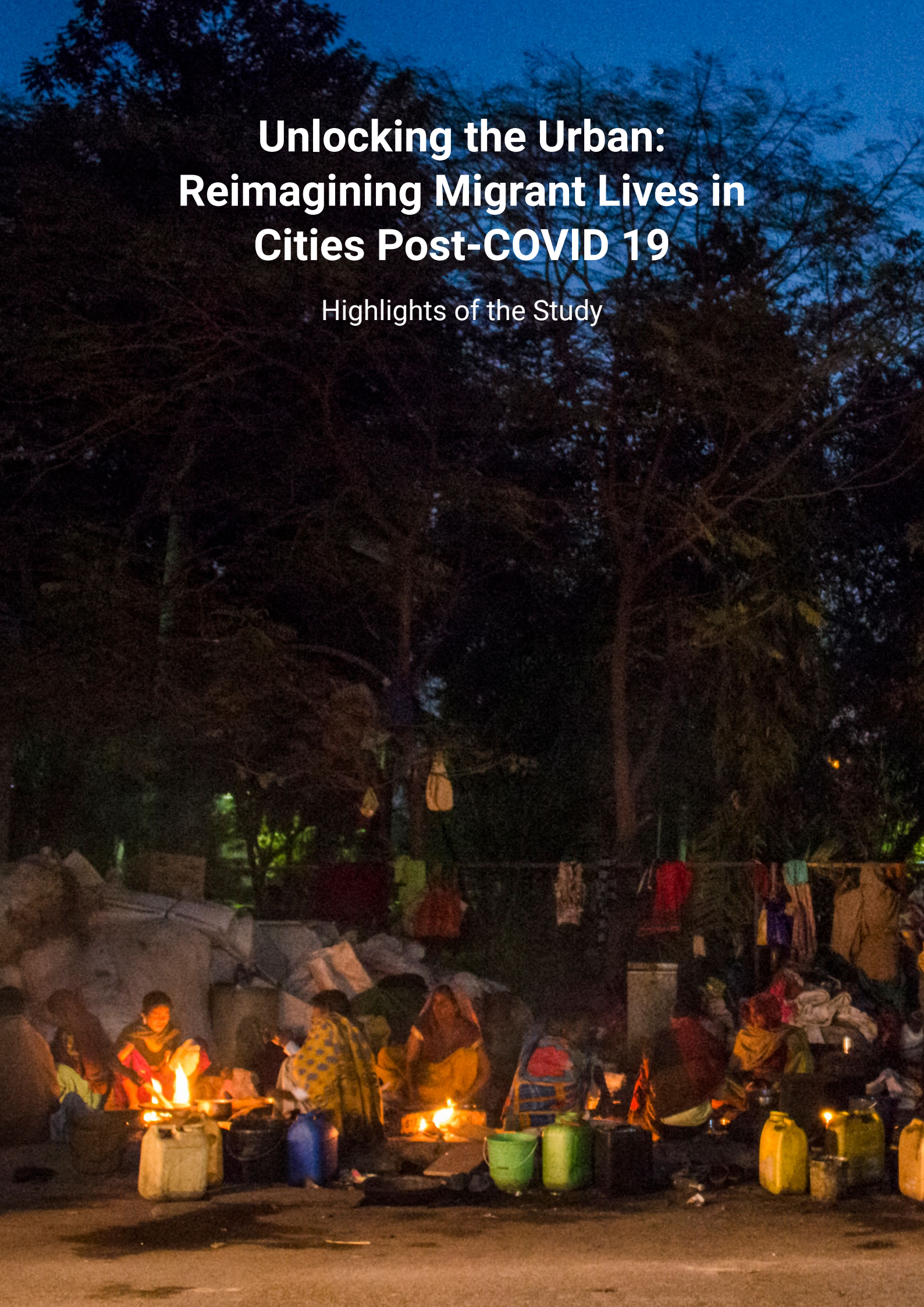


# Unlocking the Urban: Reimagining Migrant Lives in Cities Post-COVID 19

Highlights of the Study





Manish Shukla

The COVID 19 pandemic and the resultant lockdown in India triggered vast movements of internal migrant workers, desperate to return to their home villages. Only a few were able to make it back. Many were detained at borders, where they faced police brutality, were doused in disinfectants, asked to produce “health certificates” which they had no means of acquiring, or forced into shelter homes en-route. Many more migrant workers remain stranded in cities and towns, where they have not been paid wages for previous work, forced to take unpaid leave, or removed from their jobs. In panic, they are calling numerous helplines, most of which remain unreachable, to ask for rations, wages or to let them return home.

