0
New Delhi	27	29	4	5
Guwahati	4	8	1	0
Jaipur	22	18	0	0
Patna	42	33	0	0
Hyderabad	93	86	39	46

Table 4.2 shows that except for Hyderabad almost all the children at the destination do not benefit from Anganwadis. Since, the Government of AP, Department of Labour has initiated a special programme to make Anganwadi services available to the children the study captures some of the results. However, in other destinations the respective State Governments are yet to extend the ICDS services to cater to the needs of either intra or inter-state migrant and their families.

Exposed to Peril at an Early Age



Reena and Suresh are native to Narsingh in Madhya Pradesh. The mother of a three year old, Reena along with her husband works in a construction site as a labourer. The couple migrated due to the scarcity of jobs in their native village.

There is no Anganwadi available at the worksite in which Reena can leave her child and so she has to carry the child on her back during working hours. As a labourer on a construction site Reena is exposed to cement, iron rods and sand and this exposure poses a danger to the child's health and wellbeing as well.

Although there are a large number of people from different parts of the country at the worksite, they are unable to interact with one another as they cannot overcome the language barrier. Her child cannot communicate with other children and is unable to play with them.

Reena is helpless. To look after her son she has to quit her job but that can put the family's survival at stake.

Status of Existing Anganwadi Centres near Worksites

In India, Anganwadi services are available both in rural and urban areas. While doing the survey, the existence of Anganwadi near worksites was probed. The study reveals that, 217 worksites in all the cities have a government Anganwadi within a distance of 1 km and 143 worksites have an Anganwadi located at more than 1 km. This suggests that the Anganwadi near the worksite does not reach out to the needs of the children and mothers living inside the

Table 4.3: Distance of Anganwadi from Worksites

Distance of Anganwadi from worksites			
City	0 to .5 Km	.5 to 1 Km	More than 1 Km.
Bhopal	18	14	18
Chennai	4	14	32
Delhi	11	11	27
Guwahati	33	15	5
Jaipur	9	19	27
Patna	20	21	9
Hyderabad	8	20	25
Total	103	114	143

worksites. Children are unable to access the Anganwadi due to distance, apathy of the local administration and restrictions imposed by the facility owners on workers moving to distant places to access welfare services meant for children.

Health and Immunization of children

The government has put in enormous effort to provide immunization for children in the 0 to 5 year age group to

improve their immune system and to fight against a number of diseases and health hazards. While immunization is a matter of course for most Indians, it remains a distant dream for most migrant children who live in temporary habitations at the worksites. The following table discusses the migrant child's access to health and immunization at worksite.

As per Table 4.4 a little over 14% migrant households have immunization cards at the worksites. Among those



Table 4.4: Access to Immunization Entitlement Cards

Immunization card at worksite	Yes		No		NA	
	HH	%	HH	%	HH	%
Brick kiln	346	10.000	1420	40	226	6.0
Construction	146	4.000	1142	32	167	5.0
Road construction	4	0.100	50	1	2	0.1
Stone crusher	3	0.100	34	1	3	0.1
Pipeline	1	0.001	9	0.3		
Total	500	14.201	2655	74.3	398	11.2

possessing immunization cards, brick kilns alone account for 10% and other worksites account for just over 4%. Around 6.6% migrant workers in brick kilns of Guwahati had immunization cards with them whereas Jaipur, New Delhi, Bhopal and Patna together account for 7.37%. In Chennai and Hyderabad none of the migrants brought their immunization card to the destination.

Table 4.5: Number of Children Immunized/Not Immunized

Immunization	Immunized		Not immunized	
	Children	%	No	%
Brick kiln	702	18	1430	36
Construction	289	7	1416	35.27
Road construction	46	1	23	1
Stone crusher	11	0.27	39	1
Pipeline	11	0.27	7	0.19
Total	1059	26.54	2915	73.46

Table 4.5 shows that only 26.54% children in the age group of 0 to 5 year at the worksites are immunized. Majority of the children (above 70%) do not get immunization service at the worksite despite the fact that the nearest Anganwadi centres are located within a distance of 1-2 km.

Table 4.6: Pulse Polio Immunization Access

Pulse Polio	Yes		No	
	Children	%	Children	%
Brick kiln	1500	38.00	632	16.00
Construction	1201	30.00	504	12.00
Road construction	35	1.00	34	1.00
Stone crusher	15	0.39	35	1.00
Pipeline	16	0.56	2	0.05
Total	2767	69.95	1207	30.05

Pulse polio is a national programme dedicated to eradicating polio in the country. A large number of technical and non technical staffs are deployed for this purpose. Table 4.6 however reveals that only 70% (2767) migrant children get pulse polio drops at worksites.

Denial of Basic Health Care



Geeta's two children were born in her native village in Bihar but were not completely immunized, (except for vaccines given at birth), because she immediately left to join her husband in Jaipur.

The parents spend most of the day working at a construction site and because there is no one to look after them, the children tag along. The two children aged 1 and 4 years respectively are prone to disease as they are continually exposed to poor sanitation and hazardous materials at the worksite. Further immunization services and access to doctors at the worksite is non-existent leaving the children even more susceptible to a range of diseases and infections.

The site is almost 14 km away from the main city. The nearest medical facility is around 12 km away and there are no ICDS centres nearby. The only health service they have availed of so far is when they received oral polio vaccination.

Access to Schooling for Children of Migrant Workers

The Constitution (Eighty-sixth Amendment) Act, 2002 inserted Article 21-A in the Constitution of India to provide free and compulsory education to all children in the age group of six to fourteen years as a Fundamental Right in such a manner as the State may, by law, determine. The Right of Children to Free and Compulsory Education (RTE) Act, 2009, which represents the consequential legislation envisaged under Article 21-A, means that every child has a right to full time elementary education of satisfactory and equitable quality in a formal school which satisfies certain essential norms and standards.



Article 21-A and the RTE Act came into effect on 1st April 2010. The title of the RTE Act incorporates the words 'free and compulsory'. 'Free education' means that no child, other than a child who has been admitted by his or her parents in to a school which is not supported by the appropriate Government, shall be liable to pay any kind of fee or charges or expenses which may prevent him or her from pursuing and completing elementary education. 'Compulsory education' casts an obligation on the appropriate Government and local authorities to provide and ensure admission, attendance and completion of elementary education by all children in the 6-14 year age group. With this, India has moved forward to a rights based framework that casts a legal obligation on the Central and State Governments to implement this fundamental child right as enshrined in the Article 21-A of the Constitution, in accordance with the provisions of the RTE Act.

