Key Message:
This policy brief is outcome of a study to understand migrant worker’s health needs and responsiveness of government health system in Nasik, which is part of larger National Task Force study commissioned by Indian Council of Medical Research, Government of India. The study has found that Migration has become important livelihood means to almost 4 lakh migrants in Nasik, who are working in more than 30 sectors. These workers are major backbone of Nasik’s informal economy. The study reveals that though these workers are contributing in the development of Nasik, their health and other social needs are not addressed by government as well as by their employers. But the need of hour is to promote safe and secure migration to maximize its benefits. So health of migrants should not be given a back seat: it should be mainstreamed into the discourses on migrant’s development.
The National Taskforce study on Migrants health is going on in seven developing cities and six metro cities of India, to understand the migrant’s health care access in the vulnerability context of migration and livelihood insecurity. Public Health Foundation of India has conducted the study in Nasik city in collaboration with Disha Foundation, Nashik. The study commenced from May 2011 to till date. Both quantitative & qualitative data has been collected. Total 4004 questionnaires covering 16367 family members from 30 different sectors are collected including 96 Individual Interviews with community people, stakeholders, health care providers, 10 FGDs and 6 case studies.

Based on key findings of the study, this policy brief provides some recommendations to government for effective outreach and services to address the health needs of migrants workers in Nasik.

**FACTS & FIGURES**

- The study estimates 4 lakh seasonal migrants are residing in around 150 unauthorized slums and temporary points and migrants camps in Nasik city. The migration is mainly happening for livelihood, from within Maharashtra Nasik, Vidarbha, Marathawada, and also from other states such as Uttar Pradesh, Rajsthan, Bihar, Madhypradesh, Bengal, Assam, Jharkhand, Gujrat, Odissa, Andhra Pradesh, Tamilnadu etc.

- Large numbers of migrants are employed in unorganized sector such as construction, cultivation and plantations, brick-kilns, quarries, dairy, poultry, and urban informal economy.

- Determinants of ill-health among migrants can include poor living conditions, occupational hazards and precarious employment conditions; Migrants lives in poor living conditions such as 67% lives in migrants camps 19% lives in unauthorized slums and 8% resides on open spaces. 36% Migrants lack access to safe drinking water. 47% Migrants do not have access to adequate sanitation;

- All above risk factors leads to increased exposure to some non-communicable and communicable diseases such as occupational diseases, Tuberculosis, Malaria, hypertension etc.

- Migrants are approximately 6 times more likely to get tuberculosis than the general population due to poor and hazardous living and work conditions.

- Government Health care utilization among migrants are found only 7%; reasons for such poor utilization are- lack of any government identity proof of Nasik city, timings of their work and distance to services, language and financial barriers. Constantly changing destinations also leads to limited access to health care.

- The public health consequences of the neglect of migrant’s health are tremendous. Poor healthcare utilization rates have been shown to have a toll on several maternal and child health indicators among migrant population.
Migration and Challenges in Nasik

- There is no migrant census conducted in Nasik. The Municipal Corporation does not have data on migrant’s population staying in unauthorized slums or worksites other than authorized slum areas.

- The primary health care system is not structured and organized in urban areas and not equipped to address migrants needs at different locations.

- As migrants are working in unorganised sector, they missed out from the labour laws protection due to poor implementation of existing legislations such as Building & other Construction Act, Inter State Migrants Workers Act, Child Labour Act, The maternity benefit Act, Equal Remuneration Act, and even ESI health services.

- Migrants have considerably less access, in practice to IEC programs, public services including health and education, and even such basic facilities as housing, water and food security.

- This population also suffers exclusion from various welfare programs and urban policies, lack of government response to address their needs and the absence of employer’s support for health and healthcare. This lack of support leads to disparities in terms of inequities in health and healthcare access that lead to their poor health status.

- According to World Health Organization, due to high volume of migration, it is a matter of concern in relation to Millennium Development Goals (MDGs) for HIV/AIDs, malaria and other major diseases. It has potential both to support and challenge achievement of MDGs. Hence it is important to address migrants health needs as a priority.
There is need to consciously channelize information pertaining specifically to migrants into the health sector and devise “tracking strategies” for improving their health outcomes.

Initiating and reinforcing migrant-friendly public health services, and creating greater awareness about those services among migrants would be important to address migrants’ special health needs. A NGO Disha Foundation in Nasik, Maharashtra for example has developed referral and on site health services for migrants with active involvement of state government and local urban administration, the same model can be replicated in the city.

Integrated approach and Involvement of key government departments to address multiple needs of migrants is crucial such as Municipal Corporation, Education, Health, Labour, Tribal Department.

Improving living and work conditions:
Strict implementation of labour laws and active participation of migrant’s employers (such as builders, farmers and other employers) would be proactive step to improve work and living conditions of migrants.

Acknowledgement:

- Public Health Foundation of India (PHFI) acknowledges support of Indian Council of Medical Research, Delhi to conduct ‘Intervention Study on Migration, Poverty & Access to Health Care: A Multi-centric Study on People’s Access & Health Systems Responsiveness in Nashik City of Maharashtra’

- PHFI is grateful to ‘Disha Foundation’, Nasik, (www.dishafoundation.wordpress.com) for their excellent support in successful implementation of this research study in Nasik. Their rapport with migrant communities and various government departments has benefited a lot for the uptake of this study.