

**A Study on Social Security and Health Rights of
Migrant Workers in India**

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Abbreviations

AB PM-JAY	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
ASEAN	Association of Southeast Asian Nations
CLC	Chief Labour Commissioner
CHC	Community Health Centers
CSO	Central Statistics Office
DHH	Department of Health and Hospitals
DMA	Disaster Management Act
DMO	District Medical Officer
ECCD	Early Childhood Care and Development
ESI	Employment State Insurance
EPFO	Employees' Provident Fund Organisation
HCRC	Homeless Citizens Resource Centres
HIV	Human Immunodeficiency Virus
HWC	Health and Wellness Centre
ICDS	Integrated Child Development Services
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
ISMW	Interstate Migrant Worker
IGNDPS	Indira Gandhi National Disability Pension Scheme
INTUC	Indian National Trade Union Congress
JAM	Jan Dhan-Aadhar-Mobile
ILO	International Labour Organization
IOM	International Organization for Migration
MDR-TB	Multi-Drug-Resistant Tuberculosis
MGNREGS	Mahatma Gandhi National Employment Guarantee Scheme
NACO	National Aids Control Organization

NGO	Non Governmental Organization
NUHM	National Urban Health Mission
NFBS	National Family Benefit Scheme
NSAP	National Social Assistance Programme
NMIS	National Migrant Information System
NDHM	National Digital Health Mission
NHA	National Health Authority
NRHM	National Rural Health Mission
NRLM	National Rural Livelihood Mission
NFBS	National Family Benefit Scheme
ONORC	One Nation One Ration Card
PF	Provident Fund
PHC	Primary Healthcare Center
PPP	Public Private Partnership
PM-SYM	Pradhan Mantri Shram Yogi Maan-dhan
PM-JAY	Pradhan Mantri Jan Arogya Yojana
PRAN	Permanent Retirement Account Number
PMGKBY	Pradhan Mantri Gareeb Kalyan Yojana
PMJDY	Pradhan Mantri Jan-Dhan Yojana
RSBY	Rashtriya Swasthya Bima Yojana
RTE Act	Right to Education Act 2009
SC	Scheduled Castes
SHG	Self Help Group
SECC	Socio Economic and Caste Census
SRH	Sexual and Reproductive Health
UIDAI	Unique Identification Authority of India

Chapter: 1

Introduction

1.1 Rationale of the Study and Research Questions

Indian society and its national government as well as various State governments need to understand and address problems of vulnerable interstate migrant workers who are seen across both rural and urban areas in India. The major chunk of migrant workers is unskilled and employed in unorganised sector. Major States which send interstate migrant workers are West Bengal, Assam, Bihar, Uttar Pradesh, Odisha, Jharkhand and Chhattisgarh. Some migrant workers come under the definition of child labourer while a few undergo school education along with part- time work. Interstate migrant workers in India are confronted with a wide range of problems. These include non- provisioning of entitlements of government schemes, poor access to available schemes and services, inadequate and inappropriate safeguards at worksites, poor quality of accommodation, long working hours, low wage compared to local workers, limited access to health care services, social exclusion, poor social interaction and lack of integration with the local community.

Social protection and health care of interstate migrant workers is totally neglected as significant number of them lives in unhealthy conditions facing various health related risks. A large number of them lives in labour camps and housing clusters where environment cleanliness is not maintained. Most of the migrant workers, especially in the construction workers, are accommodated in crowded rooms with minimum basic facilities. Access to healthcare services for migrant workers is inadequate causing the spread of the disease. Overtime work causes several health problems to a significant number of interstate migrant workers. The typical life cycle of migrant workers requires special provisions for their social security to ensure that they can adequately manage their risks. They move between States and hence between different labour markets and social security systems, which creates specific vulnerabilities. Newly arrived migrant workers are in a vulnerable position as they are away from their home community and have no access to social networks and safety nets. In addition, access to social and basic services in the new host State is often restricted for many reasons. The lack of access to basic services and portability of social security for interstate migrant workers raises serious concerns about their vulnerabilities. Lack of access to rights and entitlements pose serious problem for migrant

workers. Both employers of migrant workers and government institutions at State level or national level do not pay any attention in providing welfare measures to them. There is a lack of awareness about the existing legal and social security measures. Migrant workers do not have access to health services, welfare schemes and social security schemes. It is the non-provisioning of entitlements and non- portability of benefits provided by Central Government and home State which create problems for the migrant workers. There is a need for a strong legal framework to address various health and welfare needs of interstate migrant workers. In this context, this study addresses the following research questions:

- What are the health rights/entitlements of an interstate migrant worker?
- How to avail health benefits once she/he is hospitalized?
- How to protect social security of a migrant worker?
- How to extend and strengthen social insurance and health entitlements for interstate migrant workers?
- What are the practical problems while implementing a social security programme for interstate migrant workers?
- What are the responsibilities of State governments, District Administrations and local government institutions in addressing problems related to social security and health rights of an interstate migrant workers?

1.2 Literature survey/ Review of Research and Development on Social Security and Health Rights of Migrant Workers

In India, there are a few studies on access to social security for interstate migrant workers. Shwetha and Prasad (2018) found that the health seeking behaviour was poor and delay in seeking healthcare during their illness. According to Manas (2018), interstate migrant workers in India, are left-out from the various social and development . Lack of political space for migrant workers jeopardize the responsiveness of health and their social needs. It is necessary to design innovative strategies that can strengthen the participation of migrant workers in social protection programmes. S.N Roy et.al (2017) elaborated different Acts and Provisions for the protection of different workers. Social benefits are not extended to migrant construction workers, who face particular vulnerabilities in many States. Implementation of the Acts by Indian States presents a dismal picture of overall tardiness and delay.

According to Government of India's Report of the Working Group on Migration (2017), migrants are exposed to health risks including communicable diseases like malaria and

tuberculosis. They are also exposed to sexually transmitted diseases like HIV, and occupational health hazards such as respiratory problems, lung diseases, allergies, kidney and bladder infections, back problems and malnutrition. They are resultantly stigmatised as being carriers of disease. Simi Sunny in her paper on “Social And Economic Integration Of Migrant Labour: A Policy Response” stated that social security measures for interstate migrant workers in India is limited. While many countries across the world have introduced social security programmes to assist the vulnerable transnational and internal migrants. In India, the Employees State Insurance Act, 1948 and the Employees Provident Fund Miscellaneous Provision Act, 1952 are considered landmark legislations for social security. Both the legislations have targeted the fundamental problems of labour including migrant labour by such provisions which take care of the workers in the exigencies of sickness, ill-health and other contingencies of life. The Provident Fund Act has been supplemented by the Family Pension Scheme in 1971, Deposit-Linked Insurance Scheme in 1976, Maternity Benefit Act in 1961 and Payment of Gratuity Act in 1972. However, the migrant workers who largely form the informal labour market escape these safety nets because of the lack of provisions to recognize their mobile nature and temporary work tenures. There has been some attempt to address these problems by introducing registration systems to regulate the inflow of migrant workers and putting in accountability measures for the employer and contractors. Kerala became the first State in India to enact a social security scheme for the migrants, called the Kerala Migrant Workers Scheme, 2010. The Scheme is an attempt by the Government to increase work security through termination benefits, treatment, and accident allowance. While the Kerala Government made a crucial attempt at filling the social security gap among the labour migrants, the nature of migration and the structural requirements of the scheme have limited its scope and implementation. The seasonal nature of labour, lack of motivation on behalf of the migrants, lack of regulation on behalf of the employers, and the cultural and language barriers act as hurdles to the take up of the scheme.

Milind Babar (2011) discussed various barriers for interstate migrant workers in getting access to Government health services. These barriers are lack of confidence for accessing the health services or fear of the system, local language problem, cultural bias, distance from hospitals, lack of awareness about provision of health facilities and patriarchy prominence. Ajoke Akinola et al. (2014) made an analysis of public health access for interstate migrant workers from the perspective of human rights and ethical considerations. The provision of healthcare to migrant workers in India must take three important considerations into account- public health, human rights and ethical considerations. The differences in the epidemiology of diseases in this

population need to be taken seriously and warrant attention from a public health perspective. There are various social determinants of health among migrant workers and this need to be addressed to protect the health of this population group. Migrant workers are often considered as non-citizens and their human rights are neglected in host States. Regardless of their status, interstate migrant workers should, by virtue of their essential humanity, enjoy all human rights. We should make continued efforts to address this matter and measures must be implemented at the national level to remedy the situation. The Kerala government has taken several steps to deal with the challenges arising from the influx of migrant labourers. The most important among these are the introduction of a welfare programme for migrant workers. Under the programme, these labourers receive higher welfare benefits than before, assistance for medical care, assistance in the event of accidents leading to death and educational assistance for their children. The Interstate Migrant Workmen (Regulation of Employment and Conditions of Service) Act of 1979 and the rules framed under it are being enforced in the State.

Manoj and Viswanath (2015) studied the health conditions of migrant workers. They found that overcrowded living conditions of the migrant labourers result in increased transmission of infectious diseases. There are problems in the provision of sanitation facilities. The sources of drinking water as well as water for other purposes are also not very good. Non-availability of adequate quantities of water and inadequate usage of water also pose health risks. Cooking food in the living rooms without proper ventilation particularly, while using firewood and kerosene is hazardous to health. These unhygienic living conditions make the vulnerable to diseases. The unfavourable working conditions can also lead to serious occupational and other health problems. Many of the workers have bad habits which can lead to poor health in the long run.

Marie Nodzinski et al. (2016) stated that ensuring good health of migrant workers is a shared responsibility. Employers and governmental agencies in destination countries are often described as the stakeholders benefiting most clearly from labour migration and should thus be responsible for ensuring that migrant workers remain healthy. The government regulators, especially the nodal Ministry, should play the main role to balance the interests of all stakeholders including employers, employees and the general public. Prof. Ockert Dupper University of Stellenbosch, in his study titled as “migrant workers and the right to social security: an international perspective” had emphasized the need for extending social assistance to migrant workers. In most cases, migrant workers are excluded from benefits paid wholly or partly out of public funds, with those in an irregular situation bearing the brunt of policy decision. Migrant workers

are predominant features of the contemporary age of globalisation. Migration worldwide has shown a constant upward trajectory, with one in every 50 human beings worldwide living outside their country of origin. However, it is a matter of concern that, widespread violation of migrants' human rights.

Ursula Kulke, ILO, Geneva, in his study, "Filling the Gap of Social Security for Migrant Workers: ILO's Strategy" has analyzed the necessity of ensuring social security protection to migrant workers in the light of the new models of economic integration, which have emerged in several parts of the world over the last decades. The portability of social security rights undoubtedly facilitates the free movement of labour within economic zones and thus contributes to guaranteeing the proper functioning of these integrated labour markets. Social security benefits can form an important part of the remittances which are sent to migrant workers' countries of origin and which have been recognized by the world community as significant tools for development, emphasises the significance of social security rights for migrant workers from an economic perspective.

Marius Oliviera and Avinash Govindjeeb, in the paper "Protecting and Integrating Migrant Workers in ASEAN Social Security Systems" explained how social security systems in Southeast Asia can be adapted in order to improve the level of protection and integration of low-skilled migrant workers. This study involves a discussion of existing unilateral, bilateral and multilateral arrangements within the Association of Southeast Asian Nations (ASEAN). Best practices within ASEAN countries, such as the Philippines, and examples of bilateral agreements involving ASEAN countries containing social security provisioning, are examined against the backdrop of the developing international and regional standards framework. The role of countries of origin in providing social protection for migrant workers and the portability of benefits is also briefly discussed. It is submitted that a coordinated, integrated and streamlined approach may be able to provide solutions and options for excluded categories of migrant workers and their family members, including informal economy workers.

As is evident from the literature review, no major studies have been conducted so far in area of social security and health rights of migrant workers in India. It is highly necessary that these problems related to social protection and health rights of interstate migrant workers are highlighted and analysed. Several studies are undertaken, both nationally and internationally, on

various problems of Migrant Workers. However, the study on major challenges of social security programme and access to health for migrant population in India is not carried out so far. Major challenges for migrant population are rooted in the unorganized and informal sector. However, the legislative framework for social security in India has primarily focused on the organized sector. A comprehensive study is essential to formulate coherent national strategy for ensuring formal structures in order to extend the social security nets, safe work conditions, healthcare services and treatment facilities to migrant workers in India.

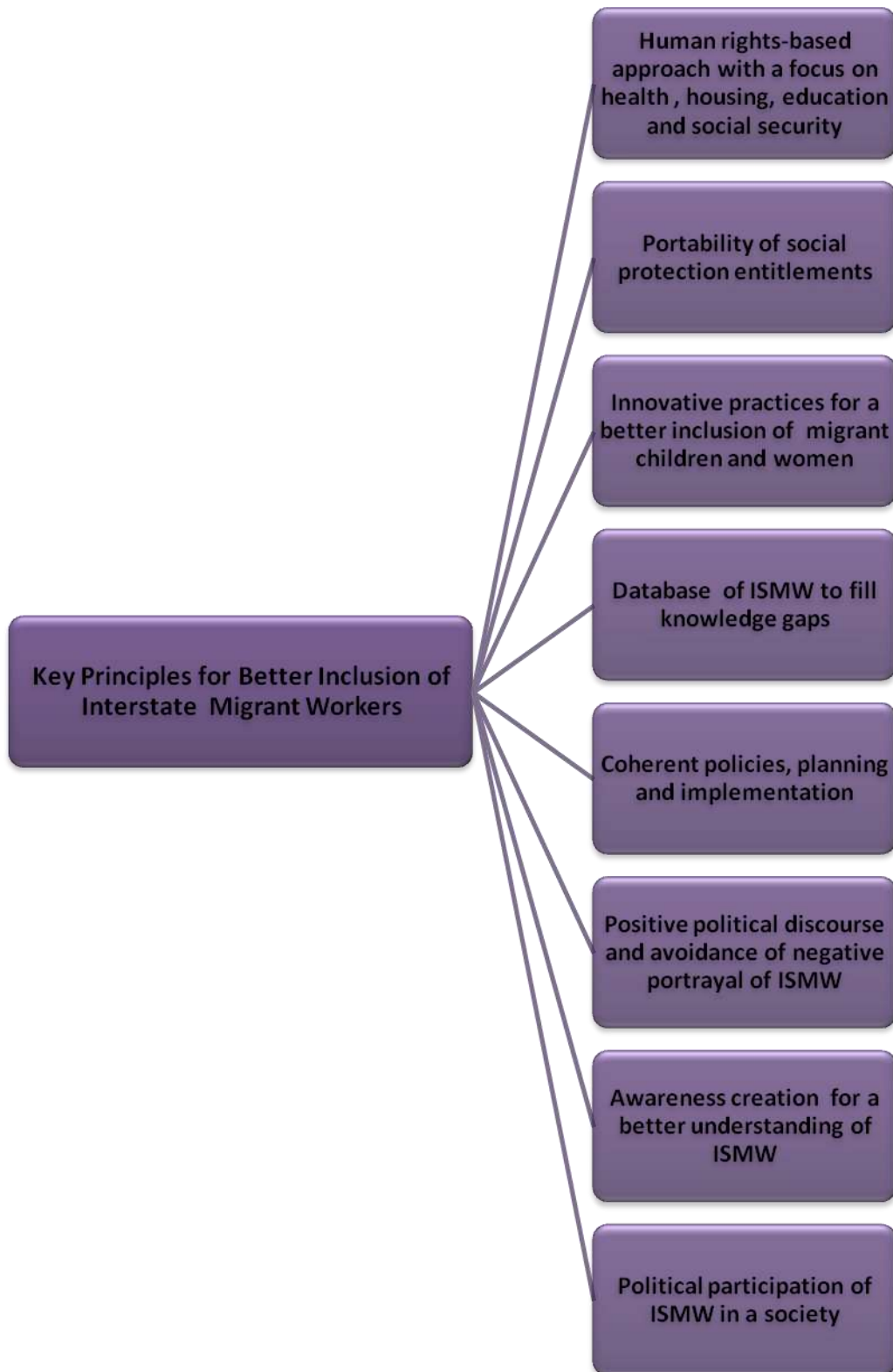
1.3 Conceptual framework of the Study

A migrant worker is any person who leaves one place for another in search of a work. There are two types of migration: (i) internal and international. Internal migration or interstate migration takes place within a country while international is cross border migration. Social safety nets should have a special focus on the interstate migrant workers who are the poorest and most vulnerable. It should be done in a way that can be acceptable and suitable to governments of sending and receiving States as well as Government of India.

Key Principles for Better Inclusion of Interstate Migrant Workers: It is pertinent to understand that we should promote positive political discourse and avoid a prejudiced, negative portrayal of migrant workers for their better inclusion. Awareness needs to be created for a better understanding of interstate migrant workers' positive contribution to society. We should adopt a human rights-based approach for inclusion of migrant workers in a society. We should also develop gender-sensitive and age-sensitive policies and practices for interstate migrant workers. Utmost care should be given in creating portability of social protection entitlements for interstate migrant workers. It is important to document best practices and successful innovative practices in handling interstate migrant workers and disseminate among various stakeholders for their better inclusion. A continuous data collection and setting up of dynamic data base are essential. Other key principles for better inclusion of interstate migrant workers are mainstreaming of migrant workers into national development policy, regional and urban planning, ensuring of political participation of internal migrants in society, policy coherence on interstate migration and its cross-cutting impacts.

Figure 1. 1

Key Principles for Better Inclusion of Interstate Migrant Workers



By and large, these interstate migrant workers are employed in informal sector where the social protection is totally missing. Both private sector and various government departments have an important role in providing social security to interstate migrant workers. We cover all types of interventions related to social protection in this study. Social security consists of policies and programmes designed to reduce poverty and vulnerability. It can include social insurance, social assistance and other interventions. Social insurance programmes require regular contributions and provide insurance against shocks. Social assistance programmes are generally targeted at the poor and non-contributory. Interstate migrant workers, by and large, are poor while some of them are in most vulnerable and in worst condition who need support through various social assistance programmes. In fact, we cover their eligibility for participating in social protection programmes. It is pertinent to identify the barriers to such participation and to examine what has been or can be done to minimise risks of exclusion and promote adequate coverage for interstate migrant workers. We distinguish between eligibility rules and the administrative operation of social security policies. Here we can discuss social security and health rights. Social security and social protection include social insurance, social assistance, labour regulation, microfinance and basic services such as education and health care services .

Figure: 1.2

Components of Social Security or Social Protection



1.4 Objectives and Scope of Study

Major objectives of the study are follows:

- i. Examine various kinds of discrimination, human rights violations faced by interstate migrant workers concerning social security and health rights.

- ii. Evaluate entitlements given to interstate migrant workers by Central and State governments in respect of social security and health rights of migrant workers and reasons for their inclusion/exclusion, including problems faced by them in accessing those entitlements.
- iii. Make an in-depth analysis of the laws and policies of Central and State governments that can address critical issues concerning social security and health rights of interstate migrant workers.
- iv. List out enabling factors and arrangements made by any State(s) to address critical issues concerning social security and health rights of interstate migrant workers.
- v Document best practices of States, if any, in addressing social security and health rights needs of interstate migrant workers.
- vi. Make recommendations for strengthening the role of States in addressing social security and health rights needs of interstate migrant workers.

1.5 Research Design and Methodology

Sampling Procedure, Sampling Frame and Research Design and Strategy: The study covers four States of India. The study is a mix of both primary as well as secondary data. To validate and substantiate the findings from the literature review, primary data collection was conducted. Primary data was collected through a field study by using various techniques comprise of personal interviews and personal meetings with key officials of States and Districts. The field survey was done on a sample basis across four Indian States ie., Delhi, Gujarat, Haryana and Maharashtra . The primary data was collected from different sources to understand the status of social security and health rights needs of internal migrant workers and was collected through well-structured questionnaires (Annexure I, II, III and IV). As part of data collection in each State, discussion with scholars/ experts, employers, contractors and State level officials were carried out. The procedure for the selection of four States, Districts and respondents for the collection of primary data is reported in Table: 1.1. Purposive Sampling method was used for the selection of States and Districts. The main criterion for the selection of State and District was the highest concentration of interstate migrant workers.

Table: 1.1**Field Survey: Selection of Four States and Eight Districts**

Region	State	Districts	Sampling methodology	Criteria for the selection of States	Criteria for the selection of Districts
North	Haryana	Karnal and Gurugram	Purposive Sampling method	Covered States where concentration of migrant workers is highest. Covered all the three regions of India. Eastern region is not covered as this region is primarily supplier of migrant workers.	Covered highest concentration of migrant workers. Covered developed and undeveloped areas. Covered known cluster of migrant workers.
	Delhi	South West Delhi and North East Delhi			
West	Maharashtra	Pune and Mumbai	Purposive Sampling method		
	Gujarat	Ahmedabad and Surat			
Total	4	8			

The methodology for the selection of respondents and their distribution are reported in Table: 1.2. Respondents were selected using random sampling.

Table: 1.2**Respondents to be covered by Field Survey: Selection Methodology and Distribution**

Sl No.	Categories	Selection Methodology	One District	Total for 8 Districts (Nos)
1	Interstate Migrant Workers from four States	Random Sampling	200	1600 (200x8)
2	Local Workers from four States		100	800 (100x8)
3	Employers / Contractors		50	400 (50x8)
4	Officials of State Government representatives, elected representatives and official of local government institutions		100	800 (100x8)
5	Scholars, experts NGO/ CSO representatives, Trade Unions and Associations of laborers		100	800 (100x8)
Grand Total				4400

We have covered maximum possible number of categories of migrant workers in our samples. During the COVID-19 lockdown period we have collected data from migrant workers in shelter homes and labour camps.

Secondary Data: Various types of secondary data including studies, reports and data collected by government and non-governmental organizations are used for the study. These documents include State Acts, studies commissioned by Ministry of Labour and Employment, ILO studies, Government orders and circulars.

Tools of Data Collection and Process: Four sets of questionnaire were prepared. The first one was for seeking information from interstate migrant workers(Annexure I), the second for seeking information from employers and contractors of interstate migrant workers (Annexure II), the third for seeking information from State officials/ elected representatives and officials of panchayats, municipality and corporations (Annexure III) and the fourth for seeking information from local workers, scholars, experts, trade unions, associations of labourers and representatives of NGO/CSO(Annexure IV). Both qualitative and quantitative data collected through different methods were processed for presenting the results of the study.

