



Protection of Children Affected by Seasonal Migration

A Study in Jalna District, Maharashtra

November 2022



International Institute for Population Sciences
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Maharashtra, India

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Foreword

I am extremely pleased to present the report of the study, **“Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra”**. The study was funded by UNICEF Maharashtra and was aimed at understanding the multi-layered vulnerabilities of the children of seasonal migrants. It used a qualitative approach to explore the lives of children who migrated with their parents, as well as of those who stayed back in their home villages when their parents migrated. The areas covered in the study included the children’s vulnerabilities in education, health and nutrition, and safety and protection. The study also examined the challenges faced by children in the context of the COVID-19 pandemic and lockdown.



Seasonal migration, usually a yearly cycle, is a common livelihood strategy for many households, mostly in India’s drought-prone and water-scarce regions. It is prevalent in certain regions of Maharashtra. Small landholdings and lack of livelihood opportunities in their village push several families to take up seasonal migration as a strategy to overcome financial difficulties. When the parents migrate, they either take their children along or leave them behind in their villages of origin. In both cases, the children face multiple challenges and are more exposed to various vulnerabilities. Although substantial data on the lives of migrants are available, there is little understanding on the lives of seasonal migrants, particularly the effect of seasonal migration on children. This research adopted a child-centric and gender-sensitive approach for understanding the protection issues of children affected by seasonal migration.

I am hopeful that the study will make a significant contribution to the understanding of the children’s vulnerabilities in the context of seasonal migration. I am also confident that the study’s findings will be valuable for scholars, policymakers, and others concerned with the well-being of the vulnerable population.

I would like to express my sincere thanks and would like to congratulate UNICEF Mumbai, Project coordinators and the research team for their dedication and enthusiasm in carrying out and completing the study during a difficult period of pandemic.

Prof. K. S. James

Director and Senior Professor
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Message

Maharashtra is one of the most urbanized states in the country. Yet, it has a large seasonal migrant population. Serving as both a source and destination state, seasonal migration is predominant in 12 districts of Maharashtra. The sectors of work for seasonal migration include sugar cane harvesting, brick kilns, cotton ginning factories, stone quarries and construction sites. While most seasonal migrants travel to other locations within the State itself, others go to the neighbouring states of Gujarat, Karnataka, Madhya Pradesh, and Andhra Pradesh in search of seasonal work. In-coming seasonal migrants hail from Uttar Pradesh, Karnataka, Madhya Pradesh, Gujarat, Bihar, and Rajasthan. The season of migration lasts for six to nine months, usually from October (post the monsoon) to March-May. Most seasonal migrants are landless labourers belonging to the Scheduled Castes (SC) and Scheduled Tribes (ST) - families facing social, economic exclusion in their own villages, with low economic assets and limited livelihood options, especially from drought prone or water scarce areas. Although seen as a voluntary employment option, often by both the contractor and the migrant worker, high interest rates can force them into a never-ending cycle of migration which is often inter-generational, with the children becoming part of the family workforce (for repayment of debt) and growing up to become seasonal migrants themselves. The tenuous circumstances of seasonal migrant families at sugarcane factories residing in temporary shelters made of plastic sheets and sugarcane sheaves with no access to toilets, sanitation facilities or electricity, limited access to potable water (mainly surface water) as well as poor and limited access to health and education services is indeed a matter of great concern.



UNICEF has been innovating solutions with the Government of Maharashtra and Jalna District Administration in particular to address the exclusion and vulnerability of children from seasonal migrant families since 2014. Over the past 8 years, UNICEF along with CSO partners Society for Action in Creative Education and Development and Swaraj Gramin Vikas Pratishthan Swaraj has consolidated a kinship care model for children from seasonal migrant families so that children can remain safe and protected in the care of extended families while accessing services of education, health and nutrition in their home villages. Youth volunteers called Balmitras (children's friend) received training for supporting children and kinship caregivers. They monitor the school attendance, conduct study classes and recreational activities after school, provide emergency/crisis support and psycho-social support to the children as well as their care givers.

With a view to building evidence on seasonal migration and its effect on children through a rigorous research study, UNICEF partnered with the International Institute for Population Studies and the Government of Maharashtra. The study explored the child protection and child rights challenges generated by seasonal migration, the policies and programmes established to address them and what can be improved and strengthened. It was envisaged that study would provide crucial evidence to build a deeper understanding of policy and programming imperatives for children

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affected by seasonal migration. Initially planned as a quantitative study, the COVID-19 pandemic and resulting lockdowns led to a complete overhaul of the methodology converting the study to a purely qualitative one. Innovative methods of data collection that engaged the interest of children were used.

The evidence-based documentation of the vulnerabilities of children affected by seasonal migration has great value for academicians, practitioners and policy makers. The current study is unique as it places the voices and perceptions of children affected by seasonal migration at its core. The use of the child protection lens has enabled the emergence of a holistic policy brief which emphasizes convergence and collaborations across different departments and States.

I would like to thank the members of the Technical Advisory Committee- Prof Abhay Pethe, Prof. S Irudya Rajan, Mr. Umi Daniel and Ms. Nikola Balvin for guiding the research team and shaping the research methodology. Their timely inputs have contributed greatly to the study. The support and guidance of the UNICEF PRIME Committee, especially Ms. Maaïke Bijker, too has been invaluable, especially in relation to collection of data during the COVID-19 pandemic. I would like to acknowledge the contribution of Prof Jacqueline Bhabha (Director of Research, FXB Center for Health and Human Rights, Professor of the Practice of Health and Human Rights, Harvard School of Public Health) who sowed the seeds for this research study and Ms. Sujata Saunik (IAS) for their unstinting support from the inception of this study to its conclusion. I thank the research team led by IIPS, the Jalna district administration, the frontline workers, district and state level stakeholders as well as seasonal migrant families and children who participated in this study and gave it meaning.

Best Regards,



Rajeshwari Chandrasekar

Chief of Field Office

UNICEF, Maharashtra



Sujata Saunik
Addl. Chief Secretary
Takemi Fellow, 2018,
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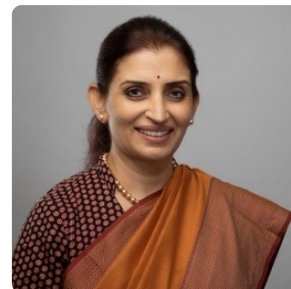
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Message

In 1990, as a young IAS officer, after completing my first posting as Sub Divisional Officer in Aurangabad, I was posted as Chief Officer of Jalna Municipal Council. Jalna was known as – ‘Jalna sone ka palna’ (Jalna the golden cradle) and was well known as the biggest seed market in the state as well as in central India. It was and still is a one sub-division district and very early in my career, I got exposed to handling urban administration in Jalna.

Much later in my professional journey I went to Harvard University on study leave. One of the courses I took was on migration. It was taught by Dr Jacqueline Bhabha, FXB Director of Research and Professor of Practice of Health and Human Rights at the Harvard School of Public Health. Dr Bhabha has written extensively on issues of trans-national child migration, refugee protection, children’s rights, etc. She has also authored a book ‘Child Migration and Human Rights in a Global Age’ in 2014. I had left for the University with an idea for a project to track child migration and looking at addressing policy gaps in consultation with UNICEF, Mumbai. I came back determined to undertake this project and write a paper on the policy gaps.



Jalna experiences seasonal migration on a regular basis where people travel to neighbouring states of Madhya Pradesh and Gujarat for earning a livelihood in the lean agriculture season. High rates of seasonal migration are seen in Bhokardan, Partur and Ambad blocks of the district, with one in three families migrating seasonally for work.

Migration has played a major role in shaping India’s history and economy. As per the report published by Ministry of Statistics and Programme Implementation (MoSP1), Government of India, the country’s migration rate was 28.9 per cent for 2020-2021 with 26.5 per cent migration rate in rural areas and 34.9 per cent in urban areas. The report also revealed that migration rates amongst females at 47.9 per cent are higher when compared to males (10.7%). At the onset of the COVID-19 pandemic in March 2020, 0.7 per cent (85 lakh) of the country’s population was comprised of migrants or temporary visitors.

This led to a research project on ‘Protection of Children Affected by Seasonal Migration’ being undertaken by us and it included partners like International Institute for Population Sciences (IIPS), as academic and technical partner, supported by UNICEF and institutional partner, Maharashtra and concerned departments of Government of Maharashtra.

The objective of the study is to ensure continuation of un-interrupted support services to families, especially women and children when and where they migrate. This study is the result of what began as an idea project, got a structure and context by the course I undertook at Harvard University and culminated in several departments like Rural Development, Women and Child, School Education, Labour, Tribal, Social Justice and Public health, to name a

few, working together to address the policy gaps. Jalna was selected as the field area of this study due to the high migration levels each year from this district and for me personally this became a strong connect with a place, I had worked in many summers back.

Initially it was planned as a quantitative and qualitative study but due to the COVID-19 pandemic only qualitative study has been undertaken to understand the situation, vulnerabilities, needs, and challenges of women and children affected by seasonal migration. Data was collected from seasonal migrant and non-migrant families as well as from a range of service providers and decision makers across village, block, district, and state levels, enabling a comprehensive understanding of the ground realities and providing practical suggestions for the way forward.

The study points out the need for high level of convergence and coordination across departments, districts, and states and this is reflected in the policy recommendations. These, along with the Maharashtra Migration Tracking System (<https://mahamts.in/>), that is being implemented by the Department of Women and Child Development, Government of Maharashtra, shall enable the State to develop a robust system for enumerating members of seasonal migrant families, track them and ensure service delivery to them regardless of their location making Maharashtra a pioneer in this regard.

I sincerely hope that this study can help bring in the change we have all long waited to SOC while addressing the issues concerning seasonal migration in the state of Maharashtra and may also be of use to other states that are affected by seasonal migration.



Sujata Saunik,
IAS, Additional Chief Secretary,
Takemi Fellow, Harvard University

Acknowledgements

The project **“Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra,”** conducted by the International Institute for Population Sciences (IIPS), Mumbai, is funded by UNICEF Maharashtra. The project began in January 2020 and covered 24 villages comprising three most out-migrating villages from each of the eight blocks of Jalna district. It is an important work of research whose findings should serve as a source of information to understand the effects of seasonal migration on children’s health, education, safety and protection issues of children. A lot of coordination and support from various individuals and organisations at different stages have been received towards completion of this project.

At the outset we extend our sincere gratitude to Prof. K. S. James (Director and Sr. Professor, IIPS) for his continued support and motivation throughout the project. We would also like to express our heartfelt gratitude to Ms. Rajeshwari Chandrasekar (Chief of Field Office, UNICEF Maharashtra) for her continued support and cooperation at every stage of the project. We also like to thank UNICEF PRIME Committee (Ms. Maaike Bijker) for their technical guidance, valuable advice, support and feedback which has highly benefitted this project. We greatly appreciate and acknowledge the continued guidance and support from the project’s Tech-

nical Advisory Committee (Prof. Jacqueline Bhabha, Prof. Irudaya Rajan, Ms. Nikola Balvin, Mr. Umi Daniel, Prof Abhay Pethe). We also highly value the support from Institutional Review Board (IRB) of IIPS in rigorously reviewing the ethical aspects of the research and approval.

We express our thanks to Smt. Sujata Saunik, IAS (Additional Chief Secretary, General Administration Department, GoM), for her valuable feedback, timely support and for facilitating interviews with the Secretaries of relevant departments and district level officers. We are grateful to the Secretaries/Commissioners of the Department of Education, Labour, Women and Child Development, and Sugar Commissionerate for providing us with valuable information and support to enhance the study.

We are also thankful to district officials, Shri Ravindra Binwade, IAS (District Collector, Jalna), Shri. Shivaji R. Jhondale, IAS (Former District Collector, Jalna), Smt. Nima Arora, IAS (Former Chief Executive Officer, Zilla Parishad, Jalna), Smt. Sangita Londhe (DPO, ICDS, Jalna), and other district, block, and village level officials for providing us with all the support for extensive migrant-specific information and existing initiatives in the district. We want to extend our gratitude to the UNICEF Partner Organizations in Jalna, Mr. Ravindra Kelgaonkar (Society for Action in

Creative Education and Development) and Mr. Bhausahab Gunjal (Swaraj Gramin Vikas Pratisthan), and their teams for help and support.

We also wish to convey our thanks to the IIPS administration, including Lt. Col. Prashant S. Borde (CEO-cum-Registrar), Dr. M. K. Kulkarni (Former Registrar), Mrs. Manjiri Rane (Assistant Registrar, Administration), Mr. Aniket Chattopadhyay (Assistant Finance Officer), Mr. Anjani Mishra (System Manager-ICT) and staff from Project Support Cell, Project Accounts Team, IT Cell, Librarian for their continuous cooperation and support in facilitating this project without whom this would not be a success.

We wish to place on record our appreciation of the hard work done by the research team at IIPS. Their dedication and enthusiasm to complete the study, despite several challenges due to the COVID-19 pandemic, was commendable. We are also thankful to the other field staff (village-level youth facilitators) who facilitated the online data collection. Thanks are also due to all transcript writers and translators. Finally, we are grateful for the valuable time given by the respondents and participants who consented to participate in this research. We hope this report will inform, guide, and promote efforts to make the policy framework inclusive of seasonal migrant workers in Maharashtra and India.

Sincerely
Kailash C. Das
Archana K. Roy
R. B. Bhagat

Project Coordinators, IIPS, Mumbai

Executive Summary

Background

Worldwide, migration affects millions of children every year; and the numbers are likely to increase. Children of seasonal migrants either accompany their parents on their migration journey or stay-back (left behind by their parents) in their places of origin. Both groups face multiple challenges and increased vulnerabilities.

Seasonal migration is extremely common in the drought-prone and water-scarce regions of Maharashtra. Several households, mostly those with less or marginal land-holdings, migrate seasonally to work in sugarcane harvesting, brick kilns, stone quarries, cotton ginning mills, and construction work. Families migrate for seasonal work post-monsoon (October-November) and return to their place of origin on completion of work at destination worksites (March-May). While all members of seasonal migrant families face challenges in accessing essential entitlements and amenities, children are, generally, at a greater risk of losing out on education, nutrition, healthcare, and protection. Their likelihood of joining the labour force or getting married early is also high. At the destination sites, the children live with their parents in makeshift huts, often without safe water and sanitation facilities. Their access to services of nutrition, health care, education, and protection is also

limited. Moreover, most seasonal migrants also face challenges in availing of services of the Public Distribution Services (PDS) at the destination worksites. Many migrant children work alongside their parents, which eventually brings them into the informal labour force. All children who accompany parents to worksites, regardless of their involvement in work, are exposed to hazards (injuries from sharp objects or falls, insect bites) and inclement weather conditions.

Stay-back children live in their villages without parental care for almost six months a year. Living with grandparents or other relatives and even on their own at times, brings challenges and vulnerabilities, with children taking on adult responsibilities in the absence of their parents.

Objectives of the Study

This study attempts to understand the vulnerabilities, needs, and challenges of children from seasonal migrant families, mainly sugarcane harvesters, from the Jalna district. It also aims at identifying the gaps in existing strategies and actions targeted at children. The study examines the effect of the COVID-19 pandemic and resulting lock down on migrant families and their children. The study also suggests recommendations for strengthening policy and programs for children affected by seasonal migration.

Data and Methods

The study adopted a qualitative approach. Data was collected from 24 villages with high volumes of out migration, covering all eight blocks of Jalna district. The participants in this study were purposively selected to achieve a diverse sample. They included children (aged 12–17 years) and their parents in three categories: (1) Seasonal Migrant Children including children stranded at the worksites/destinations during the COVID-19 lockdown, (2) Stay-back Children, and (3) Non-migrant Children. Key Informant Interviews were conducted with village stakeholders (anganwadi and ASHA worker, teachers, *sarpanchs*, *police patils*, and *gram sevaks*) from 24 villages while Participatory Rural Appraisal (PRA) activities were conducted with children in 13 villages.

To ensure gender balance in the sample, efforts were made to recruit an equal number of male and female children. A range of data collection methods was used: Participatory Rural Appraisals (PRA) and Free Listing with the children, In-depth interviews with parents and children, and Key Informant Interviews with key stakeholders at the village, block, district, and state levels. The PRA activities included the three techniques of the 24-hr clock, Trust Circle, and Mobility Mapping.

Data collection was carried out from February 2021 to August 2021. Because of the restrictions in

conducting face-to-face data collection during the COVID-19 pandemic, data was collected online with the help of locally appointed youth facilitators following a Standard Operating Procedure (SOP).

Profile of Respondent Children

A total of 55 children (including 19 who migrated with their parents, 18 who stayed back in their village when their parents migrated, and 18 children of non-migrants) participated in the study. Among the participants, 30 (55%) were boys, and 25 (45%) were girls. Most of the participant children belonged either to the Vimukt Jati Nomadic Tribes (VJNT) or Scheduled Castes (SCs) (73%, 40 out of 55). One in every ten children (12-17 years) affected by seasonal migration, was a school dropout. Farming was the primary occupation for the parents of 37 children (67%). The parents of the remaining children worked as wage labourers in agricultural and non-agricultural sectors.

Effect of Seasonal Migration on Education

The study found that seasonal migration had an adverse effect on the education of children who accompanied their parents. Seasonal migration resulted in the disruption of schooling for more than six months due to the overlapping of the academic calendar with the migration season. The children migrate with their parents in October and return in March-April towards the end of the academic year. Despite these children

being physically absent from school, the school records do not acknowledge this in many cases.

Having to travel long distances to local schools, and the frequent shifting of families between sugarcane fields made it difficult for children to avail of education at the destination and resulted in disrupted schooling. This was reported by children as well as their parents. The change in the medium of instruction for inter-state migrants, especially those travelling to Karnataka was yet another factor that hindered the education of migrant children. The data showed that none of the children in the study, who migrated out of Maharashtra, attended school at the destination.

A review of the activities of the migrant children on a 24-hour Clock showed that at their destinations, many children helped their parents in cutting sugarcane because of which they do not get the time to study. Consequently, over time, the children's dissociation from education increased. Additionally, it was noted that after returning home, these children were found to be irregular in their attendance and could not cope with the school environment, resulting in a loss of confidence and inferiority complex, increasing their risk of discontinuing their education entirely.

The stay-back children in this study were burdened with the adult responsibilities of attending to household chores and taking care of their younger siblings, which resulted in late and irregular attendance. Stay-back children also did not have study materials (books, pens, etc.) or proper

uniforms which they were unable to replace due to lack of money when their parents were away.

The study found that committed teachers and active school management committees serve as anchors for the children bringing stability and a degree of emotional balance to their daily lives.

Effect of Seasonal Migration on Health and Nutrition

The travel to the destination was difficult and challenging. The migrants' journey to their destinations took 2-3 days and was mostly done on trucks or tractors. The children who accompanied their parents on such journeys reported that they did not get sufficient food because cooking during the journey was a challenge.

Children often had to go without meals at the destination worksites because their parents did not have the time to cook. Their diet consisted mainly of carbohydrates like *bhakari* or *chapati*, *bhat* and other items like *varan* and *chutney*. Inadequate nutrition and a monotonous diet resulted in weight loss and malnutrition.

Extreme heat caused sunburn among migrant children. Moreover, poor living conditions, difficulty in getting safe water, and lack of sanitation facilities led to frequent illness amongst children.

Although sugar factories conduct health camps, most seasonal migrants are excluded from these

camps as they are not employed by the factories. In case of health emergencies, migrants take leave to visit a doctor, often travelling long distances. Seeking health care has multiple financial implications as they have to pay for doctor fees and medicines, they lose their wage for the day, and are also expected to compensate the group (*toli*) for the loss in production due to their absence. Many children did not like the conditions at their destinations and often felt sad, stressed, anxious, or depressed.

Moreover, young migrant children (below the age of six years) could not avail of immunization, or nutrition services, when they migrated. Lack of awareness on the part of parents as well as limited portability of services were the reasons for this.

Children who stayed back lost weight due to limited availability of groceries and a monotonous diet. Many faced problems since their names were not on the ration card, and their grandparents were unable to access groceries for them. Insufficient money also meant that the food items were restricted. Children also missed their mother's cooking.

Stay-back children also found it difficult to cope during their parent's absence. Since parents (followed by siblings) are the primary support, the children found it hard to discuss their problems or share their emotions with grandparents or other kin in the absence of their parents. Moreover, grandparents, relatives, or cousins cannot provide the same level of care and facilities that parents give their children resulting in children feeling lonely and neglected.

Effect of Seasonal Migration on Safety and Protection

For both migrants and stay-back children, seasonal migration increased the risk of becoming victims of abuse, violence, and neglect. Most of the vulnerabilities of migrant children stemmed from poor living conditions (makeshift temporary dwellings), lack of potable water, absence of sanitation facilities and electricity. The absence of toilets increased the protection risks for women and girls who had to wake up very early in the morning to find a safe place. The living areas at destination worksites were crowded, making the children feel unsafe due to the presence of large numbers of unfamiliar people. Poor access to food and drinking water and safety issues made the destination worksites an unwelcome place for these children. Many children at the destination reported that they did not like to visit public places as people treat them as inferiors, calling them '*gawar*' (ignorant).

Other "hazards", such as injuries due to cuts from the sharp edges of sugarcane leaves, bites from insects at the worksites and their dwellings, heightened the vulnerability of children.

Children were burdened with multiple responsibilities. Directly or indirectly, children from migrant families were engaged in labour. At the destination, they had to do physical labour and perform various household chores like cooking, cleaning utensils, fetching water, and washing clothes. They did not get any time for study or leisure, often working to support

their parents. Some of the children were left alone in their huts at night while their parents went to work.

For the stay-back children, their parents' migration resulted in the loss of their immediate support system. The effect was the non-fulfillment of their basic needs, including safety and protection. Moreover, the seasonal migration of their parents seriously impaired their social support system.

The stay-back children also took on adult responsibilities of caregiving (for grandparents and siblings), farm work (feeding the cattle and providing water to the farm), and domestic work (fetching water, cooking, and washing). At times, children also took on paid work to supplement the family income.

Girls from seasonal migrant households were given more responsibilities than boys regardless of their migration status. Moreover, they were more likely to be married off at an early age, especially when not able to continue their education. In some cases, marriages were even arranged at destination sites to increase the numbers of *koyta* so that the family income could be augmented.

Thus, seasonal migration has a long-term disruptive effect on the health, education, and overall development of all children from seasonal migrant families. However, children who stay-back in their village when their parents migrate could access education and healthcare services. They also have access to support systems such as the Village Child

Protection Committees and the School Management Committee to some extent. In villages where these were functional and active, they supported children in multiple ways. We found that children accompanying their parents (to the destination) are unable to access services of immunization, nutrition, health, and education which impact overall growth and development.

Recommendations for Policy

Several factors that impact the resilience of children from seasonal migrant families require to be addressed, to reach the last mile and most vulnerable children and their families. There is an urgent need to develop social protection mechanisms and programmes/

services that address the age and gender-specific needs of the children. Establishing public-private partnerships is also essential to ensure that these programmes/ services reach every child affected by seasonal migration. The recommendations made are grouped into three levels: National, State and District, Block and Village.

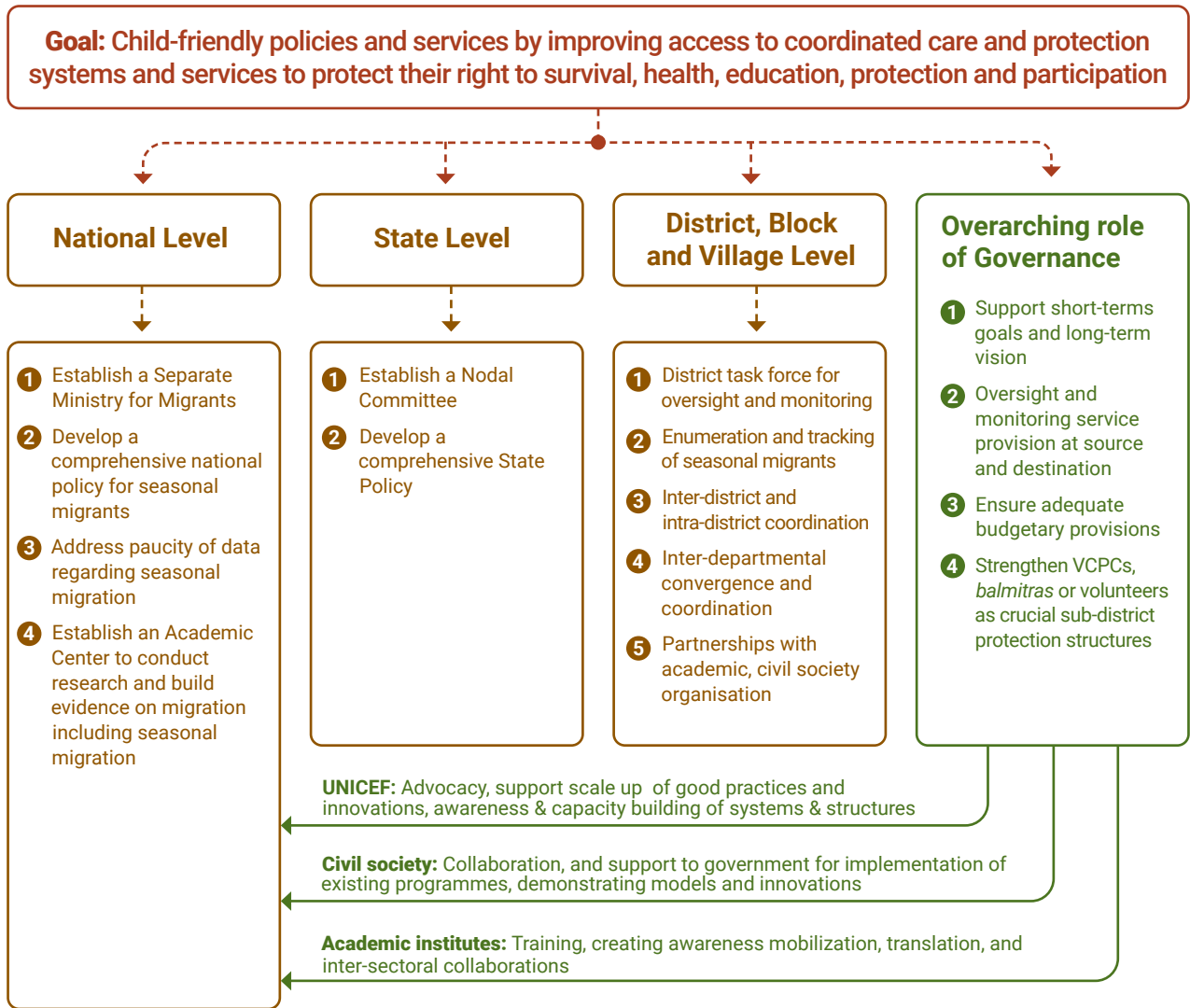


Figure 1: Summary of Short, Mid, and Long Term Recommendations

Recommendations at National level

- Create a separate Ministry for Migrant Affairs which will enable inter state and inter departmental coordination, streamline budgetary provisions and improve oversight of welfare programmes and schemes.
- Include seasonal migrants in the Unorganised Workers Social Security Act (2008).
- Develop a comprehensive national policy for seasonal migrants that includes interstate MoUs, provision of housing and basic amenities including WASH to seasonal migrant families and provides for portability of essential services of health, nutrition, education and protection for children from such families.
- Address the issue of inadequate data by incorporating indicators related to seasonal migration in the Census and national level surveys.
- Establishment of an Academic Centre for conducting research and building evidence on migration, including seasonal migration.

Recommendations for State-level Actions

- Develop a comprehensive State Policy for seasonal migrants, which mandates housing, WASH, basic amenities, daycare centres, space for mini-anganwadis, as well as access to education, nutrition, health, and protection services at destination worksites and *doki* sites. The inclusion of financial provisions for implementation of

systems for monitoring and oversight in the policy is essential.

- Establish a state-level Nodal Committee comprising representatives from the departments of Women and Child Development, Education, Rural Development, Tribal Development, Health, Public Distribution System, Labour and Skill Development to enable inter-departmental coordination for the provision of services, provide oversight and monitoring of the programmes.
- Create inter-state MoUs with destination states for portability of services for out migrants from Maharashtra.

Recommendations for District-level Actions

- Ensure oversight and monitoring of provision of services to seasonal migrants through the District Task Force on seasonal migration.
- Initiate inter district coordination through these Task Forces for portability of services within Maharashtra.

Recommendations for Village-level Actions

- Strengthen coordination between systems to capacitate Village Child Protection Systems to enumerate all members from seasonal migrant families and monitor the well being of children.
- Provide psycho-social support to children who stay-back, to their caregivers, and migrant children on their return to the origin village.

- Institutionalize the *balmitra* concept and scale the initiative to cover every village.

Conclusion

Seasonal migration is a livelihood strategy and hence cannot be stopped. Decisions regarding whether children migrate with parents or stay-back in the village in the care of kin are made by the family. The role of the government, therefore, should be to prevent unsafe seasonal migration and ensure that children and families have access to entitlements and services regardless of where they may be at that point of time. Provisions of a safety net for the protection and care of children in the villages of origin by facilitating kinship care arrangements for monitoring the well-being of stay-back children and supporting caregivers (with financial aid, where necessary) could encourage parents to leave their children back when they migrate. Provision of basic amenities of housing, sanitation, water, and electricity as well as access to services of education, nutrition, and health at destination worksites should be prioritized.

All necessary steps must be taken to reduce the stress that migrant families undergo, and ensure that the fundamental rights of the children are protected by addressing their safety and security concerns, irrespective of their age and gender. To conclude, government, civil society organizations, policymakers, and the community must work together to provide a safe and child-friendly environment for children affected by seasonal migration.

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List of Acronyms

ANC-PNC	Antenatal and Postnatal Care Service
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Workers
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BDO	Block Development Officer
BEO	Block Education Officer
BHO	Block Health Officer
BOCW	Building and Other Construction Workers Act
BPL	Below Poverty Line
BRC	Block Resource Centre
BSY	Balika Samridhi Yojana
CBE (CEB)	Community Based Events
CDPO	Child Development Project Officer
CEO	Chief Executive Officer
CHC	Community Health Centre
CLPRA	Child Labour Prohibition and regulation Act
CP	Child Protection
CPC	Care and Protection of Children
CPLA	Children Pledging of Labour Act
CPR	Centre for Policy Research

CRC/UNCRC	United Nations Convention on the Rights of the Child
CSO	Community Service Organization
CSR	Corporate Social Responsibility
DCPU	District Child Protection Unit
DEGC	Digital Education Guarantee Card
DPO	District Programme Offices
DWCD	Department of Women and Child Development
ECCE	Early Childhood Care and Education
EECE	Elementary and Early Childhood Education
FNB	Food and Nutrition Board
GNM	General Nursing and Midwifery
GOI	Government of India
GoM	Government of Maharashtra
GP	Gram Panchayat
HIPPY	Home Interaction Programme for Parents and Youngsters
ICD	International Corporation and Development
ICDS	Integrated Child Development Services
ICF	Intermediate Care Facilities
ICPS	Integrated Child Protection Scheme
IEC	Information, Education and Communication
IIPS	International Institute for Population Science
IIT	Indian Institute of Technology
ILO	International Labour Organization

INDUS-CLP	INDO-US Child Labour Project
IRB	Institutional Review Board
IRCA	Immigration Reform and Control Act
IVs	Intravenous Therapy
IYCF	Infant and Young Child feeding
KII	Key Information Interview
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MGP	Middle Ganga Plain
MIS	Management Information System
MMS	Migration Monitoring System
MMTSA	Maharashtra Migration Tracking System Application
MO	Medical Officer
MoU	Memorandum of Understanding
MPSP	Maharashtra Prathamik Shikshan Parishad
MSCERT	Maharashtra State Council of Educational Research and Training
MSHS	Mount Sinai Health System
MTS	Maharashtra Migration Tracking System
NCDs	Non-Communicable Diseases
NFHS	National Family Health Survey
NGO	Non-Government Organization
NIOSH	National Institute for Occupational Safety and health
NSS	National Sample Survey
OBC	Other Backward Classes
ONORC	One Nation One Ration Card
PCMA	Prohibition of Child Marriage Act
PDS	Public Distribution System

PDS	Public Distribution Service
PHC	Primary Health Centre
PMMVY	Praddhan Mantri Matru Vandana Yojana
POCSO	Protection of Children from Sexual Offences Act
PRA	Participatory Rural Appraisal
PRA or TCT	Participatory Rural Appraisal or Trust Circle Tool
PRI	Panchayati Raj Institutions
RD	Rural Development
RGCCI	Registrar General and Census Commissioner of India,
RJMCN	Rajmata Jijau Mother-Child Health & Nutrition Mission
RTE	Right to Education
SC	Schedule Castes
SC	Sub-Centre
SCA	Special Central Assistance
SMC	School Management Committee
SOP	Standard Operating Procedures
Tent STP	Tent Special Training Programme
THR	Take Home Rations
UK	United Kingdom
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VCPC	Village Child Protection Committee
VHSND	Village Health, Sanitation and Nutrition Day
VMR	Village Migration Register
WASH	Water Sanitation and Hygiene
WCD	Women and Child Development
WHO	World Health Organisation

List of Vernacular Words and Their Explanations

Bajra	Pearl Millet
Balika	Girl
Bal Sangopan	Scheme by Government of Maharashtra that provides financial support to children and their families
Bal-Mitra	Youth Volunteer
Balrakshak	Teacher who have undergone training on child protection for sensitization on problem and challenges faced by different groups of vulnerable children. Every government school has at least one Balrakshak. The literal translation is a 'protect of children'
Beedi	Tobacco flake commonly wrapped in a tendu leave
Bhaat	Rice
Bhakari	A round shaped bread prepared using millets flour or rice flour
Chatni	Dry powder made by grinding chillies, garlic and salt
Dhaba	Roadside hotel near the highway
Dokhi	Migrant' Work Site in the farm
Farsan Chiwda	Roasted mixture of flattened rice with ground nuts
Gabala	Abusive word that means useless
Gawar	Abusive word that means ignorant
Gram Sevak	Government employee who support the gram panchayat in their work
Gutka	Tobacco preparation made of crushed areca nut
Jowar	Sorghum
Kattha	Large bag for carrying goods/food material
Kharif	Monsoon Crop
Koyta	A pair of migrant workers

Malak	A middle man between factor, contractor or mukadam
Methi	Fenugreek
Mukadam	Mukadam is an agent or contractor for migrants
Murmure	Puffed rice
Pale Bhaji	Green leafy Vegetables
Parishad	Council
Poli	It is a kind of bread prepared using wheat
Poshan Tracker	An application rolled out by the Ministry of Women and Child Development to track provision of nutritional services and monitor development of beneficiaries (children below six years, pregnant women and lactating mother)
Prathamik	Primary
Sakhar Shala	Sugar School
Samagra Shiksha Abhiyan	Education scheme
Sarpanch	Village Head
Shepu	A herb/leafy vegetable
Shikshan Hami Card	Education Guarantee Card
Toli	Toli is group of sugarcane harvesting migrants, generally comprising 10-15 people
Tur	Lentils
Uchal	Advance Payment
Varan	Dal using lentils making this recipe



Chapter 1

Introduction

- 1.1 Background**
- 1.2 The Seasonal Migration Process**
- 1.3 Consequences of Seasonal Migration on Children**
- 1.4 Seasonal Migration and Children**
- 1.5 Conceptual Framework**
- 1.6 Significance of the Study**
- 1.7 Research Questions and Objectives**
- 1.8 Chapter Plan**



Introduction

1.1 Background

Temporary (or seasonal) migration of labour is essential to the search for livelihood opportunities for many households across the globe (Deshingkar and Start 2003; Waddington and Sabates-Wheeler 2003; De Haan 2002; Mosse et al. 2002; Rogaly et al. 2001). Seasonal migration is a short-term process, with families moving out of their source village for 6-8 months every year. The regular temporary movement affects children's education, health, and social protection benefits. Due to this, seasonal migration has been the focus of scholarly attention worldwide. Usually, seasonal, or short-term, migration is a cyclical process, with the migrants returning to their usual place of residence (Bilsborrow, Oberai, and Standing 1984; Hugo 1982; Zelinsky 1971).

Seasonal migration of farmworkers is a common phenomenon in several countries, such as the United States America (Perloff, Lynch, and Gabbard 1998), Turkey (Okumuş 2019), and Brazil (Rocha, Marziale, and Hong 2010). The Immigration Reform and Control Act, 1986 (IRCA) conferred legal status on migrants in the US after which the seasonal flow of Mexican workers into the US increased significantly. As per annual report of International Cooperation and Development of Several Ethiopian families migrate to Sudan for work during the agricultural season (European Union 2019). Nepali citizens also migrate to Indian cities and rural areas for farm and non-farm employment (Gautam 2017).

Migration has played a significant role in shaping India's history and its footprint continues to grow beyond its borders, with an estimated 11.4 million Indians travelling outside India for employment and livelihood opportunities (World Bank 2011). Internal migration of Indians is estimated at 449.9 million in 2011 which was 225.8 million in 1991, reflecting a near to doubling of figures in two decades.

The seasonal movement of internal migrants is a growing phenomenon in India. It is more common in regions that face frequent deficits in rainfall deficit and are prone to recurring droughts. Unemployment and poverty are other major reasons for migration, especially in regions where population densities are high (Keshri and Bhagat 2010; Deshingkar 2006; Shah 2006; Haberfeld et al. 1999; Berman 1996)

Seasonal Migration in Maharashtra

Migration of entire families has, directly and indirectly, affected the children most, whether they accompany their parents or stay-back with a caregiver, usually a relative, at the source village. As per NSS's 64th round (2007-08), in India, there were 17 million temporary (or seasonal) migrants, of which 1.5 million (9.1%) were children (0-17 years). For Maharashtra, the total number of

temporary/seasonal migrants were 0.89 million, including 103,384 (11.3%) children.

Despite the large scale of temporary migration in India, the phenomenon has not been adequately studied at both macro-and micro-levels, mainly because the focus of the Census and the other surveys is on permanent (or long-term) migration. There

have been few attempts to capture information on seasonal or short-term migration (Keshri and Bhagat 2010). The dearth of studies on seasonal migration at both national and state levels has resulted in an insufficient understanding of the issues associated with seasonal migration (Box 1.1).

Box 1.1: Seasonal Migration Data – Sources and Gaps



Data from the 64th round of the NSSO provides information on migration particulars (household migration, out-migrants, migrants, and short term seasonal migrants).



Seasonal migrants, as defined by NSSO, are those who have stayed away from their villages/towns for Employment, or in search of employment, for a period of 30 days to 6 months during the last 365 days.



The Census data does not provide exact data on seasonal migration. It only has information on the duration of migration of individuals.



The enumeration of seasonal migrants in the Census do not include the destination, and this information is clubbed with other data in the category 'migration duration of less than one year.



There is no reliable data on the number of children that stay-back when their parents migrate.



The lack of sufficient data is often a barrier to accurate understanding of the pathways of migration, and their

consequences on children. Thus, there is a crucial need to examine existing data sources to assess the

effect of migration on the basic rights and welfare of children.



1.2 The Seasonal Migration Process

In general, rural households with small or marginal landholdings, especially in Maharashtra, migrate for sugarcane harvesting work, working in brick kilns, stone quarrying, cotton ginning mills, and in the construction sector. The study district for this report, Jalna, has been a highly drought-prone and water-scarce region. Jalna has one of the highest rates of out-migration

in Maharashtra. Families migrate after the monsoon (October-November) and return to their home villages in March-April of the following year (Figure 1.1). A survey conducted in Jalna by UNICEF and its partners in 2015-16 has shown that nearly one in three families in the district are seasonal migrants who shift to other districts in the state, such as Solapur and Kolhapur,

or other states like Karnataka for harvesting sugarcane. However, Jalna also receives seasonal migrants in significant numbers from other parts of Maharashtra and Madhya Pradesh, who mainly work in brick kilns, stone quarries, cotton ginning factories, and the sugar factories.

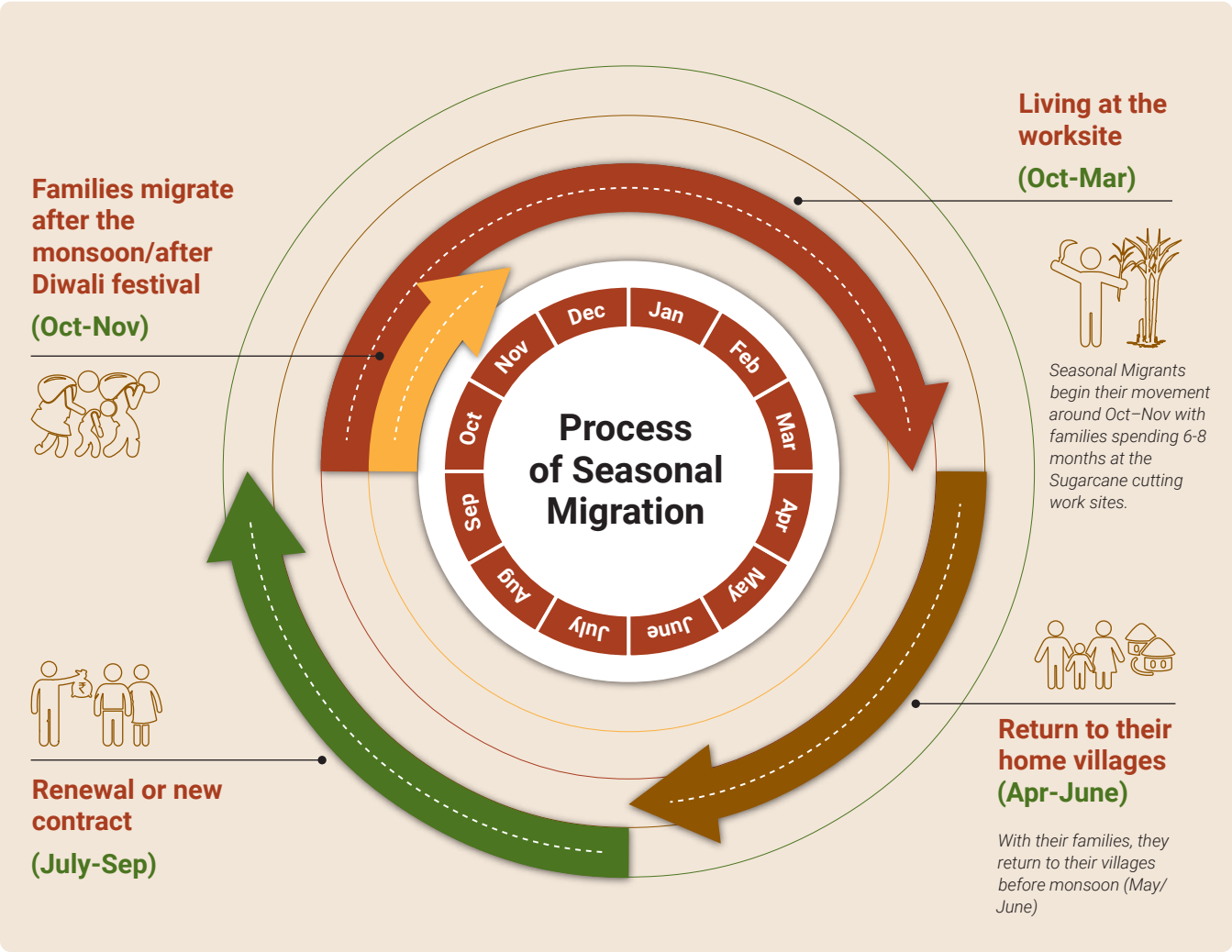


Figure 1.1: Annual Seasonal Migration Calendar

1.3 Consequences of Seasonal Migration on Children

The search for employment and livelihood opportunities drives migration to other villages, districts, and even other states. Lack of livelihood opportunities, increasing debts and the inability to repay loans force thousands into a cycle of seasonal migration. Studies in India have shown that poverty is the main driver of migration (Keshri and Bhagat 2012; Kundu, A. and Saraswati 2012; Kundu and Sarangi 2007; Mitra and Murayama 2009).

Seasonal migrants are particularly vulnerable to exploitation. They are often subjected to long working hours for low wages in harsh working conditions. Their living conditions are also poor (Breman 1978). Linguistic and cultural differences with the host communities expose migrants to

social discrimination and exclusion at many destinations. The lack of awareness among seasonal migrants, difficulties in accessing social protection schemes and entitlements at destination sites, as well as the inability of the State machinery to deliver services, complicate the situation further and exacerbate the vulnerability of seasonal migrant families.

A rapid appraisal conducted by UNICEF in 2017-2018, which covered 39 worksites (out of 153) in Jalna district revealed poor living conditions at these worksites. Only a few provided drinking water, toilets, safe bathing spaces, and electricity. Several researchers (Antman 2012; Coffey 2013; Jayaram 2018; Roy, Singh, and Roy 2015) have documented the difficult

circumstances of the seasonal migrants and the children who accompany them. However, there is little empirical evidence in extant literature that offers insights into the problems of children who do not accompany their migrant parents and stay back for various reasons.



1.4 Seasonal Migration and Children

A study by Yang and Guo (1999) found that in rural areas, the decision of men to migrate is mainly influenced by community-level factors. According to OXFAM INDIA (2020), 200,000 children below 14 years in Maharashtra accompanied their parents who migrated to work in sugarcane harvesting fields in 2019. In 2017-18, nearly 60,000 children in Maharashtra, aged 6-14

years, missed at least six months of school due to the seasonal migration of their parents. From a child rights and child protection perspective, children from seasonal migrant families lose out on many of their rights as articulated in the United Nations Convention on the Rights of the Child (UNCRC, 1989), as seen in the Box 1.2.



Box 1.2: Child Rights in the Context of Seasonal Migration



Right to Survival, including Food, Nutrition & Healthcare



Right to Development, including Education, Care, and Leisure



Right to Protection from Child Labour, Child Marriage, Exploitation, Abuse, and Neglect



Right to Participation



The Right to **Survival**

Children have the right to life from the time of conception. This includes the right to identity and nationality. Children also have the right to be cared for and protected from consequences linked to seasonal migration. They also have the right to quality healthcare, age-appropriate nutrition, clean drinking water, a safe place to live, and access to opportunities for their development.



The Right to **Protection**

Children also have the right to protection from all forms of harm which can take place both within and outside their families, including physical violence and psychological intimidation. Also included in children's right to protection are protection from child labour, harmful substances, and drugs.



The Right to **Development**

The child of today is, potentially, a productive adult of tomorrow and hence education and development of children are basic child rights. Children must have unrestricted access to early childhood development services and appropriate information, with parents or guardians being made responsible for guidance.



The Right to **Participation**

Children are members of society. They may not be fully developed physically, psychologically, and emotionally, but they have full rights to freely express their thoughts, views, and opinions, and participate in the community, particularly in areas that concern them.

Children Who Accompany Parents

Children often accompany their migrant parents/guardians or other adults. Since families often migrate without adequate preparation (Kou and van de Glind 2013), the children among them are especially vulnerable, a clear violation of their rights. In most work sites, such children lack access to education, health, nutrition, or protection. They either drop out of school or remain nominally enrolled at the source villages.

Micronutrient deficiencies impact their overall health and development. A study by (Betancourt et al. 2013) found that migration poses many

threats to healthy child-rearing, as well as putting the children at various risks. There is an increased risk of child labour, child marriage, neglect, abuse, exploitation, and a greater likelihood of children being forced to discontinue their education due to prolonged absence from school or due to loss of interest in education, as well as reduced connections with teachers and peers. Further, when the migrant children return to their source villages, they face exclusion from the community, loss of previously established networks, and discontinuity in education.



Children Who Stay-back at the Source Villages

Even if temporary, separation from family can cause significant emotional and psychosocial problems in children left behind by their migrant parents. The outcomes are hindered development — physical as well as mental. Thus, there is a need for an evidence-based study of the nature and scale of impact of seasonal migration on vulnerable groups, such as children who are left behind by their migrant parents, especially girls. The graphic in Figure 1.2 shows how children of migrant parents are vulnerable in various ways.



Drivers of seasonal migrations include Economic, Social, Political, and Environmental factors that push families into cycle of seasonal migration

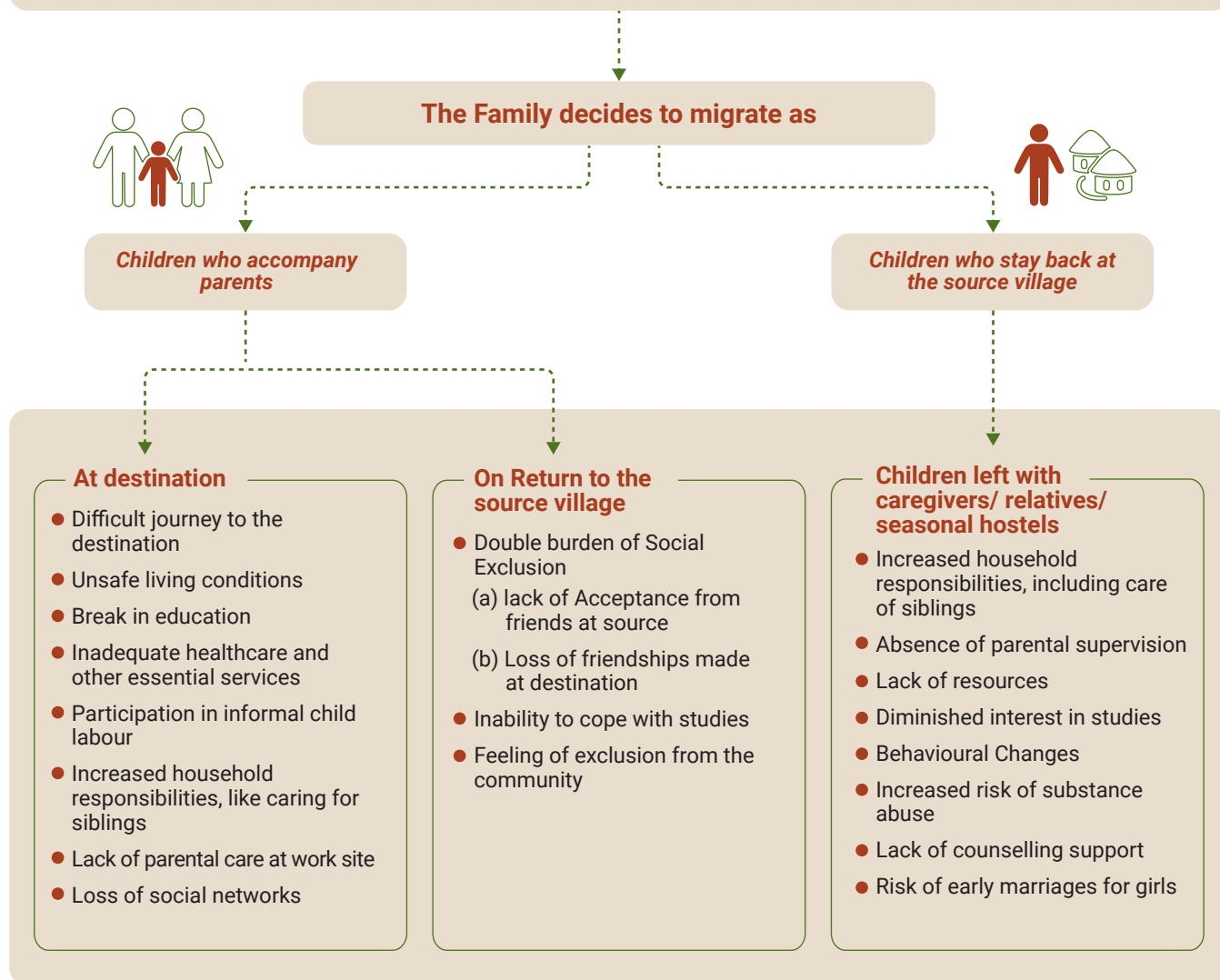


Figure 1.2: Vulnerabilities of Children affected by Seasonal Migration



1.5 Conceptual Framework

Figure 1.3 shows the conceptual framework for the study the link between seasonal migration and violation of child rights as illustrated in the UNCRC (Box 1.2). Whether the children accompany their parents or stay back in their villages, their rights to survival, development, protection, and participation (Section I of the framework) are significantly affected by migration. Children, as well as their families, face adverse situations at the destination (Section II of the framework, 'Vulnerabilities of seasonal migrant families and children'). Seasonal migrants face exclusion, both at the destination and their source villages upon their return.

The framework presented in Figure 1.3 aims at exploring the complexity of the effects of seasonal migration process on children by combining both the causal and contextual determinants (as shown in Figure 1.2). For example, children in the 0-6 years age group need constant care and attention and hence are very likely to accompany their parents. On the other hand, those aged 6-14 and 15-18 years may either accompany their parents or stay back. At both the source villages and destinations, the needs, and problems of children of migrants are different for each age-group (Section I of the framework). The conceptual framework presented here will help the study identify age-specific (0-6, 6-14, and 15-18 years) vulnerabilities (Section II) at the worksite and the source villages.

Seasonal migration is driven by economic hardship, and the process only aggravates the vulnerabilities of affected children. The framework also examines the link between households' pre-existing conditions (Section III, the drivers) which force them into seasonal migration. There is a strong association between violation of the rights of the children of migrants and their vulnerable situations.

Seasonal migrants have played an important part in the economic development of the state of Maharashtra. Despite their contributions, they have been excluded from the social benefits at the destination. The children of seasonal migrants are a particularly vulnerable group as their fundamental rights, such as that of health and welfare, are often compromised.



