



# Urban Migration and Social Exclusion

Study from Indore Slums and  
Informal Settlements

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## Produced by IIED's Human Settlements Group

The Human Settlements Group works to reduce poverty and improve health and housing conditions in the urban centres of Africa, Asia and Latin America. It seeks to combine this with promoting good governance and more ecologically sustainable patterns of urban development and rural-urban linkages.

## Partner organisation

Urban Health Resource Centre (UHRC) works towards the vision of an urban India where every resident enjoys optimal health and well-being, realises his/her full potential and contributes to the nation's growth and development. UHRC undertakes research on urbanisation and social inequality-related themes, carries out ongoing programmes across a population of 400,000 urban disadvantaged urban population people in Agra and Indore focused on sustainable improvements in health, nutrition and well-being of the urban poor. The approach is to empower communities, to build capability among disadvantaged communities to help themselves, and to keep costs very low.

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Much of India's future urbanisation will be the result of migration from rural areas and small cities and towns. These urban migrants are often invisible, voiceless and powerless. This working paper examines the different forms of exclusion and deprivation experienced by new migrants, temporary/seasonal migrants and older migrants/settlers in Indore. It finds that temporary and recent migrants face significant challenges accessing housing and basic services, but that many older migrants have improved their situations gradually. The recommendations presented aim to integrate the different needs of migrants into India's urbanisation agenda in the broader pursuit of the United Nations Sustainable Development Goals.

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# Summary

India's urban population is expected to grow from 377 million to 590 million by 2030. Much of this growth will be the result of migration from rural areas and small cities and towns. But despite the significance of migration to India's urban future, migrants remain largely invisible, voiceless and powerless, especially in the larger cities. Without official recognition or support, urban migrants are increasingly living and working in extremely poor and precarious conditions in the informal sector.

This working paper seeks to better understand the different forms of exclusion and deprivation experienced by migrants in Indore, the economic centre and largest city of Madhya Pradesh. Four different groups of migrants were targeted: two groups of recent migrants (those less than one year in the city and those over one but less than two); seasonal migrants temporarily in the city; and older migrants settled in the city. These reflect different stages and forms of the migration process and the associated exclusions and challenges that migrants and their families face in terms of access to housing, basic services, social benefits and entitlements, and government identification.

The study collected quantitative and qualitative data using questionnaires, focus group discussions and key informant interviews. Since migrants commonly live in informal settlements (*bastis*) throughout the city, members of women's slum groups were trained by the Urban Health Resource Centre (UHRC) to help locate and purposively sample appropriate respondents for the survey. In total, 640 respondents were surveyed across the four migrant groups.

A number of common disparities faced by the migrant groups were identified:

- Low levels of basic service provision (e.g. piped water connections, sanitation, drainage, etc.) and high reliance on private healthcare
- 80 per cent of all migrants who had access to any type of toilet had to share it with other families/ persons
- Poor housing often made of temporary or semi-permanent materials
- High reliance on rental housing in the informal sector

- Difficulties in claiming rights to basic services and social welfare schemes in the absence of government identification cards for Indore
- Access to the government's universal ID and proof of address for the city was lowest among seasonal migrants, with <1 year migrants having twice as better access than seasonal migrants, and 1-2 year migrants having twice as better access compared with <1 year migrants. Older settlers had 3.5 times better access to universal ID than 1-2 year migrants, 7 times better access than <1 year migrants and 15 times better access compared with seasonal migrants.

Seasonal migrants experienced some of the most significant disparities:

- 69 per cent lacked access to any sanitation facility and thus practiced open defecation
- 68 per cent lived in temporary housing conditions or were squatting
- 73 per cent lived in housing made from temporary materials
- Many lacked washing facilities, forcing women to either bathe before dawn, or erect makeshift baths
- Many lived and worked in brick kilns and construction sites, while others wandered the city as vendors and hawkers
- 5 per cent had government ID cards and proof of address
- 49 per cent were illiterate
- 55 per cent registered their pregnancies

Older settlers faced fewer disparities than other migrant groups:

- 51 per cent lived in housing made of permanent materials
- 75 per cent government ID cards and proof of address
- 79 per cent had bank accounts
- 38 per cent of children had all three doses of diphtheria, pertussis and tetanus toxoid (DPT) vaccine

The findings suggest that temporary and more recent urban migrants face immediate and significant challenges in accessing adequate housing and basic services, especially without the requisite identification for Indore. The findings also suggest that older migrants who have had more time to gain a foothold in the city have been able to gradually improve their situations. This suggests that policies and programmes targeting urban migrants must be sensitive to their different needs based on their unique circumstances.

Based on the findings, a set of recommendations for urban practice and policy have been devised to integrate the different needs of migrants into a more inclusive urbanisation agenda for India. These are:

- Municipal authorities should identify clusters in the city where disadvantaged urban migrants are located, and plot them on the city map to direct planning outreach efforts and ensure they are not excluded from government programmes. Such efforts should spread information about local healthcare facilities and dispensaries, the importance of antenatal care, immunisation and general health-seeking behaviour. The potential to involve women's slum groups in the identification of migrant pockets and slums should be leveraged.
- Frontline health and social workers should be supported to reach migrants and their families who lack access to basic services and schemes, especially those supporting preventive healthcare, including vaccinations. Pregnant women and lactating mothers who do not receive benefits should be actively sought out, particularly those living in brick kilns and construction sites. Mobile facilities capable of reaching migrants in these and other hard-to-reach sites should be supported as well.
- Associations of township and commercial complex developers and of brick kiln owners should provide temporary soak-pit toilets onsite for every 10–12 workers.
- An accidental death and disability insurance scheme, which is supported by the Prime Minister, could potentially benefit migrants working at construction sites, brick kilns and other such places where risk of injury is high. These efforts need to be accompanied by outreach initiatives in migrant habitations/pockets and by building the capacity of volunteers from migrant groups and their employers/contractors. The importance of small savings should be promoted.
- Government departments themselves or in partnership with civil society organisations should proactively seek the involvement of migrants in developing and/or implementing social benefit schemes. This must involve efforts to ensure migrants have the government identification cards required to access such schemes in cities.

The working paper concludes by drawing out the implications of the study for promoting the Sustainable Development Goals (SDG) – in particular Goal 11: “Making cities and human settlements inclusive, safe, resilient and sustainable”; Goal 10, which refers to reducing inequalities and legal status; target 3.7, which refers to improving health; and target 8.8, which calls on national governments to protect labour rights of migrant populations.

While urbanisation presents a critical opportunity to achieve all major aspects of the SDGs, this depends on whether cities and urban authorities are inclusive of disadvantaged populations, not least migrants. The recommendations presented in this paper aim to ensure that migrants and their families are not only able to access the benefits presented by urbanisation, but also to participate in the design of policies and programmes they require to lead healthy and productive lives in cities.

## 1

# Introduction

Many migrants in India represent a “floating” invisible population often surviving on little means and in poor environmental conditions. India’s urban population of 377 million (Office of the Registrar General, 2011) constitutes more than 50 per cent, or close to 200 million disadvantaged people, who are eligible for food subsidies under the 2013 Food Security Act (Ministry of Law and Justice, 2013). Many of these are migrants. The main factors behind increased migration are decreasing availability of farmland among marginal farmers, a paucity of agriculture-related labour work available in the villages, an easy availability of temporary and seasonal jobs in cities, and, on top of this all, a desire by many people to live the big urban dream.

By 2030, India’s urban population is estimated to reach 590 million (Sankhe *et al.*, 2010), an addition of more than 200 million to India’s urban population of 377 million as per the 2011 census. Much of this growth is expected to come from rural-urban and urban-urban (small town to medium-sized and large city) migration.

Owing to the unstructured nature of urban settlements in medium-sized and large cities, there is barely any accommodation available for those migrants who come in search of work. Once they arrive in the cities, migrants usually have to live in disadvantaged conditions. Many lead hidden, voiceless, powerless and deprived lives, characterised by poor access to healthcare and basic services such as toilets, drinking water, housing, education and other services.

This study seeks to gain a better understanding of the different challenges and deprivations facing four groups of migrants: two of which are recent migrants (one who have been in the city for up to a year and the other for more than one but less than two years); seasonal/temporary migrants; and older settlers who have lived in the city for five or more years. It argues that if India is to realise the potential benefits that urbanisation presents for poverty alleviation, it must seek to include urban migrants and other vulnerable groups in the development of more inclusive urban policies and programmes at all levels.

## 1.1 Structure of the paper

This working paper is divided into seven sections. Following the introduction, section two provides an overview of key urbanisation trends, with a focus on the role of migration and the importance of slums/informal settlements in supporting the needs of the most vulnerable populations. Section three outlines the background and rationale of the study, including the research methods and sampling techniques used. Section four presents the findings, with a focus on key background characteristics of those surveyed, levels of service provision, and the extent of knowledge concerning healthcare and education among the migrant groups targeted. Section five summarises the key themes emerging from the study. Section six outlines a set of suggestions for research, policy and practice. Section seven concludes by highlighting the importance of including migrants in global development agendas in the context of inclusive urbanisation.

## 2

# The context of Indore City

Indore is the economic capital of Madhya Pradesh and is the state's most populous city, with a population of 1.9 million (Office of the Registrar General, 2011). As a commercial hub, the city attracts migrants. Migration, coupled with natural increases in population and expansion of the city limits, has led to an increase in the city's population of 32.9 per cent (or 485,663 in absolute numbers) over the course of a decade (2001-2011) (*The Times of India*, 2013).

The main industrial and commercial activities that have flourished in Indore over the years include the manufacturing of plastic goods, pharmaceutical products, drugs, leather goods, stainless steel kitchenware, iron goods, milk processing plants, vegetable oil refineries, and real estate development for commercial, residential and industrial areas and warehousing businesses.

While Bhopal is the administration capital of Madhya Pradesh, Indore and its surrounding areas is the main industrial hub. It is a fast-growing business capital and the state's largest city in terms of population. Due to its highly varied trade and cultural history, Indore has always attracted large numbers of migrants from smaller cities in Madhya Pradesh, and other states.

## 2.1 City population and slums

According to census data (Office of the Registrar General, 2011), Indore's population in 2011 was 1,960,631, of which 590,257 lived in slums, accounting for around 30 per cent of the population. Between 2002 and 2011, the Urban Health Resource Centre

(UHRC), with the help of social facilitators and 500 women's group members, updated Indore's slum list and estimated the population for the District Health Department of Indore. This exercise, which drew strongly on the women's groups' knowledge of their neighbourhoods, revealed a total of 633 slums in Indore with an estimated population of 918,575, nearly 50 per cent of Indore's population. This effort over nine years of close partnership with civic authorities of Indore helped bring 328,000 urban vulnerable people under the radar for health services planning.

## 2.2 Urbanisation, poverty, migration and exclusion

While poverty is shown to be decreasing by official estimates the absolute number of poor people in the urban agglomerations continues to remain high. One fundamental concern about the official urban poverty figures is that they are misleading because they adopt what CP Chandrasekhar calls a "minimalist notion of survival" (Chandrasekhar, 2014). Much of the urban growth in the coming decades is expected to be from migration from economically weaker rural areas, smaller towns and cities, and from reclassification of hitherto rural peripheries of cities as urban. This will further contribute to the urbanisation of poverty, reflecting broader trends in the global South (Tacoli *et al.*, 2008). If India is to become the equitable society it aspires to be, the inclusion and integration of poor migrants into towns and cities must be a key part of its urbanisation agenda. From a policy perspective, urbanisation ought to be seen as a critical opportunity to realise this aspiration.



But many of India's national policies continue to prioritise rural development as a means of curbing excessive rural-urban migration. In particular, the 2005 Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) aims to promote non-urban growth through rural career development. Yet labourers and farmers are increasingly migrating to cities in search of work, in factories and construction, and better lives (Dwivedi, 2012). The primary concern of migration-related policies must therefore be to ensure that urban labour markets are safe and secure and that quality housing and basic services are accessible, especially as the country continues to experience chronic rural out-migration and urban industrialisation (Kundu, 2007).

To be considered a legitimate citizen in urban India, a person must possess official proof of identity and residence, such as a voter ID card, the Government's universal ID/Aadhaar card, a Permanent Account Number (PAN) card, bank statements, or other documents. In the absence of such proof, internal migrants are unable to claim social protection entitlements and remain excluded from government-sponsored schemes and programmes. Children face regular disruption to their schooling, adversely affecting their education and contributing to the inter-generational transmission of poverty. Further, migrants are frequently portrayed as a "burden" to society, discouraged from settling down and excluded from urban planning initiatives. Most internal migrants are denied basic rights, while internal migration is given very low priority by the government in policy and practice, partly due to a serious knowledge gap on its extent, nature and magnitude (UNICEF, 2012).

There is a common misconception that urban migrants are predominately poor and disadvantaged and that their presence in the city is illegal. For example, during an undergraduate sociology class at a university in Delhi students were asked to describe migrants. They unanimously identified only those working in the informal economy, despite the fact that quite a few of the students had migrated to Delhi for higher education themselves and were being taught by faculty originally from other parts of the country. This "othering" happens by labelling migrants as "outsiders," "encroachers," "illegal occupants," and "criminals" (Mann, 2012).

## 2.3 Vulnerabilities associated with migration

The prominent forms of migration to big cities can be broken into three main categories:

a) rural to urban – small/marginal farmers and agriculture labourers migrate to cities in search of better-paying jobs and living status

- b) smaller cities to larger cities – smaller urban centres do not provide the opportunities and growth to be expected in bigger cities
- c) seasonal – many seasonal workers migrate to urban centres during national festivals and wedding seasons, when short-term employment is readily available (there is a winter wedding season and a summer wedding season in most parts of North and Central India).

With increasing urbanisation, vast tracts of agricultural land are being transformed into industrial/commercial zones (Sardana, ND). Ancestral land holdings of individual families are being reduced with every successive generation due to division among siblings (Hardikar, 2004). Fragmentation of agricultural land not only reduces total yields, but also the efficiency of agricultural production (Monchuk, 2010). Rural families who have no land, or very little, (small and marginal farmers) and insufficient means for arranging equipment either depend regularly on moneylenders (Dev, 2012) or migrate to growing urban centres from economically declining regions, such as Bihar, Uttar Pradesh in search of employment.

Developed and developing urban areas generate increased demand for labour during specific seasonal activities or festivals, especially during Deepawali (festival of lights) and the wedding season. As this demand often exceeds the availability of local labour, urban areas offer a higher wage and/or greater number of days of employment. This pulls workers to migrate from smaller cities to bigger ones in search of work mostly through contractors and agents. Migrants who have stayed in a given place for 60 days or more during the past six months from the date of the National Sample Survey and returned may be termed as seasonal or short duration migrants (Kundu, 2007). In many instances, brick and lime kiln workers are also seasonal migrants who return to their native places, usually at the start of the rainy season when the work in kilns shuts down.

Without proper government identification and security, migrant labourers are at a disadvantage in the labour market and exposed to exploitation. In many instances, unregistered internal migrants wait months to be paid. The phenomenon of thriving "informal" labour markets, where employers and agents prosper at the expense of migrant labourers, needs focused attention at the policy and policy implementation fronts.



# 3

## The study

This section overviews the background and rationale of the study, and the research methods and sampling techniques used.

### 3.1 Background

As established from the above sections, urbanisation (and urban growth) is resulting in aggregate economic prosperity, and socio-cultural and educational improvements overall. It is also creating cities with modern urban amenities and aesthetics. However, most urbanisation/urban growth is sub-optimally planned, with little or no involvement of the urban poor/slum dwellers. When “participation” does occur, it is tokenistic at best. As a result, the provision of urban services has been inequitable, while recent migrants who provide low-cost labour for urban growth and development projects (such as residential, metro rail, market complexes, shopping and eating malls, among other elements of “smart cities”) have been further marginalised.

### 3.2 Rationale

India is developing fast, with the manufacturing, trade, construction, and service sectors thriving in cities and urban areas. The urban contribution to India’s gross domestic product (GDP) is estimated to be between 60-70 per cent. While urbanisation is generally accompanied by rapid increases in aggregate economic progress, the real test of India’s development agenda hinges on how migrants, as urban citizens, can be included in this process. Migrants, whether recent, seasonal or long-term, form the bulk of the urban workforce – they are the hands, muscles and bodies

of the urban economy. Yet they work for meagre wages and contribute to the wealth of more advantaged city dwellers that appropriate most of the benefits of urbanisation. While much work has been done on the vulnerabilities of the rural poor, far less is known about the vulnerabilities faced by disadvantaged urban migrants (Mann, 2012).

Using Indore as an example of many other rapidly growing cities in India and the Global South with populations of more than 1 million, this study seeks to understand the different deprivations and challenges faced by migrants who have been in the city for different periods of time: a) less than a year, b) one to two years (and less than two years), c) on a temporary/seasonal basis, and d) more than five years.

Together, these categories form a continuum encompassing recent migrants to the city at one end, and older migrants who have settled in the city at the other. In this way, these categories attempt to capture the different stages of the migration process and the associated exclusions and challenges that different migrants and their families face along the way.

### 3.3 Objectives

The objectives of this study are fourfold:

- i. To assess differences in the extent of access to services, entitlements and benefits between a) families of slum members who have in-migrated less than a year ago; b) families of slum members who have in-migrated one to two years ago c) families of seasonal migrants; and d) families of slum dwellers who have been living in the city for five years or more.

- ii. To examine exclusion/inclusion scenarios of migrants arriving in urban slums/disadvantaged habitation, with a focus on a) children's education and health services, b) knowledge of available services, and c) location of services (school, health centre, hospital).
- iii. To examine exclusion regarding access to government ID and proof of address.
- iv. To identify questions for further action research, including the potential role of trained, mentored and organised slum women's groups in promoting inclusive urbanisation.

## 3.4 Methods, data entry and analysis

Three primary research methods were utilised.

### Structured questionnaires

Structured questionnaires administered to migrant families on a) child education, including school enrolment and dropout among boys and girls, health services at public (government) facilities, government ID cards, and household access to unshared toilets, b) knowledge of where services are located, and c) types of migrants and reasons for migration. Slum women's group members were trained to identify migrants and non-migrants and listed the prospective respondents. Data was analysed in MS Excel and qualitatively.

### Focus group discussions

Focus group discussions (FGDs) with women's groups' members on the a) nature of urban exclusion towards new arrivals, b) factors, manifestations and effects of exclusion on new arrivals, and c) what potential role slum community groups can play in more inclusive urbanisation (i.e. how to be more supportive of new arrivals). Group discussions information/data was interpreted qualitatively to understand possible future action research needs towards inclusive urbanisation.

### Key informant interviews

Consultation with key informants and stakeholders from the health department, municipal politicians representing local areas, and civil society professionals with experience in urban slum programming. Input from consultations was utilised to identify possible future action research needs towards inclusive urbanisation. Quantifiable data was entered in MS Excel and analysed. Other data was recorded in hand-written notes and analysed qualitatively.

## 3.5 Sample methods

This sub-section outlines the ways in which the samples for each of the migrant groups were defined and located. This task entailed significant challenges, because migrant populations are almost always on the move, often hidden in informal settlements and slums, and thus extremely difficult to reach, let alone quantify.

Great care was thus taken to design a non-probability sampling method that was capable of capturing migrants and their families in the most accurate and representative way possible. While the results may not be replicable given the constraints above, they remain relevant given the important initial insights they provide into the different challenges facing migrants and their families in large cities.

### 3.5.1 Defining and locating the sample

Having stratified the migrant population into four main groups (including the two sub-groups comprising recent migrants), 160 respondents were selected from each group, achieving a total sample of 640. The non-response rate was less than four per cent among seasonal migrants, less than two per cent among <1 year and 1-2 year migrants, and none among older settlers. The sample methods used for each group are outlined below.

#### Recent migrants (< 1 year, 1-2 years)

This category includes migrants from urban poor households residing in *bastis* (slums or informal settlements) who came to Indore either less than a year ago (<1 year), or more than one year ago but less than two years ago (1-2 years), prior to data collection and with no intention of returning home during the intervening period. Since many recent migrants live in *bastis* throughout the city, local knowledge was used to inform the sampling process.

For more than a decade, UHRC has been mentoring and building the capacity of slum-based women's groups to undertake community-driven upgrading and improvement projects in Indore as well as Agra and Delhi. Through this work, women's group members have gained an intimate knowledge of different slum clusters/ areas and their complex social compositions.

To tap this knowledge, social facilitators from UHRC Indore trained and mentored women's group members to purposively select recent migrants in different *bastis* or locations (since several sub-categories of migrants did not reside in slums but in locations such as brick kilns, roadside and cremation places) for the sample frame. Each migrant was selected by the women's group

members based on discussions with the researchers as well as site visits led by older settled migrants. Utilising snowball sampling techniques, the senior team asked several of the recent migrants selected to help identify other suitable migrants. To ensure the sample was as representative as possible, the sub-samples were randomly selected from the list of identified families for each domain from different *bastis* and locations across the city.

In total, 160 recent migrants from the first sub-category (< 1 year) were selected from a list prepared during the listing exercise from 40 different *bastis*, and 160 recent migrants from the second sub-category (1-2 years) were similarly selected from a list prepared during the listing exercise from 44 different *bastis*, achieving a sample of 320. Each migrant selected was then surveyed. But before this could occur, several site visits were required to reassure recent migrants living in informally rented rooms that the study would not be used by city administrators and the police to evict “tenants” or harass “houseowners”. Senior team members had to revisit certain locations several times to allay these fears.

### Seasonal migrants

The study team sampled 160 seasonal migrants across four different sub-groups (40 respondents each) from 48 locations or settlements (*bastis*) of the city. Sample methods were as follows:

#### a) Construction site workers

The study team moved around the city and identified construction projects by observation. They visited several construction sites and discussed the study with the “contractor” (who takes charge of getting the labourers from their native village(s)). Some contractors agreed to allow their labourers to participate in the study. Labourers from several construction sites were then interviewed by the study teams after work ended at 6pm, so the workers would not lose any wages. To accommodate labourers who needed to quickly reach their homes to prepare dinner for their family, several short interviews were completed over two or three visits. During these interactions with construction site workers, the study team also learned about other labourers working in smaller construction projects (which were not readily visible) and residing (squatting) in a cremation ground (used for the last rites of the dead). They were living there because the eviction risk was low and they did not need to pay “rent”. They were also included in the survey.

#### b) Brick kiln workers

Several of the brick kilns sampled were located in areas familiar to the UHRC team, and others were identified by exploring Indore’s outskirts. The challenge, similar to the situation at the construction sites, was to convince the brick-kiln owner (*Bhatta maalik*) to allow the study team members to interact with his labourers. Since labourers come to the brick kilns with their entire families, including children, and since these children also help in some stages of work, the brick kiln owner feared being caught for “child labour” if the media or other agencies exposed his practices. Further, since many brick kilns operate illegally inside slums or close to residential areas, the owner also feared having his kiln reported to the authorities, who would dismantle it or ask for a large bribe to ignore the infraction. This also made the kiln owner reticent to allow the labourers to participate in the study. Reassuring him required gentle negotiation. Short health and nutrition sessions were also undertaken with the kilns’ labourers to build a good rapport with them as well as the owners.

#### c) Wanderers

For tracing wanderer migrants, the teams conducted transect drives throughout different parts of the city, especially along all roads on the outskirts or peri-urban areas. The team drove through these locations and also engaged local people, including small vendors, in informal discussions to ascertain possible locations and basic information on wanderers, including which season they came, what type of work they sought or which type of goods they sold. In the slums, the team asked every mobile sales person with help in locating wanderer migrants as well as houseowners who had recently provided rooms to rent to persons from outside Indore. When the team found a wanderer migrant, they requested him/her to help find other similar persons in the city. This way teams found more respondents in other less-known areas. But many dropped out from the survey owing to fears that local administrators would remove them since they did not have government ID, which could mean the loss of their livelihood or having to pay a bribe or a fine/penalty.

#### d) Service providers

In this category, the study team took longer to locate the respondents, because these people are only in the city for short periods when work is in season. When the work season is over, they immediately move to another city or return to their place of origin. Even when they are living in the city, these people are difficult to find because they leave their rooms early in the morning and return very late. Their houseowners and

neighbours helped the study team locate relevant work places. Waiters and workers who worked for caterers during the wedding season were particularly difficult to trace because sometimes they stayed overnight at the wedding site. Also, they went back to their native villages during a break in the wedding season and returned when they were contracted for the next round of temporary employment.

### Older settlers (> 5 years)

Identifying and interviewing older settlers was relatively straightforward since: a) UHRC mentored women's group members knew many such families or where such families lived, b) older settlers were not apprehensive or hesitant in talking to surveyor/women's group member and agreed to participate in the study more readily, c) their availability at their rented room or their own house was more reliable, and d) dropout of respondents was negligible. Teams identified these 160 older settler migrants from 40 slums.