Majority of the children surveyed are school drop outs or due to continuous migration have left their education midway. There are children who joined the workforce at an early age and have missed school education and were never enrolled into any schools. The RTE has certain

provision to cater to the needs of dropout, never enrolled and overage children. It also has a larger mandate to reach out to excluded children in the framework of education. Migrant children are thus another excluded group who may also access education without any obstacles.

Table 4.7: Educational Status of Migrant Children at Source and Destination

Class	Source		Destination	
	Children	%	Children	%
Class 1	517	21	139	5
Class 2	588	23	99	4
Class 3	445	18	97	4
Class 4	322	13	68	3
Class 5	294	12	63	2
Class 6	139	5	36	1
Class 7	114	4	12	Less than 1
class 8	47	2	5	Less than 1
Class 9	14	1	0	
Class 10	11	1	0	
Total	2491		519	

Table 4.7 compares the education status of children of migrant workers at source and destination. About 2491 children are identified as school going children enrolled in various classes at source schools. Most of the school enrollments are at the village of origin. Secondly, the number of children who continued their studies at the destination substantially decreased to 519. On the other hand, 1261 children (39% of the total child population in the 6 to 14 year age group) were never enrolled in any school either at the source or at the destination. This suggests that migration forces children to drop out from school and perennial migration excludes children from continuing their education on a sustainable basis. The challenge is also to bring in large number of children who have already joined the migrant labour force as child labour and are unable to access education.

Suffering in Silence



Atawala Ali and Aklim Bibi like all conscientious parents enrolled their elder children Ashrawali and Abina in school and their youngest daughter Manira in the local Anganwadi.

Eleven year old Ashrawali was born in Nagarbera village of Kamrup District. He has been suffering from cramps since the age of five. Earlier his parents could not detect the reason behind his illness, but when the symptoms manifested itself thrice a month, they took him to a doctor. The doctor prescribed several medicines but when they were ineffective, the doctor suggested that the couple should take him to a better hospital for treatment.

While the parents are aware of his sufferings, they do not have the necessary financial resources to admit the child in a better health facility. Whenever he suffers from one of his attacks, they simply wait for him to normalize. On bad days his mother stays back from work and takes care of him.

Ashrawali was enrolled in a school near the worksite. One day he happened to have a seizure during school hours. Instead of suggesting special provisions in keeping with his illness the teacher demanded the parents to withdraw the child from the school.

Denied education Ashrawali now works in the brick kiln. The day long work leaves him exhausted and the nights are horrible as the pain increases after dark. The future for him looks bleak.

Gender wise Distribution of Migrant Children across Cities

Table 4.8 portrays the gender wise distribution of migrant children accessing education at destination. Migrant children access education services in various schools at the destination

Table 4.8: Gender of Migrant Children

City	Boys	%	Girls	%	Total	%
Bhopal	22	4	24	5	46	09
Chennai	123	24	116	22	239	46
New Delhi	54	11	36	7	90	18
Guwahati	21	4	16	3	37	07
Jaipur	21	4	6	1	27	05
Hyderabad	43	8	37	7	80	15
Patna	00	00	00	00	00	00

in all the cities except in Patna. In Chennai alone 239 children living at worksites (46% of migrant children) go to school.

New Delhi and Hyderabad respectively account for 18 and 15 percent of the migrating children attending schools at the destination while a total of 21% attend schools in Bhopal, Guwahati and Jaipur.

Existence of Schools near Worksite

The RTE mandates admission of children in school without any hindrance or barrier. While language plays a key role in education of inter-state migrant children, intra-state migrant children usually do not face any problem in accessing education in their own mother tongue. The table below tries to locate schools near a worksite. This is because a child who is out of school may receive an education in its neighbourhood school located in the vicinity of the worksite.

Table 4.9: School near Worksite

City	0 to 1 Km.	%	1 to 3 Km.	%	More than 3 Km.	%
Bhopal	19	5.30%	22	6.10%	9	2.50%
Chennai	15	4.20%	27	7.50%	8	2.20%
Delhi	17	4.70%	23	6.40%	9	2.50%
Guwahati	47	13.10%	6	1.70%		
Jaipur	30	8.30%	23	6.40%	2	0.60%
Patna	34	9.40%	15	4.20%	1	0.30%
Hyderabad	36	10.00%	17	4.70%		
Total	198	55.00%	133	36.90%	29	8.10%

Table 4.9 illustrates the distance of schools closest to the worksite. The study reveals that 55% of the schools are located within half a kilometer distance from the worksites, 36% are located within a radius of 1 to 3 km and 8% schools are located at a distance of more than 3 km. There are also instances of children accessing education at the destination. As per the study, 21% children mostly belonging to the category of permanent or semi permanent migrants avail education at the destination. However, majority of the seasonal migrant children do not have the access to education at the worksite.

Table 4.10: Emotional Aspects of the Migrant Child

State of children	Happy		Fearful		Unmindful		Sad		NA	
	Children	%	Children	%	Children	%	Children	%	Children	%
Brick kiln	3741	53	56	0.5	70	1.00	105	1	74	1.0
Construction	2387	34	52	0.5	125	2.00	165	2	88	1.0
Road construction	110	2	4	0.1	14	0.20				
Stone crusher	84	1							1	0.01
Pipeline	32	0.5			3	0.04				
Total	6354	90.5	112	1.1	212	3.24	270	3	163	2.01

Socio-emotional Issues of Children at Worksite

Frequent shifting of children from multiple places gives them the confidence to deal with a new environment. However, every child needs a healthy environment to live in. While, the native village provides them the best of opportunity, facilities, security, entitlement and family support, the same is often lacking at the worksite because of fragmented community living, hazardous environment, lack of community networking and social cohesion. At worksites these migrant children are neglected and left to look after themselves or the older children provide support to the toddlers. The following section deals with some of the psychosocial issues of migrant children.