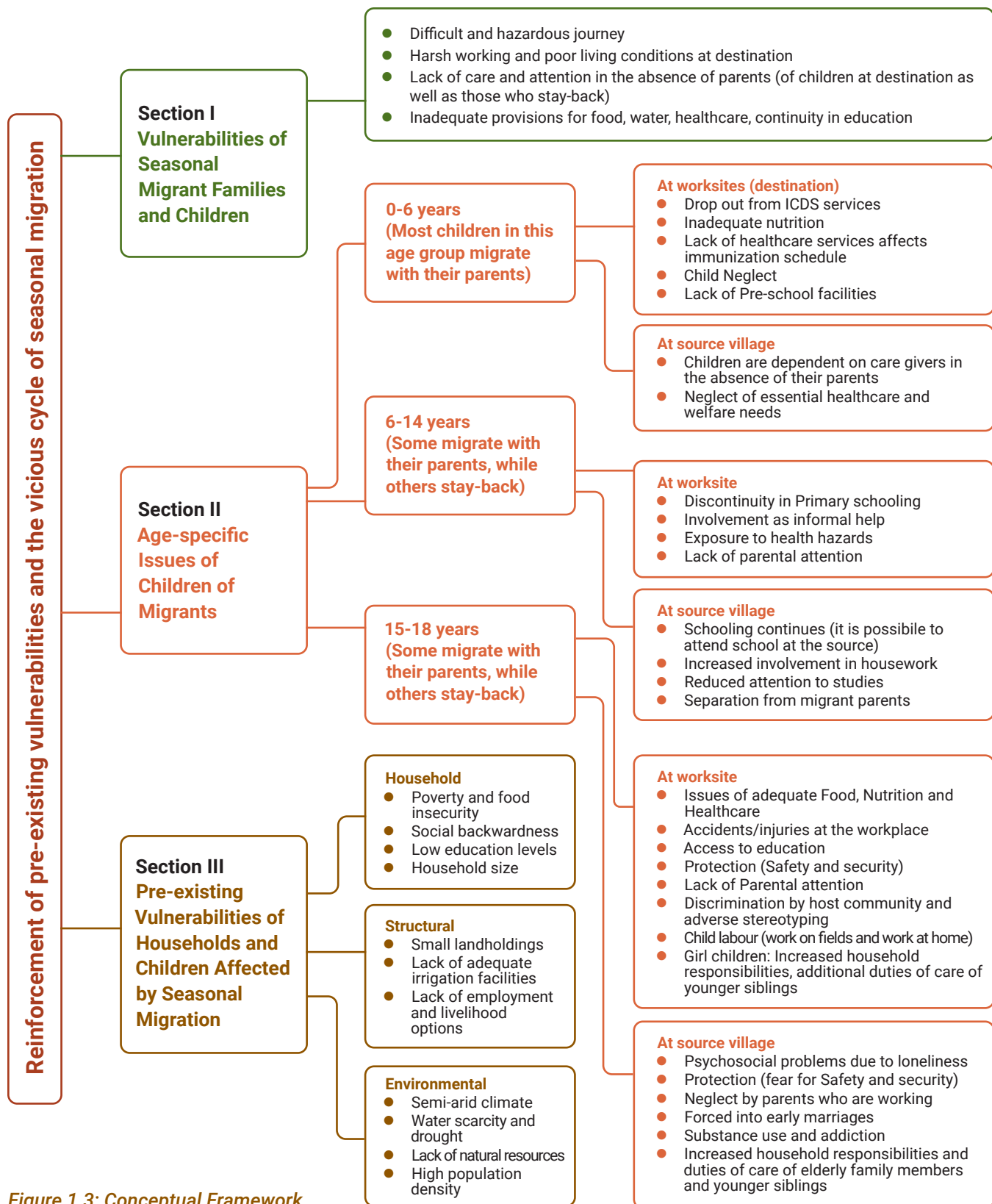


Figure 1.3: Conceptual Framework

1.6 Significance of the Study

It is essential to understand the adverse effects of seasonal migration on children. This study examines the issues impacting the rights of children affected by seasonal migration in the Jalna district of Maharashtra. The study collected information on the problems faced by children are directly related to their families' migration for employment and improved living standards.

The study is significant for several reasons

- Information collected for this study shows that season migration is a complex issue for both groups of children: those who accompany their families, as well as those who stay back in their source villages.
- The findings and policy implications can be replicated in other regions having similar environmental conditions and patterns of seasonal migration.
- 'Voices of Children': It provides insights into the situations of children affected by seasonal migration by highlighting their vulnerabilities in several aspects of their rights: education, nutrition, health, safety, and protection.
- Definition of child: In India, different laws (as shown in Box 1.3) define child and minor differently. For the protection of children from child labour, there is a need for consistency in definition.

Box 1.3: Definition of a Child



Child Labour Prohibition and Regulation Act , 2016

As a person who has not completed his 14th year of age or such age as may be specified in the Right of Children to free and compulsory Education Act , 2009, whichever is more



Every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.

Article 1 of United Nations Convention on the Rights of Child



Care and Protection of Children Amendment Act, 2021

"A person who has not completed 18 years of age"

Chapter 1 Section 2 (12)



The findings of the study have been used for making policy recommendations to address the education, health and nutrition and protection

needs of the affected children in Maharashtra. Efforts are required to support seasonal migrant families and improve their situation for

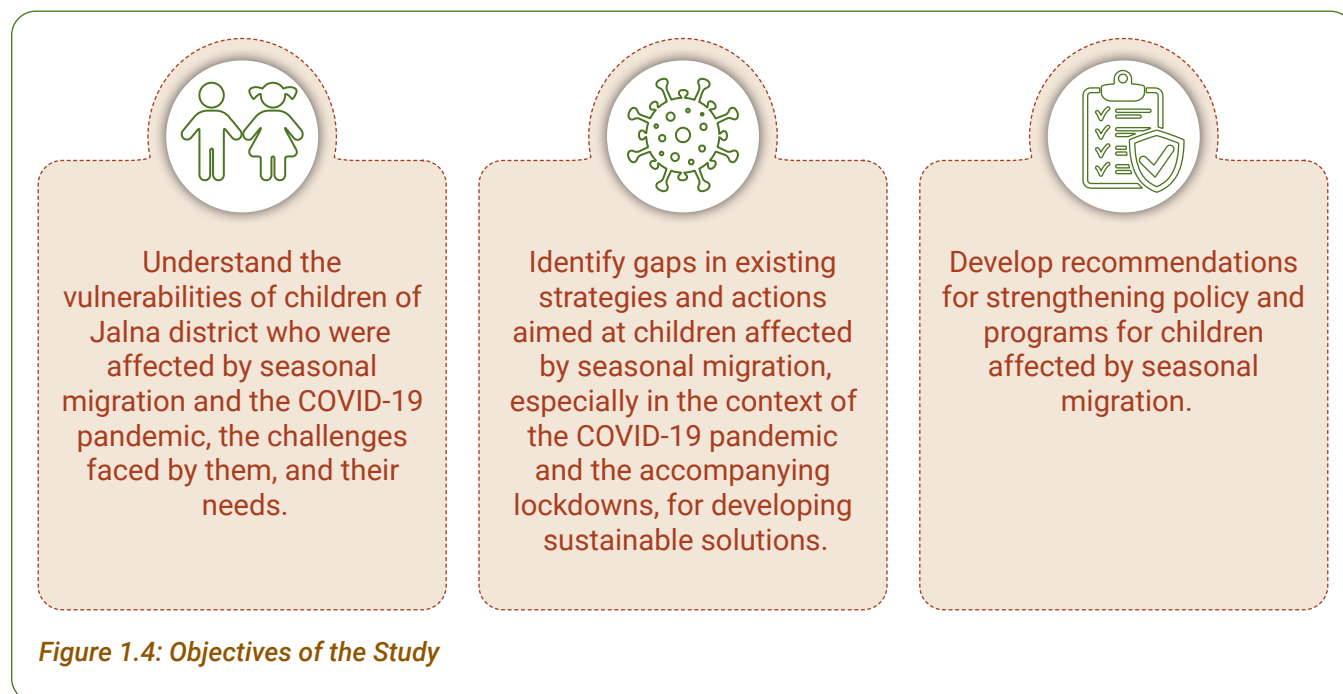
which the findings will be useful at different levels of government.

1.7 Research Questions and Objectives

The study addresses three questions: **(1A)** What were the conditions which motivated the family to migrate and take their children with them, or leave them behind (in the source village)? **(1B)** What are the hardships faced by the children of

migrants at the destination and, among those who remained, with their relatives or other caregivers at the source village? **(1C)** What is the situation of children affected by seasonal migration? **(2)** How has the COVID-19 pandemic – and the lock-

downs that followed – affected children of seasonal migrants? **(3)** What are the existing programs to protect the children of seasonal migrants? And what needs to be done?



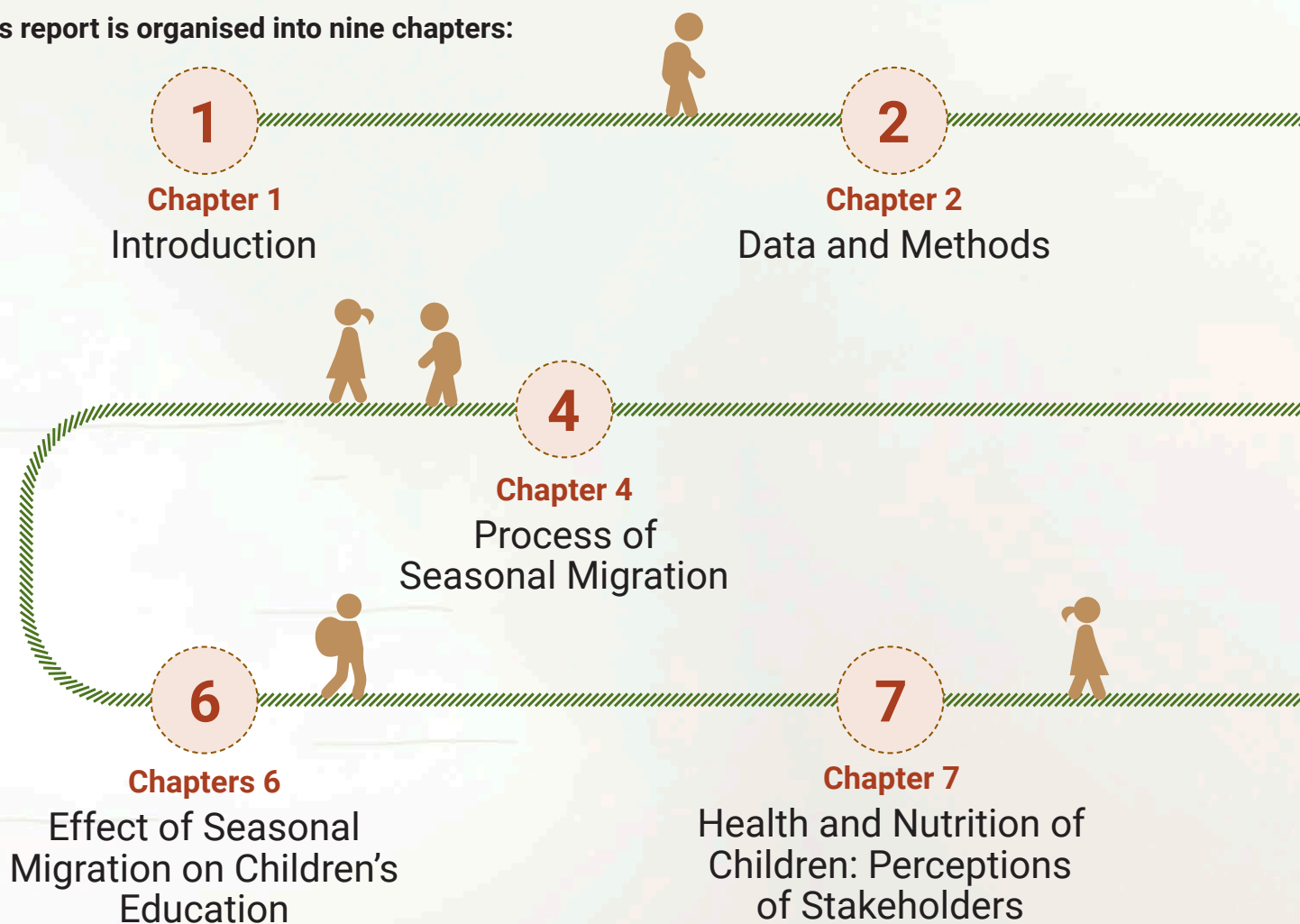
The first research question, with its three components, addresses the socio-economic and demographic characteristics of the children. It also examines the effects of seasonal migration on their health and nutrition, education, and safety and protection. The second question is concerned with the hardships faced by the children of seasonal migrants during the COVID-19 pandemic. It also addresses the issues of their access to essential amenities, disruption of health services, education, and protection.

This study also reviewed existing strategies adopted by various countries, which are aimed at protecting the rights of children affected by seasonal migration. Information obtained from stakeholders (at the village, block, district, and state levels), children and their parents were analysed to identify gaps in existing strategies and make policy recommendations.



1.8 Chapter Plan

This report is organised into nine chapters:





3

Chapter 3

Review of Literature



5

Chapter 5

Children's Perceptions of Daily Activities, Social Support and Mobility



8

Chapter 8

Safety and Protection of Children

9

Chapter 9

Policy Recommendations and Conclusion



Chapter 2

Data and Methods

2.1 Introduction

2.2 An Overview of Child Protection Issues in Jalna District

2.3 Operational Definitions

2.4 Data Sources

2.5 Methods

2.6 Fieldwork

2.7 Ethical Considerations

2.8 Risk Mitigation

2.9 Quality Assurance

2.10 Data Management and Analysis

2.11 Limitations of the Study



Data and Methods

Highlights

- 1 This qualitative study covered 24 villages of Jalna district in Maharashtra.
- 2 To ensure adherence to COVID-19 Appropriate Behavior, data was collected remotely by the project team with the support of trained youth volunteers from the study villages.
- 3 Participatory Rural Appraisal techniques, such as 24-hour clock, trust circle, and mobility mapping, as well as free listing and pile sorting, were used to collect data from individual children aged 12 to 17 years.
- 4 Key Informant Interviews were conducted with the village, block, district, and state-level stakeholders. In-depth interviews were conducted with migrant as well as non-migrant parents and care givers.
- 5 Standard Operating Procedures (SOPs) were followed to ensure strict adherence to COVID-19 protocols.

2.1 Introduction

The aim of this qualitative study was to understand the situation, vulnerabilities, needs, and challenges of children affected by seasonal migration. Originally planned as a mixed-methods study, it was redesigned as a fully qualitative one due to the COVID-19 pandemic, and resulting lockdowns, which prevented face to face collection of quantitative data from a large, representative sample of respondents.

This chapter describes the study area, introduces the concepts of study, operationalizes definitions, describes the sampling procedures and data collection processes, addresses ethical considerations, methods of data management and analyses, and the limitations of the study.



2.2 An Overview of Child Protection Issues in Jalna District

Jalna district, which is part of the Aurangabad division of Maharashtra, has a population of 1.95 million of which 0.72 million are children aged 0–17 years (Census 2011). A largely rural district with agriculture being the predominant economic activity, Jalna is also home to socially excluded groups, such as the Scheduled Castes (SC) and Scheduled Tribes (ST), who comprise 16.0 per cent of the population (Registrar General & Census Commissioner of India, 2011). Jalna, with a score of 0.663, is among the bottom 10 districts in Human Development Index, and among 17 districts

with high child marriage rates (NFHS-5 2019-2020). The sex ratio at birth for children aged 0–6 years is 862, which is significantly lower than the state average of 890 (IIPS & ICF, 2021).

Although water-scarce, parts of Jalna have highly fertile agricultural land. These contrasts result in Jalna experiencing both in-migration and out-migration. As per a baseline study conducted by UNICEF in 2015-16, seasonal migrant families tend to be landless labourers belonging to the Scheduled Castes (SCs) and Scheduled Tribes (STs). Out-migra-

tion is largely for sugarcane harvesting in other districts of Maharashtra (Solapur and Kolhapur), or to other states like Karnataka, while in-migration tends to be largely intra-state for work in brick-kilns, stone quarries, cotton ginning factories and sugar cane harvesting.

Child labour and child marriage, both of which are crucial child protection issues in Jalna district, are closely linked to seasonal migration. Seasonal migration also impacts access to nutrition, health, education, and protection services.

2.3 Operational Definitions

Below provides operational definitions of the terms used in the research.

Box 2.1: Operational Definitions



Seasonal Migrant Child

An unmarried child (0–17 years) who accompanied migrant parents during their last move for at least 30 days/one month).



Non-migrant Child

An unmarried child (0–17 years) of non-migrant parents who stayed in the village with their parents and never migrated between 2016 and 2020.



Caregiver

An adult (above 18 years of age) who takes care of stay-back child/ren when their parent/s migrate/s. The caregiver is usually a member of the immediate or extended family. Sometimes the caregiver could also be an unrelated person or a neighbour.



Stranded Child

An unmarried child (0–17 years) who migrated with their parents from 2019-2020 and was stranded at the destination during the lockdown and returned to the place of origin (source) between March 25 and June 30, 2020.



Stay-back Child

An unmarried child (0–17 years) who stayed back in the village with caregivers or independently while their parents last migrated.

2.4 Data Sources

In addition to the primary data collected in this study, secondary data from meta data sets like the

64th round of the National Sample Survey and Census 2011 were analysed to understand the effects

of the magnitude and causal factors for seasonal migration.

Primary Data

Although the study was designed for a mixed-methods approach, which involved collection of both quantitative and qualitative data, the COVID-19 pandemic required a change in approach to collecting only qualitative data. Primary data collected in this study is unique in

many ways: firstly, it is one of the few studies that collected data from children; secondly, PRA techniques, which are usually used only with groups of adults, were used with individual children; and thirdly, data was collected from not only the seasonal migrant and non-migrant

families, but also from a range of service providers and decision makers across village, block, district and state levels, enabling a comprehensive understanding of the ground realities and providing practical suggestions for the way forward.

Selection of Sample Villages

As seen in Figure 2.1 below, data was collected from a total of 24 villages, comprising three villages with the

most out-migration from each of the eight blocks. The villages were identified based on data from the

Education Department and from a survey conducted by UNICEF and partners in Jalna in 2017-18.

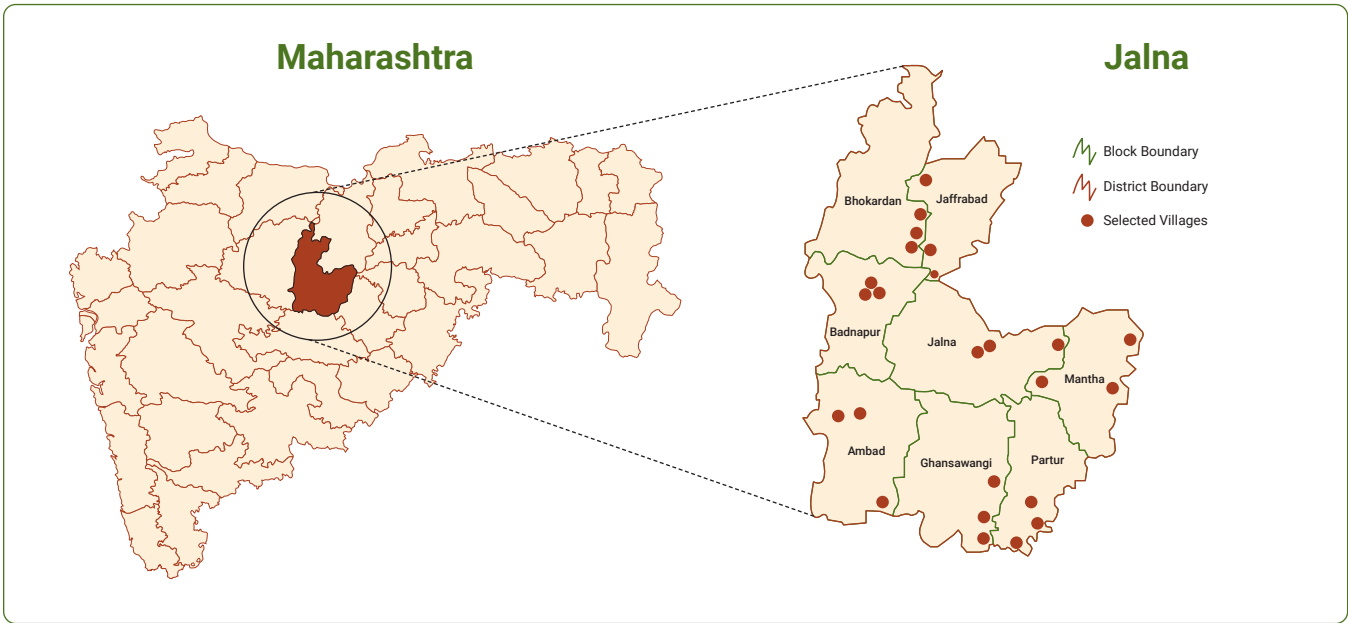


Figure 2.1: Location of the Study Area

Participants in this Study

The respondents in this study comprised children and adults (parents from migrant and non-migrant families, village-level stakeholders (*sarpanch*, *gram sevak*,

police patil, ASHA, AWW, and teachers), block and district-level officials and state level bureaucrats. Children aged between 12 and 18 years from migrant (stay-back and

who migrated with parents) and non-migrant families participated in PRA activities and in semi-structured interviews.

Table 2.1: Distribution of Respondents

Methods and Tools of Data Collection	Original Plan	Revised Plan	Actually Covered
Village Level			
Number of Villages	24	24	24 ^A
Quantitative Data			
○ Household schedule & Migrant children schedule	20 x 24= 480	-	-
○ Household schedule, Stay-back children schedule & Caregiver's schedule	20 x 24= 480	-	-
○ Household schedule & Non-Migrant children schedule	20 x 24= 480	-	-
Qualitative Data			
○ No of children			
○ Participatory Rural Appraisal	80	110 ^B	55 ^B
● 24-Hour Circle N-49: Migrant-23, Stay-back-18, Non-Migrant-8	32	48 ^C	28
● Trust Circle N-24: Migrant-7, Stay-back-8, Non-Migrant-9	32	48 ^C	27
● Mobility Mapping N-29: Migrant-10, Stay-back-9, Non-Migrant-10	16	48 ^C	27
○ Free Listing and Pile Sorting ^D	-	48	28
○ Case Narratives with children	32	48	28
○ In depth Interviews with Parents	32	48	28
At the Destination			
Number of Work Sites	8	14	
Quantitative			
○ Household schedule & Migrant children schedule	8 x 50 =400	-	
○ No. of children	48	28	
○ Participatory Rural Appraisal			
● 24-Hour Clock	16	14	
● Trust Circles	16	14	
● Mobility Mapping	16	14	
○ Free Listing and Pile Sorting	NA	14	
○ Case Narratives and Parent In-Depth Interviews	8	14	
Data Collection from Key Informants			
○ KIs- Secretaries of the relevant departments	-	6	4
● Department of Rural Development	-	1	0
● Department of Health	-	1	0
● Women and Child Development	-	1	1

Methods and Tools of Data Collection	Original Plan	Revised Plan	Actually Covered
● Education commissioner	-	1	1
● Labour Welfare	-	1	1
● Sugar Commissioner	-	1	1
○ KIIs- NGO representatives ^E	-	2	2
○ KIIs- District-level Officers	9	9	7
● District Collector	1	1	0
● Chief Executive Officer (ZP)	1	1	1
● Deputy CEO (Rural Development)	1	1	1
○ Deputy CEO (ICDS) ^F	1	1	1 ^I
○ District Women and Child Development Officer ^F	1	1	
● District Health Officer	1	1	1
● District Labour Officer	1	1	1
● District Education Officer (Primary Education)	1	1	1
● District Child Protection Unit Officer	1	1	1
○ KIIs- Block-level Officers	32	32	16
● Block Development Officers	8	8	2
● Block Education Officers	8	8	7
● Block Health Officers	8	8	3
● Child Development Project Officers	8	8	4
○ KIIs- Village level Stakeholders (<i>sarpanch</i> , <i>gram sevak</i> , and <i>police patil</i>) ^G	24	30	23
○ KIIs- Village level front line workers (ASHA, AWW, and teacher) ^G	48	30	23
○ KIIs- (<i>mukadam</i> and factory management)	16	16	3



Not administered due to COVID-19



Administered

- A. Data was collected from 55 children from 13 villages (1 pilot +12 field study), and stakeholders from the 24 selected villages.
- B. Although the plan was to increase the number of children with whom the PRA activities would be conducted, the pandemic conditions necessitated a reduction.
- C. The original plan was to conduct one PRA activity for four categories of children (migrant, stay-back, stranded, and non-migrant) in eight villages. Constraints in fieldwork allowed only 2 PRA activities per category of children in 13 villages.
- D. This method was incorporated during the inception of the project and carried out with all four categories of children from alternative villages.
- E. KIIs with NGOs were included to capture information on good practices, and challenges and recommendations for managing problems experienced by children affected by seasonal migration at both source and destination since data collection at destination sites was not possible.
- F. The same officer was in-charge of the positions of the Deputy CEO (ICDS) and the District Women and Child Development Officer.
- G. These KIIs were conducted in all the 24 villages.

2.5 Methods

Data Collection Tools

(a) Key Informant Interviews (KIIs)

KIIs are in-depth interviews where data is collected from of a select (non-random) group of respondents who are knowledgeable or have experience of the organization or issue under study (Lavrakas, 2008). For this study, KIIs were conducted with State/Divisional, District, Block, and Village level stakeholders.



Online interview with seasonal migrant family

(b) Participatory Rural Appraisal (PRA)

PRA includes a large and growing family of approaches and methods that enable local people to share, enhance and analyse their knowledge of life and conditions, to plan and to act (Chambers, 1994). This study made use of a variety of Participatory Rural Appraisal (PRA) techniques each of which are discussed below.



24-Hour Clock

The 24-hour clock is typically used for gender analysis and provides information on how an individual's day is spent. In this study, children of the families of seasonal migrants were asked to share details of their daily activities in two settings: the first when they

were in the source villages with their parents, and the second during the migration period (at the source village during their parents' absence, or at the destination sites if they had accompanied their parents), while children from non-migrant households had to perform this

activity only once. This method enabled comparisons across different groups of children and helped provide insights into how the children's lives changed due to seasonal migration. Figure 2.2 shows a 24-hour clock for a respondent child.

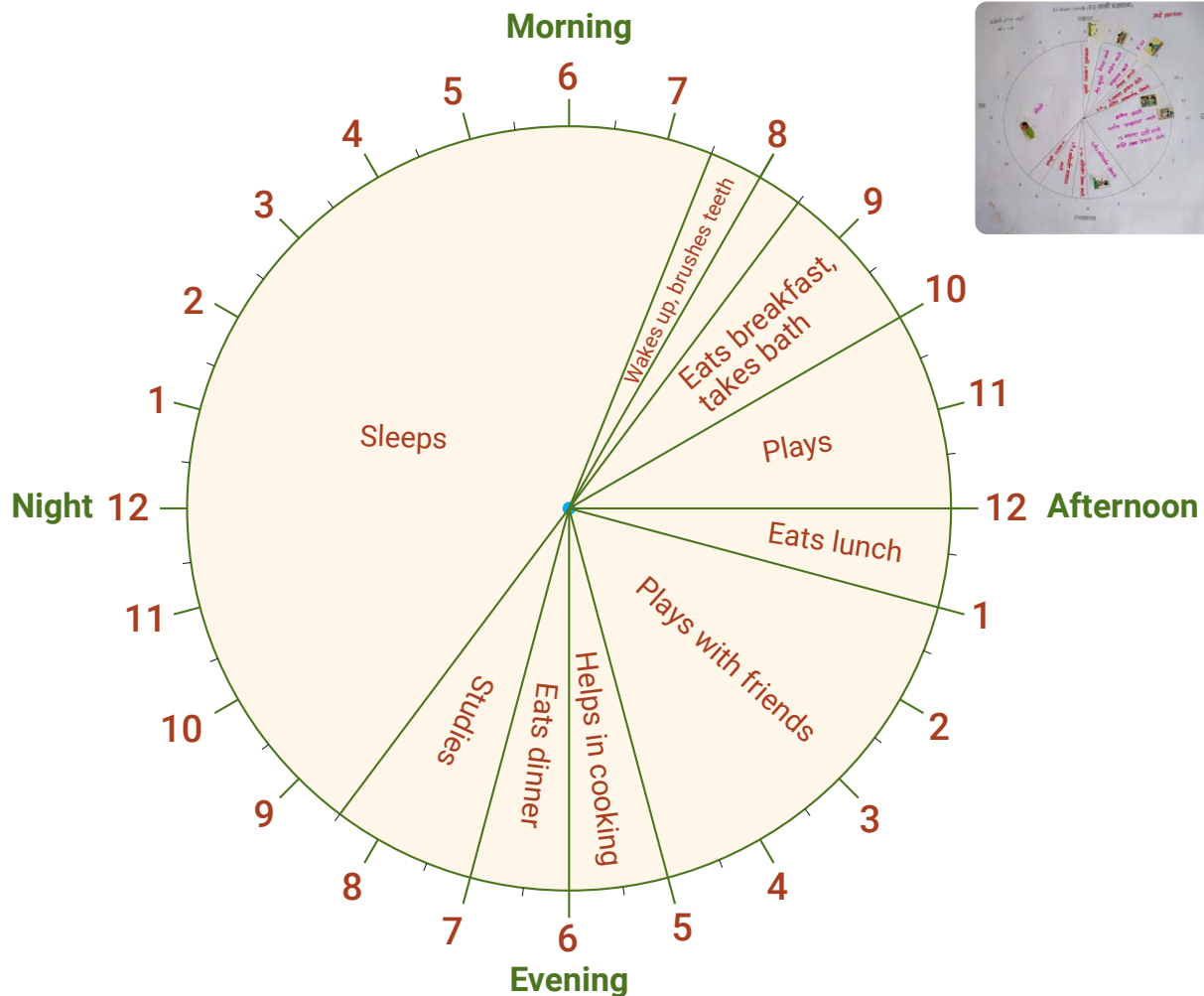


Figure 2.2: 24-Hour Clock Completed by a Child Respondent

Mobility Mapping

Mobility mapping is a technique that is normally used for understanding patterns of movement of individuals or groups. In this study, the children mapped their villages, identified places/spaces

they frequented, wrote about their feelings regarding the spaces, and the reasons for feeling the way they did. The children who migrated with their parents were asked to map their journey to the destination

worksites, including the stops made, feelings associated with these stops and the reasons for feeling the way they did. Figure 2.3 (below) shows a completed mobility map.

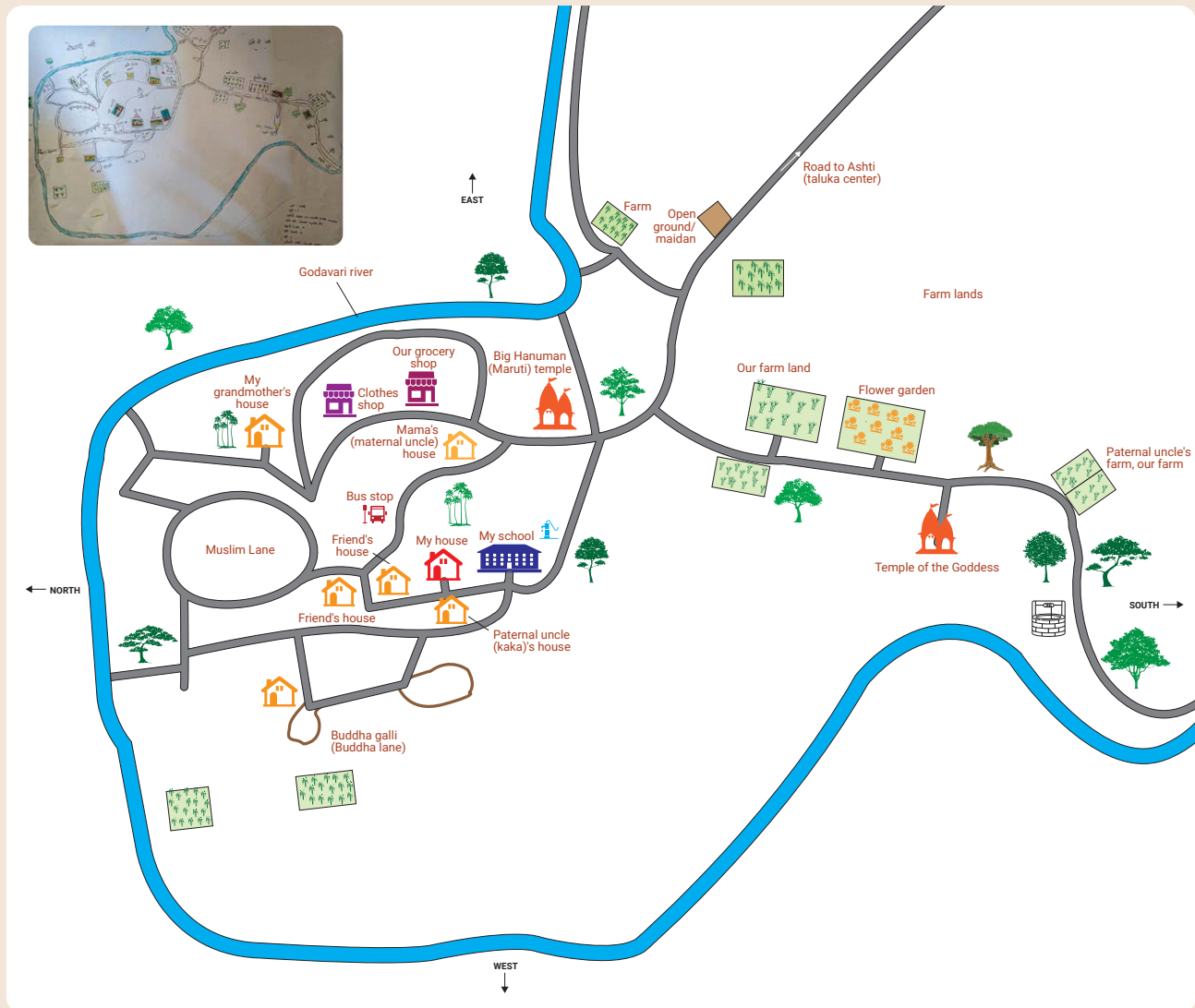


Figure 2.3: Mobility Mapping Completed by Child Respondent

Trust Circle

The Trust Circle is used to understand relationships between people. In this study, the Trust Circle was used to gain insights into whom the children approach for help and support for various issues. The respondent children were asked to show who they approached when faced with problems related to health, educa-

tion, sports, emotions, overall safety and security, secrets, motivation/encouragement, and for general needs or problems.

Figure 2.4 shows a completed trust circle. The innermost circle includes those persons whom the children feel most comfortable with; the second one includes those the children are

somewhat comfortable with; and the last, or outermost, circle with those the children are least comfortable approaching, or those whose help/support they would avoid accepting. The analysis provided insights into the social support systems available to children and gaps in these during the absence of parents.

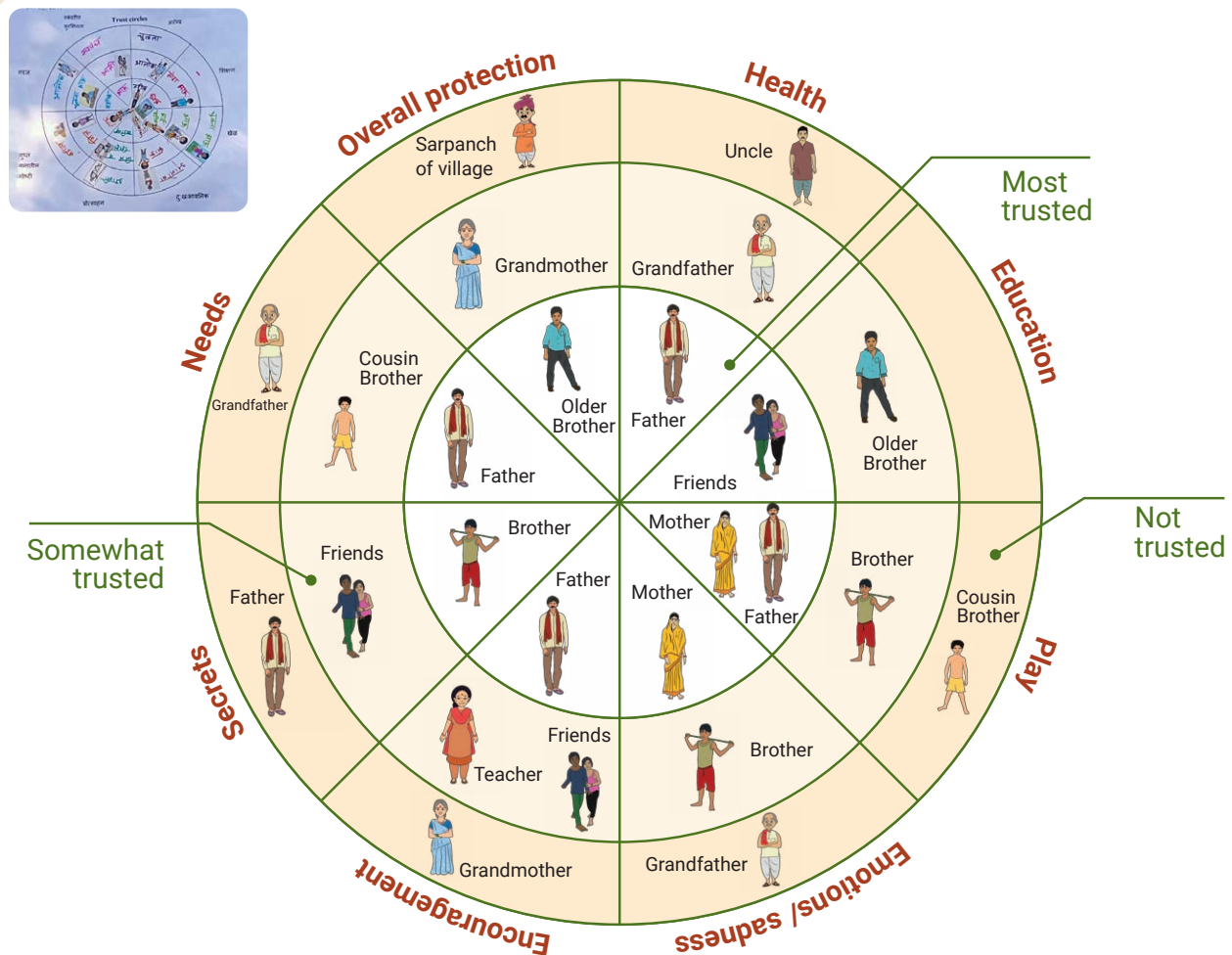


Figure 2.4: Trust Circle Completed by Child Respondent

(c) Free listing and Pile sorting

Free listing and pile sorting in this study were used to understand the situation, vulnerabilities, challenges, and needs of children affected by seasonal migration and COVID-19.

(d) Case Narratives

The narrative case study is often used for an in-depth analysis of social problems, as well to gain an understanding of the various stages (or phases) in processes, or investigating a phenomenon in its environmental context (Gilgun, 1994). In the current study, case narratives were built from interviews with children and parents. Together, the perceptions of parents and children provided a balanced and comprehensive narrative of the processes and problems of seasonal migration and the multiple ways in which seasonal migration affects their lives.

2.6 Fieldwork

The safety protocols enforced during the COVID-19 pandemic required detailed preparations before commencing fieldwork. The fieldwork was conducted in three phases: the preparatory phase, pilot phase and actual fieldwork phase. Each phase is briefly described in the following subsections.

Phase 1: The Preparatory Phase

The preparatory phase included the following activity/ tasks:

- Selection of villages for inclusion in the study
- Selection of respondents
- Formation of a Technical Advisory Committee (TAC) for providing guidance in this study
- Approval for the study from the Jalna District Administration, UNICEF's PRIME Committee and TAC
- Approval including ethical approval from the Institutional Review Board (IRB) of IIPS
- Listing of potential respondents in each village with the support of the District Administration and local NGOs
- Selection and training of youth volunteers to serve as facilitators connecting children and families to the IIPS teams for remote data collection
- Framing Standard Operational Procedures (SOPs) to ensure adherence to COVID-19 protocols, and appropriate behaviours during fieldwork

Innovative Practices in the Preparatory Phase: Selection and Training of Youth Volunteers

The restrictions imposed on people’s movement during the pandemic made face-to-face interactions with respondents for data collection difficult. Moreover, most seasonal migrant families did not have smartphones or an internet connection. These challenges called for innovative approaches to data collection. Thus, it was decided that youth volunteers aged 18 years and above from the sample villages, who had completed high school, were fluent in Marathi and possessed smartphones, would be recruited and trained to work as

facilitators. One youth facilitator from each sample village was identified for this purpose and added to a WhatsApp group of all youth volunteers and the IIPS research team to ensure timely and effective communications.

The youth facilitators underwent a three-day online training course with the aim of familiarizing them with the objectives, data collection methods (including the PRA tools), and the types of respondents in the project. Post training, the youth volunteers, with regular support

from the IIPS research team, fulfilled their responsibilities including shortlisting of potential respondents, finalising the sample with inputs from the IIPS team, fixing appointments for interviews and interactions with the respondents for data collection, coordinating between respondents and the IIPS team for data collection, and ensuring that the IIPS team received the collected data. Figure 2.5 provides a schematic representation of the data collection process involving the youth volunteers.

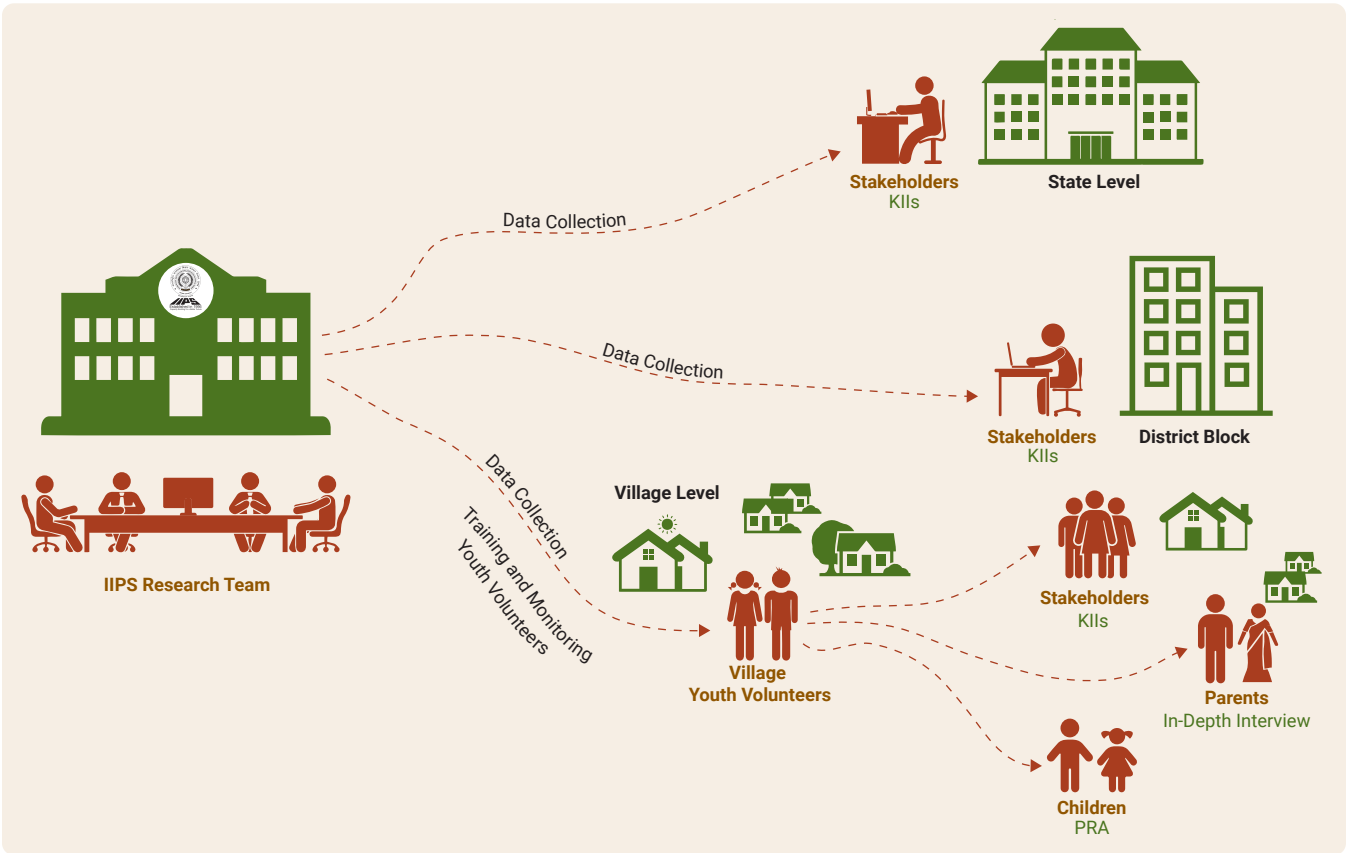


Figure 2.5: Process of Virtual Data Collection

Phase 2: The Pilot

The pilot was conducted in one village with two objectives

- Testing adherence to COVID-19 SOPs, and to assess their practicability (refer Appendix 1).
- Ensuring quality of the data collected.

The pilot was conducted over six days (February 5 to 11, 2021) in a village in Partur block. The pilot tested the methodology and the effectiveness of the remote data collection strategy. All tools and techniques designed for the study were used. Data was collected with support from the youth facilitators. Feedback from the pilot led to a few changes to the tools. The pilot also

helped the research team to better understand the challenges likely to be present in online data collection

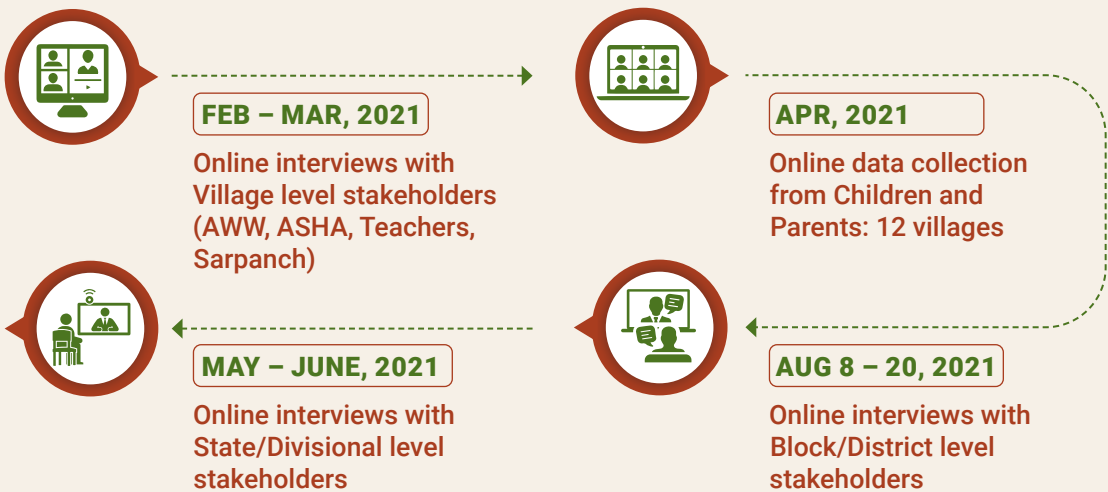
so that suitable preventive actions could be taken.



Phase 3: The Fieldwork

Fieldwork commenced after study. Data was collected in four successful completion of the pilot phases as detailed in Box 2.2

Box 2.2: Phases of Field Work



2.7 Ethical Considerations

Ethical approval for this study was granted by the Institutional Review Board (IRB) of IIPS, which reviewed the proposal, consent forms, tools of data collection, and SOPs for data collection during the COVID-19.

All researchers and field investigators involved in primary data collection underwent a basic training and sensitization programme on ethics in qualitative research. The principles of causing no harm, respect for

confidentiality and the need for informed consent of the participants formed the core of ethical protocols for the research.



Online Interview by IIPS Team with Sugar Commissioner



Online Interview by IIPS Team with Teacher from Source Village

Informed Consent

An informed consent form (refer to Appendices 5 and 6) was read out to the respondents as most were

illiterate. Their verbal consent was audio recorded prior to data collection. In the case of child

respondents, consent was obtained from the child and his/her legal guardian/ parent.

Privacy and Confidentiality

Efforts were taken to ensure that no information could be traced to its source, and to protect individual respondents from any sort of reprisal. Data collected by the youth

facilitators was permanently deleted from their phones after transfer to IIPS team. The data was stored in the secured in IIPS cloud of the study. Only principal

investigator and senior project officer had access to the password protected data.

2.8 Risk Mitigation

Since this study involved child respondents, there was a risk of perceived child rights violation due to their participation in the study. Inclusion of children from non-migrant families mitigated the risk of social isolation. It was also decided that in case of disclosure of any incidences of violation of children's rights, such as early marriage, sexual abuse, violence, or other illegal acts, the IIPS team, after consulting with the UNICEF's project officials, would inform the statutory authorities concerned for initiation of appropriate responses. However, no such cases were reported during the fieldwork.



2.9 Quality Assurance

A Technical Advisory Committee (TAC) was formed to provide overall guidance and inputs on the different aspects of the study, including the methodology, tools, analysis plan, analysis, and compilation of the report. The TAC included academicians involved in migration studies, senior administrators/social policy experts, child protection experts, and people from civil society organisations working with migrants and child rights. Additionally, the heads of the Departments of Women and

Child Development, Education, Rural Development, and Health were invited to attend all the meetings of the Technical Advisory Committee. They were also updated about the progress of the study via email.

The TAC meeting held on January 22, 2020, recommended the inclusion of interviews with division- and taluka-level officers, KILs with district officials of Education, ICDS, WCD, ICPS and Health, and with ASHA, and AWW. On September 30, 2020, the

TAC suggested that the study should be a fully qualitative one because of the pandemic situation. This decision led to complete redesign of the study's methodology. On October 30, 2020, the TAC approved the revised proposal for the study, as well as the tools for data collection and SOPs to be followed for collection. Meetings were held between IIPS team and TAC members in December 2021 for finalizing the inputs for the draft research document (refer Appendices 1, 2, 3, 4, 5 and 6).

2.10 Data Management and Analysis

All the audio recordings were first transcribed in Marathi and then translated into English. The data was subjected to a thematic analysis which involved identification of codes and standardising them, and

then grouping the codes into families. Ten per cent of the data was cross-checked to confirm internal validity and consistency of the emergent codes. Triangulation techniques, such as data triangulation

(data collected from children, parents, village level stakeholders, and government officials) and investigator triangulation were also done to enhance reliability and validity of the data, and analysis.

2.11 Limitations of the Study

The most significant limitation of this study is non-generalizability of the findings. This is because of the qualitative nature of study, and limited sample size. Furthermore, the inability to collect data with face-to-face methods due to COVID-19 protocols meant that anthropometric data was not available. Thus, the study could not assess the effect of seasonal migration on the physical

development and growth of children; nor was it possible to assess the effect of seasonal migration on the educational attainments of children. Although the results of the study are based on analysis of the perceptions of different groups of respondents, triangulation of the findings across respondent groups resulted in a comprehensive understanding of seasonal migration and its effect on children. Even if the study is not as

elaborate as it was envisaged initially, the innovative qualitative research methods used were successful in capturing the effects of seasonal migration on children. COVID-19 related restrictions did not affect the quality of this research. The limitations were addressed by redesigning methodology, and data triangulation and investigator triangulation techniques.

Chapter 3

Review of Literature

3.1 Introduction

3.2 Vulnerability and Exclusion of Seasonal Migrant Workers and their Children

3.3 Effect of COVID-19 and Lockdowns on Seasonal Migrants and their Children

3.4 Gender Perspective in the Context of Seasonal Migration

3.5 Policy Context

3.6 Efforts of the Government of Maharashtra

3.7 Research Gaps



Review of Literature

3.1 Introduction

Various expressions — temporary migration, circular, seasonal, short-term, and spontaneous migration — are used, often interchangeably, to describe the mobility of a person, or a group of persons, for livelihood purposes. In this type of migration, the usual place of residence of the individual or groups remains unchanged (Bilsborrow, Oberai, and Standing 1984). Season migration has been a significant driver of growth in agriculture, manufacturing, construction, coastal economies, and services (Deshingkar, 2006). Seasonal migration can also take place across international borders, as in the case of Ethiopian families moving to Sudan for agricultural work and Nepali citizens migrating to India for agricultural and non-agricultural work. Interestingly, seasonal migration within the country is common in developed countries like the US, where there are more than 4 million seasonal farmworkers (Larson 2000).

The phenomenon of seasonal migration is not limited to India; it is prevalent in several countries across the globe. Regional inequalities and uneven development in many Asian countries drive temporary internal migration from agriculturally backward and poor rural regions. Gidwani and Sivaramakrishana (2003) examine the relationship between circular migration,

identity politics, and livelihood strategies against the backdrop of agrarian change in India. The authors see seasonal migration as a strategy for covering shortfalls in income and found that it helps the migrants avoid, the unwanted historical roles thrust upon them.

In many countries, seasonal migration of labour from rural to urban, rural to rural, or from backward to developed regions has for long been an essential component of the search for livelihoods (Banerjee and Duflo, 2007; Breman, 1996; Deshingkar and Start, 2003; De Haan, 2002; Mosse et al. 2010; Rogaly 1998). Often, it is imperative for the survival of families. Many factors push families to migrate from their usual places of residence to other areas for employment. Such migration occurs mainly from regions of India that face frequent shortages of rainfall, droughts and crop failures, or where population densities are high in relation to the availability of land (Dubey and Shivpuri 2019). With the increase in the household population, there is a shortage in the land resources. Agricultural yields do not increase with population density. Per hectare farm income decreases as rural population density rises. Many households from various parts of India resort to seasonal migration as a strategy for protection from seasonal

economic distress and make up for the shortfall in incomes (Deshingkar, 2006). Migrants from this group enter the labour market through contractors (*mukadams*) from whom they have taken loans. Such migrants are more likely to be trapped in debt-driven migration cycles (Bhagat, 2010). Studies show that, generally, season migration is common among vulnerable groups like the Scheduled Tribes, Scheduled Castes, and Other Backward Classes (Srivastava 2012).

A study of seasonal migration in eastern India shows that social and economic conditions are the main reasons for the migration by families (Rogaly, 1998). However, this study also found that seasonal migration enables these migrant families to save money and augment their economic capacities. In a survey conducted by (Haberfeld et al. 1999) in Dungarpur, one of Rajasthan's less-developed districts, it was found that households with migrants had higher income levels than those whose members did not migrate. In fact, the migrants contributed nearly 60 per cent of the total annual income of their families. NSS 64th round data (2010) reveals that 54.7 per cent of short-duration migrants in India were either illiterate or had not completed primary education. Not knowing their entitlements and legal rights makes them

susceptible to working for low and discriminatory wages, and long working hours in arduous conditions, as well as exploitation by employers and contractors (Dubey and Shivpuri 2019).