Chapter: 2

Social Security and Health Rights of Interstate Migrant Workers: Discriminations and Human Rights Violations in Pre COVID-19 Lockdown

In this chapter we analyse various discriminations and human rights violations in respect of social security and health rights of interstate migrant workers before COVID-19 lockdown in four States. This chapter has two sections. In the first section, different types and patterns of interstate migrant workers are presented. Violations of social security and health rights of interstate migrant workers (ISMW) are discussed in the next section.

2.1 Types and Pattern of ISMW

2.1.1 Home States of Migrant Workers and Supply Channels of Migration: Interstate migrant workers, by and large, came to host States through agents, contractors, recruitment agents and social network and friends. Recruitment agents who operate in village and backward areas of sending States play as a catalyst in the migration of workers to these States. They use several promotional strategies such as advance payment of money, facilitation of migration process, free travel to States, free accommodation in host States, etc. In many cases the money is paid to the family of the migrant much before they depart their homes. Their cost of travel and other incidental expenses are also being met by the agents. Once they arrive in host State they are allocated to the construction site or workplace. The social network of interstate migrant workers is an important factor which enhances further migration to host States. Various studies indicate that social network of migrants induce further migration from other States. While migration appears as voluntary, an elaborate social network of migrants, mainly friends and relatives, facilitate and promote the migration process. India has been witnessing a trend of high mobility of people from one State to another for better livelihood, especially from economically weaker States to developed States. In the process, social network of interstate migrant workers is a key factor. Many of the migrant laborers are helped by their friends and relatives in finding jobs in host States. Information about the work and the demand for laborers are obtained from the friends and relatives from the same region, who often act as a network in many cases. When employers tell a migrant worker about the requirement for a certain number of workers, the latter arranges the required number from those who have migrated from his birth place. Friends and

relatives are instrumental in channelizing a large number of labourers from distant parts of India to host States. The results of our field survey found that agents (15.5%), contractors (24.25%), relatives (10%) and friends (40.25%) were the major channels of labour migrated to States. It is found that friend was the single largest channel followed by contractors, agents and relatives. There were variations in respect of channels of migration and State of origin. Agents played an important role in the Assam (28.77%) and West Bengal (18.48%) compared to other States while the role of contractor was significant in States of West Bengal (30.43%) and Bihar (33.33%). Interstate migrant workers from Madhya Pradesh and Rajasthan formed the construction workforce. Seasonal migrant workers from Bihar were head-loaders and cart pushers while migrant workers from Uttar Pradesh dominate as factory workers and drivers. Migrant workers from Odisha were mostly associated with plumbing work and the diamond cutting industry was made up of migrant workers from Saurashtra region of Gujarat. A large majority of them were from historically marginalized groups.

2.1.2 Categories of ISMW: Seasonal migrants dominated the low-paying and hazardous jobs in informal and unorganised sector such as construction, hotel, textile, manufacturing, transportation, services and domestic work. The female presence was limited to certain specific sectors such as jewellery work and brick kilns. As is evident from Table 2.3, the categories of interstate migrant workers are varied between four States covered by the survey. In Delhi, respondents covered by our sample survey worked in construction workers (15%), trading activities such as hotel, restaurant, shops, wholesale and retail markets and street vending (17%) and factory workers in organized sectors such as Textiles and Chemicals (7%). Some of them were rickshaw pullers and rag pickers (11%). In Gujarat, our respondents included interstate migrant labourers worked in agricultural sector (4%), brick kilns, diamond cutting and jewellery work(7%) and textile manufacturing(10%). In Haryana, many of them were in construction and manufacturing sector. Some of them were engaged in construction sector also. In Maharashtra, some of them were in construction, manufacturing, agriculture, hotel and restaurants.

Table 2.3

Occupation of Interstate Migrant Workers Covered by Survey

Occupation of ISMW covered	ISMW in Delhi		ISMW in Gujarat		ISMW in Haryana		ISMW in Maharashtra	
	Number	%	Number	%	Number	%	Number	%
Construction workers	60	15	84	21	88	22	92	23
Factory workers in organized sectors such as Textiles and Chemicals	28	7	40	10	28	7	28	7
Factory workers in unorganized sector (include Artisans, workers / welding units, automobile workshops/ other workshops)	32	8	44	11	16	4	24	6
Trading activities such as hotel, restaurant, shops, wholesale and retail markets and street vending	68	17	44	11	60	15	60	15
Agriculture workers such as farming operations, sugarcane cutters, salt pans, cotton ginning)	4	1	16	4	20	5	12	3
Jewelry works, brick kilns, salt making, stone quarrying, Diamond cutting	4	1	28	7	8	2	8	2
Work with security agency as security guards	48	12	48	12	40	10	52	13
Rickshaw pullers, E – Rickshaw drivers, rag pickers	44	11	20	5	8	2	20	5
Domestic Workers	44	11	40	10	56	14	48	12
Daily wage workers with Television and film industry and e-commerce companies including delivery boys	20	5	16	4	12	3	28	7
Other Daily wage workers such as Plumbers, electricians and painters)	48	12	20	5	64	16	28	7
Total	400	100	400	100	400	100	400	100

Source: Primary Data

2.1.3 Women Migrant Workers and Migrant Children: Women informal workers are mainly domestic workers or do informal work in factories.

2.1.4 Family Members of ISMW: About 27 percent of migrant workers covered by our survey were single without family members and the remaining was with spouse and children.

2.1.5 Highlights of ISMW Hotspots: In South West Delhi and North East Delhi, a large number of migrant workers are engaged as labourers in wholesale markets. Many of them worked at factories making cell phone accessories, tailoring units, at electrical fitting factories and the dyeing units. Ahmadabad and Surat have high concentration of migrant workers. Ahmedabad is an important economic and industrial hub. In State of Haryana, Karnal and Gurugram have large number of migrant workers and several of them works in farmlands, factories, shops and construction sites. In Maharashtra, Pune and Mumbai have several places where migrant are concentrated. In Mumbai, most of them lives in slums several of them in construction industry and in road and railway construction work. Dharavi is considered to be one of the world's largest slums. Other areas of Mumbai include Cross Maidan, which is near the Churchgate station in South Mumbai, Indira Nagar of Shivaji Nagar, a resettlement site near Mint colony and Chembur and Virar. In Pune there are a large number of construction sites where migrant workers have concentrated.

2.1.6 ISMW's Period of Stay in Host States: Interstate migrant labourers' period of stay in host States is reported in Table 2.4. In the field survey 38% of ISMW in Delhi were found to be working for the last 3 to 4 years. Another 24.5% were found to be working for the last 2 to 3 years. In Gujarat, 22.25% of ISMW were found to be working for the last 2 to 3 years. Another 18% we found to be in the last 3 to 4 years. 24.75% of ISMW in Haryana were found to be working for the last 2 to 3 years. 16.25% we found to be working for the last 3 to 4 years. In Maharashtra, 24.25% were found to be working for the last 2 to 3 years and 23% were found to be working for the last 3 to 4 years. In all the four States, two types of migrants were found i.e., those who came temporarily and those who stay host State for a longer duration or even permanently. It may be noted that Seasonal and Temporary migration extends for a periods of between six to eight months once a year, migration for other unorganized sector tends to be of

long duration and take place for 10-11 months a year. Distress migration appears to be a reality in all the four States covered by the survey.

Table 2.4

Interstate Migrant Workers: Period of Stay in Host States

Duration of stay in host States	Delhi		Gujarat		Haryana		Maharashtra	
	Number of Responses	%	Number of Responses	%	Number of Responses	%	Number of Responses	%
Up to 3 months	12	3	22	5.5	10	2.5	21	5.25
Up to 6 months	15	3.75	30	7.5	40	10	27	6.75
Up to 9 months	19	4.75	90	22.5	65	16.25	80	20
Up to 1 year	21	5.25	60	15	82	20.5	67	16.75
2-3 years	98	24.5	85	21.25	99	24.75	97	24.25
3-4 years	152	38	72	18	65	16.25	92	23
4-5 years	63	15.75	30	7.5	21	5.25	10	2.5
Above 5 years	20	5	11	2.75	18	4.5	6	1.5
Total	400	100	400	100	400	100	400	100

Source: Primary Data

2.1.7 Preference for Inters State Migrant Workers than Local Workers: Employers in host States prefer cheaper labour migrant workers from North and East India as they are ready to work in poor working and living conditions. Wage rate for ISMW is slightly lower than rate in the local labour market. They demand wages much lower than local labourers. The migrant workers are more punctual, dedicated and hard-working as they also do not leave for home State frequently.

2.2 Violations of Social Security and Health Rights of ISMW

2.2.1 Broad Areas of Human Rights Violations: As is presented in Fig 2.3, several forms human rights violations against interstate migrant workers are reported. These are poor access to health services, poor access to social protection, poor access to education services, poor access to housing and sanitation, poor access to food, water and other utility services. There are clear evidences of poor access to health services for migrant workers in the all four States. Interstate migrant workers faced difficulties in the host States mainly due to the limited enforcement of existing rules, limited knowledge and awareness about the government schemes, absence of social protections, poor access to limited available social security schemes, poor

access to public distribution system, poor housing and sanitation, irregular or no access to utility services/ basic services, occupational hazards, inadequate safeguards and high risk at worksites.

Fig 2.3
Areas of Human Rights Violations



2.2.2 Social Security and Health of ISMW- Human Rights Violations in Four States:

Various types of human rights violations reported by interstate migrant workers during our field survey is presented in Table 2.5. It has revealed that 84% of respondents from Delhi do not have proper accommodation or poor quality of accommodation. About 72.3% respondents have reported inadequate safeguards or high risk. A considerable section of ISMW- 62 % in Delhi,

65% in Gujarat, 61% in Haryana, 69% in Maharashtra- have reported non- provisioning of entitlements of government schemes. It is found that 51.2% in Delhi, 53% in Gujarat, 56% in Haryana and 55% in Maharashtra of ISMW have poor access to available schemes and services due to the lack of information and language barriers. It is interesting to note that a large number of ISMW in Maharashtra (52.5%) and Haryana (49%) have reported ill treatment of local labourers against 25% in Delhi and 27% in Gujarat. It is a matter of serious concern that a significant number of ISMW in all four States have reported long working hours and absence of leisure time and entertainments. Another serious concern is there poor social interaction and lack of integration with the local community in all the four States. There is a State level variations in respect of access to health care services for interstate migrant workers. About 55% of ISMW in Maharashtra and 45% in Gujarat have limited access to health care services against 17% in Delhi and 29% in Haryana. A small section of interstate migrant workers in Delhi (12%) and Haryana (18%) have reported ill treatment and discrimination of employer against 39% in Maharashtra, 32% in Gujarat. About 43.5% of interstate migrant workers in Maharashtra and 19% in Gujarat have suffered from exploitation of migrant workers by middleman/ agents and the resultant low wage against 12% in Delhi and 13.5% in Haryana.

Table 2.5
Social Security and Health of Interstate Migrant Workers and Human Rights Violations:
State wise

Types of Violations	Delhi		Gujarat		Haryana		Maharashtra	
	Number of Responses	%	Number of Responses	%	Number of Responses	%	Number of Responses	%
Absence of proper accommodation/ Poor quality of accommodation	336	84	324	74	324	81	356	89
Inadequate safeguards / high risk at worksites	289	72.3	292	73	304	76	308	77
Non-Provisioning of entitlements of government schemes	248	62	260	65	244	61	276	69
Poor access to available schemes and services due to the lack of information and language barriers	204	51.2	212	53	224	56	220	55
Distress from ill treatment of local laborer	100	25	108	27	196	49	210	52.5
Long working hours	192	48	208	52	212	53	218	54.5
Absence of leisure time/ entertainment	156	39	152	38.2	162	40.5	170	42.5
Poor social interactions and lack of integration with the local community	154	38.5	156	39	158	39.5	206	51.5
Limited access to health care services	68	17	180	45	116	29	220	55
Distress from ill treatment and discrimination of employer	48	12	128	32	72	18	156	39
Exploitation of migrant labourers by middleman/ agents and the resultant low wage	48	12	76	19	54	13.5	174	43.5

Source: Primary Data

Note (1) Multiple Response Questions

Note (2): A significant number of ISMW are unaware of their problems, especially the long working hours and lack of leisure or entertainment. ISMW, mostly young and without family members in host States prefer to work overtime and earn maximum amount of salary

2.2.3 Prejudices, Discriminations and Social Exclusion: Interstate migrant workers have been facing different forms of prejudices and discriminations. Various forms of prejudices and discrimination of migrant workers are reported from all the four States covered by the survey. The results of the field survey in respect of these prejudices and discriminations are presented in Table 2.6. According to 93.5% of respondents in Delhi, 90% in Gujarat, 87% in Haryana and 89% in Maharashtra local people believe migrant labourers are polluting the environment by dumping wastes in public places. About 32.5% of respondents in Delhi, 31% in Gujarat, 35% in Haryana and 33% in Maharashtra stated that local people are sceptical about the increasing petty crimes committed by the migrant workers. According to 92.5% of respondents in Delhi, 87% in Gujarat, 86% in Haryana and 90.5% in Maharashtra local people consider migrant labourers as outsiders and do not treat them as equals in the society. About 57% of respondents in Delhi, 65% in Gujarat, 59% in Haryana and 69% in Maharashtra reported that employers discriminate interstate migrant workers in the labour market in respect of wages and accommodation.

Local people consider interstate migrant workers as outsiders and they are under the impression that migrant laborers are polluting the environment. Employers discriminate interstate migrant workers in the labour market in respect of wages and accommodation. A section of migrant workers usually keep away from direct communication with the native people and most of them speak only in mother tongue, and hence interactions with the locals are quite restricted. The total insularity of migrant workers from the local population and the absence of social integration with the local community are areas of concern. Petty crimes by the migrant workers are the other concern of local community. Local people are very sceptical about movements of the migrant workers. A feeling of insecurity is prevailing among the locals. Also, the recruitment agents appear to have close links with construction and real estate mafia and underworld operators. The local community has a lot of apprehensions about migrant workers. A large number of local people made expressions of fear and apprehension about the migrant labourer in respect of crime and health. There are a few cases of crime with the involvement of migrant workers. Hence local community considers them as a threat to law and order in the locality.

Table 2.6

Interstate Migrant Workers: Forms of Prejudices and Discriminations

Forms of Prejudices/ Discriminations	Responses of ISMW in Delhi		Responses of ISMW in Gujarat		Responses of ISMW in Haryana		Responses of ISMW in Maharashtra	
	Number	%	Number of Responses	%	Number of Responses	%	Number of Responses	%
Local people believe migrant labourers are polluting the environment by dumping wastes in public places. Migrant labourers are accused of dumping food and other wastes into common land and rivers/canals thus polluting the environment	374	93.5	360	90	348	87	356	89
Local people consider migrant laborers as outsiders and do not treat them as equals in the society. Social exclusion of ISMW a reality	370	92.5	348	87	344	86	362	90.5
Employers discriminate ISMW in the labour market in respect of wages and accommodation. A significant number of ISMW do not have much complaint about the wage discrimination as the current wage is quite attractive to them compared to the home State	228	57	260	65	236	59	276	69

Source: Primary Data

Note:(i). Responses of three categories of responders are included : A total of 2800 respondents –ISMW, Local Labourers and Employers have indicated various forms of prejudices and discriminations. These are presented under five broad heads

(ii).Multiple Response Questions and the total number of respondents are 2800

2.2.4 Unsafe and Unhealthy Working Environment for ISMW: It is found several cases of violations of Human rights of migrant workers to a safe and healthy working environment in all

the four States covered by the survey. Compared to local workers, migrant workers have poorer health profiles, high morbidity rate and a higher risk of occupational injury. Migrant workers often do not have access to proper health check-ups. Cross-border movements can lead to the vulnerability of migrants to communicable diseases. A section of migrant female workers have a higher prevalence of nutritional deficiencies and poor access to reproductive health services in comparison with local laborers. As a result of intense and daily exposure to toxic air, a section of interstate migrant workers, especially female migrant workers, suffer from asthma, cancer and reproductive health complications. Limited safety information, small or poorly ventilated workspaces and long hours of exposure to the toxic air are reported from factories in all the four States.

2.2.5. Long Working Hours: Working hours of migrant labourers are in the range of 8-14 hours and they work for 6 days in a week. They do not have much time for entertainment while just a small section of migrant labourers gets relaxation and entertainment. About 15 percent stays in their rooms watching movies on television as other forms of entertainments are reported by just 8 percent. Workers protection, like normal working hours and scheduled breaks are not being granted and in many cases migrant workers may have to work for long hours without any break affecting their health adversely.

2.2.6 High Risk in Construction and Manufacturing Sectors: As is presented in Table 2.7, considerable section of migrant workers in the construction sector meet with accidental death every month. Inadequate safeguards and absence of insurance coverage are the common problems in the construction sector. There is no proper reporting of death of migrant workers due to the difficulties in identification and lack of identity documents. It is found that some contractors had given wrong information to the relatives after the accidental death in the work site. In some cases, dead bodies were not even sent to their native place as there is a nexus between contractors/agents and a few private medical colleges. It is reported that an unclaimed dead body is sold to private medical colleges for about Rs. 2-3 lacs. The poor financial situation of relatives is also responsible for the non-claim of dead bodies. The results of our field survey indicate that death rate of interstate migrant workers in host States is on a higher side. As is reported in Table 2.7, the result of our field survey shows that 5 person in Delhi, 7 persons in Gujarat, 6 person in Haryana and 8 persons in Maharashtra died in construction sector. It is found that two persons in Delhi, three persons in Gujarat, four persons in Haryana and three

persons in Maharashtra committed suicide. A monthly death rate of interstate migrant workers in Delhi was 43 persons against Gujarat 35, Haryana 14 persons and Maharashtra 38 persons.

Table 2.7
Monthly Death Rate of Interstate Migrant Workers in Host States

Nature of Death of ISMW	Delhi		Gujarat		Haryana		Maharashtra	
	No of persons per month	%	No of persons per month	%	No of persons per month	%	No of persons per month	%
Accidental death rate in construction sector	5	11.63	7	20	6	14.64	8	21.07
Suicide	2	4.65	3	8.57	4	9.75	3	7.89
Death caused by Stomach related diseases	12	27.91	6	17.15	11	26.83	9	23.68
Death due to heart ailment/heart attack	9	20.93	5	14.28	7	17.08	6	15.78
Others	15	34.88	14	40	13	31.70	12	31.58
Total	43	100	35	100	41	100	38	100

*Sources: (i) Primary Data (ii) Various Medical Colleges/ Government Hospitals in Four States
Note: COVID-19 related deaths are not included*

2.2.7 Factory Premises Exposed to High Risks: In all the four States, several factories operate with interstate migrant workers. These migrant workers are given accommodated in labor camps. However, several of them work and sleep in the factory premises itself. There are no safety measures, especially fire safety. In the last few years, a few cases of death of several interstate migrant workers after massive fire in the factory in Delhi.

2.2.8 Exploitation by Agents: The exploitation of migrant labourers by middlemen/agents has reduced the wage income of migrant labourers. It is reported that a considerable number of migrant laborer, at the time of leaving the home State, had agreed to work at a lower wage than the amount offered by the employer. The difference between the wage offers by the employer

and wage agreed by the labourer is taken away by the middleman or agents. Exploitation and cheating by agents have resulted in paying of low salary to about 17 percent of migrant workers covered by the survey. It is reported that they are unhappy with the agents as they are given less salary causing severe financial distress. It is also found that about 18 per cent of migrant workers are not given minimum wages.

2.2.9: Violations of Human Rights of Migrant Mothers and Children and Family Members of Interstate Migrant Workers

The migrant children, pregnant women and young mothers do not get the benefits of various government programmes. There are clear directives of the Ministry of Women and Child Development to the State Governments to extend ICDS program to the migrant population living in the vicinity of the worksite. It is reported that the migrant pregnant women, infant and young mothers usually discontinue pre-schooling, immunization. About 32 percent of respondents have reported that they do not take home ration, supplementary nutrition food, growth monitoring, integrated mothers care, care during pregnancy in their place of living. According to 38 percent of respondents Anganawadi Service is not available at the worksite places. It is pertinent to understand that some of migrant workers are working under contractors and some under non-contract basis. As such, the labourers who are not under any contract do not receive any benefits or incentives. In fact, they are deprived from all social welfare programs.

Builders, by and large, do not reveal the exact number of women workers, though they are obliged to report the figure to the government department. Women interstate migrant workers face several discriminations. Even though their working hours are equal to male, they are paid less than male migrants. It is significant to note that they enjoy no maternity leave, other maternity entitlements, or breast-feeding breaks at worksites. It is a matter of serious concern that lack of access to proper sanitation has serious health consequences to women labourers. They suffer in silence because of the stigma around women's personal hygiene issues. According to the field survey, 68 per cent of women covered by our survey do not have access to toilets as they live in slums or squatter settlements. In the absence of toilets, women are forced to defecate in the open. There is an urgent need to ensuring women's right to basic sanitation and health.

The migrant children spend half of their life in a work site with their family, often being excluded from all basic entitlements and services like food and nutrition, health and education. At the worksite there are hazardous living conditions, unhygienic environment. Absence of relevant services such as Mobile crèches, early childcare services, initiatives for pre-school education and school education for children of interstate migrant workers are reported from worksites. It is important to reduce health risks such as malnutrition and anaemia remain prevalent among migrant children and adolescent girls. The prevailing practice of getting interstate migrant workers' children inducted as child labour at worksites should be prevented.

2.2.10 Unhealthy Construction Sites: Majority the Construction Sites covered by the survey in all the four States were found unhealthy. On an average, about 20-30 children and up to 30-40 women were found at a construction site. They have been living without adequate facilities required by labour laws. Their living conditions are poor without basic amenities to maintain the standard of living. The construction sites create breeding grounds for various vectors and unprotected laborers act as potential baits. There is a need for ensuring a dignified life for interstate migrant workers. First Aid facility at the worksite is essential as minimum safety norms. But this is not being adhered. According to 108 respondents covered by our survey that first aid facility was not available at the worksite. However, 5 respondents reported that first aid kit was available. Engagement of children in the worksite was reported from a few worksites.

2.2.11 Health Problems- The Morbidity Pattern of ISMW: Our survey results have reported the pattern of health problems among migrant workers. As is evident from Table 2.8, about 16% to 19% of migrant workers in four States have suffered from asymptomatic fever in the last one year. About 5% to 9% of migrant workers in four States suffered from respiratory infections. About 5% to 8% of migrant workers in four States suffered from injuries. About 10% to 13% of migrant workers in four States suffered from musculoskeletal problems. About 8% to 13% of migrant workers in four States suffered from skin problems. About 26% to 28% of migrant workers in four States suffered from gastro intestinal problems. Ophthalmology Morbidity suffered by 7% to 9 % of migrant workers and hypertension suffered by 15% to 18% of migrant workers in four States. About 14% to 20% of migrant workers in four States suffered from addiction to tobacco. About 18% to 22% of migrant workers in four States suffered from addiction to alcohol.