The study portrays some of the emotional trends of the children living at the worksite. The children who are older and confident of dealing with the changing locations and cultures are happy at the worksite. However, significant number of children expressed fear and sadness while living in the worksite. The index of happiness may be related to children getting enough leisure time to play and for merry making. However there are children who feel excluded and left out of their peer group in their village and the village atmosphere.



The next table probes the issues in great detail and gives one to understand that on a different parameter the children's responses are not in keeping with sentiments in the above table. In a temporary worksite situation the child has to live in a makeshift house, in unhygienic and hazardous surroundings with alien neighbours.

Table 4.11: Child Abuse in Worksites

Complaint of children	Feel abuse		Engage in work		Insist on going to school		Insist on going home		NA	
	Children	%	Children	%	Children	%	Children	%	Children	%
Brick kiln	64	1	245	3	379	5	435	6	2923	41
Construction	30	0.42	111	2	330	5	747	11	1599	22
Road construction		0	11	0.1	11	0.15	10	0.24	96	1
Stone crusher	3	0.04	4	0.05	14	0.19	29	0.51	35	0.5
Pipeline		0	6	0.08	2	0.02	4	0.05	23	0.4
Total	97	1.46	377	5.23	736	10.36	1225	17.8	4676	64.9

Table 4.11 states that 1.46% children feel abused and 5.23% are engaged in work. A little more than 10% want to go to school and 17.8% children are unable to adjust to the situation at the worksite and insist that it is better to go back home. Generally, the worksite provides minimum protection to the migrant children. Often the children work as non paid workers and are subject to various abuses.

Safety and Security of Children

The difference between the situation of children in their natural habitat and a temporary habitat is largely determined on the basis of mental security that a child enjoys while living with his/her parents. Migrant children who reside for 6-8 months at the worksite often encounter invisible threats and insecurities in a new place of living. They live amidst pollution, hazardous materials, open dugouts, live electrical wires and heavy vehicles movement that are found at the worksite.

Table 4.12: Injuries Sustained by Migrant Children at the Worksites

Injury	Accident		Beaten by employer		Fallen from high building		Wounded by heavy article in worksite		NA	
	Children	%	Children	%	Children	%	Children	%	Children	%
Brick kiln	92	1.29	16	0.22			66	1	3872	54
Construction	443	6.22	23	0.32	19	0.26	59	1	2273	32
Road construction	95	1.33					4	0.05	29	0.4
Stone crusher	20	0.28							65	1
Pipeline	29	0.4							6	0.08
Total	679	9.52	39	0.54	19	0.26	129	2.05	6245	87.48

Table 4.12 shows that 9.52% children have met with fatal accidents, less than 1% has been beaten up by the employers, some have fallen from high buildings and 2.05% migrant children have been wounded at the worksites. Injuries are predominantly found among children in construction and road construction sectors rather than among children in brick kilns, stone crusher units and water pipelines. As per the study, migrant children in Bhopal faced more injuries. Around 12.17% children have been threatened in one way or the other at the worksites.



Confronting Threats

Subbhu, a four year old boy lives with his parents Gita and Giriraj from Mujaffarpur, Bihar at a construction site in Sant Nagar, Delhi. One day Subbhu fell into a 15 foot deep trench on the worksite. Fortunately for him his father was working nearby and rescued him with the help of the other labourers. Subbhu received injuries on his head and broke his right hand in the accident. Gita and Giriraj immediately rushed him to a private dispensary where they were charged Rs. 900 for the treatment.



The amount is what the couple is paid for three days of work. Unable to bear the financial burden they pleaded with the Project Manager to reimburse the amount as the accident had taken place at the worksite but to no avail.

Similar incidents are commonplace at construction sites. However there is no provision for addressing these issues due to the lack of health facilities at the worksites and a formal contract with the employer. Labourers at these sites continue to suffer due to the lack of financial coverage or medical insurance for their children.

Table 4.13: Recreational Activities of Migrant Children

Playing	Separately		In group		Not played		NA	
	Children	%	Children	%	Children	%	Children	%
Brick kiln	373	5	2980	42	496	7	197	3
Construction	275	4	2157	30	255	3	130	2
Road construction	5	0.07	123	2		0		0
Stone crusher	7	0.1	75	1	2	0.02	1	0.1
Pipeline	4	0.05	31	0.4		0		0
Total	664	9.22	5366	75.4	753	10.02	328	5.1

Recreation is a must for every child for their physical, mental and emotional development. It is a dream for the migrant children at the worksites as they are not provided with any recreational facilities. There is no scope for proper outdoor or indoor games. Children also take time to adjust to the new environment and with new people. Language acts as a barrier while making friends with one another at the worksite. Table 4.13 states that 75.4% children play in groups at the worksites and 9.22% children play separately or individually. Around 10.02% children do not play at all.

Child Morbidity at Worksite

Makeshift housing, unhygienic living condition, lack of access to portable water and little or no access to quality health care at the worksite makes children vulnerable to a host of communicable and life threatening diseases.

Table 4.14: Child Morbidity at Worksite

Disease	Fever	Loose motion	Skin	Head ache	Weakness	Cold	Anaemia
Brick kiln	868	765	287	100	196	809	60
Construction	365	221	90	46	106	505	79
Road construction	25	9	4	11	2	30	4
Stone crusher	10	10	1	2	2	19	2
Pipeline	7	1	1	2		5	1
Total	1275	1006	383	161	306	1368	146

The study finds that a majority of the children suffer from cold, fever or loose motions. Besides these, skin diseases, headaches, anaemia and weakness are also prevalent among the migrant children living in worksites. Table 4.14 shows that a large majority of 65.32% children suffer from one or the other diseases at the worksites.

Worksite: An Ailing Environment

Samija Bibi and her husband Ajibur Rahman were previously engaged in the profession of bidi making which did not provide them enough to survive on. They decided on looking for an alternative source of livelihood and the only option available to them was the brick kiln industry where people like Ajibur and Samija can be employed as unskilled workers.



Samija's two children, aged 3 years and 10 months respectively, are suffering from a chronic ear infection ever since they arrived at the worksite. A frequent fluid discharge causes their ears to swell up and ache. The elder one is unable to eat his food due to the constant pain, while the infant cries incessantly and needs her mother's continuous attention.

Lack of finances, time and communication facilities prevent the parents from taking the children to a doctor or to the nearest health centre. The doctor in charge of health services at the worksite visits rarely and the children were lucky to meet him once. However the medicines he prescribed did not do them much good.