Kundu (2009) argues that stagnation and volatility in the agricultural sector, and limited opportunities for non-farm activities push people to poverty. As these workers lack skills, information and bargaining power, they get caught in a cycle of unfair and manipulative labour arrangements that force them to work in substandard and hazardous work conditions (Jayaram 2018), leaving

them with no option other than to continue to work at low-paid jobs. The NGO Ajeevika Bureau (2013) reported that the lack of an identity and absence of legal protection heighten the vulnerability of seasonal migrant workers. Studies also highlighted the multiple vulnerabilities of seasonal migrant workers, especially the women and children. A study conducted by Prayas Centre for Labour Research and Action (2009) in Ahmedabad city revealed the various forms of exclusion and discrimination experienced by Bhil Adivasi migrants working on construction sites.

This section discusses the concept of seasonal migration and its drivers, as well as the effects of seasonal migration on families. The next section examines the vulnerabilities of the children of seasonal migrants in matters of their health and nutrition status, education, safety, and protection. In this context, the present study also aims at a comprehensive understanding of the effects of the COVID-19 pandemic, and the accompanying lockdowns, on the lives of seasonal migrants and their children. Section 2.2 elaborates on the vulnerabilities of children who accompany their parents or stay back at their source villages.

3.2 Vulnerability and Exclusion of Seasonal Migrant Workers and their Children

Vulnerability can also be understood to mean that some people are more susceptible to harm than others due to exposure to some form of risk. The type of harm to which they are more susceptible can be psychological, physical, environmental, and various others. In their study, (Gares and Montz 2014:38) describe vulnerability as “the amount of risk an individual or group faces which is a direct effect of their level of vulnerability and the characteristics of a hazard”. Oliver-Smith (2004:10) defines vulnerability as the “conceptual nexus that links the relationship that people have with their environment to social forces and institutions and the

cultural values that sustain or contest them”. These definitions clearly show that one cannot separate the physical event (i.e., living and working conditions) from the broader socio-political systems in which they occur.

In a study of seasonal migrants, (Borhade 2011) found that those particularly vulnerable tend to be young (in many cases, migrants aged between 15 and 24 years constitute 50% of the migrant numbers), poorly educated, unskilled, and having few economic resources. Circular migration is the only survival option for this group which, in the main, finds work in the

informal sector where wages are low, and employment is usually contractual by nature and uncertain in tenure. The lack of labour regulations leads to the exploitation of such workers (Bremar 2010; Srivasava and Sasikumar 2003; Smita 2008). NSS data (2007-08) reveals that more than half of short-duration migrants (54.7%) in India were either illiterate or had not completed primary education. As these workers lack skills, information, and bargaining power, they are often caught in a situation of unfair and manipulative labour arrangements that force them to work in stressful and hazardous conditions (Jayaram 2018).

Seasonal migrant workers, particularly women and children, experience multiple vulnerabilities. According to the ILO (2010), an estimated 4 – 6 million children are involved in seasonal migration in India (Hans 2010). Chandrasekhar and Bhattacharya (2018) estimated that in 2013, 10.7 million Indian children, aged 6–14 years, lived in rural households with a seasonal migrant. Children are the worst affected by seasonal migration, regardless of whether they accompany their parents or are left behind in the source villages. Several scholars (Ravindranath et al., 2019; Jayaram, 2018; Roy, Singh, and Roy 2015; Lu 2014; Coffey 2013; Antman 2012; Dreby, 2010) have documented the difficult circumstances faced by the children of short-term labour migrants, such as poverty, micronutrient deficiencies, ill-health and injuries, being forced into child labour, loss of schooling, disruption in family life, and the burden of additional responsibilities (Rajput and Verma 2018) found that migrant children face several challenges due to the seasonal migration of their parents. These include being forced to take up adult responsibilities like caring for younger siblings. The children are also more vulner-



able to sexual exploitation. Moreover, their disadvantaged situation leads to poor personality development, including emotional insecurity and social maladjustment, poor connection with peers/teachers and institutions and declining interest in education.

According to the report on State of World's Children by UNICEF (2019), children bear the biggest burden of all forms of malnutrition. Globally, 200 million children under 5 years of age suffer from stunting, wasting, or both. At least 340 million children suffer from the hidden hunger of

deficiencies of vitamins and minerals. At the same time, 50 million children under 5 are overweight. The numbers of overweight and obese children are on an increasing trend, even in lower-income countries (UNICEF 2019).

Sections 2.2.1 to 2.2.3 discuss children's rights using the indicators recommended by the UNCRC. In this section, we discuss the right to survival in the context of diet, nutrition and health of children; the right to development and education, care and leisure of children; and the right to protection, child labour, child marriage, exploitation, abuse, and neglect.

Right to Survival: Diet, Nutrition, and Health of Children

The right to survival includes a child's right to life and essential requirements like nutrition, shelter, living standards, and medical services. Seasonal migrants and

their families face challenges due to their work environment, poverty status, inadequate housing, limited availability of clean water and sanitary facilities, few transportation

options, fear of wage deductions or job loss, language barriers, and lack of health insurance (Ravindranath 2018).

Diet and Nutrition

A study conducted by Somasundaram and Bangal (2012) in Ahmednagar district in Maharashtra found that the staple diet of the labourers was a roasted preparation from the flour of *jowar*, *bajra* (*bhakari*) or wheat grains (*roti* or *chapati*), which is eaten with dry or raw chilli paste (*chutney*) and onion. The diet lacked vegetables and protein. In addition, the labourers consumed three cups of tea daily. Analysis of their daily food intake reveals that, given the physically demanding nature of their work, their daily calorie needs remain unmet. It may be inferred that the diet of their children, who migrated with them, was similar — low in nutritional content. The restricted access to wholesome food is compounded by a lack of affordability at the destination and monotonous consumption of a diet with low nutritional value, leading to malnutrition among migrant workers and their children (Ravindranath, 2018).

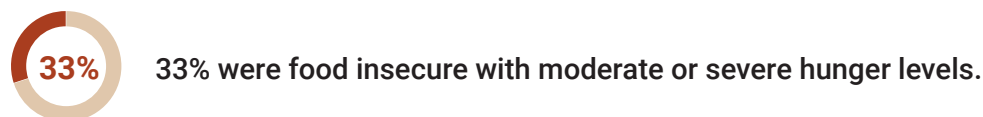
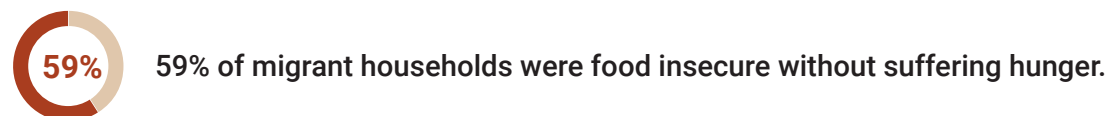
These conditions increase the vulnerability of the households of seasonal migrants, particularly affecting their children's survival, growth and development. A study of migrant children

in Odisha showed that most of them were suffering from severe malnutrition. Many children exhibited visible symptoms of malnutrition like red hair, unusually large eyes and distended bellies (Behera, A., Mishra, P., & Mishra 2002). Another study by Patil (2014) shows that migrant children at destinations do not eat a balanced diet and this lack of dietary diversity results in micronutrient deficiencies and undernutrition. Indeed, the diet of seasonal migrant children lacked the essential micro-nutrients

required for proper development of their brains, resulting in poor cognitive growth, even retardation in some cases. Also, the stress that children are subjected to can be intense, even toxic. They are exposed (or subjected) to physical or emotional abuse; their caregivers may suffer from mental fatigue and may also be affected by the families' economic and food insecurity. These pressures can have a profound and long-lasting impact on a child's brain development and cognitive functions.



A study of seasonal migrant households in Beed district (Maharashtra) shows that:



Health Status

Seasonal migrant workers and their families also face health issues due to their work environment, and the lack of basic sanitation and hygiene in the places where they live. Moreover, changes in the individuals' nutritional condition affect their immunological condition, which facilitates infection and transmission of diseases (Rocha, Marziale, and Oi-Saeng 2010). According to a study conducted in Brazil, the lack of basic sanitation and environmental hygiene in the places where seasonal migrants live, as well as changes in the individuals' nutritional condition, affect their immune status and facilitate infections and the transmission of diseases (Rocha et al. 2010).

Consequently, migrant workers are at a significantly increased risk of contracting various viral, bacterial, fungal and parasitic infections (Gwyther and Jenkins 1998; Sandhaus 1998).

A mobile clinic run by Aajeevika Bureau in Ahmedabad noted a high incidence of diseases such as Tuberculosis (TB), Malaria, chronic levels of hypertension, and diabetes among the workers. A study by (Shankar 2013) illustrates the enormous burden of disease owing to the poor working as well as living conditions of migrants, marked delays in treatment-seeking and low adherence to treatment (refer to Box 3.1).



The seasonal migrant population is often kept out of the purview of health and nutrition services at the destination areas. Seasonal migration disrupts the routine healthcare and nutrition outreach services provided to adolescent girls, pregnant women, and children. Due to the continuous mobility pattern of these migrants, they are excluded from the benefits of such services and thus greatly shortening the window of opportunity that is available to such

Box 3.1: Living Conditions of Seasonal Migrants

- 1 Poor ventilation**
- 2 A lack of safe drinking water**
- 3 The presence of rubbish heaps and stagnant water in close proximity to living quarters allow rodents and insects to breed**



agencies to make an impact (Ravindranath and Iannotti 2019). Migrant women working in the construction sites of Ahmedabad city reported that they do not have access to basic ante-natal maternal health care. Therefore, unattended deliveries at the workplace, miscarriages, reproductive health issues, and poor pre-and post-natal care are common occurrences on construction sites (Jayaram 2018; Jayaram, Jain, and Sugathan 2019). Due to their state of constant mobility, seasonal migrant families are easily excluded from the ambit of healthcare and nutrition services offered to pregnant women, adolescent girls and young children.

A study by Von Essen and McCurdy (1998) shows that children of seasonal migrant families are more vulnerable than adults and hence, are more likely to suffer from ill health and infections in these situations. Left unsupervised, children may play in various kinds of spaces, including fields treated with pesticides. In the absence of proper laundry facilities, clothing contami-

nated with pesticides may be washed in the same place where food is prepared, or where the children are bathed, which heightens the risks of exposure to – or contact with – harmful chemicals. The risks are even more if the seasonal migrants' housing camps are located next to pesticide-treated fields, and the wind blows over these fields in the direction of the camps. Exposure to organophosphates, the basic component of many pesticides, can result in blurred vision, nausea, vomiting, cramps, low blood pressure, and heart and lung problems. In severe cases, the effects can be fatal. Long-term exposure can also cause neurological problems.

Overall, unskilled seasonal migrants experience greater difficulty than local people in gaining access to appropriate healthcare, and thereby their fundamental health and nutrition needs are not always adequately met. As a community that gets easily pushed out of the ambits of the health system at both rural and urban ends, the health risks, shocks,

A study conducted by (Jaleel, 2014) in the Beed district of Maharashtra among seasonal migrant women found a huge gap between perceived health status (80% reported having good health) and prevalence of medically diagnosed NCDs (37%). Musculoskeletal disorders were reported to be the major contributor to the high prevalence of NCDs among seasonal migrant women engaged in sugarcane cutting.



and experiences of the labour migrants and their children is a thematic area that urgently needs more attention (Borhade 2011).

Psychosocial Health

Childhood is a crucial period in the psychological development of an individual. The company of parents and parenting styles have a deep influence on a child's personality and mental health (Pan et al. 2021). Stevens and Vollebergh (2008) had reviewed available academic literature addressing the psycho-social impact of migration on children, comparing their mental health with that of native children. They posit

that migration has a potentially negative psycho-social implications due to migration and associated stress, migrants' frequent status as minorities in the host society, and the cultural background of migrant groups. On the other hand, children who are left behind at the origin when their parents migrate suffer due to the absence of their parents, responsibility, and exposure to work. These children suffer from depres-

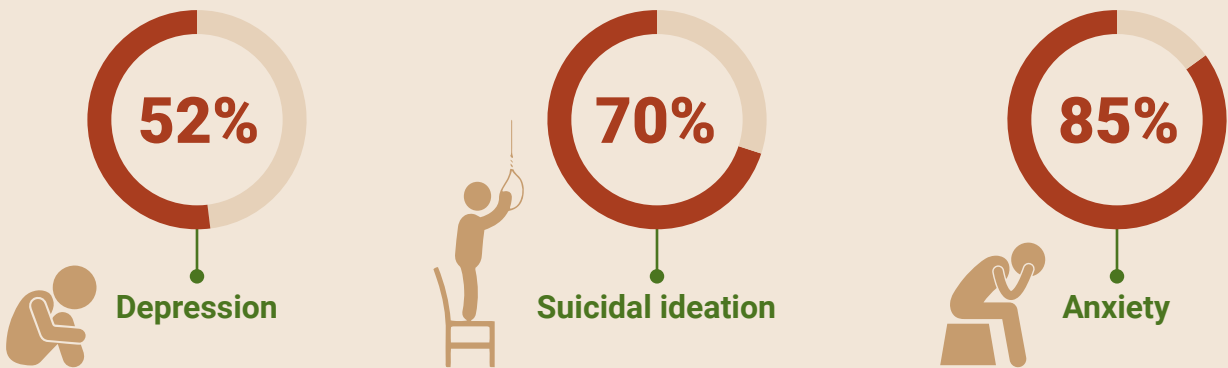
sion, abandonment, and low self-esteem, resulting in behavioural problems such as engaging in violence and crime or running away from home. In some cases, these children permanently struggle with a sense of low self-worth, insecurity, and neglect throughout their childhood and well into their adulthood (Roy, Singh, and Roy 2015). Based on information of 400 children who lived separately from their migrant

parents in 10 rural communities in China, a study showed several negative impacts of parent's migration on the lives of children, such as increased workloads, little study tutoring and supervision, and above all the unmet needs of parental affection (Su et al. 2012).

A systematic review (Fellmeth et al. 2008) of internal labour migration in China suggests that left-behind children and adolescents have worse mental health and nutrition outcomes than children of non-migrant parents (refer Box 3.2).

Children of migrant parents suffer due to increased responsibilities and are at high risk of being forced to work. They suffer from depression, a feeling of abandonment and low self-esteem, resulting in behavioural problems that can result in violence and crime.

Box 3.2: Increased Mental Health Risks faced by Stay-back Children



Right to Development: Education, Care, and Leisure

Several studies across disciplines recognise the importance of education for creating better social, health, and economic outcomes and reducing socio-economic inequalities (Dyer and Rajan 2020; Hout 2012; Breen 2010; Hannum and Buchmann 2005;). UN-led Monitoring Reports have highlighted that worldwide, migrating groups tend to be excluded from the formal education system (Dyer 2014).

Seasonal migration in India has a disruptive effect on the education of migrant children because the migration period overlaps with the academic calendar (Smita 2008). UNESCO's Global Education Monitoring Report (UNESCO 2019) found that about 80 per cent of seasonal migrant children in seven Indian cities lacked educational facilities near work sites. A survey of 3,000 brick-kiln workers in Punjab

in 2015-16 showed that children of 77 per cent of the workers did not have access to the early childhood or primary education (Anti-Slavery International 2017; Coffey, Papp, and Spears 2015) found that only 2 per cent of the seasonal migrant children from the predominantly tribal areas of Madhya Pradesh accessed school at their destination during their last migration.

| Status of Education

Studies across disciplines recognise the importance of education for creating better social, health, and economic outcomes and reducing socioeconomic inequalities (Breen 2010; Hannum and Buchmann 2005; Hout 2012; Kravdal 2004; Krueger and Lindahl 2001). Seasonal migration severely affects the educational status of the migrant children as they stay with parents at their destinations for several months in an academic year. The seasonal migration period in India, which begins from October-November and lasting till April-May of the following year, which overlaps with the academic year. Seasonal migration disrupts children's education in many ways. Children are often treated a source of extra labour and, thereby, additional income for their families. Or, they may be given the responsibility of looking after their younger siblings. These often lead to irregular attendance at school or even drop out of the education

completely (Bengtsson and Dyer 2017). The prolonged absence of children from school due to migration results in forgetting what they have learned. Additionally, the children are deprived of opportunities to develop healthy relationships with teachers and classmates (Coffey, Papp, and Spears 2015).

The difficulty in access to education at the destination areas pushes children into taking on adult responsibilities and helping parents at the workplace. (Bengtsson and Dyer 2017). Thus, seasonal migrant children gradually disengage from educational, eventually joining the labour force. A study of seasonal



migrant households in Beed district of Maharashtra showed that 14 per cent of the children of school-going age in the sample population had either never been to school or had dropped out. Further, close to 41 per cent of school-going children were found studying in a grade lower than what was appropriate for their age (Jaleel and Chattopadhyay, 2019). Thus, discontinuity in education is both a cause and an effect of seasonal migration.

Seasonal migration of parents also affects the education of the stay-back children. Many seasonal migrants leave their school-going children in villages, constituting a distinct parent-child separation (Derby 2009). As educational outcomes are closely linked to parental non-material resources like time, emotional support and care, stay-back children of migrant parents receive less adequate supervision and academic

assistance. They also live in a less conducive learning environment in their homes. Such children are also at risk of developing emotional and behavioural problems that could manifest in school-related issues and hinder the children's educational progress. The effects are more pronounced when either the mother or both parents migrate (Lu 2014).

Play and Leisure Time

Play is not just a joyful activity; it is essential for children's cognitive, emotional, social, and physical development. Play helps the child learn roles and rules of the adult world; additionally, it provides children opportunities to expand their cognitive capacity (Walsh, McMillan, and McGuinness 2017). However, the reality is that many migrant children are deprived of playtime as they have to work alongside their parents to augment the family income. Thus, most of their childhood is spent in an unfamiliar and insecure environment, working instead of playing, socialising and attending school. Infants, toddlers, and children who are not old enough for school are also affected by seasonal migration as they are brought by their parents to the worksites, thus being exposed to the same workplace hazards faced by the adults (Mosse et al. 2002).

In a study, Donohoe (2013) describes the challenges faced by the children of seasonal migrant



families, such as limited access to public spaces and deprived of participation in communal life, play and recreational activities. Crowded and chaotic public areas can harm children's emotional wellbeing due to increased stress. Lack of access to public space and time to play can provide significant challenges and harm child development.

In conclusion, it can be said that children are largely invisible in the seasonal migration process and hence their needs and issues are not given attention. The consequences are that these issues remain unaddressed, and the children continue to live in the same challenging conditions as their parents.

Right to Protection: Child Labour, Child Marriage, Exploitation, Abuse, and Neglect

Seasonal migration exposes children to the risk of being engaged in labour as several families, who have no social support in their villages, bring children to the worksites. Helping with domestic chores (including taking care of their younger siblings) and working alongside parents at the worksites are the major activities for many of these children (Mosse et al. 2010), exposing them to workplace hazards. Child labour in sugarcane harvesting is invisible as children are informally involved in work along with families making them part of

“family labour”. An ILO study (2007) of seasonal migrant workers on tobacco estates in Malawi and commercial agricultural seasonal workers in South Africa found a high prevalence of child labour (International Labour Organisation 2007).

A study by Coffey (2013) on the children of short-term labour migrants of rural northwest India shows that 16 per cent of the children were responsible for sibling care and that some (5%) were engaged in work, both paid and unpaid. Another study of seasonal migrant households in

Beed district of Maharashtra found that 60 per cent of children of school-going age who migrated with their parents were engaged in work at the destination (Jaleel and Chattopadhyay 2019). Many children begin doing small chores at the worksites and are eventually absorbed into the labour force. Adolescent girls face more deprivation than that faced by boys as they have additional responsibilities at home, such as fetching water, and other household chores. Water scarcity puts additional pressure and young children spend several hours daily to fetch water.

Living Conditions, Safety, and Security of Seasonal Migrants

Informal workers usually lack the basic social protections, such as access to health services, and hence they find themselves at higher risk of poverty, which may force them to join risky jobs or work in exploitative conditions. A study by Arcury and Quandt (2011) of the living and working safety of migrant and seasonal farmworkers in North Carolina found significant exposure to hazards because of the poor living conditions (refer to Box 3.1).

Breman (1994,1978) and Teerink (1995) carried out an extensive study of the lives of seasonal migrant workers, highlighting the long working hours of the migrants, low wages, harsh working and living conditions, and the exploitation experienced by them. A micro-level study in Beed district of Maharashtra

found that 60 per cent of the seasonal migrant households were in debt or had outstanding loans (mostly informal). Seventy six per cent reported that they were

employed seasonally, and 20 per cent worked for low wages in their villages. Four per cent of the seasonal migrant households said that the primary reason for migration



was their heavy debt burden (Jaleel and Chattopadhyay 2019).

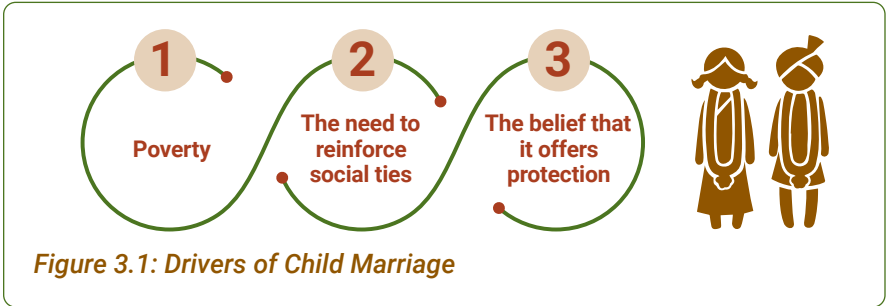
In the same study, also show that most seasonal migrants working at harvesting sugarcane live in temporary shelters without basic amenities like toilets and access to safe drinking water. In another study, (Jayaram et al. 2019) found that migrant construction workers in Ahmedabad reside in poor living conditions. For children who migrate with their parents, the conditions at the worksites where they live present several challenges. The

International Labour Organization (2017) reported that migrants live without basic amenities in an unsafe atmosphere at their destinations. Seasonal migrant women also face sexual harassment. They are reportedly asked for sexual favours in exchange for job opportunities or, in extreme cases, are sexually assaulted and raped by landlords (or employers) and middlemen. Anecdotal evidence suggests that young children and adolescent girls, who are left alone at the destination while their parents are out at work, face neglect and are more likely to

be victims of physical and sexual abuse and exploitation. Betancourt et al. (2013) found that migrant children who live and play in unsafe areas are at higher risk of violence. Reduced parental supervision and monitoring, and having to deal with separation from family, makes the children vulnerable. These findings raise concerns over the safety of migrant children and the need for their protection. Thus, migration disrupts family life in multiple ways, with poor parent-child relationships leading to emotional difficulties among the children.

Child Marriage

Child marriage is a violation of children’s rights. It puts them at a high risk of violence, exploitation, and abuse. Child marriage negatively influences the child’s right to education, health, and protection, which has direct consequences for the girl, as well as her family and community. Child marriage is more prevalent in impoverished areas. There are two incentives for parents to marry off their daughters early. The first is (the belief) that it ensures their daughter’s financial security; the other is reduction of the economic burden that the girl child is believed to place on her family. The likely consequences early marriages are a matter of serious concern. Mothers under the age of 18 years have a 35 to 55 per cent higher risk of delivering a preterm or low birthweight infant than mothers aged 19 years and more. Infant mortality rates among mothers



aged less than 18 years is also 60 per cent higher as compared to older mothers.

In an article published in the Hindustan Times, (7th October 2020), Chakraborty (2020) writes,

“Though farmers are poor, they spend most of their savings on marrying off their daughters as per social demands. During the COVID-19 pandemic, as migrants have returned to their villages, the girls’ parents are getting them married for their

safety and to avoid their daughters falling in love against their (parents’) wishes. Also, as it became less expensive [owing to the cap on members who can participate in gatherings], farmers are taking advantage of it (the situation).”

Child Labour

Seasonal migration also exposes children to child labour as they are often treated as extra pairs of hands and thus, a source of extra income for the family (Bengtsson and Dyer 2017). For many migrant families working in agriculture, children are an indispensable part of the work unit. An International Labour Organisation (2007) of seasonal migrant workers in tobacco estates of Malawi, and commercial

agricultural seasonal workers in South Africa found a high incidence of child labour. Mosse et al. (2010) described that working alongside their parents is imperative for many seasonal migrant children. Many children begin by doing small chores at the worksites and, with time, are eventually absorbed into the labour force. A field survey of brick-kilns of Bardhaman district in West Bengal observed that poor migrant families

whose children accompany them are drawn into the labour force at worksites. A study of seasonal migrant households conducted in the Beed district found that 60 per cent of children aged 6 – 14 years, who migrated with their parents, were engaged in work at the destination (Jaleel and Chattopadhyay 2019).



3.3 Effect of COVID-19 and Lockdowns on Seasonal Migrants and their Children

The rapid worldwide spread of the coronavirus from its epicentre at Wuhan in China is attributed to migration and mobility. Across countries, governments decided that the spread of this infectious disease could be controlled by stopping the movement of people and confining them in one place through lockdowns and curfews. Further, social distancing would ensure that physical contact between people in public spaces would be avoided, reducing the chance of infection further. To this end, the entire country was put under a lockdown from March 24, 2020, for an initial period of 21 days. Borders were sealed, transportation was halted, factories, shops, and restaurants were ordered shut, and all types of economic activities, barring essential services, came to a complete halt (Bhagat et al. 2020).

Overnight, hundreds of thousands of migrant workers lost their livelihoods and homes. Their immediate challenges were those related to food, shelter, loss of income, fear of infection. Anxiety over their condition, as well as that of their families in the source villages, exacerbated their insecurities. The most vulnerable among the migrant workers were the ones employed in the informal sector; not only did they not have the security of a permanent job, they also did not have access to any form of social protection (Ibid).

Mahler et al. (2020) had estimated that the COVID-19 outbreak would push 40-60 million people into



extreme poverty. Although there is a debate on these numbers, it cannot be denied that the scale of job losses has been enormous, especially in the informal sector. Large numbers of seasonal migrant workers who lost their jobs and did not have the means to return to their homes were compelled to buy grains and essential commodities at market prices at destination sites, which increased their food expenditure. Several migrants stranded in destination areas, including children, found themselves unable to return to their villages. Most of them either walked long distances or spent large sums of money for hiring private vehicles to take them home, only to find that they were not welcome back for fear that they would spread the disease. Anecdotal evidence also suggests that quarantine facilities were not available in most villages and many returning migrant families were forced to quarantine themselves in

fields or in classrooms.

The multifold effects of COVID -19 on seasonal migrant families increased fears of infection, insufficient access to food, feelings of uncertainty over the future, psychological stress, and physical insecurity. Many employers fired migrant workers or stopped paying their salaries without prior notice. The financial crisis was even more acute for lower-income families, making it nearly impossible for them to meet the expenses for food, clothing, and medicines (Mishra and Sayeed 2020).

The COVID-19 pandemic and accompanying lockdowns also affected the schooling of children of seasonal migrant families. Since schools were shut, the children could not access the mid-day meals they could get in the schools they attended, or their share of rations. It was also observed that two weeks

into the lockdown, only one per cent of the stranded workers had received rations from the government. Three weeks into the lockdown, a survey found that 96 per cent of migrant families had not received any rations from the government, 70 per cent had not received any cooked food, 78 per cent had less than Rs. 300 left with them, and 89 per cent had not been paid by their employers during the lockdown (Shahare 2020).

There were also reports of stay-back children who were worried about their parents. These children also experienced difficulty in getting their daily essentials because schools were closed. The children remained at home, studying on their own as best as they could, and taking care of siblings. Many children did not have a mobile phone and hence could not attend classes online. Poor network coverage in villages resulted in many children unable to attend classes or access teaching-learning content.

Many women and child-related programs and schemes were suspended during the COVID-19 pandemic. Although the suspension affected all children, the impact was particularly severe on children from seasonal migrant families who were already vulnerable because of the financial insecurity of their families.

3.4 Gender Perspective in the Context of Seasonal Migration

Men, women, young and old equally engage in labour-intensive sugarcane harvesting at the destination (Attwood 1992). The participation rate of female labour is high in the sugarcane farms of Maharashtra. This is because of the *koyta* practice of hiring worker couples. Wages are calculated and paid on a *koyta* basis instead of individual workers. The money is received by the male member, diminishing the woman's control over finances, reducing her agency as a worker (Oxfam India 2020). This practice makes it difficult for women to find jobs as individuals without mediation by a male family member.

In his article, Rai (2020) points out that work in sugarcane fields, usually done by seasonal migrants, is highly gendered which reproduces the patriarchal power relations that structure social life in the

migrants' origin villages. The men cut the sugarcane while the bundling of the cut sugarcane stalks is done by women. Women help with the actual cutting only if there is a delay or if the cutting is slow.

On returning to the tents in the evening, women alone are responsible for cooking and cleaning of the tents. The women are expected to should domestic responsibilities along with the strenuous harvesting work.



Thus, migrant women bear a double burden: one of hard labour in the day and the other of fulfilling their domestic responsibilities (looking after home and children) in the evening. Often, they get far less rest than men. Pregnant women also do not get any respite. Most of them do not receive any additional nutritional support or medical help, resulting in frequent unwanted abortions. Working migrant women are not given time to recuperate after childbirth. In fact, lactating mothers do not even get breaks for feeding their babies (Smita 2008).

The menstrual health of the seasonal migrant is one significant challenge that needs immediate attention. In an article in the Hindu

daily newspaper 10th August, 2019 Shelar (2019) highlighted the plight of women sugarcane harvesters in Beed, Maharashtra. She pointed out that women were unable to take a leave of absence or access clean sanitation facilities which was problematic especially during the menstrual cycle. She explained that any leave taken by sugarcane harvesters resulted in a financial penalty. Moreover, the hard labour led to recurring and untreated gynaecological issues forcing young women to undergo hysterectomies

According to a study by Jadhav (2019), contractors who hire labour for cutting sugarcane are unwilling to employ menstruating women because of the apprehension that

they may miss out on the number of working days. A substantial number of studies reports that poor sanitation facilities lack of access to basic ante-natal care are reasons for the rise in the cases of hysterectomies. Women who lack education and are from poor, low-income families are undergoing hysterectomies, resulting in irreversible changes in their bodies in their quest for a permanent solution to problems with their menstrual cycles and recurrent gynaecological issues. They take these decisions to be able to work on the farm and to provide for their families. Doctors in the destination areas, prioritize their own financial benefits and promote hysterectomy as a solution without informing the women of the side effects and related problems.



3.5 Policy Context

Family as a Single Unit

According to Universal Declaration of Human Rights (UDHR 1978), migrant families have the right to live together and, being the fundamental unit of society treatment with dignity, protection, assistance, and support. Familial separation may profoundly affect the roles, support structures, and responsibilities of seasonal migrant family members, resulting in heightened psychological and emotional stress for all family members. It has a disruptive effect on the individual's family life, negatively impacting the parent-child relationship and leading to emotional difficulties amongst the children. Therefore, there is an urgent need to develop a comprehensive package that considers the family as one unit in the planning and designing interventions to provide emotional and psychological support.

“Leaving no one behind” is the clarion call of the Sustainable Development Goals (SDGs). It represents an unequivocal commitment to eradicating poverty in all its forms, ending discrimination and exclusion, and reducing the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and humanity as a whole. Expansion of social protection cover for migrants is integral to achieving the 2030 Agenda for Sustainable Development Goals (SDGs), especially with respect to these goals: 1 (no poverty), 3 (good health and wellbeing), 4 (quality education),

and 10 (reducing inequality). The portability of social protection services is considered a crucial indicator of performance in the SDGs (Hagen-zanker, Vidal, and Sturge 2017).

The peculiar nature of the short-term migration status makes migrants vulnerable by restricting their access to government-run schemes for education, health, and nutrition. The Right of Children to Free and Compulsory Education Act (2009) mandates admission of the children of migrant families to schools. It is the responsibility of the local education authorities to make sure that all migrant children are enrolled in schools (Government of India, 2009). However, one major constraint imposed by the Act is that it does not allow children to be admitted to a different school in the middle of an academic year.

Despite the provision of the Education Guarantee Card issued by the Maharashtra Government's Education Department, problems in enrolment persist. The migration season overlaps the academic year, making it difficult for seasonal migrants to enrol their children in a school at the destination or at the source (when they return). Some schemes, such as the ICDS, provide nutritional support and health care for children under six and adolescent girls irrespective of their domicile. Yet, availing these services at destination sites pose difficulties since the

worksites or dwellings of the migrants are often located outside the service areas of the local anganwadi centre. The vulnerabilities of children from seasonal migrant families are further compounded by the poor/sporadic implementation of laws that protect children from violence, abuse, and exploitation (Government of India 2012; Ministry of Law and Justice 2007; Government of India 1986). The Central Government's flagship programme Integrated Child Protection Scheme (ICPS now subsumed under Mission Vatsalya) needs to be expanded to ensure the safety and protection of children from seasonal migrant families.

Schemes for health, nutritional support, education, and the PDS are India's basic social protection services. However, a study conducted by CPR and UNICEF in 2021 (Lone et al. 2021) shows low uptake of these schemes, especially among circular and seasonal migrants. The study shows that the gap in access to various government schemes is due to the lack of awareness among migrants, the lack of institutional arrangements for identifying migrants, and the logistical challenges of serving remote locations where delivery mechanisms are absent.

The expansion of social protection covers for the migrant population, especially the unskilled, economically poor, and children, will help

achieve the SDGs of no poverty, zero hunger, good health and well-being, quality education, and equitable access to livelihoods and economic growth. However, the absence of interstate portability of social protection services has resulted in the growing exclusion of migrant workers and their families. For seasonal migrants, the portability of social protection services is a necessity that will enable their access to essential social protection services at source, destination, and even during the journey.

Despite migrants forming a significant proportion of India's workforce, there is a lack of an integrated policy framework that addresses their social security issues. The Unorganised Workers' Social Security Act, 2008 (Ministry of Labour and Employment, 2021) is the only law at present that specifically directs state and central governments to provide social security benefits for temporary migrant workers and their families. This law treats temporary migrant workers as unorganised workers. At

the same time, the social security schemes covered by this code are not specific to workers in the unorganised sector. These schemes are available to everyone, and payment is required for the enrolment (Ministry of Labour and Employment 2021). There is an urgent need for a policy meant exclusively for migrants, which addresses the rights of the seasonal migrants, especially the concerns for safety and security, education, and health and nutrition of children affected by seasonal migration.

3.6 Efforts of the Government of Maharashtra

Migrant workers/ labourers, sugarcane cutters, brick-kiln workers, construction workers, quarry workers, farmers and agricultural workers are some of the different groups of people who migrate in great numbers seeking employment opportunities, either within the

district or from one district to another in the State of Maharashtra. The lives that these migrant workers lead are undoubtedly difficult; yet, even more fraught with difficulties are the lives of the children accompanying them. To address the issues of seasonal migration, States

are using various strategies supported by all state machinery/ departments that will work towards enabling the child to access services like education, nutrition, health, safety, and protection.

Department of School Education and Sports

To ensure the provision of elementary education to these children, various interventions are supported under *Samagra Shiksha Abhiyan*, such as the provision of seasonal hostels/residential camps in villages during the period of migrations of families, residential and non-residential special training centres for out of school, dropout, and migrant children, besides provision of mid-day meal, free textbooks and uniforms as per norms of the scheme.

1. A Circular (SCA/ Temporary Shelter Homes / 2015-2016/ 2643) on October 1, 2015 issued by the School Education and Sports Department, GoM (Government of Maharashtra 2015a) made provisions for an Education Guarantee Card for every migrant child to enable its admission in regular schools in the destination area during the migration season. It also provides for annual financial

assistance of Rs. 8200 per stay-back child to meet its requirements of breakfast, dinner, stationery items, and toiletries. A total amount of Rs. 4248.26 lacs was approved for 51,018 children.

2. A resolution (Govt. Resolution No: OSE 4415/(102/15)-S.D.4) issued by the School Education and Sports Department, GoM (Government of Maharashtra

2015b) on 20 May 2015 mandated the formation of committees at the district, block and village levels to identify out of school children and make all necessary efforts to bring them back into school. For the first time, children from seasonal migrant families were included in the 'out of school' children, category.

3. Another circular (Circular/ MPSP/ SSA/ Seasonal Hostel Guide-line/2018-2019/ 2737, October 26, 2018 from the School Education and Sports Department, GoM (Government of Maharashtra 2018) replaced the earlier one (October, 2019). The circular raised the financial aid amount to Rs. 8,500, and eligibility was extended to the

children who migrated with their parents. Children studying in private schools were also eligible for the benefits of this scheme. The circular also mandated disbursement of an amount equal to three months assistance, replacing the reimbursement model specified in the earlier circular.

This circular also provided two options for children from seasonal migrant families:

- A Residential Seasonal Hostel located in the village school, which would provide for a minimum of 20 children.
- A Seasonal Non-residential Programme (essentially a reiteration of the provisions of the

previous circular): An Education Guarantee Card for every migrant child to enable admission (during the migration season) in regular schools in the destination areas and financial assistance for breakfast, dinner, stationery items, and toiletries.

The circular also places the responsibility of identifying out-of-school children and bringing them back into the school on the *balrakshak* (protectors of children). *Balrakshaks* are teachers who have undergone training on child protection and are sensitized to the problems and challenges that different groups of vulnerable children face. Every government school must have at least one *balrakshak*.

Department of Women and Child Development

In early 2021, the Chief Minister of Maharashtra visited Palghar district, where he saw brick-kiln workers and their families. He expressed concern over the condition of seasonal migrants and their lack of access to services. His observations led to the establishment of a State Migration Committee under the leadership of the ICDS Commissioner. The committee included representatives of the state government (DWCD, ICDS, RJMCN Mission, ICPS, Public Health, District Collectors),

academicians (IIT and IIPS), and UNICEF. District-level Task Forces were also established in all 36 districts of the state.

The focus of the State Migration Committee is to ensure nutrition, immunisation, early childhood care, and protection for all children aged 0 to 18 years, pregnant women, and lactating mothers from seasonal migrant families at both the source and destination areas. A technology-aided state-wide technological

system (Maha Migration Tracking System Application) was introduced to enumerate and track children, pregnant women, and lactating mothers and facilitate the delivery of services. Pilot testing of this initiative, and enumeration of children, pregnant women, and lactating mothers, was completed in six districts: Amravati, Chandrapur, Gadchiroli (only Sironcha block), Jalna, Nandurbar, and Palghar. The Application is currently being revised for state-wide scale up.

3.7 Research Gaps

As is seen from the literature, many areas require further research. The critical ones related to children are summarized in Box 3.3 below.

Box 3.3: Gaps in Knowledge



Many aspects of health and nutrition have not been adequately studied, such as food intake, access to clean water, improved sanitation facilities, common morbidities, accidents, injuries, etc. This points to the need for in-depth study of the nutritional status and short-term morbidities of children from seasonal migrant families.



There is a dearth of research on the health (including psychological wellbeing) and nutrition status of migrant and stay-back children.



The Gender dimension in the health and nutrition status of seasonal migrants is not fully understood.



There is limited research on the disruption of routine health and nutrition services for children, including ICDS and immunisation, and the health risks and shocks resulting from these disruptions. Moreover, most studies do not focus on the experiences of the labour migrants and their children, a thematic area that needs urgent attention.



Child-centred research is critical as most existing studies are based on information collected from parents (adult migrants). Equally important are explorative studies focusing on the issue of protection of children (both migrant and stay-back) of seasonal migrant families.



The relationship between internal (including seasonal) migration and exclusion from formal education has not received sufficient scholarly and policy attention.

Chapter 4

Process of Seasonal Migration

4.1 Introduction

4.2 Magnitude of Temporary (or Seasonal) Migration in India and Maharashtra

4.3 Who are the Seasonal Migrants?

4.4 Profile of Seasonal Migrants Families in Jalna District

4.5 Factors of Seasonal Migration in Jalna

4.6 Factors Influencing the Decision for Children to Migrate with their Parents

4.7 Recruitment Process of Migrant Labour

4.8 Journey to the Destination

4.9 Patterns of Child Migration

4.10 Reasons for Short-duration Migration of Children (Maharashtra)

4.11 Provisions made under Sugar Commissioner

4.12 Initiatives of the Sugar Commission and State Government

4.13 Conclusion



Process of Seasonal Migration

Highlights

- 1 Seasonal migration has been existence for centuries. It provides livelihood opportunities to people living in rural areas for improving their living conditions.
- 2 Short-duration rural to rural migration is the dominant practice in Maharashtra, where it is driven by demand for labour in the sugar industry. In other parts of India, rural to urban migration is more common.
- 3 The decision to migrate is taken mainly by the male member of the family, usually an older member. Women and children are not part of the decision-making process.
- 4 The migrants receive a lump-sum amount as advance (*uchal*) from the local '*mukadam*'. The obligation to repay acts as a strong pull factor for seasonal migration.
- 5 At the end of the season, when the time comes to settle accounts, if the migrants have not able to cut an equivalent quantity of sugarcane to repay the advance taken, they fall into a debt trap and are vulnerable to further exploitation.
- 6 Age, educational status of children and presence of relatives / family members in the village are factors governing the decision on whether the children would migrate with their parents or stay back in the source village.

4.1 Introduction

In many developing countries, short term/seasonal migration is viewed as a livelihood opportunity by millions of families. Migration takes place from places that are lagging economically to those that are relatively more prosperous, irrespective of whether the movement of people is from one rural area to another or from a rural area to an urban desti-

nation (Banerjee and Duflo 2007; Deshingkar and Start 2003; Waddington and Sabates-Wheeler 2003; De Haan 2002; Mosse et al. 2002; Rogaly et al. 2001; Haberfeld et al. 1999; Rogaly 1998; Breman 1996). In his study, de Haan (2002) observed that migration is not a choice for poor people; it is the only means for survival after alienation

from their land and exploitation in the places of their origin. Hence, in developing countries, the largest proportion of migrants is comprised of people moving from rural to urban areas. People living in regions with a high population density around arable land, inadequate rainfall, recurring droughts, and crop failure are more prone to out-migrate in the

season. Other factors that may influence seasonal migration include indebtedness, poverty, and lack of employment opportunities (Dubey and Shivpuri 2019).

Seasonal migration is closely linked to seasonality in agriculture, in which migration usually occurs post-monsoon (October-November in Maharashtra). The return journey takes place in the summer months of April and May, well before the onset of

the new agricultural season. On their return to their source village, seasonal migrants with some land engage in farm-related activities, while the among them find employment as agricultural labourer's on the farms and fields of others (Smita 2008).

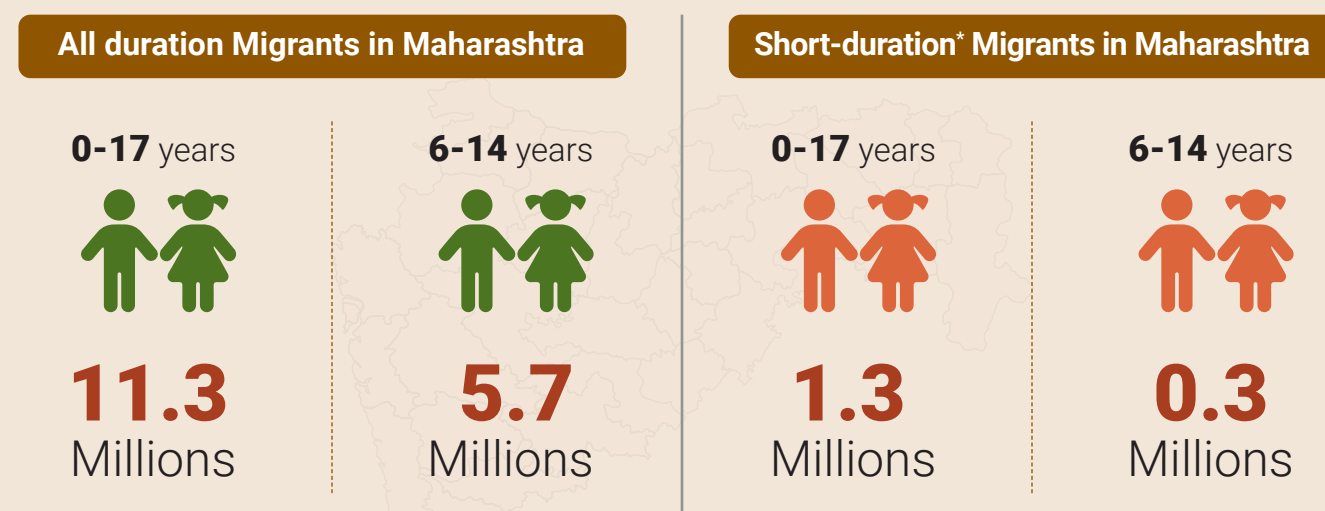
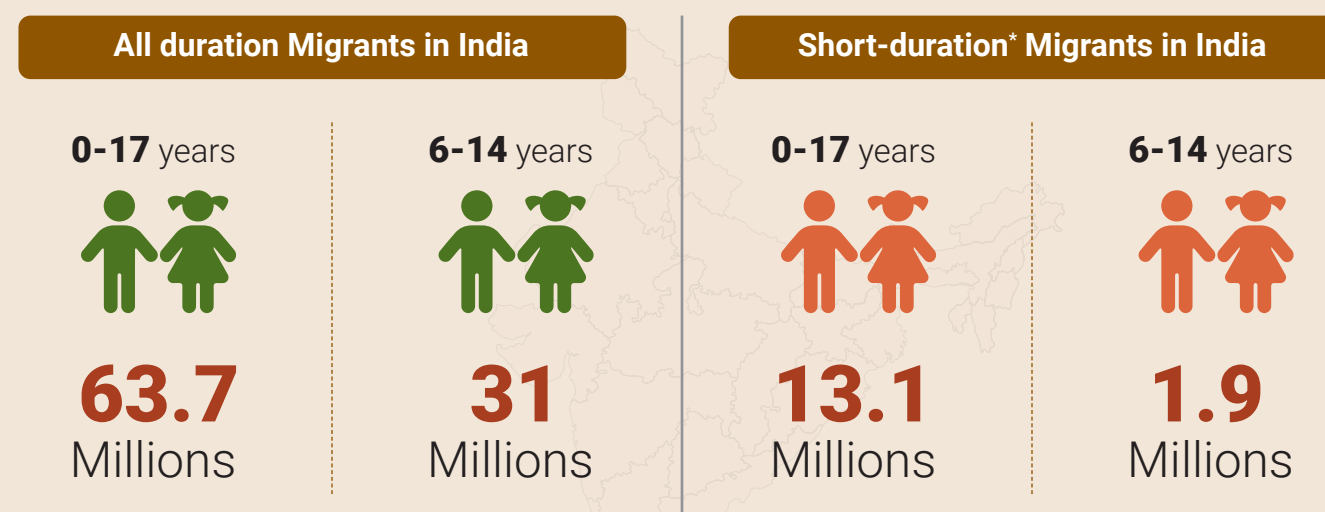
This chapter uses primary and secondary data to discuss in detail the pattern of seasonal migration, its magnitude, drivers, processes of decision-making over migration,

and the journey of seasonal migrants from source to destination, and their living conditions. Data for the study of the pattern and magnitude of seasonal migration are drawn from Census and NSSO figures. Primary data for understanding the drivers of seasonal migration and its processes were gathered from PRA tools, and in-depth interviews with the migrant families, children, and stakeholders (village, block, district, and state).

4.2 Magnitude of Temporary (or Seasonal) Migration in India and Maharashtra

As per NSSO (64th Round, 2007-08), most of the temporary migrants in India (67.3 % for all ages and 62.4% for children) moved primarily to towns/cities of other states. In Maharashtra, however, most temporary (or seasonal) migration (65%) was mainly towards rural destinations. The dominant streams were short-distance migration, i.e., within the same district (29.4%) and other districts of the same state (25.6%). Only 10 per cent of the seasonal migrants moved to rural areas in other states. Census of India does not provide information on short-term/seasonal migration and hence data on migration of less than one year duration is used in this study as a proxy for studying seasonal migration.





* Duration of residence at destination for less than 1 year

Figure 4.1: Volume of Child Migration, Census of India, 2011



4.3 Who are the Seasonal Migrants?

NSSO data shows that the seasonal migrants of Maharashtra mostly belong to marginalised social groups. More than 80 per cent of them came from large households (i.e., having more than four members) and owned less than one hectare of land. Nearly half of the temporary/seasonal migrant population in Maharashtra (49.2%) were either illiterate or had not completed their primary education. Furthermore, over a third (37.1%) belong to the Scheduled Caste/Scheduled Tribes.

Being poor, landless, illiterate, and lacking in employable skills, such people have no option but to migrate for short durations in search of livelihood opportunities. Another noteworthy feature of seasonal migrant families, as pointed out by the stakeholders in this study, was that migration is an intergenerational phenomenon, with participation by three to four generations in many families.

The migrant families mostly belong to the *Mahar* (SC), *Matang*, *Bhills* (ST), *Banjara* and *Vanjari* (VJNT/OBC) communities. A small number of Maratha and Muslim families are also seen. It was reported that most migrants go to Karnataka, Gujarat, Solapur, Pune, Aurangabad, and in and around the Jalna district. Migrant workers from the most marginalized sections of society can be seen working in the sugar-cane fields of Maharashtra.

4.4 Profile of Seasonal Migrants Families in Jalna District

Household data of seasonal migrant families were collected from the 64 villages of six blocks at the Jalna district by UNICEF. It included age-wise data for children and adults who migrated and those who stayed back. The data showed that, out of the total (14997) households in the Jalna district, approximately 12 per cent (1857) of families migrated seasonally. Seasonal variation was observed in the migration trends for the month of October and November.

The districts with the highest rates of in-migration within the state of

Maharashtra are Ahmednagar and Jalna, as well as inter-state migration is to Karnataka. The migration data for adults revealed that the majority 99 per cent of them migrated between the age of 24–38 years as couples (*koyta*). It was also observed that there is a gender parity in this age group as these people migrate as working couples (*koyta*). Migration gradually declined after the age of 40-55 years due to ageing and health-related issues.

The study also found that majority of the migrant children (40%) were between the age of 0-4 years who

needed constant care from their mother. Further, the data showed that the children aged 10-14 years (49%), followed by children aged 5 to 9 years (40%) stayed back in their own village. They stayed back at their own village to attain their education and take care of the aged grandparents or younger siblings. Data also revealed that 90 per cent of caregivers for the stay-back children were their grandparents. Since they are the part of their immediate extended family, the children feel emotionally and physically secure with them.

Total
(14997)
households for the
64
villages in Jalna district,
(1857)
families migrated
seasonally

99
per cent of adult
migrants were between
the age of
24-38
years

40
per cent of migrant chil-
dren were between the
0-4
years who needed
constant care from
their mother

10-14
years of children
(49%)
children stayed back at
their origin village

Children aged
5-9
years
(40%)
stayed back in their
own village

90
per cent stay-back
children had their
grandparents as the
caregiver

Figure 4.2: Profile of Study Population



4.5 Factors of Seasonal Migration in Jalna

Seasonal migration is regarded as both a survival strategy and a coping mechanism for people belonging to remote rural areas, the chronically poor, landless, unemployed, and

those with low educational attainments. Socially excluded groups like those from the marginalized castes, and the poor are more likely to migrate seasonally

or temporarily. In this section, the major factors like environmental, economic, and social factors are discussed in detail.

Environmental Factors

As shared by migrants and stakeholders in the interviews, Jalna district lies in a semi-arid climatic region. Agriculture is rainfed. Lack of irrigation facilities affects crop output which, along with frequent droughts, have led to an increase in seasonal migration. Poor families migrate during the lean post-monsoon months of October to April (after harvesting their monsoon (*kharif*) crop), returning to their villages only before the next monsoon. Seasonal migration is also influenced by the rainfall received in a place. If there is sufficient water, which increases the chances of a good harvest, the farmers are not likely to migrate. In such times, even the landless agriculture labourers may choose to remain if there are enough job opportunities in their home villages. On the other hand, persistent drought, irregular rainfall and lack of irrigation facilities, and crop failures result in poor farm incomes, pushing already stressed families into acute poverty and creating insecurity in the life of migrant labourers. In these situations, migration is the only option left for them.



“There is no water for agriculture in the village, and the land is not very fertile. The land is hilly, and the Banjara community here does not have good quality land. They do not have enough money from farming to survive for twelve months, [and] so they migrate. All the Kharif crops are harvested by Diwali, and so they go after the Kharif crops are harvested.”

A 42-year-old sarpanch

“These farmers invest [a lot of] money in their fields; they have only one or two acres of land, they put all their effort into their farm; but if the harvest is not good and the crop fails, then they are unable to repay the loan because of which they are forced to migrate.”

A 33-year-old ASHA worker

Economic Factors

Unemployment, inability to meet household expenses or repay loans and inadequate implementation of government employment schemes are some of the commonly occurring economic drivers of migration, as reported by the stakeholders. Seasonal migration was seen as the sole livelihood option by the landless and families with small landholdings. For others, seasonal migration had, for a long, been a source of livelihood opportunities. It has become a coping strategy against price rises.

“To find a livelihood and [earn] better wages, we go to work in sugarcane farms. It is the only source of livelihood and income.”

A 44-year-old male migrant

Others opted to migrate in the season due to the burden of financial responsibilities, such as repayment of loans and meeting the expenses of their children’s education.

“Children’s education, illness, house construction, or digging wells are major expenses. To meet these expenses, people take loans from banks or private money lenders. To repay these loans, they take an advance from the mukadam. Then, they must migrate to work for the mukadam to repay the advance.”

A 47-year-old migrant parent

Many migrants also reported that the MGNREGA schemes in their villages were ineffective. There was ambiguity over the number of days they could work and the rates at



which wages were calculated. These problems were common and hence poor households could not depend on the MGNREGA alone for an income, especially when payment of wages was delayed. Data collected in this study show that seasonal migrants prefer not to work in MGNREGA projects for these reasons: uncertainty and irregularity of work, and the resulting insecurity.