Table 2.8
Interstate Migrant Workers: Pattern of Health Problems

Morbidity profile	Responses of ISMW in Delhi		Responses of ISMW in Gujarat		Responses of ISMW in Haryana		Responses of ISMW in Maharashtra	
	Number	%	Number	%	Number	%	Number	%
Asymptomatic Fever	76	19	72	18	64	16	68	17
Suspected malaria	0	0	0	0	0	0	0	0
Respiratory infections	36	9	24	6	20	5	32	8
Injuries	20	5	24	6	28	7	28	8
Musculoskeletal Problems	52	13	48	12	44	11	40	10
Skin Problems	48	12	52	13	32	8	44	11
Gastro Intestinal Problems	104	26	108	27	116	29	112	28
Urinary Infections	8	2	0	0	12	3	0	0
Ophthalmology Morbidity	36	9	32	8	36	9	28	7
Hypertension	64	16	72	18	76	19	60	15
Addiction to tobacco in any form	56	14	76	19	72	18	80	20
Addiction to Alcohol	84	21	72	18	76	19	88	22

Source: Primary Data

*Note: (i) Multiple Response Questions
(ii) COVID-19 cases are not covered*

2.2. 12 Poor Housing and Sanitation

Most of interstate migrant workers could not afford renting a room in the cities of all the four States because of their low earnings. Their living conditions are miserable. About 62 percent of interstate migrant workers in Mumbai were found living in slums. Several cases of 10x10 or 10x12 rooms where 80-85 persons were accommodated in these slums. Interstate migrant workers stay in cramped living spaces. In Mumbai's Dharavi, Asia's biggest slum is a densely populated slum of 850,000 people has the highest concentration of interstate migrant workers in

Mumbai. It is found that seasonal migrant workers have carved spaces for themselves in Ahmedabad. Their choices are varied between rented rooms, open spaces, slums, pavements and worksites. The most vulnerable interstate migrant workers are homeless, off-site settlements, that is, pavements and street edges, under flyovers and bridges.

The pattern of their accommodation is reported in Table 2.9. It is important to note that a small section of migrant workers in three States could not get any accommodation in the host States. It is found that 5 migrant workers in Delhi, 2 in Gujarat and 6 in Maharashtra were found sleeping on pavements. A significant section of migrant workers were given accommodation in labour camps provided by the contractor ie, 41.25% in Delhi, 36.25% in Gujarat, 34% in Haryana and 33% in Maharashtra. The largest section of interstate migrant workers were found living in rented room sharing accommodation ie, 43.75% in Delhi, 49.75% in Gujarat, 46.25% in Haryana and 47.25% in Maharashtra. A small section of migrant workers (5% in Delhi, 4.75% in Gujarat, 7.75% in Haryana and 10.25% in Maharashtra) were found living in rented house sharing. A miniature section of interstate migrant workers (6.25% in Delhi, 4.5% in Gujarat, 7.25% in Haryana and 5.5%) in Maharashtra were found living in rented independent house sharing. Another small section of migrant workers (2.5% in Delhi, 4.25% in Gujarat, 4.75% in Haryana and 2.5%) in Maharashtra were found living in owned independence house.

Table 2.9
Housing of Interstate Migrant Workers: Pattern of Accommodation

Pattern of Accommodation	Responses of ISMW in Delhi		Responses of ISMW in Gujarat		Responses of ISMW in Haryana		Responses of ISMW in Maharashtra	
	Number	%	Number	%	Number	%	Number	%
No houses: Sleeps on Pavements	05	1.25	02	0.5	0	0	6	1.5
Labour Camps provided by the contractor	165	41.25	145	36.25	136	34	132	33
Rented room sharing	175	43.75	199	49.75	185	46.25	189	47.25
Rented house sharing	20	5	19	4.75	31	7.75	41	10.25
Rented independent house sharing	25	6.25	18	4.5	29	7.25	22	5.5
Owned independent house	10	2.5	17	4.25	19	4.75	10	2.5
Total	400	100	400	100	400	100	400	100

Source: Primary Data

2.2.13 Poorly Maintained Labour Camps

As is evident from Table 2.10 labour camps comprises of 7 patterns. These are i) temporary sheds without any rooms or attached kitchen or toilets (katcha building), ii) single room sharing without toilet/without kitchen (pacca building), iii) single room sharing with toilet facilities (pacca building), iv) single room sharing room with kitchen facilities (pacca building), v) house sharing-single room accommodation with toilet facilities (more than one room) (pacca building), vi) house sharing-single room with kitchen facilities (more than one room) (pacca building) and vii) independent house with toilets and kitchen (pacca building). The highest percentage of labour camp is the 1st category as reported by migrant workers in Delhi (45.5%), Gujarat (43.5%), Haryana (48.5%) and Maharashtra (54.5%). A labour camp, set up by a private construction company, for housing over 200 migrant workers in a District of Haryana is in a pathetic condition. The labour camp was maintained in extremely unhygienic conditions. It is significant to note that health and safety parameters are not followed by the company. There was no proper drainage system. About 20 migrant workers were accommodated in a room meant for just 6 people. District Administration needs to take appropriate steps to ensure that safe living conditions are provided in the labour camp.

Table 2.10
Pattern of Labour Camps of Interstate Migrant Workers

Pattern of Accommodation	Responses of ISMW in Delhi		Responses of ISMW in Gujarat		Responses of ISMW in Haryana		Responses of ISMW in Maharashtra	
	Number	%	Number	%	Number	%	Number	%
Temporary sheds without any rooms or attached kitchen or toilets (katcha building)	75	45.5	63	43.50	66	48.53	71	53.79
Single room sharing without toilet/without kitchen (Pacca building)	39	23.5	33	22.5	22	16.18	33	25
Single room sharing with toilet facilities (Pacca building)	12	7	14	9.5	13	9.56	7	5.3
Single room sharing room with kitchen facilities (Pacca building)	12	7	14	9.5	12	8.82	7	5.3

House sharing- Single room accommodation with toilet facilities (more than one room) (Pacca building)	14	8.5	15	10.5	14	10.29	5	3.79
House sharing- Single room with kitchen facilities (more than one room) (Pacca building)	10	6.5	4	3	6	4.41	5	3.79
Independent House with toilets and kitchen (pacca building)	3	2	2	1.5	3	2.21	4	3.03
Total	165	100	145	100	136	100	132	100

Source: Primary Data

Note: Labour Camp is arranged by the Employer. Accommodation is either on payment of monthly rent or rent free as a part of contract with the employee

2.2.14 Poor Access to Health Service for ISMW and Families

Several barriers for interstate migrant workers in access to public health services are reported in Table 2.11. It is found that lack of confidence for accessing the health services and fear of the system is highlighted as the major barriers. About 32% of migrant workers in Delhi, 42% in Gujarat, 30% in Haryana and 41% in Maharashtra reported lack of confidence for accessing the health services. About 12% of migrant workers in Delhi, 22% in Gujarat, 13% in Haryana and 37% in Maharashtra reported local language problems. About 5% of migrant workers in Delhi, 4% in Gujarat, 3% in Haryana and 4% in Maharashtra reported blind belief / cultural bias which often impedes health seeking behaviour among interstate migrant workers. About 26% of migrant workers in Delhi, 39% in Gujarat, 25% in Haryana and 42% in Maharashtra reported lack of awareness about provision of health facilities and 20% of migrant workers in Delhi, 35% in Gujarat, 45% in Haryana and 52% in Maharashtra reported financial problems.

Table 2.11**Access to Public Health Services for Interstate Migrant Workers: Barriers**

Barriers	Responses of ISMW in Delhi		Responses of ISMW in Gujarat		Responses of ISMW in Haryana		Responses of ISMW in Maharashtra	
	Number	%	Number	%	Number	%	Number	%
Lack of confidence for accessing the health services / fear of the system	128	32	168	42	120	30	164	41
Local language problem	48	12	88	22	52	13	108	27
Blind belief / cultural bias	20	5	16	4	12	3	16	4
Long distance from hospitals	48	12	88	22	108	27	116	29
Lack of awareness about provision of health facilities	104	26	156	39	100	25	168	42
Financial problems	80	20	140	35	180	45	208	52

Source: Primary Data

Note (i) Multiple Response Questions

2.2.14 Lack of Identity Cards and Registration Documents: The availability of identity documents of migrant workers is reported in Table 2.12. It is interesting to note that a large number of migrant workers have valid identity documents. About 93% in Delhi, 89% in Gujarat, 87.5% in Haryana and 80% in Maharashtra have valid identity documents. However, it is a matter of serious concern that a small section of migrant workers were found to be struggling without valid identity documents.

Table 2.12
Availability of Identity Documents with Interstate Migrant Workers

	Responses of ISMW in Delhi		Responses of ISMW in Gujarat		Responses of ISMW in Haryana		Responses of ISMW in Maharashtra	
	Number	%	Number	%	Number	%	Number	%
Persons with valid id	372	93	356	89	350	87.5	320	80
Persons Without valid id	28	7	44	11	50	12.5	80	20
Total	400	100	400	100	400	100	400	100

Source: Primary Data

Note: A section of ISMW has more than one ID

Address given in identity documents of interstate migrant workers is reported in Table 2.13. Out of 372 migrant workers in Delhi 210 have valid identity cards with valid id issued at address in home State only. Similarly, 232 out of 356 migrant workers in Gujarat, 205 out of 356 in Haryana and 178 out of 356 in Maharashtra have with valid id issued at address in home State only. It is important to note that 53 migrant workers in Delhi, 36 in Gujarat, 58 in Haryana and 34 in Maharashtra have different ids issued at address in both home and host States.

Table 2.13
Address of Identity Documents of Interstate Migrant Workers

	Responses of ISMW in Delhi		Responses of ISMW in Gujarat		Responses of ISMW in Haryana		Responses of ISMW in Maharashtra	
	Number	%	Number	%	Number	%	Number	%
Persons with valid id issued at address in home State only	210	56.45	232	65.17	205	58.57	178	55.62
Persons with valid id issued at address in host State only	109	29.30	88	24.72	86	24.57	108	33.75
Persons with different ids issued at address in both home and host States	53	14.25	36	10.11	59	16.86	34	10.63
Total	372	100	356	100	350	100	320	100

Source: Primary Data

As reported in Table 2.14 Aadhar card is the main identity document of migrant workers in Delhi (88%), Gujarat (84%), Haryana (79%) and Maharashtra (78%). A small section of migrant workers are issued voter ID card in Delhi (16%), Gujarat (15%), Haryana (17%) and Maharashtra (9%). This is a proof of low political participation of ISMW in the country.

Table 2.14
Types of Identity Documents of Interstate Migrant Workers

	Responses of ISMW in Delhi		Responses of ISMW in Gujarat		Responses of ISMW in Haryana		Responses of ISMW in Maharashtra	
	Number	%	Number	%	Number	%	Number	%
Aadhaar	352	88	336	84	316	79	312	78
Voter ID	64	16	60	15	68	17	36	9
PAN Card	0	0	0	0	0	0	0	0
Others(Issued by SDM, Local government, State departments such as Health and Labour)	36	9	16	4	24	6	20	5
Total ID holders	372	93	356	89	350	87.5	320	80
Without ID Cards	28	7	44	11	50	12.5	80	20

Source: Primary Data

Multiple Response Questions

It is found that some of the employers do not register them with labour department to escape from liabilities and reduced employer benefits. This causes harm to migrant workers. It is for the interest of all the stakeholders -migrant labourers, employer, local community and State government- we should get all migrant workers registered. It is a matter of concern that many employers and labourers are not inclined to get registered with any firm, institution or organization of host States. Some of the trade unions in host States have taken certain initiatives to address these problems. In the absence of documentary proof of identity and local residence, regulations and administrative procedures exclude migrant workers from access to legal rights, public services and social protection programmes. Migrant workers faced barriers in accessing subsidised food, housing and banking services. According to 52 percent of migrant workers covered by the survey, they were often treated as second-class citizens. The forgoing analysis clearly indicates that migrant labourers in the four States were confronted with a wide range of problems such as non- provisioning of entitlements of government schemes, poor access to

available schemes and services, inadequate safeguards and high risk in construction sector, poor quality of accommodation, long working hours, limited access to health care services and social exclusion. They had poor access to health services, which results in very poor occupational health.

Chapter: 3

Violations of Right to Social Protection and Health of Interstate Migrant Workers during COVID-19 Lockdown

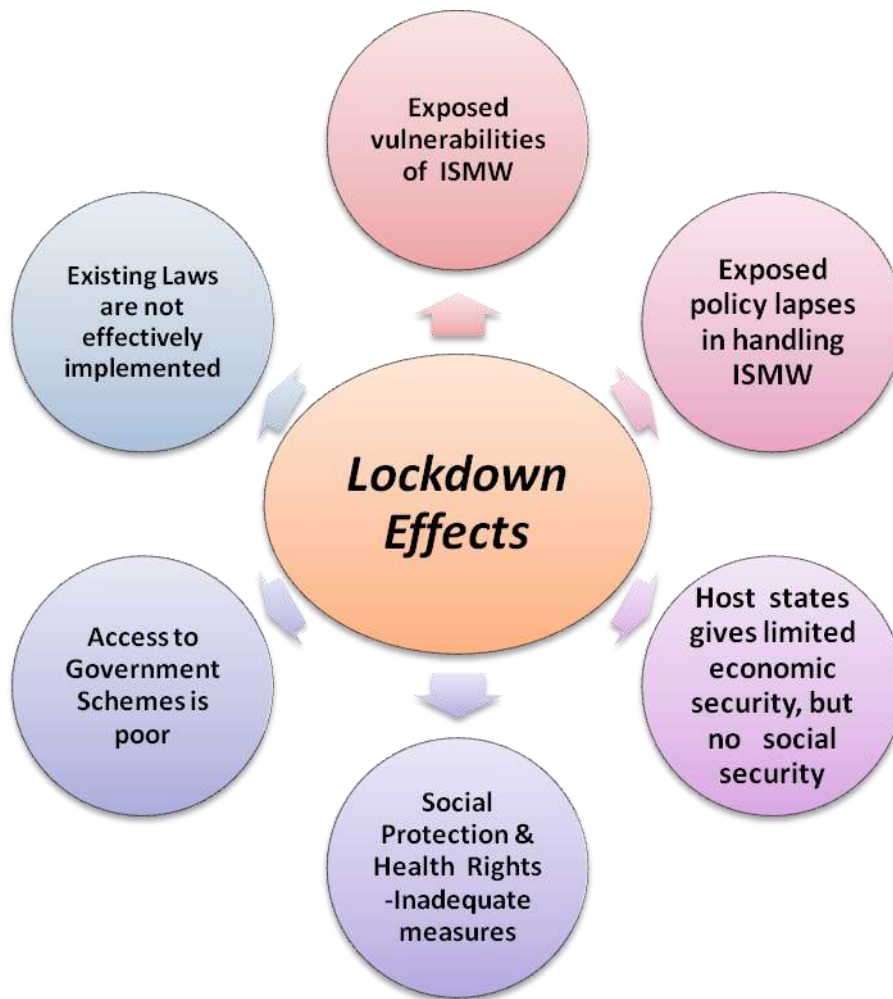
In India, a complete lockdown was first imposed for 21 days from 25 March 2020 onwards by invoking the Disaster Management Act (DMA), 2005. Subsequently, the lockdown was extended in different phases. Within the institutional framework of the DMA Act, the COVID-19 management was implemented through a centralised approach with the involvement of State and District Administrations. In fact, it was during this period vulnerabilities of migrant workers were greatly exposed. In this chapter, we discuss different kinds of violations of social protection and health rights of interstate migrant workers during COVID-19 lockdown period. A few individual experiences of interstate migrant workers at COVID-19 shelters homes and Labour Camps during lockdown period are also presented. We also cover lessons for policy interventions.

3.1. Effects of COVID-19 lockdown on Migrant Workers

As is presented in Fig. 3.4, COVID-19 lockdown had exposed vulnerabilities of interstate migrant workers in all the four States covered by our survey. It was a clear evidence of policy lapses in handling migrant workers. Even though host States gives limited economic security, they do not provide any social security to migrant workers. It is now clear that adequate measures are not yet taken to provide social protection to them. Moreover, their access to existing government schemes is poor. It is a matter of serious concern that existing laws relevant for interstate migrant workers are not effectively implemented.

Fig 3.4

ISMW: Effects of COVID-19 lockdown



3.2 Loss of Livelihood and Health Crisis

The abrupt announcement of the lockdown led to shut down of factories, hotels and other businesses leaving millions of interstate migrant workers in a precarious condition. Small industries, factories, offices, malls, shops and construction sites were closed and a large number of migrant workers were rendered vulnerable without their daily wages or access to nutrition and basic services. Several domestic workers were removed by house owners to prevent the transmission of disease. As is evident from Table: 3.15, during COVID-19 lockdown period about 39 percent of migrant workers covered by our survey in Delhi were removed from jobs or

completely lost livelihood against 38 percent in Gujarat, 31 percent in Haryana and 42 percent in Maharashtra. About 31 percent of migrant workers covered by our survey in Delhi were found continuing their job or livelihood Activities with reduced salary/ income, with less number of days of employment against 30 percent in Gujarat, 36 percent in Haryana and 41 percent in Maharashtra.

Table: 3.15
COVID-19 lockdown: Loss of Job/ Livelihood

	Responses of ISMW in Delhi		Responses of ISMW in Gujarat		Responses of ISMW in Haryana		Responses of ISMW in Maharashtra	
	Number	%	Number	%	Number	%	Number	%
Removed from Job /Livelihood completely lost	156	39	152	38	124	31	168	42
Continuing the job/ livelihood Activities with reduced salary, income, less number of days of employment	124	31	120	30	144	36	164	41
Continuing the job/ livelihood Activities without any change	100	25	120	30	132	33	60	15
Continuing the job/ livelihood Activities with more income	20	5	8	2	0	0	8	2
Total	400	100	400	100	400	100	400	100

Source: Primary Data

Note: (i) Data collected from respondents from various spots including COVID-19 shelter homes and labour camps

(ii) Continuing the job/ livelihood Activities with more income were involved in high health risk activities, especially risk of infecting COVID-19

But the inability of our current system to provide workers means of livelihood, and assure them of shelter and food in their place of work, triggered an exodus. This exodus put enormous

physical strain on workers, caused suffering and deaths, and it undermined every principle of social distancing.

3.3 Stranded ISMW and Massive Movement back to Home States

The lockdown led to an unprecedented humanitarian crisis. In fact, millions of workers and their families were frantically trying to return from their host States to their villages in northern and eastern India. A large number of migrant workers from Delhi, Gujarat, Haryana and Maharashtra were found returning to their villages in home States such as Uttar Pradesh, Bihar, Odisha, West Bengal and Madhya Pradesh after losing their work in wake of the national lockdown that started on 25 March 2020. Interstate migrant workers were not in a position to follow the directions to citizens to stay in host State. The visuals of ill-fated migrant workers walking away from Delhi, Gujarat, Haryana and Maharashtra towards interstate borders are the clear evidences of lack of social protection and access to basic services in these host states. All the four States covered by our study had witnessed migrant workers fleeing lockdown on foot. A massive movement of migrant workers back to their native villages highlighted their difficulties that have accompanied the lockdown. Many landlords forced interstate migrant workers tenants who are unable to pay rent to leave the host States. It was virtually impossible for them to continue in cities amid inflationary times due to sudden disruption in supply chains of essential commodities and commodity scarcities. In fact, they were bereft of savings and social security. Moreover, they were wary of the outsider tag and some of the respondents have even complained about the police harassment. All the four State governments with the support of Government of India had taken several relief measures to reduce the burden of interstate migrant workers during the lockdown. These include temporary accommodation, food, water, etc. In addition, various voluntary agencies and individuals provided different types of help to them. For instance, Stranded Workers Action Network, a group of volunteers provided food and shelter.

3.4 Experience Sharing of Stranded ISMW During Lockdown Period

We have interviewed interstate migrant workers at the locations of relief camps set up for migrant workers. Some of them were interviewed at labour camps. Their economic and emotional compulsions were pushing them to return home. The respondents' shared their experiences during the lockdown. Some of their shocking experiences are presented in Box 3.1, Box 3.2, Box 3.3, Box 3.4, Box 3.5, Box 3.6, Box 3.7, Box 3.8, 3.9 and 3.10. Many of

them were hungry, scared and worried. Since the host State could not look after them several of them had decided to return to their home State as they were surviving on limited relief activities of government and charity of public. In fact, they have contributed significantly by providing wide range of services, building factories and economy. Information collected from distressed workers across the four States reveals their vulnerability due to the lack of social protection and basic services. Thousands of migrants whose livelihoods had collapsed are treated poorly. Sensitive images of hundreds and thousands of migrant workers, walking for miles and miles on highways, with bags on their shoulders, holding children or elderly alongside, waiting for modes for transport to return home, have defined India's neglect of interstate migrant workers. These horrible scenes were the result of their hand-to-mouth existence by depending on low wages to sustain themselves and the absence of any permanent social safety net.

Box 3.1

No Work, No Salary for Interstate Migrant Workers at Construction Sites

Pritam Singh and his wife Aarti, who worked at a construction site in New Panvel, Mumbai came through an agent. During the lockdown period they were told to “stay home”. The middleman handling their work allocation on a daily basis informed them that they would not be paid any wages until they returned to work. They had no savings to meet even daily basic needs.

Box 3.2

No Food No Cash: Survival on Food Distributed by the Government and NGOs

Madan, 32 and his wife Chand Rani from Bihar used to work at a kiln in Haryana's Karnal . Immediately after the announcement of lockdown, they somehow managed to walk to Old Delhi and have lived there since then. Showing her bowl that is meant to feed the couple and their four children she said, "These are rice and dry *pooris*. If we don't get anything, we feed these *pooris* with water to the kids". Migrant workers like them are dependent entirely on food distributed by the government and non-government organisations. They were found worried as distribution centre ran out of food before everybody gets their turn. Thus, some migrant workers could not get food.

Box 3.3

Sleeps in a Parked Auto-rickshaw

In posh New Friends Colony, 62-year-old Subhash Jha, a labourer from Bihar, collects twigs and branches to cook whatever he manages to get. At night, he sleeps in a parked auto-rickshaw. "What to do? We do not have a home. The roads are closed. We cannot go back home either," he said. Post COVID- 19 situation has exposed weak protections of migrant workers and neglect of public health systems.

