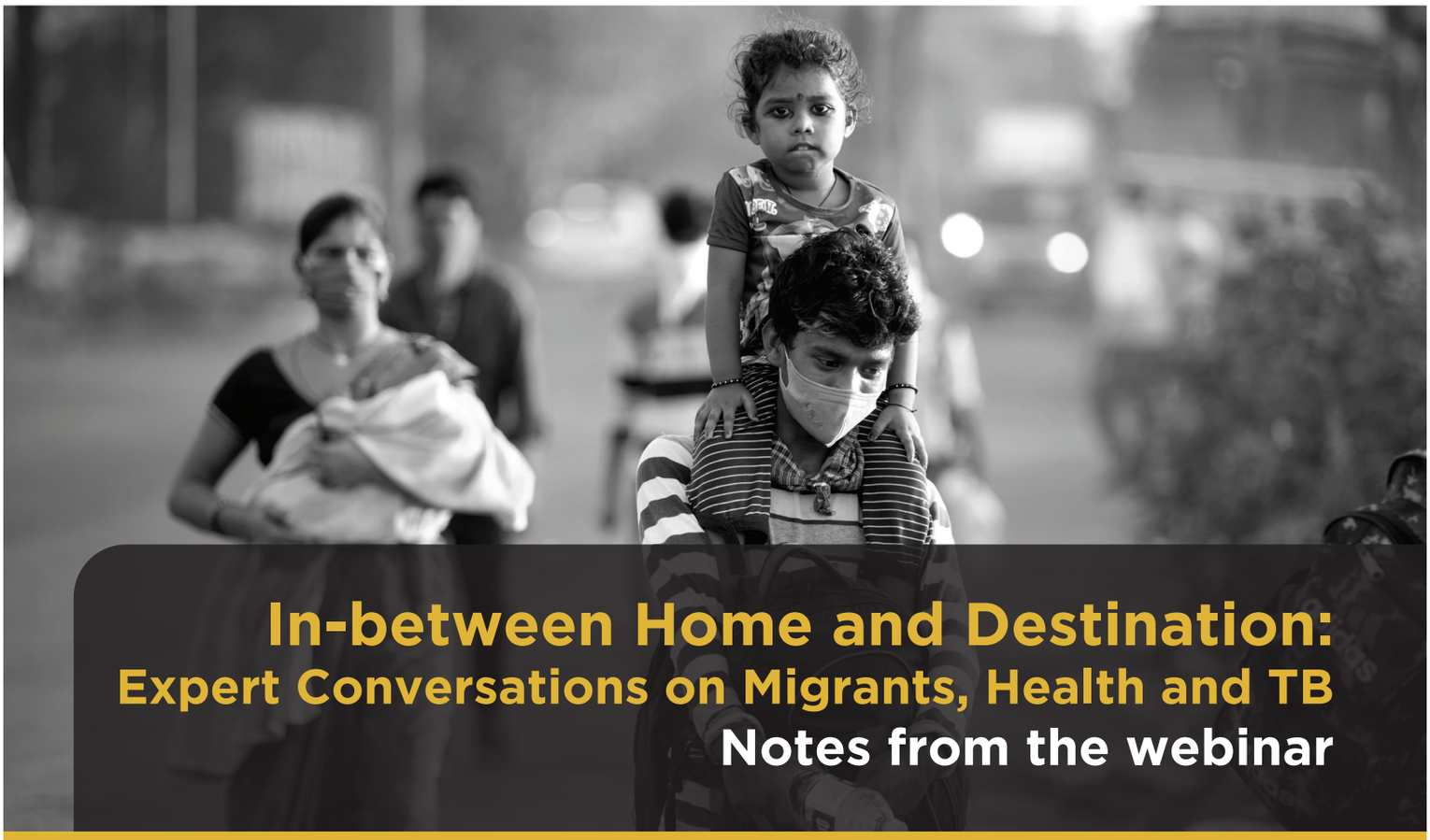


# In-between Home and Destination:
## Expert Conversations on Migrants, Health and TB
## Notes from the webinar

## Introduction

KHPT, Tinker Labs, and the United States Agency for International Development (USAID) launched a webinar series, 'Expert Conversations on Vulnerable Groups', which will engage experts in public health, community engagement and behaviour change in discussions that will inform strategies implemented under the Breaking the Barriers project. The first of the series, held on September 8, focused on the migrant population in India.