## 3.6 Ethical considerations

For the study ethical principles set for such social science research were followed. Considering the low literacy level, linguistic pluralism, and perceived worries/reservations around signing documents, the team sought informed verbal consent from participants. The team explained to participants, in the language that they were comfortable with, the purpose of the study and clarified that their participation was voluntary and that they had the right to withdraw at any stage during the questionnaire. Those who declined to participate were not urged to reconsider. Confidentiality of all participants and their family members was assured and data privacy was maintained (physical forms were stored at the UHRC, Indore office, whereas electronic data were stored in a secured folder on the computers of research team members). Only UHRC researchers had access to the data, which were exclusively for the purposes of this research.

# 4

## Findings

This section describes the main findings from the surveys administered to the four groups of migrants identified in the previous section. This includes a focus on key background characteristics, levels of service provision, and extent of knowledge regarding healthcare and education.

### 4.1 Background characteristics of respondents

#### 4.1.1 Gender and age

55 per cent (353) of all 640 respondents were female (Figure 1). 82 per cent (524) of all respondents were between the ages of 18-34 years, while 16 per cent (105) were 35 years of age or older. Only 2.8 per cent (18) were between the ages of 15-17 years.

#### 4.1.2 Place of origin

Most migrants surveyed came from five states, including Madhya Pradesh (62 per cent), Uttar Pradesh (26 per cent), Bihar (six per cent), Rajasthan (three per cent) and Maharashtra (one per cent) (Figure 2).

#### 4.1.3 Social categories

51 per cent of all migrants were from the Other Backward Castes (OBC) (regarded as a backward segment in most of North and Central India), 22 per cent (140) from Scheduled Castes (SC) and 12 per cent (79) from Scheduled Tribes (ST) (Figure 3). 14 per cent of all migrants fell into the general social category, which includes various religious and ethnic groups (see Annex I for definitions of these castes by the Government of India).

#### 4.1.4 Marital status

83 per cent (or 529 respondents) of all migrants were married (not including one migrant who was married but who had not completed the “gauna” or cohabitation ritual), while 16 per cent (104) were unmarried. Only one per cent (6) were widowed (Figure 4).

Figure 1 – Gender by migrant group

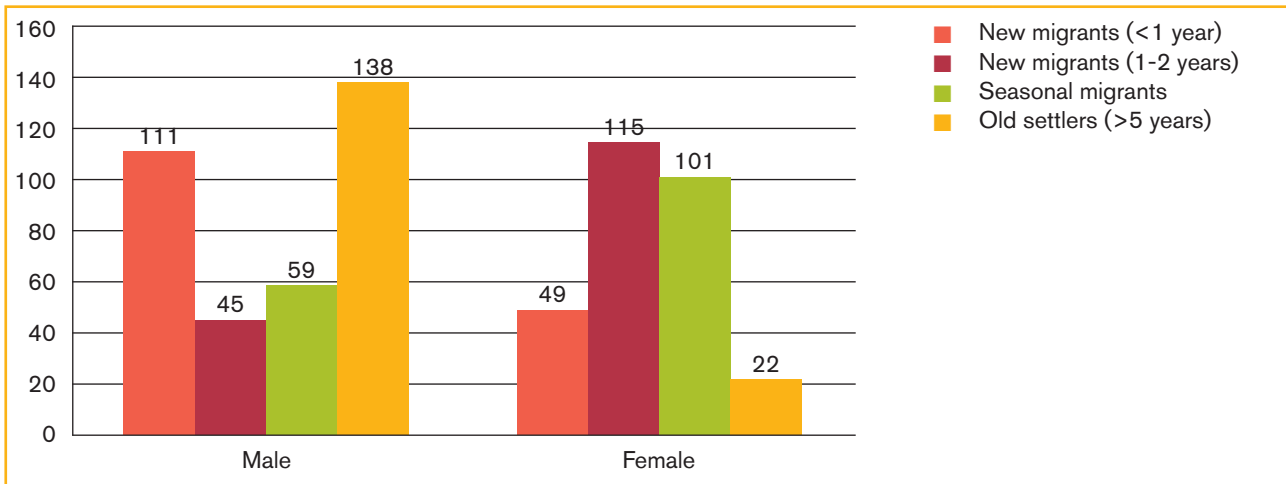


Figure 2 - Place of origin by migrant group

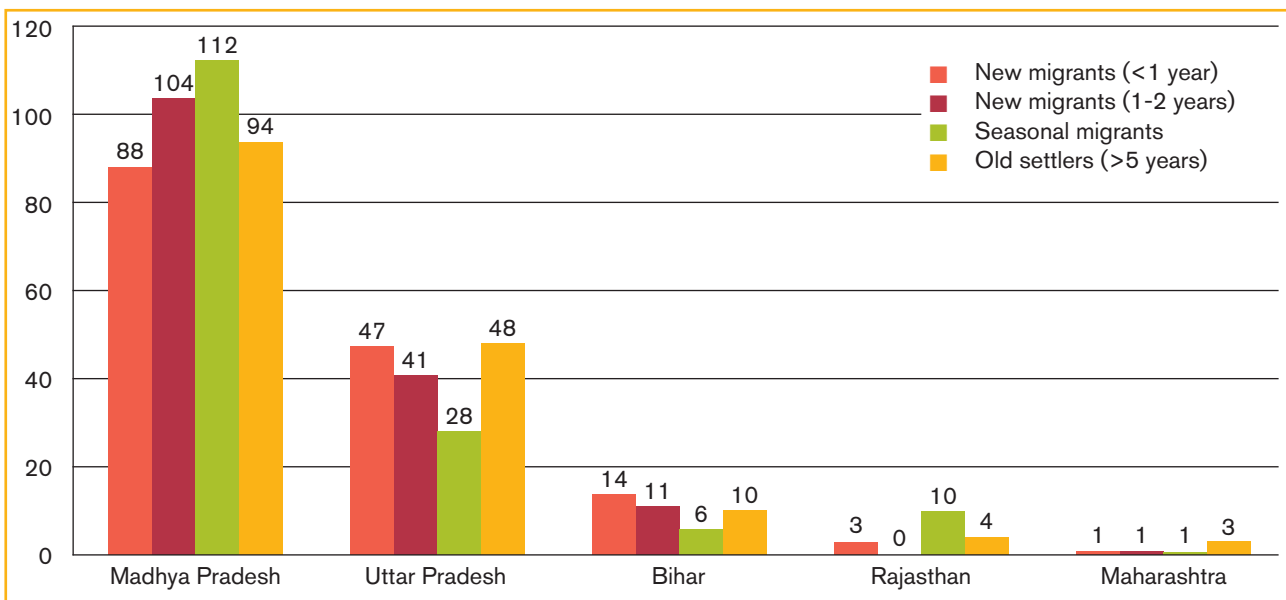


Figure 3 - Social categories by migrant group

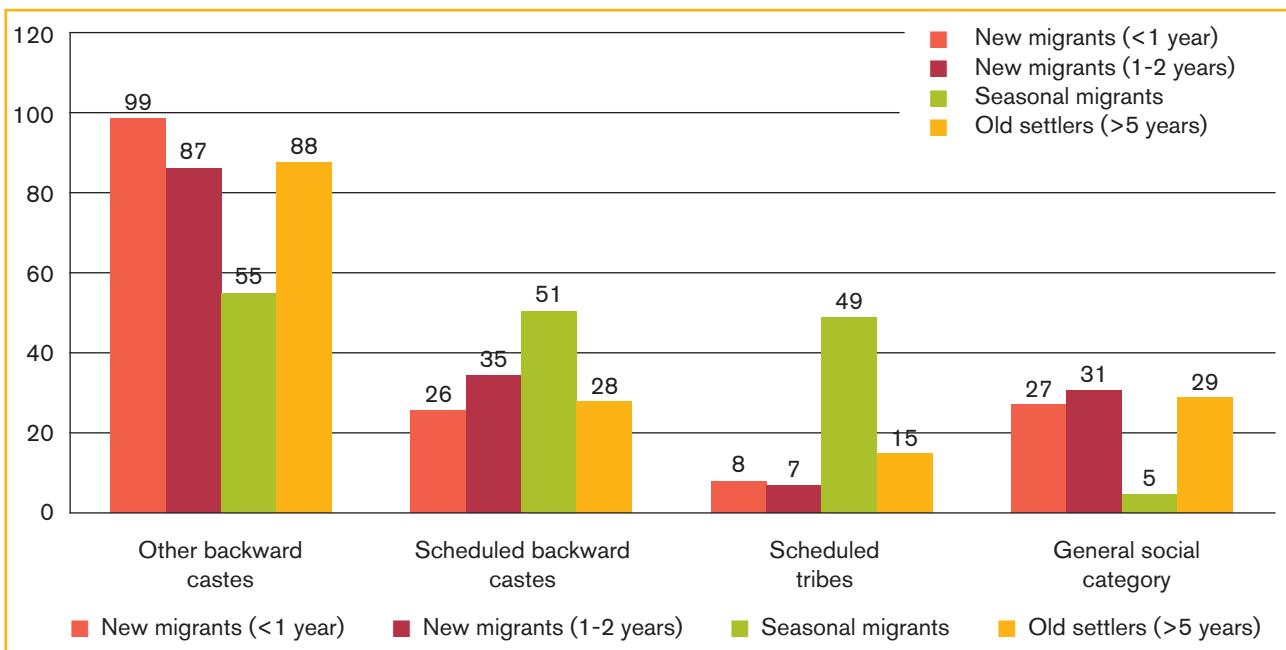
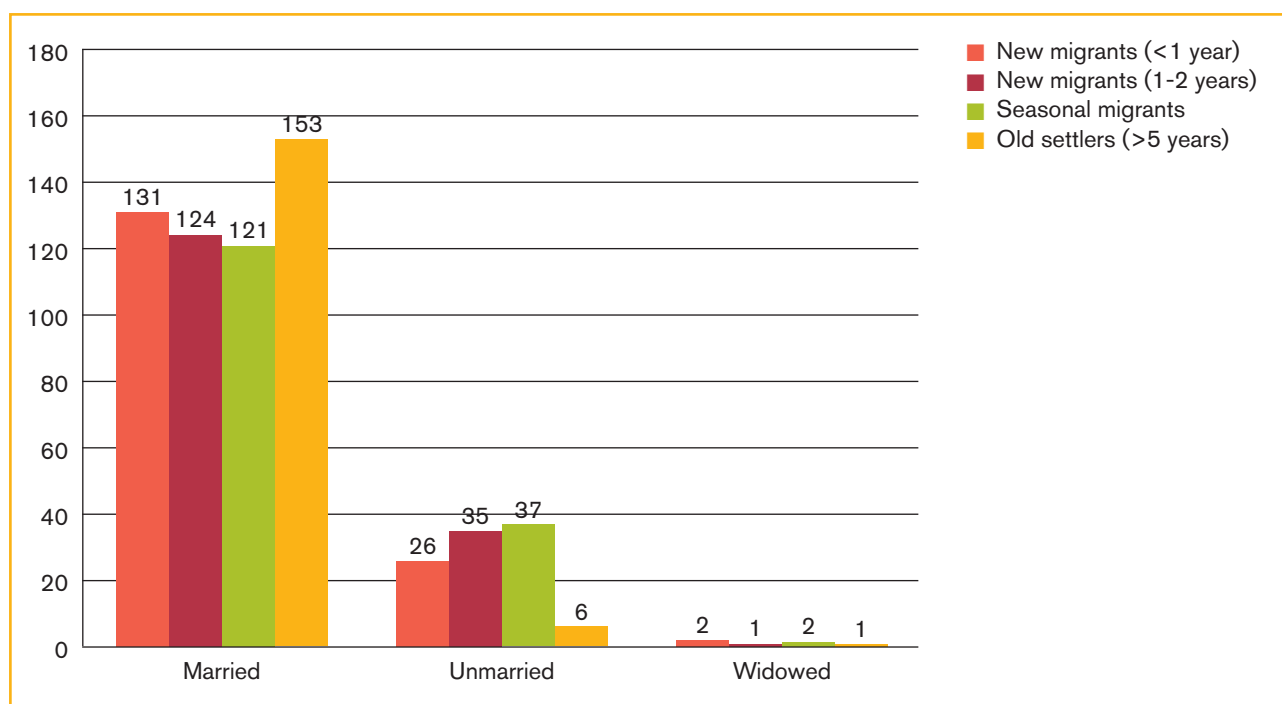




Figure 4 - Marital status by migrant group



## 4.2 Livelihoods and occupations in the city

The FGDs shed insight into migrants' livelihoods and occupations in Indore.

**Recent migrants (<1 year and 1-2 years)** usually worked as semi-skilled or unskilled labourers in factories, carpenter-assistants, loaders and unloaders at traders' establishments, and fruit and vegetable vendors.

**Seasonal migrants** usually worked as a) construction site workers, including masons, plumbers, carpenters, electricians, non-skilled labour, etc.; b) brick kiln workers; c) wage-workers, including caterers, waiters, watchmen, etc.; d) service providers, including roadside vendors and small traders who use bicycles or small carts to pedal various goods (e.g. bangles, mosquito-nets, umbrellas, helmets, clothes and garments, saris, fast food, sugar-cane juice, etc.); and e) traditional family workers, including iron-smiths, potters, knife and scissors sharpeners, shepherds, peddlers of "precious stones" and "gems", and of herbal remedies, etc. This particular work tends to be dominated by wandering migrants, who often return to the same work place if business remains good.

**Older settlers** usually established themselves in factories or in embroidery/lace work, allowing them to enhance their skills and experiences as well as credibility among employers over time. While this work is similar to that of recent migrants, older settlers

earn higher wages because they have more skills and experience.

Older female settlers usually acquire skills in stitching garments, then purchase sewing machines and work from home for the garment manufacturers on demand. Some women (often with the support of their older children and/or husbands) have setup small grocery/convenience stores in their homes or sell fruit and vegetables.

## 4.3 Factors leading to migration

A number of push and pull factors influenced the decision to migrate. These factors are summarised for all migrant groups below (see Annex II for more details).

### 4.3.1 Push factors

- Lack of agriculture and non-agriculture work outside sowing and harvest time
- Limited farming land compromises ability to fulfil family needs
- Declining agricultural labour opportunities in native villages owing to small land-holdings and mechanisation, resulting in insufficient earnings to last through the year
- Very slow pace of infrastructure development (e.g. roads, electricity, transport, schools in villages, etc.)

### 4.3.2 Pull factors

- Cities offer greater commercial activities and better facilities that draw people from nearby and far-off rural areas as well as from smaller cities and towns
- More consistent livelihood opportunities
- Seasonal livelihood opportunities (e.g. during the wedding season)
- Better education for children in cities More freedom, independence and earning opportunities for women in cities
- Attraction of city life (modern amenities, glamour of city, recreational activities, etc.)
- Information on employment opportunities and benefits of moving to the city provided by relatives/neighbours from native villages living in city
- Presence of husband/family in city

Different people were involved in the decision to migrate. For some recent migrants (< 1 year and 1-2 years) the decision to migrate was motivated couples wanting to move to make their way in the city, while in other cases it was motivated by family conflict. This was the case for older settlers as well. For seasonal migrants, most decisions were made jointly by the family, while in other cases, it was motivated by a lack of income among elders. One observation from the study is that when a son from a village family gets married, the elder member(s) of his family suggest that he and

his wife (a young woman) should go to a city to make a living. This is to encourage him/them to learn to make living arrangements and be self-reliant. Elders of the village family are also faced with the realities of shrinking livelihoods and not enough agricultural land to earn enough for the growing family and they wish to preclude the young couple being a liability for them.

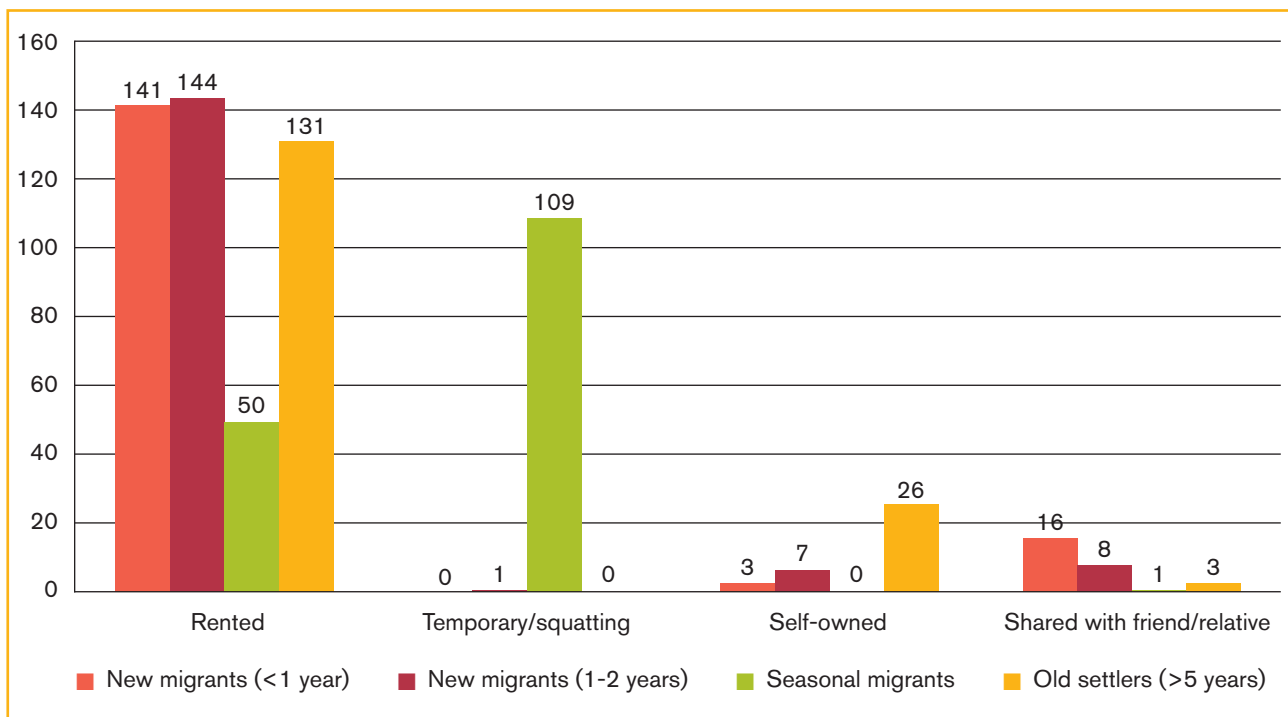
## 4.4 Access to housing and basic services

A number of indicators were selected to assess the general housing and environmental conditions facing urban migrants and their families. The findings are presented below.

### 4.4.1 Housing/land tenure

73 per cent of all migrants rented their homes, while 17 per cent (110 respondents) lived in temporary conditions or squatted on vacant land or construction sites (Figure 5). Only six per cent (36) of migrants owned their own homes, while four per cent (28) lived in shared housing with friends or relatives. However, seasonal migrants accounted for 99 per cent of all migrants living in temporary conditions or squatting. Only 31 per cent (50) of seasonal migrants rented their homes.

Figure 5 - Housing/land tenure



### 4.4.2 Housing materials

38 per cent of all migrants lived in housing with permanent materials, while 35 per cent (221) lived in housing with semi-permanent materials and 28 per cent (178) lived in housing with temporary materials (Figure 6). However, 73 per cent (117) of all seasonal migrants lived in housing with temporary materials compared with around 13 per cent (20) for all other migrant groups.

### 4.4.3 Sanitation facilities

70 per cent of all migrants had access to shared sanitation facilities, while 20 per cent (127) had no facility/practised open defecation (Figure 7). Only 10

per cent (65) of migrants had household toilets, while less than one per cent (3) had access to community toilets. However, 69 per cent (111) of seasonal migrants had no sanitation facility at all, which is considerably higher than any other migrant group. For those living in rented accommodation or sharing a latrine at a construction site, there was often one common latrine for 15-20 persons or more, including children. Shared toilets have been found to be unhygienic compared to private toilets (Isabel *et al.*, 2012) and are associated with increased risk of diarrhoeal disease and enteric fevers (Heijnen *et al.*, 2014).

Figure 6 - Housing materials by migrant group

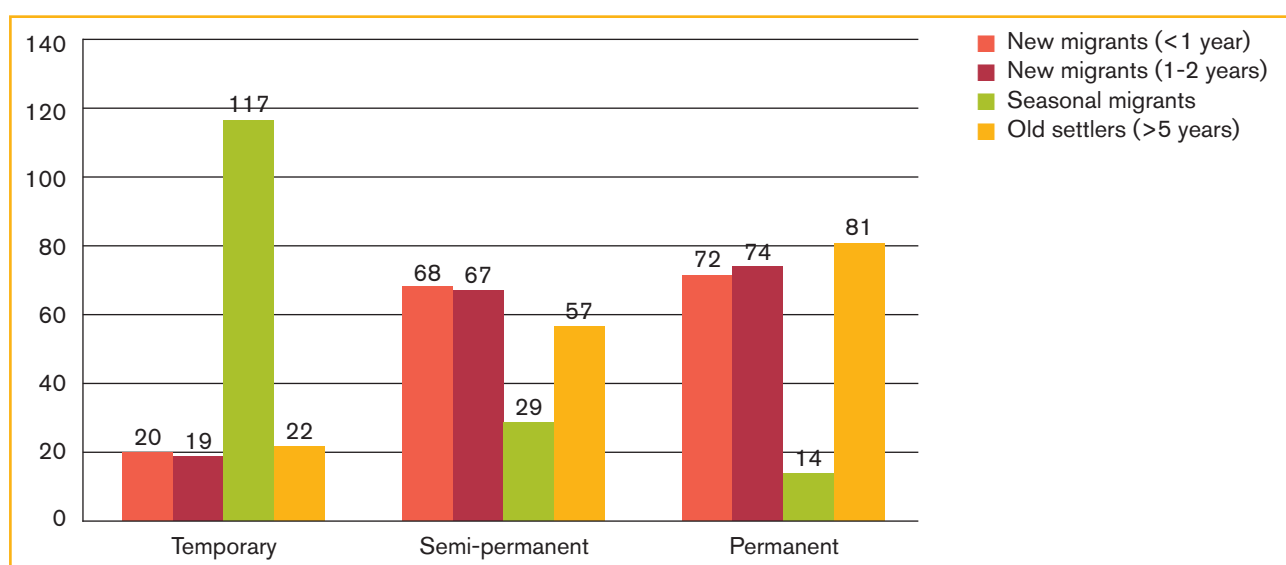
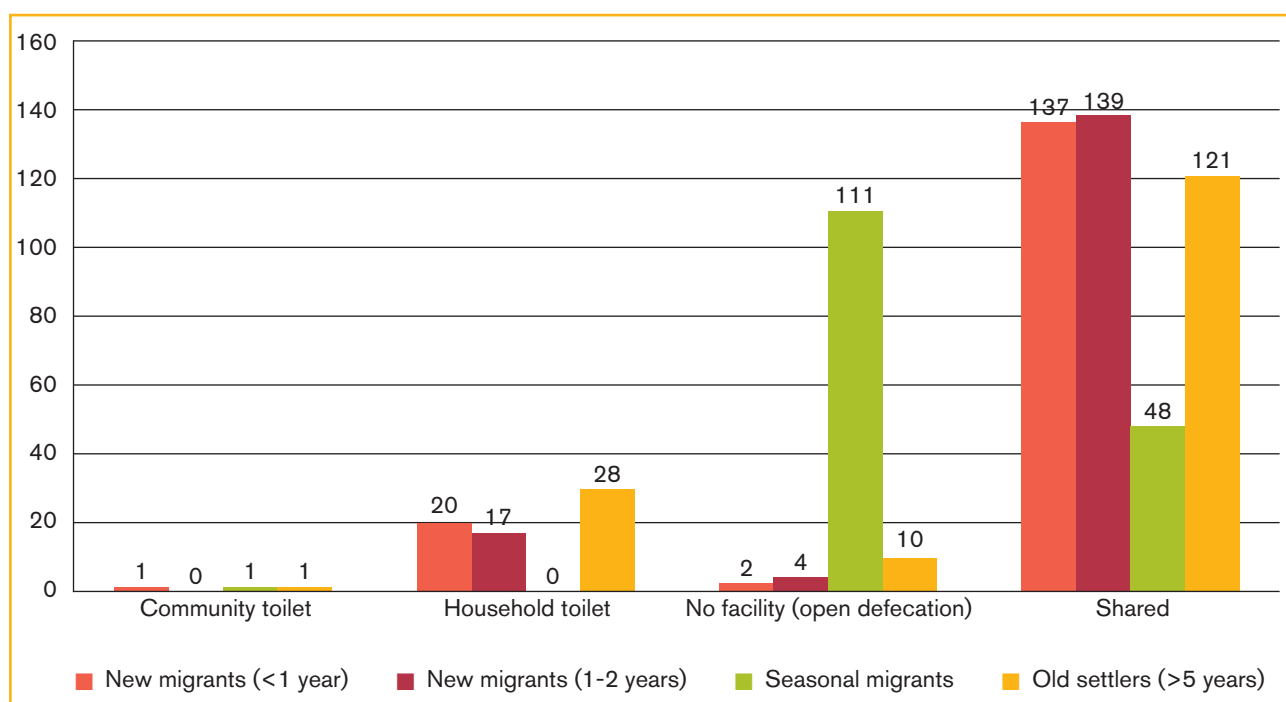


Figure 7 - Access to sanitation facilities by migrant group



### 4.4.4 Water supply for drinking

33 per cent (213) of all migrants had access to a submersible pump at home, while thirty-one per cent (198) had access to a public submersible pipe/public tap (Figure 8). 27 per cent (174) of migrants purchased their drinking water, while only nine per cent (55) had piped water connections. Only four per cent (6) of all seasonal migrants had access to piped water connections, considerably lower than any other group.