“MGNREGA is functional, but we cannot save much money by staying [and working] in this village. Thus, we must go [out of the village] to cut sugarcane.”

A 32-year-old migrant

“How can anyone work in MGNREGA when they get paid so late?”

A 42-year-old sarpanch

“People prefer to migrate for sugarcane cutting than working in MGNREGA schemes in the origin village. We have seen that there is no continuity in the work. The work is only for 10 to 15 days after which, there is a long gap.”

A 52-year-old sarpanch

“Seasonal Migrants can earn about Rs. 500–600 as a daily wage when they work in the sugarcane fields. MGNREGA and other government projects only pay Rs. 200–300. Why will they work in MGNREGA?”

A 35-year-old gram sevak

Social Factors

The majority of the migrants in our study belonged to the SCs, STs, VJNTs (Vimukt Jati and Nomadic Tribes), and other backward castes. These groups are more vulnerable to exploitation due to their poor socio-economic conditions. The sharp social divisions resulted in the inability of village-level stakeholders to understand the problem of social exclusion of the seasonal migrants, and its effect on their ability to access livelihood opportunities and health and education.

“These families are in a poor financial condition; moreover, they are addicted to drinking and other substances. The number of alcohol users that go to work in the factory is high. Their families suffer because they waste their money on their addiction and then take loans to fulfil their wants. The family has no option but to migrate to repay these loans.”

A 37-year-old gram sevak

Loans are also taken to meet the wedding expenses of girls. Social and cultural norms force the parents to spend large amounts of money. The families then migrate for work so that these loans can be repaid.

“For the girl’s marriage, we don’t get any loans in our village. The money lenders don’t help. Our only option is to take money in advance from the factory for getting our daughters married and then work there to repay the amount.”

A 41-year-old migrant

“The expenses of migrant families increase due to the marriage of a daughter for which they take loans. To repay the loan, they take money from a labour contractor or money-lender. And to repay this amount, they have to migrate for work.”

A 42-year-old sarpanch

4.6 Factors Influencing the Decision for Children to Migrate with their Parents

The previous section’s focus was on the factors influencing seasonal migration. In the present section, the aim of analysis is to gain insights into the decision-making processes in seasonal migration. It considers key factors like the age of the children, availability of the support of the extended family, and gender.

The age of the children is seen to be a major factor in the decision of migrants to take their children with them. Parents prefer to take young children (below the age of 6 years) with them to the destination sites, while the older children (10–16 years), who can look after themselves, are usually left behind



so that their education is not interrupted.

“Some small children studying in classes 1 to 3 are taken along by their parents as they (the parents) feel that the child won’t be able to manage without them (the parents). [Moreover] Some children are more attached to their parents than their grandparents and [hence] prefer to go with parents.”

A 54-year-old teacher

“Older children who can take care of themselves or manage by themselves often stay back at home in the village if the parents feel that it is safe to leave them. I feel that they should get an education, which is why now we prefer to leave our children [behind] in the village.”

A 42-year-old migrant father

Children with extended families, such as grandparents or close relatives, are more likely to stay back when their parents migrate. In some instances, elder siblings are expected to take on the responsibility of caring for the younger children until their parents return home. Children without family support tend to migrate with their parents, indicating the importance of family or extended family support.

“A family might decide to migrate only if there are grandparents or relatives at home to look after their children.”

A 53-year-old teacher

Gender is another important influencing factor in the decision to migrate. Adolescent girls were expected to help with domestic

chores and sibling care at both source villages and destination sites. Girls who stayed back were expected to look after their siblings (and the grandparents) along with the housework, while those who accompanied their parents were expected to care for younger siblings at the destination sites.

Adolescent girls tend to stay back in the source village to take care of their younger siblings, and they [also] do the housework to help their old grandparents.”

A 38-year-old ASHA worker

“In case there is a young child in the family, then the older girls are taken along [with their parents] to care for their younger siblings so that the mother can work.”

A 34-year-old anganwadi worker

4.7 Recruitment Process of Migrant Labour

Insights into the complete cycle of seasonal migration cycle and the processes of recruiting labour were gained from analysis of primary data collected from migrant parents, children, and village-level stakeholders (teachers, anganwadi workers, police patils, gram sevaks, sarpanchs and ASHA workers). This section discusses the recruitment process, and arrangements between the migrant and mukadam, including the advance.

The recruitment process is initiated when there is a demand for labour in

a factory. The factory first contacts a *malak* for the labourers. The *malak* is the link between the factory and *mukadam*. The *mukadam* works for the *malak*. Depending on the labour requirements, the *mukadam* gathers his *toli* (group members), contacting the migrants with whom, having worked with them previously, he is familiar and has a good understanding. The *mukadam* negotiates the terms and fixes the *uchal* (advance amount) that needs to be paid. The families are brought together to form a group, which is the *toli*.

The decision to migrate is made by a male member of the family, who also negotiates the *uchal* amount and the repayment terms. The women and children are not involved. Sometimes, children and elderly people accompany the *koytas* in the *toli* if they cannot manage without support at their source village. When a *koyta* fails to meet the target, quantities set for sugarcane cutting, the children and elderly help them to meet the target. Thus, by helping their parents, the children get their first exposure to the labour market. Eventually, they start working as

labourers. The *mukadam* accompanies his *toli* and supervises the sugarcane cutting work in the fields or at the factory site.

The *uchal* (advance) amount can range from Rs. 80,000/- to 90,000/- for each *koyta*. This amount varies every year and depends mostly on the experience of the *koyta*. The labourers are expected to cut sugarcane in enough quantities so that the *uchal* taken from the *mukadam* can be repaid. If they are unable to meet the expectations of output, they must work with the same *mukadam* in the next year so that the remaining amount is repaid. Alternatively, which sometimes happens, they enter an arrangement with another *mukadam* who employs them and advances the money required to repay the first *mukadam*.

Settlement of advance is done at two levels. The first level involves a daily calculation of work done. This is followed by an end of season calculation.

- **Daily Calculation:** The total quantity (in tonnes) of sugarcane cut on a particular day is calculated and is divided equally amongst the number of *koytas* in the *toli*. The sugarcane cut is weighed on a factory machine and the amount payable to the *toli* for that day is calculated. To understand the calculation, let us assume that a *koyta* cuts 2 tonnes per day and a *toli* comprises 15 *koytas*. If a *toli* cuts 30 tons a day at a rate of Rs. 240 per ton, the amount receivable by the *toli* would be Rs. 7200 ($30 \times 240 =$ Rs. 7200) for that day. Dividing this amount equally, each *koyta* has earned Rs. 480 that day. This is the amount that would be adjusted against the advance taken by the *koyta*.

- **End of Season Calculation:** Although the calculations are done daily, there is also an end of season calculation. Here, if a *toli* has cut 30 tons of sugarcane per day at a fixed rate of Rs. 240/ton, at the end

of a season of 180 days, a total sum of Rs. 12,96,000 ($30 \times 180 \times 240 = 12,96,000$) has been earned by the *toli*. Divided among 15 *koytas* in the *toli*, each *koyta* would have earned Rs. 86,400 ($12,96,000/15$). The advance paid to each *koyta* is deducted from this amount. For transparency, the factory gives a receipt of the sugarcane weighed to every member of a *toli*, the *mukadam*, *malak* and the farm owners.

Even if one member of a *koyta* in the *toli* could not work on a day, or the day's target is not met for any reason, the entire *toli* must work more to ensure that there is no shortfall in output to ensure that the earnings of the group is not affected. A labourer or *koyta*, who wishes to go on leave must pay Rs. 50 – 100 to each *koyta* of the *toli*. This is an unwritten rule that the labourers must follow without exception.

4.8 Journey to the Destination

Mukadam decides the place and work site for migration based on his contract with the factory. Some migrate to the districts like Satara, Sangli, Solapur, Kolhapur, and Aurangabad in Maharashtra, while others travel to other states like Karnataka and Gujarat. In intra-district migration, migrants have the advantage of visiting their families between periods of work. Sharing

their experiences, the seasonal migrants who participated in this study said that the journey between their villages and worksites is often challenging. In long-distance or interstate migration, travel is arduous. It is also hazardous and once they reach their destinations, the migrants have little or sporadic contact with their home villages for the entire migration period.

Travel arrangements are made by the *mukadam*. The migrants travel in trucks, tractors, or even bullock carts. The tractors pull two trolleys, one carrying the migrants and the other, their belongings. The migrants travel non-stop and are only allowed a brief halt for some rest. The journey is exhausting, and the migrants often go hungry. By the time they arrive at the worksites, they are physically,

and mentally exhausted. A common practice among seasonal migrants is to carry a supply of grains and provisions to last them for some time, usually, till they are paid, as well as essential utensils for cooking and eating.

At the place of destination, some reside in camps near the factory site while many keep moving every fortnight from one farm to another; these workers are known as *dokhi* workers and the farms as called *dokhi* sites. Migrant families in both cases live in temporary dwellings

with limited or no access to essential entitlements of potable water, sanitation and electricity. They also find it challenging to access services of nutrition, health, education and protection (refer to Chapter 5 for more details).

Box 4.1: Case Study of a Migrant Woman

Sheetal (not her real name), a 35-year-old migrant labourer lives in a joint family in one *Tanda* of the *Banjara* Community in Jalna district. The family has marginal landholdings and due to drought and large family size, they suffered a financial crisis. As a result, Sheetal and her husband were forced to migrate for six months as a *koyta* for harvesting sugarcane. They received Rs. 80,000 as *uchal* (advance) which helped them to repay the loan her family had taken for digging a borewell. They were first in their family to opt for seasonal migration due to financial distress. Thus, it can be said that Sheetal and her husband were first-generation migrants.

The decision to migrate was taken by Sheetal's husband and in-laws. She was sad to leave her children behind with her in-laws. Before Diwali, on her husband's instructions, Sheetal started packing for the travel, getting together her belongings, rations, and other materials.

The couple's destination was Karnataka and as Sheetal recalled, the journey was a difficult one. They (Sheetal, her husband, and other migrants) travelled for two to three days sitting at the back of a truck. Halts were few and that too for short while. The constant jerking made sleep difficult and left Sheetal with body pain.

The group reached their destination at night. After arrival, they put up their tents and went to sleep. Sheetal said she lived in a small hut that leaked when it rained. There was no electricity, drinking water, toilets, or bathroom facilities. Sheetal had to wake up at 4 am to finish her toilet and take a bath. The chaotic work schedule and the absence of a fixed time for rest made coping with the conditions a challenge. Sheetal said, *"At first, I was scared. It was difficult for me to do such hard work but over time, I got used to the conditions."*

Sheetal got to speak with her children only in the mornings or late evenings. Her children would wait for her call and were happy speaking to their mother. While talking about her children, she said, *"I want my children to study and find a good job; they should not have our life."*

She hopes that someday, her *"village will have a big factory and there will be employment opportunities in our village."*



4.9 Patterns of Child Migration

According to Census 2011, India has 63.7 million migrants (including 37.1 million in rural and 26.6 million in urban areas) below 18 years. This constitutes 14.1 per cent of the total migrant population. This included 13.1 million short-duration migrant children who lived for less than a year at the destination. The figures indicate that every 7th migrant in India was a child (0–17 years), and every 13th migrant was a child of school-going age (6–14 years).

In 2011, Maharashtra had 11.3 million child migrants (0–17 years), of which half of them were of school-going age (6–14 years). Of the total number of migrant children (0–17 years), more than one-fourth (3.1 million) had either migrated for work/employment/business or moved with the household. In addition, about a tenth (1.3 million) of the migrant children were short-duration migrants, of which 4,91,729 child migrants had migrated either for work or had moved with family.

In the category of short-duration migration, 'rural to rural' migration was the dominant migration stream for girls and boys, followed by the 'urban to urban' and 'urban to rural' streams. Although most adult migration is from rural areas to urban destinations, among children in Maharashtra, the dominant migration stream is rural to rural. Survey data show that nearly 50 per cent of the short-duration migration of school-age children was between rural areas (rural to rural); and 18.8 per cent of male and 17.7 per cent of the female children had moved from urban areas to rural destinations.

4.10 Reasons for Short-duration Migration of Children (Maharashtra)

Census (2011) data show that the reasons for short-duration migration varied with age. The primary reasons for the short duration migration of younger children (below the age of 5) are 'moved after birth' (50.5%) and 'moved with households' (31.5%). For children of school-going age (5–14 years), the main reasons for migration were 'moved with household' (47.1%), 'others' (37.4%), 'education' (11.2%), and 'for work/employment' (3.1%). The main reasons for migration among the older children (15–19 years) were related to marriage (33.2%), followed by work/employment (19.4%) and education (13.1%).

Marriage-related migration was one per cent and 53.7 per cent respectively for girls aged 5–14 years and those aged 15–19 years. Employment-related reasons were reported by 3 per cent boys and girls in the 5–14 years age group. However, a gender imbalance is clearly visible among those aged 15–19 years where migration for employment was 36.4 per cent among boys and only 8.3 per cent among girls. While more than a third of the males aged 15–19 years (36.4%) had migrated for work/employment/business, more than half (53.7%) of their females had migrated due to marriage. During this period, 20.2 per cent of males and 8.5 per cent of females in this age group had migrated for education-related reasons.



4.11 Provisions made under Sugar Commissioner

Maharashtra is one of India's leading sugar-producing states. This is because the percentage of recovery of sugar from the cane, and the yield of sugarcane per acre, are higher in the state than in other sugarcane growing areas. Another feature that distinguishes Maharashtra from other states is that the majority of sugar factories are privately owned and most of the cane in Maharashtra is crushed by what is called cooperative sugar factories.

At the destination, some migrants reside in camps near the factory sites while many keep moving, usually on a fortnightly basis, from one farm. These moving labourers are called *dokhi* workers and the

farms are referred to as *dokhi* sites. Facilities provided by the sugar factories are only accessible to seasonal migrants living at the factory sites.

The following section discusses the facilities provided by the sugar cooperatives in the factory sites for the seasonal migrants.

Facilities at the destination: The sugar factories at the factory sites usually provide drinking water to the migrant workers through tankers. The migrants in this study were provided with temporary toilets; however, they preferred not to use them and hence the toilets were not maintained. The factory also

provided bamboo and other materials to the migrants for making tents. Each tent cost the migrant families about Rs. 600–700.

- **Medical Facilities:** The factory conducts medical camps for migrant workers. Children of the migrants are also checked at these medical camps.
- **Insurance Cover:** Injuries to seasonal migrant workers resulting from accidents at the worksite are covered by insurance. In addition, other expenses are borne by the factories.



Limitations in the Provisions made under Sugar Commission

- **No job contract for the seasonal migrants with sugar factories/cooperatives:** In the interview with the Sugar Commissioner, the study team was informed that the sugar factories do not deal directly with the workers who harvest the sugarcane. The factories' sole point of contact is the contractor with whom the

contract for supply of labour is formalized. In the absence of a formal contract with the labourers, the sugar mills cannot be held responsible for the conditions of the migrant workers harvesting sugarcane.

- **Non applicability of Corporate Social Responsibility to sugar**

cooperatives: The concept of 'Corporate Social Responsibility (CSR)' does not apply to the sugar mills as about 40 per cent of these mills report losses. Furthermore, the CSR Act is applicable only to businesses that have a turnover of more than Rs. 1000 crore in a financial year and no sugar cooperative has this turnover.

Initiatives of the Sugar Commissionerate

The government's role in the Maharashtra sugar industry is aimed at policymaking and implementation, and enforcement of the rules. The sugar Commissionerate is responsible for the regulation of factories in the sugar sector.

- **Health camps:** According to the Sugar Commissionerate, factories provide medical facilities for migrant workers, which

include arranging health camps for them. The Commissionerate has issued a directive to sugar factories that they must conduct at least three medical camps for the migrant sugarcane workers during sugarcane cutting season. The first camp must be held in the first week of their arrival at the sugar mill. The second camp must be arranged in the middle of the cutting

season. The last must be held at the end of the season and before the migrants return to their source villages.

- **Visits to factory sites:** The Commissionerate also conducts surprise visits to the sites where the migrants reside for inspecting their living conditions and drinking water facilities.

4.12 Initiatives of the Sugar Commission and State Government

- The Social Welfare department, along with sugar cooperatives, factories and mills, established a new framework for co-operation in 2021-22 for the welfare of migrant workers in this sector. The initiative is expected to receive a contribution of about Rs. 100 crore from factories. The Maharashtra State Government declared that it will be contributing towards the welfare fund for the 'cooperation' a sum of Rs. 10/- for each ton of sugarcane harvested. It also committed to making the necessary budgetary provisions. Since the amount would be equal to the contribution from the sugar factories, the total corpus is expected to be around Rs. 200 crore.
- The State Cabinet approved the revival of the hostel scheme for children of migrant sugarcane workers. Under this scheme, the children of migrant sugar cane workers would be provided with permanent residential accommodation for their education. A total of 20 hostels, 10 each for boys and girls, are expected to commence operations from the academic year 2021-2022. The hostels will be operational in Beed, Ahmednagar, Jalna, Nanded, Parbhani, Osmanabad, Latur, Aurangabad, Nashik and Jalgaon. In addition, the cooperation has also sanctioned 20 hostels in 20 talukas, where there is a high prevalence of migration.
- The Government of Maharashtra has formed a separate committee to investigate the issues of wages and other problems of migrant sugarcane harvesters and brick-kiln workers. A sub-committee has been constituted, which comprises leaders of labour unions, directors of sugar factories, and representatives of the state government.

4.13 Conclusion

This chapter has discussed the migration process, as well as the reasons for migration and the factors influencing migrant's decisions. It also analysed the working and payment arrangements that seasonal migrants make with their *mukadam*. The process of migration, how decisions related to migration are taken, the journey and the challenges faced at the destination have been portrayed in the case of a migrant woman (Box 4.1). Interviews with migrants and the case study in this chapter reveal the reality of their lives and the hardships they must endure at the destination.

The factories, government agencies and departments, and stakeholders play various roles. Seasonal migration is crucial for improving the financial security of the rural poor; it is also necessary for repaying large debts and reducing other financial liabilities. But the social costs of seasonal migration are high, and the negative consequences significant. Living and working conditions at the destination sites are basic; children who accompany their parents lose valuable school days; and are also exposed to negative influences.

Women and girls are more vulnerable in comparison to men, with a high proportion reporting adverse effects on their health. These issues are discussed in the chapters that follow the present one. Suggestions and recommendations made by the respondent stakeholders, together with recommendations from the research team, are presented in detail in the chapter on policy and recommendations.

Chapter 5

Children's Perceptions of Daily Activities, Social Support and Mobility

5.1 Introduction

5.2 Profile of Children

5.3 The Daily Life of Children

5.4 Social Support for Children

5.5 Mobility of Children

5.6 Problems faced by Children and Suggested Solutions

5.7 Conclusion



Children's Perceptions of Daily Activities, Social Support and Mobility

Highlights

- 1 The migrant children in this study had their first meal of the day only 4 to 6 hours after waking up. They worked for at least two hours before first meal.
- 2 At the destination sites, many migrant children worked 9 to 14 hours a day because of which they did not get sufficient sleep. In fact, some of them had stayed awake, or were woken up in the night, to load bundles of sugarcane on the trucks.
- 3 The migrant children in this study did not get time for play. On the other hand, all children in their source villages got at least one hour of play time daily.
- 4 At the source villages, nearly all the children in this study attended school. At the destination, however, none did.
- 5 Most children depended on their parents and siblings. For the stay-back children, they expected support from people who are mostly outside the first circle of support.
- 6 The journey to the destination took 2-3 days. Tractor travel caused the maximum discomfort because of the constant jerks. During the journey, the children also had to sleep in unsafe places.
- 7 For all children, school was the place they liked most. The migrant children in this study disliked the sugarcane fields most because they were made to work there. The children also said that they felt scared to live alone in their huts while their parents were away at work.

5.1 Introduction

Children have certain needs, which India has guaranteed to fulfil by ratifying the Convention on Rights of the Child in 1992. Ensuring that all children can access and claim these rights is essential for their holistic growth and development, as well as that of the nation. The right

to participation and decision-making are two important rights. But these are rarely seen in practice, and receive little attention in research and social policy.

Most studies on migration are based on adult perspectives. In a

departure from the common approach, this study aimed to address the gap with greater focus on children of migrants. It used Participatory Rural Appraisal (PRA) techniques to capture the voices, views, and perceptions of children affected by seasonal migration

(refer Figure 5.1). Trust circles, 24-hour clocks, and mobility mapping were three PRA tools used in this study along with free listing.

These are participatory methods that engage the attention of respondents. Although usually used with adults, in this study these were

used with children and enabled the collection of data in a relaxed and informal manner.

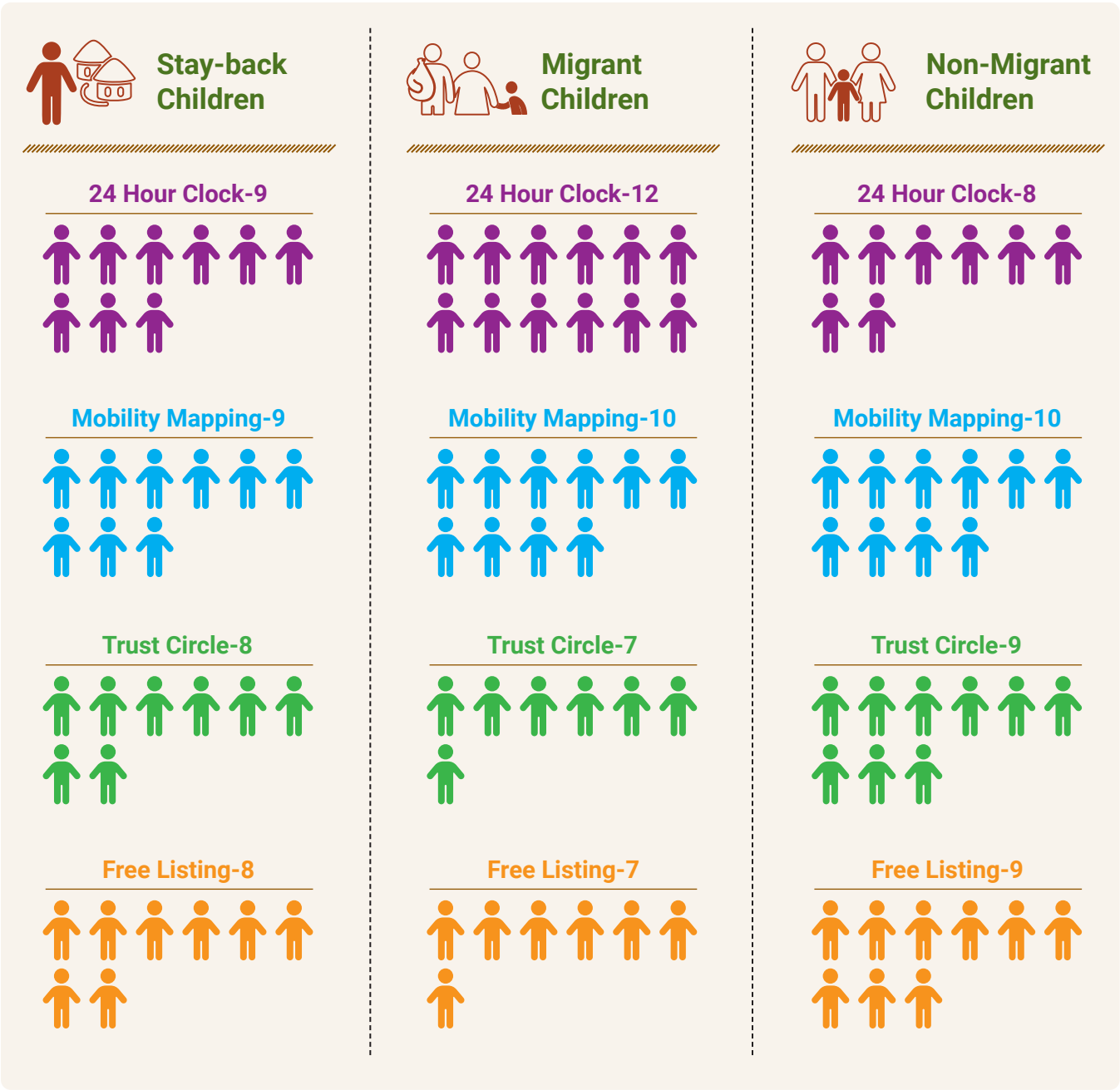


Figure 5.1: Number of Children by their Migration Status and PRA Activities

5.2 Profile of Children

Of the 55 children who took part in the PRA activities, 21 were migrant children, 17 stayed back and another 17 were non-migrants. Figure 5.2 provides a detailed socio-demographic profile of the child participants. Most the 55 children who participated in the PRA

activities were from the VJNT (26) and SC (19) groups. Two of the children were from Other Backward Castes (OBCs), five were from other caste groups, and eight did not report their caste. More than half of the participants (30) aged 12–14 years, and 24 children were in 15 to

17 years age group. Most of the participating children (44) reported that they attended school, while six were dropouts, as Figure 5.2 shows. Data could not be collected from five children. Over half the respondents (29) who took part in PRA activities were girls.

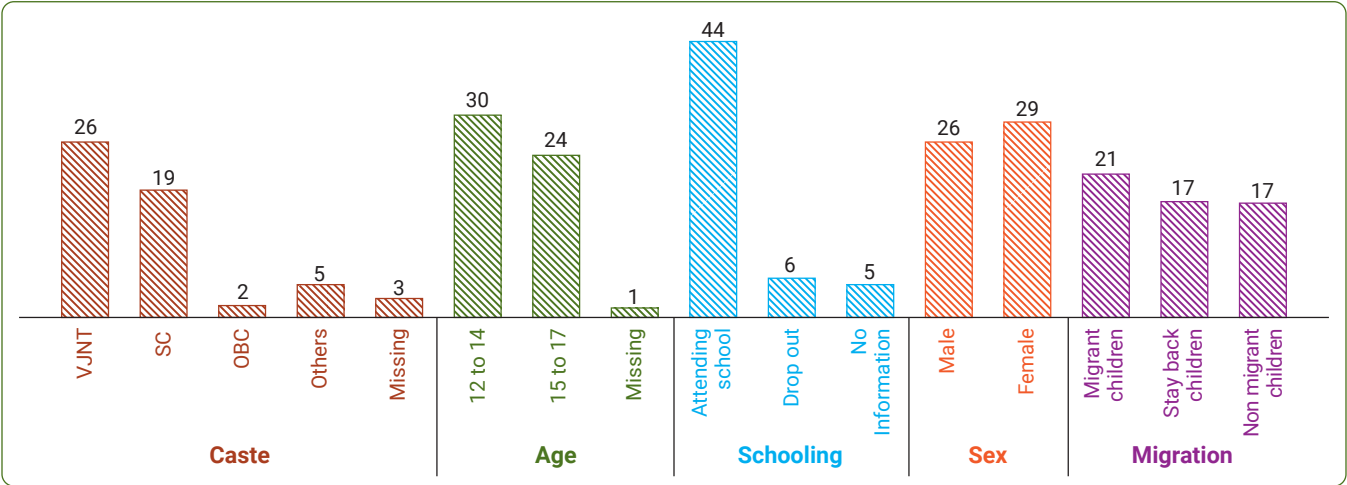
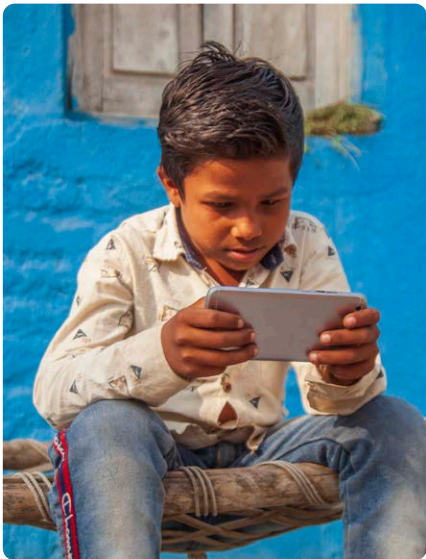


Figure 5.2: Socio-demographic Profile of Child Participants in PRA Activities



5.3 The Daily Life of Children

The children were asked to mention all the activities they did on a typical day, from the time they woke up to their bedtime, on a 24-hour clock face. Each circle in these figures represents the response of an individual child. The children’s ages are given on the tangent of the circle. The outer circles represent the 24-hour activities of younger children, while the inner circles represent the 24-hour activities of the older ones. The different activities are coded with various colours.

Table 5.1: Activities of Children (all groups) in Source Village with Parents

Activities	No. of hours	Migrant children	Non-migrant children	Stay-back children
Recreation	1 to 3 hours	<div><div></div></div> 71%	<div><div></div></div> 75%	<div><div></div></div> 89%
Household Chores	1 to 3 hours	<div><div></div></div> 71%	<div><div></div></div> 63%	<div><div></div></div> 44%
Work	1 to 3 hours	<div><div></div></div> 29%	<div><div></div></div> 25%	<div><div></div></div> 22%
Education	6 to 8 hours	<div><div></div></div> 57%	<div><div></div></div> 50%	<div><div></div></div> 78%
Sleep	7 to 9 hours	<div><div></div></div> 100%	<div><div></div></div> 75%	<div><div></div></div> 78%

Table 5.2: Activities of Children during Season of Migration

Activities	No. of hours	Migrant children (Destination)	Non-migrant children	Stay-back children (Without parents)
Recreation	1 to 3 hours	<div><div></div></div> 71%	<div><div></div></div> 75%	<div><div></div></div> 33%
Household Chores	1 to 3 hours	<div><div></div></div> 57%	<div><div></div></div> 63%	<div><div></div></div> 67%
Work	1 to 3 hours	<div><div></div></div> 0%	<div><div></div></div> 25%	<div><div></div></div> 22%
Work	1 to 12 hours	<div><div></div></div> 100%	<div><div></div></div> 0%	<div><div></div></div> 0%
Education	0 hours	<div><div></div></div> 100%	<div><div></div></div> 0%	<div><div></div></div> 0%
Education	6 to 8 hours	<div><div></div></div> 0%	<div><div></div></div> 50%	<div><div></div></div> 67%
Sleep	7 to 9 hours	<div><div></div></div> 29%	<div><div></div></div> 75%	<div><div></div></div> 44%

Sleep

The data shows a clear difference in the duration of sleep between children living in their villages and of those in the destination sites. The hours of sleep that children in different categories get is shown in Figure 5.3. Children who migrated with their parents got six to seven

hours of sleep daily, while those living in their own villages got between seven and ten. Studies have shown that lack of sufficient sleep (at least nine to ten hours of sleep is essential for growing children, and eight to ten for teenagers) can lead to poor

academic performance, increase in risky behaviours, mood swings, and even depression. The absence of basic living amenities at the destination sites may also compromise sleep quality, thus affecting both the physical and emotional health of migrant children.

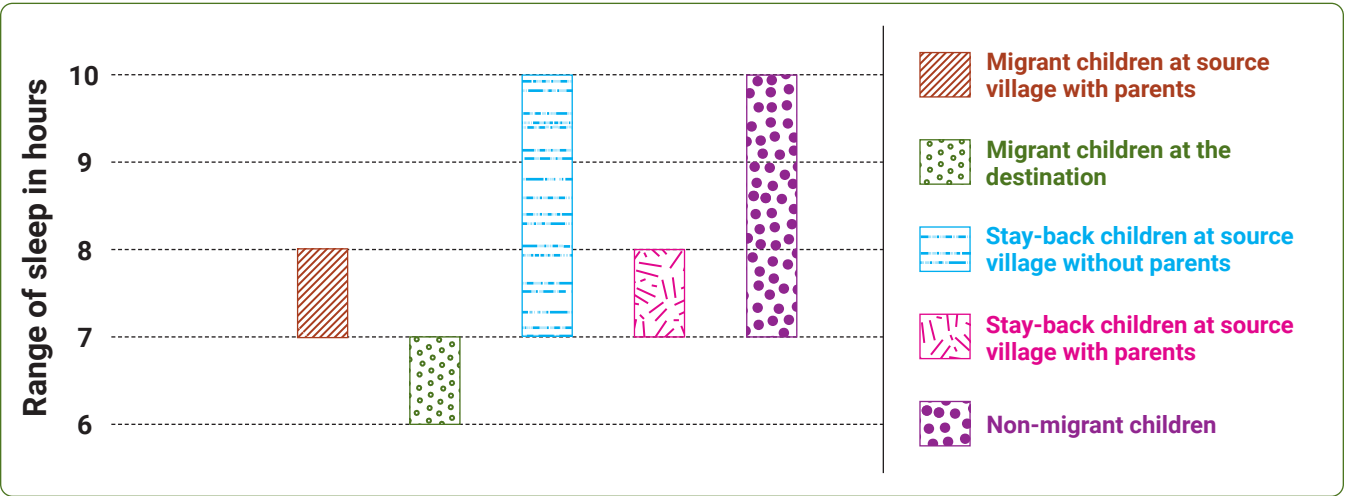


Figure 5.3: Sleep Duration (Compiled from 24-Hour Clock)

Work

Figure 5.4 shows that there are significant differences in the number of hours that children in different categories spent at work. Children who migrated with their parents spent between 9 and 14 hours a day working with their parents at the destination sites. Non-migrant children, who were affected by migration, also had to work more – both at home and on the farm. Two children, both boys, reported that they were woken up in the middle of the night to help load sugarcane on the trucks, with one saying that he worked in darkness for 4 hours every night.



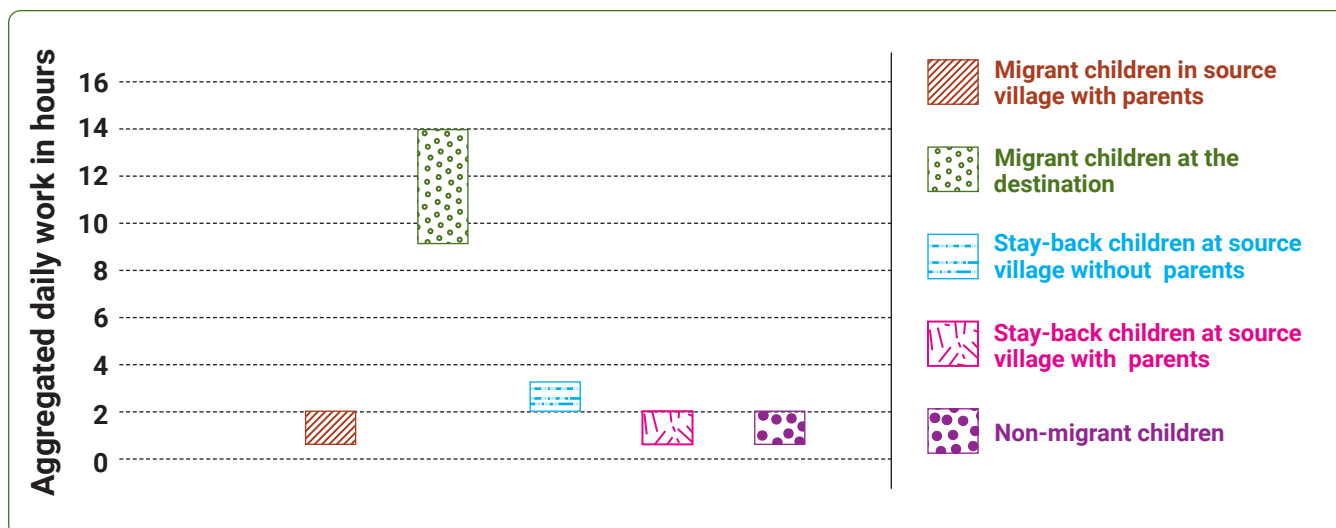


Figure 5.4: Time Spent in hours on Work by Children (Compiled from 24-Hour Clock)

Play

Children from non-migrant households spent one to two hours at play every evening. In addition, they also spent an hour playing games on mobile phones. Children who stayed back also had between one and two hours for play in the evenings while their parents were away. Data collected for this study also indicated that, boys had more access to mobile phones than girls, and spent more time playing mobile games.

Most children who migrated with their parents did not have time for play at the destination sites. Only three children reported playing for about two hours for play every day. Boys from migrant households reported that they spent around three hours at play when their parents were in the source village, a slightly higher duration in comparison with those from non-migrant households.



Meal Timings and Food Intake

The 24-hour clocks revealed wide differences in the eating habits of the children in different groups.

- Most respondent children ate at least three meals a day.
- At the source village, the children ate within one or two hours of waking up in the mornings.
- On the other hand, at the destinations, the children got their first meal only three to six hours after waking up.
- Migrant children had to work before their first meal of the day.
- The gap between breakfast and lunch ranged from two to six hours.

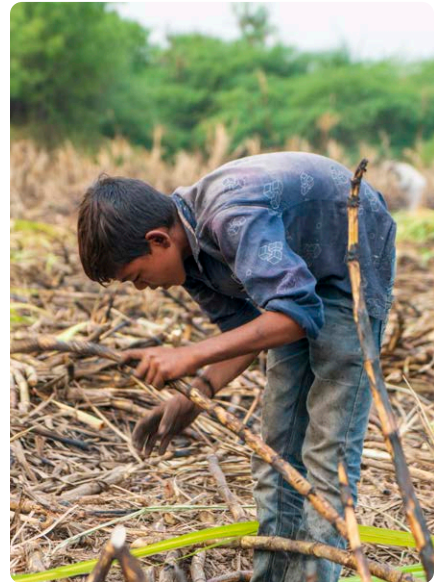


Education

Nearly all the migrant children in the study had attended school at their source village. Children from non-migrant families spent two to four hours for study outside school hours, while those who stayed back when their parents migrated spent one and a half to three hours. Except for one boy who studied for three hours daily outside school hours, all children of returning migrant parents spent one to two hours at study. Our study found that none of the migrant children could attend school at their destinations. However, there was one migrant boy who reported that he devoted two hours daily for self-

study. Three migrant boys, aged 14, 15, and 17 years, had dropped out of school and excepting them, all others reported that they attend school in their source villages.

The data from the 24-hour clock indicate that children who migrated with their parents are the most vulnerable of the three groups of children due to inadequate sleep, improper meal timings, insufficient nutrition, lack of time for play and recreational activities, increased adult responsibilities, and interrupted education.



5.4 Social Support for Children

Data was collected from 27 children (aged 12–17 years) through the 'Trust Circle' activity which tried to understand whom the children depended on for support or help in addressing their issues in different contexts: health, education, sports, managing emotions, concerns over safety and security, sharing secrets, need for motivation, encouragement, and other problems (refer to Figures 5.5, 5.6, 5.7 and 5.8).



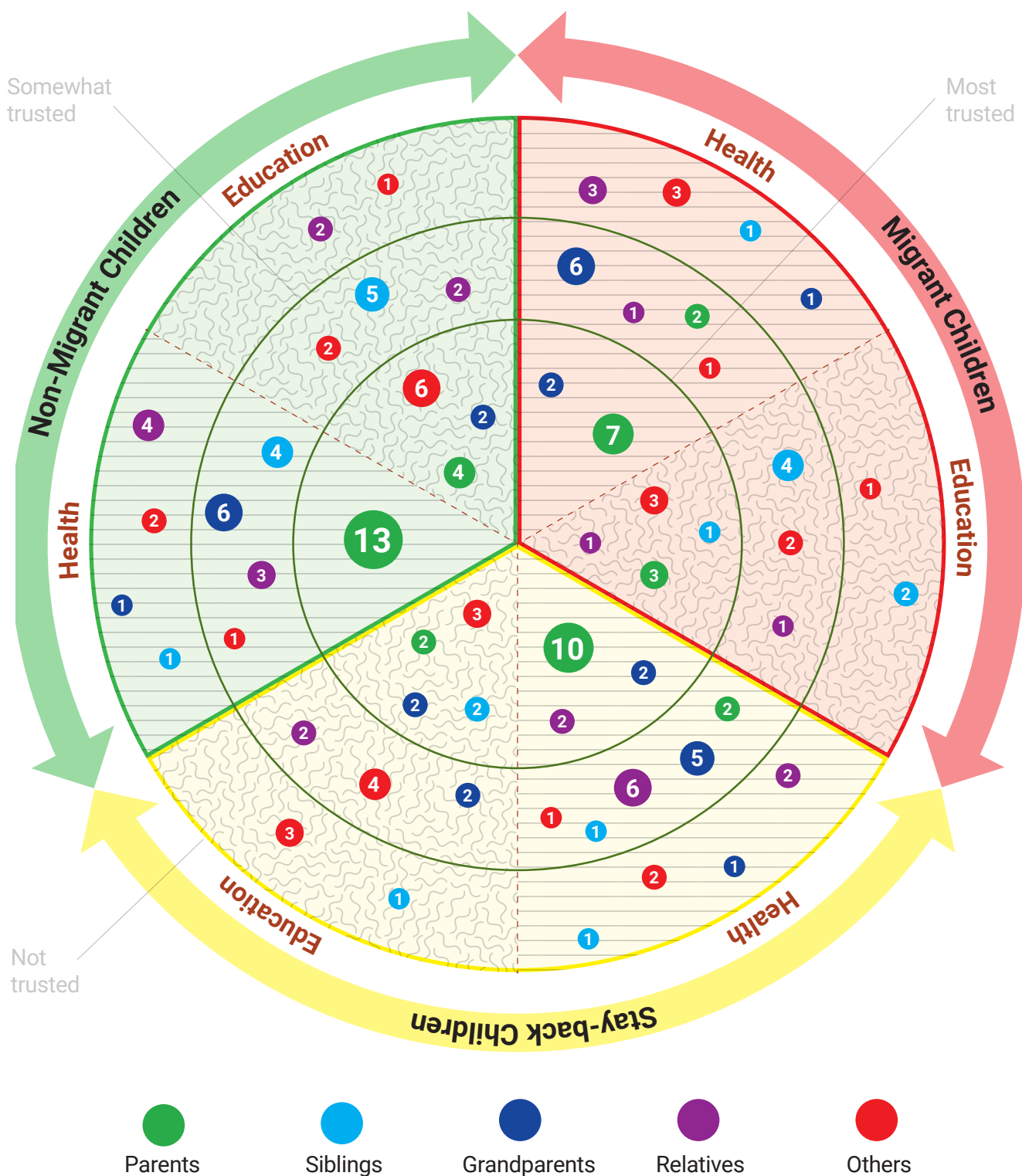


Figure 5.5: Trust Circles: Education and Health

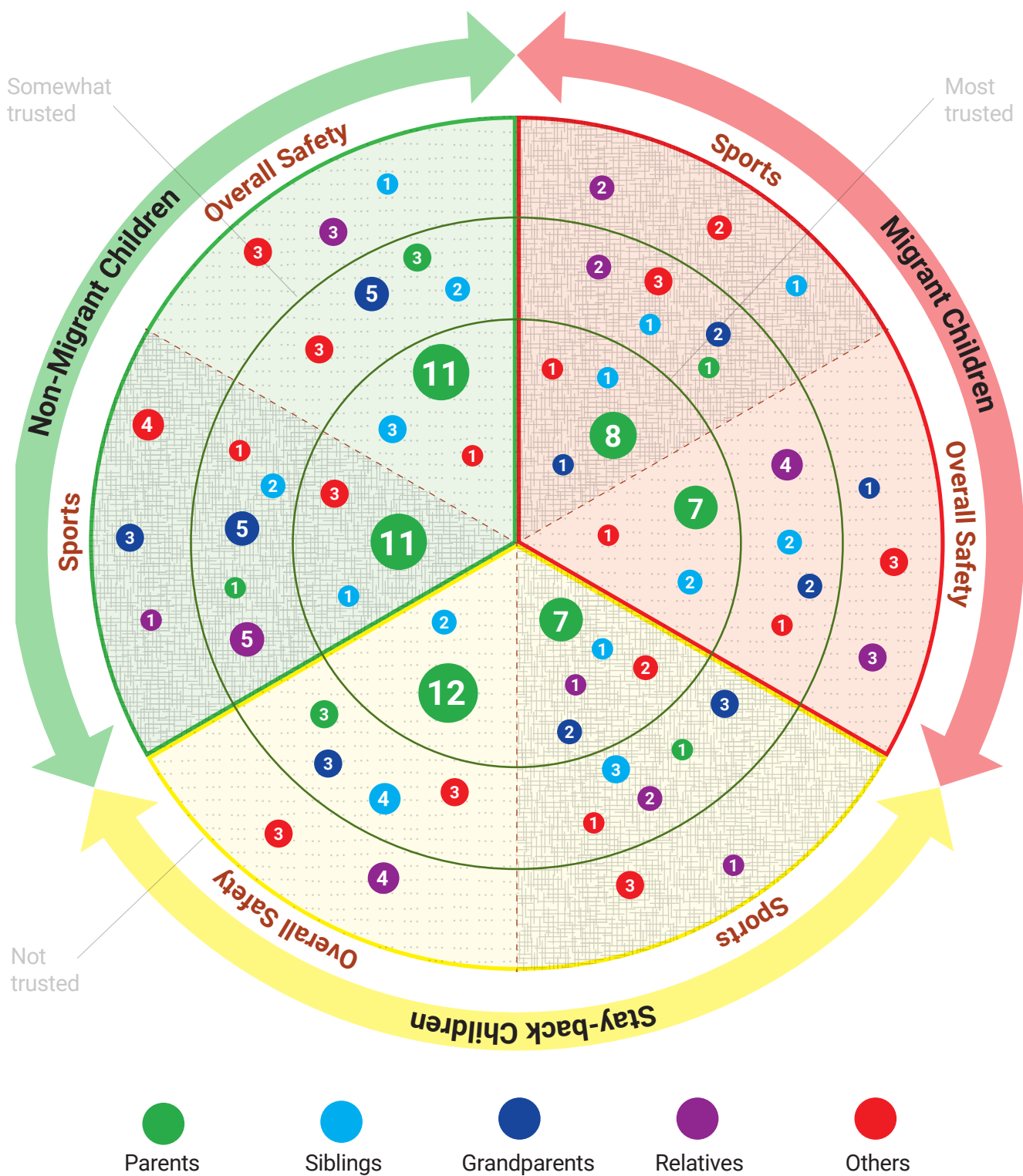


Figure 5.6: Trust Circles: Sports and Overall Safety

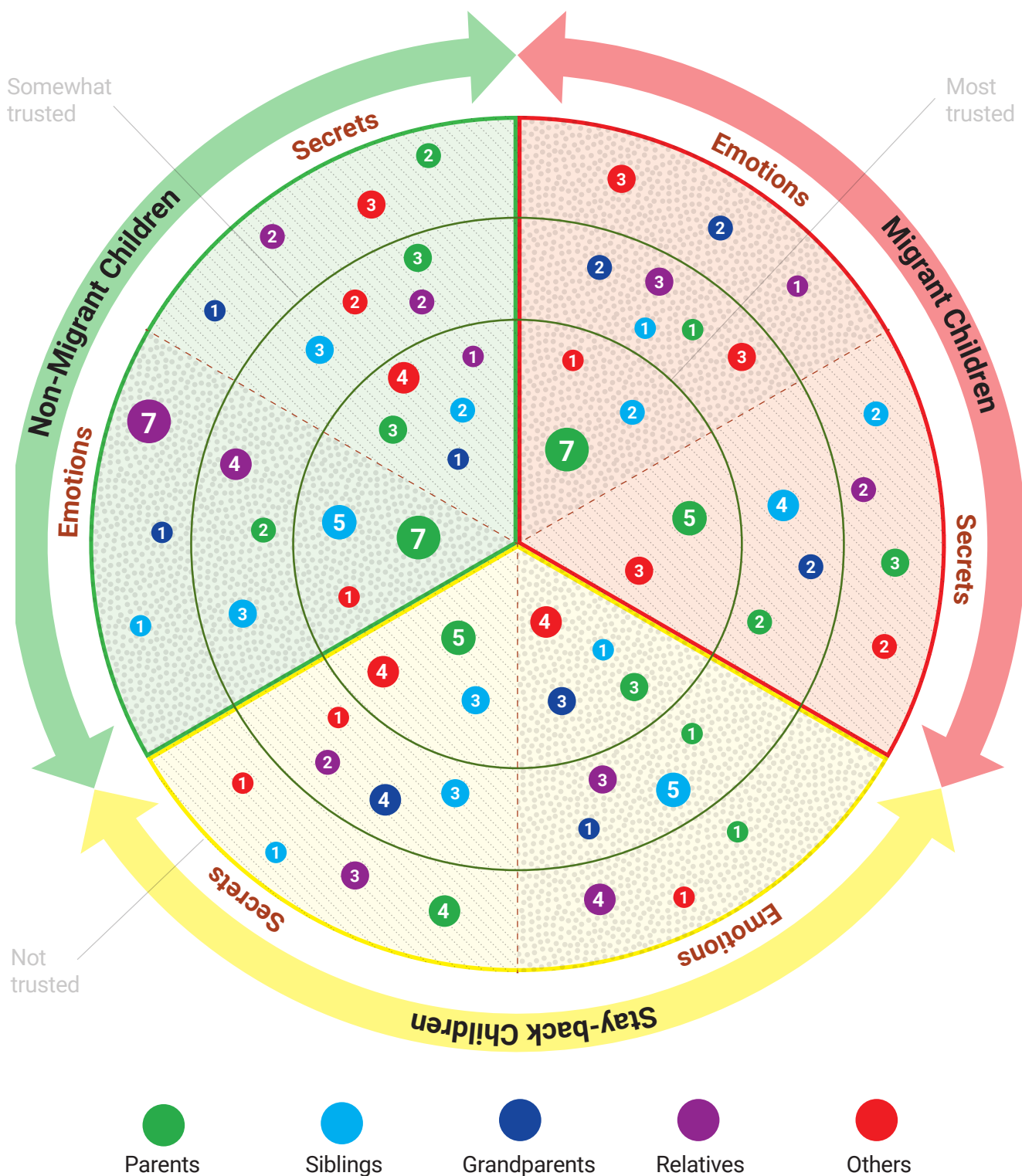


Figure 5.7: Trust Circles: Emotions and Secrets

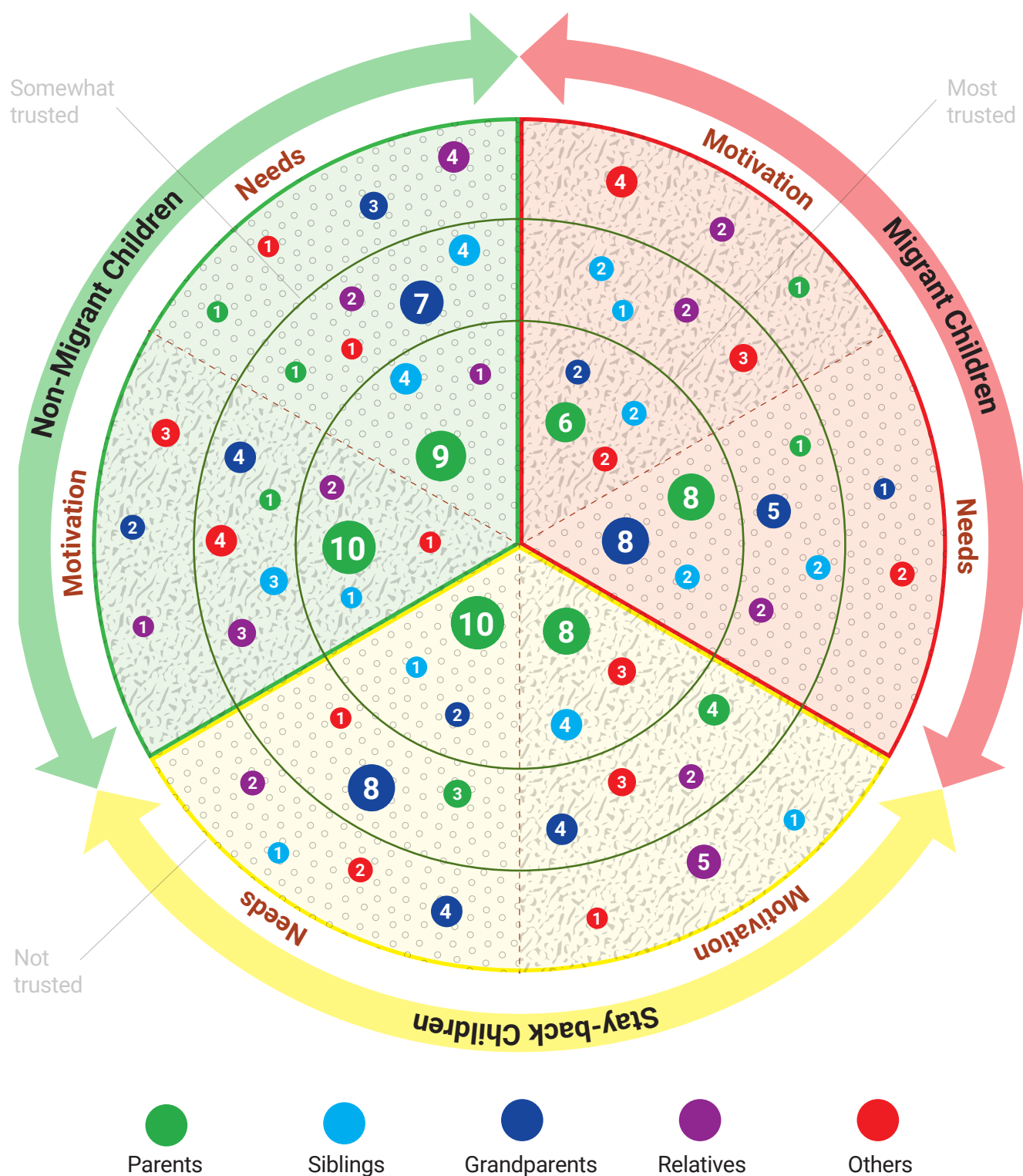


Figure 5.8: Trust Circles: Motivation and Needs

Figures 5.5, 5.6, 5.7 and 5.8 presents compiled responses from the Trust Circle data collected from migrant children, stay-back children, and non-migrant children. It can be seen that across groups, the children relied primarily on their parents and grandparents for health-related needs. Most migrant children were dependent on their mothers and fathers for health needs. When parents were not available, migrant children relied on their grandparents for addressing health-related needs. For them, members of the extended family like uncles and aunts were the least likely to be approached in their social support networks.

