BIDESIA

A project on Migrant Labour

Village Survey Report

Nimapara Block, Dist-Puri, Odisha

Supported By- Jamsetji Tata Trust, Mumbai

Implemented by:

Darabar Sahitya Sansad (DSS)

At-Sodhua, Po-Dalakasoti, Via-Balipatna, Dist-Khuarda, Orissa.

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_________Glossary:

Anganwadi- An integrated child development scheme (ICDS) promoted by Govt of India

ASHA- Village level women trained health worker, promoted by health department in Orissa.

Aajeevika Bureau- An NGO based in Udaypur primarily engaged in labour migration issues.

Chicken guinea- A type of disease with fever and prolonged joint pain.

Dalit- The lowest caste in social caste system.

Govt- Government

Indira Awas Yojana- A housing scheme for poor sponsored by Govt. of India

Khariff- The main crop ( monsoon rainfed)

Mahanadi- The largest river system in Orissa

Panchayat- The first tier rural local self Govt. ( formed by a group of villages)

Ravi- The second crop in the year during summer (Irrigated)

Voter ID- The individual identification card issued to citizens (above 18 yr age) by Govt. of India.

_________Acronyms

DSS- Darabar Sahitya Sansad( name of Promoting NGO)

FGD- Focused Group Discussion

GP- Gram Panchayat

HIV-AIDS- Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome.

MA- Master of Arts

MBA- Master in Business Administration

NREGS- National Rural Employment Guarantee Scheme

PDS- Public Distribution system

PRI- Panchayati Raj Institution

RTI- Reproductive Tract Infection

SHG- Self Help Group

STD- Sexually Transmitted Disease

TB- Tuberculosis
**Area Background:** The coastal area (divided Puri district), where DSS started its intervention over a decade ago, is mainly a coastal plane area with high rural population density. The area lies in deltaic plane of river Mahanadi system, the largest river system in Orissa. The land is fertile and two crops are grown a year with canal irrigation. But the limitations are that practically Canal irrigation reaches to around 50% of land to grow the Ravi crop. Secondly Floods affect the Khariff crop (the main crop) almost every year resulting in major loss to the main crop. About 25% of the population are Scheduled castes and landless and depend upon farm labour as their livelihood. Since the area does not have any industry and service sector is at its low engagement potential, then agriculture and agril. Labour are the main livelihood for the people. Over the last decade since 1999 super cyclone devastation, the frequency and intensity of floods have also increased considerably thereby creating a huge pressure on food security of the land less class and on overall employment situation of the rural youth in particular.
Apart from livelihood issues, there are high incidence of diseases like malaria, TB, Cancer, RTI, diarrhea and gastro-entitries. The most recent disease which have affected around 80% of the population is the Chicken guinea, a type of fever that leaves the affected person physically down (not able to work) for months together. Besidesthis general health is always in crisis during the floods for months due to deteriorated water and sanitation conditions.

There are some villages which do not have electricity and all weather roads due to frequent floods.

The level of education is better than tribal districts but the female literacy especially the dalit female literacy is very low.

__The organization (Darbar Sahitya Sansad):__ Darbar Sahitya Sansad has been focusing on promoting alternative livelihoods for women and youth in the disaster prone districts like, Khurda, Puri, Balasore and Jagatsingpur districts since a decade. The organization has focused on four major areas of interventions, i.e.

a) Livelihood promotion for poor women and youth through micro enterprise promotion.

b) Micro finance promotion among women SHGs and their federations.

c) Community based Disaster preparedness and weather education.

d) Water Health and Sanitation

DSS has emphasized on women and youth by promoting Self Help Groups and their federations to mobilize the community cooperation, solidarity and build financial powers at grassroots. Secondly by preparing communities to face the challenges of frequent disasters, and by promoting social security measures, DSS tries to reduce their socio economic vulnerability and ensure security of lives as well as the income earning assets. Indirectly it has tried to build the rural livelihoods in a manner that the rural population will be less vulnerable to disasters and become economically stronger that they need not to migrate to urban centers thereby reducing the scope for urban problem as well as problems at source.
At present DSS is operating in around 162 villages in 4 blocks of 3 coastal districts like Puri Khurda and Balasore. DSS has mobilized women self Help Groups, their federations at panchayat level and tried to strengthen their livelihoods with group approach. It has also formed farmer’s groups and village level disaster management committees to ensure the participation of target people. It has also promoted climate and weather monitoring and forecasting in schools.