### 4.4.5 Maintenance of drains

56 per cent (359) of all migrants never had the drains outside their homes cleaned, while 28 per cent (178) had their drains cleaned occasionally (Figure 9). Only two per cent (13) of migrants had their drains cleaned either weekly or fortnightly. 14 per cent (90) had no drains to clean at all, including 31 per cent of seasonal migrants.

Figure 8 - Access to drinking water by migrant group

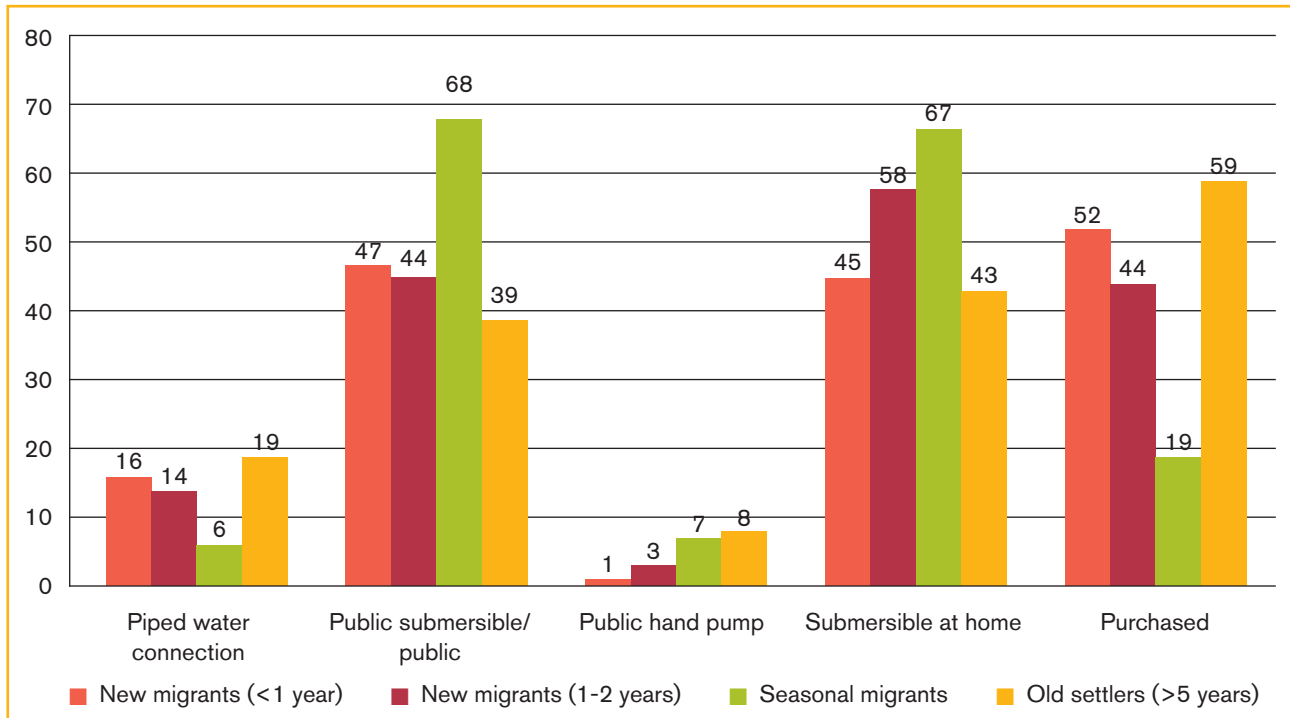
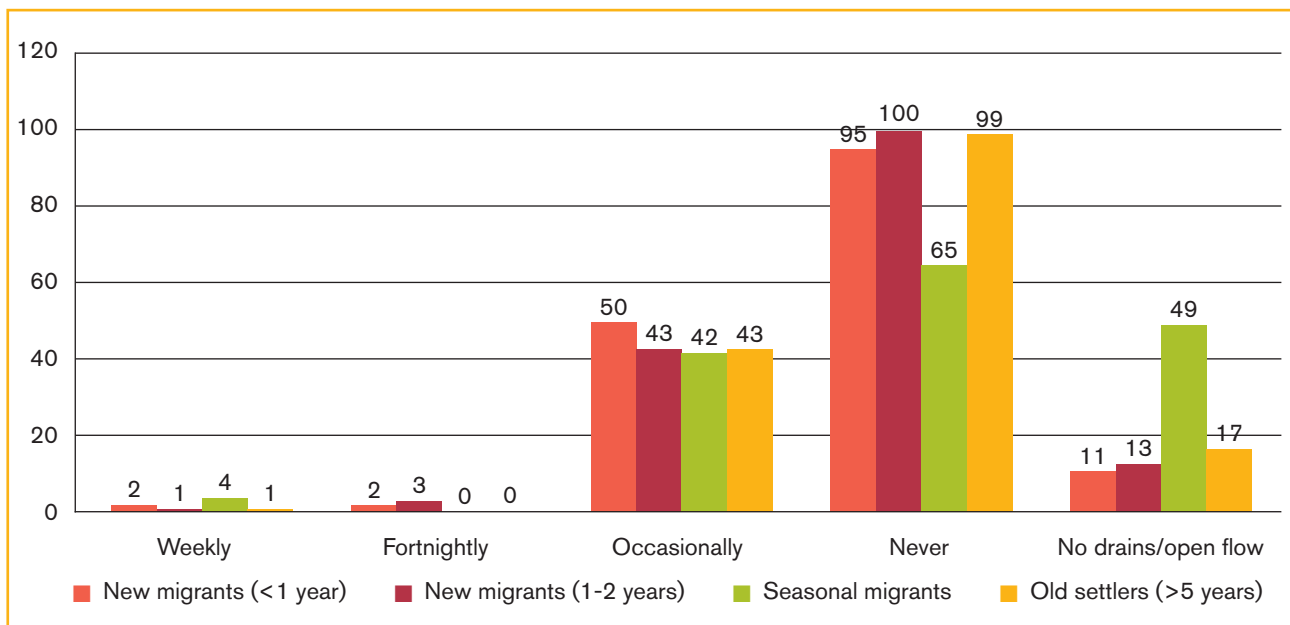


Figure 9 - Frequency of drainage cleaning by migrant group



#### 4.4.6 Electricity connections

80 per cent of all migrants had access to a legal electricity metre connection, while 12 per cent (74) had an illegal hooked line (a hook slung over the powerline to siphon electricity to the home) (Figure 10). Six per cent of migrants (39) had no connection of any kind, while three per cent (16) rented a line from their neighbours. Only 43 per cent (69) of seasonal migrants had access to a legal metre connection, but they accounted for 87 per cent of all migrants lacking an electricity connection and for 63 per cent of all migrants with an illegal hooked connection.

FGDs with respondents showed that metered electricity connections provide improved lighting facility for children's studies, which is linked to the observation that better education for children was a dominant pull factor for migration to the city.

#### 4.4.7 Cooking spaces in home

83 per cent of all migrants had no separate cooking space in the home, while 17 per cent (110) cooked outside due to a lack of indoor space (Figure 11). However, 31 per cent (50) of seasonal migrants cooked outside, while all other migrants cooked indoors.

During the study it was noted that most rented rooms were small, had no ventilation and that migrant families who cooked inside were forced to cook in the same room. This also resulted in little play space for children, except among seasonal migrants residing in brick kilns and construction sites. An absence of separate cooking space reflects living space congestion, which is associated with increased risk of air-borne infections.

Figure 10 - Access to electricity connections by migrant group

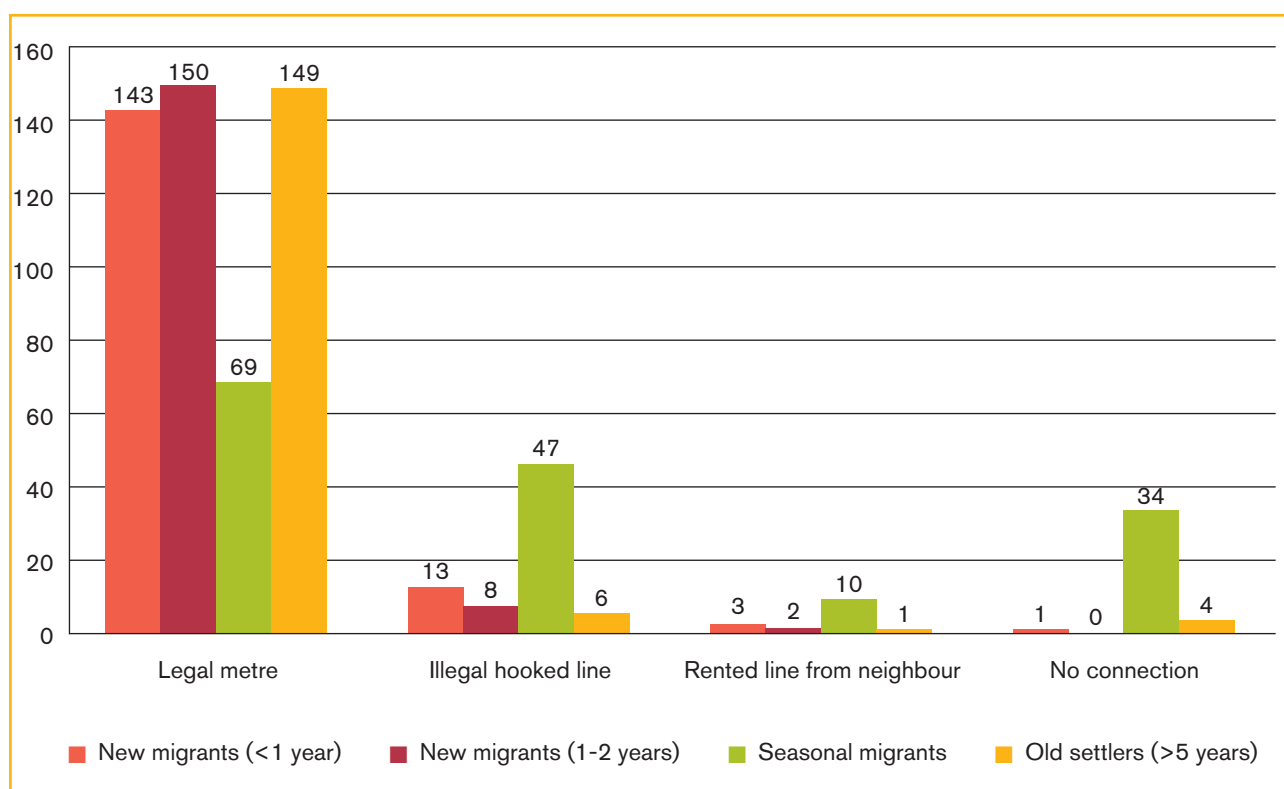
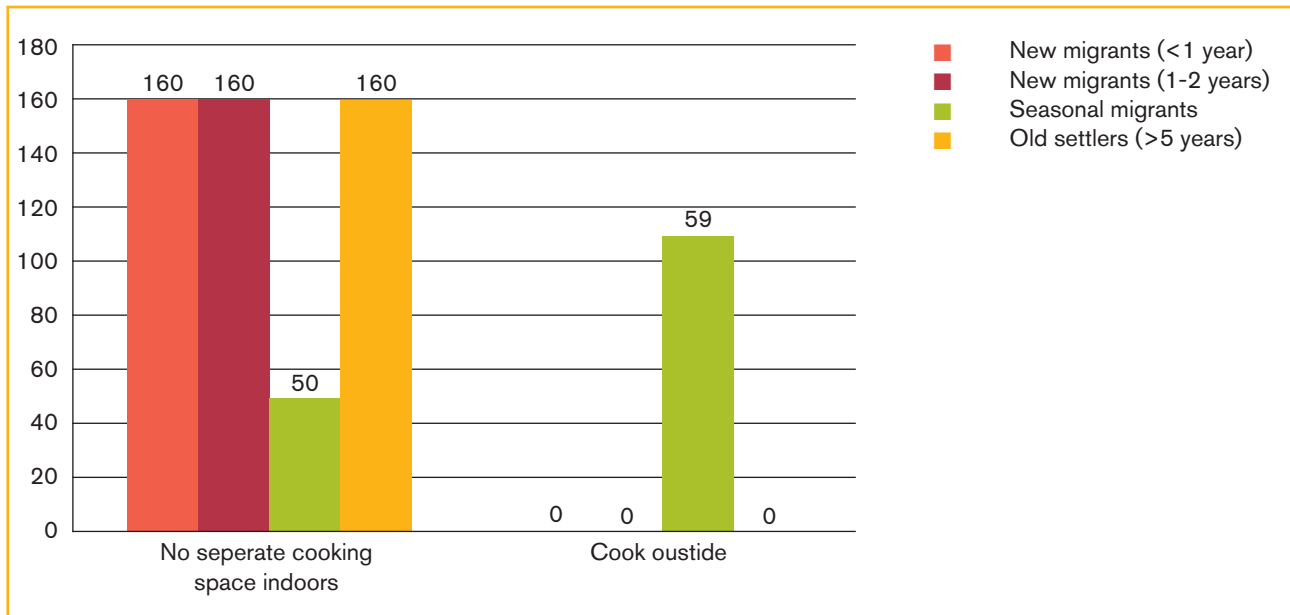


Figure 11 - Cooking spaces by migrant group

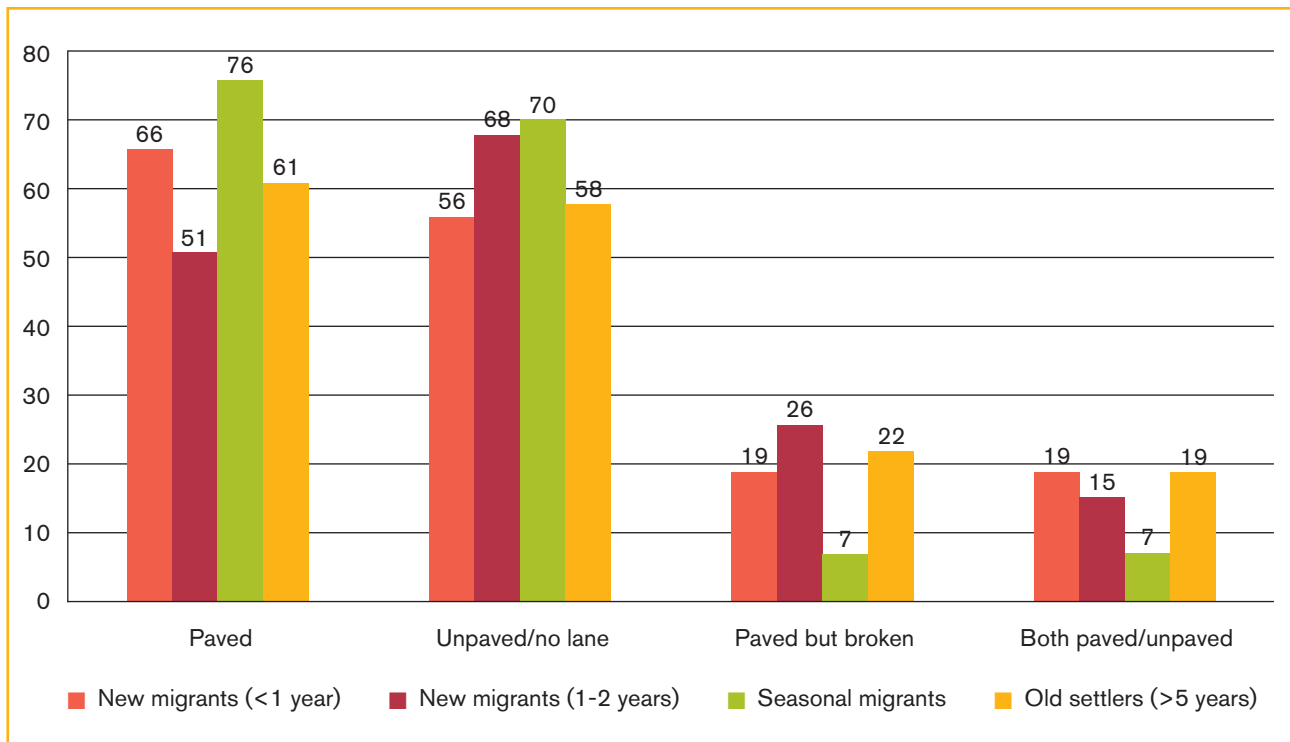


#### 4.4.8 Conditions of lanes

40 per cent of all migrants had access to paved roads outside their homes, while another 40 per cent (252) either had access to an unpaved lane or no lane at all (Figure 12). Twelve per cent (74) had access to paved lanes that were broken, while nine per cent had access

to lanes that were both paved and unpaved. The high proportion of seasonal migrants (76 respondents, or 48 per cent) who had access to a paved lane can be partially explained by the fact that many lived alongside public roads.

Figure 12 - Conditions of lanes by migrant group





## 4.5 Educational status

### 4.5.1 Educational status of migrants

31 per cent of all migrants were illiterate, while only three per cent (17) had some degree of literacy with no formal education (Figure 13). In general, educational attainment was low; only 18 per cent (118) had completed primary school, while 22 per cent (142) had completed Class 8, and so on. Only three per cent (17) had completed graduate or post-graduate education. Among the most poorly educated were seasonal migrants; 49 per cent (78) were illiterate.

### 4.5.2 Number of girls and boys by migrant group

There were 542 children between the age of 4 and 18 years in all the families of 640 migrant respondents among all categories of migrants. These included 289 boys and 253 girls. The schooling and education related access of these children were also studied. 53 per cent (289) were boys and 47 per cent (253) were girls (Figure 14).

Figure 13 - Educational status by migrant group

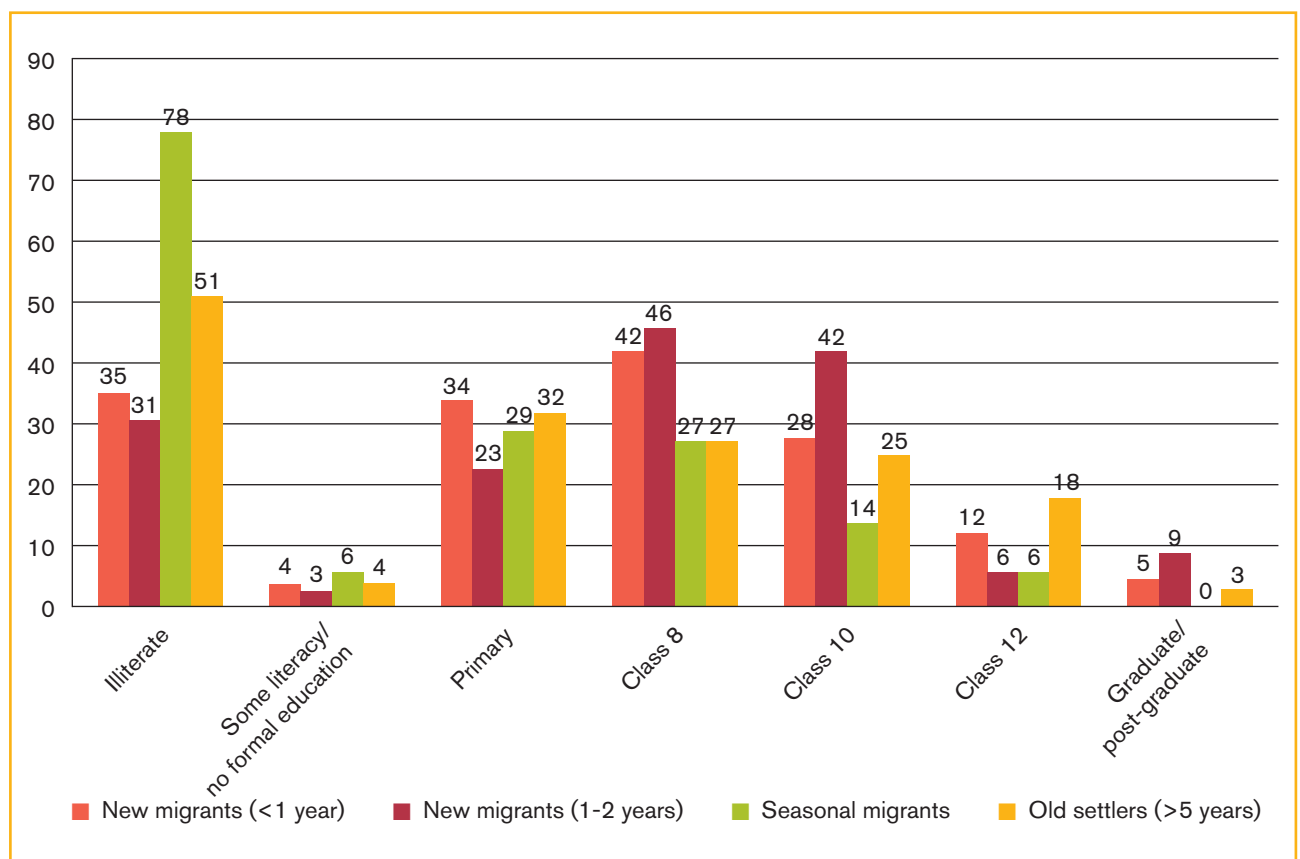
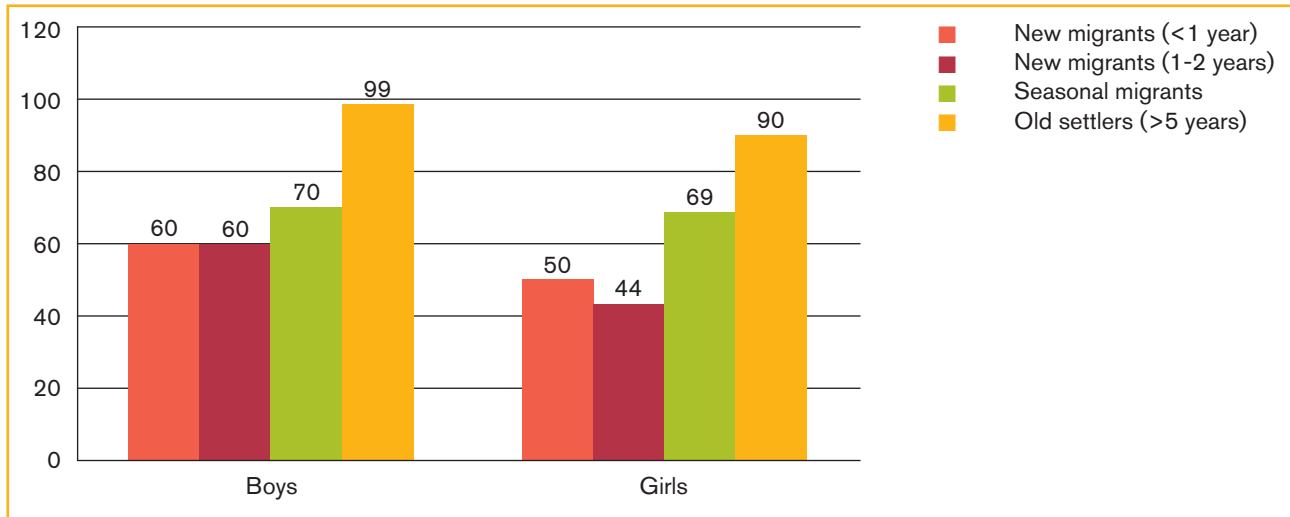


Figure 14 - Number of girls and boys by migrant group

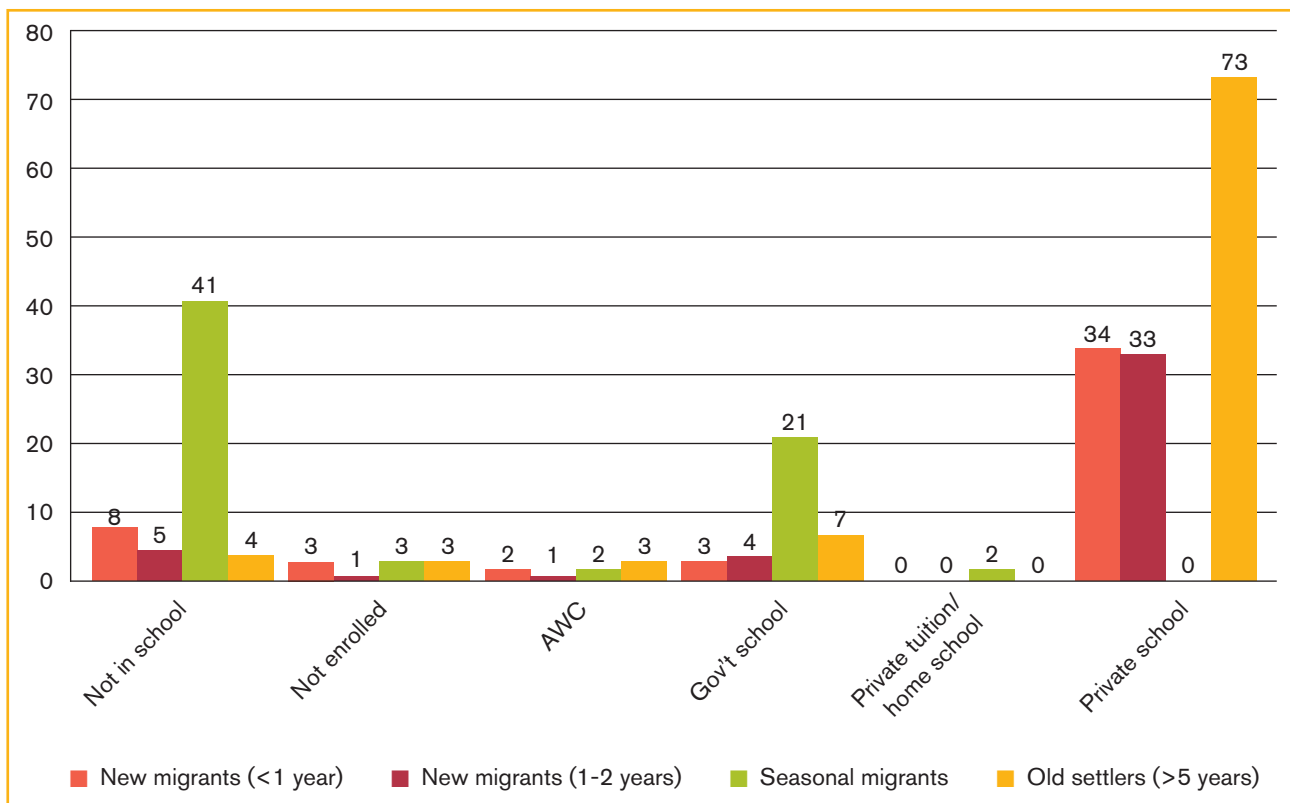


#### 4.5.2.1 School enrolment among girls

Of the 253 girls, 27 per cent (68) were either not enrolled in school or did not attend school, while the remaining 73 per cent (185) attended some form of school (government/private/Anganwadi Centre [AWC] centre<sup>1</sup>/home). Most girls who were in school attended private schools, especially among older settler families. Girls from seasonal migrant families accounted for 71 per cent (41) of all those who did not attend school and for 60 per cent (21) of all those who attended

government school (including village government school in case of seasonal migrants), while girls from older settler families accounted for 52 per cent (73) of all those enrolled in private school (Figure 15). All other groups had relatively similar levels of enrolment for other types of school. This finding of steadily higher school enrolment of girls and boys is in sync with all migrants mentioning better education facilities in the city as a factor prompting migration.