Access to Health Care Services

Access of workers to better and quality health care services depends on the location of the worksite. The government health care system is considered to be cheaper and provides affordable health care service for the poor. However, due to lack of access to such health care facilities, the migrants largely depend on untrained medical professionals for their day to day health care needs. The Government of India's flagship medical insurance scheme RSBY (Rasthria Swasthya Bima Yojona) has been in implementation in all the states. However, the surveyed migrant's dependence on non institutional forms of health care is on the rise.

In the worksites the migrants, especially the children suffer from various kinds of diseases due to the dusty, unhygienic and polluted environment. Most of the migrants prefer to go to the government facilities due to the expenses incurred in private hospitals.



Table 4.15: Medical Care Sought by Migrants

	ANM	Sub Center	PHC	Ayurvedic	RMP	Quack	No Treatment	Total
Brick kiln	70	232	127	12	527	274	750	1992
Construction	20	53	77	8	319	414	564	1455
Road construction		2	5			1	48	56
Stone crusher	8		4		12	4	12	40
Pipeline							10	10
Total	98	287	213	20	858	693	1384	3553

Table 4.15 indicates the number of migrant households who have visited the nearest health centers. 41.54% households have visited different government health centers like the ANM, Sub Center, PHC, Ayurvedic practitioner or a RMP. What is astonishing to notice is that almost 40% have never sought any form of treatment while 19.50% have entrusted their wellbeing to quacks (uncertified practitioner).



Chapter V

Worksite Living
Environment of Migrant
Children

Healthy Environment and Children

Toxic substances are common in our environment, both indoor and outdoor. Harmful chemicals that stick to dust, fumes, smoke from cleaning, burning and renovation products, chemicals used in building materials, use of plastic—all of these can have serious impacts on the health of children. Children living in testing conditions are frequently exposed to harmful surroundings and are at a greater risk than adults because their natural defenses are not fully developed. Babies and toddlers explore the world with their hands and mouths, exposing them to harmful substances. A child friendly environment enables physical, mental and social development of the child. Sadly regular and seasonal migrants do not always access better housing and a pollution free environment and cannot afford nutritional food to live a healthy life. The study attempts to examine the situation of migrant children and his/her access to a healthy environment at the worksite.

Housing

Shelter is one of the basic necessities of life. Majority of Indians have per capita space equivalent to or less than a 10 feet x 10 feet room for their living, sleeping, cooking, washing and toilet needs. The average is 103 sq ft per person in rural areas and 117 sq ft per person in urban areas.² The poor condition of housing at the worksite does not provide enough space for the whole families for their day to day living. In brick kilns the size of the house is 5 feet X 7 feet with a height of 4.5 feet. These houses are built with the first bricks made by the workers and the roof is draped with plastic covers. Access to better and healthy shelter is a key requisite for the overall development and wellbeing of a migrant household including children.



Table 5.1: Housing at Worksite

Worksite	Hut		Mud house		Semi pucca		Pucca	
	HH	Children	HH	Children	HH	Children	HH	Children
Brick kiln	898	1875	90	201	979	1919	25	51
Construction	919	1800	27	47	417	794	92	176
Road construction	39	83	2	5	13	32	2	8
Stone crusher	13	27	1	2	22	45	4	11
Pipeline	4	12	3	13	3	10		
Total	1873	3797	123	268	1434	2800	123	246

² Times of India

Hastily erected temporary and makeshift dwellings are occupied by 54% of migrant children living in the worksites. A majority of these houses are made of straw, bamboo and bricks and arranged in a single row pattern. These types of houses are found mostly in brick kilns and construction sites. As per Table 5.1 only 3% households live in pucca houses at the worksites. Further, migrant households living in pucca houses number more in the construction sector as they live in the very houses they construct. The study reveals that 98% of the migrants live in temporary hut in Chennai, followed by Patna 67% and 53% in New Delhi.

As per the Inter-state Migrant Workman Act of 1979, the contractors who hire unorganized workers are duty bound to provide affordable housing for the workers and their families at the worksite. However, due to poor labour enforcement mechanisms, the owners do not adhere to the government standards while providing onsite housing to the migrant workers. Most of the owners provide single room huts and semi-pucca houses which the migrant families are generally required to rent. This sort of practice is most prevalent in cities like Jaipur, Bhopal and New Delhi.

Table 5.2: Provisions of Accommodation

Provision of house	Hut		Mud house		Semi-pucca		Pucca		Total	
	HH	%	HH	%	HH	%	HH	%	HH	%
Owner	1691	47.6%	113	3.2%	1389	39.1%	108	3.0%	3301	92.90%
Rent	17	0.5%	2	0.1%	19	0.5%	13	0.4%	51	1.40%
Makeshift through own arrangement	165	4.6%	8	0.2%	26	0.7%	2	0.1%	201	5.70%

Table 5.2 shows that 92.90% migrating households are provided houses near the worksites by the employer, out of which 47% live in huts, and 39% in semi pucca houses.

Migrant households who live in rented houses or makeshift shelters on footpaths of the cities are mostly engaged in construction and road construction sectors. Only a few households (23) were found to be working in brick kilns.

Table 5.3: Availability of Dwelling Space for Migrant Families at Worksite

Type of house	One room		Double room		Three room		Four rooms	
	HH	Child	HH	Child	HH	Child	HH	Child
Hut	1731	3455	137	335	5	7		
Mud house	99	200	23	64			1	4
Semi pucca	1250	2454	180	337	4	9		
Pucca	113	228	9	17			1	1
Total	3193	6337	349	753	9	16	2	5
In %	89.86	89.13	9.82	10.58	0.27	0.22	0.05	0.07

Table 5.3 shows that 89% migrant children live in single rooms with their parents and a majority of them reside in mud houses. As per the study, the size of the migrating families varies from 2 to 7 and most families consist of an average of 5 members living in a single room in worksites. Around 11% (753) households have two rooms at the worksites. The percentage of children living in 3 to 4 rooms is minimal. Around 92% children live in rooms that do not have ventilation.