Box 3.4

Ration Cards from Home State Do Not Qualify for Free Ration in Host State

22-year-old Mehak is a migrant worker from Uttarakhand. Eight days after giving birth in Delhi, Mehak has been eating once every two days. When she gets really hungry, she drinks water. Mehak and her husband Gopal have been earning a living as migrant labourers in Delhi. They are among the thousands pushed to the brink of starvation by the nationwide lockdown. "There is no money, no work. Some people come to distribute food. We are managing with that," added her husband. The couple said they did not even have resources to get to a hospital for their daughter's birth. Extra ration for free was promised under a central scheme, but people like Mehak who have ration cards from another state do not qualify for it without any paperwork.

Box 3.5

Interstate Migrant Workers became Beggars Over night

Ram Sagar is from Bihar walked 5 km to reach a school in Delhi's Majnu ka Tilla where the government was giving out food. He has six children and a wife and they all have to manage with a meagre helping of khichdi in a plastic bag. "We have nothing. When food is distributed, we stand in the queue. But it's all finished by the time our turn comes. The children are not getting milk," he said.

Box 3.6

Bitter Experience for Interstate Migrant Workers who Make Sweet for Karnal

This is a bitter experience for migrant sweet makers of Karnal, Haryana. Lockdown has cost migrant sweet makers in Karnal their livelihood, stuck without any means of transportation, the sweet makers have set for their hometown in Agra on foot. Vijay, a youth migrant worker from Agra says, “I was employed in Karnal for the past four years. I provided sweetmeats at hundreds of marriages but nobody is helping us now. In fact, the District Administrations had warned factory workers and landlords against asking their workers to vacate their homes during lockdown. According to him, there were no appropriate arrangements for setting up medical, stay and food facilities for the migrant workers.

Box 3.7

No Cash, No Food, No Options other than Going Home State

At the Cidco Exhibition Centre in Vashi, which is accommodating 232 migrant workers, Inder Yadav (21), who worked as a mechanic at a garage in Mumbai, said: “Since eateries were shut, we had no option but to leave for Gorakhpur.” He was totally disappointed. “It will be better if the government sends us home in buses. I used to earn Rs 300 a day. Now, we make nothing,” said. The Centre ordered that borders be sealed and that States provide support to migrant workers.

Box 3.8

A Domestic Help without Job and Shelter

Reena, who works as a domestic help in Ahmadabad lost her job. She says “Our landlord has evicted us, saying that we shall contract the disease and will kill them. We have also been thrown out of work.” She has lost all the hope. “Whatever money we had, we have finished” Now we are going back to our village in Bihar by road. We will finish the journey in three days, perhaps four.... but we will reach”. She has decided to go back to her home State.

Box 3.9

Economic and Emotional Compulsions Pushes Interstate Migrant Workers to Return Home State

Ram Kumar Mandal is a labourer in Mumbai from Bihar. He has lost his livelihood, and is worried about his family back home. He is with a group of 23 other migrant workers from the State, struggling with what to do next. “We have no food and no money. We are sitting idle. We cannot get back home and we don’t know how long we can survive like this,” said Mandal. According to him, the labour contractor who had brought them to Mumbai had switched off his phone without answering his distress call. Large number of migrant workers from Bihar, who have got stranded across the country due to lockdown, are making desperate calls for support. Many have begun searching for ways to return home, using whatever they can.

Box 3.10

Interstate Migrant Workers Mortgage Land in Home Village to Purchase Bus Tickets to Home States

Hamidul Manjhi is leaving Delhi for his village in West Bengal's Paschim Medinipur District. "We had to leave as ran out of money, and there was no way to survive. My two brothers in the village took a loan of around Rs 25,000 from a moneylender that they transferred so we could afford the bus tickets. My father is bed-ridden and my mother recently had a paralysis attack. My brothers said she might die any time, and we must reach before it's too late," Manjhi, 35, said on a phone call. He is travelling with his wife, two children, brother, sister-in-law and their two children. They paid Rs. 4,250 each for five seats. Desperate to get home to register for a Shramik Special train, around 250 workers in Shahpur Jat, have spent every last penny they had, and beyond, to hire private buses for their journeys. With private agencies charging upwards of Rs. 4,000 for a seat on a bus to West Bengal, Jharkhand, or Bihar, some had to get loans, while others had to mortgage assets to be able to afford the trip. If one person fell short, another pitched in. Around 250 workers have already left in six buses. All of them were employed in embroidering work at Shahpur Jat, New Delhi. But since the lockdown, there has been no work, and their scant savings have run out. Each bus seated between 70 and 75 people. The family of one of his co-workers, Mafizul, had to mortgage a plot to send him money. "My parents are very worried, because they have nobody to take care of them. This is the harvest time, and I was supposed to be home," said Mafizul, who is also travelling to Paschim Medinipur, with his wife and three children.

3.5 Organised Agitations of Interstate Migrant Workers in Mumbai and Surat

Immediately after the extension of first lockdown to 3 May, 2020 stranded migrant workers became more restless and agitated. A large number of migrant workers gathered at Bandra station in Mumbai demanding to be taken back to their hometowns. Similar protests were held in Gujarat's Surat also. Several migrant workers sat on streets demanding to be allowed to go back home. These migrant workers were under pressure for their livelihood. According to Trade Unions Joint Action Committee in Maharashtra, there were over two million migrants stuck in Mumbai since the 25 March 2020 lockdown. There were clashes between police angry migrant workers both in Mumbai and Surat. Some workers resorted to violence after denied permission to return to their homes. According to Mazdoor Ekta Union in Surat, most of these migrant workers who had run out of cash after losing job and could not go back to their States because public transport - like the Railways - were shut. It is important to note that such agitations indicate a new trend of migrant workers getting organised under trade unions or networks of migrant workers.

3.6 NGOs Relief Work during COVID-19

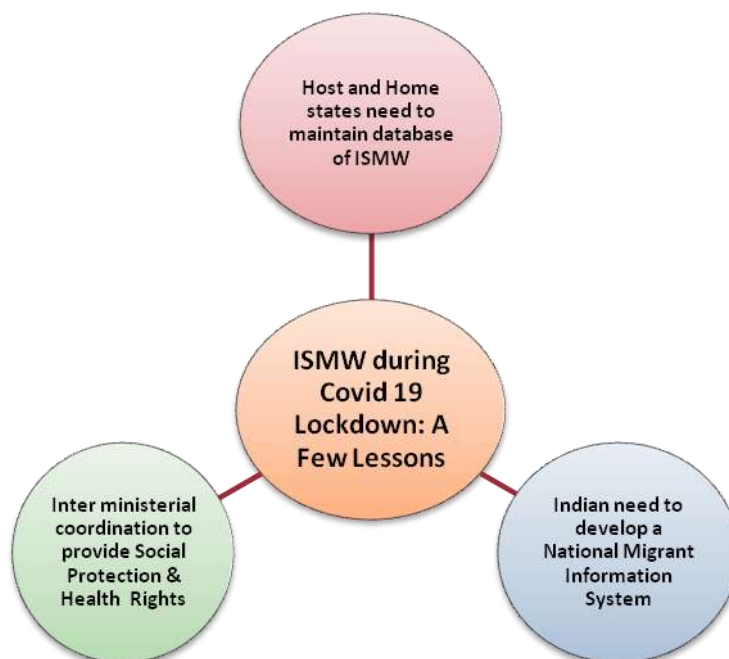
A few dedicated NGOs and Collectives were found working on COVID-19 relief for Inter State Migrant Workers. These include Aajeevika Bureau in Maharashtra and Gujarat, Aid et Action in Delhi, Youth for Voluntary Action, in Maharashtra, Pratham in Gujarat, Jan Sahas in Maharashtra, Haqdarshak in Gujarat, and Delhi, Praxis in Delhi, Quarantined Student Youth Network in Delhi and Maharashtra, Centre for Advocacy and Research Maharashtra, National Alliance Group for Denotified and Nomadic Tribes in Delhi, Vigyan Foundation in Delhi and Haryana, Indo-Global Social Service Society in Maharashtra, Gujarat, Delhi and Haryana, City Makers Mission International in Delhi, The Research Collective in Delhi, CORO India in Maharashtra Mumbai Mobile Creches in Delhi and Maharashtra. In fact, India Migration Now, a research and advocacy group based in Mumbai was involved in the relief co-ordination of various NGOs. It is also interesting to note that, for the first time, Government of India has encouraged NGOs and voluntary organizations, on a large scale, to involve in the COVID-19 relief activities for Inter State Migrant Workers.

3.7 Violations of Rights of Interstate Migrant Workers during COVID-19 Lockdown : Lessons for Policy Interventions

All the four States covered by the study are considered by migrant workers are the place of economic security, but not place of social security. Host States do not provide social security. As is presented in Fig 3.5, we can draw a few lessons from the humanitarian crisis of interstate migrant workers during COVID-19 Lockdown. The first and foremost is the need to develop a National Migrant Information System. In this context, host and home states need to maintain a dynamic database of interstate migrant workers. It is equally important to ensure the inter ministerial coordination to provide social protection and health rights .

Fig 3.5

Humanitarian Crisis of Migrant Workers in COVID-19 Lockdown: A Few Lessons



When Epidemic Diseases Act, India's 123-Year-Old Law, was quite effective to fight the Pandemic, it had exposed policy lapses in addressing the serious problems of interstate migrant workers in India. This contradiction was an eye opener to Central and State governments as well as local government institutions. Migrant workers had to face cascading troubles while District administrations, municipal bodies, panchayati raj institutions and police had to struggle a lot for managing the crisis. To help the distressed workers, Government of India, governments of both host and home states had to take several actions on urgent basis such as arranging transport and other urgent needs. Union home ministry had issued an advisory to state governments to arrange transport and food for migrant workers. District magistrates and superintendents of police were directed to make adequate arrangements for implementation of these directions by the central government.

A three-member bench of the Supreme Court, headed by Justice Ashok Bhushan and comprising Justices SK Kaul and MR Shah, in its order on 9 June 2020 asked all the States and Union Territories to ensure the return of all migrant workers stranded by the post-coronavirus lockdown to their home States within a fortnight and to inform the apex court within the same deadline about welfare programmes, including job opportunities, they plan to offer the returnees. In this significant judgement, the Supreme Court asked States and Union Territories to identify stranded migrants and arrange their transport back home within 15 days. It has also asked administrations to withdraw cases filed against migrants for violating the lockdown guidelines, and the Indian Railways to ensure the availability of trains within 24 hours if there is demand. Both the Centre and the States were told to prepare a detailed list to identify migrant workers. The court has instructed that all schemes and employment opportunities available to migrant workers must be publicised. Moreover, there must be employment relief and skill mapping.

It is significant to note that several initiatives have been started by Central Government, State Governments and local government institutions to address problems of migrant workers. During this crisis, Government of India has initiated to develop a National Migrant Information System (NMIS), on the existing NDMA-GIS portal. This portal is expected to be maintained as a central repository and help the sending as well as receiving State and District. Government of India on May 14 allocated Rs.3,500 crore for food aid to an estimated 80 million migrant workers. This is the only official estimate available for the number of workers affected by the pandemic. Government of India has initiated to provide employment opportunities to the returned migrant workers in the areas of construction of rural roads, houses for poor and other rural infrastructure.

Ministry of Rural Development had asked states to engage the large number of construction workers -estimated to be more than two-thirds of the total returning workers - in these two types of work to provide opportunities to match their skills. The Pradhan Mantri Garib Kalyan Rojgar Abhiyaan aimed at creating livelihoods for jobless migrant workers who moved back from the cities to their home villages during the lockdown. Nearly 25 government Schemes including the Pradhan Mantri Awas Yojna, Jal Jeevan Yojna and PM Gram Sadak Yojna, among others are brought together to support the affected interstate migrant workers. Twelve different ministries or departments-- rural development, panchayati raj, transport, mines, drinking water, environment, railways, petroleum, new and renewable energy, border Roads, telecom and agriculture are expected to participate in this programme.

Chapter: 4

Social Security and Health Rights of Interstate Migrant Workers: Access to Schemes and Claims Over Entitlements

This Chapter comprises of three sections. In the first section, we examine State level experience of interstate migrant workers in availing various welfare schemes and entitlements. An attempt is made to assess the ground situation in respect of the access to benefits of various schemes and their claims over entitlements. Best Practices of States in executing welfare schemes for interstate migrant workers are presented in the second section. Various constraints in accessing schemes and entitlements for interstate migrant workers are covered in the last section.

4.1 Central and State Schemes and Migrant Workers' Claims over Entitlements

It is significant to understand that there are a few good Central and State schemes available in all four States covered by our study. These schemes are supposed to provide social protection and health services to interstate migrant workers. However, results of our field survey show that the benefits of these schemes have not reached them. Only a small fraction of the migrant workers was able to avail benefits of government schemes (Table: 4.6). The access to schemes for interstate migrant workers ranges from 0.5% to 27.5% which means the lowest level of access is 0.5% of migrant workers and highest is 27.5%. There are wide variations between schemes in respect of the access to schemes for interstate migrant workers. For example, the level of reach of AB-PM JAY (Gujarat-3.25%, Haryana- 3.5%, Maharashtra- 3%) and National Social Assistance Programme (Gujarat-4%, Haryana-4.5%, Maharashtra-4.25%) is abysmally low. On the other hand, PM –JDY (Delhi-27.25%, Gujarat-19.75%, Haryana -22.25%, Maharashtra-23%) have somewhat better reach.

Table: 4.16

Central Schemes: Availability of Benefits for Interstate Migrant Workers

Central Programme	Benefits /Services	Delhi Number of Responses (Percentages are given in the bracket)	Gujarat Number of Responses (Percentage s in the bracket)	Haryana Number of Responses (Percentage s in the bracket)	Maharashtra Number of Responses (Percentages in the bracket)
Ayushman Bharat Pradhan Yojana also known as Mantri Jan Arogya Yojna (AB-PM JAY) ; National Health Authority, Government of India	Health insurance scheme. SECC based indicators determine the eligibility: Treatment free in empanelled private hospitals for the eligible people. It subsumed the Rashtriya Swasthya Bima Yojana which had been launched in 2008	Not Implemented; State scheme is operational. Benefits of the AB-PM JAY Scheme can be availed from major hospitals managed by Government of India	13 (3.25)	14 (3.5)	12 (3)
Health and Wellness Centres (HWCs) under Ayushman Bharat Pradhan Yojana. The existing Sub Centres and Primary Health Centres are transformed as HWCs	Maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services	Not Implemented while a State scheme is operational	23 (5.75)	27 (6.75)	29 (7.25)

Pradhan Mantri Shram Yogi Maandhan (PM- SYM) Ministry of Labour and Employment, Government of India.	Poor labourers get a minimum assured pension of Rs 3,000 per month. Workers contribute to this pension monthly, and on the death of a recipient, their spouse receive 50% of the pension	Not implemented while a State scheme is operational	27 (6.75)	24 (6)	22 (5.5)
National Food Security Act Ministry of Consumer Affairs, Food & Public Distribution, Government of India.	Eligible beneficiaries, mainly migrant labourers and daily wagers, will be able to avail their entitled food grains under the National Food Security Act from any Fair Price Shop) at the subsidised using the same ration card, after a biometric/AADHAA R authentication on the earlier mentioned electronic PoS machines.	67 (16.75)	54 (13.5)	43 (10.75)	55 (13.75)
BOCW Act Ministry of Labour and Employment, Government of India	Provide safety, health and welfare measures to registered construction workers	32 (8)	27 (6.75)	30 (7.5)	36 (9)
PM Ujjwala Scheme	Free Gas cylinders for cooking for Women in the eligible age group in BPL households	67 (16.75)	55 (13.75)	45 (11.25)	49 (12.25)
Pradhan Mantri Gramin Awaas Yojana	Housing scheme; SECC based indicators – Condition of Housing with indicators	08 (2)	4 (1.0)	7 (1.75)	6 (1.5)
ICDS Ministry of	Nutritional support and healthcare to	78 (19.5)	45 (11.25)	48 (12)	56 (14)

Women and Child Development & NHM Ministry of Health and Family Welfare	pregnant and lactating women, children under six and adolescent girls:maternal and child health;Anganwadi workers at the Anganwadi centres provide health services; ASHA workers appointed under NHM				
Pradhan Mantri Matru Vandana Yojana(PMMVY Ministry of Women & Child Development	Women taking ante-natal care pregnant women and lactating mothers receive a cash benefit of Rs. 5,000 i; early registration of pregnancy, antenatal check-up and registration of the birth of the child	23 (5.75)	18 (4.5)	19 (4.75)	17 (4.25)
National Crèche Scheme, Ministry of W&C	Day care facilities to Eligible Children of Working Mothers	0	0	0	0
National Social Assistance Programme, Ministry of Rural Development	Consists of Old Age Pension Scheme , Widow Pension Scheme , Disability Pension Scheme , National Family Benefit Programme and the Annapurna Scheme	15 (3.75)	16 (4)	18 (4.5)	17 (4.25)
Sarva Shiksha Abhiyan (SSA) & RTE 2009 Ministry of Human Resource Development	educate migrant children; States to identify and include children whose education is affected due to migration ;Education Guarantee Scheme (EGS) and the Scheme for	56 (14)	67 (16.75)	54 (13.5)	53 (13.25)

	Alternative & Innovative Education				
Pradhan Mantri Jan Dhan Yojana (PM –JDY), National Mission , Government of India	Provide access to financial services- Banking/ Savings & Deposit Accounts, Remittance, Credit, Insurance, Pension.	109 (27.25)	79 (19.75)	89 (22.25)	92 (23)
Pradhan Mantri Gareeb Kalyan Yojana (PMGKBY), Ministry of Social Justice and Empowerment	Prime Minister's Poor welfare scheme. Free food grains, cash transfers during the COVID - 19 linked nationwide lockdown	112 (28)	99 (24.75)	104 (26)	111 (27.75)
MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act 2005) Ministry Of Rural Development	MGNREGS provides work under the employment guarantee scheme to local labourers (In exceptional cases, ISMW gets job cards either in home State or host State)	0	2 (0.5)	4 (1.0)	0

Source: Primary and Secondary Data

Notes(i) Multiple Response Questions

(ii): A significant number of internal migrant labourers are unaware of many of these central schemes, benefits, services, conditions and eligibility.

(iii) Ayushman Bharat is not implemented in Delhi . However, Delhi has implemented Mohalla clinic as a State scheme

As is presented in Fig 4.6, the poor access to Central Schemes is reported in respect of Schemes which include health insurance, pension scheme, educational scheme, subsidized food, cash transfer, employment guarantee scheme and PM's welfare schemes.

Fig 4.6
Poor Access to Central Schemes for Interstate Migrant Workers



Now, let us reflect on the available government schemes which can be beneficial to interstate migrant workers. In the following paragraphs it is attempted to examine to what extent these scheme are accessible.

Janani Suraksha Yojana: Interstate migrant workers’ mothers can avail assistance under the Janani Suraksha Yojana, which gives financial assistance for women who give birth in a public hospital. Sizeable chunk of women need reproductive health services. In order to access reproductive health systems such as contraception, it is often necessary for them to be able to get to a public health centre.

Cash Deposits during COVID-19 Lockdown Period: The largest cash transfer scheme was implemented to put Rs 30,000 crore in Jan Dhan accounts of women. According to Government of India by 4 April 2020, the accounts of around 40% of the 20-crore women beneficiaries had seen cash deposits of Rs 500 each. Similarly, around 8 crore beneficiaries of the Ujjwala scheme

received around Rs 5,000 crore in their bank accounts to purchase cooking gas cylinders for three months. The transfer into the Aadhar linked accounts is expected to reach the deserved and targeted groups. This set of cash transfer and related benefits using the JAM (Jan Dhan-Aadhaar-Mobile) has enabled and real-time direct benefit transfers. The government's transfer of Rs.500 per month for next three months to 20 crore women Jan Dhan account holders and Rs1,000 to 3 crore poor senior citizens, poor widows and poor disabled. It is found that a small section of ISMW covered by the survey had received the cash transfer.

National Food Security Act guarantees food and nutritional security in India. Interstate migrant workers and their families have entitlements under this Act, at the place where they currently reside. However, the Public Distribution System is not yet made portable in any of these States . Even though PM Awas Yojana is implemented in these States, migrant workers are not yet benefited. .In the case of RSBY health insurance portability is introduced. It operates a 'split card' system whereby migrants can access health care from any empanelled hospital in any part of India , while simultaneously allowing family members in the village to retain their access .

Now, let us discuss the availability of benefits from State Schemes for migrant workers. As is shown in Table: 4.17, interstate migrant workers can avail benefits from a few State Schemes. By and large, only a small section of migrant workers had availed such benefits. However, benefits from Mohalla clinics in Delhi are exception. About 94.5 percent of migrant workers covered by our survey had availed public health care services free of cost from Mohalla clinics in Delhi.

Table: 4.17**State Schemes: Availability of Benefits for Interstate Migrant Workers**

	Benefits /Services	Delhi Number of Responses (Percentage s are given in the bracket)	Gujarat Number of Responses (Percentage s are given in the bracket)	Haryana Number of Responses (Percentage s are given in the bracket)	Maharashtra Number of Responses (Percentage s are given in the bracket)
Mohalla clinics	Public health care services	378 (94.5)	Not Applicable	Not Applicable	Not Applicable
Insurance	Health insurance that covers hospitalization expenses in case the insured suffers from diseases or accident	6 (1.5)	2 (0.5)	4 (1.0)	7 (1.75)
Health camps	Testing , Diagnostics, distribution of medicines	43 (10.75)	37 (9.25)	34 (8.5)	55 (13.75)
Dilli Swavlamban Yojana	Pension benefits to the workers of unorganized sectors	28 (7)	Not Applicable	Not Applicable	Not Applicable
Health Cards	Registration and identification for availing public health care services	12 (3)	15 (3.75)	10 (2.5)	14 (3.5)
Education of children	SSA and the RTE 2009 have provided a framework o the State schemes. Enrolment of ISMW children in schools and provide school educational services	168 (42)	144 (36)	68 (17)	77 (19.25)
Hostel Facilitation	Seasonal hostels for ISMW NGOs after getting government allocated land allocated for a migrant hostel with different capacity of beds ranging from 500-1000 beds	23 (5.75)	13 (3.25)	11 (2.75)	17 (4.25)

Source: Primary Data

Dilli Swavlamban Yojana Delhi: Dilli Swavlamban Yojana is operational in Delhi with an annual budget Allocation of Rs.160 Lakh in 2017-18. This is line with the Government of India's "Unorganized Workers Social Security Act 2008" for providing various social welfare security benefits to the workers engaged in unorganized sector. Dilli Swavalamban Yojana is a contributory pension scheme. It provides pension benefits to the workers of unorganized sectors which includes domestic workers, street vendors, auto and taxi drivers, Anganwadi workers and helpers, ASHA workers and helpers, rickshaw pullers, hawkers and rag pickers. Persons who are not member of ESI and PF, falling under above- mentioned categories and between the age group of 18 to 60 years are eligible to become member of the Scheme. Under the scheme, the beneficiary is required to contribute minimum amount of Rs.1000 subject to maximum of Rs. 12000 per annum. Central Government contributes Rs.1000 per person per annum for 04 years and State government of Delhi contributes Rs.1000 per person per annum for 25 years or till the person reaches the age of 60 years, whichever is earlier. In this scheme, Permanent Retirement Account Number (PRAN) in respect of each beneficiary is opened. The beneficiary can withdraw 60% of the amount from PRAN account on attaining the age of 60 years and balance 40% of the amount shall be annuitized to invest with Annuity Service Provider empanelled with Pension Fund Regulatory Development Authority from which the beneficiary shall draw his fixed monthly pension.