The lockdown came without adequate warning, or any plan for migrant workers in India’s urban areas, even though they are estimated to constitute 100 million people, accounting for 1 in 10 Indians. To fully understand their current predicament, it needs to be stressed that the pandemic did not fully cause this, but aggravated long-standing, existing vulnerabilities. India’s urban-led economic growth model relies on the labour of rural-urban migrants, who often receive less than minimum wages for long hours of dangerous, manual work. They are unaccounted for by national statistics and unseen by city level administrations. As a result they resort to living in unrecognised spaces, which further removes them from the purview of state provisions of water and sanitation, food and fuel, and healthcare. A chain of vulnerabilities sets in: one exacerbating the next. The pandemic having completely destroyed livelihoods, the situation has reached a breaking point. Workers no longer have wages to buy these services as they usually do. They do not have coverage by state provisions either and are left without a safe shelter or space to practice physical distancing, water and sanitation for maintaining basic hygiene or access to healthcare, or food and nutrition.

This report by Aajeevika Bureau examines the causes, nature and extent of migrant workers’ exclusion from urban services, and provides policy recommendations to remedy the same. The study was conducted during the

pre-COVID 19 period in two major Indian cities: Ahmedabad and Surat. The report, based on surveys and focus group discussions, conducted with workers in a range of sectors like power looms, construction, small manufacturing, hotels and restaurants, head loading and domestic work, reveals the heterogeneity of the migrant worker. This in turn informs the nature and extent of their exclusion. These differences notwithstanding, the lack of documentation establishing their residence in the city, is a common factor, that renders workers ineligible from most state schemes. It also evaluates the state response to this exclusion, by drawing from interviews with public officials from urban local bodies and state or central schemes and missions. As we move towards a post-COVID phase, much needs to be done in way of building back the lives for migrant workers. The current moment presents a unique opportunity to remedy the long persistent chain of ineligibility and exclusion that they find themselves mired in, and to finally bring them under the realm of existing state services, and urban governance.

## Who are the Circular, Migrant Workers?

- Circular migration can be short or long term, short or long distance, by men, women and children, single or family-based. Workers remain at their work destinations between 3 to 11 months in a year, but always return to their source villages.
- Ahmedabad has an estimated 1.3 million circular migrant workers, accounting for 1/6th of its population. They come from adjoining tribal areas of northern Gujarat, southern Rajasthan and western Madhya Pradesh, as well as across longer distances from Uttar Pradesh, Bihar, Odisha and Chhattisgarh. The current study conducted 285 surveys with migrant workers in Ahmedabad across sectors like construction, small manufacturing, hotels and restaurants, headloading and domestic work.
- Surat has the highest ratio of migrants to locals in the country, forming 58% of its total population and 70% of its waged workforce. The power loom units, located at the lowest ends of the city’s booming textile industry employs

Cover Image: Tathya Macwan

Documents	% Workers WITHOUT Access (N =285) in Ahmedabad	% Workers WITHOUT Access (N = 150) in Surat
Ration Card	92%	99%
Voter ID	89%	74%
Electricity Bill	94%	97%
BoCW card	89% (N = 80 workers)	N/A

### Migrant Workers' Lack of Access to Urban Documentation

migrant workers from Odisha, Madhya Pradesh, Uttar Pradesh, Maharashtra and Bihar. Nearly 8,00,000 migrants in the industry come from Ganjam District of Odisha who belong to OBC and Dalit communities. The study in Surat conducted 150 surveys with migrant workers employed in power loom units.

- Circular migrants overlap with the most socially marginalised and economically vulnerable groups. While some workers might be able to settle in the cities with time, Dalit and Adivasi workers employed in the same sectors, are unable to move to better paying jobs or becoming settled.