DSS operates from its head office at Sodhua in Khurda district (rightly in the target area) with two branch offices one in Bamanal (Puri) and one in Jaleswar (Balasore). Besides it has two Shramik Sahayata “O” soochana Kendra at Balipatana in Khurda dist and at Nimapara in Puri dist. At present it has 16 no of full time manpower with 8 volunteers. Most of the activities are implemented with active cooperation from the women SHGs and village level committees.

**Issue of Migration:** As already stated earlier, DSS operates in a flood prone area where flood is a general phenomenon. People use to migrate in different forms (short term, long term, seasonal, permanent, with family, without family etc). The migration starts here as a seasonal one. After floods young and income earning male members start migrating out in search of daily labor to ensure the food security of the family. Gradually when floods occur regularly, then the migration becomes permanent one with a particular destination, with more stable kind of employment. Secondly high density of population in coastal area requires alternative livelihoods/ employment opportunities for youth other than primary agriculture. In absence of this the young male members migrate out for daily assured labor as one kind of employment.

After the super cyclone in 1999 the number of people migrating has increased considerably. As the number of high floods has also increased considerably, more and more people are migrating every year.

While working with women Self help groups and Village disaster committee members on the issue of livelihood promotion, DSS has always been emphasizing on promoting livelihoods at these locations. But despite the efforts still people migrate and that to in increased numbers. Once a major productive workforce migrates out, the interventions with the women counterparts have been done in isolation. The issues and problems faced by the male members of the family (as migrants) has not been paid attention to so far. The health and other risks faced by the family due to migration have neither been understood nor been attended to by our current program.

Thus the issue of migration has so far been dealt in isolation with a single approach of livelihood promotion. Again it has been restricted to the source only, not at destinations. The challenge is how to bring an informative and right based approach to the process and make it a holistic one and improve the socio economic status of the poor Oriya migrant workers and their families.
### Area Profile of Nimpara district

<table>
<thead>
<tr>
<th>Area:</th>
<th>299.55 sq km</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of GPs:</td>
<td>28</td>
</tr>
<tr>
<td>No of Villages:</td>
<td>242</td>
</tr>
<tr>
<td>No of Households:</td>
<td>34356</td>
</tr>
<tr>
<td>Population:</td>
<td>173813</td>
</tr>
<tr>
<td>Literacy Rate:</td>
<td>78%</td>
</tr>
<tr>
<td>Agriculture land area:</td>
<td>24400 hctre</td>
</tr>
<tr>
<td>Irrigated Land Area:</td>
<td>19620 hctre</td>
</tr>
<tr>
<td>Annual Rainfall:</td>
<td>14.49 mm</td>
</tr>
<tr>
<td>Villages Electrified:</td>
<td>90% (Source-Block office)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No of G.P.</th>
<th>28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveyed GP</td>
<td>15</td>
</tr>
<tr>
<td>No of Village</td>
<td>242</td>
</tr>
<tr>
<td>Surveyed Villages</td>
<td>128</td>
</tr>
<tr>
<td>Total P.P.</td>
<td>1,73,813</td>
</tr>
<tr>
<td>Survey HH</td>
<td>14,910</td>
</tr>
<tr>
<td>Survey P.P.</td>
<td>73,017</td>
</tr>
<tr>
<td>Migrant HH</td>
<td>6,100</td>
</tr>
<tr>
<td>Migrant P.P.</td>
<td>7,386</td>
</tr>
<tr>
<td>Percentage of Migrant</td>
<td>41%</td>
</tr>
</tbody>
</table>

### Project Intervention:

#### The Goal:

To reduce the vulnerability of migrant workers and their households and planning for longer term intervention through study and interventions in Balipatana and Nimapara blocks in Khurda and Puri dist, Orissa.