Most migrant children live in small, mud plastered thatched houses. The houses generally have a height of 4 to 5 feet in brick kilns. Table 5.4 shows that 33.7% houses are 2-5 feet in height while 53.2% houses are 4-7 feet high. We find that only 13.1% houses are over 7 feet in height. Most of these houses do not have electricity. There is no scope for sunlight to enter the house. Due to low wage rate and seasonal migration, migrants cannot afford to stay in proper houses. Migrants prefer to stay in these worksite houses so as to spend more time at work.

Table 5.4: Living & Housing Condition

Type of house	2 to 5 feet		5 to 7 feet		Above 7 feet	
	HH	%	HH	%	HH	%
Hut	1033	29.1	771	21.7	192	5.5
Mud house	24	0.7	83	2.3	16	0.5
Semi pucca	164	4.6	1098	30.9	172	4.8
Pucca	2	0.1	20	0.6	101	2.8
Total	1199	33.7	1889	53.2	465	13.1

Food Security of Migrant Children

Good food and nutrition is vital for a child's growth and wellbeing. The malnutrition situation in India is one of the worst as 48% of the children are undernourished. Malnutrition or under-nutrition is caused by low intake of food, lack of access to clean drinking water, unhygienic living conditions and chronic health problems. Generally, children living in slums and makeshift labour colonies live in an unhealthy environment. The current study looks into the aspect of children's access to good food while living at the worksite.

Table 5.5: Availability of Food to Migrant Children at Worksite

Worksite	Adequate food intakes			
	Yes		No	
	HH	%	HH	%
Brick kiln	1416	71.1	576	28.9
Construction	1189	81.7	266	18.3
Road construction	44	78.6	12	21.4
Stone crusher	26	65	14	35
Pipeline	7	70	3	30
Total	2682	75.5	871	24.5

Table 5.5 gives a preliminary view of the food habits of migrant households. The migrant from 25% of the households in the worksite have reported having less quantity of food intake. While in brick kilns, 29% children have less amount of food, an average of 25% of children living inside construction, road laying, stone crusher and pipelines also report of having denied good and adequate food. The food supplements which the children often receive through midday meals and Anganwadi services at their native village are completely missing at the worksite. In Chennai, 93% of the children are well fed; next to follow is Jaipur with 92% and Guwahati 90%. However, 77% children living in brick kiln and construction site particularly in Hyderabad, 35% in Bhopal and 18% in Patna do not have enough food.

Further the food intake of children at the worksite is dealt in detail. It is important that a child like any adult gets adequate quantities of carbohydrate, protein, fibre, calcium, vitamins and minerals to assist in the child's healthy physical and mental growth.

Table 5.6 gives details of the food habits of migrant children at the destination. The study reveals that 28% of migrant children eat only rice for breakfast. Further rice is taken by 28% children during lunch and again by 14% children at dinner. Rice is the staple food of people and they take boiled rice with water or salt without any vegetable. On the other hand, 25%, 10% and 3% of the children eat rice



and dal for breakfast, lunch and dinner respectively. This group is slightly better off. A smaller number of children and infants get some quantity of milk and bread in their food intake at the worksite. Less than 1% of the children eat fish, egg and other food supplements in the worksite.

The above analysis suggests that, food consumption at the worksite is not adequate. This is mainly because of lack of access to market, low wages, shortage of fuel and lack of cooking space at the worksite which leads to poor food consumption for children at the worksite.

Table 5.6: Food Habits of Migrant Households

Food Habits of migrants						
Food	Breakfast		Lunch		Dinner	
	Children	%	Children	%	Children	%
Rice	2009	28	1108	16	590	14
Rice & dal	1749	25	742	10	104	3
Bread & dal	449	6	307	4	117	3
Khichdi	1002	14	1216	17	408	13
Bread & milk	201	3	26	0.5	130	4
Rice & milk	254	4	44	0.5	96	3
Rice, dal & green vegetable			1965	28	834	23
Bread, dal & green vegetable			242	3	564	16
Rice & green vegetable			646	9	87	3
Bread & green vegetable			632	9	432	13
Bread	1168	16	116	2	33	1
Milk	279	4	67	1	66	1
Rice & fish					31	1
Bread & egg					61	2

Access to Market

Availability and affordability to food is a key to ensure food security of people. The migrant workers generally reside in far off places and often do not have access to the market to buy food grains. People are allowed to buy their ration from the nearest market only once a week. The food is bought based on the wages people get weekly. The following discussion pertains to people's access to the market to buy food grain. It is a great burden for those to depend on open market for their food requirement.

Table 5.7: Market access to buy food grain by migrants

Worksite	Nearest grocery		Weekly market		Bi-weekly market	
	HH	%	HH	%	HH	%
Brick kiln	546	15.4	1397	39.3	49	1.4
Construction	635	17.9	814	22.9	6	0.2
Road construction	29	0.8	27	0.8		
Stone crusher	21	0.6	19	0.6		
Pipeline	2	0.1	8	0.1		
Total	1233	34.7	2265	63.7	55	1.5

Table 5.7 shows that most of the migrant families (63.7%) buy their necessities from the weekly market and 34.7% purchase it from the nearest grocery shop. Migrant households depend largely on the weekly market as they get just one day off in a week and they cannot take time off to visit the shops daily. Although they are poor and many are eligible to access government subsidized food grain, none of the migrants access the services due to the change of residence. Across cities, 79% of the migrants in Bhopal followed by 75% in Guwahati and 54% in Delhi have all time access to food in the neighbourhood market. However, in Hyderabad 98%, followed by Chennai 97% and Patna 86% depend on the weekly market for purchasing food grain. Many of the migrant labour living in brick kilns don't have access to market since their wages are paid weekly. Most of the workers also don't get food grain under PDS and thus depend fully on the market.

Means of Cooking Facilities

Migrant workers face enormous problems while cooking food at their place of living. They face a lot of hardship as they do not have sufficient time to cook; they have no separate space for cooking and have trouble arranging fuel wood, cooking gas or kerosene at the worksite.



Table 5.8: Fuel for Cooking

House type	Fire wood		Kerosene		Electricity		LPG		Coal	
	HH	%	HH	%	HH	%	HH	%	HH	%
Hut	1560	44.1	59	1.6	1	0	102	2.9	274	7.7
Semi pucca	1242	35	33	0.9	2	0.1	24	0.7	133	3.7
Pucca	101	2.8	10	0.3			12	0.3		
Total	2903	81.9	102	2.9	3	0.1	138	3.9	407	11.5

Table 5.8 shows that almost 82% households use fire wood, 11.5% use coal, 3.9% use LPGs, 2.9% use kerosene and only 0.1% use electricity for cooking. Fire wood is the major source of fuel in seven cities except for Patna where 406 households use coal for cooking. In New Delhi 125 households use LPG.