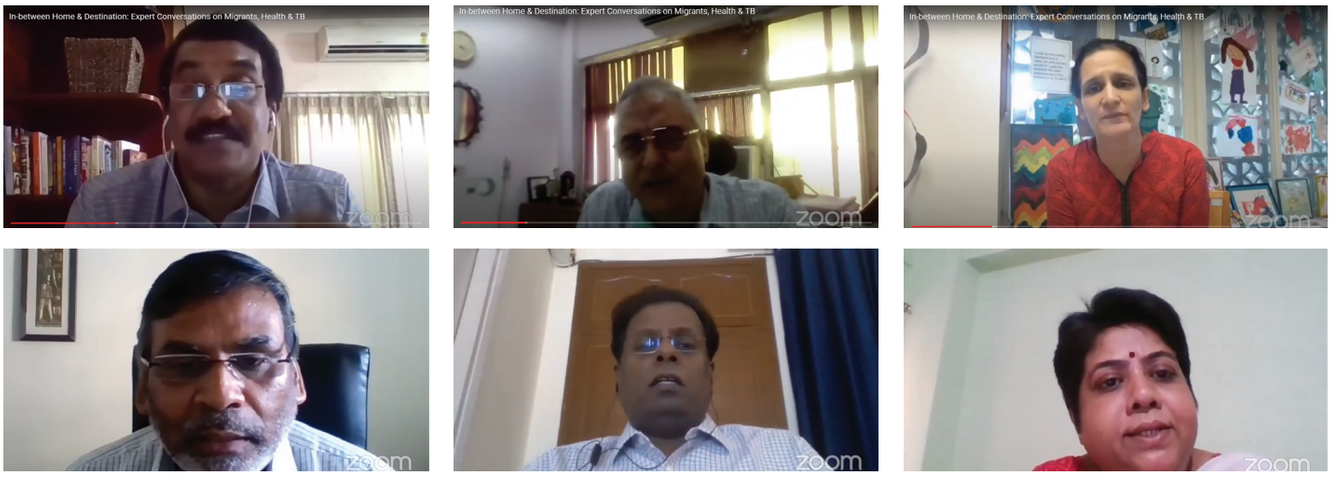
The total number of internal migrants in India, including those who migrate within a state and those who migrate to another state, is a staggering 45.36 crore or 37% of the country's population, based on the 2011 census. Indian migrant workers not only face economic hardships but are also vulnerable to social and health challenges. The unorganised labour sector offers limited support for migrants and existing interventions do not provide coordinated support at both source and destination sites. The current COVID-19 crisis has further aggravated the situation, with existing health systems unprepared to meet the demands of the pandemic. This further highlights the importance of urban health, the relevance of government and civil society investment in health, and the cost of inaction to vulnerable migrant populations.

The webinar offered expert first-hand perspectives on topics like the evolution of migration and trends, migrants' vulnerabilities to tuberculosis (TB) and other diseases, healthcare services at the source and destination locations and the role of civil society in shaping better livelihood opportunities.

Opening remarks were made by Dr K S Sachdeva, Deputy Director General TB, Central TB Division; Ms. Sangita Patel, Director, Health Office, USAID; and Mr Mohan H L, Chief Executive Officer, KHPT.

Panellists included Ms Sahana Mishra, Integrator at Professional Assistance For Development Action (PRADAN), Prof R. B. Bhagat, Head, Department of Migration & Urban Studies at International Institute for Population Sciences; and Dr Reuben Swamickan, Head, Infectious Diseases Division, USAID India.