Although stay-back children relied on their parents the most for their health needs, many in this group also approached second (members of extended family) or third-level support systems (neighbours and friends) in their parents' absence. The children in this category reported that they preferred their parents and grandparents over others. Reasons for not seeking help from members of the extended family and neighbours included lack of attention and support. The girls in this study preferred not to seek assistance from males outside their immediate family. Thus, they avoided approaching uncles, and male cousins, friends and neighbours for help with health-related requirements.

Unlike the support system for their health needs, for which the children relied mainly on their parents, for education, the first level of support in all the three groups included teachers, friends, parents (usually

mothers), and siblings. Family members like grandparents, uncles and aunts were rarely approached for health as, in most cases, they could not provide support because of their lack of education. In contrast to the heavy reliance on parents for meeting health-related needs, the children were not dependent on their parents for fulfilling their educational needs. It was seen that the absence of parents (especially fathers) did not have much of an effect. There was no evident gender difference in seeking academic support. Only one child (a boy who migrated with his parents) felt that teachers were the least preferred as they tended to scold children who approached them for clearing their doubts or wanted their queries answered.

For seeking help and support for their needs, the migrant children in the study depended on four people in the first circle, and seven in the second. For children who stayed back, the most approached were their mothers (6), fathers (5), brothers (1), sisters (1), and grandmother (1). Grandmothers (5), grandfathers (2), mothers (3), fathers (1), and friends (1) were placed in the second circle of people for monetary help. This indicates that when parents migrate, the stay-back children inevitably lose a large part of their immediate support system. The stay-back children reported that they least trusted (meaning that they did not regard them as close enough) their grandparents, sisters, uncles, aunts, neighbours, and the *sarpanch*. Compared to migrant and stay-back children, non-migrant children had

the most extended social network for help and support.

For sporting activities, encouragement, and motivation, the non-migrant children in this study had the widest social support network, followed by that of the stay-back children. Migrant children had the smallest support network in these domains (sports and motivation). The non-migrant children had a larger system for emotional support, while the stay-back children had the smallest. Parents (usually the mothers), grandparents, brothers, and friends were the those whom migrant children relied on for immediate support. For the stay-back children, friends, mothers, grandparents, and sisters were significant persons in their support system. The social support network for non-migrant children comprised mainly of immediate family like parents, brothers, and sisters. For the migrant children, the persons they trusted the most for safety were their fathers, mothers, brothers, sisters, and teachers. Extended family members like uncles and aunts were placed in the second circle, while neighbours were in the third or outermost circle.

Trust Circle data indicates that the children in all groups trusted their parents the most in nearly all situations. Thus, when their parents migrate, the children live with persons who are not in the first circle of trust and thus, their reluctance in opening up with their caregivers was likely to cause emotional issues.

5.5 Mobility of Children

Children's Mobility at the Village of Origin (Source)

Through mobility mapping, data was obtained on the mobility of children in their villages, travel to their destinations, and mobility at destination worksites. The respondent children listed 28 places they liked in their villages. These places include school (liked by 24 children), temple (19), playground (13), anganwadi (10), farms (10). Of the 27 places in the list of dislikes, the most dislike places included drinking water sources (disliked by 12 children), grocery shops (8), farms (8), rivers (7), hospitals (6), the road leading to the highway (5). The girls reported that they felt unsafe in farms, rivers, drinking water source, in the shops and settlements of people of other castes and religions, grocery shops, etc.

The children disliked farms because of their fear of animal attacks and

snake bites. Some of them did not like to work there and hence their dislike of farms. The reason for their dislike of grocery shops and bus stops were because of the people (including drunks) who tend to gather at these places in large numbers, which made the children feel uncomfortable. According to the children, these places also attracted stray animals.

The children's dislike for the river was rooted in the fear of accidents because many children could not swim. The road to the village school was in a bad condition, the place had a foul smell, and there were stray animals also, which were the reasons why the children did not like the place. The road to the highway was also in a bad state and secluded, which made the children, especially the girls, feel unsafe.

The girls in the study complained about the frequent fights near the liquor shop, which made them feel unsafe. The road leading to the temple was congested and occupied by stray animals. The girls also said that because they were often scolded by other women when they went to fetch water from its source, they did not like the chore. Across all categories of children, the places liked and disliked in the village by them were largely the same. While many stay-back and non-migrant children liked school, a few migrant children did not. However, they said that they liked the market place. A dislike of schools and liking for streets and the marketplace may indicate the migrant children's disconnect from certain institutions and places and connection towards others.

Migrant Children's Journey from the Village to Destination

The destinations of seasonal migrants from Jalna are mainly other districts in Maharashtra (Satara, Sangli, Solapur, Kolhapur, etc.). Outside Maharashtra, most migrants travelled to Karnataka. Travel was arranged by the *mukadam*, usually by truck or tractor. Depending on the distance that the migrants have to travel, a typical journey took 2-3 days. The trucks are open-bodied because of which the migrants were not protected from the weather. Tractor

travel is even more uncomfortable because of the constant jerking of the trolleys. Many children recalled the extreme discomfort of travelling in sitting position on the back of a tractor from their village to the destination site.

The children spoke about rash driving and speeding vehicles that left them scared. There were also problems in getting food and water. Some of the children had to walk long distances

with their parents while returning to their villages because of the lockdowns imposed by the government. One child reported walking about 50 km to reach home. While returning to their village, another child, a girl, said that they (the migrants) slept in a petrol pump. The girl said '*I could not get [any] sleep there.*' However, the return journey was enjoyable for some children who said that they could visit well-known temples and pass big cities.

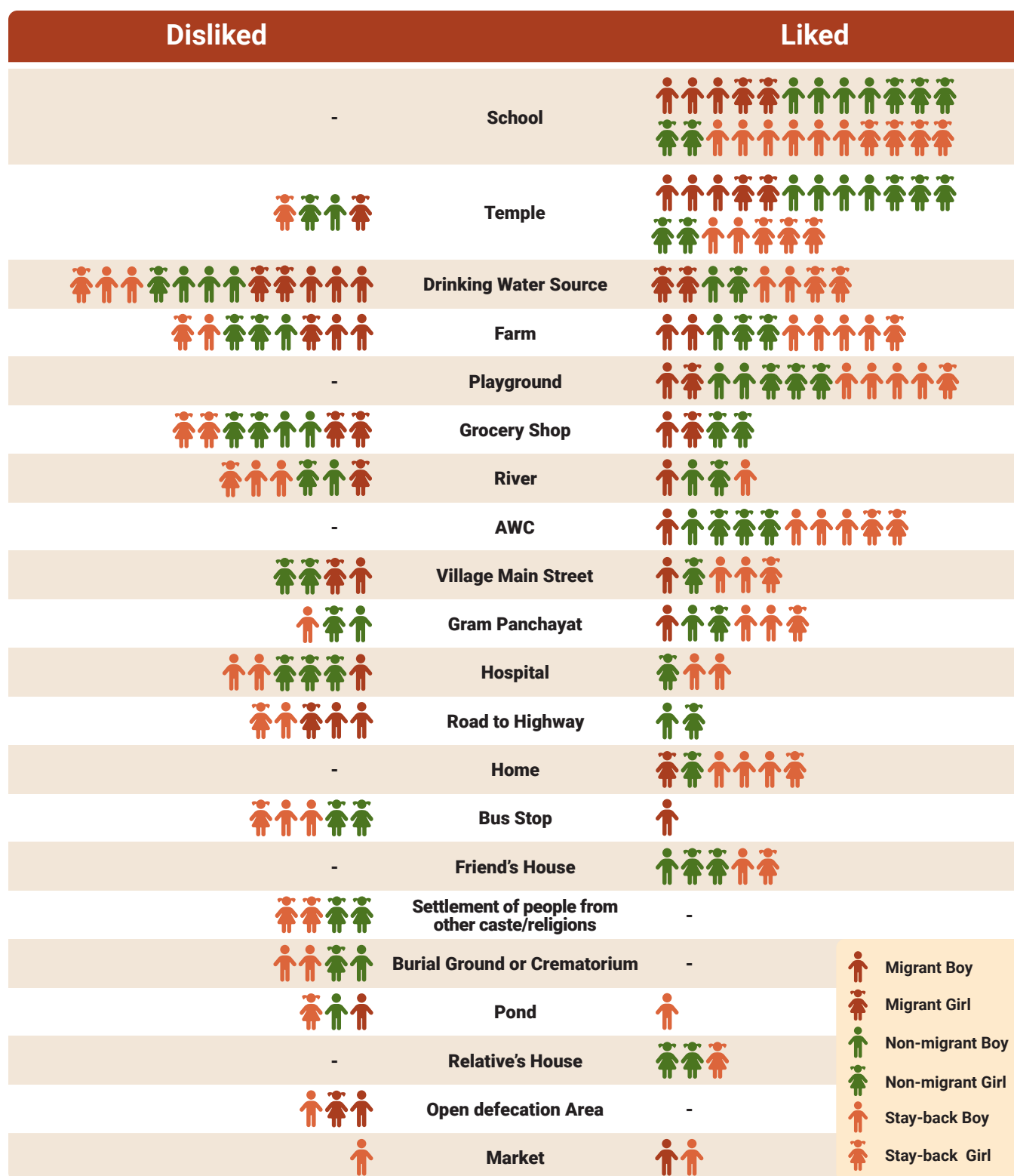


Figure 5.9: Categorisation of Spaces by Children (Compiled from Mobility Mapping)

Mobility at the Place of Destination

At the destination sites, the migrant children mentioned only three places (the hut they lived in, sugarcane fields, and the tube well) that they liked, which may indicate their limited connectedness with the place and people at the destination, as well as their restricted mobility and diminished social life. Almost all the children (six out of eight) reported that they disliked their living/camp area. Some children said that they disliked the sugarcane fields and the open spaces where they did their toilet (three out of eight), the grocery shop and the road to it (two out of eight), and the borewell (1 child). Much of children's dislike was rooted in their aversion to the labour-intensive work.

The migrant children also pointed to their unsafe living conditions. Many reported that they had to sleep near



the tractors, while others highlighted the problem of non-availability of water. They also spoke about the frequent fights in the migrants' camp. One factory manager agreed that such incidents happen, adding that the sugar factory he worked for

has employed people to control the migrants and ensure that no one runs away and gets involved in fights. It is in conditions like these, that children feel scared to live alone in their huts when their parents are away at work.

5.6 Problems faced by Children and Suggested Solutions

A total of 24 children (15 boys and 9 girls) between the ages of 12 and 17 years across the three groups (non-migrant, migrant and stay back children) participated in free listing and pile sorting. The occupations of their parents were diverse and included sugarcane harvesters, brick-kiln workers, shop keepers and farmers. While most of the children attended school, a few of the older children had dropped out of school. As part of this exercise, the children were asked to list the following (one by one)

- **The problems that they faced in the village**
- **The problems faced by stay back children when parents migrate**
- **The problems faced by migrant children during the journey and at destination**
- **Suggestions for improving the life of children in the village**

Analysis of the data revealed that perceptions of all three groups of the children on the above issues were similar. Moreover, there were no difference in perceptions of children across gender (refer Box 5.1).

Box 5.1: Children's Perceptions on Problems and Suggestions (Compiled from Free Listing and Pile Sorting)

Problems faced by children in the village	Problems faced by stay back children when parents migrate	Problems faced by migrant children during the journey and at destination	Suggestions
<p>Infrastructure and basic amenities.</p> <p>No schools beyond Standard 5 means that they have to go out of the village to avail of education.</p> <p>Children have to walk three kilometres to reach school because there is no bus facility.</p> <p>There is no road to our village.</p> <p>Children have to study using a kerosene lamp because there is no electricity.</p> <p>There is no clinic (health) in our village, so we have to travel long distances.</p> <p>There is no bank or ATM in our village.</p> <p>Children have to walk a lot to fetch water daily for drinking and cooking.</p> <p>Many houses are in bad condition and the roofs (patra, plastic sheets) blow away during the rainy season.</p> <p>There is a problem of network and connectivity in the villages.</p> <p>Involvement in farm and household chores.</p> <p>I don't know how to work and don't want to work, but I have to work in the farm every day.</p> <p>I have to collect fire wood daily.</p> <p>I have to work for all 12 months.</p> <p>I have to walk long distances to fetch water.</p> <p>Access to schemes.</p> <p>Children's names are not on the ration card, so they don't get enough food.</p>	<p>Adult responsibilities.</p> <p>Children have to do all the work of their parents alone.</p> <p>Children have to look after cattle, younger siblings and grandparents.</p> <p>Children have to cook, bring firewood, fetch water, buy groceries and do all housework.</p> <p>Insufficient time to play and study.</p> <p>Children have to work in farms and at home when parents are away and so don't have time to study or play.</p> <p>Financial concerns.</p> <p>Children worry about money when their parents go for sugarcane harvesting.</p> <p>Children have to borrow money on interest when money left by parents is over.</p> <p>Food and nutrition.</p> <p>Many children do not get meals on time.</p> <p>Children miss their mother's cooking especially when there is insufficient food at home.</p> <p>Psychosocial issues.</p> <p>Children miss parents and feel lonely.</p> <p>There is no one to look after children when they are sick.</p> <p>Children live under pressure and stress when parents are away.</p> <p>Children feel that grandparents do not care as much as parents.</p>	<p>Deprived of education and recreation.</p> <p>Children miss out on education and lose a year at times.</p> <p>Children don't get time to play because they are busy helping their parents or looking after siblings.</p> <p>Food and nutrition.</p> <p>Children don't get balanced diet or sufficient food.</p> <p>Children don't get food on time.</p> <p>Absence of basic amenities and housing.</p> <p>We have no proper place to live or sleep.</p> <p>We don't have drinking water or electricity.</p> <p>There are no shops, so we have to go by auto to buy anything.</p> <p>Involvement in work.</p> <p>Children have to help parents and work long hours under the hot sun or in pouring rain.</p> <p>Sometimes children have to work in the middle of night.</p> <p>Children sometimes get injured due to the sickle.</p> <p>Children have to work against their wish.</p> <p>During travel.</p> <p>Children have to travel for many days on bullock cart, tractor or trucks. They face bad weather conditions, are unable to sleep and get insufficient food when they travel.</p> <p>Police trouble us when we are travelling.</p>	<p>Infrastructure and basic amenities (village).</p> <p>Drinking water through taps.</p> <p>Schools till Std 10 in village.</p> <p>Water, toilets, library, laboratory and computers in schools.</p> <p>Better housing and drainage systems in the village.</p> <p>Bus facilities and better roads to go to school.</p> <p>Health facilities in village.</p> <p>Mobile towers in village.</p> <p>Infrastructure and basic amenities (destination).</p> <p>Children should not be taken for sugarcane harvesting.</p> <p>Better housing with drinking water and sanitation facilities.</p>

Problems faced by children in the village

The children reported a range of problems related to infrastructure, their engagement in work (both at home and outside) as well as challenges in accessing basic entitlements of nutrition, health, education and protection. Most children were concerned with not having schools beyond standard 5 in the village and not having transport to travel to reach secondary schools in other villages. Another important issue raised by children is related to the physical isolation of the village. Most villages are reached by mud paths and the absence of good roads restricts transport options which in turn minimizes access to services of health, education and employment. Potable water was not available in many villages and the responsibility of fetching water rested on children in most cases which reduced the time available for them to play and study. Many children also mentioned that not having electricity and internet connections had a negative impact on their education.

Problems faced by stay back children when parents migrate

The four key problems of children who stay back when parents migrate as perceived by all children included insufficient time to study and play, added adult responsibilities, financial concerns and need for psychosocial support. Adult responsibilities that fell on children in parent's absence included caring for siblings and/or grandparents, animal husbandry, household chores

(cooking, collecting fire-wood, buying groceries, fetching water, etc.) and working in the farms/ fields. These additional responsibilities often took up a lot of their time affected their school attendance negatively and reducing the time available for children to play and study. Worry about finances was mentioned as a concern by many children. Although many parents left money for expenses, children reported that this was insufficient and they worried about managing money when parents migrated. Some children were forced to work or borrow on interest to manage expenses. Food was yet another area of concern with many children worrying about running out of food when parents migrated. Some children missed the food cooked by their mothers while others had to manage with insufficient food. Psychosocial issues, such as feeling lonely because of missing parents, feeling neglected by grandparents and feeling pressured by all the responsibilities were also mentioned highlighting the need for psychosocial support for children who stay back when parents migrate.

Problems faced by migrant children during the journey and at destination

Problems reported by children in relation to migrant children focused on the difficulties faced during the travel and being deprived of education, food, nutrition, recreation, basic amenities, and housing at destination worksites. Many children also spoke about having to work at the destination worksites. Most chil-

dren found the journey to the destination worksites long and arduous with inclement weather conditions making things worse. They spoke about not being able to sleep and not eating on time during the journey, both of which can cause negative health impacts. The inability of children and families to access basic amenities of housing and sanitation as well as essential entitlements of food, nutrition, health, education and protection was mentioned by most children and requires to be addressed on a priority basis. Equally important is addressing the issue of children working with parents in sugarcane harvesting, as well being made to take on domestic responsibilities.

Suggestions for improvement

Most of the suggestions centred around improving infrastructure in the village and especially in the schools. Children wanted drinking water facilities, sanitation facilities (separate toilets for boys and girls), libraries, computer laboratories and science laboratories in schools. Most children wanted their school to be extended to at least Standard 10 so that they could complete their secondary schooling in their village itself. Community taps in the village for potable water, better approach roads, transport facilities for reaching secondary schools and mobile towers for better internet connectivity were other suggestions made by children to improve their lives in the villages. The need for good quality houses and better drainage systems were also mentioned by some children.

Children spoke about the need for better housing and sanitation facilities at destination worksites. Most children opined that no child

should migrate with parents but all children should stay in the villages when parents migrated.

5.7 Conclusion

This chapter highlighted the effects of seasonal migration on the daily lives of the children. Children who migrated with their parents often work alongside their parents at the destination, consequently missing out on education and recreation opportunities. They are compelled

to take on adult responsibilities and miss out on the simple pleasures of childhood. Equally, children who stay-back face several challenges due to the absence of their parents. Although their education is not interrupted, and access to health and nutrition services continues, the

lack of support systems, mainly of their parents, causes them considerable emotional anguish. A child-centric and nuanced approach is required to ensure that children feel safe and secure, even in the absence of their parents.





Chapter 6

Effect of Seasonal Migration on Children's Education

- 6.1 Introduction**
- 6.2 Educational Infrastructure at the Villages of Origin**
- 6.3 Academic Calendar**
- 6.4 Status of Children's Education at the Source Village**
- 6.5 Effect of Seasonal Migration on Stay-back Children's Education**
- 6.6 Effect of Migration on Migrant Children's Education**
- 6.7 Challenges of Accessing Education at the Destination**
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- 6.9 Systemic Response and Initiatives by the Education Department**
- 6.10 Impact of the COVID-19 Pandemic on the Education of the Children from Seasonal Migrant Families**
- 6.11 Teachers' Initiatives for Mitigating the COVID-19 Situation**
- 6.12 Initiatives of the Education Department during the COVID-19 Pandemic**
- 6.13 Conclusion**



Effect of Seasonal Migration on Children's Education

Highlights

- 1 The academic calendar overlapped with the migration season, which led to migrant children dropping out of school.
- 2 Schooling at the destination was difficult due to the frequent changes in the migrants' worksites. In a few cases, the children moved with their migrant parents to other states like Karnataka, Gujarat, and Telangana, where the medium of instruction is different from their native language. This added to the learning difficulties of the children.
- 3 Data showed that at the destinations, the migrant children were involved in household chores like cooking, washing clothes and sibling care. In addition, they often had to work in the fields with their parents, which left them with little time for recreation, play, or study.
- 4 For the stay-back children, the seasonal migration of their parents has presented a clear case of parent-child separation. Inadequate supervision of the stay-back children by their caregivers had direct negative effect on their school performance.
- 5 Gender issues affected the education of girls, irrespective of whether they belonged to migrant, non-migrant, or stay-back households. The girls in this study were marginalized, both in their home villages as well as the destinations.

6.1 Introduction

A large proportion of India's labour force migrates seasonally. This has a direct adverse impact on the overall development of their children, significantly reducing opportunities to realise their potential, thereby perpetuating the migration cycle through generations. An IIPS study on migration from Middle

Ganga Plain (Roy et al. 2021) indicates that greater the level of distress in families, the higher the chances of the children from these families discontinuing their education. Children are the worst affected by seasonal migration, whether they accompany their parents or are left behind in their villages. According to

a study by Smita (2008), one of the major reasons for the rising trend of seasonal migration, where tens of millions of families are forced to leave their homes and village every year in search of livelihoods. Most migrant families in this study are forced to take their children along.

McKenzie and Rapoport (2011) found that children in migrant households are less likely to be attending school and complete fewer total years of schooling than children in non-migrant households. One of the main plausible reasons is that migration results in significantly less parental supervision over their children's schooling, and the loss of any positive influence through learning at home.

The IIPS study (Roy et al. 2021) shows that in Bihar, the need to help their families with the chores, or at the farm or business, is a major barrier to the continuation of schooling in seasonal migrant households. Estimates by the Education Department, Government of Maharashtra in 2017-18 show that nearly 60,000 children (6–14 years) miss out on schooling for six months of the year due to the seasonal migration of their parents or caregivers.

According to an Oxfam India (2020), in Maharashtra every year, nearly 200,000 children below the age of 14 years accompany their parents when they migrate for cane harvesting. The number of children who stay-back (living alone or with caregivers) is even higher. A study of seasonal migrant households in Beed district (Maharashtra) by Jaleel (2017) found that 14 per cent of the children of school-going age from migrant families had never been to schools or had dropped out. Close to 41 per cent of children of school-going age were found to be studying in a grade lower than what was appropriate for their age. Of the 95 children aged 16 to 19 years, only 18 per cent had completed Class 10.

Against this backdrop, this chapter tries to examine how seasonal migration affects the education of children. It will examine the accessibility and availability of

schools at both the source villages and the migrants' destinations, academic performance, and other factors affecting the child's education. Data was collected from children, parents, and various stakeholders (*sarpanch*, *gram sevak*, *police patil*, ASHA, and anganwadi workers). The children from whom data was collected were aged 12–17 years and were placed in four distinct categories for this study: (1) their parents were seasonal migrants, (2) they were stranded at the worksites/destinations during COVID-19 pandemic and lockdowns, (3) stay-back children, and (4) non-migrant children.

6.2 Educational Infrastructure at the Villages of Origin

For gaining a comprehensive insight into the issue of the educational

status of children, it is important to examine school infrastructure which

has a significant direct influence on educational outcomes.

Availability of Schools

According to Census 2011, most of the 24 villages selected for the present study had Zilla Parishad-run Primary Schools with classes up to the 8th Standard (or Class or Grade). Only one in the surveyed villages

had all classes, including senior secondary. There was a privately-owned middle and secondary school in that village. This village was close to the sub-district headquarters and hence had access

to the public transportation system. In the other 23 villages, the children had to travel out of their village for a high school education in private or government schools.

Infrastructure Issues

There was positive reporting on the availability of playground, water, and toilet facilities in schools of 21 villages. Drinking water facilities were available in all the schools. In sixteen villages, the school buildings were reported to be in good condition, while in eight they needed extensive repairs because the buildings were very old. Only three schools reported having a Science Laboratory, and six were equipped with Smart classes. Only 9 out of 21 village schools had a regular supply of electricity. One school reported that the power supply was irregular. This school was equipped with smart TV and a computer lab, which could not be used due to electricity supply issues. In two schools, water was not available, resulting in the non-use of toilets by the students.

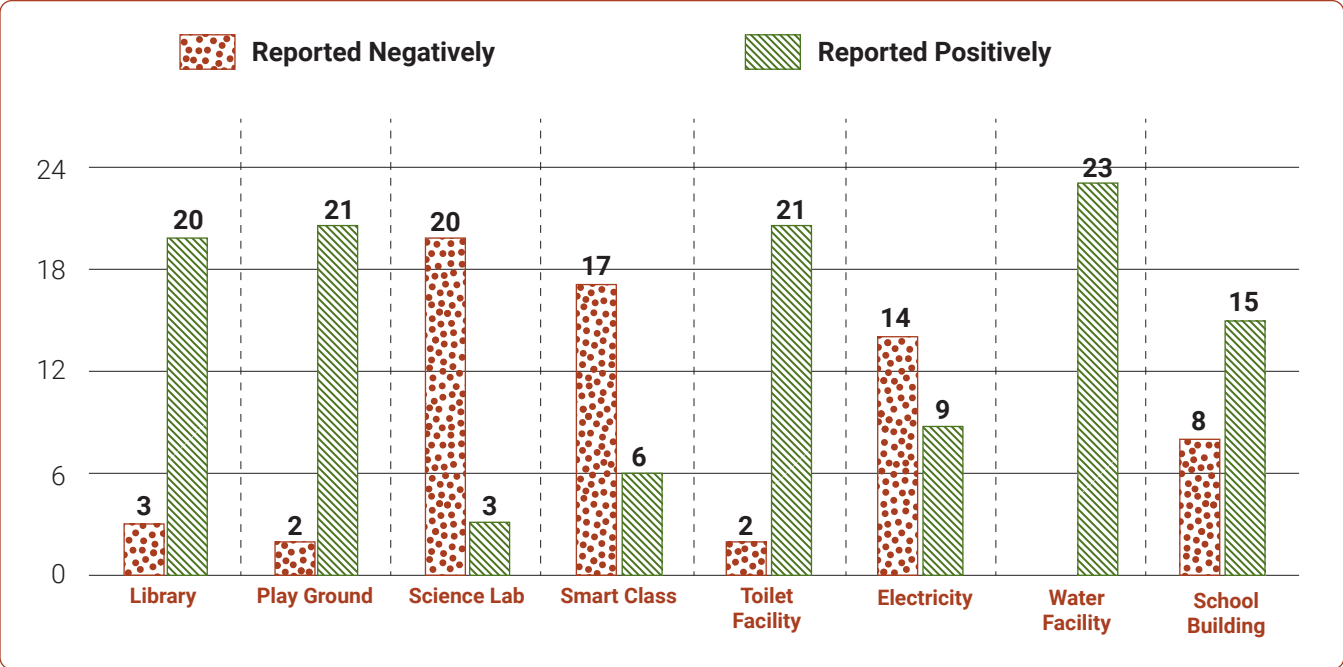


Figure 6.1: Number of Schools by Infrastructure at the Origin Village (Compiled from KIIs)

The RTE Act stipulates that student to teacher ratio must be 30:1 in primary schools, while at the upper primary level, it should be 35:1. However, the stakeholders who participated in the study reported a shortage of teachers (teaching positions were vacant) in the schools, resulting in a higher than specified teacher to student ratio. The

teachers also reported that they were burdened with extra classes.

“There is a shortage of science and math teachers for the 6th to 8th standards (classes). We try to manage with the available teachers, but they are burdened with extra teaching work.”

A 38-year-old BEO, Jalna

“Since learning processes vary with age, combining classes result makes learning difficult for children, as well as burdening teachers with taking different classes at the same time, and carry out a daily assessment.”

A 44-year-old teacher

Distance of School from Home, and Transportation Issues

Students of secondary, senior secondary schools and above had to travel between two and 15 km to

reach school daily. The sarpanch of one village expressed concern over the difficulties in children's access to

education due to limited transportation facilities, and the non-availability of secondary schooling in his village.



6.3 Academic Calendar

As shown in Figure 6.2, the overlap of the migration season and academic calendar significantly affected the education of children from seasonal migrant families. The school year begins in June and lasts till March of the following year. Harvesting of sugarcane and crushing takes place between October and March, meaning that there is a significant overlap with the school year. Families begin their migration journeys in the month of October. Some take their children along if they are too young or if there is no support system in the village of origin to care for the children. Thus, children who began their school year in June leave after about four months to go with their parents, missing the rest of the academic year.

By the time the families return to their homes, the teaching syllabus would be completed, and it is time for the year-end exams (or assessment) followed by the summer holidays. This leaves teachers with very little or no time to interact with the returnee children. Both the teachers and children who participated in the study pointed to the problems posed by the overlapping of the school year and the migration cycle, a major cause of migrant children lagging behind their peers. Such children have a poor understanding of what was taught in their absence and yet, despite the lack of grade competency, are promoted to the next class because RTE Act (2009) prohibits schools from detaining students. The study found that promotion to the next class under such circumstances was

more prevalent among the younger children. According to a 13-year migrant girl,

“I go to school till Diwali after which I accompany my parents on their migration journey for harvesting sugarcane. By the time I return home, school is closed. I have passed each class till the eighth without attending school. Though I can read and write, I find it difficult to understand the concepts being taught in class.”

For the stay-back children, the seasonal migration of their parents resulted in a form of parent-child separation which lasted about five

to six months. Such children do not get enough attention at home and are not properly supervised. As a result, their academic performance is affected. In addition, they also tend to develop emotional and behavioural problems. Studies have shown that prolonged separation of children from their parents results in emotional problems in children. As a 53-year-old teacher in this study observed,

“Children miss their parents and feel sad and depressed. Late or irregular attendance, incomplete homework and not being attentive to the class eventually leads to loss of interest in studies.”

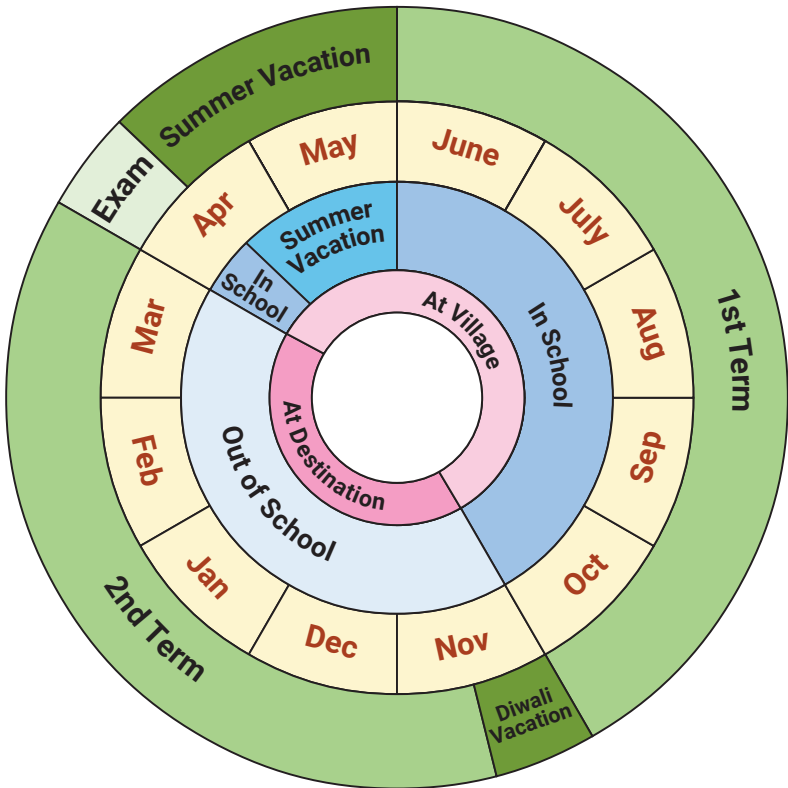


Figure 6.2: Overlapping of Season of Migration and Academic Calendar

6.4 Status of Children’s Education at the Source Village

Of the 55 children who participated in the 24-hour clock PRA activities (see Chapter 5 for details), 30 were in the age group of 12–14 years and 24 in the 15-17 group. The study covered all three categories: stay-back children (18), migrant children (19) and non-migrant children (18). Forty-four children reported that they attended school, while six had dropped out from school at their village of origin.

The responses in the 24-hour clock activity showed that all the children who participated in it went to school when living in their source villages. Children of non-migrant families reported that they studied for 2-4 hours daily outside school hours. The stay-back children studied for 1-2 hours when their parents were in the village, while migrant children spent 1-1.5 hours studying outside school hours.

Data collected in this study indicate that at their source village, the children are regular in attending school attendance, as well as studying outside school hours. The children’s responses in the Trust Circle activity (see chapter 5 for details) show that teachers, friends, parents (usually mothers) and siblings are the ones most frequently approached by all children for help and support, clear evidence of the existence of a supportive environment for their education at the source village.

6.5 Effect of Seasonal Migration on Stay-back Children’s Education

When the parents migrate, the children they leave behind must cope with their absence for an extended period. This absence can have a detrimental influence on a child’s health and educational outcomes. Figure 6.3 shows the challenges faced by the stay-back children.

The 24-hour clock revealed that stay-back children get very little time for study (0.5–1 hour). Trust circle data showed that some of the stay-back children, after their parents have left for their destinations, could not depend on their caregivers (grandparents, uncles, and aunts) for help with their studies, the reason being that some of the caregivers were themselves not educated. These children relied mostly on their teachers and peers for help and support with their studies.



Figure 6.3: Effects of Migration on Education of Stay-back Children

Overall, the stay-back children in this study found it difficult to cope in the absence of their parents. They were unable to focus on their studies, attendance in school became irregular, and homework remained incomplete. They did not pay attention to their studies and eventually, academic performance suffered, as discussed in the following section.

The long absence of migrant parents meant a lack of parental care for the children they left behind. This absence had major impact on their children's growth and development. Three teachers in this study shared that they observed changes in the stay-back children. They were irregular in attending school and lagged behind their peers in studies. The teachers also observed that these children kept to themselves and were engrossed in their own thoughts and unable to focus on their studies.

Lack of attention and supervision cause children to take certain things for granted. Without proper guidance and parental control, attendance at school becomes irregular, homework remains incomplete or not done, and eventually, the child loses interest in school and may even drop out. This trend was observed among children from migrant families. A 34-year-old police patil observed,

"Sometimes, in the absence of their parents, the children lose their fear of [and respect for] their grandparents; they neglect their studies completely and just loiter about."

A 37-year-old teacher shared his observation that stay-back children develop an inferiority complex that arises because of their family condition. These children do not get essential study material like textbooks, notebooks, and pens because of which they lose interest in their studies.

"Stay-back children look sad and lost in school; they do not seem as happy as other children because they do not have study materials or proper uniforms, as the other children do. Hence, they feel discouraged which clearly affects their school performance."

"They (the stay-back children) never have pens and books. We asked them why they didn't bring them to class? They reply, 'Sorry sir, I lost my pen and I don't have an extra one as my parents are not around'. These are small things, but they affect the child very deeply."

A 42-year-old teacher

Many teachers reported that stay-back children do not have study materials or proper uniforms.

"These children sometimes don't have books or pens. When asked why, they reply, 'Sorry sir, the ink got over' or I lost it, and my parents are not around and so I do not have the money to buy another pen."

A 32-year-old teacher

The teachers also reported that with their migrant parents away, the stay-back children are burdened with household responsibilities. The

grandparents of many children in the study were too old and had various disabilities due to which the children had to do the household chores, care for siblings as well as the grandparents, and attend school.

"In the absence of their parents, the children have much work to do at home. They are expected to finish the work and then attend school."

A 32-year-old teacher

"I have to do the cooking, clean the vessels and feed the cattle. By the time the household chores are completed, it gets too late for school. But my teachers don't scold me as they understand that I have to do the housework."

A 14-year-old stay-back girl

6.6 Effect of Migration on Migrant Children's Education

The study found that seasonal migration had an adverse effect on the education of children who accompany their families on their seasonal migration journeys to various worksites. Seasonal migration resulted in the interruption of school education for prolonged periods. Although the children in this study were away from their villages, records maintained by their schools showed that they were enrolled.

Figure 6.4 shows the effect of seasonal migration on the education of migrant children. At the destination sites, due to their distance from the migrants' dwellings, schools are, usually, not easily accessible, and thus, migrant children arriving at their destinations in the middle of the school year lose a significant part of the school year.

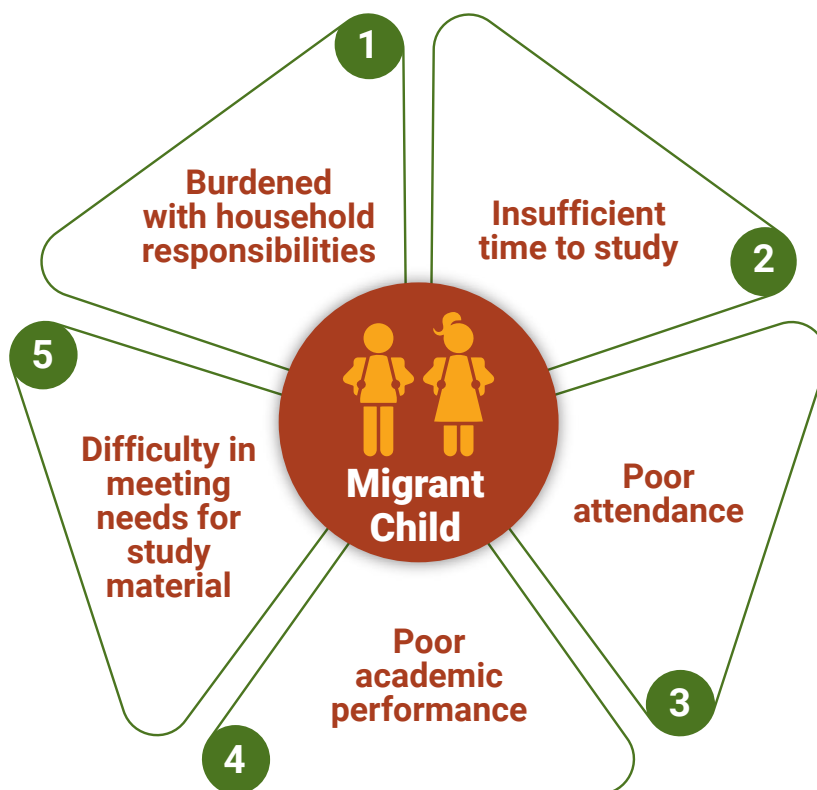


Figure 6.4: Effects on Education of Migrant Child

Mapping of the migrant children's activities on the 24-hour clock showed that none of the migrant children had attended school at their destinations. This section of the chapter will discuss the effects of migration on children, and their myriad roles and activities at the destination, which affects them psychosocially and widens the gap of the ever-demanding education system

A review of the activities of the migrant children on the 24-hour clock revealed that at their destinations, they help their parents in cutting sugarcane and hence do not get the time to study. By evening,

the children are too exhausted to study and go to bed. When children do not get enough time to study, their disconnection from education increases. This was especially the case with migrant children who could not attend school for five to six months because they had to move with their parents. Even after their return home, most of them were irregular in their attendance because they could not cope, eventually developing an inferiority complex and losing confidence. Such children are more likely to discontinue their education. A 34-year-old male teacher explained the problem,

"Migrant children are not active in school. Due to their missing out on school for a long period, their grasping ability is reduced. If the migrant children are asked to solve a mathematical problem on the blackboard, they get confused are unable to complete the exercise. This results in [their developing] an inferiority complex and issues of self-confidence. They start distancing themselves from school and eventually, discontinue their education."

The teachers also said that although most migrant children are good at studies, when they return to school post-migration, they cannot arrange

for the basic study material due to their families' poor financial condition. Since the parents cannot provide them with study material, the children are forced to work and support themselves. A 12-year-old migrant girl confirmed that she worked to earn money for her needs,

'Whenever I need clothes, study material, or want to go on the school trip, I skip classes and go to the fields to pick cotton for a few days. I [then] earn enough money to buy whatever I needed.'

Being burdened with household responsibilities is a significant barrier to education. There is an adverse impact on the education of children who are made to perform household chores or work to support their families. It was reported by the migrant children at their destinations that they help in tying sugarcane bundles or cutting sugarcane. It was also found that some children were made part of the koyta. In such cases, the children become full-time workers and there was no question of attending school.

According to a 13-year-old migrant girl,

"I accompany my mother to the field and help her tie the sugarcane into bundles. After returning, I help my mother to cook and wash clothes. My mother makes vegetables, and I make poli. There is no time to study or play."



6.7 Challenges of Accessing Education at the Destination

Schooling at the destinations presents several challenges, as shown in Figure 6.5.

One problem was the frequent change of worksites of the migrants, which made adjustment difficult for the children. Another difficulty was due to the change of language of instruction, as happens when the destination is in another state (Karnataka, Gujarat, Telangana). Having to learn a new language makes adjustment even more difficult. For these reasons, a large proportion of migrant children did not attend school at their destinations, which resulted in at least a six-month disruption of their schooling. The consequence was the loss of links between the child and the school environment.

The 24-hour clocks, which depicted the activities of migrant children at the destination worksites, show that none of the children in the study went to school at the destination. The parents also reported that their children could not go to school at the destination. One 40-year female migrant worker,

“There is no school at the destination, and so my children miss going to school. When they return to our village, they will again go to school.”

Most teachers acknowledged that a good number of their students were good at studies; however, due to their families' condition, they were compelled to move with their migrant parents. These children do not receive proper care at the destina-

tion: they do not attend school due to which there is loss of learning and, over time, a progressive decline in academic performance. According to a 44-year-old teacher,

“The children of parents who migrate to Karnataka to work in the sugarcane fields face language problems because, in Karnataka, they teach in a different language. Because of this (the children’s inability to cope), the children don’t go to school there and hence they lag in their studies.”

Section 16 of the RTE Act (2009) prohibits the ‘holding back’ of children in any class. As a result, children who migrate with their parents are automatically promoted to the next class regardless of their ability to cope with the education (Government of India 2009).

A 44-year-old teacher stated,

“We meet the returning students after six months. By then their lifestyle has changed and they have forgotten what they had learnt before leaving the village. They are more interested in other things than education. They ignore their studies. They cannot complete the syllabus but we have to promote them to the next class.”

The teachers who participated in the study also said that on their return to school, the migrant children often refused to participate in classroom interactions. They are also unable to understand what is being taught. A 12-year-old migrant boy admitted as much,

“After a long gap, on returning to school I have difficulties in understanding what is taught. I don’t remember many of the things that are taught in the class.”

One teacher narrated his experiences with a migrant child who had difficulty in grasping lessons,

“Migrant children cannot answer simple questions and also refuse to participate in the classroom activities.”

Another 42-year-old teacher, drew attention to the irregular attendance of migrant children,

“Because their attendance is irregular, we cannot help them with extra classes. Such children tend to eventually drop out of school.”

Using a mobility mapping activity, the children identified the places in their villages and the destinations they liked (or felt safe in) and disliked (or felt unsafe in). A few migrant children reported that they did not like school. Disruption of schooling for six months resulted in the children losing their association with school, teachers, and classmates. Eventually, many of these children lose interest in their studies and drop out of school. Being away from school for an extended period and the inability to cope with the school environment are the reasons for these children's dislike for school. This dislike may also reflect the migrant children's disassociation with school and losing interest in education.



Overlapping
migration and
academic cycle

No education
facility at
destination

Medium
instruction/
language

No time to
study



Figure 6.5: Challenges in Accessing
Education at Destination



6.8 Challenges in Accessing Education for Girls

Gender issues further complicated the issue of education of stay-back and migrant children in this study. At both the villages of origin and the destinations, girls had the same roles to perform, remaining a marginalized segment in the migrant population. Besides structural issues, there were other social and economic challenges that made it more difficult for the girls to access education.

The study found that all girl children were enrolled in the schools of their villages. However, as one school teacher mentioned, by the time they reach class 7, the dropout rates among girls become higher than that of the boys. There are several reasons. In most villages, as seen in this study, children travel long distances from their villages for studying in higher classes (8 and beyond). The lack of adequate and safe transportation arrangements, as well as the families' financial condition, makes the decision to discontinue schooling for the girls in the family the only option. Thus, the stated reasons for discontinuing school for girls are, invariably, concerns for their safety and the unaffordability of private transportation.

"Migrant parents send their girl children to the village school, but they don't want to send their girl outside to study further because they can't afford the travel expenses, and there is no government bus facility. Because of this, the number of girls who get an education is much less than that of boys."

A 34-year-old police patil



Moreover, girls are expected to take up domestic responsibilities, such as performing household chores and caring for their siblings. In fact, the eldest girl in migrant families often accompanies her parents to the destination sites to look after her younger siblings while her parents are away at work. The situation of stay-back children is no different. The teachers in this study said that in many homes, the older stay-back girls, such as those studying in class eleven, are caregivers for their younger brothers. They are expected to take on the responsibility of managing their homes. Thus, the girl is overburdened and unable to give enough attention to her education. Eventually, she drops out. As the statements below show, the life of girls, migrant or stay-back, is not much different from each other.

"I go to school [only] after getting my siblings ready for school, and finishing all the household chores."

A 15-year-old stay-back girl

"I go with my mother to the fields and help her with the sugarcane cutting work. After returning from the field, she washes the clothes, while I make poli (chapati)."

A 14-year-old migrant girl

"I have to cook, wash clothes and utensils for my grandparents as they are very old, and then go to school."

A 14-year-old stay-back girl

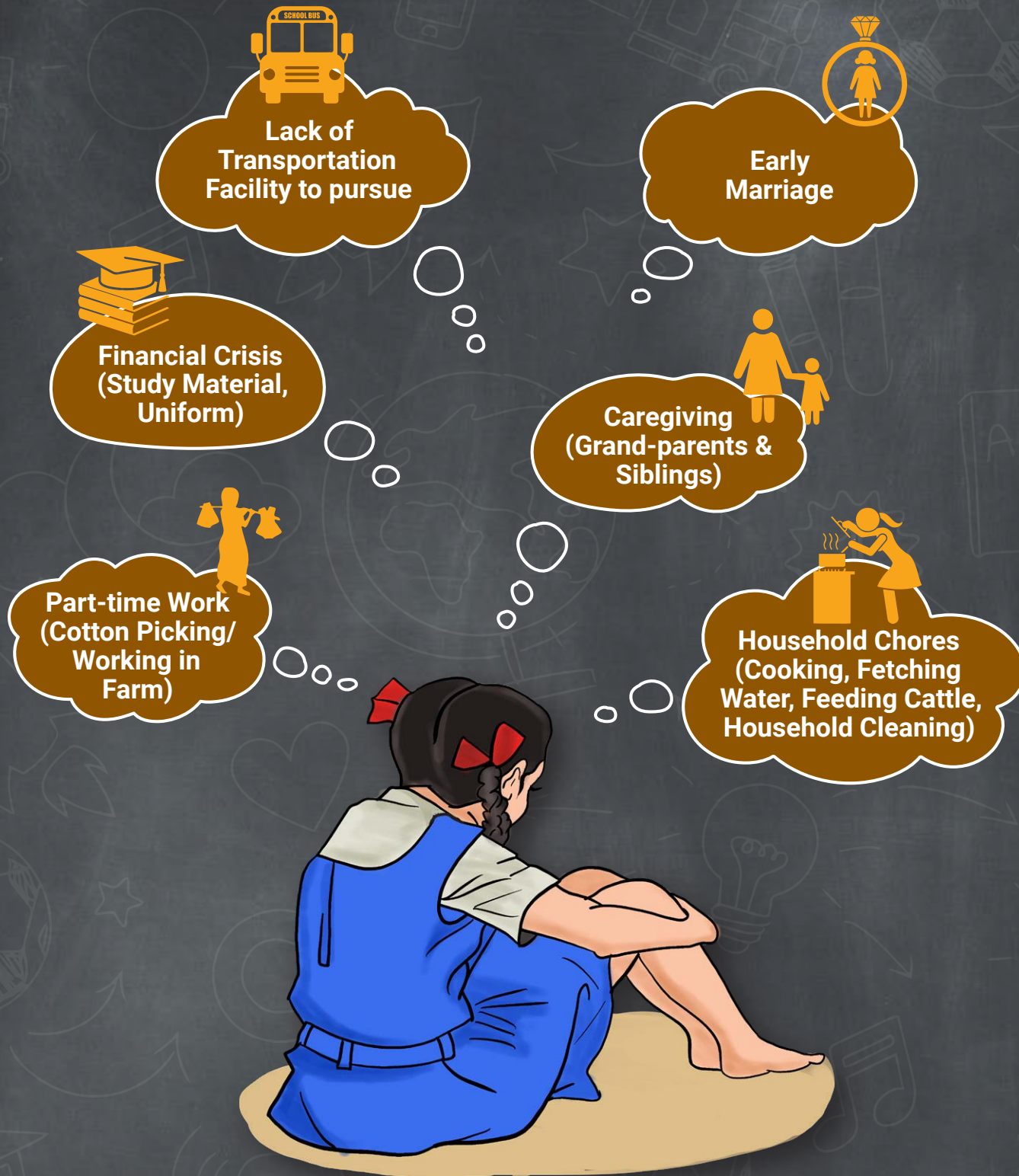


Figure 6.6: Challenges in Accessing Education for Girls



A school teacher reported that the dropout rate was higher among girls than boys because of financial problems in their families, lack of transportation, and the burden of family responsibilities like looking after younger siblings and aged grandparents. Other factors

influencing the decision to drop out were early marriage and social taboos surrounding the menstrual cycle. In addition, as a 34-year-old ASHA worker explained that the resistance of some families to send their daughters to school was rooted in the apprehension that their

daughters will fall into bad company or have love affairs.

"In the village, people prefer not to send their daughters to school after they start with their menstrual cycle because they fear for their safety."

A 34-year-old ASHA worker



6.9 Systemic Response and Initiatives by the Education Department

After the introduction of Sarva Shiksha Abhiyan the flagship program of Govt. of India, primary education in Maharashtra has taken a giant leap as it ensures free elementary education to all the students in the age group of 6 to 14 years. Further, due to RTE, education has become a fundamental right of every child.

Government initiatives and other programs designed to engage with children of migrant families have been to some extent helpful in providing after-school support to these children. It has been helped in mitigating child migration and child labour, and keeping the children safe and happy in the school. It was found that there are a few government programs and schemes

being run at the village-level viz. Mid-day meal scheme under the Samagra Shikshan Abhiyan. The major objective of this scheme has been improving the quality of education, and enhancing the learning outcomes of students to bridge social and gender gaps in school education. Some of the key initiatives identified during the study are described in some detail below.

Balrakshaks

A *balrakshak* is a teacher entrusted with the responsibility of preventing children from dropping out of school and, in turn, discouraging children from migrating with their parents. The *balrakshak*'s approach is usually to counsel families about the importance of educating their children and trying to persuade the parent to not take their children with them.

Balrakshaks are also involved in Child Protection committee meetings in which issues related to children's welfare and school infrastructure are discussed with the *sarpanch* and key members. These meeting with village stakeholders allows teachers to highlight school infrastructure issues, gather their support for working with seasonal migrant families and follow up on implementation of various actions. With the introduction of *balrakshaks*,

teachers have become more proactive in their engagement with migrant families and children. In his interview, Block Education Officer

(BEO) highlighted the effectiveness of *balrakshaks*, and how they helped in reducing dropout rates among school children.



Education Guarantee (Shikshan Hami) Card

Migrant children are issued Education Guarantee Cards. They help children to continue their education at their destinations. The Education Guarantee card is crucial to a child's access to schools at the destination. The card contains all information about the child and is issued by the school to the child's parents before they start their migration journey. It is also necessary that the mobile number of the Head Master of the destination school, where the child should be admitted, is provided to the parents, and a copy of the Education Guarantee Card is sent to the Head Master of that school.

Every school that a migrant child attends during the period of migration must ensure that the child benefits from all schemes, such as mid-day meals, and facilities available to other children. The Head Master must also enter the duration of the migrant child's education in the school in the Education Guarantee Card. At the end of the migration period, the Education Guarantee Card issued by the last school attended by the migrant child should be submitted to the head master of the school in the village of origin (the source village). This documentation will help ensure continuity of education in the school term.

शिक्षण हमी पत्रक

विद्यार्थ्याचे मातृ नाव : राजेश्वरी जन्म दिनांक : ०३/११/२०१०

आधीचे नाव : राजेश्वरी

सध्याच्या शाळेचे नाव : स.स. शाळा

पते : १०८ जिल्हा : नांदेड तालुका : नांदेड पोस्टाचा पत्ता : ४२२२२२

UID क्र. (अवकाश) : २७१२०२२२२२

प्रेमिका घेऊन येणाऱ्या शाळेचे नाव : जि.प. शा.मा.

मातृपद : राजेश्वरी

पते : १०८ जिल्हा : नांदेड तालुका : नांदेड पोस्टाचा पत्ता : ४२२२२२

मातृपद : राजेश्वरी

१. मुलाच्या पत्रकाचे नाव : राजेश्वरी

२. वर्गाचे नाव : १

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School Management Committee (SMC)

The SMC's primary role is to ensure accountability in the management of the school. SMCs' focus area is on the holistic development of schools, which includes monitoring of the student's academic progress. In high-volume migration destinations, such as those near factories, brick-kilns, and other sites, the SMC also tries to ensure that every child is enrolled and provided with the necessary assistance with the processes. The SMCs take up school-related problems with the village head (*sarpanch*) and work to resolve them through discussions at various levels in the village.



Jalna Migrant Child Labour Project

To develop a prevention and rehabilitation strategy for unaccompanied migrant child labourers and children that travel with their migrant families, the ILO launched the INDUS child labour Project in 2006. A survey conducted in 2006 had found 1008 migrant child workers in Jalna. These children stayed away from school during the migration period and eventually dropped out to become full-time child labourers.

Considering the nature of the work and the frequency of movement of migrant labourers with their children, the INDUS project involved the following activities:

- Identification of places of origin of seasonal migrant labourers and their children, as well their destinations, within Jalna district.
- Operating a residential school for the children of migrant labourers.
- Coordinating with other blocks in Jalna district, as well as with other districts of Maharashtra for formulating rehabilitation strategies.
- Tracking of rehabilitated children

Digital Education Guarantee Card by TATA Trust

In 2015, the Tata Trusts proposed a 'Digital Education Guarantee Card' for the children of migrant workers. This is a joint effort of the TATA Trusts and the Education Department of the Government of Maharashtra. Children of migrant families are issued a Digital Education Guarantee Card that tracks their education history and enables to access further education. The card, which has an embedded chip, tracks migrating children, allows their enrolment in schools near their new address and facilitates compliance with the Right to Education (RTE) Act.