### No Access to Urban Governance and Urban Residence

- 98 percent of migrant workers surveyed had never interacted with any official in a political party office or local administrative bodies.
- Migrant workers live in spaces which are not recognised by local administrations. They have no formal or written rental agreements to acquire urban residence-based identity documents. This renders them ineligible from urban governance schemes and services, restricted to those who have identity documents which prove their domicility in the cities where they work.
- Even sector-specific welfare mechanisms have been unsuccessful in covering migrant workers. Of the large number of migrant workers employed in the construction sector in Ahmedabad, very few are registered under the Building and other Construction Workers' Welfare Board.

### Uncertain and Inadequate Housing, Water and Sanitation

Migrant workers live in different kinds of housing: on-site living, open space settlements and informal rental rooms (Ahmedabad) and rental rooms and mess rooms (Surat). They are all unregulated, providing poor and inadequate services. Some common issues are as follows:

- Due to their unregulated nature, these spaces are not covered by urban local bodies, Community Health Centres (CHC) or Anganwadis. About 85 percent of the children in the surveyed families never accessed any services from Anganwadis in their locality.
- About 83 percent accessed share toilets, with no upper limit on the number of people sharing. Women migrants are burdened with cleaning the shared toilet facilities. Water shortages and supply disruptions are common, and water is not guaranteed. Open defecation is criminalised by neighbourhood groups, increasing the costs for accessing paid toilets.

### On-site Living:

- This includes migrant workers living inside construction sites (in half constructed buildings or temporary shacks made of discarded material within the site), small manufacturing units (on the shopfloor, between machines and boilers, or in empty lots outside the factory), hotels and restaurants, inside head loading markets (in the godown, crammed offices, or in the open) and homes of employers in the case of domestic workers. Labour legislations do not adequately cover needs of workers' living conditions inside their worksites.





- Lower wages and arbitrary wage cuts for the provision of facilities on-site, or pressure on workers to work for longer and irregular hours for no overtime pay are common. They are able to access 50 litres of water per capita per day, while a minimum of 100 litres per capita per day is recommended for a healthy life. All women migrants living on-site in factories rely on open defecation.

### Open Space Settlements:

- Adivasi families who seek work in daily wage, construction labour market (nakas), live in open spaces – on pavements, near railway tracks under flyovers or in public or private lands. They face frequent evictions by police and city officials.
- They are often forced to spend 1/10th of their monthly income, paying between Rs. 15 to Rs. 25 to use pay-and-use toilets one time daily for each family member. For women, during menstruation or pregnancy, conditions are particularly difficult. Access to water varies between 39- 60 litres per capita daily.

### Informal Rented Rooms:

- In Ahmedabad, the average monthly rent for a 10x10 square feet pucca room is Rs. 3022, which is accessible only to upper caste, skilled migrants. Rooms accommodate 4, with 20-30 sq. ft. per person in the room. Unskilled Adivasi workers live in crammed rented rooms as single male migrants, with 7 sq. ft. per person. Each worker must pay Rs. 500 plus utilities to the landlord for a semi-pucca room
- In Ahmedabad's peripheries that hazardous industries treat as a dumping ground, 8x8 sq. ft. rooms each costing Rs. 1,000 and shared by 4 workers, are common. 80 litres of water per capita per day is accessible to each worker in rented rooms.
- In Surat, rental rooms of 70 - 100 sq. ft. cost Rs. 2,500 – Rs. 4,000, and house from 2 -10 workers in each room. Deposit payment of Rs. 5,000 makes these unaffordable, combined with electricity charges that are in some cases not inclusive of rent.

- In case of family migrants, such rooms double up as working sites for women who undertake unpaid house work including cooking, cleaning and childcare, in addition to home-based work in the industry. They have no entitlements as workers, and are paid below minimum wages. The home-based work also often involves the unpaid labour of the children of the family.