This document highlights key points of discussion from the webinar, the recording of which may be accessed *here.*




***First row (from left):*** *Mr Mohan H L, Chief Executive Officer, KHPT; Dr K S Sachdeva, Deputy Director General TB, Central TB Division; Ms Sangita Patel, Director, Health Office, USAID*

***Second row (from left):*** *Prof R. B. Bhagat, Head, Department of Migration & Urban Studies at International Institute for Population Sciences; Dr Reuben Swamickan, Head, Infectious Diseases Division, USAID India; Ms Sahana Mishra, Integrator at Professional Assistance For Development Action (PRADAN*

# Defining migrants and differentiating types of migration

## Defining migrants

The migrant population is a not a fixed group of people, its dynamic nature makes it difficult for the health systems to cater to their needs. Although educated migrants outnumber the uneducated and poor, it is the latter, which come from marginalized communities and resort to seasonal and temporary migration, that are most vulnerable. Their residences are rural, but they work in urban areas, in temporary accommodation. A variety of social and economic risk factors affect their health seeking behaviour.

## Migration patterns

Three kinds of migration have been observed:

- **Permanent:** Persons leave their place of origin (the 'source') with their family and go back to the source occasionally
- **Semi-permanent:** Persons leave by themselves and go back to the source once in a year or more
- **Seasonal:** Persons migrate and come back to the source after 3-4 months

Migration may also be at intra-district, inter-district and inter-state levels, as well as overseas. Inter-district and inter-state migration has been recently observed to be on the rise.

Migration may also vary with social structure. In the case of the tribal population, migration between male and females is more balanced, whereas among non-tribals, more migrants are males seeking livelihoods and employment, due to social norms.

"Migration is a livelihood strategy, but for some people it is a survival strategy. You and I are migrants, but there is another category, which is migrating for survival. These migrants are seasonal and temporary. They circulate between the area of origin and the destination. Within a year, they move 1-3 times." ***- Prof R. B. Bhagat, Head, Department of Migration & Urban Studies at International Institute for Population Sciences***

"Inter-state and inter-district migration are rising in scale in these times. It is basically male migration for employment or livelihood." ***- Ms Sahana Mishra, Integrator at Professional Assistance For Development Action (PRADAN)***

# Factors influencing migration

The main factors influencing migration are:

- **Agrarian distress:** Because of skewed land distribution, agriculture is not profitable. The climate has made agriculture very risky. A large proportion of persons working in agriculture are unemployed and underemployed. Simultaneously there is a large proportion of youth, a 'youth bulge', that agriculture is not able to sustain. This, simultaneously coupled with a demand for labour in urban places, pushes migration to urban areas.

- **Employment opportunities:** In rural areas, there are very few employment opportunities. There are no industries, there is low investment in agriculture from government, and other than work under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), there is no other opportunity for employment. Work under the MGNREGA is not an aspiration for every kind of person. In urban areas, there is quite a lot of demand for labour in sectors such as construction, and this draws people, especially the youth, to urban areas.

- **Changes in social institutions:** Earlier, labourers were tied to the land through social arrangements (such as the caste system), which are now loosening. Weakened family ties are also leading to migration to urban areas.

"The migration to cities and urban places is happening as the demand for labour is increasing. There are some factors in each state which push for migration. In Bihar, one of the reasons for young boys migrating for work is that dowry is a factor for getting their sisters married and they have to earn that money." ***- Ms Sahana Mishra, Integrator at Professional Assistance For Development Action (PRADAN)***

# Health seeking behaviour of migrants and their families

Migrants in urban areas generally go to a pharmacy or private clinic, because they don't want to lose their daily wage by going to the doctor in the daytime.

Their families do not trust in the government hospitals or government healthcare providers. Although the ASHA and Anganwadi Worker (AWW) are more accessible to rural families, if there is some serious illness, family members often opt to go to a quack first.

In the case of a women, they usually go to a quack and then consult the ASHA workers/AWW, and if their condition is not cured or they become serious, then they go to a private clinic with the permission of the head of the household or the husband who is away from home. .

During the COVID-19 pandemic, many migrants lost their livelihoods and consequently, their capacity to approach private healthcare facilities. The government health facilities were geared towards COVID management, and routine healthcare services such as immunization suffered.

# Challenges

## Individual-level challenges

Data has shown that migrants are six times more likely to have TB than the general population. In urban areas of low income countries, the risk of TB transmission is higher than the national averages. Their health and living conditions, as well as their health seeking behaviour, are determinants of their vulnerabilities to developing conditions such as TB.