Shikshan Mitra

The Shikshan Mitra concept envisages giving the most intelligent students of a class, the role of mentor for students from a lower class and helping them with their studies. Students of classes 8 to 10 in the Zilla Parishad Schools participate in this initiative, contributing to a supportive and child-friendly school environment. In the Shikshan Mitra initiative, the class teacher mentors the Shikshan Mitras.



Village Role Model

A Block Education Officer explained how the concept works: *"The block-level officers collect information about educated youth in villages with large numbers of migrants. Then they identified about 10-15 to work as volunteers. These youth were made team leaders and requested to mentor and support school children in their villages for 3-4 hours a week. The purpose is that these youth volunteers should become role models for the children and motivate them to continue with their studies."*



6.10 Impact of the COVID-19 Pandemic on the Education of the Children from Seasonal Migrant Families

The COVID-19 pandemic, and the lockdowns that followed, affected the schooling of children of seasonal migrant workers. The abrupt shift from classroom teaching to online instruction had adverse effects on the children of poor families. There were challenges in adjusting to this new method of learning. Few families had smartphones and access to the internet. Compounding the problem was the lack of technical knowledge among the teachers for adapting to e-learning. According to teachers, the problem was not so much in e-learning as in the way it was introduced, with no consideration given for the crucial need to have a

smooth transition from classroom methods to digital learning, which

was necessary for the handholding of children of poor migrant workers.



Online Schooling and Platforms for Student Interactions

Apps like Zoom and Google Meet were used to conduct the classes. Assignments were posted on WhatsApp and tests were conducted with the help of Testmoz App¹ and

Google Sheets. The government had also issued instructions that online classes should not be conducted for very young children, especially those in classes 1 and 2.

Instead, short poems and cartoons should be used to help the students to learn. These activities were conducted through online platforms.

COVID-19 and Challenges of Online Schooling

Schools were completely shut during the pandemic, with the students staying home. The children who participated in the study said that, with both schools and stationery stores shut, study material was not made available. Further, online

classes started very late. The difficulties in learning were exacerbated because several could not afford a smartphone. Access to smartphones was limited for all children, yet children from migrant family found it harder to follow online

education probably because their attendance prior to pandemic was sporadic. The learning issues and challenges of the children are summarized in the Table 6.1 below

¹ It is a web tool for building automatically graded test/quizzes.

Table 6.1: Challenges of Online Education

Issue	Migrant Children	Stay-back Children	Non-Migrant Children
Smartphone	No access	Somewhat accessible	No access
Electricity	Irregular or no supply	Irregular or no supply	Irregular or no supply
Mobile Network	Poor or no coverage	Poor or no coverage	Poor or no coverage
Mobile Data Pack	Not provided	Not provided	Not provided
Time to study	No time	Had time	Had time
Ability to follow lessons and cope with online mode of teaching	Unable to follow	Were able to follow to some extent	Were able to follow
Mismatch of online school timing with parents' work timings	Problem existed	Problem existed	Not an issue

Box 6.1: Story of Priyanka

Priyanka comes from a poor household. Her parents could not afford a smartphone because of which she was missing her online class for a long time. After continuous follow up by the teacher, it was found that the girl did not have access to a smartphone. Priyanka then requested her teacher to send the study material to her uncle's number. In the interview for this study, the teacher also said that considering Priyanka's situation and of several children like her, he was lenient with the homework of children from low-income families because they may not have got the study material on time.

Issues Related to Online Learning

In the interviews, the teachers shared their plans for teaching during the pandemic. The classes were held online every day for about 40-45 mins, which were attended by 60-70 per cent of the students. During data collection, it was found that across villages, students did not have access to mobile phones or internet facilities

"Some of the stay-back children could not use their parents' phone for the whole day because their

parents had taken them to work. Some villages did not have electricity. In addition, many parents did not agree with the idea of their children having mobile phones. For all these reasons, the children could not attend classes online."

A 34-year-old teacher

Students who did not have smartphones could attend classes by sharing a classmate's device. Besides the problem of parents not being able to afford a phone for their

children, there were also several parents who refused to let their children have phones, as revealed in the responses.

The problems of migrant children were more complex than that of children living in the source villages. Migrant children could not attend classes because their destinations were in remote locations where network coverage was poor and irregular. Moreover, many migrant parents did not possess

smartphones. The third problem was that most migrant children were away working with their parents and hence did not have the time to study. These factors made it difficult for the teachers to contact the children.

A 14-year-old migrant girl described her situation as,

There was no mobile network and data connectivity at the destination site and hence I was not able to attend class online; and moreover,

during the day, we are busy tying sugarcane into bundles.”

Challenges of Technology and Outreach

While discussing their teaching plans, a few teachers disclosed that they were not well equipped for teaching online. Many had difficulty using mobile phones and computers for conducting classes. The teachers also reported other issues.

“The online mode of teaching is not successful in rural areas as both parents and students in rural areas are new to online processes in education. They should first be made

aware and given a basic knowledge of online education.”

A 24-year-old teacher

“The parents are not cooperating with us because there is no proper network cover in their village. There is no electricity for eight hours. Our school does not have light (electricity) and so, we cannot use projectors or other tools to teach online.”

A 28-year-old teacher

“The biggest problem is that we can’t evaluate them (the students properly. In a physical classroom, we would explain the lesson, and follow up with an assessment by asking the students questions. This interaction was enough [for the teacher] to know how much the children have understood.”

A 38-year-old teacher

Missing the Chalk and Board Process

The teachers said that the link between teachers and children was missing in the online process. They also said that they found it easier to teach with the chalk and board method. Teaching online was more difficult, said the teachers, and the children also got bored and distracted easily. Many of the students did not return to class after the Diwali (festival of lights, India) holidays. They could not even be contacted, which made it more difficult for the teachers to bring them back to class.

Most of the teachers also shared their observations that older children found it difficult to cope with maths and science in the online mode. There were several reasons for this: lack of opportunities for interactions and little time to clarify student queries and doubts; the pace of teaching often exceeded the capacity of many students to comprehend the content; and irregular classes. In some places, the children were issued textbooks to facilitate self-study and their teachers would send sample exer-

cises and practice questions via WhatsApp for the students to solve.

Students who could not access e-learning had to study on their own with the help of books. Some parents helped their small children with their studies. The study found that many children among the respondents, about 30 to 35, could not study online.

6.11 Teachers' Initiatives for Mitigating the COVID-19 Situation

- Classes were conducted either early in the mornings or late evenings according to parents' work schedule so that children could use their parents' mobile phones to attend the classes.
- Through the VCPC, they raised funds to arrange smartphones for children who could not afford them.
- The teachers organised remedial classes for clarifying the children's doubts.
- Online Contests (Quizzes, Essay-writing, and drawing) were organized to motivate children to attend online classes.
- The Teachers also visited their students' homes and interacted with them. For those who did not have smartphones, they marked the parts of the syllabus that they should study each week.

6.12 Initiatives of the Education Department during the COVID-19 Pandemic

- Zilla Parishad school teachers were encouraged to publish their lectures online or share recordings over WhatsApp and Zoom.
- The Department liaised with NGOs, radio channels, and SMS groups to reach out to the children.
- The Setu project, a 45-day bridge course, was designed for the students of Class 2 to Class 10. In the course, the child's basic understanding of the previous class attend is clarified, and the children are helped to cope with the next class. The programme was designed to help children make up for the academic loss they suffered due to the pandemic.



- In the Swadhyay (student Self-learning tool) initiative, the teachers prepared guidebooks and exercise books which they shared with their students over WhatsApp.
- Give a missed call and listen to stories. *This was an initiative of the teachers of Jalna block. Children could dial toll-free numbers to listen to a story. Even children with a basic feature phone could dial in. In one call, the child asked for a recipe to make Lemon Juice. There were activities like collecting stones and colouring stones. Initially, it was done through WhatsApp but many students did not have Android Phones and so they had to find an alternative of toll-free calling app and now many students are taking advantage of this program."*
- Using Mass Media like Radio and Television, it was possible to reach out to children and engage them in academic activities.
- Children from migrant and BPL families were identified who did not have access to online education. Then, volunteers and teachers visited the hamlets and homes of these to impart education through community engagement and learning methods.
- A survey was carried out to identify out of school children and the magnitude of their learning gaps due to COVID-19.
- The Jalna Education Foundation donated 2,500 textbooks on basic Maths, English, and Marathi).
- Additional funds were raised through corporate social activities for clustered digital set ups at the block-level, and at the schools to support online schooling for children.

6.13 Conclusion

The families in this study aspired for better educational and employment opportunities for their children. However, when they migrated, whether out of choice or compulsion, their children's futures were put at risk. Most worksites at the migrants' destinations are in remote areas, often at a considerable distance from the main village, making it difficult for the children to access schools. Because of their need to work and the nature of their jobs, parents are unable to do anything about these issues. The circumstances force children to help their parents at the worksites, or do odd jobs to supplement the

family income. Therefore, there is an urgent need for systemic interventions to ensure that children's education is not interrupted because of their parents' migration.

Although schooling of stay-back children is not affected when their parents migrate, absence of parental attention, and lack of care make them feel vulnerable. Prolonged separation led to poor academic performance which, in turn, resulted in the loss of interest in studies, irregular attendance and finally, in the children dropping out of school altogether.

Whether migrant or stay-back, the children of these families are at higher risk of falling out of the formal education system. The easy availability of low-paying work and the need to supplement family income make parents push their children into work, depriving them of opportunities to develop and grow as productive individuals. This lack of awareness exposes migrant families to exploitation, thus perpetuating the migration cycle. Suggestions and recommendations of the stakeholders, as well as the research team, will be discussed in Chapter 9.

Chapter 7

Health and Nutrition of Children: Perceptions of Stakeholders

7.1 Background

7.2 Health Vulnerabilities

7.3 Menstrual Health and Hygiene

7.4 Ailments and Treatment Seeking Behaviour

7.5 The Role of ASHA and AWW in Service Provision and Challenges

7.6 Management of Migrants during COVID-19 Pandemic

7.7 Conclusion



Health and Nutrition of Children: Perceptions of Stakeholders

Highlights

- 1 At the destinations, the migrant children lived in huts made from asbestos sheets, or in tents made from plastic sheets. Amenities were few and living conditions unhygienic, leaving the children with no options other than to use whatever water was available, and defecate in the open. The absence of basic hygiene and sanitation facilities, and inadequate supply of potable drinking water has long-term implications for the growth, development and the overall health and wellbeing of children and adolescents.
- 2 The migrant children in this study had emotional and psychological issues, which were outcomes of living away from their villages for long periods in an unfamiliar and challenging environment.
- 3 The younger children among the seasonal migrants were at risk of being deprived of immunization and ICDS services. Lack of awareness of the importance of these services, low motivation, general neglect of health, and location of health facilities at long distances, which made travel difficult, and the fear of loss of wages resulted in malnutrition.
- 4 Travelling was particularly difficult and stressful for the children because they got little food on the journey and that too, once a day. Even at the destinations, mealtimes were irregular and sometimes, they were even missed altogether. Their usual diet consisted of *bhakari* (made from millets) which is eaten with a *chutney* (a dry mix ground from a mixture of chili, garlic and salt). The sleeping patterns of the children were also erratic.
- 5 None of the parents in the study had health and life insurance cover because of a lack of awareness, as well as lack of affordability.
- 6 For most of the villagers in the study, ASHA workers were the only providers of healthcare services at the village level. Thus, treatment is sought only in the event of severe illness or injury. For many migrants at their destinations, the nearest healthcare facility was about 10-20 km away and not easily accessible.
- 7 To visit a hospital for treatment, the migrants had to travel by bus or borrow a motorcycle from the *mukadam*, or from anyone in the camp area who owned one. Because of their financial condition, they had to borrow money from the *mukadam* or *malak* (owner of the tractor), or from fellow *toli* (group) members to be able to pay for treatment.
- 8 None of the respondents in the survey reported that health camps were arranged by the government at the migrants' campsite.

9

Taking their children to hospital entailed a loss of a day's wages. As if this was not bad enough, the parents were also required to pay a compensation (fine/penalty) to the other *toli* (group) members for the shortfall in wages resulting from loss of output.

10

Stay-back children also faced the problem of getting healthcare services as, most of the time, they did not have people who were willing to take them to a hospital.

7.1 Background

Children — infants, toddlers, or young children (6-14 years)— are the worst affected by seasonal migration, whether they accompany their parents or are left behind (stay-back) in their villages (Roy, Singh, and Roy 2015). Seasonal migration disrupts the routine healthcare and nutrition outreach services provided to young children and adolescent girls. Children accompanying their migrant parents are exposed to many workplace hazards, both at the workplace and in the places they live. These include exposure to extreme weather conditions, heightening the risks of lightning strikes, sun exposure and heat-related illnesses, snake or other animal bites, and tick-borne diseases, etc. (Premsingh and Ebenezer 2012).

Lack of basic sanitation and environmental hygiene in the places where seasonal migrants live, as

well as changes in the individuals' nutritional condition, affect their immunological status, facilitating infections and the transmission of diseases (Rocha, Marziale, and Oi-Saeng 2010). Their monotonous diet, which has low nutritive value, leads to malnutrition among their migrant workers and their children (Ravindranath 2018). Coffey, Papp, and Spears (2015), in a study of rural north-western India, found that migrant children were suffering from severe malnutrition, exhibiting symptoms like red hair, unusually large eyes and distended bellies which, as she pointed out, happen because of poor quality of the children's diet.

This chapter discusses the effects of seasonal migration on the health and nutrition of children. It provides crucial evidence that will help in a deeper understanding of policies

and programmes for the health and nutrition of children affected by seasonal migration. A total of 55 children, 25 parents, and 78 stakeholders (at village, block, district, and state levels) were interviewed for understanding the issues and challenges faced by children, which are related to their health, treatment-seeking, and nutrition. The aim here is to understand the impact of seasonal migration on the health of children, whether they accompanied their migrant parents or stayed back in their villages, as compared with the children of non-migrants. In addition, this chapter also discusses the impact of COVID-19 on children's health.

7.2 Health Vulnerabilities

Migration affected the lives of the children in various ways. In this study, village-level stakeholders, parents and children were interviewed about the health issues that the children faced due to migration. Their responses were coded and shown in a word cloud². The word clouds in Figures 7.1.a and 7.1.b

show how children in this study perceived the effects of migration.

Figure 7.1.a shows that malnutrition among migrant children was the most frequently reported health issue. The word cloud in Figure 7.1.b shows the effect of migration on the health of stay-back children, where

Health and Mental health are the words used most frequently, an indication that many stay-back children suffer from mental health issues. This finding is a clear pointer to the extent to which the stay-back children missed their parents due to which they felt sad, depressed and lonely.



Figure 7.1.a: Health Issues of Migrant Children

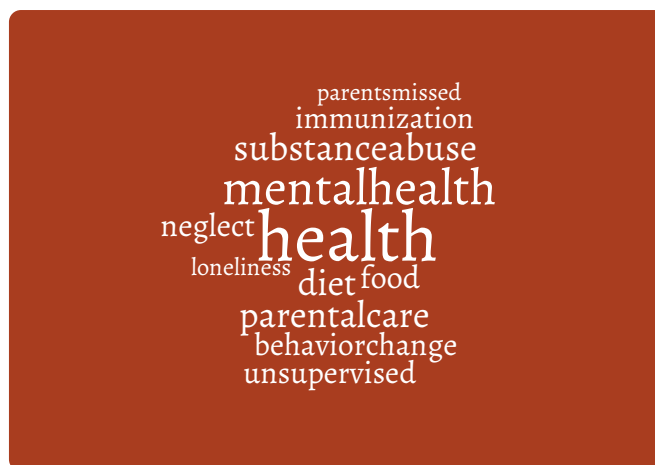


Figure 7.1.b: Health Issues of Stay-back Children

Health Issues related to Diet and Nutrition

Migrant children and their parents pointed out that they got little food at the destination. They had to make do, as far as possible, with the limited quantities of food grains they carried, which they got from their farms or purchased from PDS shops. For the rest of the season, they bought staples from shops near their destination sites with the money they carried with them, which was left from the *uchal* received from the *mukadam*.

“When we go to the [migration] destination, we take 2 kattha (sacks) wheat, 1 kattha bajra, 1 kattha jowar. So overall we take 3-4 katthas of grain per jodi/koyta (pair). When our food grains and masalas are used up, we buy our needs from nearby shops. We take along with us some money [left] from the advance, about Rs. 5,000-10,000, with which we buy vegetables and food grain.”

A 35-year-old father of a migrant child

At the destinations, meal timings and sleep patterns of the migrants and their children were irregular. Through a PRA tool, the 24-hour-clock, it was found that most of the migrant children woke up between 4 and 5 AM, and that most of them had breakfast at about 10 AM, which is a wide gap between waking up and the first meal. In some cases, lunch was the children’s first meal of the day. Some children reported that sometimes,

² A ‘word cloud’ is a visual representation of word frequency. The more commonly the term appears within the text being analysed, the larger the word appears in the word cloud generated.

lunch was had late so that evening meals could be avoided. This way, the migrants and their children managed hunger — by missing meals, or adjusting their meal timings.

A few migrant children shared that they made food in the evenings (after they returned from work), which was eaten throughout the next day. This practice indicated that their diet was limited, monotonous, and the quantity insufficient. Meals were even missed at times because there was no time to cook the food or eat it. The parents admitted that, at the destinations, they tried to give their children meals 3 times a day but, most of the time, they missed breakfast and had only two meals. Even if they did eat thrice daily, the food was the same at breakfast, lunch, and dinner.

“We come back at night, around 12 and so, sometimes, we cook or eat the stale food from the morning. Sometimes, we make food only once in a day.”

A 30-year-old migrant mother

In the day's workload decides whether the food is cooked twice or only once (when there is too much work). The day's meals at the destination consisted of dal and vegetables eaten with *chapati/bhakari*. One parent informed the research team that *varan, poli, bhaat*, and *pale bhaji* like *shepu, methi*, etc. were also cooked. But vegetables were not a regular part of the diet since there was not enough time to buy them. Thus, the migrants are more dependent on pulses like *moong, tur*, etc. Once a week, some migrants had chicken.



The children in this study said they had to make do with just one meal a day during the journey to their destination because they could stop to cook only once.

“All of us came in one truck; it takes 2-3 days to arrive [at the destination]. As we travelled in a truck, we were unable to cook and that's why we have to go hungry till we stop at some place to prepare the meal.”

A 16-year-old migrant girl

“We ate only rice and bhakari (Chutney) for the three or four days we were travelling.”

A 14-year-old migrant girl

The health of stay-back children was also affected because of inadequate or poor-quality food. Their main challenge was to manage with the limited groceries and grains provided by their parents before leaving for their destinations.

“My mother cooks food with a sufficient amount of oil; but my

grandparents don't because there is not much oil at home.”

A 13-year-old stay-back girl

As much as they tried, it was not possible for the parents to ensure that their children were fully provided for in their absence. This is because a migrating family is split in two: the part (the parents) that leaves the source village and the other (the children) that stays back. PDS rations are supplied from one location only and that too, on a monthly basis. It was not possible for the parents to travel back to the source village to arrange rations and other staples for their children to live on.

Village-level stakeholders like ASHA, AWW, and *police patils* that there is a clear difference in the standards of living of stay-back children when they are living with their parents, and when their parents are away. When the parents are at home, there is sufficient food to eat; and the children are bathed and clothed

properly. They also get proper parental attention. In the parents' absence, the children do not get proper attention which results in a deterioration of the quality of life for the stay-back children. As a 40-year-old AWW commented,

“When the parents are not at home, there is less [food for the children] to eat. Some [essential] things are lacking in the diet. Sometimes there is enough food and sometimes there is less food [for the children]. Sometimes,

when the children are hungry, they don't get to eat or they don't get food on time. But when the mother is there [at home], they get food on time.”

Unlike the children of migrant families, non-migrant children had their meals daily, which included vegetables and chapati. The non-migrant parents reported that their meals were simple but wholesome, which included curry, chapati, bajra bhakari, a staple in the study area.

Thus, it is evident that the diet and nutritional status are affected by migration. Lack of a balanced diet was a problem for both the stay-back and migrant children. The absence of PDS services at the destination, and work burden of the parents increased the difficulty of access to diversified food. The erratic consumption patterns worsened the situation of migrant families, exposing them to several nutritional challenges.



Weight Loss and Malnutrition

The AWWs of many villages found that there was deterioration in the anthropometric measurements of young migrant children. Other village-level stakeholders also reported that migrant children lose weight, are sunburnt, and are malnourished when they return from their destination. The stakeholders opined that since the parents have to work long hours, they are not able to feed their children on time. Unsupervised, the children are also constantly at play, often ignoring their mealtime. The inevitable result is malnutrition and loss of weight. A 39-year-old AWW explained the loss of weight among children after their return,

“The children lose weight. They become underweight and come in category 1 (meaning undernourished). The children who were already in category 1 fall into the zero group (meaning severely undernourished). [This happens] Because there (at the destination) the parents did not take care of the children’s health [as] they (the parents) were busy at work.”

A few ASHA workers also mentioned that because of the burden of work, and the stress caused by the living environment in the destination, some migrant children become malnourished and lose weight. Older seasonal migrant children (15 years and above) suffer from health issues, mostly because they work with their parents. Erratic sleep patterns and neglect of health make them weak and susceptible to health problems. As 28-year-old ASHA said,



“What happens is that the children work there (the sites) all day and they don’t pay attention to their health; [moreover] they do not have meals on time. These affect the children’s health. Their skin colour changes; the children become weak; and their endurance also diminishes. This is almost certain to happen if they work all day.”

The study found that the migrants lived in unhygienic conditions with few amenities, forcing them use whatever water was available. The migrants also defecate in the open. At times, the migrants – children as well as adults – did not get the time to bathe because they were working most of the previous night and had to get back to work immediately the following morning. Such living and working conditions were major contributors to deterioration in their health. One migrant girl described the problems she experienced:

unhygienic conditions, having to defecate in the open, open water source, etc.

Studies show that absence of hygiene and lack of sanitation facilities, and inadequate supply of potable drinking water has long-term implications for the growth and development, as well as the overall health and well-being of children and adolescents. The children are at higher risk of various infections and illnesses. As reported by a 30-year-old migrant parent, diarrhoea was a common problem among children at the migrants’ camp. The parent said,

“Sometimes the children have to be taken to toilet frequently (because of diarrhoea). This becomes troublesome for the children. They are dependent on us. We cannot risk their safety by sending them alone [to the toilet].”

Thus, due to lack of parental supervision and care, the health of the children was affected by issues related to food intake, work burden, erratic sleep and eating patterns of

the children at the destination. Most children in the study had lost weight during their stay at the destination and suffered from malnutrition. Due to unhygienic living conditions and

lack of sanitation facilities, the migrant children also suffered from morbidities like diarrhoea, which is also an indicator of malnourishment.

Immunization

Seasonal migrant children at the destinations are also at risk of missing their immunization schedule because of parental neglect due to their working pattern, as well as the distant location of public health facilities, which made it almost impossible for the migrant parents to get their children immunized according to schedule. Moreover, as the responses show, there was little interaction between the migrants and the local communities because of which important information, such as availability of health services at the destination, was not made available to the migrants, thereby worsening their unawareness.

“Some migrant children get vaccinated, some do not, and they miss [their vaccination schedule]. For those who don’t have the facility, if they live at a distance from the village, they may not get vaccinated till they return to their village. This means that they will miss their vaccination. And [there are] some people who take their children to the hospital on a market day, which is when they have a holiday, so that they can get their children vaccinated.”

A 42-year-old AWW

The parents who were interviewed said that they visited the government hospital to have their children

vaccinated; but some also said that sometimes, they could not because of the nature of their work. As the father of a migrant child said,

“We go to the government hospital for getting our children vaccinated but as we have to take leave, at times, we cannot go due to work.”

The parents in the study also pointed out that no ASHAs or AWWs of their home village called or contacted them to remind them that it was time for their child to get vaccinated. This is a matter of concern because the majority of children who travel with their parents are of immunization age and thus, are very likely to miss their vaccination schedules. However, even among the children who stay-back, some may not get immunized

on time because of lack of supervision and the feeling among caregivers that it is not important.

“They live with their grandparents and sometimes the grandparents cannot take them to the vaccination centre due to old age, illness, or other reasons. Thus, the children miss their immunization dates, [possibly] affecting their health.”

A 32-year-old ASHA worker

Although there is increased risk of migrant and stay-back children missing their vaccination dates, the situation is particularly worrisome for the children at the destination because of the unawareness of the parents and lack of information about the facilities available at the destination.



Psychosocial Health

The environment at most destinations are not conducive to the safety of migrant children. This study found that the children were often sad, stressed, anxious or depressed. Their unhappiness was mainly due to lack of facilities, parental inattention, and the mistreatment some of them experienced. One migrant child said that *"I did not feel good living there [at destination]."* Another girl, a 14-year-old said,

"The locals used to shout at us. They would say, 'Why do you come here?' (Sounding frightened). They called us the gabala people (the word gabala means useless or dirty), or use bad language."

In the view of the stakeholders in the village, the migrant children live in an environment that is very different from what they are accustomed to and feel safe in, which is mostly hostile to the migrants. As a result, their behaviour changes they return to the village and they are unable to mingle with fellow villagers, preferring to be by themselves.

"Some kids who migrate, start living alone and get used to it. This has effect on their minds, their body (weight-loss) and overall health."

A 34-year-old AWW

Stay-back children experience similar emotions, often because they miss their parents. These children feel that they are getting less love from their caregivers or are deprived of parental love. Such children cannot cope without their parents because they are completely



dependent on them. A 54-year-old teacher pointed out that children feel depressed because they miss their parents and, moreover, the migrants are not comfortable asking their kin for various needs.

"The facilities that parents can provide their children cannot be provided by grandparents, relatives or cousins. A child can ask for things as a matter of right from his father or mother; but he cannot ask the same things from his grandmother or cousin. This is an important psychological reason for the child going into a depressive state."

Responses in the Trust Circle tool (PRA tool) show that the stay-back children tend to seek help from parents, siblings and grandmother, i.e. people to whom they feel close. The children are hesitant to approach caregivers and other relatives for help. Thus, when the

child's parents migrate, leaving it in the care of relatives, it is not sufficiently appreciated that the child may not have the same degree of trust and comfort with the people it will be staying with.

For their emotional needs, the children in this study relied on friends, their mothers, grandparents, fathers and sisters. They tried to avoid seeking support or help from uncles, aunts, cousins, neighbours, and others. Thus, the children often felt lonely and depressed in the absence of their parents. As compared to migrants and stay-back children, the non-migrant children in this study had a wider social network for meeting material and emotional needs.

The study also found that migrants, especially the children, had erratic sleep timings. Thus, when they wake up, they are often in a moody

and irritated state of mind, which is reflected in their behaviour and psycho-social health.

Migration affects the psycho-social health of the adolescents to an extent that they are prone to indulging in risky behaviour. They acquire habits that have adverse effect on their health. As the village-level stakeholders reported, many migrant parents were regular consumers of alcohol, a practice which influenced their children into following them at a young age.

Children from migrant families, whether they accompanied their parents or stayed back, were affected psychologically due to lack of parental attention. At the destination, the parents were busy at work, leaving the children to cope on their own with an unfamiliar and unfriendly environment, which resulted in behavioural changes. One manifestation of the change was, as the study observed, the children preferring to be alone instead of socializing. Some acquired undesirable and harmful

habits. Moreover, some children experienced abuse at the destination, which made them scared and depressed. At the source village, stay-back children missed their parents and did not get the social and emotional support needed by them.

7.3 Menstrual Health and Hygiene

Women and girls in the study reported that they had to use cloth during their periods. Sanitary napkins were unaffordable and on leaving their village, the supply from ASHA workers also stopped. Adolescent children who accompanied their migrant parents also missed out on the benefits of ICDS programmes for adolescent health, which are implemented through AWW, ASHA and ANMs. These included counselling on adolescent health, pregnancy, menstrual hygiene, as well as access to sanitary napkins.

The migrant women in this study reported that it was particularly difficult for them during their periods and pregnancies. They had to carry large loads and work long hours even though they could not. To avoid pregnancy- and period-related prob-



lems while working, women labourers are sometimes forced by their families, contractors, and even doctors to undergo hysterectomies. Although no woman in this study

reported having undergone this procedure, studies show that forced hysterectomies is a rising health issue among women seasonal migrants.

7.4 Ailments and Treatment Seeking Behaviour

As per Census 2011 village directory data, of the 24 villages in the sample for this study, only one village had all the prescribed healthcare facilities: Primary Health Centre (PHC), a Sub-centre (SC), Dispensary, Non-government medical facilities, a pharmacy and a mobile team/clinic³ within the village. Another village had a PHC, eight had SCs, three had non-government medical facilities and a pharmacy, two villages had dispensaries, and one

had a mobile team/clinic⁴. None of the villages had Community Health Centres (CHC). In the remaining 15 villages, except for three, the ASHA workers living there carried out health checks and provided basic medication. In the remaining three villages, the ASHAs were living 10 km or more from the village.

According to information provided by stakeholders in the villages, parents, and children, of villages in

this study, residents of three villages accessed private clinics or hospitals for treatment, while three villages depended on Sub-centres or visiting ASHA workers for any medical assistance. Respondents in five villages reported visiting PHCs located 3-10 kms from the villages for treatment; and in two, private hospitals located 5-8 kms from the villages, provided health-care services.

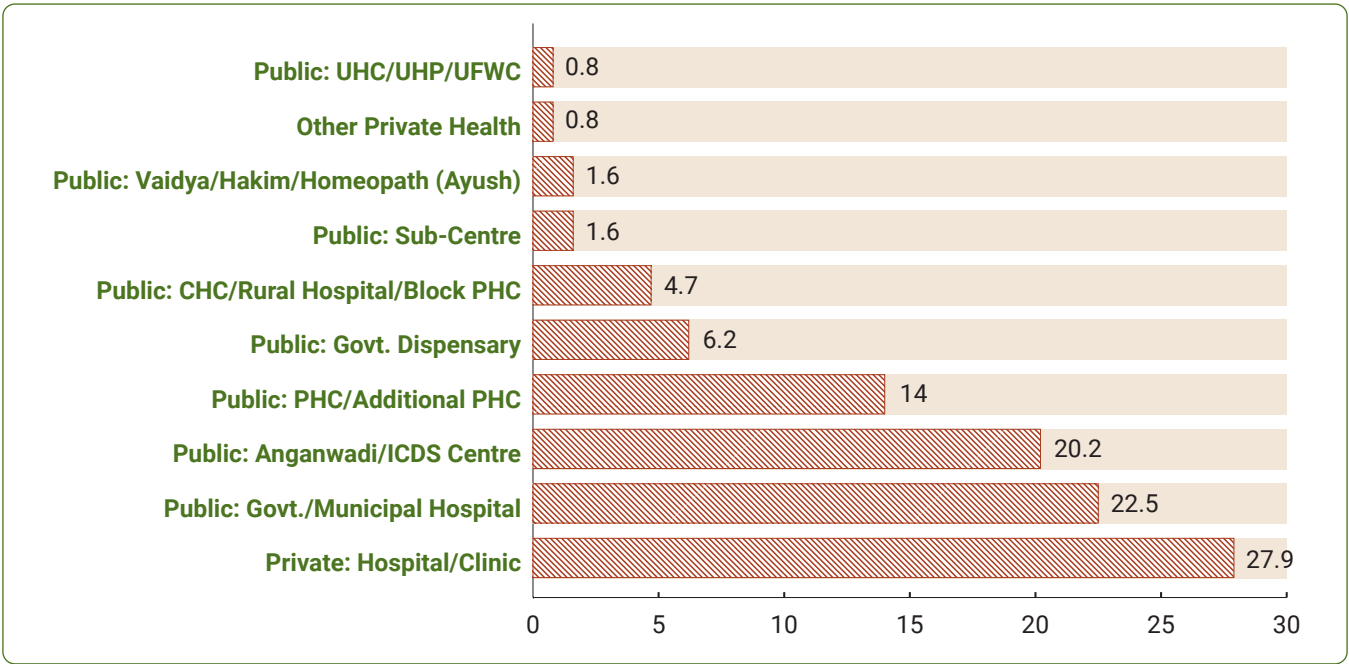


Figure 7.2: Health Facilities Accessed in Source Villages (3 months prior to data collection)

3 A team of healthcare personnel or vehicle equipped as clinic travels from one location to another. It usually comprises a Medical Officer (an MBBS graduate who is, as far as possible, a woman), one General Nursing and Midwife (GNM) personnel, one Lab Technician, one Pharmacist-cum-Administrative Assistant, and a Driver-cum-Support Staff.

4 Mobile clinics facilitate access to public healthcare services, particularly to people living in remote, difficult-to-reach, underserved and unreached areas. The objective of mobile clinics is to take healthcare to the doorsteps of populations, particularly rural, vulnerable and underserved areas. They are not meant to transfer patients to tertiary care facilities.

In Figure 7.2, as per NFHS-5 (2019-20) data, only 28 per cent of population in Jalna district visited Private Hospitals/Clinics for healthcare services, while the remaining 72 per cent depended on various types of public health facilities in the last three months preceding the survey.

According to NFHS data for Jalna district, public hospitals are preferred for treatment. However, among the 24 villages in the sample, Census data show that most had health facilities like PHCs, SCs, etc. depending on their population; but according to the respondents in the study, among the 24 surveyed villages, most of the population visited nearby dispensaries or depended on ASHA workers for healthcare services and treatment.

According to NFHS-5 (IIPS and ICF 2021) data, 65.2 per cent of children under 5 years had fever or symptoms of Acute Respiratory Infection (ARI), and 8.5 per cent of children under five years reported diarrhoea in the last two weeks preceding the survey. But NFHS-5 did not provide morbidity indicators of grown-up children. In this study, when children were asked about whether they fell

sick or were injured in the last three months, none of them reported that they were sick or had suffered an injury. However, the parents reported that their children kept falling ill at the destinations due to the cold, or severe weather conditions. One parent also mentioned that their children had diarrhoea at the destination, which is usually associated with the unhygienic living conditions that migrant children often live in.

Most children in this study reported that, usually, when they fell sick or were injured, they would inform their parents. They also said that they were taken to hospital for treatment only when they were severely ill or injured. In most cases, the migrant parents said, they resort to self-medication or, if unavoidable, they visit village ASHA worker for assistance.

The trust circle method was used to understand whom the children inform/trust when they fall sick. It was found that across categories, migrant, stay-back and non-migrant, the children relied most on their parents and grandparents for health-related needs. Extended family members or neighbours were not informed about the problems because, as the children said, they

would not get attention from them. The children were not aware of ASHA, AWW and others who could provide help. The lack of awareness was mainly because children aged 6–14 years are not direct beneficiaries of the services of AWW/ASHA workers and thus, have limited or no communication with these stakeholders. These children are covered by the health system only for check-ups which are carried out in their schools. Thus, it can be said that a social support system that is responsive to the children's needs does not exist. There is a need for a government scheme that provides treatment and care for children in this age group if they fall sick or get hurt. Such a provision would benefit children of migrant families immensely.

One parent in this study said that they had to travel long distances for urgent medical requirements. In addition to treatment delays because of time taken to reach a healthcare facility and incurring travel costs, the migrants also suffer loss of wages. Treatment at private facilities is unaffordable; yet, even in government hospitals, some out-of-pocket expenditure is unavoidable (Box 7.1).

Box 7.1: Challenges in Treatment-seeking Behaviour in the Villages

Jeevan Pawar a parent of non-migrant child from V village narrated his struggle to get his son treated. He said, “there is no hospital in the village. My son was sick with typhoid. He had a fever and had to be admitted for two days. We admitted him in the government hospital at Ghansawangi taluka. We can't afford a private hospital because our financial condition is not good, so we had to rely on a government hospital which is twenty kilometres away from our village. My child got proper treatment in the government hospital but it cost us two thousand five hundred rupees.

Overall, the study found that most parents (migrant as well as non-migrant) did not have health insurance. A few who had insurance under could not claim expenses because their policies had lapsed due to non-payment of premium as they did not have the money for the premium. The study found that, generally, there was a lack of awareness about health insurance schemes and also lack of proper implementation of health insurance schemes provided by government to some extent.

At their destinations, the seasonal migrants tended not to seek treatment for mild illnesses. For severe illness or injury that necessitated treatment, they visited or took their children by bus or on a borrowed motorcycle to the nearest hospital. A 35-year-old migrant parent said,

"If someone gets sick or needs hospitalization, they have to travel 10 to 12 km. to reach the hospital".

Travelling long distances to hospitals for treatment meant that the migrant workers had to take leave of absence which resulted in loss of pay for the period of absence. In addition, they also had to compensate their fellow *toli* members for the losses they may incur due to the shortfall in output because of their absence. This amount would be between Rs. 300 and 1000, which was decided by the *toli* (refer Chapter 4 of this report for more details).

Box 7.2: A Child born in Sugarcane Field

Ankit Dolas (Name changed), a stay-back child of village G was born in a sugarcane field in Karnataka during one of the migration journeys of his parents. His mother was working in the field till the ninth month climbing boards, filling trucks, etc. His mother was working on the delivery day as well. Ankit's mother rested only for 10-12 days in a hut at the worksite and then went back to work.

Due to poverty and distress, migrant women cannot afford to take rest (pre- and post-partum). This affects their health as well as the health of their children. Women labourers do not get rest during their periods; they must work to avoid being fined.

"We don't get any leave or holidays from the day we leave our village till our return. Even if we take leave, we have to pay a fine to the toli from our pockets."

A 35-year-old migrant father

This practice shows the vulnerability of migrant labourers, even for accessing health services.

At the destinations, as the study found, the migrants preferred private clinics to government hospitals because the latter were chaotic and crowded. The waiting time was also long in government

facilities, which the migrants could not afford because they had to get back to work quickly to avoid their wages being cut.

"At government hospitals, we get free treatment; but there it's crowded or chaotic. We are in a hurry to go [back] for sugarcane cutting, but we have to wait for too long. Hence, we [have to] go to a private hospital even though it costs us more, where we can see the doctor quickly and return to work."

A 35-year-old migrant father

The parents said that because of their poor financial condition, they

are forced to borrow money from *mukadam* or *malak*, or from fellow *toli* members. The *mukadam* said that there was a compensation scheme in place: in case of an accident (such as a cut from a sickle), the owner of the vehicle (truck in which sugarcane is loaded) pays the workers Rs. 1000-2000. Alternatively, the factory management may also provide financial help of about Rs. 2000-3000. But neither the truck owners nor the factory managements have a direct responsibility for the welfare of the workers and hence do not give much importance to these matters.

Another migrant mother drew attention to the lack of facilities at the destination, with the migrants' problems being compounded by their unfamiliarity with the surroundings,

"At the destination, we don't know [about the] others' movements, not even that of our toli members. Like, who is in the fields or who is outside, and so on. Nobody (referring to the health workers) comes there. There should be a government hospital in the village, as well as one at other workplaces too."

Contrary to the claims made by village, block, district, and state-level stakeholders that health camps were organized, the migrant parents informed the research team that no health camps were held at the destination; nor were any visits conducted by health workers like ASHA/ AWW for checks and dispensing medicines.

"I have been a migrant for 8-10 years, but I have never seen a health camp; nor has any one visited us and asked about our health."

A 35-year-old migrant father

The study found that in the case of stay-back children, due to a lack of supervision and support, and the absence of their parents, there were several problems in seeking health care (refer Box 7.3).

Box 7.3: A Teacher goes beyond the Call of Duty

Bhimrao Tindade, teacher in a village recalled the time when a stay-back boy fell while playing and was seriously injured. The boy's parents had migrated for sugarcane harvesting and his grandparents could not drive him to the hospital. The other neighbours had also gone to work on their farms. So, Bhimrao took the injured boy to the hospital.

"Some of the grandparents are very old and can't drive. So, if the children develop health problems like fever, it is difficult to get help from others on time."

A 32-year-old police patil

Two ASHA workers reported that adolescent stay-back children do not have anyone to look after them. They must fend for themselves when they fall sick. At times, they cannot seek treatment because they do not have the money to see a doctor or are unable to arrange transport to a healthcare facility.

"They are fed by their grandparents but even then, they have food-related problems. When the parents are not there in the village, there is the problem of money. When one (an adolescent child) falls ill, there is no one to take them to a hospital because the parents are not there to take care of them."

A 42-year-old ASHA worker

Non-migrant children reported that there were no healthcare facilities in their villages. There were only periodic visits by AWW and ASHA workers who would give medicines for fever.

A 13-year-old non-migrant boy,

"Sometimes they (the ASHA workers) give us a dose in school. They give deworming tablets [only] to small children. They don't give it to us."

7.5 The Role of ASHA and AWW in Service Provision and Challenges

In addition to their usual roles, as reported by them and block-level officers, ASHAs and AWWs also make efforts to help migrant children in various ways:

- The ASHAs carry out surveys to find the status of migrants in the village and collect the contact information of the children to remind their parents about their children's vaccination dates.
- The AWWs check the weight of stay-back children and give them food. In the absence of their parents, grandparents, or other caregivers, they are brought to the AWC for monitoring their growth and providing them with food if necessary.
- The ASHA workers said that they also counsel parents to convince them to not take their children along with them when they migrate.
- ASHA workers also visit in-migrant families and conduct surveys to determine the number of children and beneficiaries of ICDS and Immunization services. A few AWWs reported that they provide services for in-migrant pregnant women and new mothers like checking the baby's weight (monitoring their growth), assisting them on where they could deliver their babies, and so on.
- However, the ASHAs also said that they could not provide the services to many in-migrants



and their children because of the short duration of their stay at the destinations near the village. As a 46-year-old ASHA worker

“When migrant girls go to the destination, we are unable to assist them since they are at another place.”

- Although the ASHAs also provide sanitary napkins, they cannot supply them to adolescent girls once they leave their village. In addition, along with AWWs, the ASHAs also counsel the girls about hygiene and menstruation but this service is also interrupted when the girls migrate with their parents.
- The ASHA said that deworming and Vitamin A tablets are provided to migrant children after they return to the village.
- Some ASHA workers were not aware that facilities like immunization, available in the source village, could also be accessed at the destinations if the children had an immunization card.
- To conclude, our study shows that most ASHA and AWW were unable to provide services to migrants, mainly due to their absence from their source village. At the destination, the migrant beneficiaries could not access the services of ASHA and AWWs because of their long and irregular working hours. Further locating and tracking children who are not in the local data bases is a difficult task. Thus, the lack of migrants' access to health services is largely due to complexities of the situation and to overcome these challenges, additional support is required for the health workers.

At the state level, the Secretary of Women and Child Development Department and the Sugar Commissioner was interviewed in this study. In order to better understand the overview of the structure of the current health system in India, please refer to the

appendices (see Appendix-6 for Structure of Current Health System in India). At the district and block levels, District Health Officer, Deputy CEO, ICDS, CEO of Jalna, and the Block Development Officer (BDO), Child Development Project Officer (CDPO), Block Health Officer (BHO),

respectively, were interviewed. The interviewees described these strategies, as well as the challenges faced by them in providing services to all the beneficiaries, especially the seasonal migrants.

The ICDS Scheme

As reported by the Child Development Project Officer (CDPO), the CDPO is responsible for the implementation of Integrated Child

Development Services (ICDS) at block level. The CDPO is assisted by supervisors, with each supervisor given charge of 25 to 30 anganwadis.

ICDS Services and Seasonal Migrants

Interdepartmental Coordination

The state government department responsible for ICDS coordinates with the health department for health checks of pregnant women, lactating mothers, vaccination of small children (less than 5yrs), and all other associated services. The AWC coordinates with ASHAs and ANMs, and Taluka Health Officials to locate the beneficiaries and arrange for their medical checks and vaccinations. For in-migrants at their destinations, the AWW surveys their families to identify beneficiaries. A list of the services needed by the migrants is passed on to the health department and then the beneficiaries are referred to

nearest sub-centre with an updated health card. This information is also shared with other departments for

providing related services to the migrants who are entitled to these schemes.



Anganwadi Workers' Role in Providing Services to Children of Seasonal Migrants

The main role of an AWW is to register the names of children below six years, take care of them and provide them essential services like organizing supplementary nutrition feeding (for children aged 0–6 years),

monitor their growth, arrange referral services and non-formal pre-school activities (for children aged 3–6 years). As reported by the CDPO, the safety of the child is assured for as long as the child is present in the

anganwadi during its working hours (10 am–2 pm). Outside working hours, the AWW does not have an official role or responsibility towards the children, including those of migrant families.



Challenges in Providing AWC Services at Destination

- The migrants benefit for as long as they are in their villages of origin. But when they out-migrate, these benefits are no longer available. In the absence of a proper system, tracking them is difficult.
- Due to their unawareness about the portability of AWC services, the migrants are not likely to get these benefits at their destinations as they do not register their children with the nearest anganwadi. As a result, the children lose access to supplementary nutrition and consequently, by the time the families return to their homes, most of the children are malnourished.
- As pointed by the CDPO, another issue in providing services to migrant children at the destination is that the parents often forget to take their vaccination cards with them because of which the AWCs at the destinations cannot vaccinate the children who then miss their immunization schedules. To quote the CDPO,
“We do temporarily register the children who migrate with their parents from the village AWC, so that they will get services at the destination anganwadi, but [since they do not register] they end up getting nothing.”
- The CDPO also said that that due to their work burden (discussed in detail in Chapter 4), the migrants are unable to avail ICDS service at the destination.
“At the [source] villages, due to the constant follow-up by the AWWs, the migrants get all services. However, at the migrants’ destination, it is difficult — even with a survey by the AWW of that area — to know the number of beneficiaries. The AWWs also remind the migrant families to meet them to [register and] use their services and claim the benefits [they are entitled to], but they (the workers) are not able to because of their work.”
- The CDPOs also stressed on the need for a special strategy to get the migrants to register with the AWCs.
“Even though the migrants register, their registration is discontinued because they migrate. Hence there is a need for some special strategy to ensure that all children are covered.”

Strategies of AWCs for Providing Services to Migrants

- **Surveys:** The AWWs conduct surveys to determine the number of migrants returning home. They weigh the infants, enquire about the health of mothers and, if a child is malnourished, provide diet and health-related advice immediately.
- **Poshan Card:** The Women and Child Development department issues a 2-page card, called Poshan card, which has all details of the beneficiary. The card is in two colours: the yellow part is kept with the AWW, while the green one is carried by the migrants when they travel to their destinations. The Poshan card contains essential information about the beneficiary (name, age, permanent address, and so on). On production of the card at the destination, the AWW can provide the necessary services.
- **Nutrition Tracker:** Information like beneficiary’s name, names of the beneficiary’s family members, including children aged 3 – 6 years, pregnant and lactating women, etc. is updated in the nutrition trackers by the AWW through a user-id. This information is available online and can be viewed by any official in India, thus making tracking of migrants easier.

- **Counselling:** The WCD Department makes an effort to prevent children from migrating with their parents by counselling of parents through the AWWs who stress the importance of education, health, and nutrition. The AWWs suggest that the children are left in the care of their grandparents, where it will be possible for the AWWs to provide them all services required to prevent malnutrition.

- **Maha Migration Tracking Application (Maha MTS):** This is as a unique initiative by the state government of Maharashtra led by the DWCD post the COVID pandemic to ensure that migration does not deprive children and their families of access to services at destination worksites. It focuses on enumerating children, pregnant women and lactating mothers from

seasonal migrant families and tracking their movement from one place to another in order to provide services of nutrition and immunization while linking them to services of education and protection when they are at the destination worksites (refer Chapter 9 for more details).

Challenges in the Functioning of AWCs

The migrant child beneficiaries miss out on the benefits due to migration. In response to this challenge, the WCD department tries, through various strategies, to provide them with services when they migrate. But even so, the AWCs face several challenges of which the most significant are mentioned here.

- **Providing services to migrants:** Health workers and AWWs said that they found many children from migrant families to be suffering from malnutrition. They felt that tracking children and families is difficult because they are constantly on the move, making the provision of essential health and nutrition services a challenging task. One of the CDPOs who participated in this study,

“We conduct surveys and programmes to identify beneficiaries, who are malnourished; but



since the migrants are always on the move, we cannot give them food, provide referral services, dietary supplements, and fulfil other needs. For example, to provide ICDS services to the migrants, mainly rations, we must order them 1.5 months in advance. It often happens that we place the order and by the time it is received, the migrants

have already left. Sometimes, by the time the migrant comes to the anganwadi center to claim the take home rations, it has already been distributed.”

- **Recruitment:** The CDPOs reported that there is a staff shortage since no new recruitments to AWCs have taken up for many years. A lack

of manpower means that the existing human resources are stretched. It is more difficult to reach out to in-migrants who are, technically, not the responsibility of the AWCs at the destinations, especially if the migrants' worksites do not lie in the service area of the anganwadi centre.

- **Online registration:** An Aadhar card is necessary for registration of beneficiaries, which is done online. Most of the time, however, the migrants

do not carry their Aadhar cards, which makes their online registration difficult. One CDPO reported,

“Earlier, when the registration process was offline, not one beneficiary was deprived of his/her entitlements. Earlier, in case an in-migrant woman beneficiary, who is pregnant, arrives near a village, a volunteer would meet her with food/rations. However, now, due to online functioning [which made the system inflexible], it's difficult to provide [for the migrants].”

- **Limited IT capabilities:** Due to the online system, many AWWs found it difficult to use mobile phone applications for updating information on the government portals. They needed constant guidance from the CDPO or their supervisors.
- **Lack of awareness among CDPOs:** The study found that some CDPOs were not aware of certain services like provision of Poshan cards for migrants under the ICDS. This has made it difficult to provide ICDS services at destination.

Effect of Migration on Immunization

Migrants get excluded from health programmes like Village Health Sanitation and Nutrition Day (VHND) and Community Based Events (CEB) which are conducted at both the destination and source villages. Hence, the BHOs felt that proper guidance is not being given to the migrants in regard to maintaining hygiene and ensuring good health of their children. Immunization of migrant children is affected because they do not get vaccinated according to schedule. At their destinations, the migrant parents are also not aware of whom to approach and where to go.

In addition to the lack of awareness, the BHOs felt that because of their long working hours and the pressure to meet output targets, the parents of migrant children could not give

any attention to the necessity of getting their children vaccinated at the proper time. Therefore, there is a need for awareness camps at destination and, instead of migrants visiting the vaccination centres, government-sponsored health and

vaccination camps should be conducted at the workplaces or campsites of the migrants. Such a proactive approach would be more effective at ensuring vaccination than expecting migrants to visit a vaccination centre.



Strategies for Addressing Migrant's Needs at Destination

This section mentions the strategies for providing services to migrants at destination by the health department in coordination with ICDS.

- **Mobile team:** A mobile team is arranged for the migrants at the destination sites, which comprises a van with a testing laboratory, a doctor, and a nurse. The van travels to the places which ANMs or health workers cannot visit for vaccinating the beneficiaries. The mobile team counsels the migrants, carries out health checks and dispenses folic acid tablets and iron supplements, haemoglobin and calcium tablets, etc., according to need. While the block-level stakeholders claimed that this facility was available, there was no mention about it by the migrants when they were interviewed about utilization of healthcare services and their treatment seeking behaviour.

- **Use of school data:** Schools maintain records about children who migrate, which is accessed by the health department to locate and reach out to eligible children for getting them vaccinated. With this information, the migrants are identified and counselled to take the immunization card with them, which will help them to access vaccination services at a nearby Primary Health Centre.

- **Health camp:** The health department and Sugar Commissionerate have issued directives to sugar factories, requiring them to conduct at least three medical camps for migrant workers every year. The first camp must be held upon arrival of the migrants at the sugar mill; the next camp should be conducted in the middle of the harvesting and crushing season. The last must be held at the end

of the season and before the migrants return to their source village. However, parents of migrant children said that they were unaware of these provisions and that no health camps were organized at their sites.

- **Health card:** The government of Maharashtra provides beneficiaries with ANC-PNC cards. The migrants are counselled by the ASHAs to keep these cards with them wherever they go. The cards help Health Officials at the destination to understand the health, vaccination, and treatment status of the holders.
- **Reminders:** The department follows up with the migrants from their talukas by calling to remind them about the due vaccination dates.

7.6 Management of Migrants during COVID-19 Pandemic

The COVID-19 pandemic worsened the burden of migrants. Both the healthcare system, as well as workers were overburdened with tracking, testing, and treating huge numbers of infected people and hence were unable to provide regular basic health services. Due to the lockdowns, doctors and nursing staffs had to curtail their visits to the villages. As a result, as some parents reported, no health facility

or dispensary was available that people could access. Furthermore, there was the fear of being infected by COVID-19, which kept people confined to their homes. As one parent pointed out,

“A doctor used to visit for treating malaria, but nowadays (during the pandemic) no one visits from the hospital.”

Another parent of a migrant child described the situation thus,

“The treatment given in dispensaries was also not good; they [the staff] were giving us medicines but did not give us saline and injections; and that’s why no one was getting better quickly. We had to resort to home remedies to get better.”

Several challenges had to be overcome for bringing back stranded migrants and their children to their homes. To begin with, permissions were required for their transportation. This task was carried out by the village-level officials. Next was the issue of making arrangements for quarantining the returnees. The respondent officials said that suitable facilities were made outside the villages or in schools to isolate returning migrants for 15 days. As, a 37-year-old *gram sevak*- explained,

“Once the migrants arrived, we first sent them for a health check and COVID-19 test. Then we arranged for their stay outside the village for 15 days, either in the fields or in the school buildings.”

For those who tested positive, arrangements were made by the village officials. Schools were used by the village council to quarantine migrants who had arrived for harvesting sugarcane. Those who had homes on their farms were allowed to stay there, and those who could not make arrangements for staying were isolated in schools, with the village council providing for their needs.

However, a feeling of being excluded also set in among the migrants who were not aware of the need for isolation and the protocols that must be followed. The migrants felt that they were treated like outsiders in their own villages. The food provided during the isolation period consisted mostly of *farsan chiwda* (a fried snack) and *murmure* (puffed rice). During the pandemic, some gram,

lentils, a packet of wheat, turmeric, chili, and oil were also distributed among the returning migrant families and other beneficiaries

At their destinations also, the migrants lived in fear of getting infected by COVID-19. For their protection, and to prevent the disease's spread, the mills were

instructed to issue two sets of masks and sanitizers, and other protection necessary to the migrant workers. The workers were also tested regularly. The Sugar Commissioner of Jalna also directed the mill owners to conduct medical camps before the migrants left on their return journey to their native places.



