

Study on Domestic Migrant labours in Kerala with Special focus on Community health Intervention and Scope for Convergence

Kerala has now become a lucrative job market for workers hailing from various parts of India, especially Assam, West Bengal, Bihar, Orissa, Jharkhand, Chhattisgarh, Andhra Pradesh, and Tamil Nadu. Though the exact figure is unavailable, the rough estimates assess it between 16 to 20 lakhs. In the initial stage of migration, inflow was in single but now the pattern has changed with settling down in their adopted homes with families. It is estimated that the migrant labours contribute more than 5% of the state's total population. But these marginalized sections of population are largely outside the community health care net work in the state despite overall improvement in public health care system in the State during the last decade, especially due to NRHM interventions. The Migrant Labour in Kerala is not a homogeneous mass, and are differentiated by language, their state of origin, religion and caste, the channels through which they reach Kerala, the place and sector in which they work and the wage and benefits they receive. Therefore the community health interventions among these sections demand convergence with other stake holding departments and the local bodies. Considering the impending barriers in implementing a programme among these population a special sub project for Community Health Intervention is planned among the migrant labour population with an emphasize on outreach services with their participation .

The access of migrant population in the State to the local welfare system is near to nil, especially with regard to health care needs and many public care services which remain inaccessible to them due to numerous socio-cultural and economic barriers. As a result of such 'marginalization' of migrants due to their insulation from mainstream culture and life, this sudden and large influx of outsiders has triggered apprehensions in the minds of the local populace, some of which may be valid like that of health issues, poor sanitation and epidemic hauling. Unhygienic barrack-like accommodation provided to them by the local contractors and employers pose a threat to community health. Moreover, t

here is a wide gap in the maternal and child health status of Kerala and the source state of the present migrants. So their unmet needs in RCH services have to be addressed with special attention. Lack of confidence in accessing local health services and lack of integration to it, long working hours, language and literacy barriers, lack of awareness about provision of health facilities etc generally insulate the migrant population from health care network of the state government. The Domestic Migrant labours contribute more than five percent of the total population of the state. Leaving these most vulnerable sections outside the community health care initiatives may eventually jeopardize the entire social welfare agenda, if timely interventions are not initiated. The outreach services have to be designed and planned for this section through convergence with the programmes of other departments

For the purpose NRHM, has been **organized a Workshop in November 2012**, was a groundbreaking move, to provide a common platform for collective thinking about convergence of the ongoing initiatives of various departments/agencies, which otherwise remain isolated attempts

Senior Departmental officials from Labour, Police, Social welfare, Health, Urban affairs, and Local Self Government departments participated in the two day works shop apart from faculty from GIFT and NRHM

As per the suggestion of the workshop a in-depth study on to bridge the information gap on the volume of migrants, migration pattern, demographic profile, health care needs and health seeking behavior has been initiated and Gulati Institute of Finance & Taxation, Kerala has been entrusted for a detailed study and submit the report before March 2012.

Objectives of the Study

1. To map the demographic and socio-economic profile of migrant labour and their health needs
2. To evaluate present initiatives in health sector among the domestic migrant labour and to identify the leading practices as well as barriers and shortcomings in programme

implementation

3. To map the potential areas of community health interventions among the Domestic Migrant Population

4. To explore the possible areas of departmental/institutional convergence for programme design and implementation

5. To map the potential areas and suggest an Action Plan for Comprehensive Community Health interventions among the Domestic Migrant Population during the plan period

Methodology

The study team will take stock of the present interventions in health sector for the

domestic migrant labours and critically evaluate the output, impact and barriers. As part of the study, a sample survey will be conducted among the DMLs across the state to identify their demographic profile, health seeking behavior and health care needs. In addition to the survey, the potential areas and scope of community health interventions will be explored through qualitative methods.

The study will be carried out using Survey, Case Studies, Focused group discussion, Key informant interviews, Structured observation, etc.