Cooking Space at Worksite

Finding a clean and safe cooking place for the migrants living inside a worksite is a nightmare. It is important to have a clean and covered space for cooking because of the dust, pollution and poor sewerage system. Many examples show that people use their one room dwelling for cooking, living and for sleeping. In brick kilns, most of the cooking and washing is done outside in the open. According to Table 5.9 around 63.7% households have no separate space for cooking, 33.2% households cook their food outside their house and only 3% households have a separate kitchen.

Almost half the households living in single rooms use fire wood for cooking which is a hazardous practice for the children as the intense smoke remains indoors. The same situation is faced by households using coal.



In Jaipur 67 households have a separate cooking space, in Guwahati 469 migrant households cook inside their single room and in Delhi 253 households cook outside their houses. During our study it was observed that just about 16% households have ventilation in their houses at the destination. (See Table 5.9)

Table 5.9: Cooking Space in Worksite

Mode of cooking	Separate cooking space		No separate space		Out side		Ventilation		No ventilation	
	HH	%	HH	%	HH	%	HH	%	HH	%
Fire wood	86	2.4	1712	48.2	1105	31.20	504	14.2	2399	67.50
Kerosene	12	0.3	82	2.3	8	0.2	10	0.3	92	2.60
Electricity			2	0.1	1	0	1	0	2	0.10
LPG	8	0.2	125	3.5	5	0.1	28	0.8	110	3.10
Coal	3	0.1	343	9.7	61	1.7	19	0.5	388	10.90
Total	109	3.1	2264	63.7	1180	33.2	562	15.8	2991	84.20

Table 5.10: Cooking Environment

Worksite environment	Separate cooking space		No cooking space		Out side		Total	
	HH	%	HH	%	HH	%	HH	%
Clean	15	0.4	97	2.7	20	0.6	132	4
Dusty	82	2.3	1881	52.9	880	24.8	2843	80
Smoky	10	0.3	90	2.5	211	5.9	311	9
Swampy	2	0.1	196	5.5	69	1.9	267	7
Total	109	3.1	2264	63.6	1180	33.2	3553	100

In Table 5.10 we see that 80% of the migrants cook their food in dusty surroundings, 9% cook in a smoky environment, 7% cook in swampy conditions and only 4% households cook their food in clean and hygienic conditions.



Water and Sanitation

From Table 5.11 it can be seen that a little more than 94% migrant households have no sewerage system. Sewerage systems is almost absent in all the worksites. All the disposed water accumulates around the houses and gives rise to diseases like diarrhea, malaria and dysentery. Children are the most vulnerable as they spend more time nearby and are more exposed.

Table 5.12 shows toilet facilities available to migrant workers. Toilets are unavailable in 77.3% households.

Table 5.11: Availability of Sewerage Facilities

Sewerage system	Yes		No	
	HH	%	HH	%
Brick kiln	85	2.4	1907	53.7
Construction	116	3.3	1339	37.7
Road construction	3	0.1	53	1.5
Stone crusher	7	0.2	33	0.9
Pipeline			10	0.3
Total	211	5.9	3342	94.1

Table 5.12: Provisions of Toilet Facilities

Toilet	Community toilet	%	Open defecation	%	Own private toilet	%
Brick kiln	335	9.4	1623	45.7	34	1
Construction	417	11.7	1027	28.9	11	0.3
Road construction	3	0.1	53	1.5		
Stone crusher	5	0.1	32	0.9	3	0.1
Pipeline			10	0.3		
Total	760	21.3	2745	77.3	48	1.4

Unhygienic community toilets are used by 21.3% households and only 1.4% (48) households have their own toilets. In brick kilns, 45.7% households opt for open defecation while 28.9% households do the same in construction sites. Migrant households go in for open defecation at road construction, stone crusher units and water pipelines worksites. In Guwahati 55%, followed by Delhi 50% and Jaipur 28% migrant workers have access to toilet at worksite. However, 97% in Bhopal, 96% in Chennai, 94% in Hyderabad and 92% in Patna don't access toilet at the worksite.

Potable drinking water is another major requirement of human beings and the government has initiated a number of schemes to provide safe drinking water to the citizen of the country. Table 5.13 however shows that 94% of the households get their drinking water supply from tube wells, 1.8% gets drinking water from open wells and only 2% households in construction sites get supply water from the local authority. In New Delhi only 2% households get municipal water supply onsite. Beside this, 0.4% (19) households use unsafe natural sources like the nearest river. (See Table 5.13)

Table 5.13: Sources of Drinking Water

Drinking water	Well		Tube well		Open well		Natural water source		PHD supply water	
	HH	%	HH	%	HH	%	HH	%	HH	%
Brick kiln	39	1.1	1928	54.3	20	0.6	5	0.1		
Construction	23	0.6	1342	37.78	6	0.2	12	0.3	72	2.02
Road construction	1	0	54	1.5			1	0		
Stone crusher	3	0.1	36	1			1	0		
Pipeline			10	0.3						
Total	66	1.8	3370	94.88	26	0.8	19	0.4	72	2.02

Suffering Health Hazard



Dharmendra Rajbhor, a poor illiterate resident of Balsha village of Gajipur district of Uttar Pradesh has not received any help or availed any of the schemes initiated by the government. He worked as an agricultural labourer for a landlord in his native village.

An acute shortage of work post the agricultural season forced Dharmendra to migrate along with his wife Chinta and their three children Akash, Sahil and Sani to work in a brick kiln in Assam.

His elder son Akash who earlier used to study in a village school now attends a special training center at the brick kiln. He also assists his parents in their work. After migrating to the brick kiln Akash was afflicted by a skin disease. He suffers from high fever and severe pain in his body due to the ailment. The medicines prescribed by the worksite doctor did not show any result and although he has since visited several other doctors, the disease remains incurable. Due to lack of finances the parents are unable to continue the treatment.

The situation is sensitive and needs to be addressed properly, but Dharmendra and his family neither have that financial capacity nor the knowledge to fight the situation. They are resigned to their fate.