Smart Card to workers in Unorganized sector - Delhi Unorganized Workers Social Security Board: In line with unorganized worker Social Security Act 2008, workers employed in unorganized sectors need to get registered . Registration of workers is undertaken by District administration through setting up of workers facilitation centers all over Delhi. During 2017-18, Department has started to issue smart card to about one lakh workers in unorganized sector. Delhi Government has introduced various welfare schemes, health, education, maternity benefit and skill upgradation and these smart cardholders are eligible for availing these schemes .It is reported that labour cards are issued to a significant number of migrant workers in Delhi. Using this card , migrant labourers in construction sector can avail safety allowance (Rs.1,000), tool purchasing cost (Rs.4,000), accidental death benefit (Rs.1lakh), natural death benefit (Rs.1lakh), educational cost for children (Rs.4,000 for 12th and Rs.5,000 for graduation), provision of housing loan after five years of registration, pension of Rs. 1,000 through labour card.

To summarize, our field experiences reveal that large number of interstate migrant workers were not in a position to avail the benefits of these due to diverse reasons. Various reasons of this

crisis include their time constraints, lack of awareness, bureaucratic hurdles, communication barriers and poor social network.

4.2 Schemes for ISMW: Best Practices

We have identified a few cases of interventions of local government and NGOs for providing social protection and health services to migrant workers. These cases can be considered as best practices.

4.2.1 Registration, ID Cards and Health Services: Aajeevika Bureau works across the migration corridor of Gujarat and Maharashtra. In cities of Ahmedabad, Mumbai and Surat, Aajeevika Bureau has undertaken activities such as registration of migrant workers and issues identity cards. Aajeevika Bureau, in Ahmadabad, through its Shramik Sahayata evam Sandharab Kendras, has delivered services to migrant workers and developed on-the-ground networks to address their issues. Aajeevika has provided legal education, counselling and mediation through its lawyers and paralegal workers. On-the-job training is provided to migrant workers in construction, factory work and hotel sectors, catering to their specific needs. This helps to raise wages, enables better placements and improves their self-esteem and dignity in Ahmedabad. It also runs Amrit primary health clinics through which it organises health camps, provides consultation, drugs and referrals. Similarly, creches for children of migrant workers, especially at construction sites, are also being run. During COVID-19 pandemic period it has made interventions to address their various problems.

4.2.2 Sexual and Reproductive Health Needs of ISMW: Disha Foundation piloted a project designed to improve the sexual and reproductive health (SRH) of migrants in Nashik, Maharashtra. The project covered about 15,000 migrants in Nashik, of which approximately 40-45 per cent were women from the age group of 12 - 55 years. The project adopted a participatory approach for improving the quality of life of migrants. Migrant workers were directly involved in articulating their needs and identifying approaches for getting access to public services. Disha Foundation introduced a formal referral process for migrants to government health services, to provide better access to health care in Nashik. A triplicate referral form was developed for migrants, health providers and Disha Foundation itself. Disha Foundation refers migrants to health services through its trained community leaders from various migrant halt points and

labour markets. The form is helpful for migrants in getting direct treatment from doctors without much delay and discussion. The medical history and related details of ISMW are provided in the form, while the reverse side of the form provides contact information of all available government health services in Nashik.

They organise health camps for interstate migrant workers in collaboration with construction companies at construction sites. The main groups targeted are migrant workers, in addition to their family members, working on construction sites. The health check-ups can be held in response to the needs of workers. The aim of the health camp is to make health services available to migrant workers at their doorstep. Local governments, NGOs, hospitals, police departments, private companies and employers can work together in registering interstate migrant workers. It is important to provide them with a health card complete with their medical history. Disha's initiatives has worked with administration in issuing temporary food ration cards, in facilitating education benefits to migrant children, grievance handling with Labour Department, developing health referral system with government health services. It is pertinent to note that this NGO has created pro-migrant response of Central and State governments to address migration issue in Maharashtra. In this exercise it has worked with closely with Labour Department, Health and Family Welfare Department, Agriculture Development Department, Forest Development Department, Tribal Development Department, Women and Child Welfare Department, District Legal Service Authority and Skill Development Mission in Maharashtra.

4.2.3 Permanent Shelters and Temporary Tent Shelters in Delhi and Haryana: IGSSS provides shelter – both permanent shelters and temporary tent shelters- in Delhi and Haryana. These shelters are functional around-the-clock. IGSSS manages two Homeless Citizens Resource Centres in different parts of Delhi. These Centres are initiative of the Delhi Government under Mission Convergence, which aim to improve the quality of life of homeless citizens through a single window system. This has helped several homeless migrant workers in Delhi and Haryana.

4.2.4 Crèche in New Construction Sites: This is a programme of Mumbai Mobile Creches (MMC), for interstate migrant workers' children in Mumbai. MMC staff identifies Crèche in new construction sites in consultation with the builders for new upcoming projects. MMC identifies new construction sites which might have children living on them who need care, MMC Programme Officers undertake field surveys to determine whether there are at least 25 children living on a particular site, the minimum number that MMC has determined makes a centre cost-

effective. MMC staff members then meet the construction company authorities, in order to gauge their willingness to support the establishment of a crèche on their site. Finally, if a builder expresses interest in permitting MMC to setup a day care for children living on his construction site, the guidelines for space and location are laid out, along with an estimated timeline, which is negotiated between the builder and MMC. While setting up the centre at a particular location, the approximate duration of the construction project is communicated to MMC by the builder. MMC approaches the builder 6 months prior to the end of the initial project timeline to review if there have been any alterations in the timeline. MMC is in constant communication with the builders during the construction of the centre, and if there are any delays or problems that come up, we extend our own timeframe for the operation of the concerned centre. As construction work nears completion, the numbers of children on the site reduce as the families move out. MMC closes its centre simultaneously and starts to explore new initiatives on other sites. MMC is “mobile” in that everything inside of our centres can be easily packed up and transferred from a centre that closes to a new centre. Just like the construction workers’ community, MMC move from one construction site to another.

4.2.5 Care on Wheels -Mobile-Bus: This is another programme of MMC for interstate migrant workers. For construction sites with space constraints and fewer children, MMC operates Care on Wheels- Mobile Bus model. This programme operates from a bus that is stocked with educational and health materials. This bus provides essential educational and health services to children on smaller sites, using a customized programme to reach children on sites where MMC’s full day care programme is not feasible to provide. It run educational programme for children 3-14 years of age on smaller construction sites. It assists in enrolling older children in nearby schools and offer quality after school support, along with organizing supplementary nutrition for the students. It facilitates medical care for children and help build linkages with the public healthcare system. It creates awareness on various issues relating to the health, education and nutrition of community members, through our community outreach programmes.

4.2.6 Childcare Centres: Mumbai Mobile Creches (MMC)’s Child Care Centre is an interesting programme for interstate migrant workers. The builder covers almost all the operational costs of running a centre on the construction site and takes on greater responsibility for managing the crèche. The builder also hires a teacher trained in MMC’s Bal Palika teacher training programme and allows the centre to be regularly monitored by MMC staff. This is a very significant move for MMC, and a step towards making day care with builders’ complete collaboration sustainable on a long term basis. Run by MMC, the day care centre, which

includes a preschool, supports the children of migrant workers who leave home to find work in rapidly expanding Indian cities. Among the centre's staff are women from the construction workers' community, each one trained in early childhood care and education. The crèche helps the emotional, intellectual and physical development of the younger children, freeing their older siblings of the burden of looking after them.

4.3 Constraints in Accessing Schemes and Entitlements for ISMW

Informality and Sector of Employment: As labour laws often do not cover the informal sector interstate migrant workers are not in a position to avail several benefits. As it is discussed earlier, large number of interstate migrant workers are working in the informal economy. As migrants are overrepresented in the informal economy, this is a major particular challenge for them.

Portability Constraints: Interstate migrant workers are highly mobile, in terms of both job mobility and also geographical mobility. As such, participation of mobile populations in government schemes is problematic, as they may move from one place to another. Lack of portability of social security scheme is major constraint.

Identity Documents and Registration Requirements: It is pertinent to note that the Supreme Court has allowed use of Aadhar in linking various social security schemes. As is reported in Table 2.14, UIDAI has enabled a large number of interstate migrant workers in getting Aadhar as identity document. However, two issues remain unresolved. Many of them are not in a position to make claim on their entitlement and hence actual entitlement is not taking place. Interstate migrant workers in many cases are unable to fulfil the registration requirements to take up social protection. Many of the welfare schemes are not yet expanded their outreach to include migrant women and children.

Chapter: 5

Social Security and Health Rights of Interstate Migrant Workers: Enabling Factors, Laws and Policies

Global conventions recognize social security as a human right and it was enshrined in the 1948 Universal Declaration of Human Rights. According to the Directive Principles of the Indian Constitution social security is a basic right (Articles 41, 43, 45). Article 41 of the Constitution of India directs the State to provide financial support to its citizens in order to ensure their means of livelihood and enhance standard of living. Various policies and programmes of Government of India and the four States aimed at providing social protection to interstate migrant workers. In this chapter it is attempted to analyse the laws, government policies and enabling factors to address problems concerning social security and health rights of migrant workers. In the first section, laws related to social security and health rights of migrant workers are covered while we discuss relevant schemes in the second part. In the third section, we discuss recent steps of Government of India and States in universalising social security.

5.1 Social Security and Health Rights of Interstate Migrant Workers: Relevant Laws and Implications

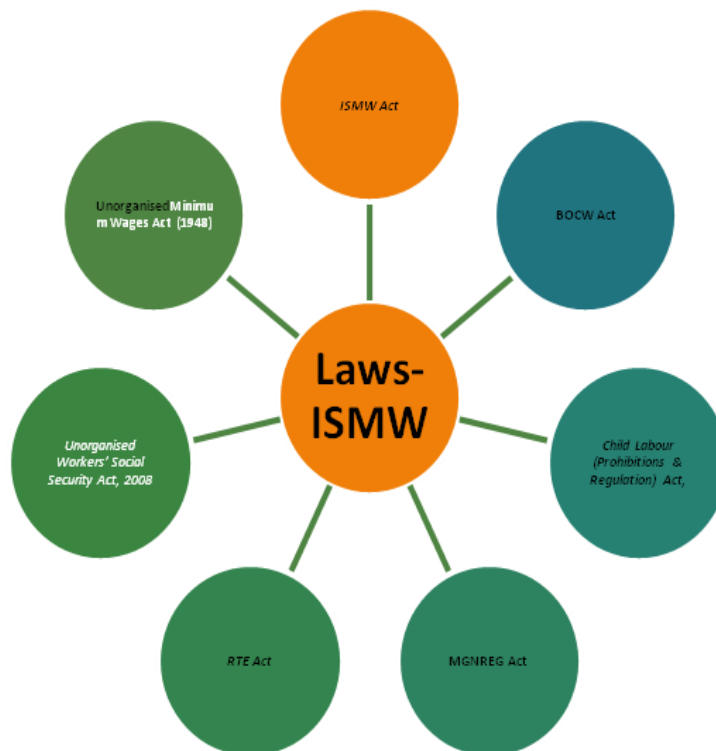
5.1.1 Labour and Social protection programmes -Concurrent list: It is pertinent to understand that labour is on the concurrent list and hence both Government of India and States should work together to address the problems of interstate migrant workers. In India, most of social protection programmes are in the concurrent domain of Centre, States and local government institutions. Ministry of Labour and Employment is the nodal ministry of the Government of India and its responsibility is to ensure that workers' concerns are addressed by the States. Over seventy five senior officers from the office of the Chief Labour Commissioner in Ministry of Labour and Employment are assigned to address various wage and employment-related grievances including issues of migrant workers under the central sphere. The Office of the Chief Labour Commissioner is in a position to coordinate all States to sensitise their labour departments about the welfare of interstate migrant workers.

5.1.2 Laws Relevant to Social Security and Health Rights of Interstate Migrant Workers

As is shown in Fig.5.7, Inter State Migrant Workmen (Regulation of Employment and Conditions of Service) Act,1979 , Building and Other Construction Workers’ Act 1996, Child Labour (Prohibitions & Regulation) Act, 1986, Mahatma Gandhi National Rural Employment Guarantee Act 2005, Right to Education Act 2009, Unorganised Workers’ Social Security Act, 2008 and the Minimum Wages Act (1948) are the important laws relevant to interstate migrant workers. The Code on Social Security, 2019 was proposed to subsume the nine Central Labour Acts such as Building and Other Construction Workers Welfare Cess Act, 1996 and Unorganised Workers’ Social Security Act, 2008 after simplifying and rationalising the relevant provisions contained therein. Code on Social Security (CoSS), 2020 was introduced by withdrawing the earlier Code of 2019. The Code on Social Security 2020 received the Presidential Assent on 28 September 2020. It is important to note that legislations like Unorganized Workers’ Social Security Act and BOCW Act have been subsumed in the Code on Social Security (CoSS), 2020

Fig.5.7

Social Security and Health Rights of Interstate Migrant Workers : Enabling Laws



5.1.3 Inter State Migrant Workmen (Regulation of Employment and Conditions of Service)

Act,1979 (ISMW Act, 1979): It is an Act to regulate the employment of interstate migrant workers and to provide various conditions in availing their services. According to the provision of the Act, the Contractor have to obtain a recruitment license from the home State and an employment license from the host State. Accordingly, the Contractor and the principal employer become liable for ensuring the provisions envisaged in the Act. In fact, the ISMW Act 1979 was enacted to protect rights of interstate migrant workers and save them from exploitation.

This Act requires all establishments hiring interstate migrant workers to be registered, and contractors who recruit such workers be licensed. Contractors are obligated to provide details of all workers to the relevant authority. Migrant workers are entitled to wages similar to other workers, displacement allowance, journey allowance, and payment of wages during the period of journey. Contractors are also required to ensure regular payment, non-discrimination, provisioning of suitable accommodation, free medical facilities and protective clothing for the workers.

5.1.4. Building and Other Construction Workers' Act 1996: Government of India enacted the Building and Other Constructions Workers (Regulation of Employment and Conditions of Service) Act, 1996 (hereinafter referred to as the "BOCW Act"). BOCW Act aims to address various issues pertaining to social protection and health rights of interstate migrant workers in construction sector. The BOCW Act is a social welfare legislation that aims to benefit workers engaged in building and construction activities across the country. Indian government has made welfare provisions for long neglected construction workers. As in the case of other labour legislation, there have been gaps in the clarity and enforcement of this Act . The Supreme Court has clarified that building and construction workers engaged in factory premises are entitled to welfare measures under the BOCW Act. However, there are certain issues regarding responsibility for obligations under the BOCW Act. The term 'employer' in the BOCW Act is defined to include both contractors and owners. Hence, the owners and the contractors pass the responsibility to one another. There is a need for making amendments to the BOCW Act to widen the scope of applicability of the BOCW Act to enable the respective State governments to implement the Acts and it is hoped that the amendments will truly benefit the construction workers by providing better and safer work conditions. Building and Other Construction

Workers' Act 1996 , stipulates that every builder with 50 female workers should provide a creche with adequate accommodation for children under six.. The Building and Other Construction Workers Act (1996) sets a handling limit of 20-kg load for women. It is a matter of concern that provisions made by the employers are inadequate to meet the needs of interstate migrant workers. It is found that there is a lack of clear standards in the Act and notified Rules.

5.1.5 Child Labour (Prohibitions & Regulation) Act, 1986: It is an Act to prohibit the engagement of children in specific employment and to regulate the conditions of work of children in some other employment. Accordingly, children should not be employed or permitted to work in any of the occupations given in Part A of the Schedule or in any workshop wherein any of the processes provided in Part B of the Schedule. By notification in the Official Gazette, the Central Government can constitute an advisory committee to be called the Child Labour Technical Advisory Committee to advise the Central government for the purpose of addition of occupations and processes to the Schedule.

The Act regulates of conditions of work of children including hours and period of work. The provisions of this Part apply to an establishment or a class of establishments in which none of the occupations or processes referred to in Section 3. Children should not be required or permitted to work in any establishment in excess of such number of hours as may be prescribed for such establishment or class of establishments. The period of work on each day should be so fixed that no period shall exceed three hours and that no child shall work for more than three hours before an interval for rest for at least one hour. The period of work of a child shall be so arranged that inclusive of his interval for rest shall not be spread over more than six hours, including the time spent in waiting for work on any day. Children should not be permitted or required to work between 7 p.m. and 8 a.m. Children should not be required or permitted to work overtime. The appropriate Government can, by notification in the Official Gazette, make rules for the health and safety of the children employed or permitted to work in any establishment or class of establishments.

5.1.6 Mahatma Gandhi National Rural Employment Guarantee Act 2005: It is a national employment guarantee Act which can ensure employment to a section of interstate migrant workers . The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), also known as Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) is Indian legislation enacted on August 25, 2005. It was notified on September 7, 2005. The

MGNREGA provides a legal guarantee for one hundred days of employment in every financial year to adult members of any rural household willing to do public work-related unskilled manual work at the statutory minimum wage. The objective of the Act is to enhance livelihood security in rural areas by providing at least 100 days of guaranteed wage employment in a financial year to every household whose adult members volunteer to do unskilled manual work. The Act has opened up opportunities to the rural households to obtain local employment, enhance their wage earning and through their labour to create rural assets which contribute to development of the rural economy. There are amendments to Mahatma Gandhi National Rural Employment Guarantee Act 2005.

5.1.7 Right To Education Act 2009: It provides constitutional guarantee in the area of elementary education. Right of children to Free and compulsory Education (RTE) Act 2009 makes the right to education a fundamental right. RTE Act 2009 marked a culmination of parliamentary initiatives to give effect to Article 21 A of the Constitution which recognizes the right of children between the ages of 6 and 14 years to receive free and compulsory education from the State. The government is legally bound to provide free education to children between the age of six and 14. In RTE Act 2009 ‘Local Authority’ is given a dominant role. According to RTE Act 2009, “Local authority means a Municipal Corporation or Municipal Council or Zilla Parishad or Nagar Panchayat or Panchayat, by whatever name called, and includes such other authority or body having administrative control over the school or empowered by or under any law for the time being in force to function as a local authority in any city, town or village”. The legislation provides a large mandate, responsibility and opportunity for ‘Local Authorities’ in the implementation and governance of the Right to Free and Compulsory Education. The ‘Local Authorities’ are responsible for the implementation of Right to Education Act. The success of this Act is embedded with the participation, activities and involvement of the local actors and civil society organizations.

RTE Act gave effect to Article 21 A of the Constitution which recognizes the right of children between the ages of 6 and 14 years to receive free and compulsory education from the State. The Act has assigned responsibilities and duties to the Central and State governments and the local authority in respect of meeting the objectives of ensuring free and compulsory education for children from 6-14 years. The definition of the local authority and other bodies is also provided in the Act. The Central government would be the appropriate government in the case of schools established, owned or controlled by the Central government or by the administration of the

Union Territory without legislature. Similarly, State government would be the appropriate government in relation to a school established within the State. The central government has the discretion to request the President to make a request to the Finance Commission to examine the additional resources that may be provided to any State government for carrying out its obligations under this Act. Besides this financial obligation, the other duties of the central government are to develop a framework for national curriculum, determine concessions should be given if there is inadequate number of trained teachers in a particular State, develop and enforce standards of training of teachers and providing technical support and resources for innovation, research, planning and capacity building. The norms and standards for granting school recognition are also to be fixed by the Central government.

5.1.8 Unorganised Workers' Social Security Act, 2008: This is another law to provide social security to workers in the unorganised sector. It is an Act to provide for the social security and welfare of unorganised workers. The Central Government can formulate and notify, from time to time, suitable welfare schemes for unorganised workers on matters relating to life and disability cover, health and maternity benefits, old age protection and any other benefit as decided by the Government. These welfare schemes are included in the Schedule 1 to this Act. The Central Government can amend the Schedules annexed to this Act. The Act empowers State Government to formulate and notify, from time to time, suitable welfare Schemes for unorganised workers, including Schemes relating to Provident Fund, employment injury benefit, housing, educational schemes for children, skill upgradation of workers, funeral assistance and old age homes. Any scheme notified by the Central government can be wholly/ partly funded by the Central government and partly funded by the State government or partly funded through contributions collected from the beneficiaries of the scheme or the employers as may be prescribed in the scheme by the Central government.

The Central government shall, by notification, constitute a National Board to be known as the National Social Security Board to exercise the powers conferred on, and to perform the functions assigned to, it under this Act. Every State government shall, by notification, constitute a State Board to be known as (name of the State) State Social Security Board to exercise the powers conferred on, and to perform the functions assigned to it, under this Act. Facilitation centres as can be considered to disseminate information on available social security schemes for the unorganised workers, facilitate the filling, processing and forwarding of application forms for registration of unorganised workers, assist unorganised worker to obtain registration from the

District Administration and to facilitate the enrollment of the registered unorganised workers in social security schemes. Every unorganised worker shall be eligible for registration and social security benefits subject to the fulfilment of the following conditions. These conditions include (a) every eligible unorganised worker shall make an application in the prescribed form to the District Administration for registration and (b) every unorganised worker shall be registered and issued an identity card by the District Administration which shall be a smart card carrying a unique identification number and shall be portable. There are amendments to the Unorganised Workers' Social Security Act, 2008.