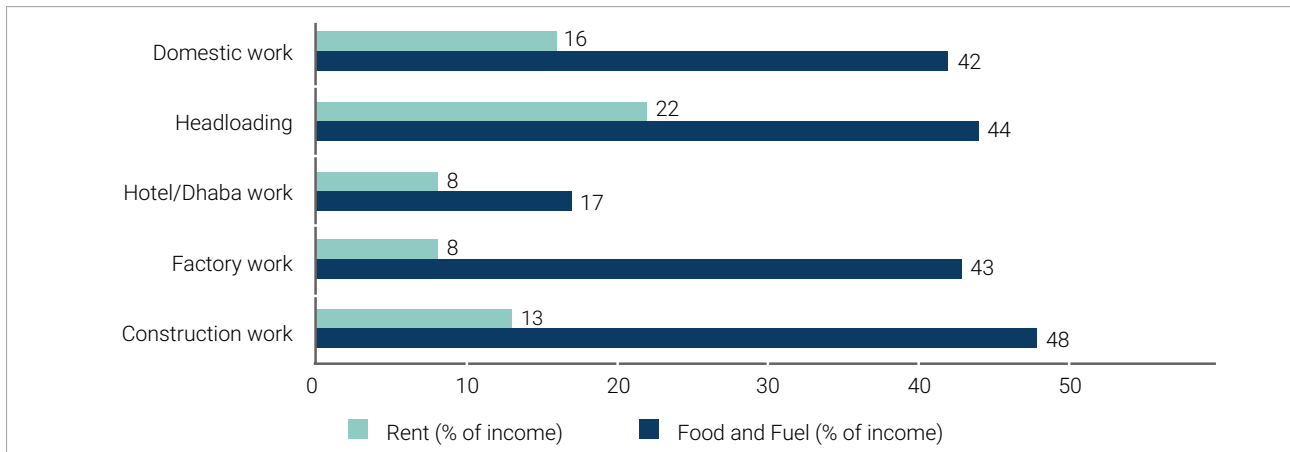
### Mess Rooms

- Former factory floors in Surat are converted to mess rooms of 600 to 1000 sq. ft. where around 100 workers sleep across two shifts (from 7 am to 7 pm and 7 pm to 7 am). Every worker gets 6x3 ft. space, for monthly payments of Rs. 400 - Rs. 600 as room rent inclusive of electricity and Rs. 1,800 - Rs. 2,200 for food served at the same facility. There is no upper limit on the number of workers and these are packed beyond capacity, hot and poorly maintained.

### Exorbitant Expenses for Food and Fuel

Migrant workers are completely left out of Public Distribution Systems (PDS) in both cities as they do not have access to ration cards in the areas where they live.

- While migrants in Ahmedabad, save on rent by compromising on basic facilities, they spend an exorbitant amount, often upto 50% of their monthly income, on food and fuel.
- Lack of storage and low wages means that workers are forced to purchase small amounts of rations daily, which makes it more expensive. They are also forced to purchase from ration shops owned by specific shopkeepers who might provide them support and help on other matters in the city, or from those owned by their landlords – and are often forced to purchase at higher costs. Thus, despite the high expenditure, the nutritional quality of food is compromised, given that they are only able to afford bare essentials.



Expenditure on Food and Rent as a Proportion of Income for Circular Migrants Living in Rented Rooms in Ahmedabad

In Surat, while mess rooms have the provision for food, these systems tend to be highly exploitative, and dictated by the mess owners. Workers are forced to buy basic supplies only from the shops owned by the mess owner themselves. They also have to procure LPG cylinders from the black market paying between Rs. 900 – Rs. 1,200 per cylinder.