Electricity at houses of migrants

There is uneven access to electricity for people living in rural and urban locations. Since work at most of the worksites continues during night, the owner arranges for electricity to double the working hours. In brick kilns and construction sites people have electric lights on the premises but there is unequal access to the electricity across worksites. Table 5.14 finds that 74% households have electricity, 26% households use kerosene for lighting and 0.56% (20) households use the street lights of New Delhi. About 22.7% households in brick kilns use kerosene for lighting purposes. This is a dangerous practice for brick kiln workers as they live in low roofed houses that can easily catch fire.

City wise, 6 households in New Delhi use kerosene oil, 20 households depend on street lights and the rest (533 households) use electricity. Majority of migrant households in Bhopal, Chennai, Jaipur and Hyderabad have electricity in their dwellings. But in Guwahati and Patna 392 and 348 households respectively use kerosene.

Table 5.14: Sources of Lighting

Light facility	Electricity		Kerosene		Street light	
	HH	%	HH	%	HH	%
Brick kiln	1187	33.4	805	22.7		
Construction	1333	37.5	102	2.9	20	0.56
Road construction	49	1.4	7	0.2		
Stone crusher	29	0.8	11	0.3		
Pipeline	9	0.3	1	0		
Total	2627	74	926	26		





Chapter VI

Conclusion and Recommendation

Conclusion

Internal migration in India is large and diverse. Due to the appallingly low awareness about rights and entitlements and the unorganized nature of the workforce, migrant workers are not in a position to negotiate their rights for basic services and entitlements. Moreover, migrants earn less than what is required to sustain a decent standard of living in urban areas; they lead a life of low quality, presumably reflected in their low human development. Migrants live in deplorable conditions and have an extremely poor health status. Women migrants are the worse hit than their male counterparts as they are less paid and they do not enjoy basic health benefits and maternity leave. Further the tenure of work in sector industries like brick kiln, construction, road construction, stone crushers and pipeline is very irregular. This leaves migrants with a sense of insecurity of income and work. Nevertheless, the employers in the informal sector prefer migrant workers since they are easy to manage because as outsiders they lack proper information about the labour market, prevailing wages and benefits.

The harsh, unhealthy and exploitative condition in the worksite directly influences the well-being of young children residing at these worksites. Children of migrant workers are excluded from the basic rights to survival, protection and participation in child development programmes. Due to frequent relocation, these children undergo severe physical, mental and emotional trauma which is rarely recognized and addressed. The children go through childhood poverty which breaks their normal physical and psychological growth. During a tender age, a child experiences harsh life due to abject poverty and destitution. The situation is aggravated when a child learns to cope with hunger, malnutrition and exploitation in an alien location. Children of migrant workers are the ones who toil hard to survive in unpleasant and harsh conditions of forced mobility, unhealthy transit, and temporary living conditions and are exposed to inhuman treatment and abuse.

The study on lives of migrant children in worksite and the status of children of migrant workers in seven cities of India is an attempt to capture the situation of children of migrant workers who lives in the worksite for the duration of 6-8 months. Following are the summary findings of the study which mainly relates to access to education, health, nutrition, quality of living, and worksite environment.

Summary of the Findings

Education status of children

- Children constitute 47 % of the total child population which is 7111. Out of which 3137 are in the 6-14 year age group
- Only 539 children (17.18%) access education
- Around 40.19% (1261) children have never been enrolled in school

- While 55% worksite have an access to education within a distance of 1 km and 36% of the worksites are located within 3 km distance of a school. Still children do not access education
- A total of 802 children were found working as child labour

Pre-school and Anganwadi



- Around 1945 children are in the 0-3 year age group and 2029 belong to 3-6 year age group





- 120 children (5.9%) access Anganwadi services at the worksite
- Around 60.27% of the worksites are having Anganwadi within the distance of 1 Km distance

Quality of living

- 52.71% households live in huts at worksites
- 89.86% households live in a single room
- 91.8% houses do not have any ventilation
- 63.72% households do not have space for cooking while 33.21% households cook their food outside their house
- 87% houses are less than 7ft. in height
- 3342 households (94%) do not have any sewerage system.
- 2745 households (77.25%) opt for open defecation

Child environment

- 97% households do not have separate room for children
- In 306 households many children have met with accidents, 21 children have been beaten up by the employer, 21 children have fallen from high buildings

and 50 have been wounded by heavy articles in worksites

- Children of 43 households feel abused
- Children of 440 (12.38%) households do not play at the worksites
- Children of 176 households are involved in the work
- Children of 2190 households (61.63%) do not go out of the worksite
- While 3111 households said that their children are happy at the worksite, 4000 households said their children do not feel comfortable living in worksites
- Around 132 households said that the worksites were clean while 2843 households responded that they were dusty

Child health

- Children of 2127 households (59.86%) received Pulse Polio at the worksite
- Only 1541 (43.37%) worksites have first aid facilities
- A large 64.60% that is 4594 children of 2565 households suffer from diseases. Of them 1368 suffer from colds, 1275 from fever, 1006 of loose motions, 383 suffer from skin diseases, 255 feel weak, 161 get headaches and 146 suffer from anaemia

- Almost 38.95% that is 1384 households do not go for any treatment
- Only 500 (14%) households received their immunization cards at the worksite
- Only 796 (22.40%) households said that immunization was done at worksites

Entitlements

- Almost half (45.3%) of the migrants belong to the BPL category
- A little more than a third (37.2%) do not have any card
- A low 7.14% of the migrants have a RSBY card
- Just over a fourth (27.80%) have MGNREGA card
- Only 197 households (5.54%) have health insurance

RECOMMENDATIONS

The civil society in India has relentlessly worked for the rights and entitlements of migrant children. Some of the key civil society organizations even demonstrated running of schools, crèches, skill building, working at the source on retention and mainstreaming of migrant children in schools as quite remarkable.