#### The Objectives:

To understand the nature and extent of migration in 16 panchayats of Nimapara block in Puri dist Orissa through a study.

a) To ensure formalization of the migration through registration and identity cards involving local and dist adminstration
b) To organize the migrants at source and make them aware about the legal provisions, migration laws, their rights and environment at the destinations.
c) To enhance the skill of the would-be migrant youths, prepare them for jobs in nearby towns as well as rural areas.
d) To promote health awareness among the migrant households especially among women.
e) To promote financial literacy, leadership skills thereby improving livelihood linkages and inclusion of migrant families through SHG federations.
g) To enhance organizational capacity/staff capacity in the subject of labour migration.
Project Components/ Activities: A designated project team under the guidance of the Chief Executive has implemented the project. The project is having 4 categories of activity.

a) Migration Study: A study has been conducted in 16 GPs of Nimapara block. The study has tried to find out the pattern, the intensity, the problems, occupational streams, seasonality, issues and problems and socio economic marginalization the migrants and their families. The study has come up with direction to the organization to plan for longer term interventions with justification.

b) Registration of the migrants: This is the initial activity at the source by registering the migrants, issuing them Identity cards, provide those documents, sensitize the panchayats, engage with dist labour department etc. All these activities have been carried out by the project team with the help of SHGs and their federations.

c) The third intervention proposed is to organize the migrants in to a forum, where they can raise their concerns and engage with Govt and other stakeholders helping them on their issues and problems. There have been legal education and awareness programme for both migrants and their family members.

d) Health Counseling and awareness on occupational health, sexual health has been imparted through awareness camps and counseling sessions to the migrants and their family members.

e) DSS has organized financial literacy programmes, leadership development and livelihood linkage strengthening with the target group.

f) DSS has organized the would-be migrant groups and provided skill training in appropriate skills suitable to them and facilitated a placement service to ensure their employment in nearby cities.

The study: The study has been the crucial component of all the interventions. Not only that, its importance has been in propelling the ideas and intervention designs for future.

a) Objectives of the study: The main objectives of the study have been

1. To know the reasons of migration
2. To know the nature and trends of migration.
3. To know the problems and potentials of migrants.
4. To ascertain probable intervention directions.
b) **Scope and coverage of the study**

The study covered 128 villages (list appended) under 15 GPs in Nimapara block in Puri district. The main focus of the study was to gain the basic information on the migration trends like number of people moving, concentration on destinations, type of vocation they are engaged in, problems faced by migrants etc.

The study covered all the seasonal migrants (mostly long distance, out of state) and their households in the 15 GPs of the projected area. The study also covered the women self Help groups of the area, the village level workers like Anganwadi workers, ASHAs and PRI functionaries of the area.

The information were collected both from primary and secondary sources. The study also stressed more on interactive method of data collection.

c) **Study team:**

The study team comprises the project staff and volunteers. Initially the project coordinator who has been exposed to aajeevika bureau, guided the study in consultation with the chief executive of DSS. The following personnel were involved in the study.

d) **Study design and methodology:**

The study comprised the following methods to gather the information and validate it.

- a) Household survey through questionnaire.
- b) SHG and federation meetings/ discussions
- c) Meetings/ discussion with Panchayats, district labour officer etc.

FGDS with migrant family members

**Project staff:**

1. Mr. Rajanikant Mohanty- Project Coordinator.
2. Mr. Sudarshan Swain- Kendra Coordinator
3. Mr. Premananda Tripathy- Field Supervisor
4. Mr Soumya ranjan Behera- MIS assistant

Volunteers/ Shramik mitras:

1. Mr. Srinivas Dash
2. Mr. Laxman Dixit
3. Ms. Itishree Behera
4. Mr. Santosh Ku Bal
5. Mr. Suvranta sekhar Baral
6. Ms. Sukanti Mishra
7. Mr. Sankarshan Parida

Resource person

The study was guided by Mr. Sishir Ranjan Dash (MA- Sociology & MBA) of Bhubaneswar. Mr. Dash is a sociologist with vast field experience on action research in rural areas especially on health and disaster management.