5.1.9 Minimum Wages Act (1948): This Act provides some amount of financial security to interstate migrant workers. It is an Act to provide for fixing minimum rates of wages in certain employments. The appropriate Government can fix the minimum rates of wages payable to employees engaged in an employment specified in Part I or Part II of Schedule and in an employment added to either Part by notification under section 27. Instead of fixing minimum rates of wages under this clause for the whole State, it can fix such rates for a part of the State or for any specified class or classes. If necessary, it can review the minimum rates of wages so fixed and revise the minimum rates at intervals not exceeding five years. The appropriate Government can refrain from fixing minimum rates of wages in respect of any Scheduled employment in which there are in the whole State less than one thousand employees engaged in such employment. It can fix minimum rate of wages for piece work.

5.1.10 Reasons for Poor Implementation of Laws: By and large, many of these laws are poorly implemented. Interstate migrant workers including their children and family members are not adequately protected by these laws. According to 72 percent of employers covered by the survey, compliance of these laws with several requirements make the cost of hiring interstate migrant workers higher than hiring similar labour from within the State. The compliance would make their employment significantly expensive when the employer makes the payments of different allowances, provide accommodation and healthcare services. Currently, there is no proper verification of the requirements regarding wages, allowances, and accommodation and healthcare facilities available to interstate migrant workers. Moreover, the weak implementation of various Acts has provided rent-seeking opportunities to government inspectors.

5.1.11 Poor Implementation of Laws and Its Implications: Poor implementation has resulted in the failure of host State providing social protection to interstate migrant workers. During the lockdown period, State governments were taken unawares by interstate migrant workers who were desperate to return their home State. In the absence of proper implementation of this law many of them have lost jobs, could not afford rent and were afraid of falling ill away from their families. All the four State governments had not maintained proper data of interstate migrant workers and contractors who brought them. If these States had implemented this law in letter and spirit, a significant number of interstate migrant workers would be automatically registered. This would have helped all the four States take steps to protect such workmen during this lockdown.

Compliance requirements set out in the law requires equal pay, social protection and health services for interstate migrant workers. This important migrant labour welfare legislation never considered issues like compliance costs, government capacity for enforcement and other counter-productive consequences. The results of our survey clearly prove that this law incentivises contractors and employers to under-report interstate workmen. Most of them do not register these interstate migrant workers. In effect, when large number of interstate migrant workers works in a State, they are not included in the official records of any employer. This leads to the denial of their social protection and health services in a host State. The fundamental question is whether these laws accomplish their intended purpose. For example, the purpose of the Interstate Migrant Workmen Act, 1979 is to prevent the exploitation of migrant workers. It starts by admitting that “the provisions of the various labour laws are not being observed in their case and they are subjected to various malpractices”. When the lockdown was eased, commercial establishments slowly started opening up. In order to address the problem of shortage of workers, State governments allowed factories to increase their working hours to 12 hours a day. These legal measures on their own were not appropriate to address the distress faced by workers and businesses.

5.2 ISMW: Relevant Government Schemes and Policies

We have assessed the access to various Central and State schemes for interstate migrant workers in four States and the results are presented in Chapter 4 under 4.1. As is presented in Fig 5.8, these Central schemes relevant to the welfare of migrant workers are Ayushman Bharat

Pradhan Mantri Jan Arogya Yojana(AB-PMJAY), Pradhan Mantri Shram Yogi Maan-dhan (PM-SYM), National Social Assistance Programme(NSAP), Pradhan Mantri Gareeb Kalyan Yojana (PMGKBY), Public Distribution System under National Food Security Act, Pradhan Mantri Jan-Dhan Yojana (PMJDY), Employment Guarantee Scheme-MGNREGS, Pradhan Mantri Awaas Yojana (PMAY).

Fig 5.8

Social Security and Health Rights of Interstate Migrant Workers : Enabling Government Schemes



5.2.1 Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY): It is a flagship scheme of government's National Health Policy which aims to provide free health coverage at the secondary and tertiary level to its bottom 40% of poor and vulnerable population. Ayushman Bharat is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. This schemes aims to undertake path breaking interventions to holistically address the healthcare system (covering prevention, promotion and ambulatory care) at the primary, secondary and tertiary level. Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are - Health and Wellness Centres (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY). About of 1,50,000 Health and Wellness Centres (HWCs) are set up by transforming the existing Sub Centres and Primary Health Centres. These centres are to deliver maternal and child

health services and non-communicable diseases, including free essential drugs and diagnostic services. PM-JAY provides cashless access to health care services covering 3 days of pre-hospitalization and 15 days post-hospitalization expenses. There is no restriction on the family size, age or gender. It is pertinent to note that benefits are portable across the States as beneficiary can avail health services from any empanelled public or private hospital in any parts of India. The eligible beneficiary households are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011. Several medical colleges, civil hospitals and District hospitals are treating the bulk of Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) patients. After the recent outbreak COVID-19 the National Health Authority (NHA), which implements the State-run insurance scheme, has divided empanelled hospitals under COVID-19 and non-COVID-19 hospitals to prevent cross-infection. It has designed the packages for COVID-19 treatment since it is not a part of the regular package structure.

5.2.2 Pradhan Mantri Shram Yogi Maan-dhan (PM-SYM) - A Pension Scheme for Unorganised Workers: The scheme is meant for old age protection and social security of unorganised workers who are mostly engaged as rickshaw pullers, street vendors, mid-day meal workers, head loaders, brick kiln workers, cobblers, rag pickers, domestic workers, washer men, home-based workers, own account workers, agricultural workers, construction workers, beedi workers, handloom workers, leather workers, audio-visual workers or in similar other occupations. It is a voluntary and contributory pension scheme, under which the subscriber would receive a minimum assured pension of Rs 3000 per month after attaining the age of 60 years and if the subscriber dies, the spouse of the beneficiary shall be entitled to receive 50% of the pension as family pension. Family pension is applicable only to spouse. Contribution by the Subscriber is through 'auto-debit' facility from his/ her savings bank account/ Jan- Dhan account from the date of joining PM-SYM till the age of 60 years as per the chart below. The Central Government will also give equal matching contribution in his pension account. Enrolment Procedure.

5.2.3 National Social Assistance Programme (NSAP): It provides different types of social assistance for the poor as the compartment of government's commitment towards the fulfillment of the Directive Principles in Article 41 of the Constitution. It comprises of Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme (IGNDPS), National

Family Benefit Scheme (NFBS) and Annapurna. It provides financial assistance to the elderly, widows and persons with disabilities in the form of social pensions.

5.2.4 National Creche Scheme. This scheme falls under the Integrated Child Development Services under the Ministry of Women and Child Development. This Scheme provides a safe place for the mothers to leave their wards while they are off to work. Moreover, it can improve the health of children below three years of age by providing day care facilities, nutrition and education . The children of those women who are employed for a minimum period of fifteen days in a month or six months in a year, from both rural and urban areas are eligible to avail the facilities under the scheme. In case of families with a total income up to Rs. 12,000(both parents), Rs. 100 is collected per month per child. This scheme has good potentials to protect the interest of ISMW. However, the availability of this facility to ISMW is abysmally low.

5.2.4 Pradhan Mantri Gareeb Kalyan Yojana (PMGKBY): It is a Government of India's scheme with two broad components: the first ensuring food availability and the second providing income support to the poor segments our population. The beneficiaries of this scheme are construction workers, and workers in both the unorganised and organised sectors, those below the poverty line, women, senior citizens, farmers and the physically challenged. During COVID-19 nationwide lockdown Government of India implemented a series of measures including additional food transfers and cash for vulnerable segments. Over 83 million households are the beneficiaries of the PM Ujjwala scheme, in which got gas cylinders. It is found that many households have found the cost of refilling their gas cylinders burdensome. During COVID-19 crisis Government had given them free cylinders for three months. At Central level a fund is available for the welfare of construction and other workers. It has Rs. 31,000 crore and 35 million workers were registered under it. State governments, with the direction of Government of India, can utilise the funds to provide support and assistance to construction workers.

5.2.5 Public Distribution System under National Food Security Act 2013: Government of India enacted National Food Security Act in 2013 gives legal entitlement to eligible people, mainly poor families, to receive highly subsidized food grains. Under the Act, food grain is allocated @ 5 kg per person per month for priority households category and @ 35 kg per family per month for AAY families at a highly subsidized prices of Rs. 1/-, Rs. 2/- and Rs. 3/- per kg

for nutri-cereals, wheat and rice respectively. Coverage under the Act is based on the population figures of Census, 2011. The Act is now being implemented in all 36 States/UTs and covers about 81.35 crore persons. Department of Food and Public Distribution under the Ministry of Consumer Affairs, is responsible for ensuring food security through procurement, storage, and distribution of food grains, and for regulating the sugar sector. The National Food Security Act 2013 enables interstate migrant workers, mostly poor, in availing highly subsidized food under PDS. In fact, Supreme Court of India, on 28 April 2020, asked the Central government to examine the feasibility of implementing the “One Nation One Ration Card” (ONORC) scheme during the national lockdown. The Scheme, which allows beneficiaries to access food grains that they are entitled to under the National Food Security Act, 2013, from any fair-price shop in the country, was announced June 2019.

5.2.6 Pradhan Mantri Jan-Dhan Yojana (PMJDY): It is a National Mission for financial inclusion to ensure access to financial services, namely, banking/ savings & deposit accounts, remittance, credit, insurance, pension in an affordable manner. Account can be opened in any bank branch or Business Correspondent (Bank Mitra) outlet with zero minimum balance. Accounts opened under PMJDY are being opened with Zero balance. However, if the account-holder wishes to get cheque book, he/she will have to fulfil minimum balance criteria. Special Benefits under PMJDY Scheme Interest on deposit, accidental insurance cover of Rs. 2 lakhs, life cover of Rs. 30,000 payable on death of the beneficiary, Overdraft facility up to Rs. 10,000 is available in only one account per household and Access to Pension, insurance products. Moreover, beneficiaries of government schemes will get direct benefit transfer in these accounts. Government of India has taken some good initiatives. Jan Dhan-Aadhar-Mobile (JAM) infrastructure, which links mobile numbers to bank accounts and identity cards, has become quite effective in improving the financial inclusions. There are about 200 million women Jan Dhan account holders. During COVID-19 nationwide lockdown a few section of interstate migrant workers received cash transfers easier. It is important to note that several cash transfers are paid directly into their bank accounts.

5.2.7 Employment Guarantee Scheme-MGNREGS. Works like road constructions, house construction are undertaken under MGNREGS, which require hundreds of workers. Migrant workers get employment under these schemes. MGNREGS offers 100 days of work every year to at least one member of every rural household, is seen as an ideal tool to ease distress of

interstate migrant workers both at home State and host State. Job creation under this programme is an dimension of government policy for the welfare of interstate migrant workers.

5.2.7 Pradhan Mantri Awaas Yojana (PMAY): It an important scheme relevant to migrant workers. It provides funds for eligible households for constructing houses. By availing scheme, homeless people can become owners of house. This housing scheme employs a large number of MGNREGS job seekers as about 3-4 workers are required to build a rural, concrete house for the poor.

5.2.8 Contributory Pension- Dilli Swavlamban Yojana Delhi Example: Dilli Swavlamban Yojana is operational in Delhi with an annual budget Allocation of Rs. 160 Lakh in 2017-18. This is line with the Government of India's " Unorganized Workers Social Security Act 2008" for providing various Social welfare security benefits to the workers engaged in unorganized sector. "Dilli Swavalamban Yojana (DSY)" to provide pension benefits to the workers of unorganized sectors which includes domestic workers, street vendors, auto and taxi drivers, Anganwadi workers and helpers, ASHA workers and helpers, rickshaw pullers, hawkers and rag pickers. Persons who are not member of ESI, PF etc, falling under above mentioned categories and between the age group of 18 to 60 years are eligible to become member of the scheme. Under the scheme, the beneficiary is required to contribute minimum amount of Rs. 1000 subject to maximum of Rs. 12000 per annum. Central government contributes Rs 1000 per person per annum for 04 years and State government of Delhi contributes Rs.1000 per person per annum for 25 years or till the person reaches the age of 60 years, whichever is earlier. In this scheme, Permanent Retirement Account Number (PRAN) in respect of each beneficiary is opened. The beneficiary can withdraw 60% amount from PRAN account on attaining the age of 60 years and balance 40% amount shall be annuitized to invest with Annuity Service Provider empanelled with Pension Fund Regulatory Development Authority from which the beneficiary shall draw his fixed monthly pension.

5.2.9 Smart Card to workers in Unorganized sector : Delhi Unorganized Workers Social Security Board

In line with unorganized worker Social Security Act 2008, workers employed in unorganized sectors need to get registered. Registration of workers is undertaken by District Administration through setting up of workers facilitation centers all over Delhi. During 2017-18, Department has started to issue smart card to about one lakh workers in unorganized sector. Delhi

Government has introduced various welfare schemes, health, education, maternity benefit and skill upgradation and these smart cardholders are eligible for availing these Schemes.

5.2.10 Access to Government Programmes for ISMW and Need for Social Security Schemes without Voluntary Contributions :

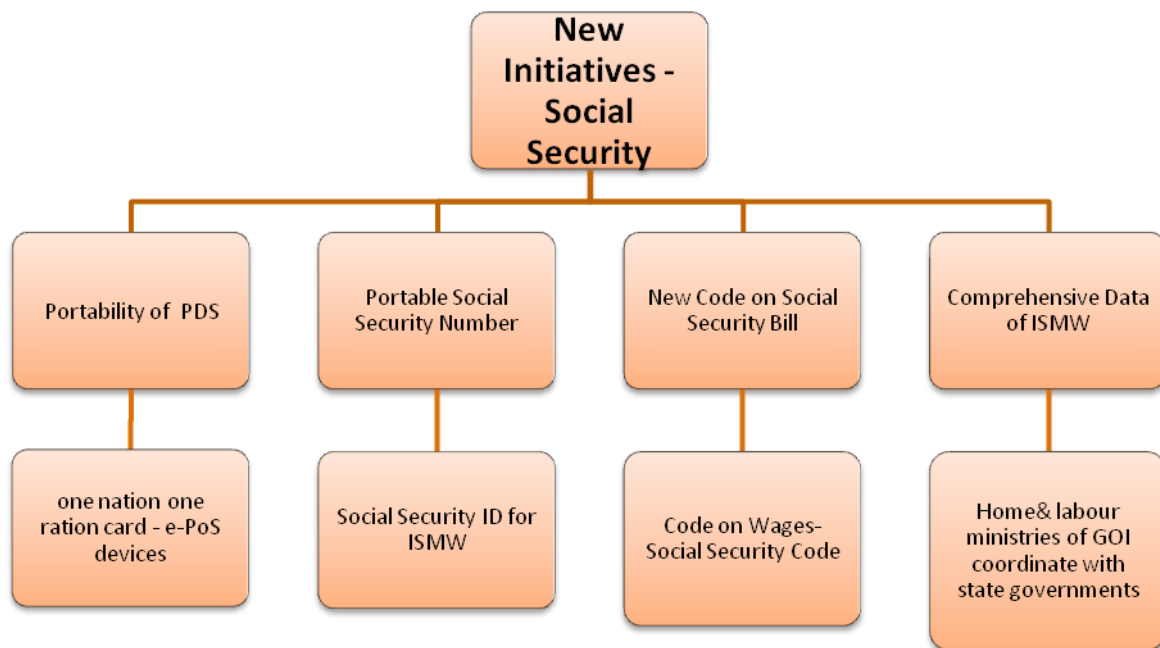
As is evident from Chapter 3, the results of the field survey indicate that the access to various government programmes for interstate migrant workers is abysmally low. As such, social security system for interstate migrant workers has numerous gaps indicating urgent needs for stronger policy formulation. Since labour is a concurrent subject under the Indian Constitution, States also have the right to make laws on it. Some of these labour laws have been suspended by selected States. The changes will need to be approved by the Centre, where central labour laws are involved. Very often States explain that the suspension or amendment is necessary to attract industry and create employment. Yet, among the labour laws that have been suspended are those related to unions, the settlement of disputes and those prescribing working conditions. These labour laws related to working conditions and the health and safety of workers including migrant workers. According to a few labour leaders and scholars covered by our survey, amendment, suspension, even scraping of Indian labour laws are more to help businesses at the cost of welfare of workers. There is a need for striking a balance between business interest and welfare of interstate migrant workers. Another area of major concern is that all the available social security schemes are contributory schemes wherein the beneficiaries have to make small monthly or yearly contributions. There is a need for introducing a larger social security scheme without voluntary contributions for interstate migrant workers.

5.3 Universalising Social Security: Recent Initiatives

COVID-19 pandemic has helped focus attention on migrant workers and address their issues. As a result, Government of India and State governments have taken a few steps to provide social protection. As is shown in Fig 5.9, these new initiatives include introduction of portability of public distribution system, portable social security number, a reliable migration data and a national migrant information system.

Fig 5.9

New Initiatives towards Social Security



5.3.1 Portability of PDS Facility: Portability of Social Security is a necessary step and as such Portability of Public Distribution System (PDS) is being implemented in India. The One National One Ration Card (ONORC) scheme is expected to be implemented in all the States by end 2020. Under this scheme, beneficiaries can buy subsidised food grains from ration shops in any part of India. These States will provide portability of the Public Distribution System (PDS) entitlement using Point of Sale (PoS) machines. The installation of PoS machines in all the ration shops in all States is in progress. It is planned to enable all eligible beneficiaries, mainly interstate migrant workers, to avail their entitled food grains under the National Food Security Act from any Fair Price Shop at the subsidised rate using the same ration card, after a biometric/AADHAR authentication on the earlier mentioned electronic PoS machines. The initiative is important as numerous interstate migrant workers frequently change their place of dwelling in search of employment across different States. The new mechanism is expected to ensure migrant labourers will not be deprived of PDS entitlement if that person shifts from one place to another. The Supreme Court of India has asked Government of India to expedite the ONORC in the context of COVID-19 crisis when millions of out-of-work migrant workers were stuck in host cities due to the national lockdown. Without any PDS facility, migrant workers depend either on their employers or labour contractors for food provisions or purchase food in

the open market. Most migrant workers have left their ration card back home, for their families to use. Many migrant workers had run out of food and with no local identity proof such as a ration card or voter card to avail of government benefits. Host States had denied benefits of subsidised grains, shelter, medical facilities to migrant workers.

5.3.2 Introduction of National Migrant Information System with a Database

For the first time, Government of India in cooperation with various State governments have taken initiatives to compile data of interstate migrant workers for welfare Schemes. In the context of adverse impact on migrant workers due to the lack of their comprehensive data, the Office of Chief Labour Commissioner (CLC) under Ministry of Labour and Employment, Government of India had sent letters on April 8, 2020 to all regional offices of CLC in different States to coordinate with State government in setting up a database. The data is to be collected from three sources primarily: Relief camps or shelters, employers whose labour is in-situ at workplace and from localities where migrant workers generally reside in a cluster. Central government has begun one of the most comprehensive exercises to map migrant workers scattered across the country. This can be considered as a step towards Introduction of National Migrant Information System.

5.3.2 Mapping of Vocational Skills and Dissemination of Information on Government Schemes

Again, for the first time in India, an initiative is taken for the preparation of an inventory of the vocational skills migrant workers possess and their employment history. A three-member bench of the Supreme Court, in its order on 9 June 2020 asked States and Union territories to identify migrant workers who have returned at the District and Block levels and prepare an inventory of the vocational skills they possess and their employment history. In addition, they were asked to set up counselling centres to provide the workers information on welfare schemes and employment avenues that are open to them. In the aftermath of the national lockdown from 25 March 2020 onwards a large number of interstate migrant workers had returned to their home villages and hence the Court directed States to gather details of migrant workers, the nature of their skill, and place of their earlier employment at the Village, Block and District levels. Counselling centres have started to provide these migrants information about government

schemes and avenues of employment. This step can be considered as a beginning towards, skill development, skill assessment, skill certification and reintegration of returned migrant workers.

5.3.3 Portable Social Security Number for Migrant Workers and the Code on Social Security (CoSS), 2020: In the context of acute problems faced by interstate migrant workers during lockdown period it is important to revisit Code on Social Security and come up with a road map for universal social security within the framework for portability for all categories of unorganized workers with a special focus on migrant workers. A separate Scheme in the form of minimum income guarantee is required to provide support to daily wagers, poor and migrant labourers. In this context, Government of India has taken initiatives to issue social security ID for migrant workers. A portable social security number for migrant workers and other employees in the unorganised sector was an important agenda of Parliament's labour committee when it met on 5 June 2020 to review the Social Security Code. The unique social security number, which would be linked to the Aadhar unique identity number, is expected to automatically identify unorganized sector workers and help the government roll out targeted welfare schemes for them. The standing committee on labour, in the backdrop of the misery confronted by unorganized sector workers the aftermath of the COVID-19 pandemic, has started pushing Government of India to provide a larger social security to migrant workers in the unorganised sector. Aadhar cannot be used to distinguish unorganized sector workers. The focus on the unorganized sector, particularly daily wagers, in the Social Security Code comes months after the standing committee on labour asked for sweeping changes in the Occupational Safety, Health and Working Conditions Code, 2019 (OSH Code) in favour of vulnerable workers. The Social Security Code aims to register every unorganised worker who is at least 16 years of age. The bill also aims to ensure that "every eligible unorganised worker under sub-section shall be registered by such registering authority by assigning a distinguishable number to his application or by linking the application to the Aadhar number." The panel is set to push the government for a larger social security cover for the unorganized sector that forms 93% of India's workforce. For the organized sector, there is protection available in the form of Employees' Provident Fund Organisation (EPFO) or Employees State Insurance (ESI). They can also avail pension plans. But there is no protection for unorganized sector. We need to take a different approach for them. Government of India have launched three scheme ie., old age pensions, disability pensions and life insurance for the unorganized sector. But these Schemes are contributory schemes wherein the beneficiaries have to make small monthly or yearly contributions. There is a possibility of introducing a larger social scheme without voluntary contributions to be added in the social

security code. It may be noted that Industrial Relations Code bill was presented in Parliament to provide social security to a section workers in unorganised. A new Code on Social Security bill is currently making its way through parliament. Central government is in the process of introducing a single comprehensive Code on Social Security. This is considered as a critical step towards universalising social security. The Social Security Code 2019 Bill subsumes eight different Bills on various welfare measures, and seeks to provide social security to 50 crore workers.

5.3.4 National Digital Health Mission- ID card to Access Health Services and Medicines

While Prime Minister launched the National Digital Health Mission on 15 August 2020 announced that the "completely technology-based" initiative would revolutionise the health sector. Under this programmes every Indian would get an ID card that would contain all relevant information about his/her medical conditions. This card could be used to access health services and medicines. The National Digital Health Mission (NDHM), which comes under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). This Scheme is expected to improve the health services to citizens including interstate migrant workers.