Some of the State Government has also come forward to reach out to the migrant children's education and protection issues. In 1999-2000, the Government of Odisha experimented on running of Residential Care Centres (RCC) for the children of migrant workers. The Government of Andhra Pradesh initiated a massive mapping of migrant children in whole of Andhra Pradesh and running education centres are quite exemplary. The Govt. of Gujarat, SSA has initiated web tracking of migrant children and SSA, Govt. of Tamil Nadu has started running migrant children's education programme in Tamil Nadu. Moreover, the Dept. of Labour, Govt. of Andhra Pradesh has taken up a huge experimentation on providing basic services and welfare for the migrants in Ranga Reddy district of Andhra Pradesh. The running of schools and Anganwadi at worksite is an excellent step towards ensuring basic education and child care to the children of migrant workers.

Some excellent collaborative efforts between civil society groups and the government have begun to augment the issues of migrants and their children in India. However, the issue is yet to get strengthened through

an institutionalization and policy process. The National Commission for Protection of Child Rights (NCPCR) has issued a number of directions and guidelines towards making education, protection, child care accessible to the young children of migrant workers.

It is time that the young migrants and their families' inclusion into government services and entitlements are made essential to ensure full citizenship rights.

1. As the migrating children are invisible, none of the central as well as state governments have any institutionalised data on child migration. The current study reveals that out of the total migrant population 47 per cent are children. Thus, a baseline survey of child migration should be done through a mapping process. The survey should be undertaken every year. Village level tracking of school going and Anganwadi children at the source area should be done as per the migration season by relevant departments like the School and Mass Education, Women & Child Development, the Dept. of Labour & Employment, etc. All school development plans of high migration prone districts should have specific plans under its wings to address the issues of child migration.
2. Survey and Identify worksites (intra-state and inter-state migration) and map seasonal migrant children living in makeshift houses inside worksites within city limits and in suburban areas and link them up with Anganwadi, health, schooling and other basic services. SMC, Panchayat and Village Committee in migrant receiving urban and rural areas should have an adequate plan to reach out to the children and provide them with the above mentioned services. Women and Child development department should also make a budget for reaching out to infants and children at the worksites and set up satellite or mini Anganwadi Centers inside the worksite. The SSA should open adequate number of worksite schools/accommodation for migrant children in nearby schools to impart education to the migrant children. MDM, school uniforms and books should be provided to the children attending schools.
3. All the state governments especially, the Department of Labour should identify and survey establishments employing migrant workers living with their family members. Regular visits to brick kilns, stone crusher units, construction sites and other worksites should be done to ascertain and enforce laws on living conditions for migrant children and the

-
- engagement of these children in hazardous work. The Department of Labour needs to have a dialogue with the establishment/facility owners for providing basic amenities to the children of migrant workers.
4. Reintegration measures should be initiated for the children of migrant workers in the source area when they return. The government should issue GOs to school authorities to accept admission of children into their school if they are living within the school jurisdiction. Once the migration season is over, the school will provide a testimony to the parents to mainstream the child back in their native village.
 5. The state should initiate a process for developing inter-state and intra-state committees to enable effective convergence mechanisms for better sharing of children's data and provisions of Anganwadi, schooling, immunization, health, nutrition services for migrant children and their families.
 6. A yearly review of the steps taken for the welfare and development of programmes for migrant children at source and destination should be undertaken by all the state governments. A district level cell on migration should be opened in high migration source and destination districts in all the states. Civil society groups should be involved in the consultation and programme interventions.
 7. It was found that the inhabitants of worksites suffer from a variety of communicable, infectious and other diseases for which workers do not access quality treatment. Special health camps in association with corporate hospitals, foundations and NRHM should be carried out at close intervals.
 8. Food insecurity at worksite is also found to be a burning issue faced by the workers. Despite people belonging to tribal and dalit backgrounds and registered as BPL families, they lack access to PDS. All the state governments should come up with an innovative programme to cover migrant workers under PDS, Antodaya and other food entitlements.
 9. The inter-state coordination with the labour sending states should be under taken to facilitate teaching materials, volunteer teachers to provide education in mother tongue to the inter-state migrant children and creating system for mainstreaming the children back into the institutions at the source states.
 10. The owners of the construction, brick kiln, rice mill should be approached to provide decent housing and basic facilities to the migrant workers.
 11. A policy of complete ban on child labour in the worksite should be taken up. The local CWC (Child Welfare Committee) should be making regular visit and report the cases to the Government.
 12. Access to basic health is crucial for the migrant workers. Hence, the state health department and the corporate hospitals in the vicinity should come forward to provide affordable health care to the people.
 13. Regular immunization for children and expectant mothers should be carried out by the department of health, Govt of Tamil Nadu at the worksite.
 14. First Aid kit at the worksite should be made available for the workers in times of emergency.
 15. The state should consider provision of PDS for the migrant workers to enhance their access to food security at the worksite.
 16. Enrolment of migrant workers in the State Labour Welfare board should be considered to provide necessary financial support to the migrant workers.
 17. For internal migrants, the state should take much care and attention to provide employment under MGNREGA and link various foods, social security, and pension to reduce distress migration.
 18. To continue with the education of the children seasonal hostel should be promoted in high migration prone districts of the state.
 19. Enforcement of labour law in the worksite should be made mandatory to register the workers under the Inter-State Migrant Workman Act of 1979.
 20. Labour education through awareness camp by NGOS and Labour Unions should be encouraged.
 21. Grievance redressal system for the labour dispute and harassment should be established for the migrant labourers. It is important to have a dedicated help line for labourers who can direct their grievance and get justice.
 22. Periodic meeting with the facility owners, corporate, real state owners, builder for creating better worksite environment, safeguards, safety and labour welfare entitlements for the migrant workers.



Migration Information & Resource Centre (MiRC)

Migration Information & Resource Centre (MiRC) is an approach of AEAI to support, facilitate, and provide critical support in grounding migration related interventions; build capacities and knowledge on the issue as well as support and strengthen policy advocacy initiatives. It acts as a catalyst in research, information sharing, micro-level experimentations, networking and influencing policies at the national level and in various migration source and destination states and cities of India.

We work closely with academic institutions, government departments, and civil society organizations dealing with labour, education and rural development to engage in research and advocacy on social and economic, child rights and education issues surrounding migration.

We have partnered with the Government of Andhra Pradesh, Tamil Nadu and Odisha and also with international agencies like UNICEF, ILO, Google Inc and Bernard van Leer Foundation in our effort to better the lives of poor migrant workers and children.

The Aide et Action regional offices have been reaching out to migrant children and making their access to education, pre-school, decent housing and mainstreaming of children back to school.

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