The nature of the migrants' work affects their health seeking behaviour. To sustain their livelihood, they neglect their health and do not approach the health system for fear of losing their wages. Working in the informal or unorganized sector, migrants are often not eligible for health benefits, and if they are, are not aware about schemes to which they could be enrolled.

"Internal migrant workers are highly susceptible to new infections. This could be related to socio-economic status, occupational hazards, unhygienic living conditions, lack of proper sanitation, pre-existing respiratory conditions and a whole host of other factors." ***- Dr Reuben Swamickan, Head, Infectious Diseases Division, USAID***

"What we've observed is that migrants have all the entitlement and eligibilities at source, but they're living in the destination without any community support, making it difficult for them to access social and health-related facilities." ***– Mr Mohan H L, Chief Executive Officer, KHPT***

## Health system challenges

India's health systems are not geared to cater and track large populations, especially for conditions such as TB. The continuity of care becomes difficult for the migrant population, which are not only lost to follow up, but also spread the disease to rural labour-supplying regions in India.

"Even if migrants approach the system, there is a delay in diagnosis. At every step of the care cascade, there are huge leakages, more so with migrants, since their main aim is livelihood and not health. How the program is addressing (the issue) is still very fragmented. The approach is not a holistic one. For diseases like HIV, treatment is lifelong so people are more invested in their own health, but TB treatment is just about six months or 1.5-2 years, so most people have not invested personally in overseeing their TB treatment. That is a challenge for us, to help them get invested in their own self-care." ***- Dr K S Sachdeva, Deputy Director General- TB, Central TB Division***

## Systemic challenges

Migrants have tended to be invisible in social security programs and their needs were not represented at the policy level until the COVID-19 scenario highlighted their vulnerabilities and lack of safety nets.

"You will not find the word migrant in any social security program except MGNREGA and the Inter-State Migrant Act. This is a real issue. The question arises who do migrants belong to? The origin state, destination state or to the Central Government? Program people can make temporarily effective interventions for their benefit, but in the long run we need some structural policy to deal with migrants within the framework of our Constitution." ***- Prof R. B. Bhagat, Head, Department of Migration & Urban Studies at International Institute for Population Sciences***

# Recommendations

The panellists said that while smaller interventions could improve the migrants' conditions in the short run, it would take systemic change to recognize that special provisions need to be made according to their needs, and strong context-specific policy making to ensure that they receive these provisions. Many of the factors leading to rural-urban migration can be mitigated by revamping the local economy. The changes required to the system and to policy can only come about if there is multisectoral collaboration between government departments, the private sector, and civil society organizations, as well as a sense of accountability.

The panellists cited certain examples of policy changes made post the COVID-19 lockdown, including the 'one nation, one ration card' system, the Government of Kerala's Aawaaz scheme to provide insurance to migrant workers and the provision of rental accommodation for migrants. They also mentioned Bihar starting tiffin facilities for migrants, and the The Employment and Conditions of Service Act, which provides for the welfare of construction workers, including accident and death insurance, scholarships for their children's education and cash subsidies for tools.

"There is scope for improvement in facilities for migrants in destination and source states. How it is implemented and whether people know about it, is the question. Implementation is a challenge. There is very low awareness around these (schemes)." ***- Ms Sahana Mishra, Integrator at Professional Assistance For Development Action (PRADAN)***

"We look at all of you (our partners) with great hope and optimism to guide the program on how to devise formal programs for migrants which can be context specific and state specific, which work well and which can be replicated. We will look at something contextual and particular to each vulnerable group. We have to think of families back home as they have similar issues due to poverty and other vulnerabilities." ***- Dr K S Sachdeva, Deputy Director General-TB, Central TB Division***

"There needs to be a multisector accountability framework to improve the environment for TB elimination, as well as community engagement for accountability." ***– Dr Reuben Swamickan, Head, Infectious Diseases Division, USAID***

"These people are deprived in terms of development. Agricultural development cannot solve the problem, we have to think about revamping rural development. There should be portability of social security programs, but (it is to be seen) how can it be implemented." ***– Prof R. B. Bhagat, Head, Department of Migration & Urban Studies at International Institute for Population Sciences***

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