### Left out of Healthcare Systems

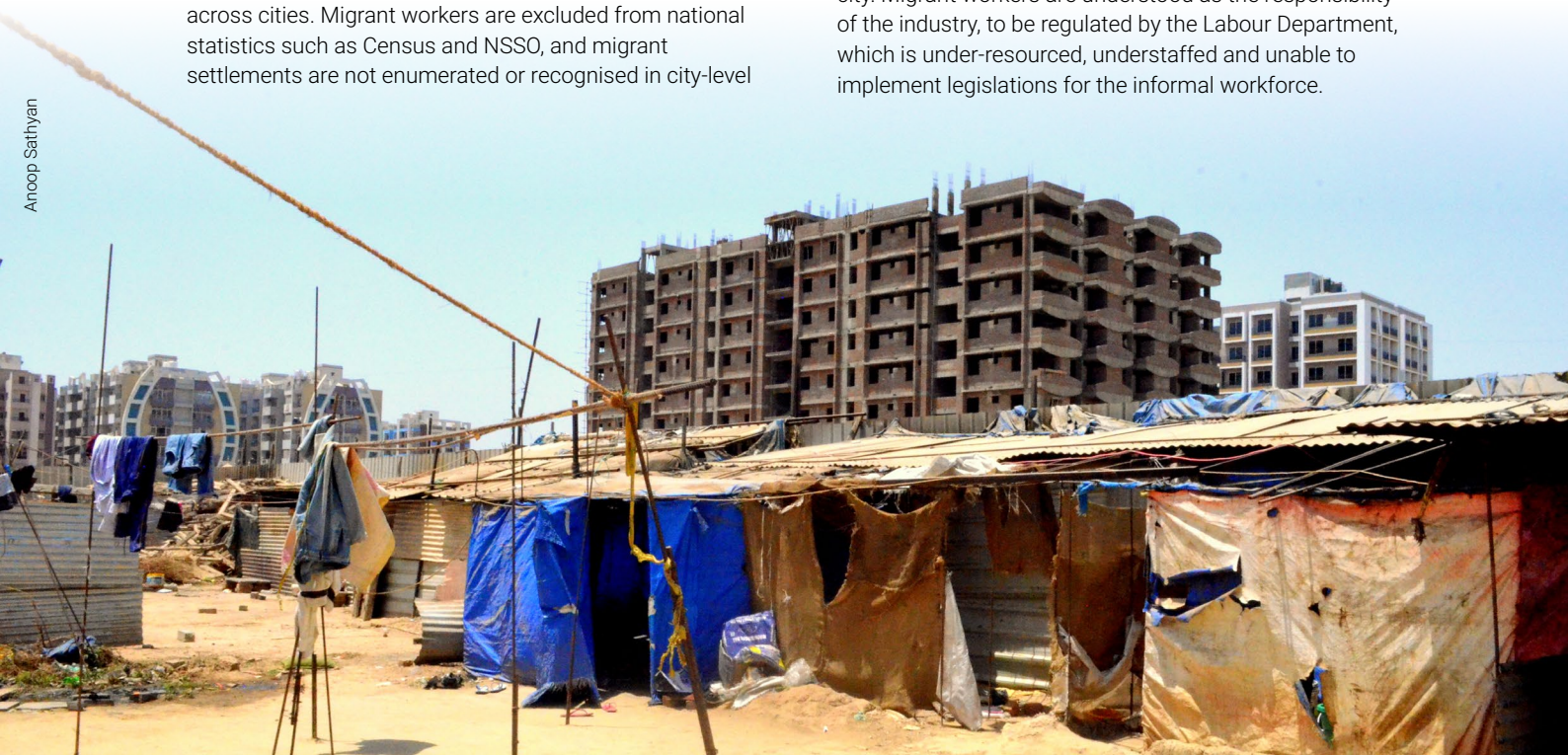
- More than 90% migrant workers in both cities reported that they preferred private clinics, including quacks or chemist shops, where they pay high costs, over urban health centres or public hospitals. In Ahmedabad, they pay anywhere between Rs. 100 to Rs. 3,00,000 for a visit to private facilities.
- If they attempt to access public healthcare facilities, they are asked for domicile-based documents, or are faced with language issues and timings that are unsuitable to their long work hours. There is also erratic and uneven outreach in their settlements by ASHA or ANM workers, as they are not recognised or considered residential areas.

### Exclusionary Urban Policies and Schemes

- **Lack of enumeration at the local level:** Urban authorities draw upon the Census data to deploy fiscal and human resources for provisioning of basic facilities and services across cities. Migrant workers are excluded from national statistics such as Census and NSSO, and migrant settlements are not enumerated or recognised in city-level

exercises. Thus, they fall out of decision-making processes for urban policies and schemes.

- **Sedentary bias in design and implementation of urban policy:** PDS, water and sanitation facilities, options for affordable housing or schemes by the National Urban Livelihood Mission are not available to circular migrants who cannot claim permanent residence in cities despite their presence in cities for major part of every year. Welfare schemes under Urban Health Centres and Community Health Centres also require one city-based domicile document. While women and children are entitled to Mamta cards that track immunization linkages, they cannot access certain welfare provisions such as conditional cash transfers without district-based domicile documents. Schemes for urban housing are also limited to recognised slum settlements, which circular migrants cannot afford.
- **Development plans are static in nature:** They are made at 10-year intervals, without accounting for the dynamic process of migration and magnitude of in-migration into cities. Population projections on which plans are made do not feature in-migration, even in fast growing cities which are migrant hotspots.
- **Imagination restricted to 'tax-paying citizens':** It reflects a heavily prejudiced mind set among urban local bodies, that refuses to view workers as legitimate citizens of the city. Migrant workers are understood as the responsibility of the industry, to be regulated by the Labour Department, which is under-resourced, understaffed and unable to implement legislations for the informal workforce.