Figure 15 – School enrolment among girls by group migrant



<sup>1</sup> AWCs are government outreach service centres for population units of about 1,000 population.

#### 4.5.2.2 School enrolment among boys

Of the 289 boys surveyed, 26 per cent (75) were either not enrolled nor in school, while the remaining 74 per cent (214) were in some form of school (government/private/AWC/home). Like the girls, most boys who were in school attended private schools, especially among older settler families. Boys from seasonal migrant families accounted for 59 per cent (33) of all those who did not attend school, while boys from old settler families accounted for 45 per cent (75) of all those enrolled in private school. For 1-2 year migrants it was 25 per cent (42) and <1 year migrants 29 per cent (49) (Figure 16). All other groups had relatively similar levels of enrolment for other types of school.

#### 4.5.2.3 Factors for dropout among girls and boys

Reasons for dropout among girls:

- Among seasonal migrants, the reason for dropout was migration/movement; among new migrants, the reasons were migration and economic instability.

Among older migrants dropout was less and the reasons cited included school being too far away, school being too expensive and economic uncertainty.

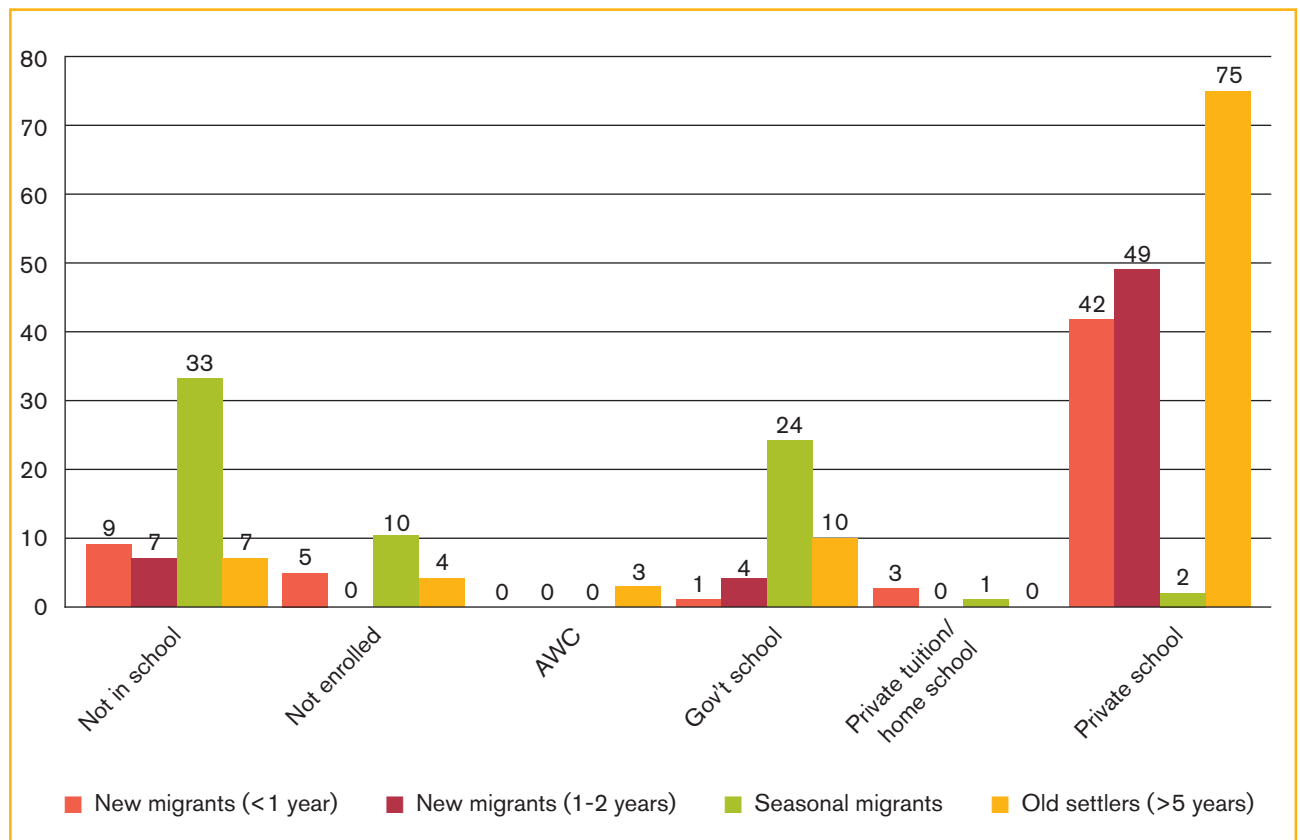
Reasons for dropout among boys:

- Among seasonal migrants, the reasons for dropout were economic factors and migration; among new migrants, the reason was economic instability –for one child it was because they were weak in their studies. Among older migrants dropout was less and the reason cited was economic uncertainty.

#### 4.5.3 Importance of children's education among respondents

**New migrants:** Most new migrants came to the city in search of better wage-earning and livelihood opportunities. Once they stabilised themselves, their motive expanded to providing their children with a better education. To help secure more consistent livelihoods and education for their children, some families drew on the support of relatives already staying in the city. Some families with reasonable earnings in

Figure 16 - School enrolment among boys by migrant group



their native place came to the city primarily to better their children’s education and future prospects. Other families came to the city for different purposes, but decided to settle to provide their children with a better education. On average, families spent 7-10,000 rupees (aboutUS\$71-101) per year for their children’s education. However, some migrants from relatively better-off smaller towns did not find much difference in the educational system between their home and the big city.

**Seasonal migrants:** Children usually travelled with their families and helped earn a living by working in brick kilns, doing household chores and taking care of younger siblings. But most children lacked the time or knowledge of the city’s educational system, admission procedures, examination systems, fee structures, scholarship options and how to access them, so they were unable to attend school. Many families enrolled their children’s names in schools in their native place, but since they spent extended periods residing elsewhere, their children’s studies were interrupted and their teachers often neglected them when they returned.

**Older settlers:** Most families came to the city for reasons described earlier (e.g. lack of work in their native place, family conflicts, small agricultural land holdings, etc.), but settled in the city with the principal aim of educating their children. Most families of older settlers sent their children to the best schools they could afford.

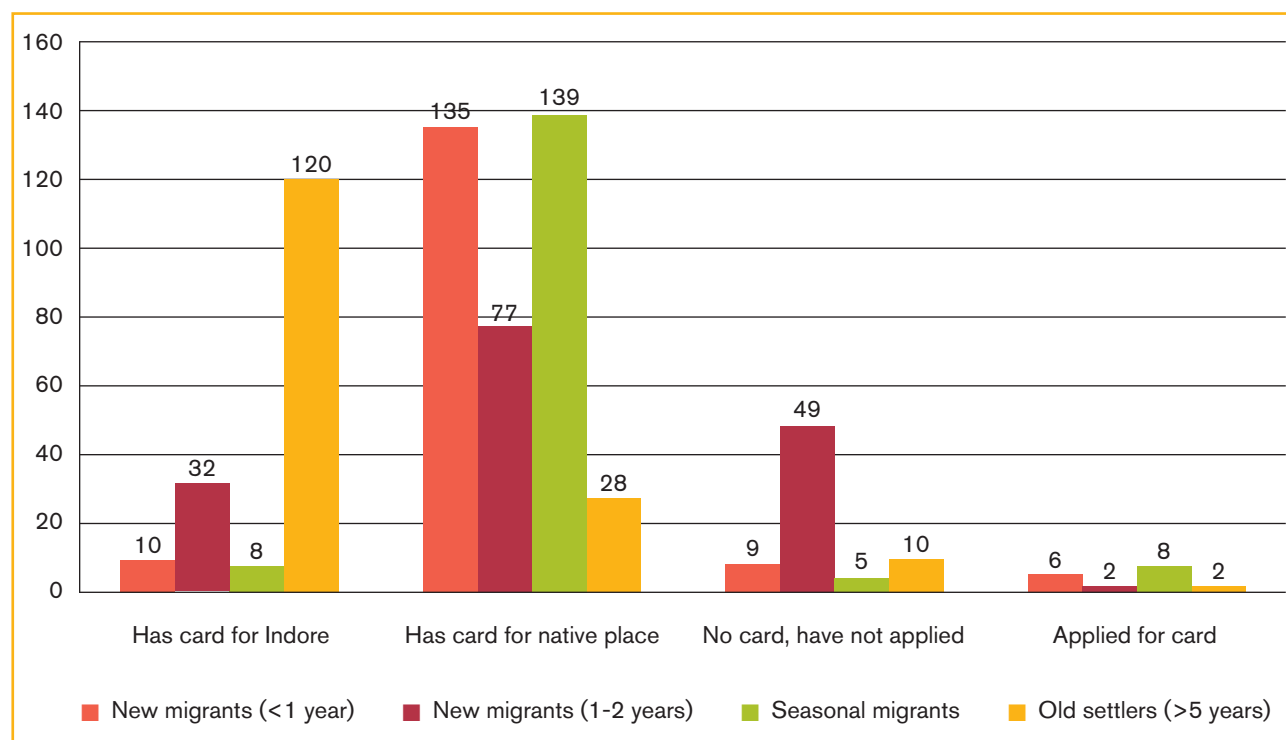
During the FGDs, most migrants (except for seasonal migrants who were mostly unable to send children to city schools owing to their temporary status) reported that private schools near slums usually provide better education facilities compared with government schools. This could help to explain why 81 per cent of girls and 76 per cent of boys among older settlers attended private schools.

## 4.6 Access to social benefits and entitlements

### 4.6.1 Government picture ID and proof of address

Among the 640 respondents, 60 per cent (379) of all migrants had a Universal ID or Aadhaar card<sup>2</sup> for their native place, while only 27 per cent (170) had such a card for Indore (Figure 17). 11 per cent (73) had absolutely no card nor had applied for one, while only three per cent had applied. However, 75 per cent (120) of all older settlers had a card for Indore, accounting for 71 per cent (120) of all migrants with such cards. Only five per cent (8) of all seasonal migrants had a card, accounting for just five per cent of all migrants with such cards.

Figure 17 – Universal ID card by migrant group



<sup>2</sup> An Aadhaar Card is a government issued ID card serving as a proof of address in any part of India where citizens reside. However, it is important to note that the Aadhaar Card is controversial and is viewed as an infringement on an Indian citizen’s fundamental right to privacy.

Among family members of respondents (2,086), 33 per cent (664) of all migrants had a Universal ID or Aadhaar card for their native place or had applied for one, while only 24 per cent (508) had such a card for Indore or had applied for one (Figure 18). Fifty-one per cent of all family members (1,054) had absolutely no card nor had applied for one, while only five per cent (102) had applied. However, 53 per cent (333) of family members among older settlers had a card for Indore or had applied for one. Among family members of seasonal migrants, just 0.5 per cent (12) had a card for Indore or had applied for one; for <1 year migrants it was two per cent (42) and for 1-2 year migrants it was 17 per cent (83).

Adding respondents and family members together gives a more complete family scenario with respect to accessing government universal ID. Among all respondents and family members (2,726), 38 per cent (1,033) of all migrants had a universal ID or Aadhaar card for their native place or had applied for one, while only 25.5 per cent (696) had such a card for Indore

or had applied for one (Figure 19). 40 per cent of all respondents and family members (1,080) did not have the card, nor had applied for one, while only four per cent had applied. However, 63 per cent (493) of respondents, plus family members among older settlers, had a card for Indore or had applied for one. Among respondents and family members of seasonal migrants, four per cent (28) had a card for Indore or had applied for one; for <1 year migrants it was nine per cent (58), while for 1-2 year migrants it was 18 per cent (117).

This trend suggests that seasonal migrant families as a whole have the lowest access to universal ID for Indore. Meanwhile <1 year migrants have more than twice as better access than seasonal migrants, and 1-2 year migrants have twice as better access compared with <1 year migrants. At the same time, older settlers had nearly 3.5 times better access (at 63per cent) to universal ID for Indore than 1-2 year migrants, seven times better access than <1 year migrants and 15 times better access compared with seasonal migrants.

Figure 18 – Universal ID card among family members by migrant group

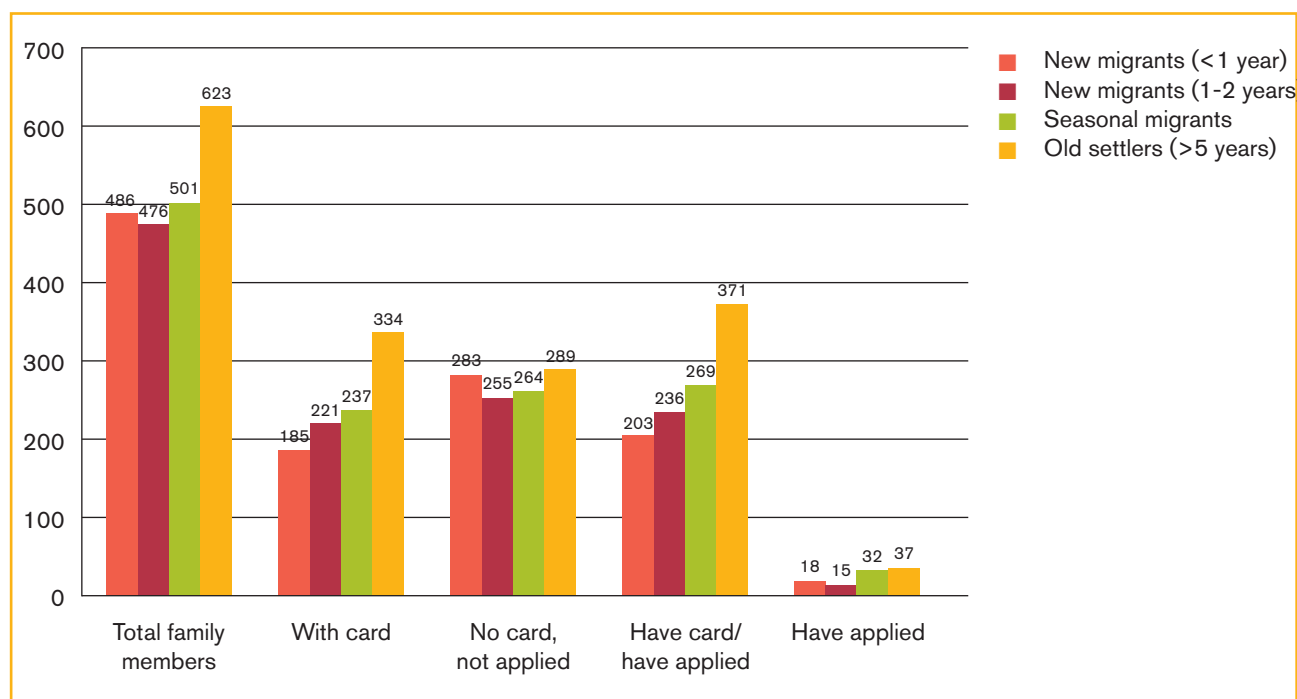
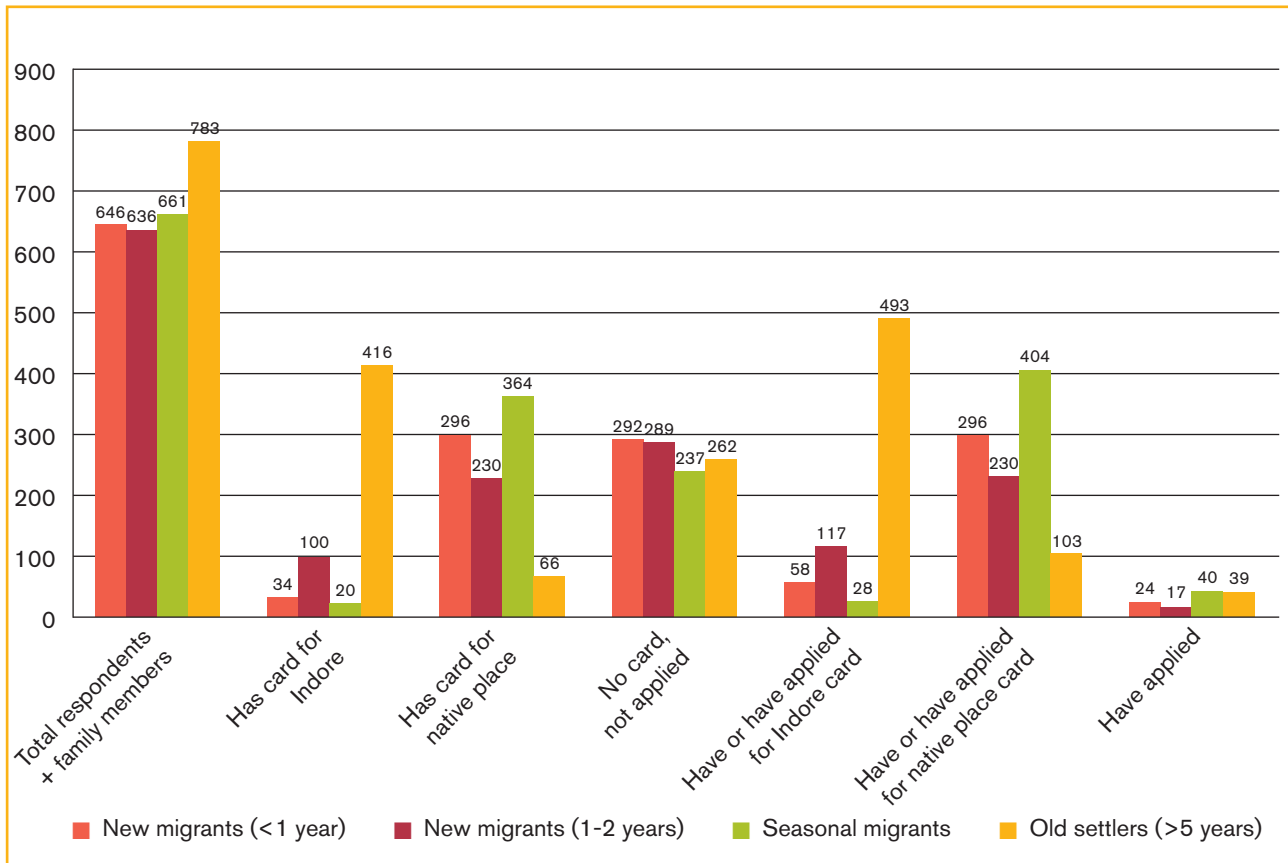


Figure 19 – Respondents and family members with Universal ID card by migrant group



### 4.6.2 Voter ID

Twenty-three per cent of all migrants had a voter ID card for Indore, while 60 per cent had a card for their native place (Figure 20); 16 per cent had no card nor had applied for one, while one per cent had applied. Only four per cent (6) of seasonal migrants had a card for Indore, accounting for just four per cent of all migrants with such cards, while 81 per cent (130) of seasonal migrants had cards for their native place, higher than any other migrant group. This is important information given that low access to voter ID of the city curtails the fundamental constitutional right to cast one’s vote during municipal, legislative assembly and parliamentary elections.

### 4.6.3 Family having ration card

Seven per cent (47) of all migrants had ration cards<sup>3</sup> for Indore, while 39 per cent (250) had ration cards for their native place (Figure 21); 53 per cent (340) of all migrants had no card nor had applied for one, while one per cent (3) had applied. No seasonal migrants had a card for Indore, while 66 per cent (105) had a card for their native place, higher than any other migrant group.



#### 4.6.4 Migrant awareness about documents

**Recent migrants:** Most recent migrants realise the importance of government ID and proof of address, and make efforts to acquire such documents. But this usually requires bribing an “agent”.