Additional Responsibilities and Challenges of Health Workers during the Pandemic

During the pandemic, the health workers were at the forefront of the government's responses, working with village leaders to provide timely services to villagers, migrants, families, and children. In the second wave, when the situation worsened, ASHAs and AWWs were given the added responsibility of recording names, distributing masks and hand sanitizers, isolating people, and spreading awareness about the dangers of COVID-19, encouraging people to get vaccinated, and admitting COVID-19 patients in health facilities. The ASHAs and AWWs also visited homes to check the temperature and oxygen levels of residents and send the readings to the sub-centres. Additionally, several anganwadi workers were tasked with maintaining records of people visiting the village, and monitoring the implementation of protocols, carrying out health checks, conducting door-to-door surveys and doing duty at check posts and highways.

The challenges were many for most ASHAs. After the first wave ended, when the ASHAs tried to counsel individuals about the need to continue to be careful and follow protocols, they were refused cooperation. One reason for the villagers' refusal was the fear that the ASHAs



were themselves carrying the infection as they went from house to house. People were also refusing to go to a hospital to get tested, even when they had visible health problems, because they were afraid of being quarantined for fourteen days if they tested positive for COVID-19. As a result, many started to self-medicate with paracetamol, and other remedies for cold and cough. A 35-year-old ASHA worker shared her experiences:

"Some outsiders came to the village and would not listen to me. I then told them to stay out [in isolation] for fifteen days, but they would bully us."

The pandemic was a period of severe stress for the migrants. They were stranded at their destinations, where they were largely ignored and left to fend for themselves. When they could finally return to their homes, they were made to feel that they were not welcome. In addition, the pandemic stressed the health-care system to the point of collapse. At village level, the health workers were overburdened with additional duties and responsibilities, making it difficult for anyone to seek health care, and more so for migrants.

7.7 Conclusion

The study found that most of the time, the diet of migrant children was not suitable for them. Moreover, the food was monotonous and was available only in limited quantities during the journey, as well as at the destinations. During the interviews, many children said that they missed their meals often because their parents did not have the time to cook. Often, they had stale food. The usual diet consisted mainly of *bhakari* or *chapati*, *varan*, *bhaat*, and *chutney*.

Food was limited for the stay-back children also as they had to manage with whatever groceries their migrant parents had arranged for them before they left. Since access

to PDS could not be ported, meaning that the beneficiary could purchase only from the shop where they were registered, the parents could not purchase in bulk. Returning to the village every month to purchase rations was impractical and the system did not permit the purchase of rations from other PDS outlets.

The limited diet of the children made them more vulnerable to malnutrition and weight loss as compared to non-migrant children. Studies show that in addition to reduced immunity and susceptibility to infections, there were also metabolic alteration among the children. Undernutrition also has long-term consequences like

mortality, chronic diseases, cognitive and physical impairment. (Martorell 1999; Morgane et al. 1993; Nisbett et al. 2014; Pelletier, Frongillo, and Habicht 1993). Undernutrition also affects physical and cognitive development, schooling, and productivity (Hoddinott et al. 2013). As health is a subjective concept, despite the children's vulnerability to poor health and its consequences, the migrant parents did not see this as a problem. In their view, the only adverse effect of migration was on their children's education.

Another health problem was diarrhoea, the result of living in unhygienic conditions like lack proper



sanitation facilities and potable water. The high prevalence of diarrhoea among migrant children is a clear pointer to their vulnerability. The seriousness of the problem is underscored in a study by Brown (2003) who shows that diarrhoea among younger children is a leading cause of childhood mortality, growth failures and poor nutritional outcomes in the long term.

This study also reveals the effect of migration on the psychosocial health of children of migrant families. There were visible behavioural changes like irritation and the tendency to avoid company on their return to the source villages. Studies show strong evidence of the negative impact of the migration experience on the psychological well-being of migrant children (Stevens and Vollebergh 2008; Bhugra 2004; Fichter et al. 1988). Migration affects the mental health status of adolescents more than younger children resulting in an increased tendency to indulge in risky behaviour (Nirmala et al. 2014). Our study made similar observations. One village-level stakeholder said that children, who consumed alcohol, were influenced by the habits of adults.

Another important finding of this study was that children were deprived of access to most government schemes and programmes that were designed for their welfare, such as immunization, ICDS services, etc., when they migrate. A major reason is that their parents were unaware of the portability of ICDS services and vaccinations and hence do not

approach the AWCs at the destination. Another reason for children missing their vaccination schedules is that their parents cannot take time from work without loss of wages. Children who stay-back are equally at risk of not getting vaccinated due to the lack of supervision and attention by their caregivers. Failing to get vaccinated increases the probability of infections, as well as stunting, thereby worsening health and other outcomes (Nandi et al. 2020).

As compared to the stay-back children, the migrant children were more vulnerable because of their inability to claim benefits of schemes and programmes like CBE, VHSND, and those that address adolescent health. To close this gap, the ICDS and health department had implemented various actions like Poshan card, Nutrition Tracker, Mobile teams, and others through which they can reach migrant children.

Besides these programmes, there are also provisions for organizing health camps at the destination, and conducting surveys to identify beneficiaries. Village-level stakeholders like ASHA and AWW are also involved in these efforts: they send reminders to parents about vaccination dates; they engage with the families to create awareness of services at destinations, and by counselling migrant parents about the services they are entitled to at their destination. However, the parents and children in this study reported that they neither received any reminders nor were health camps organized at the destination sites. Thus, monitoring and tracking access to and the use of services

available for migrants at destination sites will help ensure their proper delivery and utilization by those who are entitled to them.

In spite of the efforts, migrant beneficiaries do not get these services because the ASHA and AWWs do not provide them at the destination or village, the main reason being that these health workers are already overburdened with responsibilities, more so during the pandemic, and tracking and locating these children who are outside the purview of system becomes a difficult task for them. As a result, the migrants do not get the services they are entitled to. The situation can be addressed with additional resource support, both human and material.

The study found that access to health facilities is difficult for people living in rural areas. Most villages do not have health facilities, government or private. The villagers depend on ASHA, AWW, or nurses from the government hospital for treatment and they get medicines for ailment and free health checks. The children get vaccinated by them. For the migrants, access to health facilities at the destination is more difficult than at their source villages. They are required to travel long distances to get treated for illnesses, or injuries that require attention, often riding on borrowed vehicles. The long travel to a health facility often delays treatment, which can lead to complications. Travel to hospitals or consulting medical professional entails wage loss because of absence from work. In addition, the migrant must also pay a fine to fellow *toili* members.

Another significant finding of this study is that most rural families, migrant or not, did not have health insurance cover. The few that did, could not claim reimbursement of expenses because their policies had lapsed due to non-payment of premium.

Adolescent children and women were more vulnerable to health issues at the destination. The women have to work on farms without a break, even during their periods, for fear of being penalised by the *toli*. Pregnant women would work till their due date and rejoin duty with just a 15 to 20 days of rest after child-birth, sometimes even less.

The COVID-19 pandemic and lockdowns exacerbated pre-existing vulnerabilities and reduced the migrants' resilience. Health facilities were extremely stressed and often failed to deliver when needed most. The migrants' condition worsened during the lockdown. Returning home presented a unique set of challenges because of the absence of proper transportation arrangements.

Village-level stakeholders did their best to provide the returning migrants with the necessities like masks and sanitizers. They also maintained a database of migrants, made arrangements for their isolation and testing, getting infected

persons to hospitals, encouraging people to get vaccinated, and raised awareness about COVID-19 and safety protocols.

Thus, overall, given the vulnerability of the migrants, and their living conditions, the government should take the additional steps necessary to provide health and related services like ICDS, Immunization, etc. Another major need is to create awareness of the health-related programmes and insurance schemes among the migrants so that they can benefit more from them. Thus, a holistic approach is needed to improve the conditions of the migrants and their children.



Chapter 8

Safety and Protection of Children

8.1 Introduction

8.2 Family and Social Support

8.3 Challenges in Accessing Basic Amenities and Services at the Destination

8.4 Vulnerabilities of Children

8.5 Conclusion



Safety and Protection of Children

Highlights

1

At Destination Sites

The migrant children lived in makeshift huts and often, without any provision for safe drinking water and adequate sanitation facilities.

The sharp edges of sugarcane leaves caused injuries (similar to deep paper cuts) to the children. The children were also prone to insect bites at the worksites and in their huts.

2

At Source Villages

The migration of parents impaired their children's social support system, especially for those who stayed back. Thus, their safety and protection needs often remained unmet.

3

At Source Villages and Destination Worksites

Although the migrant children were engaged in work in their source villages as well as at the destinations, the average time spent at work was several times more at the destinations.

Girls had the responsibility of caring for their younger siblings, doing domestic chores at the source villages while their parents were away; and at the destination worksites when they accompanied their parents. Moreover, some also cared for their grandparents in source villages during the absence of their parents.

8.1 Introduction

This chapter examines the issues related to the safety and protection of children of seasonal migrant families. Data for the study was collected through key informant interviews with stakeholders at

village, block and district levels, representatives of NGOs, children (using case narratives and PRA activities), and the parents (through in-depth interviews).

8.2 Family and Social Support

The data presented in the previous chapters clearly show the adverse effects of seasonal migration of parents on the education, health, safety, and overall development of their children. Data obtained from the Trust Circles indicate that the children in this study depended mostly on their parents for fulfilment of their basic needs. The absence of their parents due to seasonal migration meant that the children had to seek support from grandparents, extended family members, or even neighbours or friends when their caregivers were unable to provide the requisite support or attention. Moreover, a few stay-back children reported that they preferred to stay with their parents and grandparents over other extended family members or

neighbours because of their indifferent attitude, neglect as well as lack of care and concern (see Chapter 5 for more details).

At the destination, child care became a challenge for parents because of long work hours and the absence of adults to whom they could entrust the care of their children while they are at work.

Health issues due to irregular or incomplete immunization, and inadequate diet, led to weight loss, malnutrition and other related issues among the children of seasonal migrant families. These issues in turn, adversely affected their cognitive and social development (refer to Chapter 7 for more details).

The stakeholders (AWWs and teachers) reported, the children do not get much attention from their caregivers when parents are absent. Although food and groceries are arranged for the stay-back children before their parents' departure, these provisions often proved to be insufficient, compelling the children and their caregivers to work for managing their food and non-food requirements. Moreover, it was observed that the seasonal migration of the parents severely impaired the social support systems of the stay-back children. It was noted that stay-back children in the village with *balmitras* (youth members of VCPC) had better social support due to the critical role played by *balmitras* in coordinating between the village stakeholders and systems (refer Box 8.1).

Box 8.1: Role of Balmitra

The *balmitras* (literal translation: friends of children) play a pivotal role in ensuring the safety and protection of seasonal migrant's children. They are usually local youth volunteers aged 18 to 24 years who are co-opted members of the Village Child Protection Committees. They receive training through UNICEF and partner organisations on various issues related to children, their rights and protection. The *balmitras* support the anganwadi worker in conducting home visits to discuss kinship care options for their children who want to stay back in the village when parents migrate. They ensure that the data in the village migration register (VMR) is updated before the families migrate. The VMR contains details of all migrant and stay-back members of all migrant households as well as details of the person/s with whom children stay in absence of migrant parents. Based on this information, the VCPC forms groups of stay-back children and allots them to *balmitras* for ensuring their regular school attendance, health, safety and protection. The *balmitras* conduct study classes, recreational and sports activities before/after school and also provide psycho-social support to the children and caregivers.

A teacher from a village where *balmitras* were active mentioned,

"Children like the poems of balmitra very much. So, children who did not come on time or stayed at home earlier, have now started coming to school regularly and on time."

8.3 Challenges in Accessing Basic Amenities and Services at the Destination

The seasonal migrant families in this study, and their children, faced many challenges that began with their migration journey. Travel to the

destination was often hazardous and at the destination sites, the migrants lived in inadequate shelters and without access to basic

amenities. The story of Kiran (name changed to protect her identity), a migrant girl, highlights the difficulties faced by migrant families (Box 8.2).

Box 8.2: Kiran's Mobility Map



Kiran, a 14-year-old girl who migrated with her parents, recounted her experience during a mobility mapping exercise, a PRA technique. While drawing a house, she said, *"I love my home; I like to spend time here, but sometimes I have to accompany my parents to their worksite"*. As she continued to draw, she pointed to the roads and areas near her home, saying, *"I play here with my friends"*. Kiran then stuck a picture of her school. *"I like my school, I get to meet my friends and play with them"*, she said. Then Kiran drew a temple and remarked, *"I like to go to this temple too; my family visits there often."*

Kiran extended the map to the far corner of her paper, recollecting that *"We travel by bus and take the busy highway to Karnataka to the worksites. I don't like going there. The journey is very hectic! Vehicles drive so fast on those roads that I am afraid to travel. The last time when we went to the sugarcane fields, we had stopped at a dhaba where they were serving alcohol."* At this point, Kiran marked the *dhaba* with a cross to indicate her dislike and continued, *"I hated that place. It was so uncomfortable to eat there; the people there were not that cooperative, but the next stop dhaba was nice, as there were no drunkards."*

While narrating her experience, Kiran drew a road that led to an open field and expressed her resentment. *"When we reached the destination, the condition of the road to the destination was bad. I hated those roads, but the small hut we stayed in was one of my favourite places."* Kiran then explained why she hated the road, *"I hate this road which leads to the open field. My mother and I go there together for defecating. Going in the open embarrasses me. There is a big well from where we get water, and I am scared that I will fall into the well. I don't like to go there. On the other side of the village, there is a river which scares me too. I feel that I will fall and drown in the river."*

Kiran marked the area near the circular huts on her drawing, which were at the end of the long road. *"I used to fetch the water from a well; I hated it and always feared that I will fall into the well. The place I hated most was the fields [where I had to work]. I had to separate the waste (sugarcane leaves) and cut the sugarcane."*

Describing her experiences at the destination, Kiran added, *"...At times, I felt scared as the local people used foul language, shouted, and abused us. They used to question us, 'Why did you come here?' and called us the gabala (dirty people). Occasionally, my parents had to work in the sugarcane fields at night, leaving me and my siblings in the hut. We were scared of ghosts, and some local men."*

Kiran also shared her experience of being stranded in the destination because of the lockdown imposed during the pandemic. She remarked, *"I was very scared when suddenly the lockdown was declared in Karnataka. The factory owners made us write our names on a sheet of paper, and then a truck was arranged to take us back home."*

There are two types of worksites at the destinations: factory sites and *dokhi* sites. Migrants living in the factory sites were provided with electricity and water, while those living in *dokhi* sites often moving from one field to another and had no access to these amenities. It was observed that migrants living in the *dokhi* sites were more vulnerable to health hazards and safety issues as compared to the seasonal migrants living near factory sites.

Some children in this study reported that they felt safe around their parents and, accompanied them to the destination. Since they did not want to be separated from their parents, were happy to travel with them on their migration journey.

The fragility of the migrants' living conditions resulted in an unsafe environment for the children of seasonal migrant families. The study found that migrants lacked access to basic amenities like potable water,

sanitation facilities, and safe shelters. In addition, they faced several challenges in accessing essential entitlements like education, health, nutrition, and protection. The sharp edge of sugarcane leaves often caused injuries to the children. The children were more vulnerable to insect bites at the worksites and huts.

There were marked differences in the perceptions of government officials and the parents on the issue of availability of basic

amenities at destination worksites. While a migrant mother rued that factory managements did very little in this regard, a government official stated that they conduct regular visits to sugar mills to monitor the status of drinking water and sanitation facilities at the factory sites. However, he also reported, “factories provide drinking water through tankers, sometimes they store water in open tanks from where animals also drink, making the water unsuitable for human consumption.” At the dokhi sites the study team observed that no basic amenities were available.



Safety of Women

A woman reported that they have to walk long distances, often with their daughters, to fetch water for their daily needs at the place of destination, which add to the physical strain. Moreover, the lack of sanitation facilities meant that they have to leave their dwellings before daybreak to defecate in the open, which exposes them to risk of abuse and violence.

Mother of a migrant child

8.4 Vulnerabilities of Children

The presence of parents and the care and attention that they provide are crucial to their children’s emotional health. Thus, the decision of migrant families to take their children along or leave them in the source village had a significant influence on their well-being outcomes. At all the stages of the seasonal migration process, the risk of becoming victims of abuse, violence and neglect is high for both migrant and stay-back children. This section discusses the neglect, abuse and violence faced by the children. In terms of safety and protection, the life of migrant children at the destination appears grim. The children of seasonal migrants at the destination face verbal abuse from the locals. Some children reported discomfort and fear of living at the

destination. They spoke about the derogatory comments made by the

local villagers who saw them as unwelcome outsiders.



Vulnerability to Neglect

Migrant children felt neglected because parents' long working hours. Long hours of work meant that children neither received their meals on time nor had sufficient sleep. Moreover, the fact that parents are at work from dawn to dusk meant that children are mostly left without adult supervision which increased their vulnerability to violence and abuse.

Village-level stakeholders opined that, children who stay back when their parents migrate, miss out on parental care which affects them in myriad ways. One *sarpanch* pointed out that lack of parental care is one

of the negative effects on stay-back children. Grandparents, cousins, uncles and aunts were unable to give them the level of attention that children used to get from their parents. Another *sarpanch* observed that because of the lack of support from extended family during the absence of parents, stay-back children tend to develop an inferiority complex and become emotionally vulnerable, affecting their education and health (refer to Chapters 6 and 7 for further details).

In the case of stay-back children, physical safety was not seen as major concern by them. But they

reported that they missed their parents, especially when they were ill or had an injury. Some children mentioned that they depended on teachers or ASHA workers for attending to health-related issues. For many of the stay-back children, the biggest challenge was the loneliness that they experienced due to the absence of their parents. This is a matter of concern as loneliness among adolescents can lead to psycho-social distress which in turn has serious implications for the overall health (including mental health) and well-being of children, both in the short and long term.

Vulnerability to Abuse and Violence

Many children reported that they felt unsafe during the journey to the destination as they had no proper shelter and had to sleep in the open near the tractor. They spoke about the poor living arrangements at the destination (refer to discussion in Chapter 5).

Often, the children felt insecure and lonely when they were left alone in their huts by parents. A factory manager reported that quarrels between migrants often made the children feel vulnerable. Some children reported that they were subjected to taunts and verbal

abuse by local residents when they played in open spaces or loitered in the neighbourhood. Some parents confirmed the existence of 'outsider insider' (migrant vs local villagers) conflict. They added that they were worried for their children's safety due to this antagonism of local communities towards them and their children. Some parents said that they did not allow their children to play, confining them to their living area to ensure their safety, implying that the mobility of children at destination worksites is restricted to the immediate vicinity.



Unreported Violence

"Many a time, young girls become victims of unpleasant incidents at the workplace. Extreme events also occur in the darkness, but nothing (no information) comes out. They hide it or wipe it out due to shame, or pressure from the local influential people."

A 50-year-old mukadam

Vulnerability to Substance Abuse

The children from seasonal migrant families in this study were vulnerable to substance use and prone to habits, such as chewing tobacco, consuming liquor, smoking and gambling. The *sarpanches* pointed out that alcohol abuse was common amongst seasonal migrants. With children exposed to their parents' alcohol consumption and *beedi* smoking, their chances of picking up these habits also increased.

Data from NGO representatives indicates that several small makeshift shops, including those selling tobacco and locally produced molasses-based liquor are set up close to the residential camps. Their proximity to the dwellings of the

migrants enables easy access to substances, thereby increasing the risk of their use. One *mukadam* also reported that some of the migrant children at the destination start drinking alcohol at the early age of 15 to 16 years.

Substance abuse was not only reported in the context of migrant children but also with stay-back children. Stakeholders at the origin village (including the *police patil*, teacher, *sarpanch*) shared that when a child stays back alone without supervision, there is a high chance of their getting addicted to undesirable habits like smoking, chewing tobacco, alcohol and gambling.

“

Aakash, 13-year-old stay-back child who was living with his grandparents) got addicted to alcohol and dropped out of school while he was studying in Class VIII.

Vulnerability to Increased Adult Responsibilities

Data for this study showed that irrespective of whether the children came from seasonal migrant or non-migrant homes, most of them helped their parents with household chores, such as cooking, cleaning, fetching water, washing clothes, and caring for their siblings. However, the burden was greater for children who migrated with their parents. One migrant parent reported,

“Our children take care of the cooking and other household work at the destination.”

“My mother prepares sabzi (vegetable curry) and I make poli (chapati).”

A 13-year-old migrant girl

Most of them worked with their parents in the fields.

The 24-hour clock PRA activity with children revealed that children from seasonal migrant families accompanied their parents to the worksites and worked with them. The parents of these migrant children also shared that their children helped them to tie the sugarcane into bundles and



sometimes even cut sugarcane to give them some rest. Occasionally, when the mother fell ill or the father needed to leave the worksite, the children worked as substitutes to ensure that there was no loss of wages.

Like their migrant counter parts, the stay-back children were also burdened with additional responsibilities. Stakeholders and stay-back children reported that in the absence of their parents, the children's burden of responsibilities increase with having to do the household work. They are expected to take care of their homes and look after their siblings and caregiver grandparents.

Generally, the girls help their grandparents with the household work, while the boys work at the farms. The stay-back girls in this study, aged between 13 and 16 years, helped

their grandparents, fed the cattle, cooked food, washed the utensils and took care of their younger siblings or elderly grandparents.

'My daughter was staying with her aged grandparents. She helps them in cooking, fetching water, and washing the utensils.'

A 38-year-old mother

'I sweep the floor and wash the utensils. I also go with my sisters to collect firewood and in the absence of my parents, I also fetch water for the day.'

A 10-year-old stay-back girl

'My grandmother cooks the food, but I have to do all the work for my two younger siblings, such as washing their clothes, and monitoring their studies.'

A 13-year-old stay-back girl

“

Ravi, a 17-year-old stay-back student of class 11, was living alone. His parents had migrated for work. Ravi cooked his own food and did all the housework without depending on anyone for help. After finishing his household chores, Ravi attended school. He was a regular student.



Vulnerability to Child Labour

Child labour as defined by ILO (2017) refers to work that deprives children of their dignity, potential and childhood, and is also harmful to their physical and mental development. A *police patil* in this study mentioned that most children who migrate with their parents do not attend school and are at risk of child labour. Initially, they assist their parents and, gradually, become full-time labourers.

Several stakeholders and children reported that both girls and boys aged 10 to 15 years migrate with their parents to help them at the destination. They collect *wade*, tie sugarcane into bundles and help load these on tractors. One of the ASHA workers further added that a family heavily in debt is more likely to make their children work as labourers.

The manager of a sugar factory stressed that no one below the age of 18 is employed and claimed that at the time of recruitment the identity of the person and age are thoroughly verified by checking documents like aadhar cards. This is done to ensure that only adults are employed.

However, a crucial point here is that wages are based on the output, meaning that it is the weight of the sugarcane cut that determines how much is paid to the workers. Additionally, a penalty is levied if the



required minimum target is not achieved. Output-based wage calculation puts an additional burden and pressure on the family to maximise their earnings to clear their debt or *uchal*, leaving them with no option but to involve their children in work.

In the case of stay-back children, they helped their caregivers in farming activities like picking cotton. Children's stakeholders particularly teachers reported the instances of child labour in villages. One of them said that many children, especially the girls, are engaged in picking cotton. They get paid for the quantum of work. Some of the children also work at extracting *tur* (lentils) and soybean seeds. The

wages paid to the children for this kind of work is usually between Rs. 100 to Rs. 150 per day. However, a few stakeholders like the *gram sevak* denied this, claiming that no one employed children below 14 years directly as labourers.

The State has put into place a system for prevention and response to child labour. Interviews with village level stakeholders revealed that child labour was addressed through village-level structures involving GP members, VCPC members and *police patils*. CHILDLINE, DCPU, police and labour department officials were involved in rescue operations when these occurred.

Vulnerability to Child Marriage

NFHS data showed a decrease in child marriage rates in Maharashtra from 26.3 per cent (2015-2016) to 21.9 per cent (2019-2020). Though there is a significant decline in the proportion of child marriages in Maharashtra, the numbers remain high, especially in the Marathwada region (37.4% in 2019-2020).

“

“My sister got married at the age of 14 years, when she was studying in Class 8. She was good at her studies and wanted to continue with her education. But our parents forced her and got her married.”

A 13-year-old stay-back girl

Child marriage remains a major concern in Jalna district. While conducting in-depth interviews, on the subject of child marriage, the village-level stakeholders gave mixed responses. However, all agreed that though child marriage was common in the past, they were rare at present. One *gram sevak* said that, despite the interventions for raising awareness on the adverse effects of child marriage, there were two to three cases of child marriages in his village.

“

I am the registrar of this village. I will speak from the records which I maintain. The ones who come to register their marriages are all above 18 years of age. I don't know what happens outside the records (meaning that instances of child marriages do not come to his notice).

A gram sevak

He also drew attention to the adverse sex ratio as the major reason for child marriages (530 females to 593 males). Parents tend to marry off their daughters as soon as a suitable match is found.

“If the family gets a good bridegroom for their daughter, then they think that they should not miss this opportunity and thus, get the girl married. That is the mindset of the people.”

A 38-year-old gram sevak

Echoing this sentiment, one teacher shared that having a boy was preferred over a girl. She also agreed with the *gram sevak* that some she further added that the age of the daughter and her educational needs are not considered before making this decision.

The study found that the main reasons for child marriages were concerns for the safety of the girl and, financial crisis.



“Parents tend to marry their daughters off if they have no money to support their education.”

A 50-year-old sarpanch

The system of *koyta* where payment is made on the basis of a pair of workers also pushes young girls into child marriages, more so at destination worksites.

“

Parents say that girls are like a mirror, once there is a crack, it can't be repaired,” implying that if molested, the girl and her family have to endure life-long stigma.

When asked about instances of child marriages during the COVID-19 pandemic and lockdowns, a teacher replied, “*child marriages have always been there; there is nothing special about their occurrence during the pandemic.*” However, representatives of NGOs working in Jalna, said that there was an increase in child marriages during the lockdown. The

restrictions on number of invitees and mobility meant significant lower marriage expenses which parents saw as an opportunity to marry off their daughters without interference.

The District Child Protection Officer (DCPO) explained how the authorities had been trying to address the issue through collaboration with

CHILDLINE, and the involvement of village-level systems like the Village Child Protection Committees (VCPC), *police patils*, *gram sevaks* and anganwadi workers.

The Kinship Care Model

This model was innovated by UNICEF in partnership with the DWCD, District Administration Jalna, Education Department and CSOs. A recognition of the unique and diverse vulnerabilities of children that stay back and those who migrate with their parents led to the development of this model. The family- and community-based alternative care options that enable children to stay back when parents migrate, usually in the care of kin (grandparents or other relatives) is the core of this model. This not only prevents unnecessary institutionalization but also prevents disruption in children’s education, their being forced into child labour, child marriage and reduces their vulnerability to neglect that results from children being forced to migrate with their parents for more than 6 months each year.

Identification and enumeration of seasonal migrant families is the first step. The *Gram Panchayat* maintains a Village Migration Register (VMR) which contains the details of all migrant families. It includes information on children who migrate, those who stay back, the details of the kin with whom the child is staying and the parent’s contact details.

For children who stay back, convergence and cooperation of the village-level structures such as the *Gram Panchayat* (local self-government), Village Child Protection Committee (VCPC), School Management Committee (SMC) and functionaries like school teachers, anganwadi workers, ASHAs and youth volunteers (*balmitras*) has proven to be the cornerstone of the model. This enables linkages to services and activates special support programmes during the migration season.

The *balmitras* (refer Box 8.1) are trained youth volunteers and members of the VCPCs. They provide the crucial human resource support to the village level systems and frontline functionaries. They support families to finalize care arrangements, maintain a follow up of children through regular home visits, conduct after school study classes and recreational activities. They also provide crisis support as well as psychosocial support to children and their caregivers. The afterschool study and recreation programmes build inclusivity as these are held in schools for all children of the village.

The programme has reached nearly 10,000 children and families. By building a safety net for children who stay back, this programme holds the potential to break the intergenerational cycle of poverty and distress migration.

8.5 Conclusion

Children, whether they stay-back or migrate with their parents, are at increased risk of abuse, violence, and neglect. The seasonal migration of parents aggravates the already existing vulnerabilities of their children, raising concerns for their safety and protection.

For the seasonal migrant families, most of these vulnerabilities stem from the poor living conditions at their destinations. The challenges in availing amenities heighten the security and safety concerns of children and women who live in makeshift huts and often without any provision for safe drinking water and sanitation. Due to the lack of sanitation facilities, they defecate in the open. This is particularly difficult for women and girls because they must wake up before day break to find a safe place.

Migrant children are also at increased risk of injury because they work with their parents. Cuts from the sharp edges of sugarcane leaves, and insect bites were common. Moreover, at the destination children remain unsupervised and face neglect in the absence of any routine. A few children also reported discomfort and being afraid at the destination.

For the stay-back children, seasonal migration of their parents not only resulted in having to live without their parents but their absence also significantly impaired their social support system. This separation for six months is not a one-time separation but happens every year, year after year. The lack of immediate social support affected the children emotionally.

The children have to manage their lives with the limited resources arranged by their parents before they migrate. Girls who stayed back had to shoulder the additional burden of finishing the household chores and caring for their younger siblings before they could go to school.

This chapter raised a crucial need for family and community-based care and protection services to address the unique circumstances of children affected by migration at source and destination.

The study found that child marriage and child labour are a fall out of the dynamics of migration. Despite systems available to respond to these violations of child rights, preventive measures that address causes connected with migration

have not been adequately explored. There is a need for strengthening prevention and response systems and structures in the context of seasonal migration. Suggestions and recommendations for the safety and protection of children of seasonal migrant families made by respondent stakeholders and the research team are presented in the chapter on policy and recommendations. The study team observed that there is no clear delineation of duty of care or accountability, especially in the matter of providing essential services and amenities by the management of the worksites. It was also found that Village Child Protection Committees (VCPCs) are the only institution for the protection of children in the villages. The VCPCs need to be strengthened and empowered prevent harm, ensure children go to school and access services, enable care services that address absence of supervised care for children whether at source or destination.



Chapter 9

Policy Recommendations and Conclusion

- 9.1 Introduction**
- 9.2 Children's Rights and Vulnerabilities**
- 9.3 Vulnerability of Children from Migrant and Non-Migrant Families**
- 9.4 Good Practices for the Children of Seasonal Migrant Families**
- 9.5 Gaps in Policy**
- 9.6 Policy Recommendations**
- 9.7 Directions for Policy**
- 9.8 Other Recommendations**
- 9.9 Conclusion**



Policy Recommendations and Conclusion

9.1 Introduction

The focus of this study was on seasonal migrant families and their children from the Jalna district of Maharashtra. Seasonal migration is a growing phenomenon, particularly in the semi-arid regions of India. Prolonged drought conditions in the region result in distress among the population which, combined with a lack of livelihood opportunities and increasing debt, forces families to migrate.

In the seasonal migration process, many children become passive migrants, accompanying their parents to various destinations. Others stay back (or are left behind) when their parents migrate. Seasonal migration has adverse effect on the children's lives, both for the stay-back children because of separation from their parents, and the migrant children who are uprooted from a familiar environment and are forced

to adapt to new conditions at the destination. Yet, in the national discourse on migration, both groups of children remain largely invisible and their vulnerabilities remain unaddressed .

The key questions of the study are presented in Figure 9.1

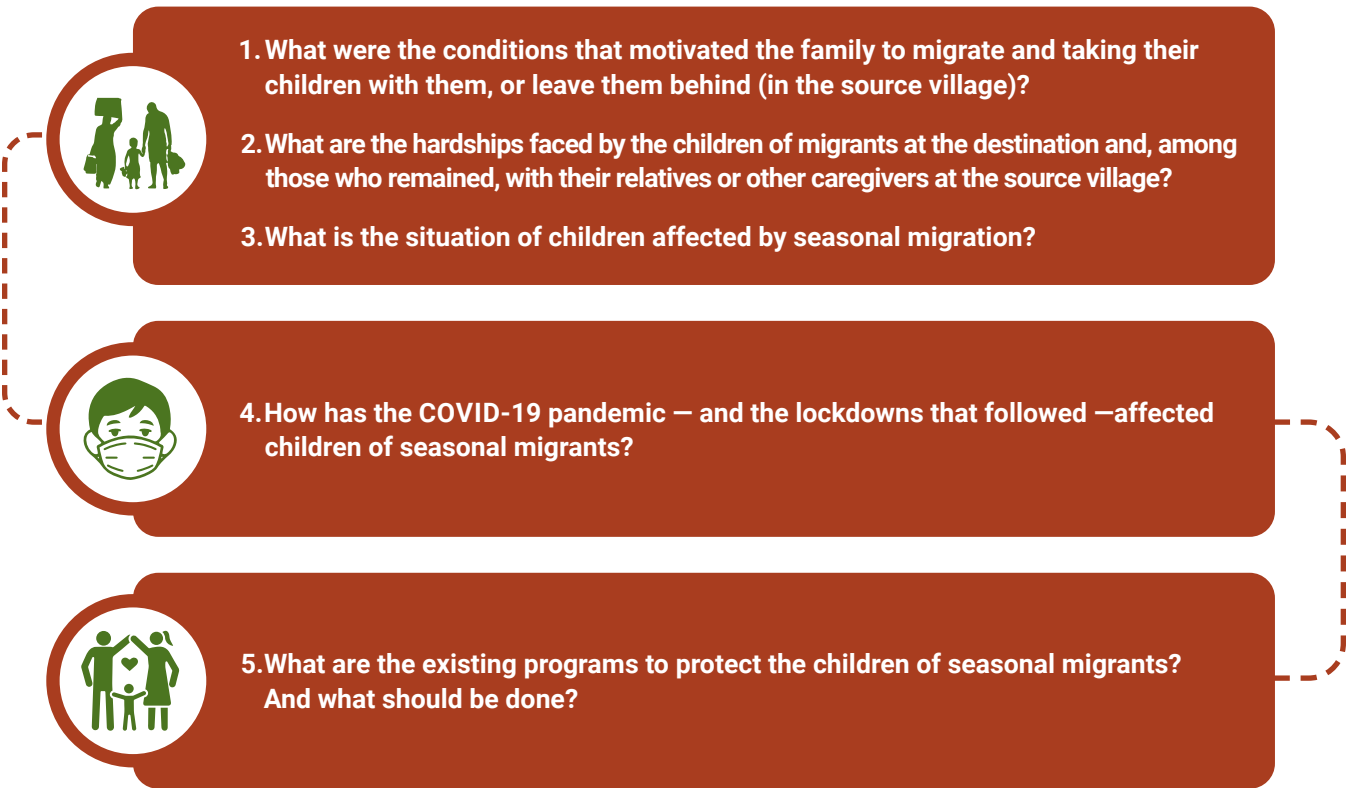
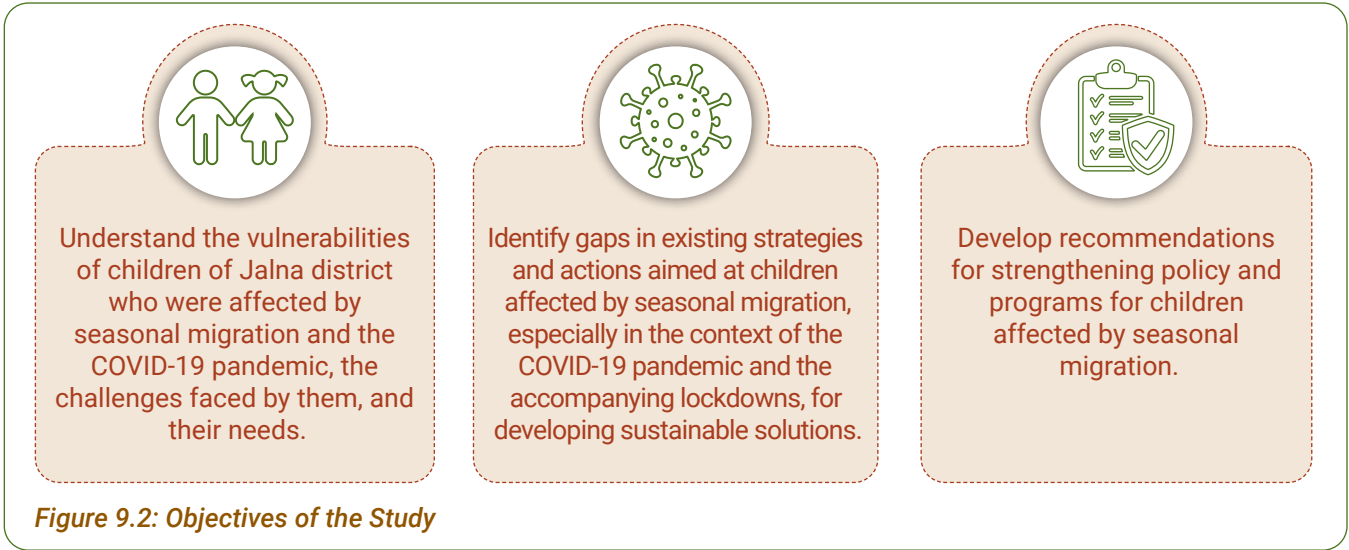


Figure 9.1: Key Areas of Investigation in the Study

To get a holistic understanding of the effects of seasonal migration on children's lives and wellbeing, and for recommending appropriate remedial actions the study integrated three aspects i.e. 1) experiences of the

children and their parents/ caregivers; 2) perspectives of frontline workers, service providers, civil society representatives, *mukadams*; and policymakers and 3) review of global good practices, and existing migrant

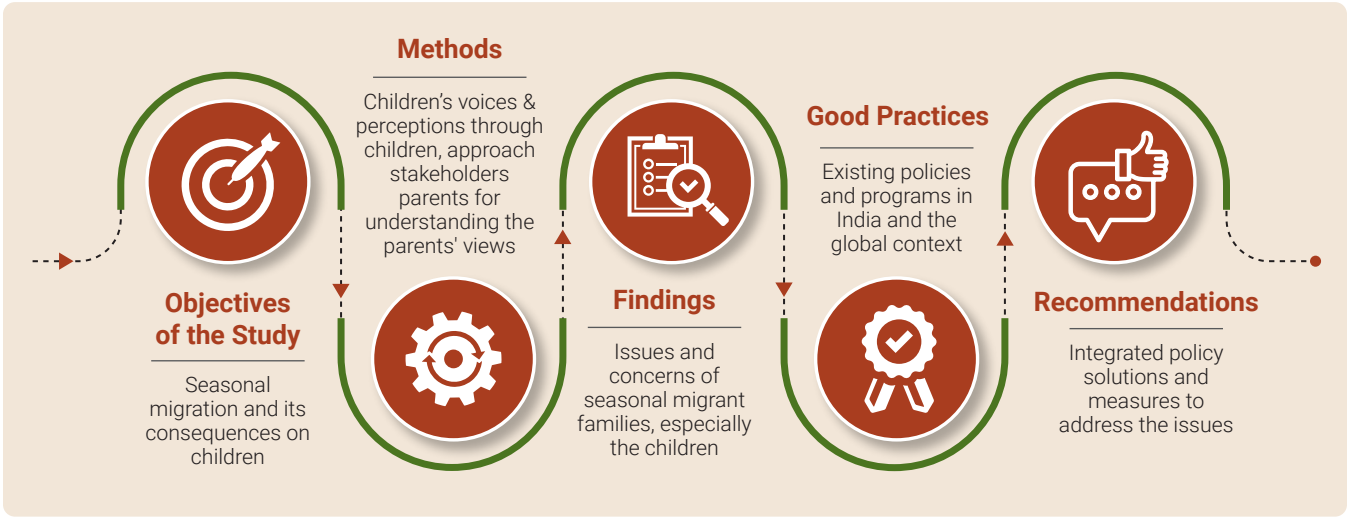
support programmes and initiatives. The specific objectives of the study are as given in Figure 9.2. The study follows several stages to accomplish the objectives (refer Figure 9.3).



The decision of migrant families to take their children along, or leave them behind in the villages of origin, depended upon several factors like age of the children, gender, school-going status and availability of the

family support in the native village. It is also important to recognize that children have little or no say in decisions whether to migrate with parents or stay back at their source villages.

The following section discusses the issue from a child rights perspective, and the vulnerabilities that the children face.



9.2 Children's Rights and Vulnerabilities

The issues of children were analysed using a child protection lens. The matrix in Figure 9.4 presents the concerns related to the rights and vulnerabilities of the children based on their migration status and age. The frequent relocation associated

with the seasonal movement of parents affects the life of the children by limiting access to basic entitlements. The children who stay back in their home villages when their parents migrate face several challenges mainly due to parental

separation. Whether they migrate with their parents or stay back, girls are more likely to discontinue education, take on greater adult responsibilities and are more vulnerable to neglect as well as abuse.

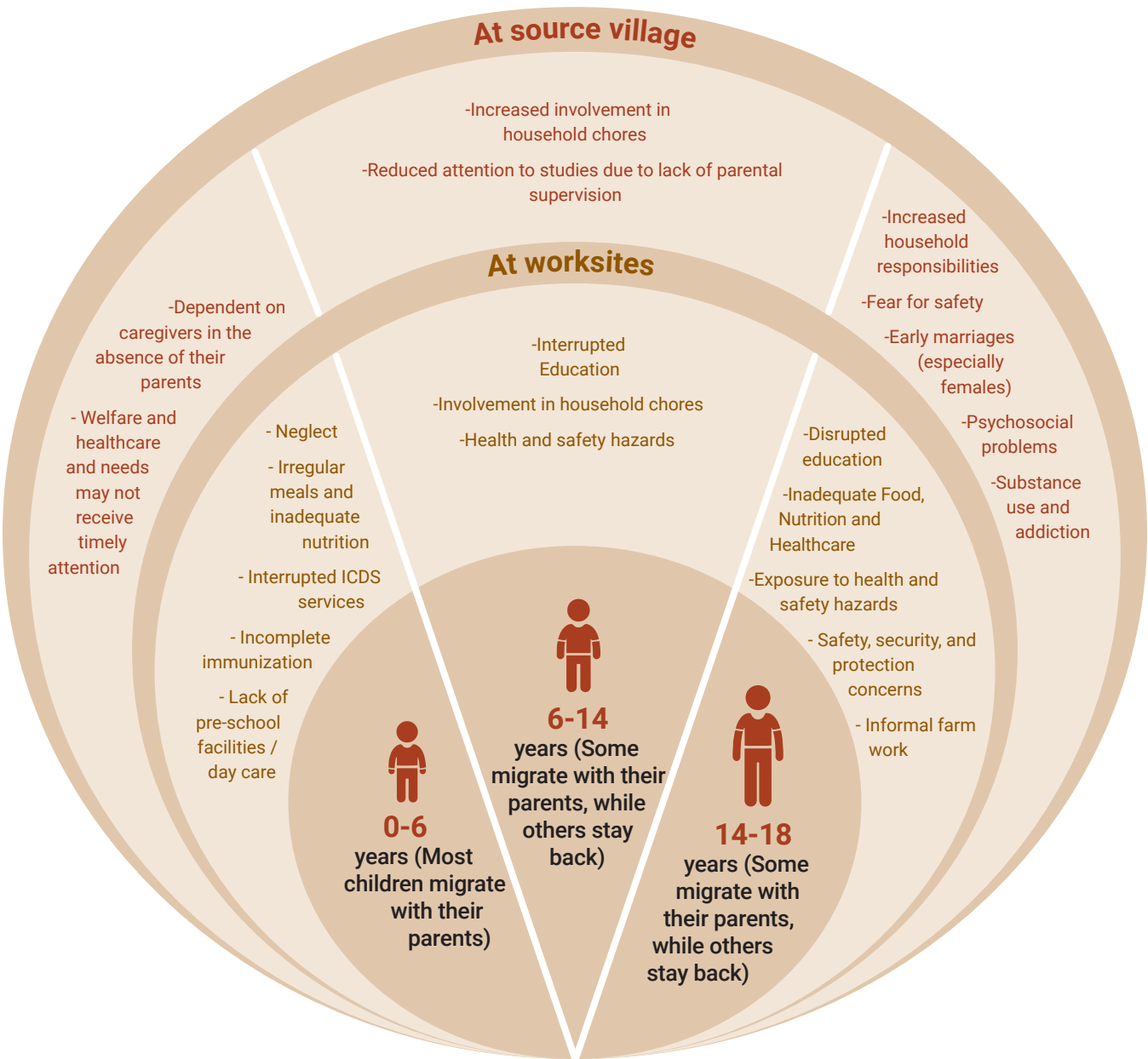


Figure 9.4: Vulnerabilities of Children by Migration Status and Age

9.3 Vulnerability of Children from Migrant and Non-Migrant Families

Figures 9.5.a, 9.5.b and 9.5.c show how the children in the study were affected with reference to rights-based indicators or access to services. This depended on whether the children belonged to migrant, or non-migrant families. The study found that non-migrant children are in a better position to receive an education and regular healthcare services from the government. Living in the village with parents, having adequate support and access to basic services place these children

in a better position as compared to their migrant and stay-back counterparts. Stay-back children could access services like their non-migrant counterparts; however, there were several negative impacts resulting from the migration of parents.

The vulnerabilities of migrant children were aggravated because the basic services and support that non-migrant children get in the source villages are not easily

accessible to them. They face hardship from a very young age. They are exposed to various hazards during their journey to worksite, and a life of deprivation of basic child rights at the destinations. Girls are placed at a greater disadvantage than the boys, regardless of whether they stayed back in their source villages or they travelled with their parents to various destinations. Policy must address these issues for ensuring the welfare of migrant children.



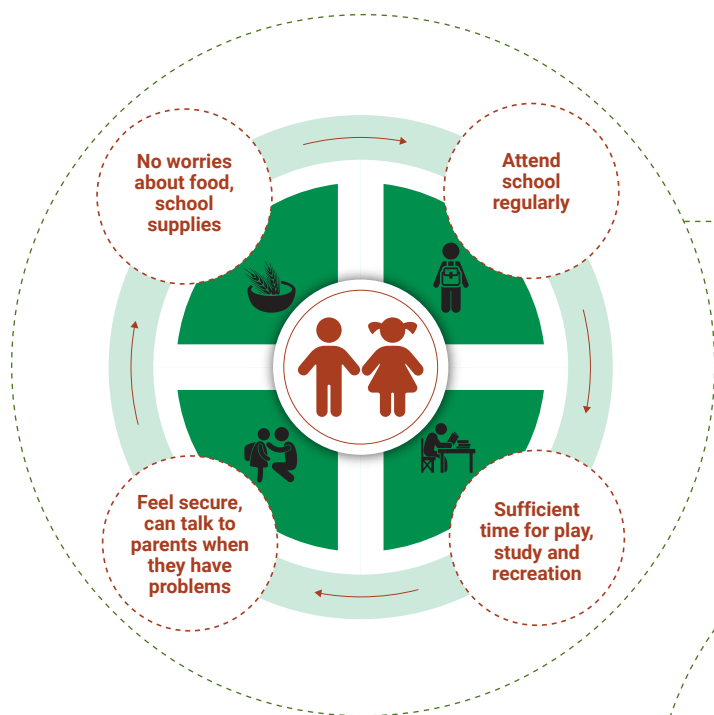


Figure 9.5.a: Vulnerabilities of Children when staying with Parents in the Village (all children)

Figure 9.5.b: Vulnerabilities of Children when Parents Migrate (stay-back children)

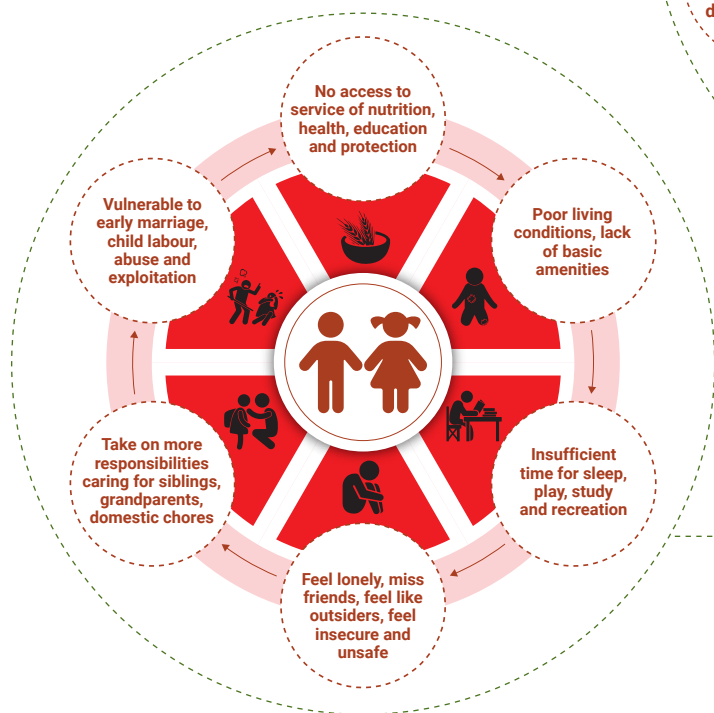
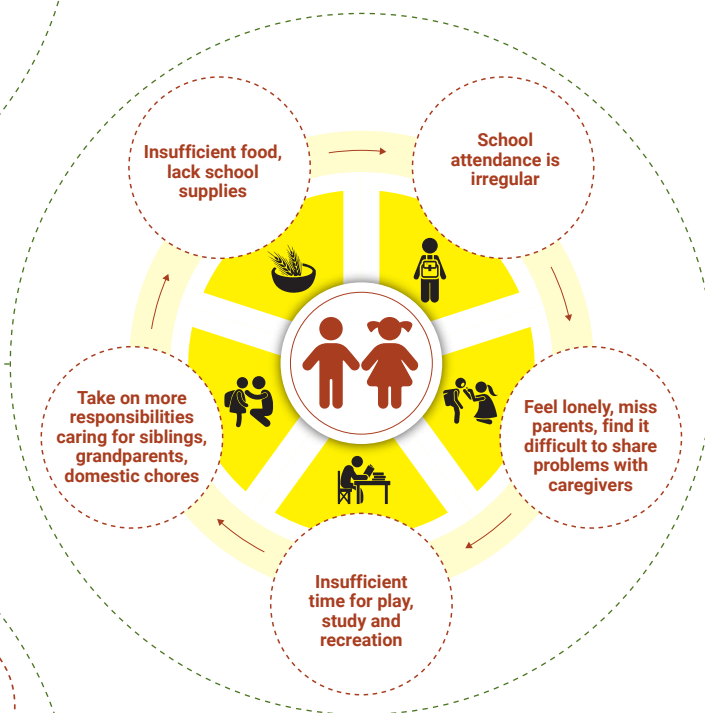


Figure 9.5.c: Vulnerabilities of Children when Parents Migrate (migrant children)

9.4 Good Practices for the Children of Seasonal Migrant Families

The purpose of discussing good practices is to highlight the effectiveness of such practices, set standards and, assist evidence-based' policy- making.

The following section discusses global and national initiatives (see Appendix 7 for detailed information).

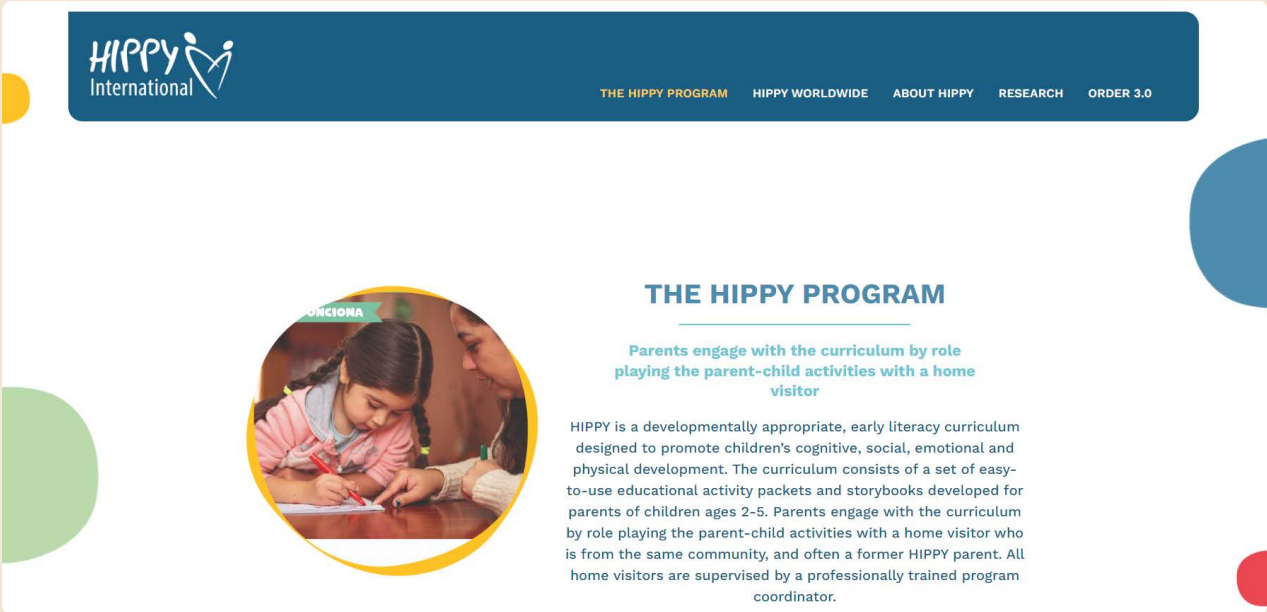
Global Initiatives

Including seasonal migrant families in local schemes for providing child development, family support and family engagement services will help them to prepare for schooling, and also bridge the ethnic, socio-economic and linguistic gaps. In this regard, global initiatives and programs like, MSHS of the USA, Programa Eschola of Portugal, and

Interaction Programme for Parents and Youngsters (HIPPY) in Europe (Netherlands, Germany, UK) were reviewed for this study. The first two, in the USA and Portugal, were tailor-made programmes for involving youth from migrant and seasonal farmworker families as community facilitators for providing support to meet the unique needs of migrants

and children. Using a different approach, the Home HIPPY in Europe is a developmentally appropriate, early literacy curriculum designed to promote children's cognitive, social, emotional and physical development where parents are trained to take care of the needs of their children (refer Box 9.1 below).