- ♦ **Ethnic and caste based stigmatization:** Migrant workers are also widely victimized based on ethnicity, caste and class. "They do not treat Surat as their own city," "They make the city dirty," were some of the common refrains heard from officials. Police functionaries referred to them as "mind-dead," "criminal," and "always under the influence of substance abuse," citing them as an active security threat.
- ♦ **Misalignment of incentives in service delivery:** Several policies incentivise retention of beneficiaries in government programmes to ensure sustained delivery of services to the target population. For instance, the ANMs and ASHA workers who are part of the AMC receive incentives to vaccinate the same pregnant woman or child on a continuous basis, and are responsible for adding and providing continued services to new settlements. While the intent is to ensure quality and continuity of service delivery, these incentives are actually misaligned with the mobile, transient nature of the work and lives of migrant communities and end up excluding them.
- ♦ **No political agency to assert claims:** In the absence of voting rights in cities, migrants are stripped of any opportunity to assert their political agency, make demands for migrant-inclusive reforms or stake claims to public entitlements. Access to Town Planning process, water connections, establishment of Anganwadis, are routed through ward councilors or corporators who only respond to the voting populations.

## Building Inclusive Cities in the Wake of COVID 19 and Post-pandemic Phase

At the time of publication of this report, the initial 21-day lockdown has been extended for another 18 days. Adequate systems have still not been put in place for reaching out to migrant workers, who have gone without basic provisioning for weeks, fueling panic and unrest among these communities. Immediate measures taken during this phase to integrate migrant workers into public provisioning and formal employment systems can prove effective for building inclusive cities in the post-pandemic phase.

- ♦ **Identification and enumeration of migrant hotspots for public provisioning:** Local authorities must reach out to migrant pockets in cities through workers platforms and civil society organisations, conduct local level enumerations and ensure provisioning of public facilities in these areas on a fast track basis.
- ♦ **Universalisation of PDS:** Adequate rations must be provided to all persons occupying urban spaces on a priority basis; all domicile based eligibility barriers must be eliminated. This is particularly necessary for migrant settlements in far-flung urban peripheries which might fall outside the jurisdiction of urban local bodies.
- ♦ **Adequate and safe shelter facilities:** Many migrant workers are being removed from their worksites, or live in unhygienic, crammed rented rooms which are unsuitable

for survival during lockdown. These workers must be provided the option of safe shelter homes, that have provisions for family rooms, separate toilets for women, as well as security for single women migrants, and allow migrant groups to live together with their communities. They must ensure food and healthcare access, and must regularly be monitored by government and civil society representatives.

- ♦ **Access to urban healthcare systems:** Urban health centres must be made sensitive to migrant communities, be flexible with timings, must cater to different linguistic groups, and remove all burden of documentation from migrant communities. Outreach in migrant clusters through ASHA and ANM workers for health screenings are essential steps for their inclusion in existing systems.
- ♦ **Gender specific measures:** Police cooperation must be sought to identify and respond to spikes in harassment and domestic violence as a result of lockdown. Police must reach out to and remain accessible to migrant women in informal settlements for this purpose. Urban Local Authorities must set up response systems for migrant women in distress, which can be converted into Women's Resource Centres in the post-pandemic period.

- ♦ **Legal liabilities on employers and landlords for the provision of basic facilities:** Migrants largely depend on employers and landlords for accessing basic facilities in their living spaces. The provision of these facilities, as well as standards for their adequacy and quantity must be set through executive orders, which can form the basis of future legislations. Informal landlords might be incentivised to do this through subsidies from the state for renting to migrant workers in return for formalising their rental arrangements. In the case of small and petty employers who cannot provide for workers, or workers who are engaged on a piece-rate basis or as home-based workers, the state must step in through extending public provisioning in such clusters.

In conclusion, it is imperative that the processes of urban planning and policy recognize migrants as a legitimate part of the urban citizenry in need of critical public services. The public and policy attention to their issues in the current moment needs to be leveraged to enable a radical re-envisioning of the notions of citizenship and universal access to social rights, such that migrant workers are offered hope, equity and dignity in their endeavours to stake claims in our urban spaces.



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