The following processes were followed during the study.

a) Orientation for 2 days to the staff and volunteers about the methodology and coverage of the study, where the Resource person and the chief Executive of DSS deliberated on the study. Here the questionnaire was discussed threadbare as well as the interview processes also discussed.

b) After the orientation the planning process started by the team, who initially planned for 3 months to complete the study. Later on another month was required to complete all the processes.

c) Initially the Household survey started along with individual interaction with PRIs and village level workers.
d) Every month there was a review of the study processes and progress by the team. During the review more insights and valuable information came from the field, which helped the team to revise and adjust the study plan and strategy accordingly. For example the team adjusted their timing of household visit according to the suitability of household and seasonality factor.

e) The resource person and the Chief Executive of DSS were attending the monthly reviews and appraise the progress as well as the quality of study.

f) The field data was constantly recorded and compiled at project level by Asst. Coordinator.

g) The discussions with SHGs and the FGDs were conducted after completion of the household survey. Here the study team put forth some of the findings with the group for validation as well as to get the groups reaction, opinion etc.

h) The report preparation has been a joint effort by the team and the resource person.

Target Coverage:

The study covered 63 villages in 8 GPs of Balipatana block of Khordha district. The following activities were conducted with the respective coverage.

1. Household level survey- 14910
### Findings:

#### The cause of migration:

The observed trend shows that the number of people migrating is increasing year after year, keeping pace with the frequent floods in the area. Mostly young and semi educated male folks are migrating in search of job/employment, which is not available nearby. The number of cases in a given year shows a sharp increase due to crop failure by floods. Once migrated and engaged somewhere, the young migrants hesitate to come back and be engaged in agriculture in normal time.

#### Nature of migration:

Mostly young, unmarried male folks migrate in groups, mainly through their friends and acquaintances, who have already migrated and employed. Most of them either start migrating through friends and employed not registered contractors. Most of the people migrating are unskilled or with primary level of education and do not know of the destination language. Thus they depend upon such unregistered contractors for rest of the time in migration period, be it their job, their food and stay etc.
Migration Cycle:
The general cycle is 6 months to 1 year. Although there are people works permanently in companies, still almost all the people surveyed have not taken their spouse/family to work place. Thus they come back to villages at regular intervals. This shows a high risk young group with regular movement, who are potentially susceptible to transmit STDs and even HIV-AIDS. Although no body from the respondents have expressed about such disease, still it is felt that more in depth and personal interviews at work place would reveal the truth.

Number: Around 41% of the household in the area surveyed have one or two male persons who are migrating regularly. In some villages the percentage household is as high as 81%. As per the interviews conducted, the respondents have unanimously said that since the super cyclone in 1999, the trend became visible and the number increasing every year keeping pace with the frequent floods in the area.