Chapter: 6

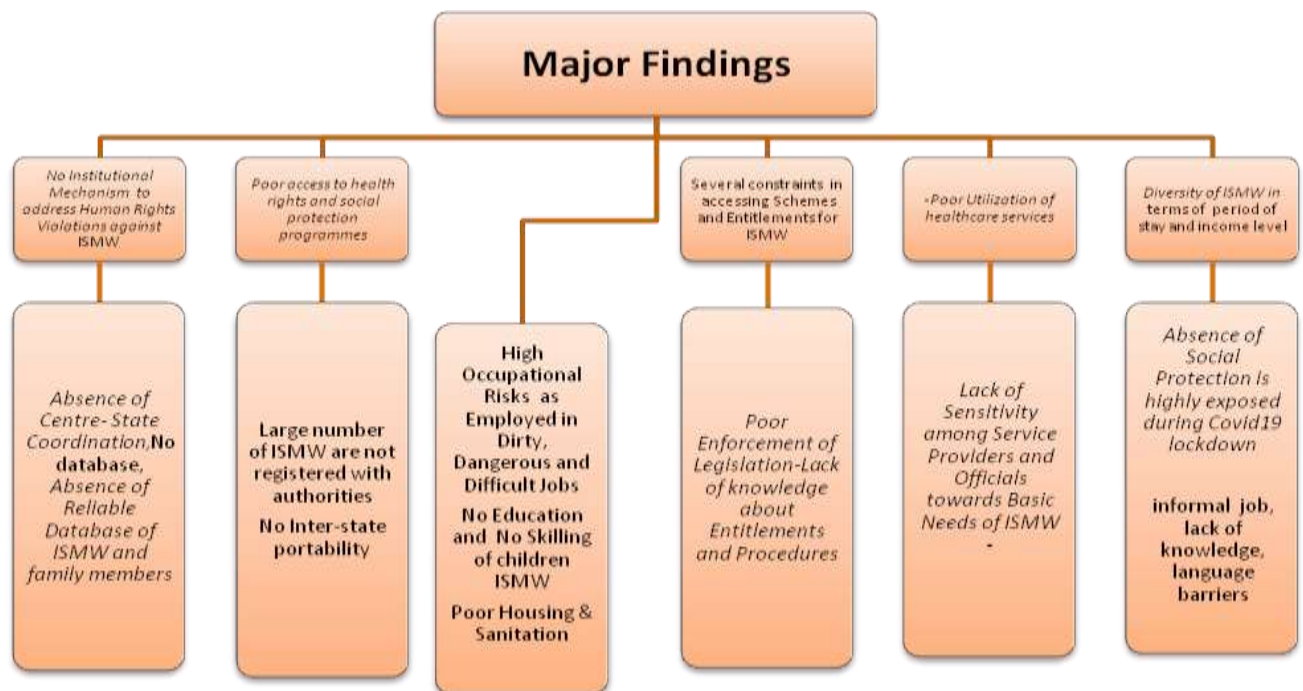
Conclusions and Major Recommendations

6.1 Major Findings

The present study reveals the lack of an institutional mechanism to address human rights violations against interstate migrant workers and absence of Centre- State coordination. As there is availability of a number of Central and State schemes to interstate migrant workers, the access to available social security schemes and health services is poor for migrant workers. As is presented in Fig 6.10, our major findings include high occupational risks of a large number of migrant workers, lack of knowledge about entitlements and procedures and lack of sensitivity among service providers and officials towards basic needs of interstate migrant workers. A large number of interstate migrant workers are unregistered and as such there is a wide gap in the enforcement of existing legislations related to the welfare and social protection.

Fig 6.10

Major Findings of the Study



6.1.1 Post COVID-19 Initiatives towards Centre-State Coordination: The crisis during COVID-19 lockdown period had clearly revealed that an institutional mechanism was somewhat missing. Prior to the lockdown period, there was no coordination between Centre and State governments. However, Government of India has taken a few initiatives, as part of COVID-19 relief measures, for creating an institutional mechanism for the management of interstate migrant workers.

6.1.2 Absence of Institutional Mechanism to Address Human Rights Violations against ISMW: There is no institutional mechanism either at national level or at State level to address different type of human rights violations against interstate migrant workers. In fact, migrant workers live in inhospitable cities and villages. There is no Centre-State coordination. Despite both Central and State government authorities have made several provisions for the welfare of interstate migrant workers, many of these facilities do not exist, or are patchy in all four States covered by our study. Most of migrant workers are in the informal sector.

6.1.3 Absence of Social Security and Poor Access to Health Service for ISMW: Lack of confidence and their fear of the system are highlighted as the major barriers for accessing health services (Table 2.11). About 32% of migrant workers in Delhi, 42% in Gujarat, 30% in Haryana and 41% in Maharashtra had reported lack of confidence for accessing the health services. Local language problems, blind belief, cultural bias, lack of awareness about provision of health facilities and financial problems are other barriers. There are several factors responsible for the poor participation in social protection such as informal job, lack of knowledge and language barriers. Sector and formality of employment are linked to whether a migrant worker has a contract and consequently is eligible for and able to enroll in social insurance. Various types of human rights violations are reported by interstate migrant workers during our field survey (Table 2.5).

6.1.3.1 Information Gap and Language Barriers: It is found that 51.2% of migrant workers in Delhi, 53% in Gujarat, 56% in Haryana and 55% in Maharashtra have poor access to available schemes and services due to the lack of adequate information and language barriers.

6.1.3.2 Wide State level variations: There are State level variations in respect of access to health care services for interstate migrant workers. About 55% of interstate migrant workers in

Maharashtra and 45% in Gujarat have limited access to health care services against 17% in Delhi and 29% in Haryana.

6.1.3.3 Non- provisioning of Entitlements of Government Schemes : A considerable section of interstate migrant workers - 62 % in Delhi, 65% in Gujarat, 61% in Haryana, 69% in Maharashtra- have reported non- provisioning of entitlements of government schemes.

6.1.3.4 Exploitation by Middlemen/ Agents: The exploitation of migrant workers by middlemen/agents has reduced their wage income. A considerable number of migrant workers, at the time of leaving the home State, had agreed to work at a lower wage than the amount offered by the employer. The difference between the wage offers by an employer and wage agreed by a migrant worker is taken away by the middle man or agent. Exploitation and cheating by agents have resulted in paying of low salary to about 17 percent of migrant workers covered by the survey.

6.1.4 Social Security and Health Services-Availability of Central and State Schemes :

There are several Central and State level welfare schemes available to interstate migrant workers such as Ayushman Bharat also known as Pradhan Mantri Jan Arogya Yojna (AB-PM JAY) and subsidized food grains under the National Food Security Act (Table: 4.16 and Table: 4.17). Other available central schemes include Pradhan Mantri Shram Yogi Maandhan (PM-SYM) , PM Ujjwala Scheme, Pradhan Mantri Gramin Awaas Yojana , ICDS, Pradhan Mantri Matru Vandana Yojana (PMMVY) and National Crèche Scheme and Pradhan Mantri Gareeb Kalyan Yojana (PMGKBY) .

6.1.5 Access to Schemes of Central Government for Migrant Workers- Scheme wise

Variations: It is significant to understand that there are a few good Central and State schemes available in all four States covered by our study. These schemes can provide social protection and health services to interstate migrant workers. However, results of our field survey show that the benefits of these schemes have not reached many of them. Only a small fraction of the migrant workers were able to avail benefits of government schemes (Table: 4.16). The access to schemes for ISMW ranges from 0.5% to 27.5% which means the lowest level of access is 0.5% of migrant workers and highest is 27.5%. There are wide variations between schemes in respect of the access to schemes for ISMW. For example, the level of reach of AB-PM JAY (Gujarat- 3.25%, Haryana- 3.5%, Maharashtra- 3%) and National Social Assistance Programme (Gujarat-

4%, Haryana-4.5%, Maharashtra-4.25%) is abysmally low. On the other hand, PM –JDY (Delhi-27.25%, Gujarat-19.75%, Haryana -22.25%, Maharashtra-23%) have somewhat better reach.

6.1.6 Reasons for Poor Access to Schemes and Entitlements for Migrant Workers: In respect of available schemes, the implementation system is not friendly to migrant workers as they are constrained by the oppressive bureaucracy that administers them. Moreover, the procedural difficulties and limitations of interstate migrant workers have resulted in poor access to various schemes. There several deficiencies and deficit of knowledge on prevailing social protection schemes among migrant workers. Most of them are unfamiliar to regulations and administrative procedures. They face various glitches and frictions in the system in respect of direct cash transfers, MGNREGS payments, or Public Distribution System. A significant number of migrant workers remain unable to get the cash transfers or the rations (given the as-of-yet non-portable nature of ration cards) or work under MGNREGS. Some of them could not get a valid ration card. The programme, known as “One Nation, One Ration Card”, still remains a work in progress. The Scheme is still not fully geared for seamless interstate portability, whereby a migrant worker draws subsidised food in a State other than his own. There is the issue that many migrants are single men who might have their ration cards with their families back in the village. With this kind of portability, they would not get subsidized food grains. The government needed a far more high-tech system where every member of a migrant family had individual electronic ration cards, since the ration quota under the National Food Security Act is designed on a per capita basis.

6.1.7 Crisis of Migrant Workers in Lockdown Period: A large number of interstate migrant workers have lost their jobs on account of the COVID-19 lockdown without social security and financial benefits. There was a total absence of income transfer programme. This pathetic situation emphasises the need for passing a law to provide interstate migrant workers with much-needed social protection.

6.1.8 Unregistered Migrant Workers: In States of Delhi, Gujarat, Haryana and Maharashtra only a tiny section of migrant workers are registered with relevant authorities. Employers and contractors do not register them with labour department to escape from liabilities and reduced employer benefits. Unregistered migrant workers cannot claim most of the available social security schemes

6.1.9 High Occupational Risks as Employed in Dirty, Dangerous and Difficult Jobs: Large number of interstate migrant workers are employed in insecure or hazardous work. About 72 % of respondents covered by the survey have reported high risk at worksite and inadequate safeguards. Several migrant workers are mainly employed in “3D jobs” i.e., dirty, dangerous, and difficult. These are often low-income activities which are concentrated in sectors with higher risks such as the construction sector, heavy industry, transport, services, and agriculture, and employ immigrants for a number of hours’ higher work compared to local workers.

6.1.10 Absence of Education and Skilling of children ISMW : Considerable section of migrant workers’ children could not get benefitted from schemes such as Sarva Shiksha Abhiyan (SSA) and the Right of Children to Free and Compulsory Education (RTE) Act, 2009. Several of them do not get school education and any type of skill training.

6.1.11 Absence of Skill Assessment and Skill Certification: A large number of migrant workers find work as unskilled labourers since they enter the job market at a very early age. They do not get any upward mobility and remain stuck in the most unskilled, poorly paid and hazardous jobs for their whole work-life span. Unfortunately, host States do not have an institutional mechanism for certifying skills and experiences acquired by a migrant worker during his/her stay. Hence most of interstate migrant workers do not have any documents certifying their skills and experiences acquired by them during their stay in host States. There is a good scope for building livelihood competences for migrant workers by skill assessment and certification. Such a skill assessment and certification initiative can enhance the employability of those migrant workers who have acquired experience in host State or host State.

6.1.12 Absence of Social Protection- Crisis during Lockdown period: A large number of interstate migrant workers were dismissed by employers during the lockdown period. Since they do not enjoy any social protection they were thrown out of their accommodation by their landlords. These landlords had forced them to flee the host State. It is a fact that India’s interstate workforce was not given adequate attention and consideration of both Central and State governments. Several cash strapped labourers had to face several hurdles during 40-day lockdown.

6.1.13 Poor Enforcement of Legislation : There is a gap in the enforcement of existing legislation such as Building and Other Construction Workers (BOCW) Act 1996 and Inter State Migrant Workmen (Regulation of Employment and Conditions of Service) Act,1979. These Acts were enacted to protect rights of interstate migrant workers and save them from exploitation

6.1.14 Poor Housing and Sanitation: A large number of migrant workers suffer from poor housing and sanitation facilities in all the four States (Table 2.5). About 84% of them from Delhi do not have proper accommodation or poor quality of accommodation. The pattern of their accommodation is reported in Table 2.9. A small section of interstate migrant workers in three States could not get any accommodation in the host States. It is found that five respondents in Delhi, two in Gujarat and six in Maharashtra were found sleeping on pavements. A significant section of interstate migrant workers were given accommodation in labour camps provided by the contractor. About 41.25% in Delhi, 36.25% in Gujarat, 34% in Haryana and 33% in Maharashtra belong to this category. The largest section of interstate migrant workers were found living in rented room sharing accommodation ie, 43.75% in Delhi, 49.75% in Gujarat, 46.25% in Haryana and 47.25% in Maharashtra. A small section of ISMW- 5% in Delhi, 4.75% in Gujarat, 7.75% in Haryana and 10.25% in Maharashtra-were found living in rented house sharing. A small section of interstate migrant labour 6.25% in Delhi, 4.5% in Gujarat, 7.25% in Haryana and 5.5% in Maharashtra were found living in rented independent house sharing. A small section of ISMW- 2.5% in Delhi, 4.25% in Gujarat, 4.75% in Haryana and 2.5% in Maharashtra -were found living in owned independent house. There are numerous cases where landlords do not even sign papers allowing their tenants to give their addresses for ration cards.

6.1.15 Poorly Maintained Labour Camps: Seven patterns of labour camps were found in all the four States. These are i) temporary sheds without any rooms or attached kitchen or toilets (katcha building), ii) single room sharing without toilet/without kitchen (pacca building), iii) single room sharing with toilet facilities (pacca building), iv) single room sharing room with kitchen facilities (pacca building), v) house sharing-single room accommodation with toilet facilities (more than one room) (pacca building), vi) house sharing-single room with kitchen facilities (more than one room) (pacca building) and vii) independent house with toilets and kitchen (pacca building). As is presented in Table 2.10, maximum number of labour camp were operating from temporary sheds in Delhi(45.5%), Gujarat(43.5%) Haryana(48.5%) and Maharashtra (54.5%).

6.1.16 Prejudices, Discriminations and Social Exclusion: Interstate migrant workers have been facing different forms of prejudices and discriminations. Various forms of prejudices and discrimination of migrant workers are reported from all the four States covered by the survey. According to 92.5% of migrant workers in Delhi, 87% in Gujarat, 86% in Haryana and 90.5% in Maharashtra local people consider migrant workers as outsiders and do not treat them as equals in the society (Table 2.6). About 57% of migrant workers in Delhi, 65% in Gujarat, 59% in Haryana and 69% in Maharashtra reported that employers discriminate interstate migrant workers in the labour market in respect of wages and accommodation. Lack of political representation in home State or host State is an area of serious concern. In effect, they are often treated as second-class citizens in host States. Migrant workers are looked upon as ‘outsiders’ or ‘second class citizens’ by the local host administration. In fact, the local administration considers migrant workers as a burden on systems and resources. India has a large number of seasonal and temporary interstate migrant workers. Now most of them are unable to vote due to their economic compulsions. The move towards empowering interstate migrant workers by providing remote voting rights to interstate migrant workers using biometrics and Aadhar database is welcome step. It could lead to political empowerment of interstate migrant workers in home States as well as host States.

6.1.17 Migrant Workers without Identity Cards and Registration Documents: A large number of migrant workers have valid identity documents. About 93% of migrant workers in Delhi, 89% in Gujarat, 87.5% in Haryana and 80% in Maharashtra have valid identity documents (Table 2.12). However, the remaining small section of migrant workers is found to be struggling without valid identity documents. As is evident from the Table 2.14, Aadhaar card is the main identity document of interstate migrant workers in Delhi (88%), Gujarat (84%), Haryana (79%) and Maharashtra (78%). A small section of ISMW are issued voter ID card in Delhi (16%), Gujarat (15%), Haryana (17%) and Maharashtra (9%). As is presented in Table 2.13, majority of migrant workers have valid id issued at address in home State only i.e., 56.45% in Delhi, 65.17% in Gujarat, 58.57% in Haryana and 55.62% in Maharashtra.

6.1.18 Categories of ISMW: The categories of interstate migrant workers are varied between four States covered by the survey. By and large, these are permanent, semi- permanent, short term or seasonal migrant workers. Among them short term/seasonal migrant workers are the poorest of the poor and most vulnerable. Broadly, they are employed in construction, trading activities, street vending, farming, manufacturing, domestic work, operating rickshaws, diamond cutting, jewellery work and brick kilns. The female presence was found limited to certain

specific sectors such as jewellery work and brick kilns. Seasonal migrant workers dominated in the low-paying or hazardous jobs in informal and unorganised sector. There are several divergences among interstate migrant workers in terms of period of stay and income level.

6.1.19 Absence of Reliable Database of ISMW and Family Members: There is no reliable database of interstate migrant workers. Relevant information about children and families living at the work site is essential.

6.1.20 Undue Dependence of Migrant Workers on Contractors and Employers: In the case of migrant workers living onsite, either construction sites or factory sites, interstate migrant workers are totally dependent on contractor or employer for any health services, cash support or any emergencies. Contractors and employers are also responsible for workers' access to basic facilities such as water, sanitation, food and cooking fuel. Several women migrant workers in factories had reported 12-hour shifts on dangerous boiler machines without any overtime payment. It is significant to understand that contractors or employers have strong networks in all the cities covered by the survey.

6.1.21 Politically Invisible Section: Interstate migrant workers never got policy attention. They are not a political constituency either in host State or in home State. They do not have any bargaining power. It is really an invisible section. However, as a contrast, it has become visible during the COVID-19 lockdown period.

Majority of internal migrant labourers are deprived of health rights and social protection. Most of them are engaged in the informal economy. They are employed in irregular and dangerous jobs. In most cases they earn lower incomes than local workers. Despite a greater need for social protection in the context of increased risks and vulnerabilities, interstate migrant workers are not covered by adequate and appropriate social protection schemes than local workers. Certain concrete steps need to be taken in order to provide social protection to interstate migrant workers.

6.2 Major Suggestions

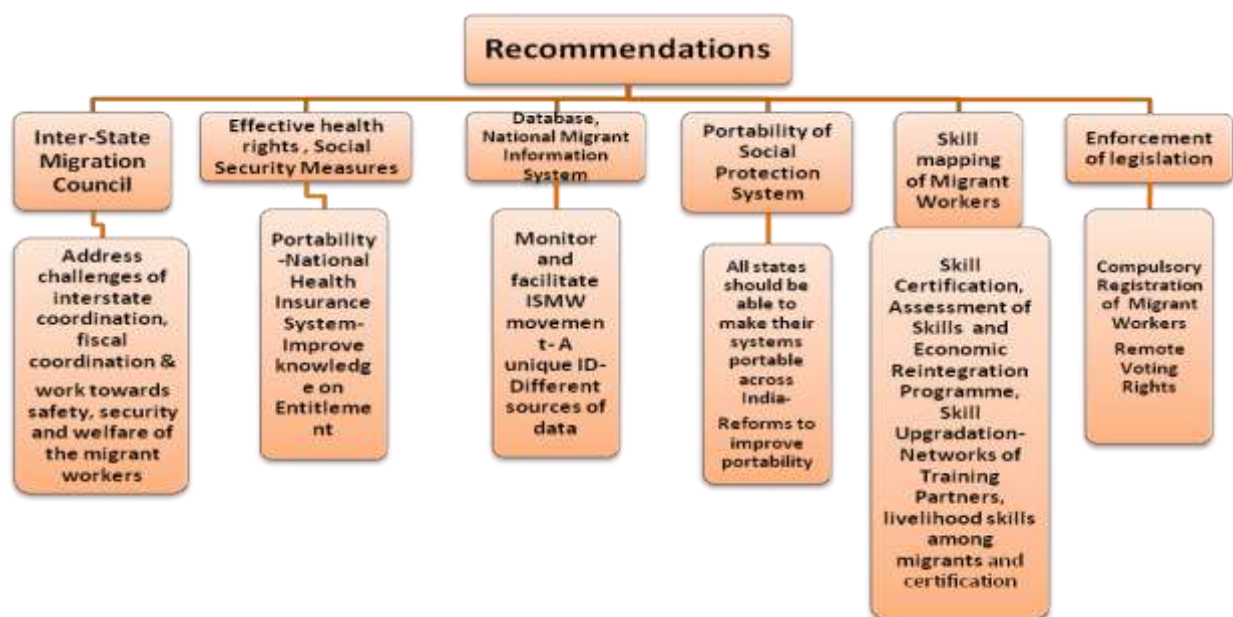
In this subsection we present a few critical suggestions to provide the access to social security and basic services for interstate migrant workers in India. It is also attempted to discuss

necessary steps to bring the interstate migrant workers to the mainstream of India. As is shown in Fig 6.11, it is required to set up an Inter-State Migration Council to address challenges of interstate coordination and fiscal coordination. An Interstate Migration Council could work towards safety, security and welfare of the migrant workers. Indeed, several social security measures, such as portability of social protection system are necessary steps. Other suggested measures include introduction of a national health insurance system, national migrant information system, skill mapping, skill assessment and certification of migrant workers, compulsory registration of migrant workers and their remote voting rights.

6.2.1 A National Policy on ISMW and A Multi- pronged Strategy on Interstate Migrant Workers: A concerted national strategy needs to be formulated to provide access to entitlements and basic services for interstate migrant workers. The experience of interstate migrant workers calls for a supportive policy framework. A multi- pronged strategy with the involvement of Central, State and local governments supported by community based organizations is urgently required to address vexed problems of migrant laborers. Many of their issues largely need policy solution both at national and State level. The States through its various departments, especially labour, social welfare, health and home have to carry out certain concrete actions. Each State has to involve its panchayats, municipalities and municipal corporations in dealing with various aspects of issues of migration. All India migrant policy may be formulated by both State and Central governments.

Fig 6.11

Major Suggestions of the Study



6.2.2 Setting up an Inter-State Migration Council and Coordination of Central and State Governments:

It is important to set up an Interstate Migration Council, which can work towards safety, security and welfare of the migrant workers. This council will be able to resolve issues related to interstate migration. Many of the central schemes such as the Pradhan Mantri Garib Kalyan Yojna ought to be redesigned and enhanced as a block grant to States. In addition, public health care system, especially within the framework of National Health Mission and National Digital Health Mission could focus on health needs of migrant workers. Robust and responsive mechanisms for interstate coordination are critical. India needs an interstate coordination mechanism and Interstate Migration Council can work towards safety, security and welfare of the migrant workers. There are numerous challenges of an interstate coordination including fiscal coordination. Government of India can address these challenges on a priority basis as a policy response to crisis in lockdown period.