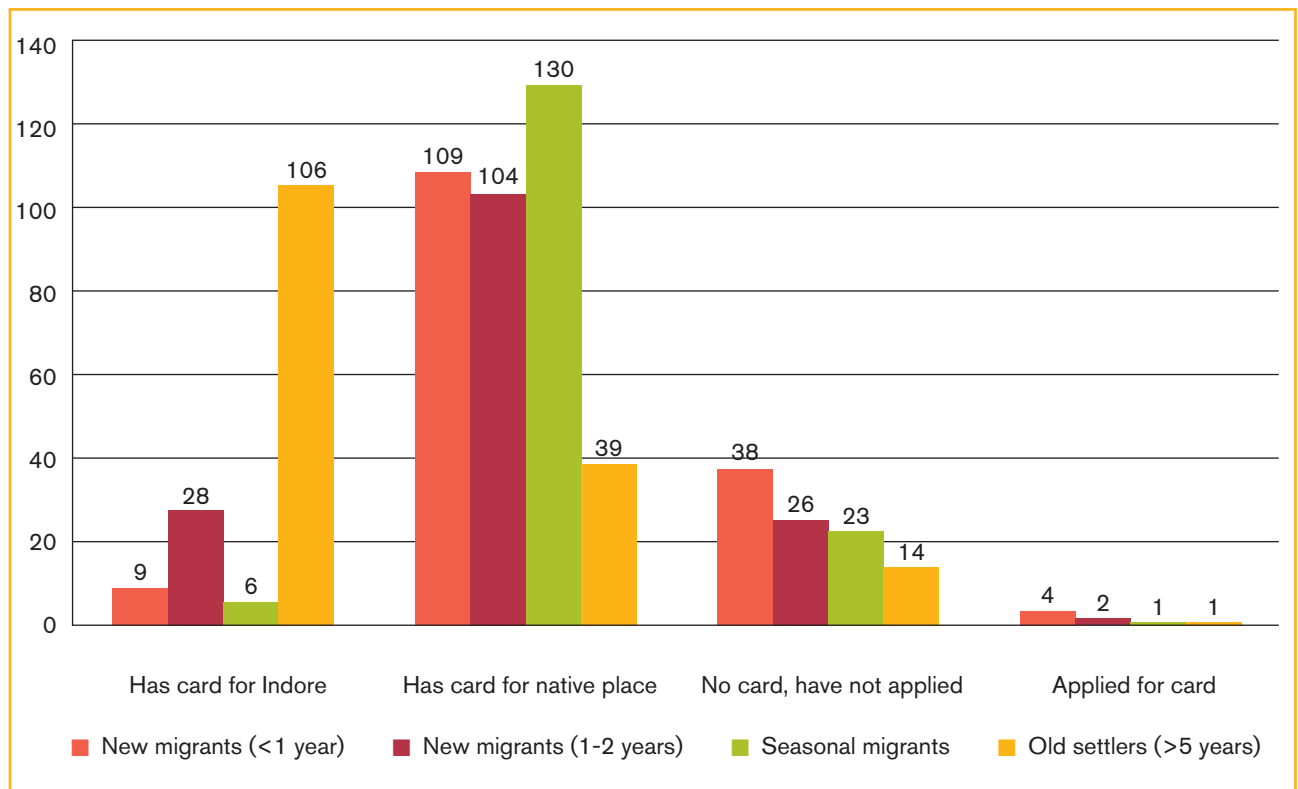
**Seasonal:** As noted above, most seasonal migrants do not have voter ID cards, Aadhaar cards or ration cards for Indore. Instead, most have such cards for their native place, but this does not entitle them to claim their right to vote in municipal, state legislative assembly and national parliamentary elections while staying in Indore. Also, most construction site workers/brick kiln workers leave their ID cards in their native villages think they are of little use because the workers spend most of their time on site. However, wanderer migrants carry their ID cards with them since they are constantly on the move, which increases the chance that the authorities might

stop them. Roadside, moving vendors and waiters, and labourers working during the wedding season keep their picture IDs for this reason as well.

In general, most seasonal migrants have little knowledge about ID cards or schemes other than Aadhaar, voter ID, ration cards or birth certificates, and they feel they are of little benefit to them (for an overview of such schemes, see Annex III).

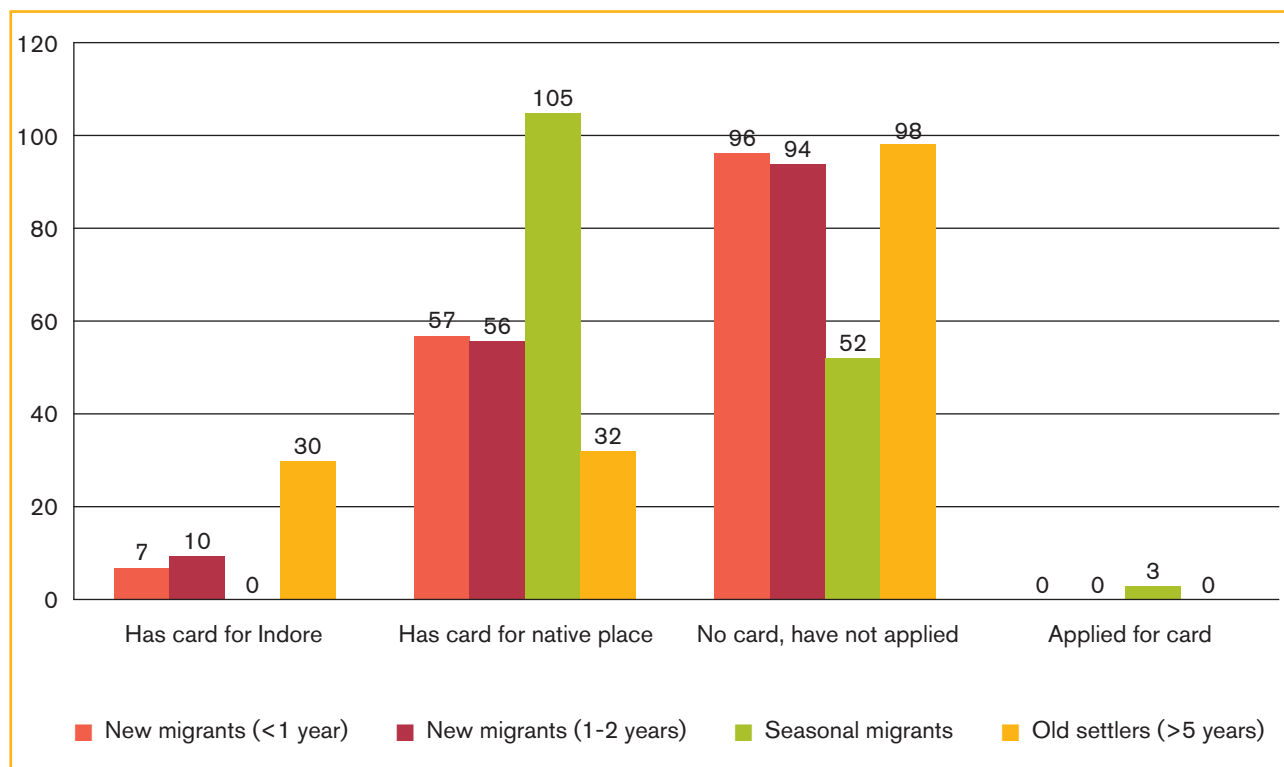
**Older settlers:** Compared with the other migrant groups, older settlers tend to be more aware of the importance of government ID and proof of address in applying for social benefit schemes, enrolling their children in schools, securing employment, and for verification while renting living spaces for their families. They also tend to have better knowledge of other entitlements, yet access to benefits remains limited, even though most older settlers have government ID cards and proof of address for Indore.

Figure 20 - Voter ID card by applicant



<sup>3</sup>Ration cards or food subsidy cards for the city provide access to subsidised food grains.

Figure 21 – Access to ration card by migrant group



## 4.7 Savings and loans

### 4.7.1 Emergency savings

68 per cent (435) of all migrants had savings for emergencies, while the remainder did not (Figure 22). More older settlers had emergency savings than any other migrant group, though the differences between the groups were relatively small.

### 4.7.2 Access to bank account

While 68 per cent of all migrants had savings for emergencies, only 58 per cent (368) had a bank account (Figure 23). More older settlers had bank accounts than any other migrant group at 79 per cent (127), compared with 59 per cent (95) of 1-2 years migrants, 47 per cent (75) of <1 year migrants and 44 per cent (71) of seasonal migrants. This suggests that migrants progressively acquire a better understanding about the city and access to formal banking systems over time.

### 4.7.3 Borrowing and source of additional funds and loans

All migrants surveyed had to borrow additional funds beyond their savings to meet the cost of expenses arising during times of need. To secure such funds, migrants utilised various sources.

### 4.7.4 Ability to save and borrow

The FGDs uncovered a number of factors influencing the ability of migrant groups to save and borrow finances.

**Saving:** Most seasonal construction workers were unable to save adequately owing to insufficient earnings. Some had to send remittances back to their families in the village, further diminishing their ability to save. Many brick kiln workers were also unable to save adequately and regularly since they, as contract workers, were paid periodically rather than weekly or monthly. Seasonal roadside and mobile vendors were also unable to save adequately and regularly owing to insufficient earnings. Some bought silver as a form of saving for emergencies. In addition, recent migrants and older settlers were

Figure 22 - Emergency savings by migrant group

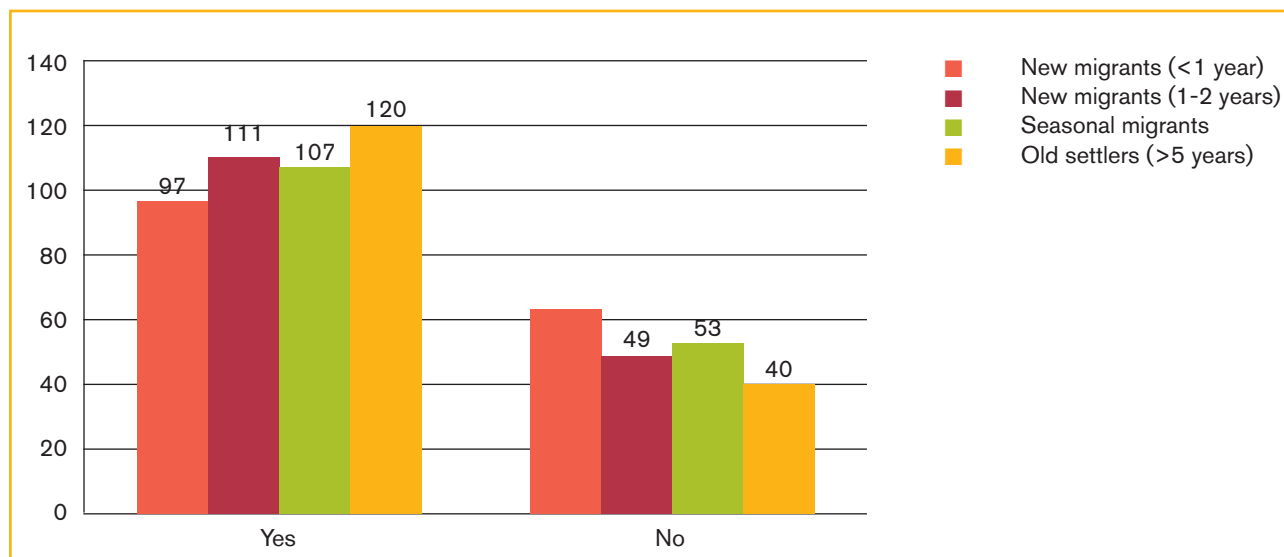
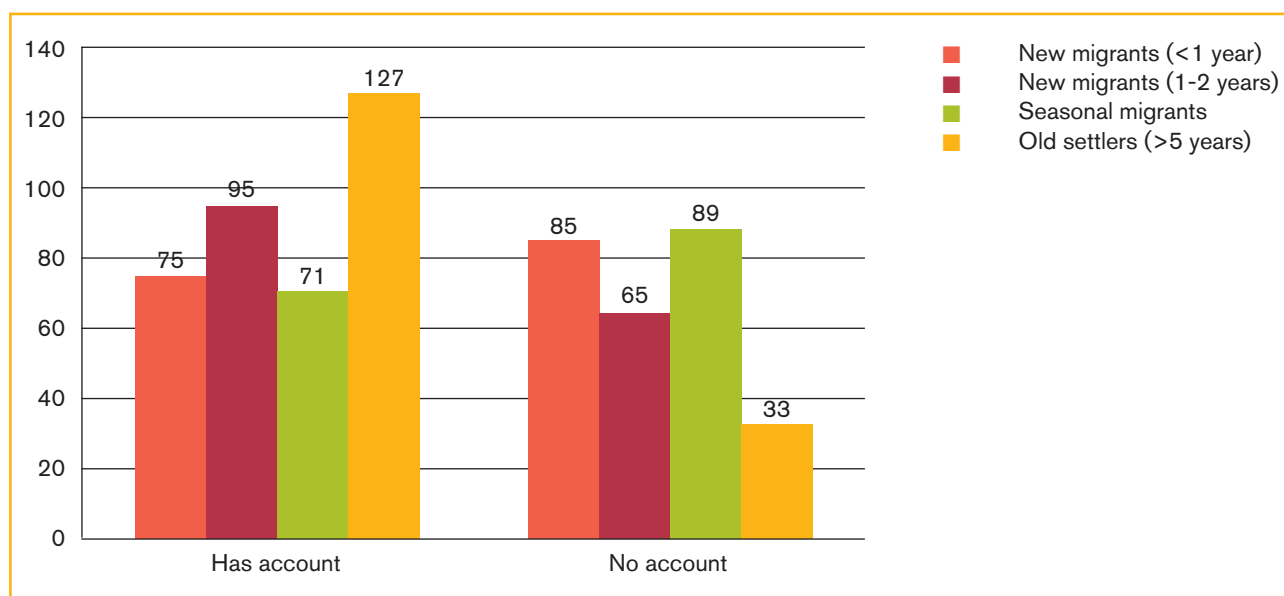


Figure 23 - Access to bank account by migrant group



unable to save adequately since their expenses exceeded their earnings. Most saved very small amounts between 50 and 100 rupees per month (US\$ 0.75-1.50), usually in conjunction with other household members or relatives.

- **Borrowing:** Construction site and brick kiln workers usually borrowed from their employers/contactors, reflecting their insufficient incomes. To obtain

loans, many deposited their silver jewellery with a moneylender as a form of collateral, despite high interest rates. Recent migrants and older settlers usually borrowed from their employers, who deducted repayments from their wages, usually without interest. Many also borrowed small amounts from neighbours, and vice versa. Often the borrowing was in-kind for small amounts of liquefied petroleum gas (LPG), cooking oil, food items, etc.

## 4.8 Healthcare

This section is divided into three sub-sections: general healthcare, maternal healthcare and child health.

### 4.8.1 General health care

#### 4.8.1.1 Types of healthcare sought when ill

51 per cent (327) of all migrants became ill and sought healthcare in the month prior to the survey (Figure 24). This included 66 per cent (105) of older settlers, 54 per cent (87) of 1-2 years migrants, 50 per cent (80) of <1 year migrants and 34 per cent (55) of seasonal migrants.

Eighty-seven per cent (284) of migrants who fell ill one month prior to the survey sought private healthcare (Figure 25).

### 4.8.2 Maternal health

#### 4.8.2.1 Registration of pregnancy

During the time of the survey, 195 migrant women had children younger than two years old, while 15 were pregnant. Among them, 77 per cent (150) had registered their pregnancy with a government health worker or Auxiliary Nurse Midwife (ANM) (Figure 26). This included 86 per cent (44 of 51) of older settlers, 81 per cent (47 of 58) of <1 year migrants, 80 per cent (37 of 46) of 1-2 years migrants and 55 per cent (22 of 40) of seasonal migrants.

Figure 24 – Sought healthcare for illness in one month prior to survey by migrant group

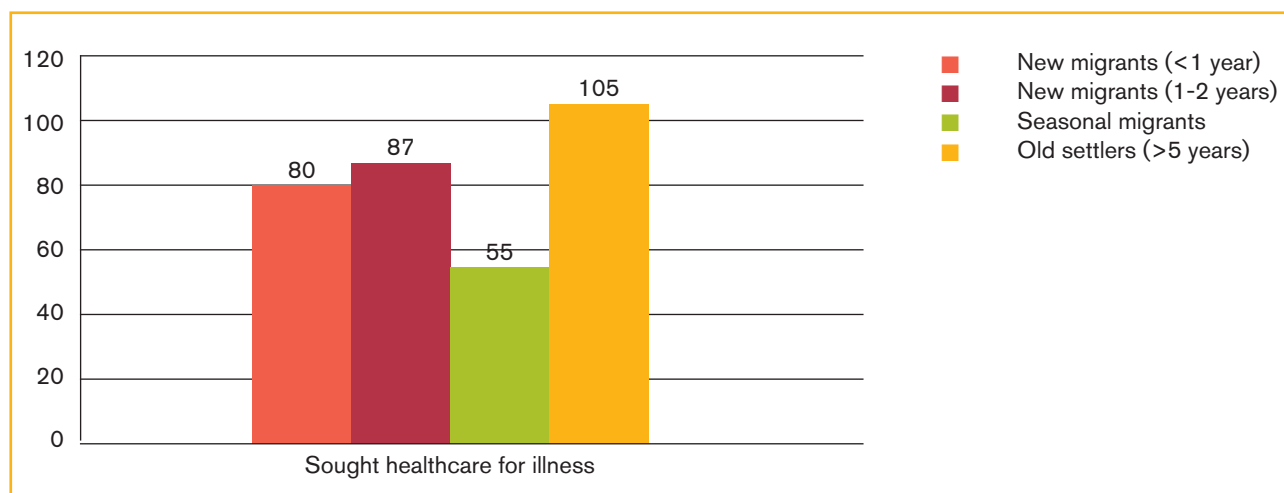


Figure 25 – Types of healthcare sought when ill by migrant group

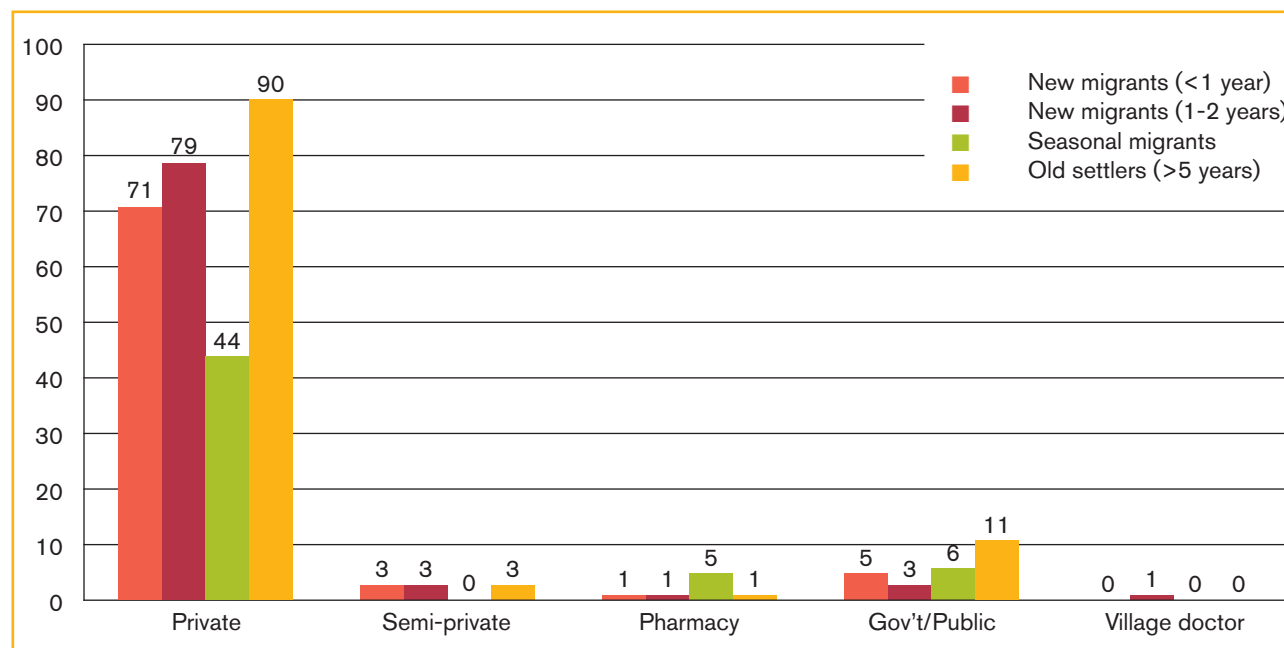


Figure 26 – Registration of pregnancy by migrant group

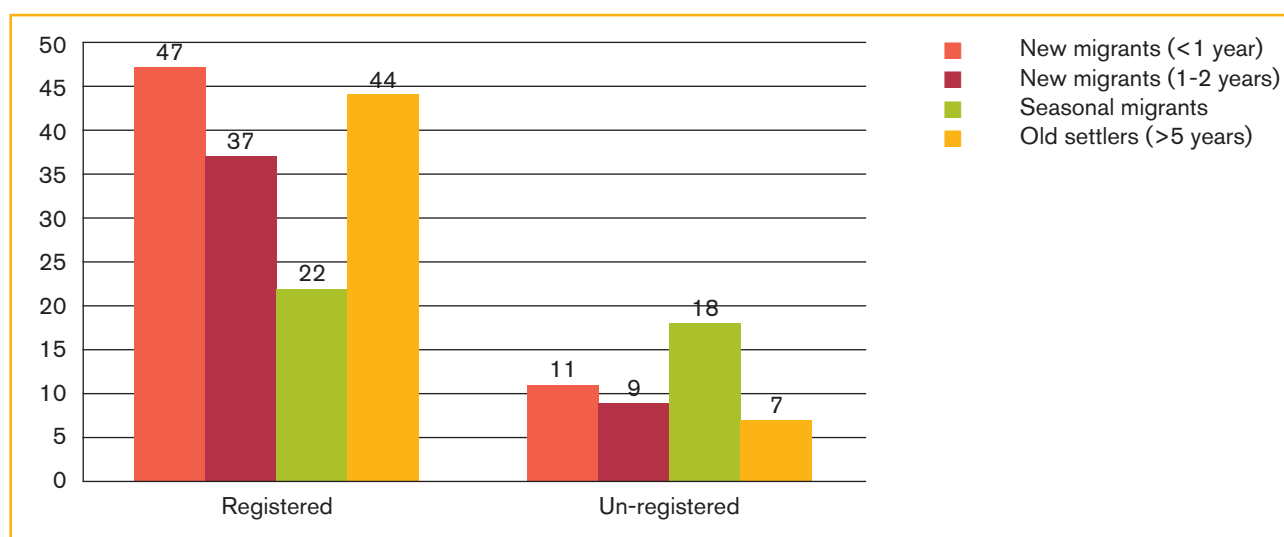
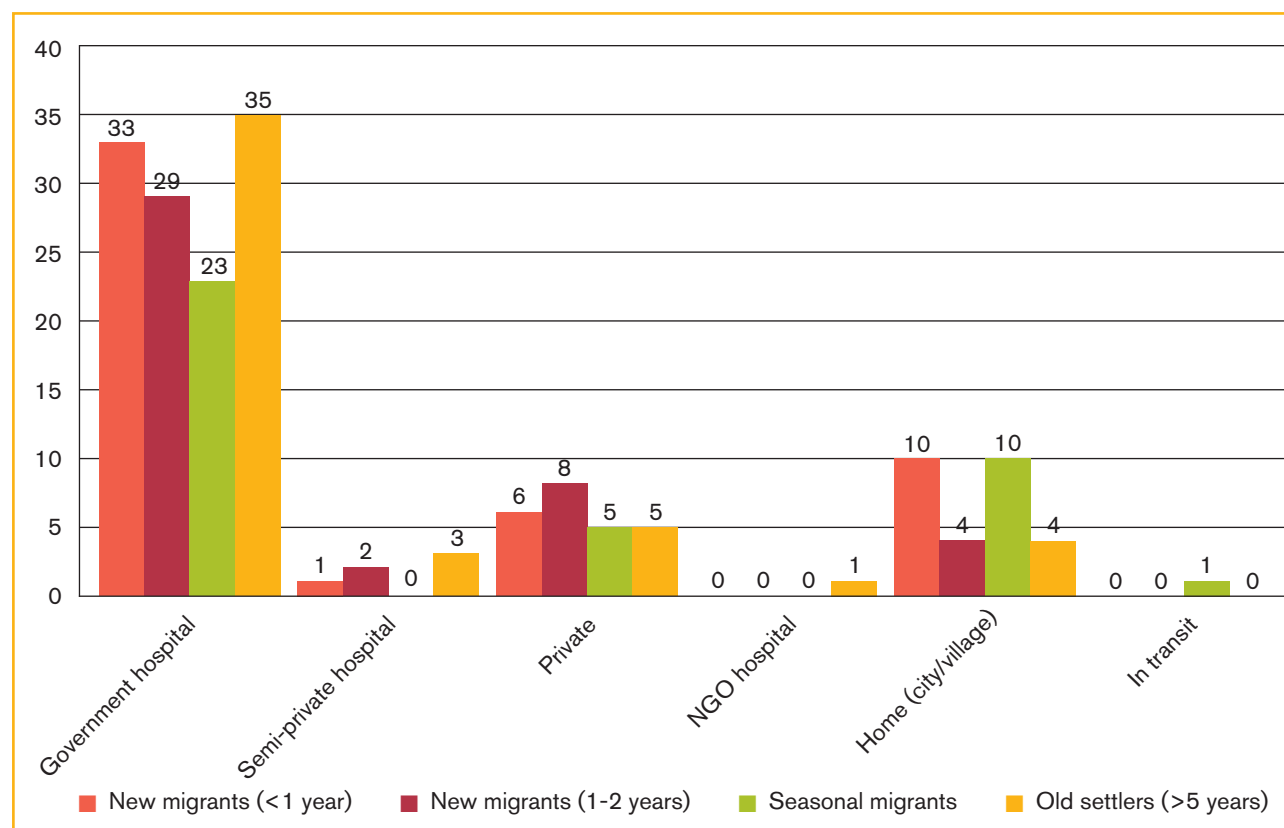


Figure 27 – Place of birth by migrant group



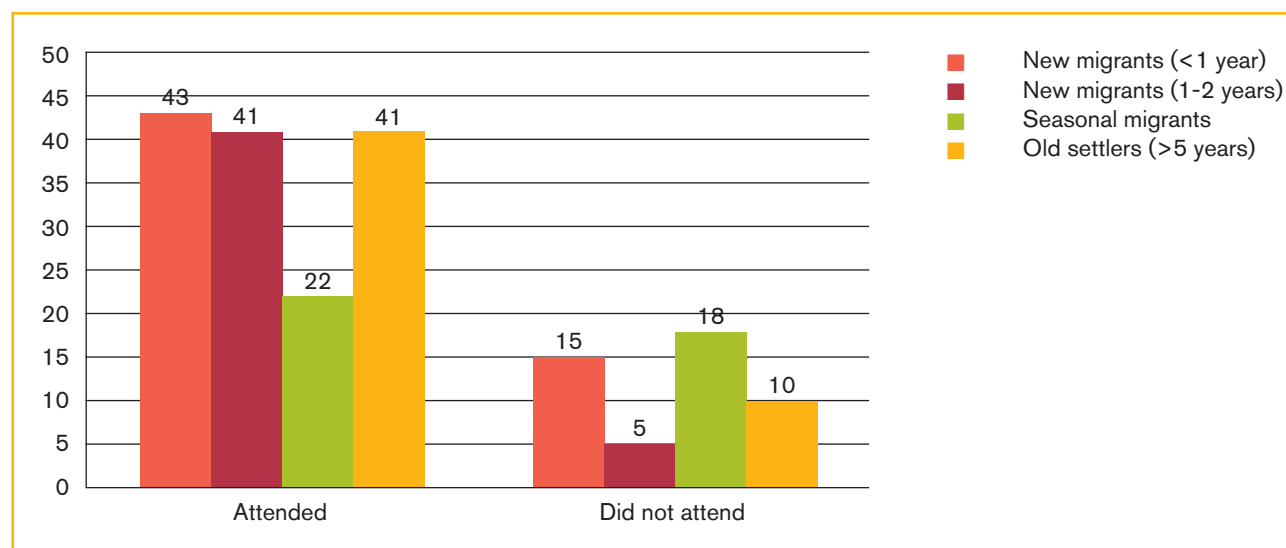
#### 4.8.2.3 Place of birth

Of the mothers who had children younger than two years old or were pregnant at the time of the survey (195), 77 per cent (150) had registered their pregnancy at a government, semi-govt., NGO or private health hospital (Figure 27).