Table-1 Survey findings of migrant households

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Panchayat</th>
<th>No of Villages</th>
<th>No of Surveyed Households</th>
<th>Migrant Households</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Arisandha</td>
<td>7</td>
<td>911</td>
<td>317</td>
<td>34.79</td>
</tr>
<tr>
<td>2</td>
<td>Terundia</td>
<td>9</td>
<td>1015</td>
<td>412</td>
<td>40.59</td>
</tr>
<tr>
<td>3</td>
<td>Nuasantha</td>
<td>4</td>
<td>850</td>
<td>282</td>
<td>33.17</td>
</tr>
<tr>
<td>4</td>
<td>Alanda</td>
<td>10</td>
<td>905</td>
<td>459</td>
<td>50.71</td>
</tr>
<tr>
<td>5</td>
<td>Dhaleswar</td>
<td>10</td>
<td>904</td>
<td>403</td>
<td>44.57</td>
</tr>
<tr>
<td>6</td>
<td>Dhanua</td>
<td>8</td>
<td>663</td>
<td>305</td>
<td>46.00</td>
</tr>
<tr>
<td>7</td>
<td>Uchhupur</td>
<td>11</td>
<td>1357</td>
<td>761</td>
<td>56.07</td>
</tr>
<tr>
<td>8</td>
<td>Antuar</td>
<td>7</td>
<td>666</td>
<td>233</td>
<td>34.98</td>
</tr>
<tr>
<td>No.</td>
<td>Village</td>
<td>Migrants</td>
<td>Population</td>
<td>Occupation</td>
<td>Literacy</td>
</tr>
<tr>
<td>-----</td>
<td>---------------</td>
<td>----------</td>
<td>------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>9</td>
<td>Denua</td>
<td>8</td>
<td>996</td>
<td>410</td>
<td>41.16</td>
</tr>
<tr>
<td>10</td>
<td>Badasiribila</td>
<td>5</td>
<td>714</td>
<td>292</td>
<td>40.89</td>
</tr>
<tr>
<td>11</td>
<td>Kothakosanga</td>
<td>10</td>
<td>1075</td>
<td>403</td>
<td>37.48</td>
</tr>
<tr>
<td>12</td>
<td>Salanga</td>
<td>8</td>
<td>859</td>
<td>396</td>
<td>46.10</td>
</tr>
<tr>
<td>13</td>
<td>Bamanal</td>
<td>12</td>
<td>1365</td>
<td>485</td>
<td>35.53</td>
</tr>
<tr>
<td>14</td>
<td>Chanrapada</td>
<td>8</td>
<td>1335</td>
<td>330</td>
<td>24.71</td>
</tr>
<tr>
<td>15</td>
<td>Sagada</td>
<td>11</td>
<td>1295</td>
<td>612</td>
<td>47.25</td>
</tr>
<tr>
<td></td>
<td><strong>Total-15</strong></td>
<td><strong>128</strong></td>
<td><strong>14910</strong></td>
<td><strong>6100</strong></td>
<td><strong>41%</strong></td>
</tr>
</tbody>
</table>

Destinations: The major destinations point a southward direction. Kerala, Tamilnadu, Andhra Pradesh and Karnataka (36.53%) along with Maharastra and Gujurat. Total southward trend accounts for 51% of the total migration. (Table-2). Other than the Deccan movement, a good number go to Maharastra and Gujurat. Besides that around 39% go to different districts of Orissa, mainly the mining and industrial belts in northern Orissa.

Table-2

<table>
<thead>
<tr>
<th>% of migrants to different states.</th>
<th>Kerla 18.5%</th>
<th>T.Nadu 2%</th>
<th>AP 4.9%</th>
<th>MS 5.4%</th>
<th>K.Taka 3.05%</th>
<th>Gujurat 8.69%</th>
<th>C.Garh 0.75%</th>
<th>WB 3.68%</th>
<th>Delhi 2.16%</th>
<th>Jammu 0.48%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP Haryana</td>
<td>1.09</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.66</td>
<td>0.39</td>
<td>0.21</td>
<td>0.14</td>
<td>38.62</td>
<td>0.17</td>
<td></td>
</tr>
</tbody>
</table>

Occupation: Most of the migrants are unskilled and untrained in any kind of vocational trade. They work as daily labourers in tiny industries and plants. The vocational engagements show...
that 49 % (Company Labor, Textile Labor, Construction Labor and Head loader) of them are unskilled wage laborers engaged in different trades. Thus the lack of skill put them into daily wage labor thereby restricting their per day earning. Secondly they remain as unorganized and their engagement depends upon the need of the industries nearby. The unskilled labour in industries, textiles, flour mills etc not only restricts their income, but also increases their health vulnerability by frequent diseases like TB, Jaundice and malaria. A good number of the respondents (migrants) have expressed that they have been affected by one of these diseases.