6.2.3 Monitoring of the Movements of Migrant Workers- Home and Host States: Both the States- sending and receiving States- should have close monitoring of the movements of interstate migrant workers.

6.2.4 Role of Department of Home of Host States: It could provide facilitation towards the registration and verification of migrant workers, with the involvement of police stations, in host States. The support and involvement of employers, panchayats and municipalities can give better results. It may track illegal migrant workers and take steps for prevention of crimes.

6.2.5 Role of Department of Health of Host State: It could provide facilitation to registration process by Health Centers and Government Hospitals. Organizing health camps for migrant workers and issuing health cards could be a positive step towards providing health care services to migrant workers. Health cards with all the identification details and health related information may be issued to all the migrant workers. The Government of India has announced that every Indian would get an ID card that would contain all relevant information about his/her medical conditions under National Digital Health Mission.

6.2.6 Role of Department of Education of Host State: It is important to ensure the enrolment of migrant children in schools. Under the framework of RTE Act 2009, all the migrant children and children of migrant workers could be enrolled. Local government authorities may be

involved in the initiative. Proper and adequate education and skills are to be provided to children along with the prevention of child labour.

6.2.7 Role of Department of Food and Civil Supplies of Host State: Appropriate measures can be taken to ensure the availability of subsidized food and related items to all migrant workers in host States. It could ensure the implementation of portability of food entitlements to all migrant workers.

6.2.8 Role of Department of Social Welfare of Host State: It may provide the benefits of various social welfare schemes to migrant workers. All relevant information about various welfare schemes needs to be disseminated among migrant workers.

6.2.9 National Migrant Information System: A portable food distribution system has to be capable of continually tracking interstate migrant workers. In fact, Government of India in May 2020 has created an online repository to monitor and facilitate the movement of migrant workers in coordination with the State governments. A unique ID can be generated for each interstate migrant workers, which can be used for all transactions.

6.2.10 Dynamic Database: A reliable migration data is essential to strengthen a National Migrant Information System. New data sources have to be identified. There are different sources of data such as travel data with railways. This database will also help in contact tracing of migrant workers and keeping in touch with them. Developing an online platform to share information and experience can be a positive step. Digital innovation will enable a lot of these initiatives, supported by Aadhar and other data. Certain good initiatives taken during COVID-19 crisis by Government of India and a few States can be starting point and sustainable efforts to be made to succeed and gain momentum. Several arms of the administration from the panchayat to various ministries and institutions of Government of India are in a better position to collect data on migrant workers.

6.2.11 Enforcement of legislation, Automatic/ Compulsory Registration of Migrant Workers and Remote Voting Rights: Enforcement of existing legislation relevant for the welfare of interstate migrant workers is required. Additional legislation is also necessary to provide them the access to social protection and health services. Currently in many cases, access and participation in these schemes are restricted for local workers. Political participation of

interstate migrant workers needs to be ensured. Once the process of amending the Aadhar legislation is completed, Election Commission is expected to link the electoral roll with the unique identification number. It will provide remote voting rights to interstate migrant workers. India has a large number of seasonal and temporary interstate migrant workers. Now most of them are unable to vote due to their economic compulsions. It is important to speed up the current move towards empowering interstate migrant workers by providing remote voting rights to interstate migrant workers using biometrics and Aadhar database. The political empowerment of interstate migrant workers by giving them voting rights can lead to a substantial reduction in the discrimination against migrant workers in host States .

6.2.12 Enactment of State Laws: It is advisable to enact a viable law to address vulnerabilities of migrant labourers and to deal with the interstate migrant workers related problems of local community in host States. Enactment of laws could be in consultation with all the stakeholders. A legal framework is to be created to address all relevant problems of interstate migrant workers who contribute significantly to the growth of host State's economy.

6.2.13 Compulsory Registration of Migrant Workers: All employers and contractors should be made liable to register them with labour department. It is more appropriate to register the names with all the relevant information of all the migrant workers using a centralized online registration system linking all the panchayats and municipalities in the host State.

6.2.14 Portability of Public Distribution System and Social Protection Schemes: Interstate migrant workers are a highly mobile population and their high mobility contrasts with the non-portability of the social protection system. Improving portability could encourage participation of migrant workers in social protection schemes. A problem faced by migrant workers is that the ration cards from their places of origin are not valid in other States. As many interstate migrant workers have been left out of the National Food Security Act, PDS benefits should be extended to them by enrolling under the PDS along with portability of PDS. In order to address the issues of food insecurity Government should introduce roaming PDS, Antyodaya and other food entitlements. Government of India has announced portability of public distribution system. However, there are several challenges for implementing this policy. These challenges are mainly interstate coordination and fiscal coordination. It is an urgent need to address these serious challenges.

6.2.15 Social Protection System- Improve knowledge on Entitlement and Procedures: Lack of knowledge about entitlement and procedure need to be addressed. Improved dissemination of information about various schemes and facilities among interstate migrant workers is very much required. Various channels can be used for outreach and dissemination of information. The media is able to transfer basic information about social protection schemes. Employers and government departments and institutions need to do more to improve information flows. Employers need to be accountable to sign up employees for social insurance. Compliance needs to be improved. Non-compliance should be penalised. Community outreach workers and education programmes could be more effective in increasing knowledge of interstate migrant workers. Language training and translation services need to be extended to all citizens to ensure interstate migrant workers are not deprived of their rights and entitlements.

6.2. 16 Migrant-friendly Public Health Institutions and Health ID Cards: It is an urgent need to make public health institutions in all the four States covered by the survey “migrant-friendly”. The scaling up outreach programmes and health camps, health cards, other onsite mobile health services could be some proactive measures. Informal referral system should be in place for migrant workers with State and local health services, civil hospitals and hospitals of local governments. A health card may be issued to each migrant worker. In this context, it is important to state that, on 15 August 2020, Government of India has announced National Digital Health Mission under which every Indian would get an ID card that would contain all relevant information about his/her medical conditions.

6.2.17 Migrant-friendly Health Policies and Legislations: All migrant workers should be provided with portable health care services through self-registration process irrespective of status of employment. Drafting of comprehensive health legislation needs to be initiated on a priority basis.

6.2.18 National Health Insurance System: All migrant workers should be automatically enrolled in national health insurance such as the Ayushman Bharat scheme as well as State health insurance schemes. Setting up of dedicated drug distribution centres in areas with concentrations of migrant workers can be considered. Each State government (Home State/ Host State) may introduce a State insurance scheme to provide coverage of accidental death of migrant workers.

6.2.19 Creation of Migrant Worker- friendly and Healthy Construction Sites: Employers should provide various facilities and services to make all construction sites migrant workers

friendly. Comprehensive on-site health care services may be provided to the construction workers. This could include mobile crèches, early childcare and day care centres for children, breastfeeding breaks for mothers in between work schedules at worksites. A public – private partnership model may be adopted in running such health facilities and services.

6.2.20 Improved Health Service Delivery: Adequate and appropriate measures may be taken towards creating awareness about health issues, empowerment of migrant workers to utilise government health services and sensitization of government health service providers to address special health needs of interstate migrant workers. It is equally important to provide outreach services for ISMW in select clusters to improve health service delivery.

6.2.21 Medical Camps for Migrant Laborers As Joint initiatives of Local Government Institutions and Police Stations: Panchayats and municipalities may take initiatives in registering of interstate migrant workers and organising medical camps for them. These activities can be carried out in cooperation with the local police station. Special health camps in association with charitable hospitals should be carried out in close intervals. The benefits of National Rural Health Mission (NRHM) scheme may also be availed for organising such activities.

6.2.22 Job Creation under MGNREGS and Universal Income Transfer Programme for ISMW: Government of India may provide a quota for job under MGNREGS to interstate migrant workers in host States and home States with corresponding increase in work allocation under the programme. Enrolment for manual work under the MGNREGS can provide at least 100 days of employment a year to at least one member of every rural household. All interstate migrant workers in India should get the benefit of this important national job guarantee scheme.

6.2.23 Education and Skilling of Children of Migrant Workers: It is advisable to introduce a special form of scholarships for children of migrant workers to facilitate their primary, secondary and tertiary education. There should be supplementary education scheme, training and upskilling for migrant children in the hotspots. The introduction of migration cards is useful in facilitating the education of migrant children, By using migration card the student could continue her/his schooling at the migrated place and would be permitted to give the examination at the school – either at the migrated place or at the original destination.

6.2.24 Skill Mapping of Migrant Workers: An overwhelming majority of migrant workers are on jobs that require minimum skill. There is a need for mapping of skills of migrant workers. Indeed the demand for skills is the key to obtain migration opportunities and skills are easily to be reintegrated.

6.2.25 Skill Certification, Assessment and Economic Reintegration Programme: An institutional mechanism should be created in each host State for certifying skills and experiences acquired by migrant workers during their stay in a host State. It will enable the migrants to explore employment opportunities with an updated certificate which will improve the chances of getting better placements. Each host State can adopt a certificate based approach.

6.2.26 Skill Upgradation- Networks of Training Partners: Training institutions in host State or home State could provide skill training to migrant workers. In the context of COVID-19 lockdown, the Union skill development Ministry has initiated to provide training to about 3 lakhs returned interstate migrant workers in an attempt to help them upgrade their skills. This training programme is under the Garib Kalyan Rozgar Abhiyaan. This initiative may be scaled up.

6.2.27 Differently Coloured Cards to Three Categories of ISMW: Three categories of interstate migrant workers were identified in all the four States covered by our survey. Among them permanent migrant workers who are relatively better placed having registered documents and limited facilities. Semi- permanent are better placed compared to short term or seasonal migrant workers who is the most vulnerable group which is the third category. In fact, short term or seasonal migrant workers are without any legal document. The third category should get a colour-coded unique identity card as a document, on urgent basis, for easy linkage to the government's Schemes. The cards could be marked by three different colours to indicate the degree of vulnerability. This type of cards can be issued to interstate migrant workers and their dependents using different colours. Issue of Bio metric smart card to all interstate migrant workers would enable them to access various government-sponsored Schemes.

6.2.28 National and State level Helpline for ISMW: A 24x7 Toll free helpline may be set up to address grievances of interstate migrant workers pertaining to various services.

6.2.29 Services to Children of ISMW and Migrant Children: Adequate and appropriate strategies should be in place for children of migrant workers to ensure their education, health, nutrition and social protection. Essential services for mothers, newborns and children at critical life stages need to be ensured. It is important to link up them with the ICDS and MDM programme. It is easy to increase the coverage of ICDS in migrant labour camps and worksites. Daycare centres, crèches, as mandated under labour laws in the construction, mining and plantation sectors and at MGNREGS worksites should be enforced. Governments should take proactive steps against the contractors who employ child labour in the worksite. Registration of all worksites under the appropriate authorities and periodic visit to the worksite to report incidence of child labour should be made mandatory.

6.2.30 Improved Workplace Safety: Many migrant workers are employed in hazardous environments and their injury rates are disproportionately high. This is a common trend in the manufacturing and construction sectors. Adequate and appropriate steps may be taken to ensure workplace safety system by improving workplace safety training and access to appropriate safety devices .

6.2.31 Associations of Migrant Workers: It is desirable to adopt the rights-based strategy of unionizing interstate migrant workers. Through a positive model of unionization, they will be able to air their grievances and address their problems especially in respect of human rights violations effectively .It may be noted that in COVID-19 lockdown period there were a few cases of agitations of interstate migrant workers demanding release of pending wages, food and transportation to villages in the home State. Trade unions can be encouraged to organize interstate migrant workers. In any case it is important to provide a common platform to migrant workers to deliberate their genuine problems and negotiate with other stakeholders.

Concluding Remarks

In all the four States covered by the survey, the relationship with interstate migrant workers continues to be exploitative and transactional. A large number of interstate migrant workers remain without social protection. India needs to give migrant workers adequate and appropriate access to government welfare schemes and health services. Government should enhance their social security in letter and spirit. We need a database of people working and living outside their

States and an efficient national migration information system. India should give them political value and access to elected representatives. Public health institutions need to initiate and reinforce more “migrant-friendly” services. There is a strong need for scaling up outreach programmes and other onsite mobile health services that can provide special assistance to migrant workers. The holistic needs of migrants must be met with a special focus on food security, education, skill development, skill assessment, skill certification, health services, minimum wages and improved living conditions. Government should also provide them a minimum income guarantee scheme.

COVID-19 pandemic has helped focus attention on migrant workers and address their issues. In the post COVID-19 phase, there have been certain good government initiatives. Prime Minister of India had launched the National Digital Health Mission on 15 August 2020. It was explained that every Indian would get an ID card that would contain all relevant information about his/her medical conditions. This card could be used to access health services and medicines. The National Digital Health Mission (NDHM), which comes under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), is expected to improve the efficiency, effectiveness, and transparency of health services in the country. Government of India and a few State governments have taken new initiatives for the introduction of portability of public distribution system, portable social security number and building a national migrant information system. Appropriate and adequate attention should be given in executing these initiatives efficiently and effectively in order to provide justice and protect human rights of all the interstate migrant workers in India.

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Websites

<https://indiamigrationnow.org>

<http://www.migrationpolicy.org>

Schedule/ Questionnaire 1: Interstate Migrant Workers

(For investigators: Fill up as per instructions given with each questionnaire)

1. *Name, Address of the Respondent:* -----

2. *Telephone:*-----

3. *Respondent's gender: (1=Male, 2=Female)*
4. *Respondent's age? :*
5. *Marital status (1=Married, 2=Unmarried, 3=Widow, 4=Widower, 5=Separated):*
6. *Educational qualification (1=Illiterate, 2=Primary, 3=High school, 4=HSS or PDC, 5=Graduate, 6=Post Graduate, 7=Technical diploma/degree):*
7. *Religion (1=Hindu, 2=Muslim, 3=Christian, 4=others(Please specify))*

8. *Name , address in this State, address in home State (State, District, Block and Village)-*

9. *Please explain socio economic background of labourers. Please indicate the reasons for migrating to this State*

10. *What are the factors influencing the labourers to migrate to this State (explain the problems in home State, wage attractions in this State*

11. How did they come to this State? Please explain the supply channel, through contractors, friends,etc-----

12. Please provide sector of employment , employers name and size and nature of operations

13. Explain the period of work (First arrival, how many years, continuous or not, future plan ,etc)

14. Explain the size and structure of family

15. Please provide daily wage rate (Rs.-----)

16. Monthly household income (Rs.-----)

17. Monthly household expenditure (Rs.-----)

18. Please explain present work nature (skilled or unskilled): -----

19. Are you working overtime? If yes , explain along with the payment pattern, etc

20. What are the provisions for leave

21. Please explain your food habits, health habits

22. Please explain your nature of stay

23. What are the facilities provided at the place of stay

24. What are the occupational problems

25. Are you meeting educational needs of your family in this State?/ Are your children going to school, facing problems in getting school education?

26. Please explain your health status, Illness, during your stay in this State

27. Please explain different types of medical care provided : private or public health institutions : Please explain the difficulties in availing medical facilities , if any

28. Have you got registered with labour department, Panchayat or municipality, health department, etc? Please explain

29. Please provide the details of Identity card issued to you from this state and also from your home state

30. Please explain the Welfare schemes and social security schemes such as pension, health insurance, etc, available to you

31. Please explain your awareness about welfare schemes

32. Please explain your awareness about cultural dimensions of this State

33. What are your problems in this State as a migrant worker? Explain

34. Have you ever faced any kind of harassment from this State. Please explain

35. What are the suggestions to address your (migrant labour's) problems, vulnerability?

36. Have you ever approached elected representative and officials of Panchayat/
Municipality/Corporation? Explain the details along with purpose, results, problems, etc.

37. Have you ever approached any state government (explain the details along with purpose,
results, problems, etc.)

38. Please explain your relationships/ interactions/ socialisation with the people of this State

39. What is the relationships/ interactions/ socialisation within the migrants, ISMW(examples, weekly visits, exclusive gathering on weekly, monthly basis)

40. Please explain the problems faced by interstate migrant workers during COVID-19 lockdown period.-----

41. Please explain the mitigation measures taken to address problems faced by interstate migrant workers during COVID-19 lockdown period -----

42. Please explain the role of contractor/employer in providing social protection and basic services including health care to interstate migrant workers

43. In your opinion what type of an institutional mechanism to be created to address your problems (for handling migrants and their problems/ issues related to registration, ration cards and other relevant documents , education of their children, health and medical care, housing and sanitation, social security schemes, labour exploitation, job related grievances, etc)

44. Any other information/ problems/suggestions

Schedule/ Questionnaire 2: Employer/Contractor of Interstate Migrant Workers

(For investigators: Fill up as per instructions given with each questionnaire)

1. *Name, Address of the Respondent:* -----

 2. *Telephone:*-----

 3. *Respondent's gender: (1=Male, 2=Female)*

 4. *Respondent's age? -----*

 5. *Marital status (1=Married, 2=Unmarried, 3=Widow, 4=Widower, 5=Separated)*

 6. *Educational qualification (1=Illiterate, 2=Primary, 3=High school, 4=HSS or PDC, 5=Graduate, 6=Post Graduate, 7=Technical diploma/degree)*

 7. *Religion (1= Hindu , 2=Muslim , 3=Christian, 4= Others (Please specify)*

 8. *What are the reasons for employing migrant labourers instead of local labourers? Please explain)*

 9. *How do you get the migrant labourers (explain the supply channel, through contractors, friends, etc)*
-

10. For what type of work you employ migrant labourers? (Explain . Please also indicate whether you employ them for skilled or unskilled, etc.)

11. Please explain the rate of wage being paid to different categories of labourers

12. Please explain specific Issues faced by migrant workers compared to the local workers

13. What are the health related issues due to the migration?

14. What are problems faced by society out of migration?

15. Is there any increase in crime rate due to the migration?

16. What are the benefits/ welfare being provided to migrants?

17. Please explain the Welfare Schemes available to migrants

18. Availability of welfare schemes and social security schemes such as pension, health insurance, etc. compared to local workers

19. What are the suggestions for improving the socio-economic and health status of migrants

20. Please suggest measures for the welfare of migrant workers?

21 Please explain the problems faced by interstate migrant workers during COVID-19 lockdown period.-----

22 Please explain the mitigation measures taken to address problems faced by interstate migrant workers during COVID-19 lockdown period -----

23. Please explain the role of contractor/employer in providing social protection and basic services including health care to interstate migrant workers

24 In your opinion what type of an institutional mechanism to be created to address problems of migrant labourers (for handling migrants and their problems/ issues related to registration, ration cards and other relevant documents , education of their children, health and medical care, housing and sanitation, social security schemes, labour exploitation, job related grievances, etc)

25 Any other information/ problem/suggestion

Schedule/ Questionnaire 3: State Officials/ Elected Representatives and Officials of Panchayats/ Municipalities/Corporations

(For investigators: Fill up as per instructions given with each questionnaire)

1 Name, Address of the Respondent: -----

2 Telephone: -----

3. Respondent's gender: (1=Male, 2=Female)

4. Respondent's age? -----

5. Marital status (1=Married, 2=Unmarried, 3=Widow, 4=Widower, 5=Separated)

6. Educational qualification (1=Illiterate, 2=Primary, 3=High school, 4=HSS or PDC, 5=Graduate, 6=Post Graduate, 7=Technical diploma/degree)

7. Religion (1=Hindu, 2=Muslim, 3=Christian, 4=others(Please specify))

8. Please provide daily wage rate of migrant labour. Is it comparable with the local labourers? Please explain. (Rs. -----)

9. Please explain specific issues faced by migrant workers compared to the local workers

10. What are the problems faced by society out of migration?

11. Is there any increase in crime rate due to the migration?

11. Please mention the availability of welfare schemes and social security schemes such as pension, health insurance, etc. compared to local workers

12. What are the health related issues due to the migration?

13. What are the suggestions for improving the socio-economic and health status

14. Please explain the problems faced by interstate migrant workers during COVID-19 lockdown period -----

15. Please explain the mitigation measures taken to address problems faced by interstate migrant workers during COVID-19 lockdown period -----

16. Please explain the role of contractor/employer in providing social protection and basic services including health care to interstate migrant workers

17. Do you think that a special intervention from local government or State government required for the upliftment and welfare of migrant workers?

18. In your opinion what type of an institutional mechanism (especially with the involvement of local government or state government) to be created to address problems (for handling migrants and their problems/ issues related to registration, ration cards and other relevant documents , education of their children, health and medical care, housing and sanitation, social security schemes, labour exploitation, job related grievances, etc)

19. Any other information/ problems/suggestions

**Schedule/ Questionnaire 4: Local Workers, Scholars, Experts, Trade Unions,
Associations of Labourers and Representatives of NGO/CSO**

(For investigators: Fill up as per instructions given with each questionnaire)

1 Name, Address of the Respondent: -----

2 Telephone:-----

3 Respondent's gender: (1=Male, 2=Female)

4 Respondent's age? -----

5 Marital status (1=Married, 2=Unmarried, 3=Widow, 4=Widower, 5=Separated)

6 Educational qualification (1=Illiterate, 2=Primary, 3=High school, 4=HSS or PDC,
5=Graduate, 6=Post Graduate, 7=Technical diploma/degree)

7 Religion (1= Hindu , 2=Muslim , 3=Christian, 4= Others (Please specify)

8 Please provide daily wage rate (Rs.-----)

9 Monthly household income (Rs.-----)

10 Monthly household expenditure (Rs.-----)

11 Please explain present work nature (skilled or unskilled):

12 Are you working overtime? If yes , explain along with the payment pattern, etc

13 What are the provisions for leave?

14 How is your relationship/issues with migrant workers?. Are you any facing any problems from migrant labourers including language /communication/cultural problems?

15 Please explain the welfare schemes and social security schemes such as pension, health insurance, etc, available to you

16 Please explain the problems faced by interstate migrant workers during COVID-19 lockdown period.-----

17 Please explain the mitigation measures taken to address problems faced by interstate migrant workers during COVID-19 lockdown period -----

18 Please explain the role of contractor/employer in providing social protection and basic services including health care to interstate migrant workers

19 In your opinion what type of an institutional mechanism to be created to address various problems/ issues related to registration, ration cards and other relevant documents , education of their children, health and medical care, housing and sanitation, social security schemes, labour exploitation, job related grievances, etc

20 Any other information/ problems/suggestions