#### 4.8.2.4 Aailed antenatal check-up

Of the 195 migrant women who had children younger than two years old (180) or who were pregnant (15) at the time of the survey, 75 per cent (147) attended at least one antenatal check-up (Figure 28). This included 89 per cent (41 of 46) of 1-2 years migrants, 80 per cent (41 of 51) of older migrants, 74 per cent (43 of 58) of <1 year migrants and 55 per cent (22 of 40) of seasonal migrants.

Figure 28 – Antenatal check-up availed by migrant group



#### 4.8.2.5 Received at least two doses of tetanus toxoid vaccine

Of the 195 migrant women with children younger than two years old or who were pregnant at the time of the survey, 77 per cent (150) received tetanus toxoid vaccinations (Figure 29). This included 87 per cent (40 of 46) of 1-2 year migrants, 82 per cent (42 of 51) of older settlers, 81 per cent (47 of 58) of <1 year migrants and 53 per cent (21 of 40) of seasonal migrants.

#### 4.8.2.6 Government maternity benefit scheme availed

Of the 180 migrants who were mothers with children younger than two years old, 47 per cent (84) availed of the government maternity scheme Janani Suraksha Yojana (JSY), which is implemented by the National Health Mission (Figure 30).

### 4.8.3 Child health

#### 4.8.3.1 Child illness during past month

Of the 331 migrant children under the age of two years surveyed, 53 per cent (176) experienced an episode of diarrhoea, fever and/or cough during the month immediately preceding the survey (Figure 31). This included 60 per cent (64 of 107) of older settler children, 57 per cent (47 of 82) of 1-2 year migrant children, 58 per cent (46 of 80) of <1 year migrant children and 31 per cent (19 of 62) of seasonal migrants.

#### 4.8.3.2 Type of healthcare sought for sick children

Of the 176 children under the age of two years old who experienced an episode of diarrhoea, fever and/or cough during the month preceding the survey, various sources of healthcare were sought (Figure 32). While most migrant groups sought out private hospitals/clinics, a significant number sought out other sources that were not captured by the survey.

#### 4.8.3.3 DPT vaccinations

Of the 331 migrant children under the age of two years old surveyed, 58 per cent (193) received three doses of diphtheria, pertussis and tetanus toxoid (DPT) vaccine at the appropriate age (including 8 per cent [26] who received pentavalent vaccine as well), while 11 per cent (38) received three doses of DPT later than the appropriate age and 15 per cent received less than three doses (Figure 33). Overall, considerably more children of older settlers (69 per cent) received DPT vaccines on time than children from the other migrant groups.

#### 4.8.3.4 Place of immunisation

Of the 305 children under the age of two years old who received doses of DPT and pentavalent vaccines, 59 per cent (181) were vaccinated at an AWC centre, while 31 per cent (96) were vaccinated at a public hospital or dispensary (Figure 34). These places were by far the most common.

Figure 29 – Tetanus toxoid vaccinations among mothers/pregnant women by migrant group

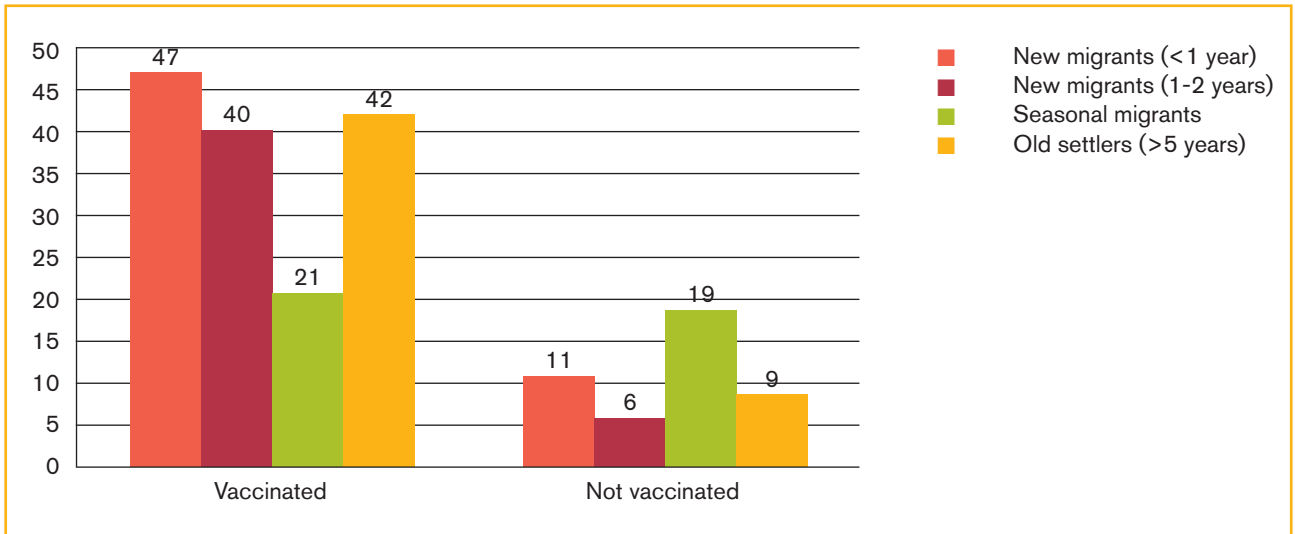


Figure 30 – Government maternity benefit scheme availed by migrant group

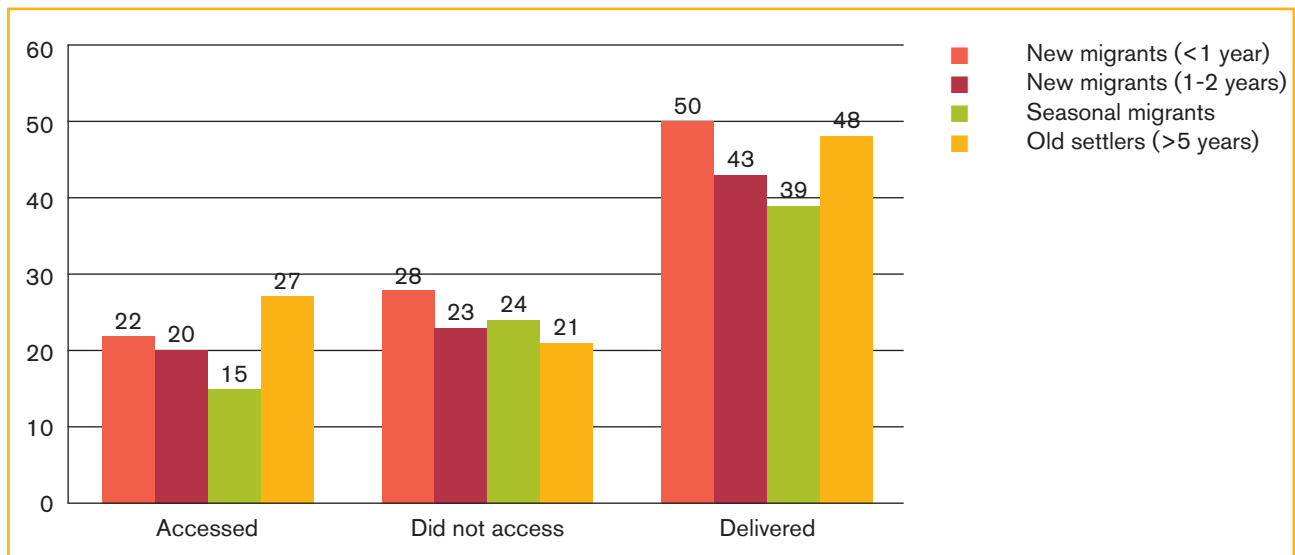


Figure 31 – Illness among children during past month by migrant group

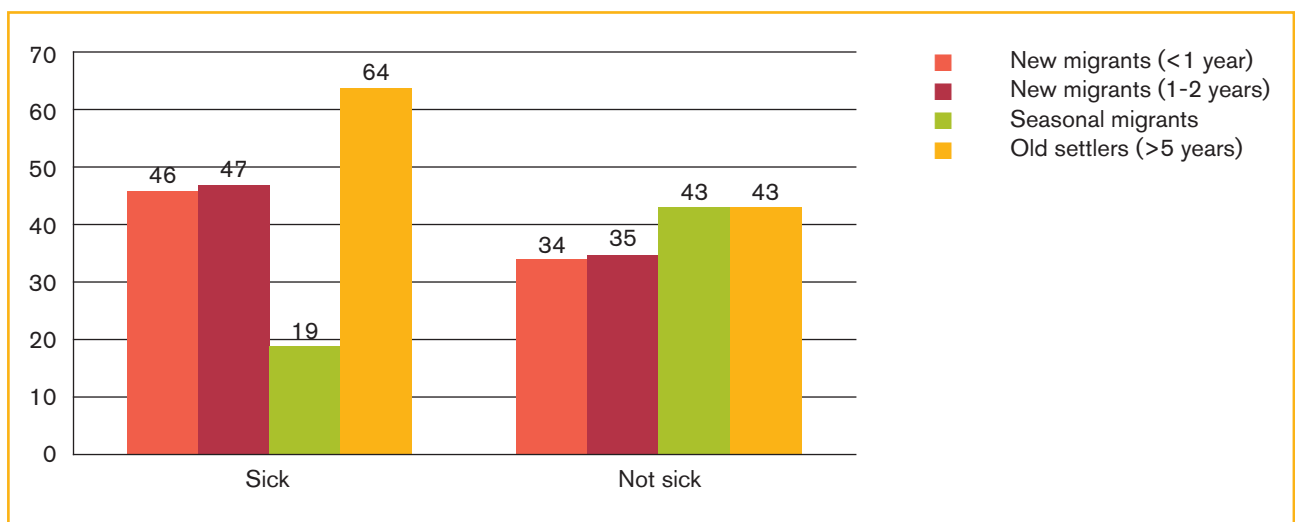


Figure 32 – Type of healthcare sought for ill children by migrant group

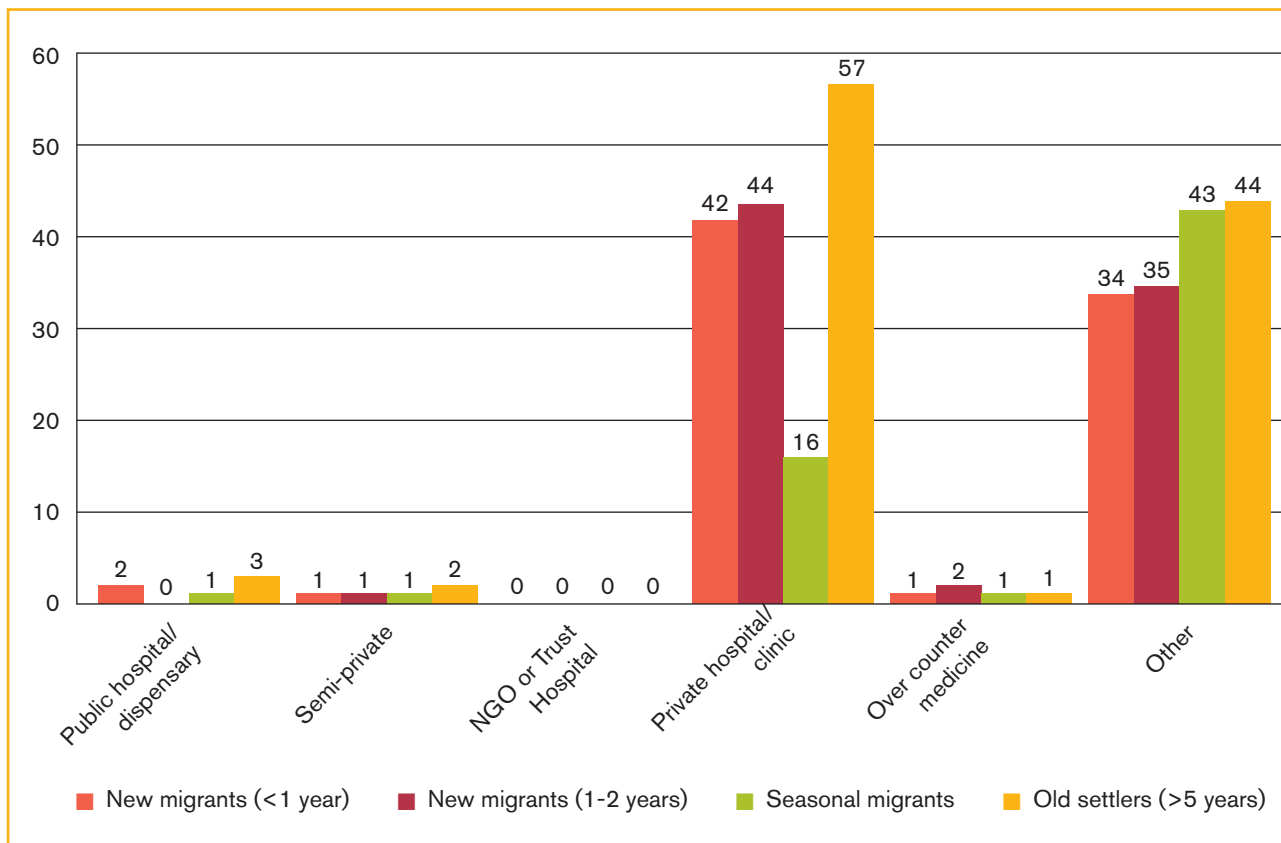


Figure 33 – DPT vaccinations among migrant children

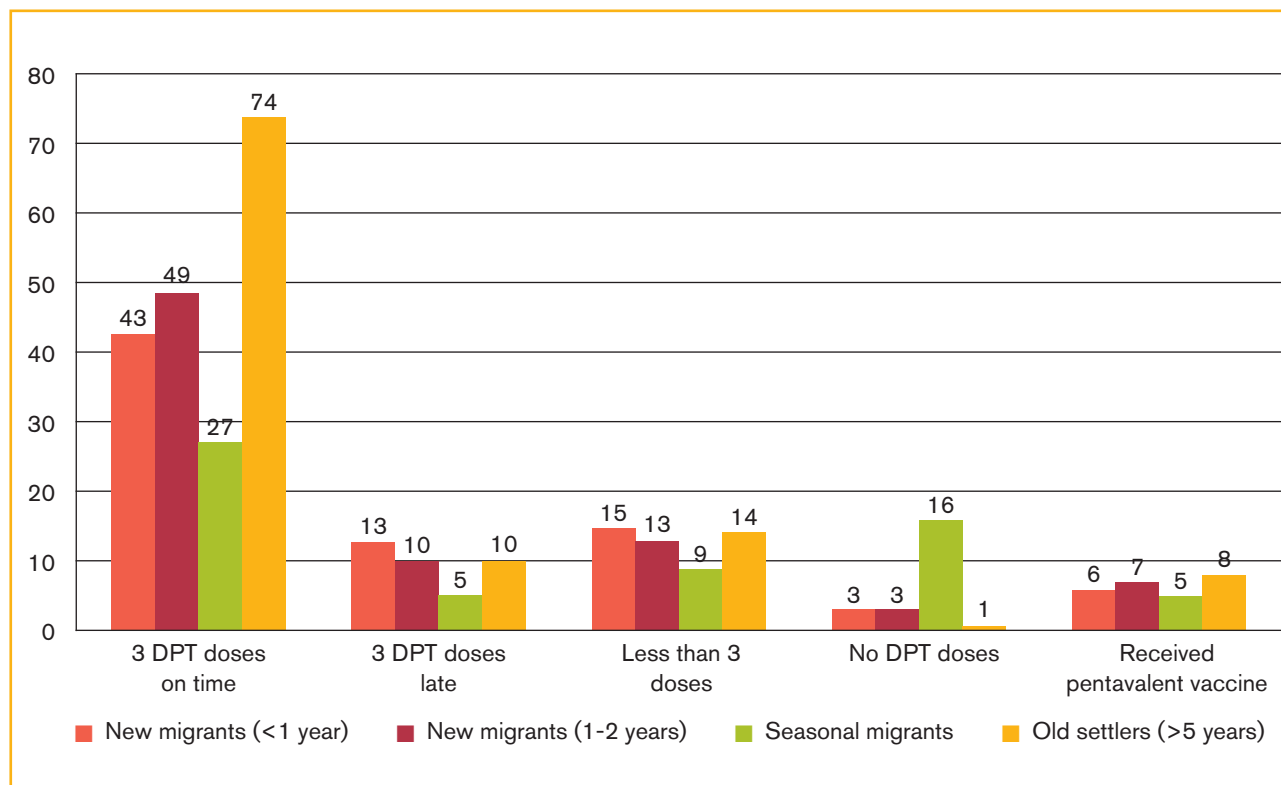
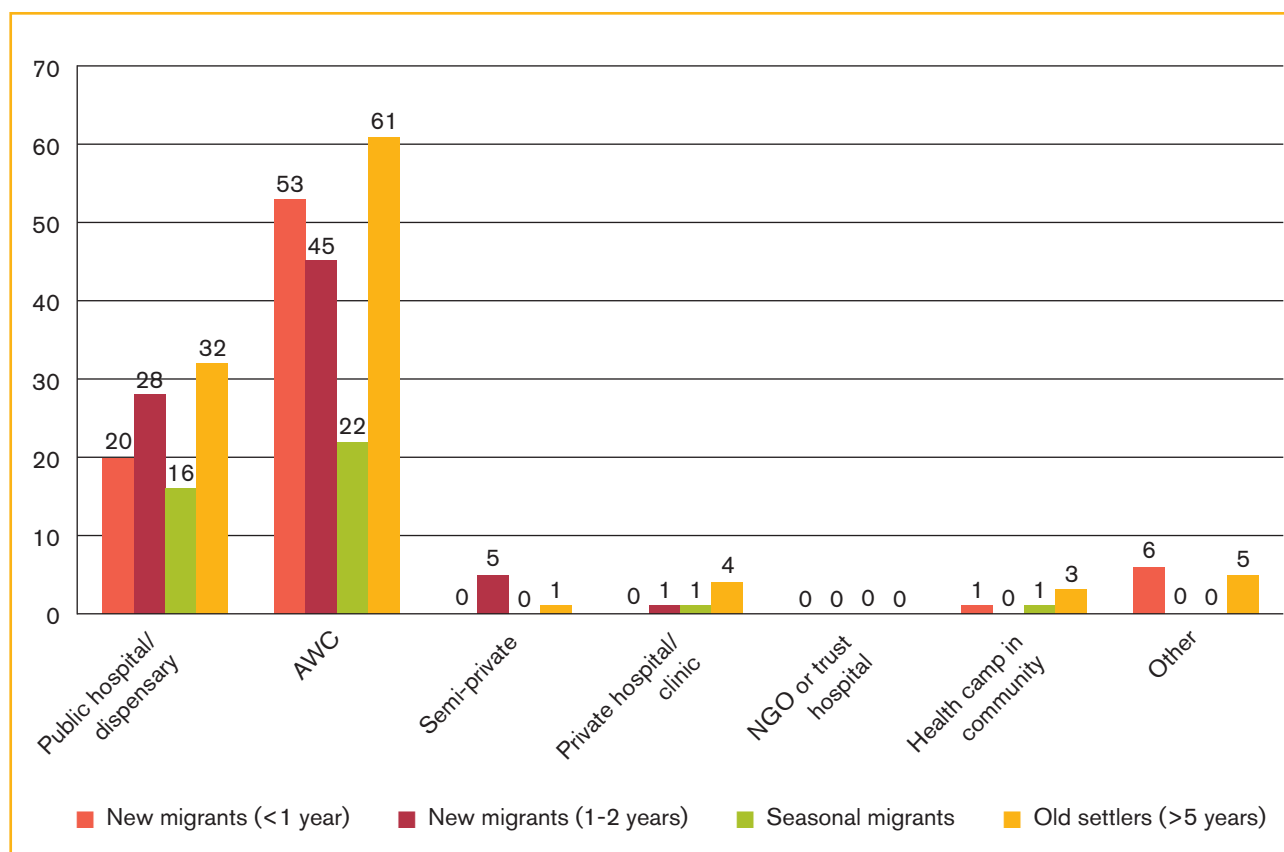




Figure 34 – Places of child immunisation by migrant group



#### 4.8.4 Challenges accessing healthcare

The FGDs revealed a number of challenges preventing seasonal migrants, in particular, from accessing healthcare.

**Seasonal migrants:** Most seasonal migrants who lived and worked in brick kilns and construction sites were largely cut-off from the surrounding communities. Their employers allowed them to visit the market only once during the week for *haat* (the local market gathering day), meaning they usually visited the closest and most affordable doctor available. Since most migrants were relative strangers to the city, they usually visited the doctor/health facility recommended by their employer/contractor.

Healthcare workers seldom visited construction sites, since they were considered to be outside mandated catchment areas. Anganwadi workers<sup>4</sup> often excluded

families of brick kiln and construction workers from their services as well. This was owing to i) Anganwadi services being primarily intended for more stable populations nearby, ii) the reluctance of Anganwadi workers to add additional beneficiaries to their list, thus creating additional work, and iii) Anganwadi Centres having limited supplies of supplementary nutrition for seasonal migrant children and pregnant mothers and the reluctance of Anganwadi workers to request additional supplies from their supervisors who may not always be encouraging or accepting of this. However, a number of families did succeed in getting their children immunised in Anganwadi Centres.

In villages, families usually received immunisation and treatment from government hospitals. Deliveries were also mostly conducted in healthcare facilities owing to incentives provided by the maternity benefit scheme JSY. However, without much knowledge about the

<sup>4</sup>The Anganwadi worker is the grassroots functionary of a Government of India program "The Integrated Child Development Service Scheme" or ICDS of country-wide outreach programme of the Ministry of Women and Child Development, Government of India. The Anganwadi worker receives pre-service and in-service training from State or regional training centres of the Department of Women and Child Development. Anganwadi worker runs a community-level outreach service centre called the Anganwadi Centre and provides a package of six services to a catchment of 1000 population viz., supplementary nutrition, immunization, health check-ups (provided by Auxillary Nurse Midwives of the Health Department), referral services, nutrition and health education for nursing mothers (of children <2 years), pregnant women, and to adolescent girls through Anganwadi workers.

healthcare system in the city and without the requisite ID cards for Indore, families of seasonal migrants had little choice but to rely on employers/contractors, who usually do not take responsibility for the health of workers, nor compensate them in any form for ill health/injury (Box 1).