<table>
<thead>
<tr>
<th>Table-3</th>
<th>% of occupation distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comp. Labour</td>
<td>Const. Labour</td>
</tr>
<tr>
<td>20.40</td>
<td>12.27</td>
</tr>
<tr>
<td>Security Guard</td>
<td>Salesman</td>
</tr>
<tr>
<td>2.87</td>
<td>6.13</td>
</tr>
</tbody>
</table>

**Earnings:** They earn on an average of Rs 4000 to 5000 per month. A few, who are little experienced, with around 3 years of work at the destination, earn about Rs 10,000. They have to meet their food cost and other expenses out of that. Most of them have said that they manage with that, as they stay in groups. Around Rs.1000 to 2000 is their monthly savings left with them for their families here in Orissa.
Problems they encounter:

1. Most of the families could not tell about the exact address of their migrant members.
2. The communication between the migrant and the family do not happen in most of the cases. Few telephone calls (thanks to mobiles) and returning friends from nearby villages are the only communication link. Few migrants have mobile phones and can be assessed by their family members.
3. There happen to be no registration or enrollment either at Panchayat or village or district level. Almost all have gone through unlicensed contractors. Therefore there is no record of the migrants at any level in the state. In case of emergency the district labour authority is helpless for intervention.
4. Many of the respondents expressed their unhappiness over less wage payment and not bearing the medical expenses by contractors.
5. Unauthorized contractors from their own community, who operate there, exploit the migrants in many ways. Non payment of wage, less payment of wage, forcefully keeping the luggage and other materials of the migrants in their custody, threatening the migrants for throwing out of work etc are common problems posed.
6. Most of them face the harassment from the police who raids at least 3 times a year asking for identity cards/ voter IDs, which most of them do not have.
Most of the migrants face problem of remitting the money since their family members do not have a bank account in a nationalized bank. On the other hand the migrants do not have a bank account at destination so that they can deposit their earning for the period they work. Therefore the migrants do not have a safe deposit and remittance facility at their work place. Theft is a common phenomenon as they stay in groups. Looting during train journey also happens in some cases.

Permanency in work place is not there. Since the contractors engage them in factories and draw the wages and make payments to migrants, thus they have an upper hand and can easily throw any migrant out of work. Therefore it is found that one labour working in a factory may find himself in another place after few days. Thus the insecurity syndrome persists always with the migrants.

Due to their nature of work and unhygienic living conditions a good number have expresses that they have been affected by any one of the diseases like TB, Malaria or Jaundice, This suffices about their poor working and living conditions during migration.

As most of the migrants are young and unmarried, they are the potential carriers of STDs and HIV-AIDs. Although no such incident has come out of the study, still it is felt that an in depth study at destinations will be able to come out with some facts.

Due to their absence from birth place, their families are not been included in many of the social security programs and anti poverty schemes like PDS system, Indira Awas Yojana, (IAY) and most recent program of NREGS. Because they remain absent during the enrollment to these schemes. Even most of the young migrants do not have voter identity cards with them, which put them in serious identity problems at work place.

Legal service and complaint redressal has been very poor in case of these migrants. There were number of cases where the migrants have suffered a lot. Some have not been paid wages for months together, some have become injured but not been paid the compensation.
Way Forward

The study indicates some areas for future intervention.

① First of all there required a further intensive socio economic study of migrants (migrants only) at source as well as at destinations.

① Legal awareness and service to migrants is highly required.

① The migrants and their family as well as the community need to be made aware of the migrant problems.

① Migrants need to be united with any form of an association, at source as well as at destinations, in order to fight the odds against them.

① The skill level of potential migrants need to be improved so that they get better job and earning.

① The source and destinations need to be linked and there need to be frequent information flow between them for effective welfare of the migrants

① Occupational health is an issue and need to be studied and acted upon.

① Financial inclusion of migrants as well as their family members is required. Especially migrants need safe remittance of money to source.

① Proper registration, data base about migrants need to be maintained at panchayat, block and district level so that the migrants can be tracked and services can be rendered at the time of emergency.
The issue and problems of migrants need to be advocated with local, dist and state Govts for better inclusion.