### BOX 1 – BARRIERS TO HEALTHCARE FACING FEMALE MIGRANTS IN DIRE CIRCUMSTANCES: INSIGHTS FROM A GOVERNMENT DOCTOR

In an example shared by a health department officer, one pregnant woman, a brick kiln worker, died due to an obstetric complication arising just before delivery. According to the officer, the irresponsible attitude shown by the contractor led to the worker's untimely death. The contractor refused to assume any liability for taking the woman to a hospital, nor for arranging any transport to a good facility. By the time the woman was finally taken to a public hospital, her condition had become too critical and the staff refused to admit her. After much pleading by the attendants, the hospital staff finally admitted the woman, but it was too late, and the woman could not be saved.

Seasonal migrants from one construction site adjacent to a cremation ground (where dead bodies are burnt and last rites carried out) did not deliver their babies at a hospital. Instead, they travelled to their native village before the expected due date so that the traditional birth attendant (Dai) could conduct the delivery. In such situations, children were seldom immunised.

Many wanderer families were afraid to have their children immunised owing to side effects (including fever and pain) that forced them to take the day off work to either take care of the child at home, or take the child to a doctor/health centre. This sacrifice affected their finances doubly through loss of daily wages and out-of-pocket expenditure for private healthcare.

## 4.9 Age of girls at marriage

The FGDs revealed child marriage among girls was a common practice among the migrant groups.

**Recent migrants:** Most recent migrants married their daughters by 18-20 years of age, depending on the girl's interest and eagerness to continue her education. If she was not eager to continue her education, most girls were married before the age of 18.

**Seasonal migrants:** Most seasonal migrants married their daughters by 13-15 years of age. Girls who tended to disobey their parents' commands and were considered liabilities were married off soon after reaching puberty. Tradition also influenced early marriages. For example, among migrant tribal communities (mostly construction site and brick kiln workers), it was a common custom for the groom's family to pay the bride's family for the bride.

**Old settlers:** Old settlers usually married their daughters by 21-22 years of age. However, old settlers from parts of Madhya Pradesh, such as Bhand and Morena, still tended to marry girls by 12-14 years of age and boys by 16 years of age. In contrast, those from villages in Uttar Pradesh and Maharashtra often married girls after they completed their education after 18 years of age. However, girls who tended to disobey their parents' commands and were considered liabilities were married off soon after reaching puberty. To avoid the time-consuming paperwork required to report a girl below the age of 18 as pregnant, many government health workers falsely report the age of such girls as 18.

## 4.10 Family planning

### 4.10.1 Knowledge of family planning

Of the 493 migrants with families surveyed, 59 per cent (292) had some knowledge of family planning methods (Figure 35). This included 72 per cent (112 of 155) of older settlers, 68 per cent (85 of 126) of 1-2 year migrants, 58 per cent (77 of 133) of <1 year migrants and 23 per cent (18 of 79) of seasonal migrants.

### 4.10.2 Temporary family planning measures

Of the 493 migrants with families surveyed, just 20 per cent (101) used temporary birth-spacing measures, including condoms, oral contraceptives and injections, all usually available free at government health facilities (Figure 36). This included 28 per cent (43 of 155) of older settlers, 22 per cent (29 of 133) of <1 year migrants, 21 per cent (27 of 126) of 1-2 year migrants and just three per cent (2 of 79) of seasonal migrants.

Figure 35 – Knowledge of family planning by migrant group

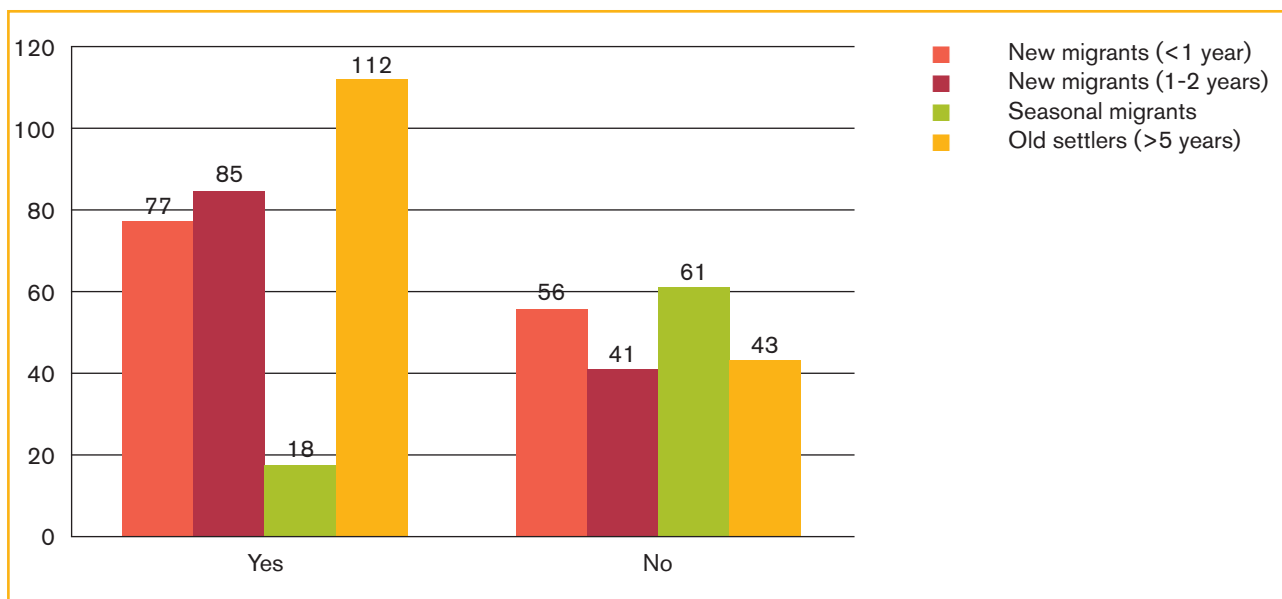
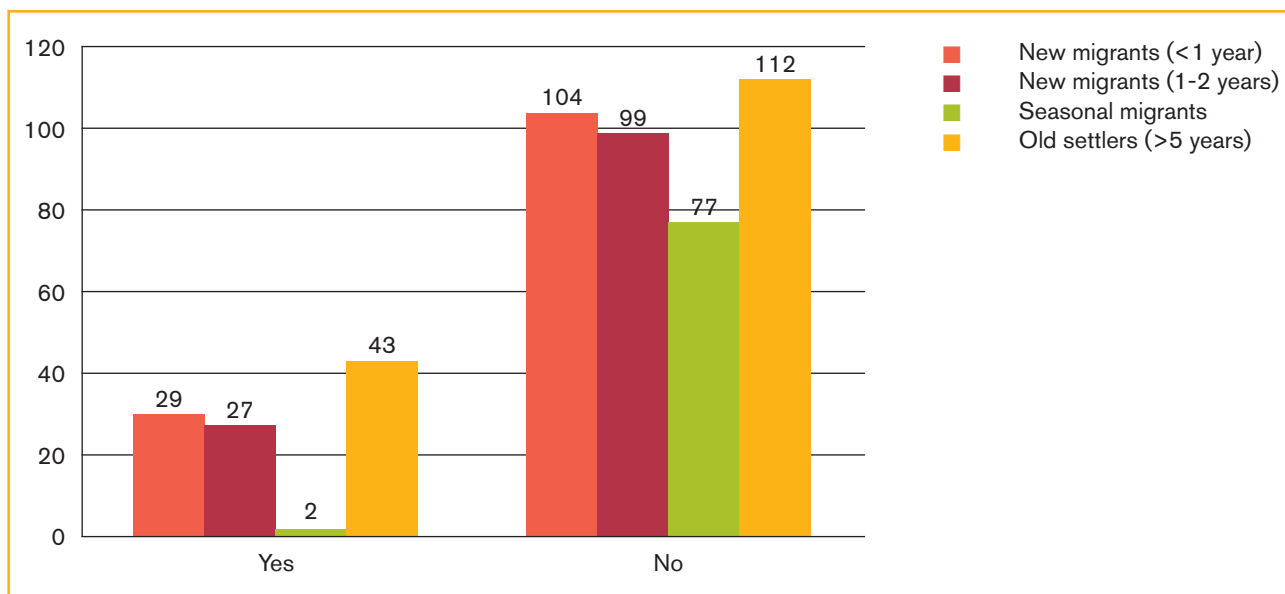


Figure 36 – Use of temporary family planning measures by migrant group

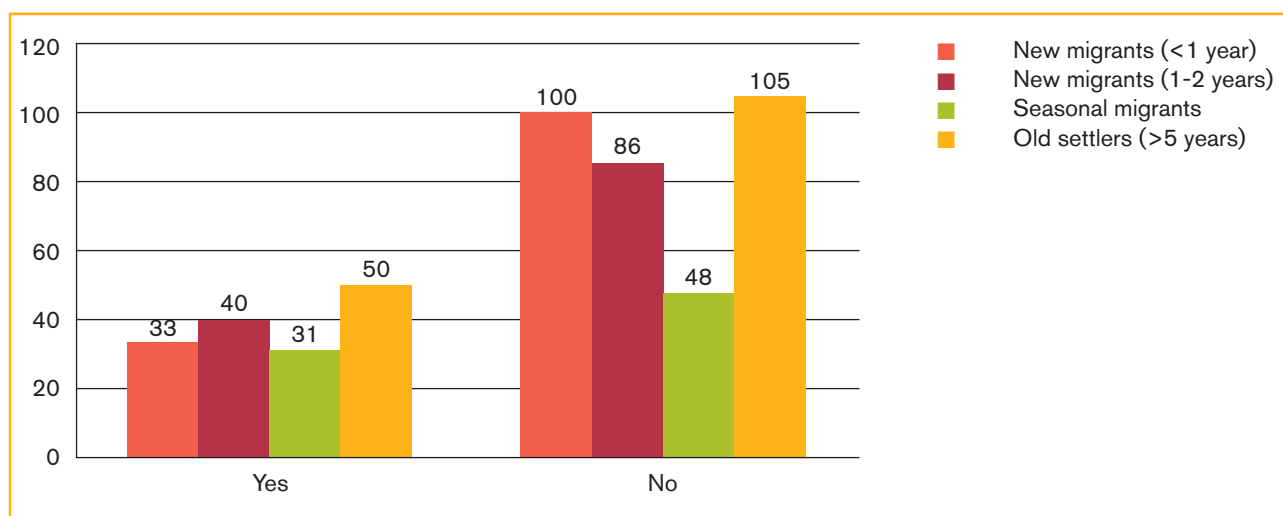


### 4.10.3 Permanent family planning measures

Of the 493 migrants with families surveyed, only 31 per cent (154) used permanent birth-spacing measures, such as male non-scalpel vasectomy (NSV) (male sterilisation) and female tubal ligation (female

sterilisation) (Figure 37). This included 39 per cent (31 of 79) of seasonal migrants, 32 per cent (50 of 155) of older settlers, 32 per cent (40 of 126) of 1-2 year migrants and 25 per cent (33 out of 133) of <1 year migrants.

Figure 37 – Use of permanent birth-spacing measure by migrant group



#### 4.10.4 Sterilisation in permanent family planning

Of the 154 migrants who were sterilised, the overwhelming majority were female, accounting for 99 per cent (152) in total (Figure 38). Most female sterilisations were among older settlers, who accounted for 32 per cent (48) of all female migrants sterilised.

#### 4.10.5 Place of sterilisation

Of the 154 migrants who were sterilised (male and female), 85 per cent (131) were sterilised in a public hospital or dispensary (Figure 39). The remainder were sterilised as follows: seven per cent (11) in a private hospital or clinic, four per cent (6, including five at camps in native villages), two per cent (3) at NGO or Trust Hospital, and two per cent (3) at a semi-private health facility. Considerably more older settlers were sterilised in a public hospital or dispensary, accounting for 36 per cent (47) of all migrants sterilised in such facilities.

These findings suggest that more older settlers have a better understanding of the significance of restricting family size and know where and how to access permanent family planning services in the city.

#### 4.10.6 Factors hindering temporary family planning measures

The FGDs revealed a number of factors hindering temporary family planning measures among the migrant groups. Such measures were seldom used by seasonal migrants, in particular. This was attributed in part to the infrequent availability of free condoms provided by government health facilities. Without this option, condoms were unaffordable. Many women also felt that their inadequate diets decreased their ability to tolerate the side effects of contraceptive pills. Others believed that oral contraceptive pills had a negative effect on their body.

Few women were confident about pregnancy spacing methods or at what point during their menstrual cycle that the chance of pregnancy was low. Some wanderers did not practice family planning/spacing of any form.

Those who did use temporary family planning measures favoured natural child spacing to prolong the interval between pregnancies. However, seasonal migrants tended to favour traditional spiritual healers and the herbal medicines/blessed potions believed to prevent pregnancies.

The fact that most permanent measures were adopted by women can be attributed to the common belief that male sterilisation makes men engaged in heavy manual labour weak.

Figure 38 – Male/female sterilisation by migrant group

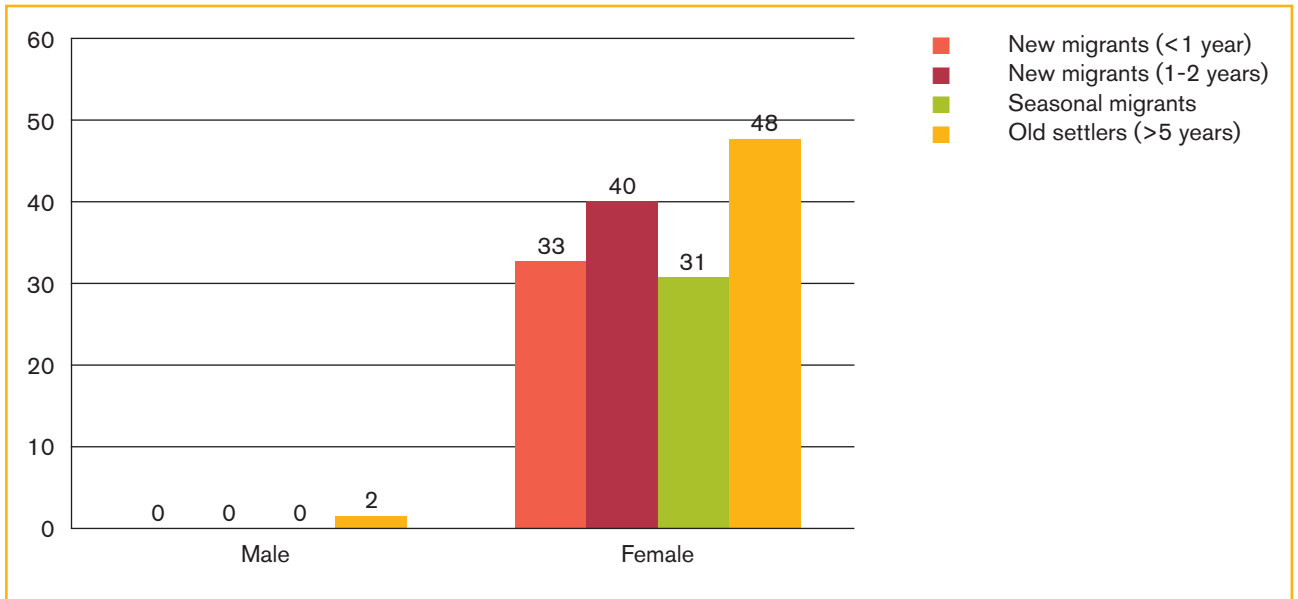
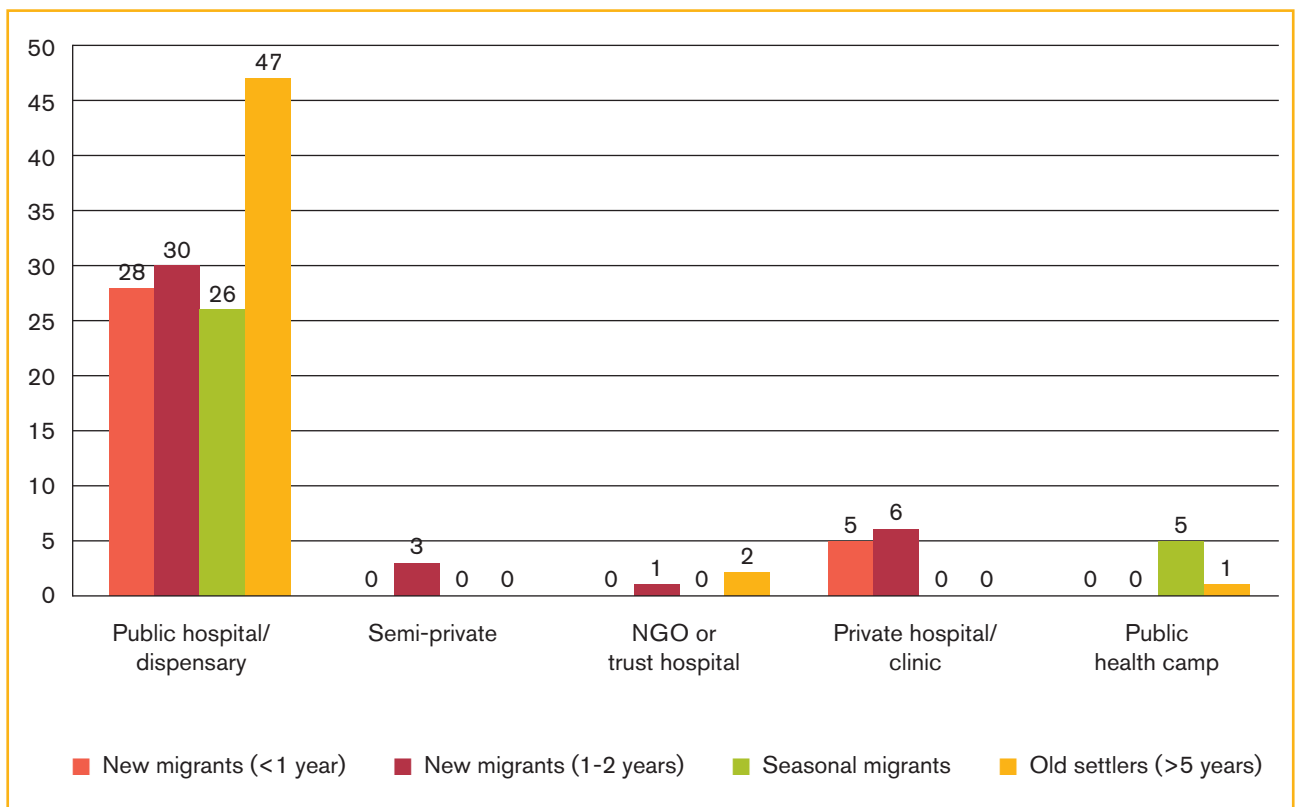


Figure 39 – Place of sterilisation by migrant group



## 5

## Discussion

The existence of disparities in living and working conditions, access to basic services (including healthcare) and health outcomes between the poorest wealth quartile of India's urban population and the rest of the urban population are well documented in Indian cities (Agarwal *et al.*, 2007; Agarwal, 2011). Other studies on child health have further contributed to a better understanding of the disparities that exist within lower-income populations (Agarwal and Taneja, 2005).

This study has shed important insight into the disparities in living and working conditions experienced by different groups of urban migrants. The differences between these groups reinforce the fact that rural–urban migrants are a heterogeneous group (Tacoli *et al.*, 2008) with various livelihood strategies in the informal sector and that they contribute to urban infrastructure, services and economic activities as an informal sector work force.

This study shows that most migrants had low levels of municipal service provision (with the exception of metered electricity connections) and high reliance on private healthcare. Most migrants lived in poor housing often made of temporary or semi-permanent materials. All migrants, with the exception of seasonal migrants who lived in brick kilns and construction sites, lived in congested homes with no separate cooking space. Such conditions are associated with increased prevalence of medically treated tuberculosis (Agarwal and Sahoo, 2015).

Eighty percent of all migrants who had access to any type of toilet shared the latrine with other families/ persons. When the load per shared toilet is greater than what is considered as an “acceptable user load of 20 persons” (Isabel *et al.*, 2012) children almost invariably are made to defecate in the open. Sixty-four percent of all migrants lacking access to a piped water supply or submersible pump had to fetch water for general use from public hand pumps or public submersible pumps.

Inadequate provision for water often means that women and young girls and boys suffer from additional domestic burdens and exposure to gender-based violence associated with having to haul water from distant sources. To reduce the urge for defecation and urination, women and girls often force themselves to eat less (contributing to undernutrition) and drink less water so that the need to answer the call of nature is restricted (Agarwal, 2014). They pass urine or stools before dawn to experience whatever little privacy is possible (Agarwal, 2016).

Most migrants had few housing options outside the private informal rental market sector and faced additional difficulties in claiming rights to basic services and social welfare schemes without the proper ID card/proof of address for Indore. Few groups faced more forms of exclusion and deprivation than seasonal migrants, who generally had:

- The lowest levels of service provision – 69 per cent (111 of 160) lacked access to any sanitation facility and thus practiced open defecation, which predisposes people to infection such as typhoid fever transmitted by flies that transfer micro-organisms from faeces strewn near dwellings to food. Faeces near dwellings also contribute to increased incidence of waterborne infections such as diarrhoea and jaundice (viral hepatitis). Particularly among children, frequent infections cause nutritional depletion and exacerbate or contribute to undernutrition.
- The most insecure tenure – 68 per cent (109 of 160) were living in temporary conditions/squatting.
- The poorest housing – 73 per cent (117 of 160) lived in housing made from temporary materials.
- The least space for bathing – many women either had to bathe before dawn, or erect makeshift baths.

- The most precarious, irregular and uncertain livelihoods/occupations – many worked in brick kilns and construction sites, while others wandered the city as vendors and hawkers. This uncertainty of livelihood results in the need to borrow money often from informal sources and restricts the ability to save regularly.
- The fewest universal ID/Aadhaar cards for Indore – only five per cent (8 of 160) had such cards.
- The lowest literacy rates – 49 per cent (78 of 160) were illiterate.
- The lowest pregnancy registrations – 55 per cent (22 of 40) registered their pregnancies, etc.

Older settlers faced lesser exclusion and disparities compared with other migrant groups. For example, older migrants generally had:

- Better housing – 51 per cent (81 of 160) lived in housing made of permanent materials.
- Universal ID/Aadhaar cards – 75 per cent (120 of 160) had such cards for Indore.

- Bank accounts – 79 per cent (127 of 160) had such accounts.
- Vaccines for children – 38 per cent (74 of 193) of children had three doses of DPT vaccine, etc.

Of the 640 respondents, 72 percent were female and 82 percent (524 of 640) were between the ages of 18-34 years. This reflects other studies that have found that in developing countries rural-to-urban migration is increasingly dominated by young adults, including a growing number of women (Deshingkar, 2004: 6).

Given the exclusions that exist, both within and between urban migrant populations, there is a clear need for more dedicated interventions for migrants in order to reduce urban inequalities. The following section suggests how this can be done in the context of inclusive urbanisation.

## 6

# Suggestions for research, programme and policy

This section outlines suggestions for action research and urban policy and practice with the aim of achieving urbanisation that is inclusive of migrants and other vulnerable groups. These suggestions are based on additional input from slum women's group members mentored by UHRC.

## 6.1 Suggestions for action research and programme implementation

Ensuring the inclusion of migrants in cities is a necessary step towards sustainable urban development, based on cultural diversity, social cohesion and human rights (Kundu, 2012). The results of this study, however, show that recent and seasonal migrants have far less knowledge of, and access to, basic services and entitlements when compared with older settlers in slums/informal settlements and other vulnerable habitations. To address the needs of new/seasonal migrants, further action research is required to:

### 1. Map locations of vulnerable habitations/pockets.

In cities of 1 million to 3 million, and those of 500,000 to 1 million, there are usually fast-growing hubs of commercial activities, fast-paced infrastructure

development and rapid in-migration from rural areas and smaller cities and towns. Among the fastest growing urban agglomerations are small and intermediate cities of between 500,000 and 1 million inhabitants in Asia and Africa (UNDESA, 2014). These categories of cities/urban agglomerations require greater focus compared with megacities, which have traditionally been the focus of research and investment. Action research involving spatial (hand-drawn, computer aided or geo-referenced GIS) mapping as feasible will provide more visual evidence about the location of migrants. It also has the potential to propel program implementation in the cities included in such action research.

### 2. Better understand how practical approaches to planning, service provision, awareness raising and information sharing can address the needs of seasonal migrants, new migrants and other vulnerable and hard-to-reach groups.

This kind of approach may include, for example, sharing information on local healthcare facilities and dispensaries, the importance of Ante-natal check-ups or ANCs, immunisation, and health seeking and hygiene behaviour. Such action research will inform civic authorities, municipal bodies and other implementers about how to improve health service access and hygiene and well-being behaviours among migrant communities.



### 3. Conduct outreach sessions in habitations/pockets where new/seasonal migrants are living and working.

These sessions can be conducted by government paramedical functionaries, through partnerships with civil society organisations, including those which support slum women's groups and community volunteers (e.g. Urban Accredited Social Health Activists mandated in the Government of India's National Urban Health Mission). For example, in Ethiopia, under the Government's Urban Health Extension program, urban health extension professionals (who are diploma nurses) provide outreach preventive services and facilitate linkages with health centres of their catchment of about 500 households. Communities are enabled to produce their own health through health promotion and disease prevention practices by training model families, who then function as community health volunteers, receive further training and motivate other families. This outreach approach has the potential to identify and include recent migrant families in health promotion efforts. In Bangladesh, family welfare assistants and family welfare visitors undertake community outreach visits and are supported by NGO workers. These programmes could provide valuable lessons for India. Small-scale studies have shown that antenatal counseling, particularly in the slum/informal settlement improves receipt of antenatal services and care seeking (Agarwal *et al.* 2007). Improving regularity of outreach sessions during which government paramedical functionary (ANMs and Lady Health Visitors) counsel pregnant women on benefits of antenatal services, about self-recognition of danger signs during pregnancy and post-natal period, hold the potential to improve prompt care-seeking for health problems during pregnancy and immediately after delivery. A small study of slum women showed that Birth Preparedness and Complication Readiness (which includes identifying a trained birth attendant for delivery, identifying a health facility for emergency, arranging for transport for delivery and/or obstetric emergency, and saving money for delivery) was positively associated with improved skilled birth attendance. (Agarwal *et al.* 2010) and holds promise if included in outreach services.

### 4. Build on and suitably adapt the UHRC's approach in Indore and Agra, which improves migrant access to basic services and improves their health-seeking behaviour.

In these cities, slum women's groups have facilitated inclusive urbanisation by improving migrant access to basic services, as well as health, nutrition and hygiene education sessions to improve household

health behaviours and care-seeking practices. The Government of India's National Urban Health Mission (NUHM) provides the policy directive and the implementation framework for such a model by mandating the formation and capacity building of slum-level women's health groups (this is called Mahila Arogya Samitis in NUHM). Opportunities to develop this model already exist in cities where slum-based community groups have an established role in urban vulnerability alleviation and are institutionally strong, programmatically capable and regularly mentored by one or more NGOs on a sustained basis, which is essential to steady, incremental human capability enhancement (as opposed to a project basis, where there is a project end date).

### 5. Expedite real access of mandated policy provisions for migrants.

Ensure schemes focusing on health, nutrition, child development (e.g. the Integrated Child Development Scheme/Crèches (ICDS)), and unorganised sector labour welfare (e.g. the Mazdoor [labourer] Diary scheme card for women working as household helps<sup>5</sup>) are inclusive of new/seasonal migrants through awareness raising and advocacy activities led by, for example, local NGOs working in partnership with slum-based women's groups. The aforementioned demand-side approach has the potential to "pull" government resources (through facilitating increased reach of schemes, basic services, healthcare etc.) to vulnerable urban communities. There is an institutional basis to support this already – for example, the Technical Resource Group report for the NUHM acknowledges the plight of vulnerable groups in urban areas (including daily wages workers and construction site workers, rag pickers and rickshaw pullers), and identifies them as socially, economically and geographically marginalised in cities (Government of India, 2013, 2014). The restructuring of ICDS, as recommended by an inter-ministerial group, also mandates the inclusion of urban slums under the Anganwadi and mobile crèches (Government of India, 2011). The Girl Child Benefit scheme, also implemented by the Department of Women and Child Development, provides financial incentives to motivate parents to continue to educate their daughters until class XII. Through sensitisation, training and encouragement, Anganwadi workers and their supervisors can identify girls among recent migrants and proactively enrol them in the Girl Child Benefit scheme. This must include an emphasis on mapping all slums and construction sites so they can be planned for. Recent migrant adolescent girls are vulnerable to being missed out of government and NGO programmes owing to a lack of awareness

<sup>5</sup> The Mazdoor (labourer) Diary scheme supports ID cards for vulnerable workers, including women, and supports education for children, scholarships, financial aid for weddings, medical/accidental cover up to 30,000 rupees monetary help in case of death in the family, housing loans and pensions for the elderly.

and systemic barriers. The Government of India's Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG or SABLA, which is a Hindi word meaning "empowered girl") is a scheme under the Ministry of Women and Child Development which works to address the multi-dimensional problems of adolescent girls and to empower those aged 11-18 years by improving their nutritional and health status, life skills and vocational skills. It is important for RGEASG to proactively identify and ensure inclusion of migrant adolescents. Provisions should be made for seasonal migrants, recent migrants as well as older settlers. Frontline workers of the Department of Women and Child Development and NGOs need to be sensitised to the challenges faced by seasonal and recent migrant adolescent girls.

## 6. Facilitate access to government proof of residence and picture ID.

Obtaining a government picture ID and proof of address has unique significance for recent migrants and older settlers. Such ID provides legitimacy as urban citizens, enables access to government welfare schemes and serves as a negotiating document in event of relocation by municipal authorities or availing of low-cost/subsidy linked housing. Associations of the urban poor in India are increasingly focusing on the social implications of having identification documentation. The UHRC has assisted community groups in learning about different forms of picture IDs and proof-of-address options, which are of value to new migrants and older settlers alike. Action research on this subject can bring deeper understanding of the barriers and difficulties faced by migrants in obtaining government ID and proof of address in a city to which they have migrated.

## 7. Assess and catalyse the role of urban poor associations to help migrants adjust to city life.

It is known that many slum communities and informal settlements are home to active and dynamic urban poor associations usually promoted and mentored by NGOs. While most poor slum communities lack material and financial resources, programme experience has demonstrated the capacity of these groups to activate the bonding social capital that brings together residents in support of the programs that benefit them. When assisted by NGOs in an intermediary role, they have proven capable of sustaining the bridging social capital that brings new resources into the community. It is worth exploring in action research how recent and seasonal migrants can be linked to these urban poor groups or associations and different ways through which these

groups can support recent and seasonal migrants to better adjust to city life and access urban benefits.

## 6.2 Suggestions for urban policy and practice

The priorities for action research outlined above can inform a variety of urban policies and practices that promote the inclusion of new/seasonal migrants among other vulnerable groups in urban development planning. Specific action areas include the following:

### 1. Policy mandate to identify and plot new migrant and seasonal migrant clusters on the city map for all urban services.

A clear policy mandate for different government authorities in the city (including municipal authorities, the Health Department, and the Department of Women and Child Development) to identify clusters in the city where disadvantaged urban migrants are located, and plot them on the city map to plan, implement and review progress of outreach efforts will catalyse efforts towards inclusive urbanisation. In addition to providing behaviour promotion, preventive care services and treatment of minor ailments, these outreach services should spread information about local healthcare facilities and dispensaries, the importance of ANCs, immunisation, and general health-seeking behaviour.

### 2. Greater policy focus on outreach preventive care, health, nutrition and hygiene promotion sessions.

Frontline government workers and incentivised volunteers such as Anganwadi workers, Urban Accredited Social Health Activists (ASHAs) and ANMs (who provide preventive healthcare, including vaccinations) should be encouraged and supported to reach migrants and their families who lack access to basic services and welfare schemes. Pregnant women and lactating mothers who do not receive benefits should be actively sought out, particularly those living in brick kilns and construction sites. Mobile crèche facilities capable of reaching migrants and other hard-to-reach sites should be supported as well. There are opportunities to draw on the Government of India's National Crèche Scheme for Children of Working Mothers (Ministry of Women and Child Development, 2015), under the aegis of the Ministry of Women and Child Development, to achieve this. In Ethiopia, the Government's Urban Health Extension (UHE) programme provides for UHE professionals, who are

diploma nurses, to cover about 500 households. The UHE professionals prepare a hand-drawn map of their respective catchment areas to track coverage of services. They link the community to the government health facilities for preventive services, maternal, infant and child healthcare, HIV testing, and other treatment. Along with a stronger policy mandate for outreach sessions in migrant clusters, demonstration programmes in several cities will be useful learning sites as well as provide training and capacity-building avenues for frontline functionaries of different departments in many cities.

### 3. Mandate the provision of improved temporary housing, toilets and cooking spaces for seasonal and new migrants by employers/contractors within Smart City Missions and infrastructure development policies.

The Government of India, like several other developing countries, is pursuing the development of Smart Cities and infrastructure development in cities. As also alluded to in target 8 of the United Nations Sustainable Development Goal 8, which calls for protection of rights of all workers including informal labourers and migrants, it is critical to mandate concerned urban developers (such as Associations of Township and Commercial Complex developers, and Special Economic Zone developers) and employers/contractors (such as brick kiln owners) to provide improved housing with cooking spaces and temporary soak-pit toilets onsite, such that one toilet serves less than 20 people.<sup>6</sup>

### 4. Policy directive to ensure social protection for, and small savings by, migrants.

The accidental death and disability insurance scheme, which is supported by Prime Minister Jan-Dhan, could potentially benefit migrants working at construction sites, brick kilns and other such places where risk of injury is high. These efforts need to be accompanied by

outreach initiatives in migrant habitations/pockets and capacity building of volunteers from migrant groups and those who employ migrants. The importance of small savings should also be promoted. Developing working examples of such initiatives in many fast-growing cities will enable other cities to learn the nuts and bolts of how the programme works.

### 5. An unequivocal policy directive for proactive provision of Government ID to migrants.

The policy directive should mandate all government departments, whether acting alone or in partnership with civil society organisations, to proactively seek the involvement of migrants in developing and/or implementing access of government ID and social benefit schemes. Once this is in place there will be more equitable and socially just progress in cities. This must ensure that migrants have the required documentation/ID to access such schemes both in cities and their native villages.

### 6. Policy mandate to enhance the role of civil society organisations.

NGOs have helped understand exclusions faced by disadvantaged urban populations. In the slums of Indore and Agra, the UHRC, which is a local NGO, has recently worked with women's groups to recognise the full range of vulnerabilities existing in their communities, including those experienced by migrants. On the health access front, in India it is easier for women's groups to approach older, married migrant girls than the younger, unmarried migrants. For example, women's groups can lead a pregnant (married) adolescent migrant to the antenatal services available in the community about which she might not otherwise be aware. In event of need, one of the trained, confident women of the groups could accompany the pregnant girl to the hospital for delivery (Montgomery *et al.*, 2016).

<sup>6</sup>In India, temporary soak-pit toilets are commonly made during fairs, such as "kumbhmelā".

## 7

# Conclusion: Including urban migrants in global development agendas

The recently agreed United Nations Sustainable Development Goals (SDGs) outlines specific focal areas for improving the status of vulnerable and impoverished populations. This is reflected by the emphasis of many of the 17 SDG targets on achieving inclusive development, including target 11, which aims to “Mak[e] cities and human settlements inclusive, safe, resilient and sustainable” (see McGranahan *et al.*, 2016).

Four of the 17 targets further emphasise migration and mobility, which were originally neglected by the Millennium Development Goals (MDGs). SDG target 3.7 which mandates improving the health of migrant populations as well as other disadvantaged populations, will hopefully, become more precise and have a specific reference to migrants as SDGs are turned into action points. Target 8.8 provides the broad framework to bring urban migrants into its fold and more specifically encourage national governments to protect labour rights and promote safe and secure working environments for all workers, especially those engaged in the informal economy with precarious employment conditions, including migrant workers. Goal 10, which refers to reducing inequalities, does not explicitly mention migrants. At the same time, it offers the opportunity and hope that as SDGs and their targets are refined and made more actionable, goal 10 would make clear mention of migrants and inequalities they suffer. Target 10.4, with its focus on education, health and social

protection, should provide the hope for inclusion of migrants as a social group. Similarly target 10.7, which refers to legal status, is relevant to improving the conditions of, particularly lending legitimacy to, migrants. Goal 11 mandates inclusive urbanisation and is expected to have explicit focus on internal migrants who, as observed in this study, face several forms of exclusion.

Ensuring that development is inclusive of urban migrants is essential not only for Target 11, but for the SDGs as a whole. As McGranahan *et al.* (forthcoming) argues, urbanisation presents a critical opportunity for achieving all major aspects of the SDGs, but this depends on whether cities and urban authorities are inclusive of migrants among other disadvantaged inhabitants, including those living in slums/informal settlements. Most governments in rapidly urbanising countries, however, are wary of attracting too many migrants to their cities for fear of exacerbating existing pressures on basic services and further contributing to the growth of slums/informal settlements. This attitude must change if the benefits of urbanisation are to be spread equitably. The suggestions outlined above provide a way forward for ensuring migrants are able not only to access these benefits, but to participate in planning and implementing the policies and programmes they require to lead productive and healthy lives in cities.



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# Annex I – Definitions of castes by Government of India

**SC, ST:** Article 341 and 342 of the India's Constitution provides for drawing up the lists of Scheduled Castes and Scheduled Tribes respectively by the Union government and notified by the President of the country. Certain communities in the country were suffering from extreme social, educational and economic backwardness arising out of age-old practice of untouchability and certain other forms of discrimination. On account of social discrimination, geographical isolation and lack of infrastructure facilities and communities that need special consideration for safe-guarding their interest and for their accelerated social-economic development, these communities were notified as **SCHEDULED CASTES:** Extreme social, educational and economic background arising out of the traditional practice of untouchability; and **SCHEDULED TRIBES:** Indications of primitive traits, distinctive culture, geographical isolation, shyness of contact with the community at large and backwardness. (National Commission for Scheduled Tribes, Government of India, [www.ncst.nic.in](http://www.ncst.nic.in)).

Other Backward Classes (OBCs) are “socially and educationally backward classes” that fall outside of the Scheduled Castes and Scheduled Tribes as indicated in the Indian Constitution. They are the group of all communities that needed preferential treatment, and two were castes low in the socio-economic hierarchy, but not as low as the untouchables. “Backward classes” means such backward classes of citizens other than the Scheduled Castes and the Scheduled Tribes as may be specified by the Central Government in the lists (National Commission for Backward Classes, 1993).

# Annex II – Push and pull factors for migrating by migrant group

	SEASONAL				< 1 AND 1-2 YEARS IN INDORE CITY	OLDER SETTLERS (>5 YEARS IN INDORE CITY)
	CONSTRUCTION SITE WORKERS	SERVICE PROVIDERS, ROADSIDE VENDORS	BRICK KILN WORKERS	WANDERER POPULATION		
<b>Push factors</b>						
Lack of agriculture and non-agriculture labour/work during phases other than sowing and harvest time. **	Lack of work in native village. Pick few belongings, small quantities of grains and migrate to city to earn during phases other than sowing and harvest time	Young men migrate to city owing to their own links or of relatives with caterers, tent-house owners and event organisers. Some operate as roadside vendors of different goods, work at roadside joints selling edibles**	Lack of work in native village. Pick few belongings, small quantities of grains and come to city to earn during phases other than sowing and harvest time.	Keep moving from place to place depending on earning opportunities* Shepherds migrate owing to grazing opportunity in city outskirts	Lack of agriculture and non-agriculture labour/work during phases other than sowing and harvest time.	Lack of agriculture and non-agriculture labour/work during phases other than sowing and harvest time. ****
Less farming land, insufficient to fulfil family needs	Progressive reduction of farmland, less crops; or no land among small farmers, little earning to last through the year.	Progressive reduction of farmland, less crops; or no land among farmers, little earning to last through the year.	Progressive reduction of farmland, less crops; or no land among farmers, little earning to last through the year.	Progressive reduction of farming land, less crops; or no land among farmers, little earning to last through the year.	Progressive reduction of farming land, less crops; or no land among farmers, little earning to last through the year.	Progressive reduction of farming land, less crops; or no land among farmers, little earning to last through the year.



	SEASONAL				< 1 AND 1-2 YEARS IN INDORE CITY	OLDER SETTLERS (>5 YEARS IN INDORE CITY)
	CONSTRUCTION SITE WORKERS	SERVICE PROVIDERS, ROADSIDE VENDORS	BRICK KILN WORKERS	WANDERER POPULATION		
Reduced agriculture labour opportunities in native villages owing to small land-holdings, mechanisation results in little earning to last through the year.	Reduced agriculture labour opportunities. Among construction workers, most are labourers in native village also.	Reduced agriculture labour opportunities. This segment migrates from nearby villages for extra income for the family.	Reduced agriculture labour opportunities. Among construction workers, most are labourers in native village also.	Reduced agriculture labour opportunities contribute to migration of food vendors, sellers of wares. Among traditional vocations e.g. blacksmiths, potters, greater earning opportunity in city is main factor for migration.	Reduced agriculture labour opportunities. Among recent migrants more than half were labourers in native village also.	Reduced agriculture labour opportunities. Among older settlers less than half were labourers in native village also.
Very slow pace of development- roads, electricity, transport, schools in villages	Slow pace of development in villages. Almost no non-agricultural labour opportunity	Slow pace of development in villages. Almost no non-agricultural labour opportunity	Slow pace of development in villages. Almost no non-agricultural labour opportunity	Slow pace of development in villages. Almost no non-agricultural labour opportunity	Slow pace of development means no occupational growth or future prospects for children	Slow pace of development means no occupational growth or future prospects for children
As families expand (marriage of sons), there are conflicts on account of economic conditions, unequal contribution to family income, restrictions/ lack of liberty, unequal respect within larger family	NA; they usually migrate in search of wage earning	NA; they usually migrate in search of wage earning	NA; they usually migrate in search of wage earning	NA; they usually migrate in search of wage earning	Families expand (marriage of sons), there are conflicts on account of economic condition, unequal contribution to family income, restrictions of family and society, unequal respect within larger family	Families expand (marriage of sons), there are conflicts on account of economic condition, unequal contribution to family income, restrictions of family and society, unequal respect within larger family
Poor education facilities in native place	NA*****	NA*****	NA*****	NA*****	Poor educational facilities in native place	Poor educational facilities in native place

	SEASONAL				< 1 AND 1-2 YEARS IN INDORE CITY	OLDER SETTLERS (>5 YEARS IN INDORE CITY)
	CONSTRUCTION SITE WORKERS	SERVICE PROVIDERS, ROADSIDE VENDORS	BRICK KILN WORKERS	WANDERER POPULATION		
<b>Pull factors</b>						
Continued livelihood opportunities	Availability of construction labour work in and around the main city at all times of the year	Weddings, major festivals, other events in the city happen round the year which provides them work and enough earning	Brick kilns work in all dry seasons; in rainy season when brick kilns shut down, migrants go back to villages for agriculture labour. In Indore city, there is lack of skilled brick kiln labour or no local labour to do that work, so the The kedaar (contractor) gives them advance amount so they come next time	Cities have bigger markets, more demand of all kinds of goods and services round the year; they find work easily	They tend to get into more regulated forms of work such as in factories, and other companies and have stable earning	They usually get into more regulated forms of work, such as in factories, and other companies and have stable earning
Better education for children in city	NA*****	NA*****	NA*****	NA*****	City has better and proximal education for children	City has better and proximal education for children
More freedom, independence and earning opportunities for women in cities	NA, since most do not have time and freedom to explore independence	Young men come alone, and feel they can eventually find enough wages, bring family and settle in city	Do not enjoy such freedom in native village	NA, since most do not have time or resources for recreational activities	Women/girls have more freedom, recreational activities, and earning opportunities	Women/girls have more freedom, recreational activities, and earning opportunities
Attraction of city life (modern amenities, glamour of city, recreational activities)	NA, since most do not have time or resources for recreational activities	Few respondents feel better to live in city	NA, since most do not have time or resources for recreational activities	Few respondents among wanderers feel city life offers more modern amenities or activities	Women/girls are attracted by modern urban amenities, recreational activities and better lifestyle, which are motivating factors	Women/girls are attracted by modern urban amenities, recreational activities and better lifestyle, which are motivating factors

	SEASONAL				< 1 AND 1-2 YEARS IN INDORE CITY	OLDER SETTLERS (>5 YEARS IN INDORE CITY)
	CONSTRUCTION SITE WORKERS	SERVICE PROVIDERS, ROADSIDE VENDORS	BRICK KILN WORKERS	WANDERER POPULATION		
Migration decision influenced by recommendation of relatives/neighbours	Influenced by friends/relatives; migrate with them to earn a living during the non-cultivation season in village	Influenced by earlier migrants; migrate with them to earn a living during the marriage seasons, big festivals such as Deepawali	Influenced by friends/relatives; migrate with them to earn a living during the non-agriculture on season in village	Influenced/inspired by better earning of friends/older relatives in the city	Influenced by friends/relatives settled in the city, where there is more freedom, better earning, recreational opportunities, education etc***	Influenced by friends/relatives settled in the city, where there is more freedom, better earning, recreational opportunities, education etc***
Presence of husband/family in city	NA; usually migrate with family	NA; most are unmarried	NA; usually migrate with family	NA; usually come alone or with their group, with families	Women join husband/family in city	Women join husband/family in city

Notes/description relating to different items marked in the table above:

\*Some older people are always left in village, but because they don't have sufficient earning there they need to migrate.

\*\*Avail wage opportunities during wedding season, and earn extra money for the family

\*\*\*All the 'lohars' (iron smiths) who were part of the study have been visiting the city for many years. They lead a nomadic life, moving from one place to another (different localities of the city itself, other cities) in search of more income, so are considered wanderers. Other seasonal migrants include bangle hawkers, people who sharpen knives and scissors, people selling belief and hope-related "precious stones" and "gems" by the roadside, potters and small traders (i.e. food vendors), watchmen, and roadside sellers of helmets, umbrellas, mosquito nets etc. These people keep migrating to and from their native places, or between different cities. Most of them go to the same place again and again unless they experience poor business.

\*\*\*\*About half of respondents continue to visit their native village during the harvesting season to support their families in agriculture work and to bring grains and food items to city.\*\*\*\*\*Education of children does not come as a push factor for the seasonal migrants because when they come to the city their sole motive is to earn money. Children of the family help to take care of younger siblings and help with household chores. Older children help as "junior" labourers. Because of their migratory way of life, children of seasonal migrants seldom get a chance to regularly attend schools. Even when they get their children enrolled in schools at their native places, teachers refuse to take the children into their classes after they return from the city. Having missed 5-6 months of curriculum during their city stay, these children are left behind in the courses, and that becomes a challenge for the teachers to manage.

\*\*\*\*\*New migrants and old settler families also get influenced by the fact that they can get out of the traditional, orthodox family/society restrictions and lead a free, more independent life.

Note: 'Dera' is a group of families, usually relatives of each other and of the same community and same occupation who travel together from one city to another, set up tents in a vacant place and live in that location for as long as they are able to earn for their needs. They usually have a vehicle in which they keep their tents, other belongings and move to another destination.

# Annex III – Available social benefit schemes

**Ladli Lakshmi Yojana:** This is a social benefit scheme aimed at motivating families for the education of their daughters. Families who have had permanent sterilisation operations (tubal ligation or non-scalpel vasectomy) done after two children, and have at least one girl, are only eligible for benefits. Most families who have girls do not adopt a permanent family planning measure (tubectomy or non-scalpel vasectomy) until they have at least two boys. Hence, very few families get the benefit of this scheme.

**Caste Certificate:** Caste certificates are awarded in government schools, which enable scholarships/benefits to the poor and backward caste candidates. These are not easily made as they require much documentation for verification. When made, school officials usually issue these certificates after receiving a “service fee” from beneficiaries. Most of the eligible tend to get them made through mediating agents, who often cheat them with forged documents.

**Kanyadaan Yojana:** This is a Madhya Pradesh specific social benefit scheme, under which a poor daughter at the time of marriage receives an amount from the State government and the wedding expenses are borne by the government. Very few families of the sample were eligible. One girl from the seasonal migrants category and 1 in < 1 year old migrant family obtained this.

**Food security scheme:** Most families have Ration Cards made in native villages, thus they are not eligible to obtain subsidised food grains in Indore city. Those who have a city Ration Card (food subsidy card), seldom get the benefits because the ration is not distributed on fixed days/time. Further, many ration-shop operators sell groceries on the black market and refuse to disburse it to beneficiaries. Cutting meal size is very common among seasonal migrants as well as among recent migrants, but is less common among older settlers during initial phases of city stay when wage earning is irregular. Those who migrate and initially stayed with relatives had to face a less severe food insecurity situation.

**Old age/Widow pension:** Eligible beneficiaries have applied but hardly any of them get benefits. They mention that these schemes are next to non-functional; very few have applied but not received any benefit. Also, these people are very few in the migrants' community; only young couples and those who can work hard migrate to the city in search of work. Old age people/widows usually remain in their native places.



Much of India's future urbanisation will be the result of migration from rural areas and small cities and towns. These urban migrants are often invisible, voiceless and powerless. This working paper examines the different forms of exclusion and deprivation experienced by new migrants, temporary/seasonal migrants and older migrants/settlers in Indore. It finds that temporary and recent migrants face significant challenges accessing housing and basic services, but that many older migrants have improved their situations gradually. The recommendations presented aim to integrate the different needs of migrants into India's urbanisation agenda in the broader pursuit of the United Nations Sustainable Development Goals.

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