Box 9.1: A Screenshot from the Website of Home Interaction Programme for Parents and Youngsters (HIPPY) International



Source: <https://hippy-international.org/>

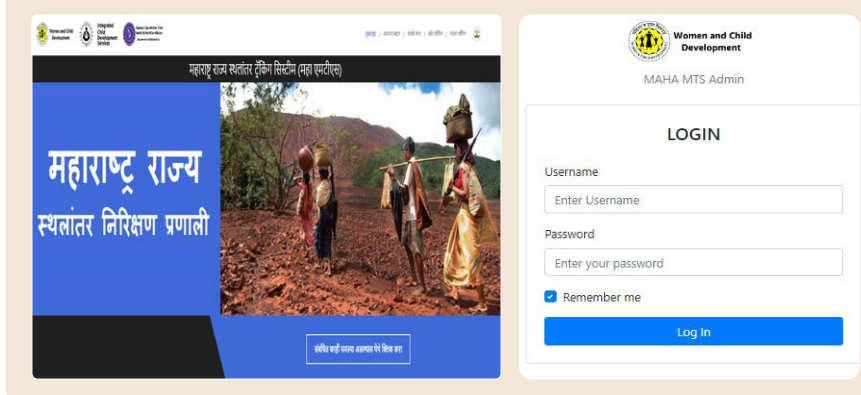
National Initiatives

Odisha has proactively tried to address the issue by working with seasonal migrant families. An example of good practice is the inter-state collaboration with Andhra Pradesh. Through an MOU between the Odisha and Andhra Pradesh state governments, provisions were made for education of the children of migrants in their mother tongue. Seasonal hostels were set up in the source village to prevent child migration and child labour, and ensure continuity in education for children of seasonal migrant families.

The initiatives of the Gujarat government highlight the importance of involving of local communities, and getting their active participation for addressing the problems of seasonal migrant families. Such an approach can help state governments to streamline processes aimed at handling the issues and problems of seasonal migrant families and arrive at practical solutions by bringing in changes at the grassroots-level and strengthening community-level support systems.

The Government of Maharashtra has taken steps to support children from seasonal migrant families through School Education and Sports Department as well as the Department of Women and Child Development. The Education Department, in partnership with Tata Trust rolled out a tracking

Box 9.2: Screenshots of the Maharashtra Migration Tracking System Application (Maha MTS)



system through the digital Education Guarantee Card which contains an embedded chip that tracks migrant children and support their enrolment in schools at the destination.

The Department of Women and Child Development, has rolled out a state-wide technology-based application (Maharashtra Migration Tracking System known as Maha MTS) to enumerate and track migrant children, pregnant women, and lactating mothers, and facilitate delivery of nutrition and protection services at destination worksites (refer Box 9.2). Data of migrant beneficiaries is shared with the destination districts to help the local administration provide essential services to the incoming migrants. Additionally, with a view to providing governance mechanisms, Task Forces focusing on seasonal migration have been established in all 36 districts.

Another innovation located in Maharashtra is the one by the Jalna district administration and UNICEF on kinship care options for stay-back children. The model entails maintenance of a Village Migration Register for enumeration of seasonal migrant family, facilitating family based care arrangements for children, training of youth volunteers (*balmitras*) to roll out an after school study and recreation programme, provide psycho-social care to children and care givers and crisis interventions. Here, *balmitras* play a critical role in supporting stay-back children and their caregivers. Decentralized convergence of the different village-level systems including gram panchayat, SMC and frontline functionaries like the AWWs, ASHA workers and teachers is essential. Equally important is the activation of the VCPC to serve as a support system for stay-back children and for implementing the kinship care model.

9.5 Gaps in Policy

This study highlighted the considerable efforts made by the State to provide social security to seasonal migrant families through welfare programmes and schemes. Directives issued to various agencies mandate the employers make certain essential provisions for their seasonal migrant workers. However, there is a need for better coordination between the administrations at source and destination villages for effective implementation.

- The Right of Children to Free and Compulsory Education Act (2009) mandates admission of the children of migrant families to schools. However, one major constraint imposed by the Act is that it does not allow a child to change schools in the middle of an academic year.
- The purpose of the Take Home Rations (THR) scheme is to provide nutritional support for maternal and child health (including children under six). However, access to the take home rations scheme by migrant families was limited due to delays in receiving THR stock at the anganwadi center. It was observed that many of the migrant families had moved to other sites by the time the THR was available. The benefits under this scheme are not automatically available to migrant children at the destinations.

- The national Public Distribution System (PDS), which envisages a 'one nation, one card' policy, should be made more flexible in allocation of food grains for the benefit of low-income families. At present, this scheme does not help migrant families and their children because of the lack of inter-state portability due to implementation gaps.
- The Central Government's flagship programme, Mission Vatsalya, which has subsumed the Integrated Child Protection Scheme (ICPS) into it, strongly promotes family based non-institutional care and the creation of a sensitive, supportive and synchronized ecosystem for all children. Preventing unsafe

migration and providing family or community based care options for children who stay back when parents migrate is essential. Equally important is the provision of services of nutrition, health, education and protection at both source and destination. These will go a long way in reducing the vulnerabilities of children affected by seasonal migration.

- The social security schemes covered by the social security code, (2020) are not specific to workers in the unorganised sector. Hence, there is a need to redefine "unorganized workers" to include season migrants for bringing them under the purview of the Social Security Act, 2008.



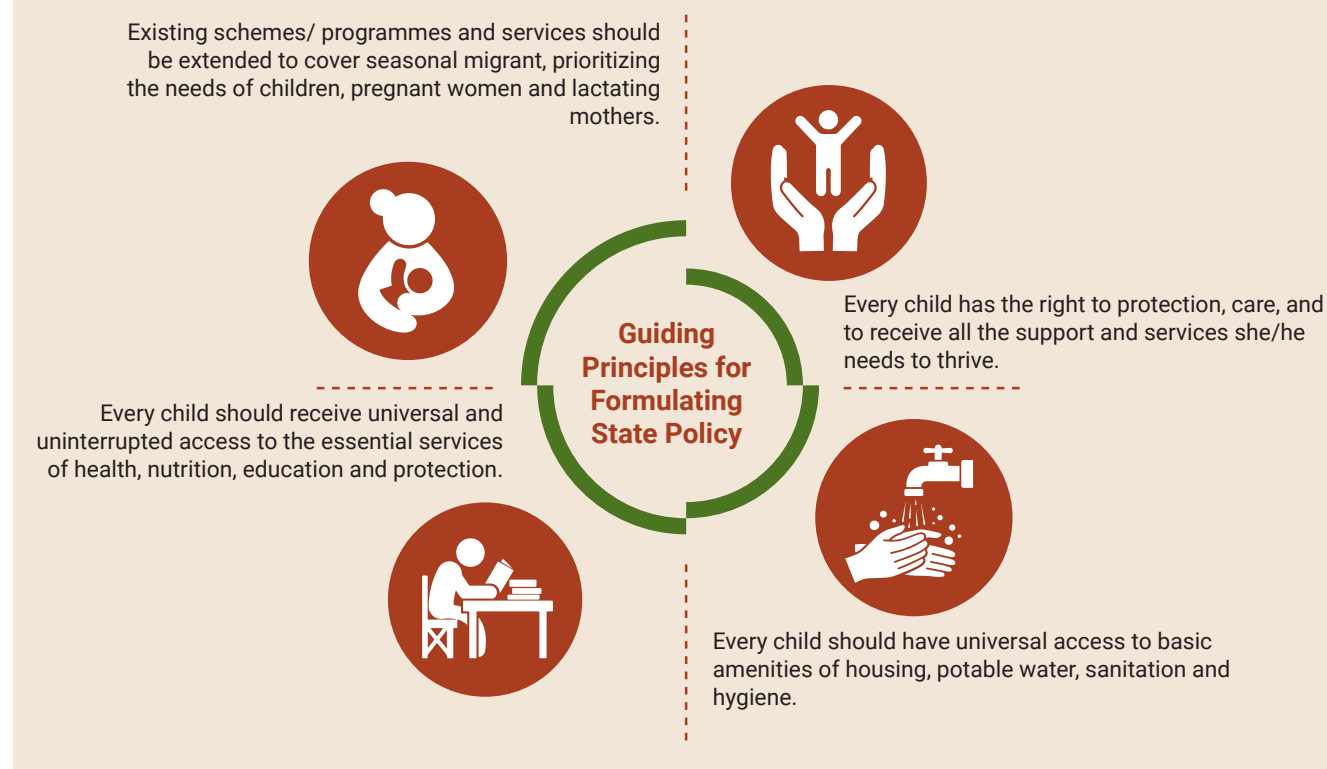
9.6 Policy Recommendations

This section details the recommendations based on the findings of this study and the guiding principles for policy formulation (refer Box 9.3). Several factors impact the resilience of children from seasonal migrant families. This study identified several

areas for improvement, the crucial ones being the need to include the children's voices in the debate on migration policy, and the inclusion of seasonal migrants in the Unorganised Workers Social Security Act 2008. At both central and state

government levels social protection mechanisms, modification of existing policies must address the age and gender-sensitive needs of the children, and strengthen coordination among interstate and intra-state stakeholders.

Box 9.3: Guiding Principles for Formulating State Policy



Seasonal migrant families can protect their children's rights only if they are empowered. This can be achieved if they can access services and entitlements without difficulty. There is a range of social protection schemes designed, funded and delivered by the state and central

governments. However, service delivery especially in destination worksites continues to be challenging. Moreover, strategies for service delivery at worksites for the family as a unit need to be developed. The recommendations made in this section are grouped in

three categories: a) National, b) State, and, c) District, Block and Village. These are discussed in the subsequent paragraphs. Figure 9.6 presents a graphical summary of these recommendations.

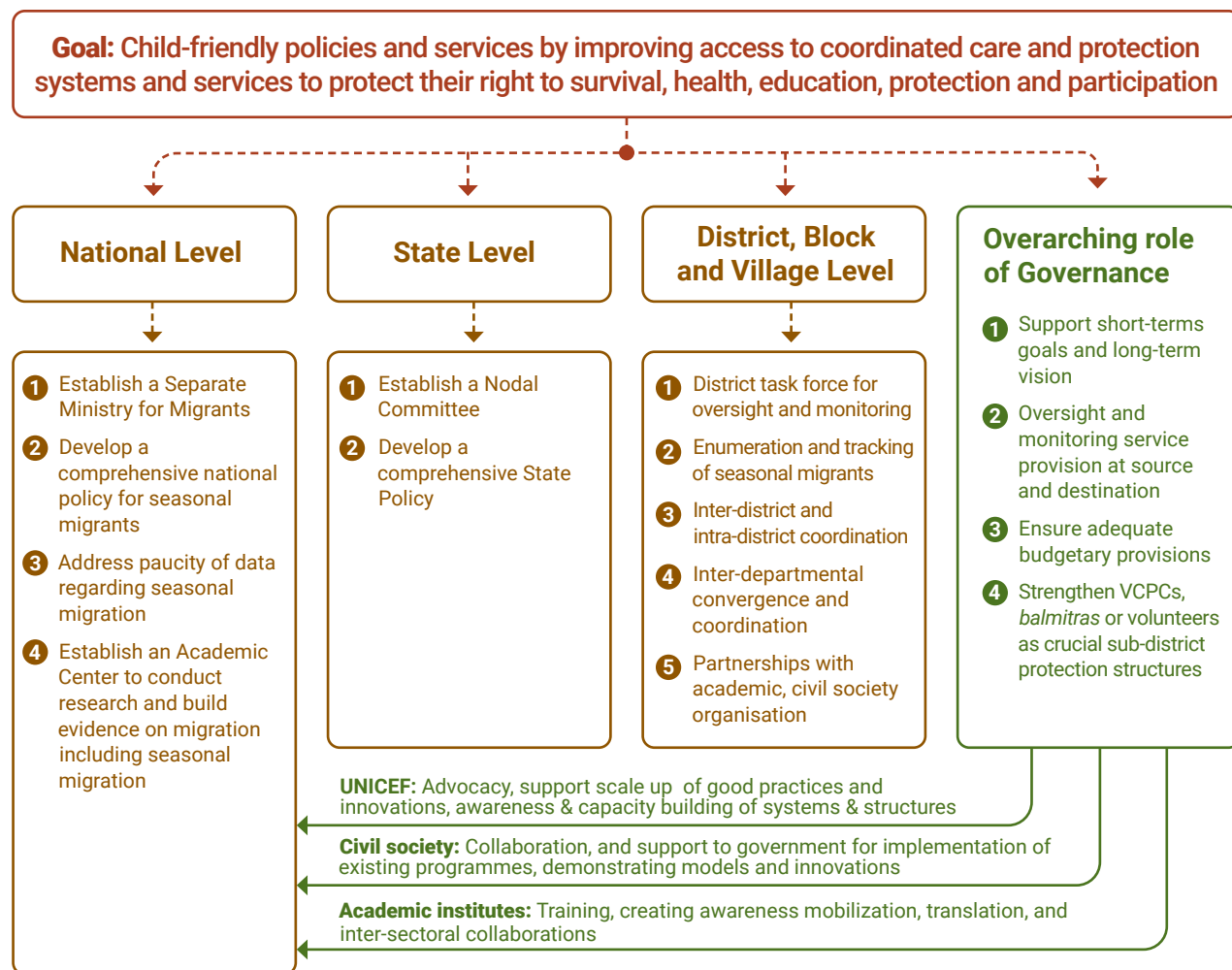


Figure 9.6: Summary of Short, Mid, and Long Term Recommendations

Recommendations at the National Level

- A Separate Ministry handling for Migrants Affairs.** The COVID pandemic and ensuing lockdowns brought the problems faced by migrants and their families into sharp focus. The findings of this research indicate that although a number of schemes and programmes are being implemented by various state

governments, most are implemented in silos. There is little coordination among government departments within a State, and even less between states in matters of inter-state migration. A separate Migration Ministry at the Central Government and State levels will enable inter-departmental and interstate coordination.

This Ministry can lead the development of programmes and schemes that will treat the migrant family as one unit ensuring the safety and protection of all its members. Such a Ministry could also be responsible for streamlining budgetary provisions and improve oversight of welfare programmes and schemes.

- **Develop a comprehensive national policy for seasonal migrants.** The findings of this research also bring into sharp focus, the main driver of seasonal migration: poverty and lack of employment opportunities at the source villages. Employment generation schemes like the MGNREGA offer limited employment and payments are often delayed. In contrast, sugarcane harvesters are paid by *mukadam* between 80,000 INR to 1,00,000 INR as an advance prior to the commencement of the seasonal migration. There is an urgent need for a policy that includes strategies to create local employment opportunities that could serve as alternatives for seasonal employment. This study also highlights the challenges faced by migrants at destination worksites. They live in temporary dwellings and are deprived of basic amenities and services which have a long term impact on the children's nutrition, health, education and protection outcomes. There is an urgent need for a comprehensive policy that facilitates Inter-state MoUs, provision of housing, WASH and other basic amenities to seasonal migrant workers and their families at the destination worksites. Such a policy would

also focus on the care and protection of children from seasonal migrant families (those who migrate with their parents, as well as those who stay back in the villages when their parents migrate), and provide for portability of essential services like education, nutrition, health and protection at destination worksites (including *dokhi* sites/factory sites). Equally crucial is a system for monitoring and oversight to ensure effective implementation of the policy.

- **Address the issue of inadequate data on seasonal migration** by including seasonal migration as one indicator in national-level data collected by the Census of India or large surveys like NFHS. Creating a national data base for migrants, with a separate country-level MIS for capturing data on seasonal migrants and their families, would not only provide accurate data on number of long-term migrants and seasonal migrants, but will also enable deeper understanding of the migration hotspots and corridors (source and destination) and support targeted programming for addressing issues in these hotspots.

- **Establish an Academic Centre to conduct research and build evidence on migration, including seasonal migration.**

Migration, especially seasonal migration, is a complex issue having geographic and cultural dimensions. The present research study has also highlighted the paucity of research on children of seasonal migrant families. In fact, it is one of the few research projects on seasonal migration and children. Similar studies in other sectors of seasonal migrant workers across states could provide new insights into the issue and help in the understanding of the challenges faced by children from migrant families. Some areas for evidence building that can be taken up through the proposed centre include

- Mapping of migration corridors
- Challenges and good practices in the various sectors with significant presence of informal workers
- Examination and review of existing schemes, programmes and policies for children of seasonal migrants for gaining an understanding of factors contributing to success, and the roadblocks to effective implementation.

Recommendations at the State Level

- There is an urgent need to establish a state-level Nodal Committee comprising representatives from the departments of Women and Child

Development, Education, Rural Development, Tribal Development, Health, Public Distribution Systems, Labour and Skill Development. This would not

only enable inter-departmental coordination for provision of services, but also provide oversight and monitoring of the programmes.

- Although seasonal migration affects many families across a number of districts in Maharashtra, seasonal migrants are not a homogenous population. Moreover, seasonal migrants could either stay at one place for the entire season or move to multiple spots for work during one season. This necessitates the curation of specific services to respond to their unique situations. Reviewing existing practices and innovating new ones will ensure service delivery at both source and destination. Budgetary provisions for replication of such innovations are equally necessary.
- A comprehensive State Policy for seasonal migrants, which mandates housing, WASH, basic amenities, day care centres and safe supervised spaces for all age groups of children, space for mini-anganwadis, as well as access to education, nutrition, health and protection services at destination worksites (and *dokhi* sites) is essential. Such a policy should also include budgetary provisions for implementation, as well systems for monitoring and oversight. For this purpose, the roles and responsibilities of all duty bearers, including factories/ worksite managements, the different departments (at state and district levels), CSOs, must be clearly laid down.

Recommendations at District Level

- District Task Forces, chaired by the respective District Collectors, have already been established in all 36 districts. Ensuring regular meetings of the Task Force is essential for planning, oversight, and for addressing issues of seasonal migrant families and their children. The Task Force could develop District Action Plans for responding to seasonal migration.
- There should be inter-district and intra-district coordination for ensuring migrants' access to services at destination worksites.
- Convergence and coordination among departments (WCD, Rural Development, Health, Education, Tribal Development, Sugar Commission and Public Distribution Systems) is necessary for effective implementation of existing schemes and programmes. There should be need-based partnerships with academic, civil society organisations for providing support to seasonal migrant families and their children.
- Sensitization of all CP and allied stakeholders on seasonal migration and challenges faced by seasonal migrant families will help them develop an understanding of the issue of seasonal migration and support in the development of inclusive practices especially at destination sites and villages.



Recommendations at Block and Village Level

- Strengthen/capacitate the Gram Panchayats (GPs) and VCPCs to enumerate migrant families: The GP is the central point for registering seasonal migrant families through the Village Migration Register. The AWWs and *balmitras* will lead the enumeration of family members in the Maha MTS Application. The VCPC will help families to identify care arrangements for children wanting to stay back in their villages when their parents migrate. It will also enable the identification of families/children needing additional support (financial as well as non-financial).
- Monitor the wellbeing of children through regular home visits.
- Review of children affected by seasonal migration by the VCPC in their monthly meetings for actions and referrals as needed.
- Ensure continuity of education of all stay-back children through convergence between VCPC and SMC.
- Provide psycho-social support to children and care givers through the *balmitras* and VCPCs.
- Mainstream/ Institutionalize the *balmitra* concept, and scale the initiative to cover every village.

9.7 Directions for Policy



1. Non-discrimination and Acceptance

There is a need to develop and implement special programmes for raising awareness, and building sensitivity to develop inclusive practices for integrating seasonal migrants at destination. There is need to train officials at all levels of government: frontline workers, village representatives, block and district officials, and bureaucrats, regarding the situation of children from seasonal migrant families and their vulnerabilities, especially in the destination districts.



2. Address the Underlying Issue of Household Poverty and Unemployment

- Implement programmes, such as MGNREGA, local social enterprises, etc., for providing employment opportunities.
- Develop family packages for opportunities to boost incomes of seasonal migrant families with children.
- Reduce distress that compels families to migrate seasonally.
- Simplify processes for obtaining income certificate.



3. Food Security

- Ensure intra-state portability of PDS (Public Distribution Services) benefits to the destination worksites on the lines of the 'One Nation, One Ration Card (ONORC)' scheme, prioritizing the needs of women and children.
- Ensure PDS benefits for children and senior citizens who stay back in their source villages when other adult members of the family migrate for seasonal work.



4. Health and Early Childhood Nutrition

- Improve access to supplementary nutrition through Mission Poshan, at the destination worksites
- Create Mobile Outreach Services through the Primary Health Centres. These would visit every destination site at least once in a month and offer basic health-care, ANC, essential diagnostics services, medicines, health education, etc. The outreach services can include monitoring of growth, development, well-being and overall health of all members from seasonal migrant families, with special focus on pregnant and lactating mothers, and young children.
- Extend health services to adolescent girls and pregnant women at the destinations. These services may include counselling on adolescent health, pregnancy, and menstrual hygiene, as well as access to Schemes like Community Based Events (CBE), Village Health, Sanitation and Nutrition Day (VHSND) (for distribution of sanitary napkins, folic acid tablets and iron supplements, haemoglobin and calcium tablets).
- Provide psycho-social and counselling services to seasonal migrant families through village-

based counsellors. The focus of such services must be on the stay-back children and their caregivers at the source villages.

- Maintain records of incidences of gender-based violence, nutrition-deficient children and those with mental health issues in need of additional care and medical support.
- Extend provision of nutrition and growth monitoring services to children from seasonal migrant families (at both source villages and destination worksites), who are aged 6-years and above, to strengthen the nutritional foundations for ensuring that children do not slide into malnutrition during the migration season.
- Link anganwadi centres with day-care centres/ creches for the younger children (0 to 6) and supervised care for older ones (6 to 18). This will ensure that all children remain safe in the care of adults at the destination worksites when their parents are at work.
- Extend the reach of the Poshan Card, backed by online databases and smart cards, to enable migrant women to access the benefits of PMMVY and Mission Poshan.
- There must be greater focus on WASH services at destination worksites.



5. Education

- Strengthen human rights training for teachers to eliminate discriminatory treatment of children from seasonal migrant families. Most seasonal migrants belong to either the scheduled castes or tribal communities and hence face the burden of double discrimination on account of their caste background as well as being regarded as 'outsiders' at the destination sites.
- Provide scholarships, hostel, free school uniforms, stationary items etc. up to the matriculation stage for children from seasonal migrant families.
- Activate SMCs and village panchayats to monitor the education status of children from seasonal migrant families including education after Class VIII, especially among girls.
- Stronger and statewide actions for increasing the reach and effectiveness of existing schemes and services, including
 - Scale up the Digital Education Guarantee Card initiative for all intra-state and inter-state child migrants.
 - Amend the Education Department Circular to cover all school going children up to the age of 18 years for encouraging children of migrants to complete their education.

- Establish bilateral arrangements with governments of source and destination states for enabling both in and out-migrant children (including seasonal migrant children) to avail of their right to education.
- Establish temporary seasonal hostels at/near source village for children who have no family-based or kinship care for their protection. This will enable children to continue education and prevent child labour.
- Explore the possibility of inter-state cooperation and coordination for providing education in the migrant children's mother tongue.
- On-site schools are required in the areas where seasonal migrants live, such as their worksites, especially in peri-urban or rural locations, where regular schools are at an inconvenient distance. Assistance with CSOs and employers may be sought for setting up the schools.



6. Labour and Livelihoods

- Engage with employers and contractors, with facilitation by Labour Department and Sugar Commissioner's office to promote registration of seasonal migrant workers, and for developing a system to penalize employers who fail to do so.

- Provide migrant families access to basic amenities like housing, water, sanitation and hygiene at the destination sites. Ensure that employers fulfill their responsibility to care for seasonal migrant workers and their families. A system for making employers accountable is needed.



7. Child Protection

- Develop and put in place strong measures to combat discrimination and marginalization at destination sites.
- Activate child protection committees – at village, block and district levels and to build their capacities for a nuanced understanding of the needs of children from seasonal migrant families.
- Create a safety net for children aged 6 and above to facilitate their holistic development. It is important to create awareness of family-based kinship care and community-based care options to encourage children to stay-back in the source village during the migration season. This will help to prevent unnecessary institutionalization and ensure that children remain safe and protected in their villages during the absence of their parents.

- Strengthen the critical role of the *balmitra* within the kinship care model. The kinship care model is a laudable initiative with the potential to retain children of seasonal migrants in the source villages, and provide them with all necessary support. The model has its challenges which must be addressed effectively for strengthening and scale up.
- Ensure that stay-back children are connected to psycho-social support and schemes like *Balsangopan* where needed.



8. Data, Evidence, Monitoring Systems

- Explore the feasibility of developing and using a migrant-child development index as a monitoring tool. Such an index could include indicators of health, education, nutrition, protection, mental wellbeing, etc.
- Place the database of migrant children in the public domain, and ensure that it is sufficiently dynamic to monitor the growth and welfare of every child.
- Review findings of earlier studies for identifying gaps and implement their recommendations.

9.8 Other Recommendations

- **Establishment of an Academic Centre on seasonal migration.**

The Centre's role would be to raise public awareness and conduct research on migration issues, especially those related to seasonal migrants. For example, a Centre of Excellence may be established at IIPS University, Mumbai. This Centre shall contribute to the national discourse on migration, help frame policies, organize training, and involve government officials in discussions and debates on policy making. The centre's goal and vision would be to increase the visibility of this field of study, as well as research related to seasonal migration. The centre will lead research, publish reports and engage with the

public through blogs and journal articles, and UNICEF websites. Research areas for the center could include seasonal migration in the informal sector in Maharashtra and gendered aspects of child migration in specific socio-cultural and economic contexts.

- **Map of Migration corridors.**

None of the migration surveys to date could locate the last place of residence of the migrants beyond the state-level. Migration corridors refer to the route travelled by seasonal migrants between the place of origin and destination. They move along from place of origin to one or multiple destinations in one migration season.

Mapping seasonal migration locations at the sub-district-level is vital for understanding migration corridors, which enable targeted provision of services to the migrants.

- **Enhance collaboration between Government, Civil Society Organisations (CSOs) and Academia.** Building collaborative partnerships can support the government in service delivery and reaching the most vulnerable families. While the government provides the infrastructure and human resources, academia can build evidence for policy formulation and CSO can provide the technical expertise. Such partnerships need to be encouraged and prioritised.



9.9 Conclusion

In Jalna, seasonal migration is an imperative for the survival of families. Due to a lack of education and formal employment opportunities, most seasonal migrant families work in sugarcane fields. They face severe vulnerabilities. Living far away from their homes and familiar social networks, the migrant families are often excluded from access to their entitlements, social security, social assistance, and government-supported livelihood and poverty alleviation programmes. The families, including the children, are rendered invisible at their destinations due to the lack of attention and support by government departments and agencies.

Seasonal migrant children are deprived of their basic rights to survival, protection, and participation in development programmes. Despite the declaration by the United Nations Conventions on Rights of the Child (UNCRC), 1989, that all children have the right to survival, development, protection, participation,

and a commitment by the State to honour these rights, this goal remains elusive, particularly for children affected by seasonal migration.

All children are equally important, and all children's rights are equally crucial. To universalize the migrant families and their children's access to services, state governments must proactively implement welfare programmes and ensure that entitlements are not denied for 'procedural' reasons. Linking children (under age of 6) with their mothers is essential to ensure their access to services of early childhood education, immunization, nutrition and health care. This will facilitate the children's access to the same schemes or programmes when they return to their villages.

This study also revealed a lack of a reliable and comprehensive database of migrants, as well as information about children and families living at the worksites. Further, the study found that most

migrants were not registered with the labour department. The absence of an effective coordination mechanism between labour-sending and labour-receiving districts and the departments concerned are the major barriers to the creation of an inclusive process for migrant workers for access to essential services and entitlements.

It must not be forgotten that despite their condition, migrants and their families are crucial to the economies of both the source and destination states. Therefore, all necessary steps must be taken to reduce the stress on migrant families and protect fundamental rights of their children by ensuring their safety and security, regardless of their age and gender. To this end, government, civil society organizations, policy-makers, and the community must work together to provide a safe and child-friendly ecosystem for the children of migrants.

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Appendices

Appendix 1: Standard Operating Procedures (SOPs) for Data Collection during COVID-19 Pandemic

Appendix 2: Declaration by Data Collection Personnel and Youth Volunteers, and undertaking to Adhere to Standard Operating Procedures (SOPs)

Appendix 3: Daily Monitoring of Adherence to SOPs by Youth Volunteers (Self Declaration)

Appendix 4: Policy on Sexual Harassment at the Workplace and Self Declaration of Adherence by Youth Volunteers

Appendix 5: Qualitative Tools: Consent Forms and Guidelines for Interviews

Appendix 6: Consent Form and Guidelines for Participatory Rural Appraisal (PRA) Activities

Appendix 7: Global and Indian Good Practices

Appendix 8: Life of a Seasonal Migrant

Appendix 1

Standard Operating Procedures (SOPs) for Data Collection during COVID-19 Pandemic

1.1 Background

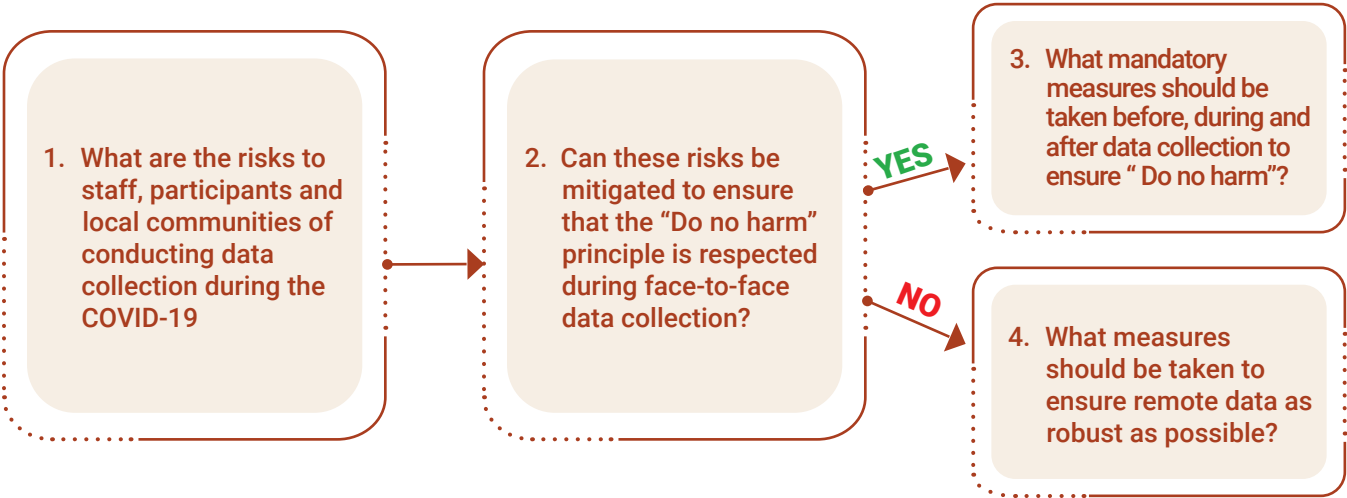
The corona virus infection (COVID-19), which originated in the Wuhan city of China in December 2019 and affected millions across the globe in a few months, was characterized as a pandemic by the World Health Organization (WHO) on March 11, 2020. As of January, 2021, more than 88.4 million confirmed cases and 1.9 million deaths were reported globally of which India accounted for 10.5 million infections and 151,160 fatalities (WHO, 2021). Maharashtra is the worst-hit state in India. The most frequently reported symptoms of COVID-19 infection were fever, dry cough, shortness of breath and fatigue. While in most cases, the infection was mild, people with underlying health conditions (diabetes, heart and lung diseases, HIV, etc.) and the elderly were at the highest risk of complications. Considering its easy transmissibility, governments enforced physical

distancing, ordered the closure of borders and imposed a nationwide shutdowns of non-essential services. Movement of people and material was severely restricted. After over two months of lockdown, the Ministry of Home Affairs issued guidelines on the lifting of restrictions under an “Unlock” plan. As per the guidelines issued by the central government, from October 15, 2020 cinemas, theatres, multiplexes, entertainment parks, and swimming pools used for training by sportspersons could open outside containment zones.

According to WHO, the COVID-19 spreads from person to person through small droplets from the nose or mouth an infected person coughs or exhales. These droplets land on objects and surfaces around the person. Other people then get infected by COVID-19 by coming into contact with these objects or

surfaces, and then touching their eyes, nose, or mouth. Given the potential of COVID-19 to infect and spread quickly, data collection activities for researches were required to adopt suitable strategies to avoid the risk of infection. Upholding the importance of the humanitarian principle of “Do No Harm”, as well as the general consideration for “Duty of Care” were the guiding principles of the SOPs. To ensure that both field staff and local communities were not put at risk of contracting COVID-19 and to prevent the spread of infection due to data collection activities, Standard Operating Procedures (SOPs) were adopted by the research teams while collecting data during the COVID-19 outbreak.

The contents of the SOP are in four sections in line with the decision tree shown below



1.2 Risks Mitigation Strategies

The risk of infection would be mitigated with the following actions:



Face-to-face data collection will not be done in 2020. Decisions on collecting quantitative data will be taken post December 2020 based on the ground realities at that point.



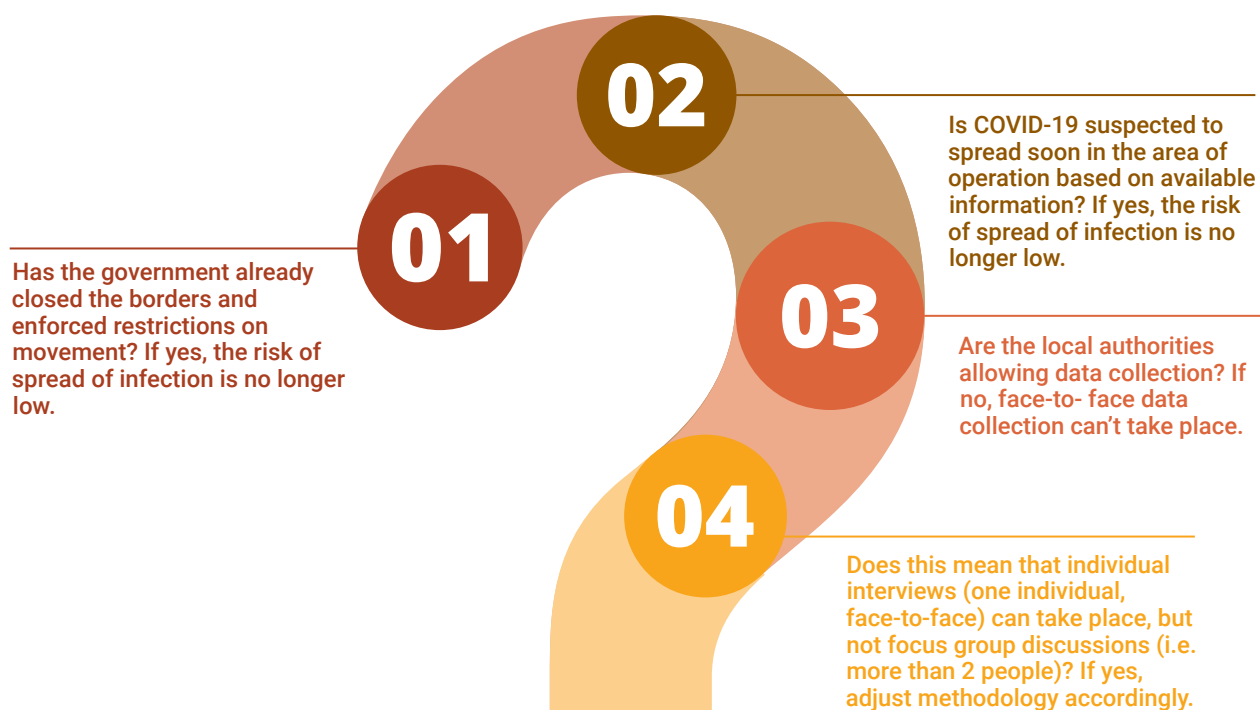
All qualitative data would be collected remotely with support of the village youth facilitators. For this purpose youth from the

village would be identified and provided online training. They will act as facilitators to support in the identification of sample households/respondents in selected villages and the qualitative interviews. The youth belonged to the village where the interviews were held. They would facilitate the interview (by fixing appointments with respondents and make their smart phones available for the interviews). It was expected that

these measures would minimize the risk of infections. On its part, the IIPS research team will conduct the interviews via smart phones, maintaining social distance from the respondent. All respondents would be provided with hand sanitizers for use before touching the phones. As a further precaution, a disposable face mask would be used and disposed of on conclusion of the interview.

1.3 Mandatory Measures

Before finalizing the villages for data collection, the following four questions will be considered.



For conducting data collection, the following points relating to phases of pre, intra and post data collection will be ensured.

1.4 Before Data Collection

-  1 The team will get all clearances/ approvals for data collection: Approval for conducting data collection will be obtained from the Institutional Review Board (IRB) at the International Institute for Population Sciences (IIPS). Approval will also be received from the District collector of Jalna, and village authorities.
-  2 The team will appraise the COVID-19 situation in each of the selected villages. If the risk is no longer low, the team will replace the village with another from the list of villages prepared.
-  3 A certain degree of facilitation at the village level is required, even for remote collection of qualitative data. These include identification of participants (from the list of required participants for each method, as provided by IIPS), briefing them about the project, and the purpose of the interview, collecting their contact information (mobile number, etc.), fixing the time for an online interview, providing phone/ internet access (if the participant does not have own), etc. For the facilitation of qualitative data collection, five youth facilitators will be identified (with the help of partner organizations) and recruited from respective villages.
-  4 The person to be recruited as facilitators should be free of any symptoms of COVID-19, should not have recently travelled to affected areas; should not been in contact with anyone showing symptoms/tested positive for COVID-19; should not have any underlying health conditions (diabetes, heart and lung diseases, HIV, etc.). Those with colds or coughs will also not be recruited as facilitators.
-  5 All the research staff and recruited facilitators would be provided with health insurance. Attempt will be also be made to provide insurance covers for hospitalization due to COVID-19.
-  6 They will be given two days' online training/orientation on the objectives of the project, the importance of data quality, key informants, case narratives, and in-depth interviews. They will also be given orientation for on-field facilitation for each qualitative method. All the facilitators must give a written undertaking that they will adhere to the protocol detailed in these SOPs.
-  7 The facilitators will also be provided training/orientation on COVID-19 protocols/ SOPs developed by IIPS to collect data during the pandemic. Investigators/facilitators will be made aware of risks associated with COVID-19 and relevant measures that need to be taken to prevent its spread.
-  8 With the help of the orientation sessions, IIPS will ensure that all the facilitators are abreast of the latest information on the measures to be followed. IIPS will make sure that everyone in the team is kept abreast of information published by WHO, Ministry of Health and Family Welfare, ICMR, and the State Health Department, and will adhere to their guidelines. They will be taught to recognize COVID-19 symptoms, the ways the virus spread, and the guide lines issued by the authorities. During the orientation sessions, the stress would be placed on the need to (1) Wash hands thoroughly and regularly (ideally every 1 to 2 hours and definitely in between each interview conducted) with soap and water, (2) not touch their (or anyone else's) face, particularly the eyes, nose, and mouth, (3) keep at least a distance of 6 feet from other people at all times, (4) to not have any physical contact with other people (no greetings such as handshakes, hugs, etc.), (5) sanitize all data collection items before each interview (pens, phone, notebooks, ID cards, etc.), (6) provide ziplock bags to place enumerator's phones/devices, and (7) to not spit in public places.

The IIPS team member responsible for supervising the data collection activity will ensure that these are being followed strictly.

9 Procurement of supplies for screening of staff, and sanitation of the location will be done. Each facilitator will be given one set of COVID-19 safety kit containing five face masks, one face shield, one 200 ml bottle of sanitizer, five sets of disposable gloves, and paper bags for discarding the waste

products after use. All respondents will also be provided a 200 ml bottle of sanitizer and masks for the duration of the interviews.

10 Procurement of materials for Children's Kit (for PRA activities) will be also be arranged. A person wearing gloves will

sanitize each item while preparing the kits. The kits will then be kept in plastic covers and handed over to the youth facilitator of each of the selected villages. The youth facilitators will keep it in the plastic cover and give it to the children at the time of PRA.

1.5 During Data Collection

1 A daily reminder will be sent to team members on the general guidance and protocols

2 Respondent(s) will be approached for interviews/discussions in line with the protocols.

3 Conduct the interviews/discussions following protocol.

4 Ensure that the measures are being followed by everyone involved in the process. This includes

Maintaining 6 feet distance between persons, avoiding physical contact (handshakes, hugs, etc.), conducting the interview/discussion outside (if possible), not touching anything in or around the households/interview sites, avoiding contact with elderly or people with chronic diseases, maintaining distance from other household members, not passing things to other people (i.e., bottles, pens, phones, etc. If it cannot be avoided wash the hands thoroughly and wipe the item with disinfectant gel), not drinking or eating from the same containers, and not sharing

use of items. The IIPS team member supervising the data collection will ensure that these are being followed.

5 Any person with symptoms of COVID-19 should not engage in data collection and self-quarantine for 14 days.



Wash hands



Wear a mask



Keep distance at least 6 ft. from others

1.6 After Data Collection

Ensure all staff wash their hands thoroughly with soap (at least 20 seconds) on their return from data collection work



Ensure that facilitators submit the data collected and clean their devices (if any) daily.



Ensure that the facilitators wipe all devices with disinfectant or soap and water before handing them back, and place all phones in ziplocked plastic bags with their names written on them.



The IIPS team member responsible for supervising data collection will ensure that these procedures are followed.



The Union Ministry of Health and Family Welfare have issued guidelines on the disposal of masks and gloves. Such materials should be disinfected using ordinary bleach solution (five per cent) or sodium hypochlorite solution (one per cent), and then burnt buried deep.



As per the guideline, mask and gloves used by investigators/facilitators will be kept in paper bags for minimum 72 hours and then burnt.

1.7 Procedure for Remote Data Collection

The project team will identify local youth in each village for recruitment as youth facilitators. They will be asked if they have symptoms like fever, breathlessness, sore throat,

runny nose, cough, bodyache, loss of smell or taste, etc., and history of any underlying health conditions (diabetes, hypertension, heart and lung, liver, renal, diseases, HIV, etc.).

Only those who are free of symptoms and do not have any underlying health condition qualify for recruitment as youth facilitators.

1.8 Collection of Qualitative Data Online



Every facilitator will be provided a list of participants



They will identify the participants, brief them about the project, fix appointments for interviews, and collect contact information (phone numbers, etc.)



Each project staff will supervise five facilitators and obtain daily updates of their progress.









The facilitators will also remind the respondents of the date and time of interview and ensure the participation.



The facilitators will provide phone or internet access to participants (if required)

1.9 SOPs for Youth Facilitators

-  **1** The mask, face shield and hand gloves provided in the safety kit should be worn throughout the interview.
-  **2** Facilitators should also self-monitor their health and immediately report any illness at the earliest to their immediate supervisor.
-  **4** Respiratory etiquettes (wearing face mask and social distancing) must be strictly followed by the investigators.
-  **5** Spitting during the survey is strictly prohibited.
-  **6** Face masks and gloves must be changed every day. Disposal of used masks and gloves must follow the guidelines.
-  **7** A guideline of 'To-Dos' for prevention for COVID-19 (compulsory adherence to prevention protocols, maintaining six-feet distance during interviews, avoid contact with or sharing of material like paper, pens, etc.) will be shared with.

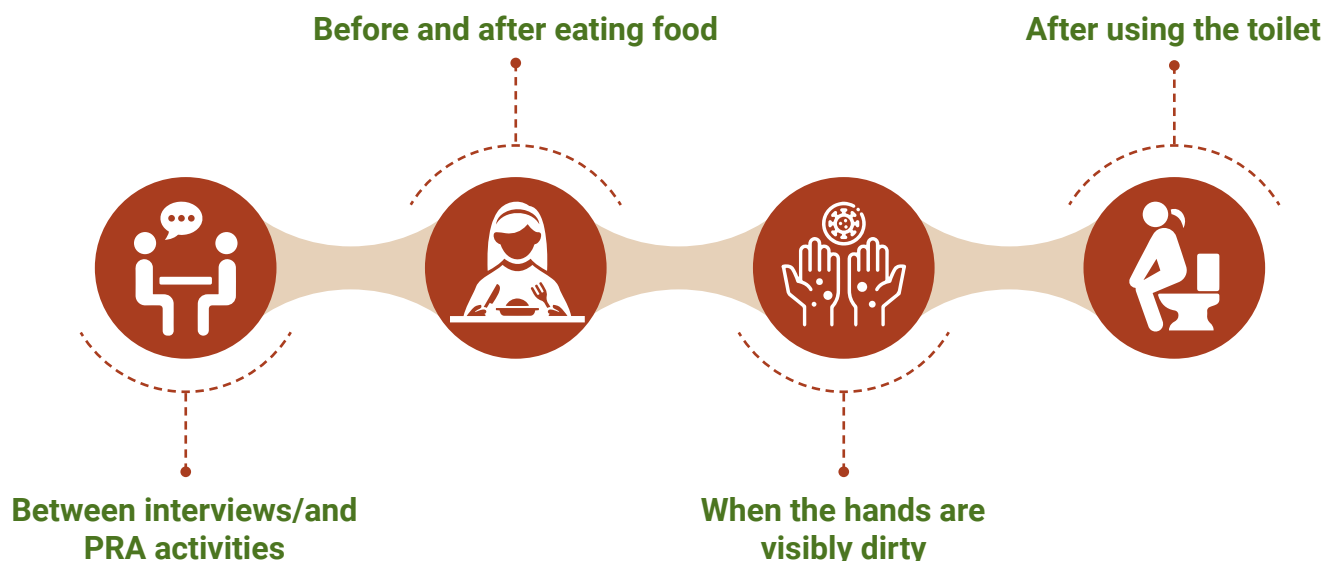
1.10 Instructions to Youth Facilitators

Maintaining Hand Hygiene

Hands are the main pathways of transmission of COVID-19 infections. The facilitators should use hand sanitizer or wash their hands thoroughly with soap and water before and after data collection.

WHEN ONE MUST WASH HANDS WITH SOAP AND WATER

(Ideally, every 1 to 2 hours)



Steps of hand washing

Wet your hands with clean running water

1 Create foam in your hands by rubbing them together with soap

2 Rub your palms together

3 Interlock your fingers and rub them together (back and front)

4 Rub each thumb

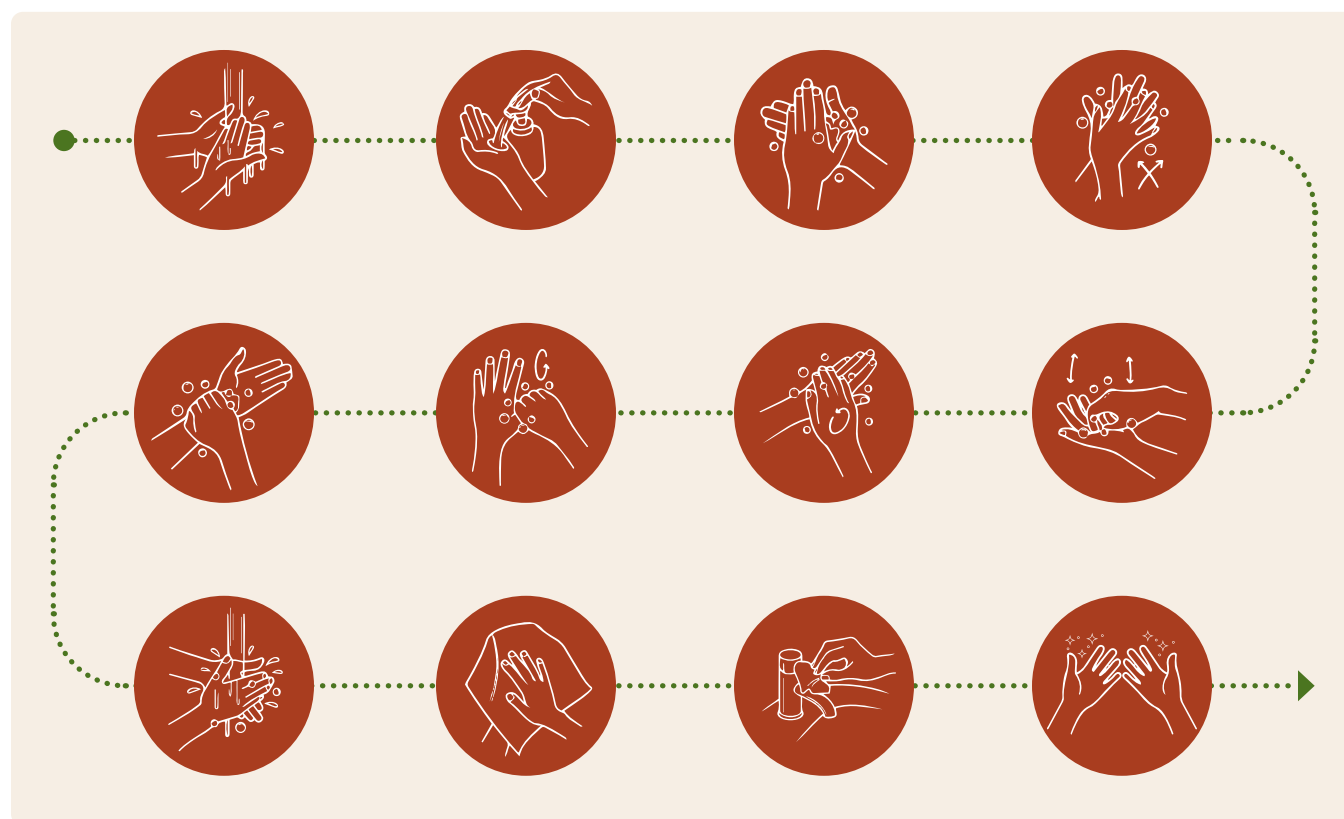
5 Rub around your wrists and up toward your elbows

6 Clean under your fingernails

7 After at least 40 seconds of scrubbing, rinse your hands with clean running water.

8 Shake your hands dry in the air

STEPS FOR WASHING HANDS WITH SOAP AND WATER



Steps for cleaning hands with Alcohol-based Hand Sanitizers

Cleaning (or disinfecting) hands with alcohol-based sanitizers is faster, more effective, and better tolerated by the hands than washing them with soap and water. As the preferred means for routine hygienic hand antisepsis, facilitators are required to clean their hands by rubbing them with an alcohol-based formulation. The duration of rubbing hands with sanitizer is 20-30 seconds. The steps that must be followed for using alcohol-based sanitizers are shown in the image below:



STEPS FOR RUBBING HANDS

- Apply a palmful of the product (a coin-sized amount of sanitizer) in a cupped hand and rub on the entire palm and fingers.
- 1. Rub hands palm to palm
 - 2. Right palm over left dorsum with interlaced fingers and vice versa
 - 3. Palm to palm with fingers interlaced
 - 4. Backs of fingers to opposing palms with fingers interlocked;
 - 5. Rotational rubbing of left thumb clasped in right palm and vice versa;
 - 6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
 - 7. Follow the procedure for at least 20 seconds. Once dry, your hands can be considered as safe.

Advice on the safe use of alcohol-based hand sanitizers

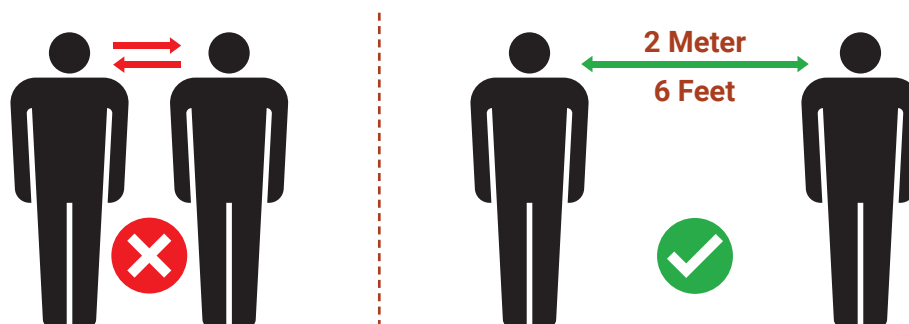
- Alcohol-based hand sanitizers need to be stored and used carefully.
- Keep alcohol-based hand sanitizers out of children's reach. Training will be given to the youth facilitators on the application and use of hand sanitizers. Their use will also be monitored.
- Avoid touching eyes, mouth and nose immediately after using the alcohol-based hand sanitizer, as it can cause irritation.
- Hand sanitizers recommended for protection against COVID-19 are alcohol-based and therefore may be flammable. Do not use before handling fire or cooking.
- Under no circumstance, ingest (by drinking, by example) alcohol-based hand sanitizers or allow children access. It can lead to poisoning.

Social Distancing

Social distancing should be practiced along with other everyday preventive actions to reduce the spread of COVID-19, including wearing masks, avoiding touching the face with unwashed hands, and frequently washing the hands with soap and water for at least 20 seconds. Social distancing, also called "physical distancing," means keeping a safe space between yourself and other people who are not from your household. To practice social or physical distancing, stay at least 6 feet (about 2 arms' length) from people who are not from your household in both indoor and

outdoor spaces. For ensuring social distancing the following points are to be strictly followed by the youth facilitators.

- The facilitators must maintain proper social distancing (around 6 feet) while facilitating the interview.
- The facilitators should not go inside the house of the respondent and before starting the interview he/she should confirm the respondent's having no symptoms.
- During data collection, every effort should be made to maintain distance between the participants and youth facilitators.
- During close contact, ensure that masks are in place for both youth facilitators and the participants
- Do not hold any corner meetings with three or four staff
- In an urgent need to visit crowded places, use face masks and maintain adequate physical distance to avoid getting infected

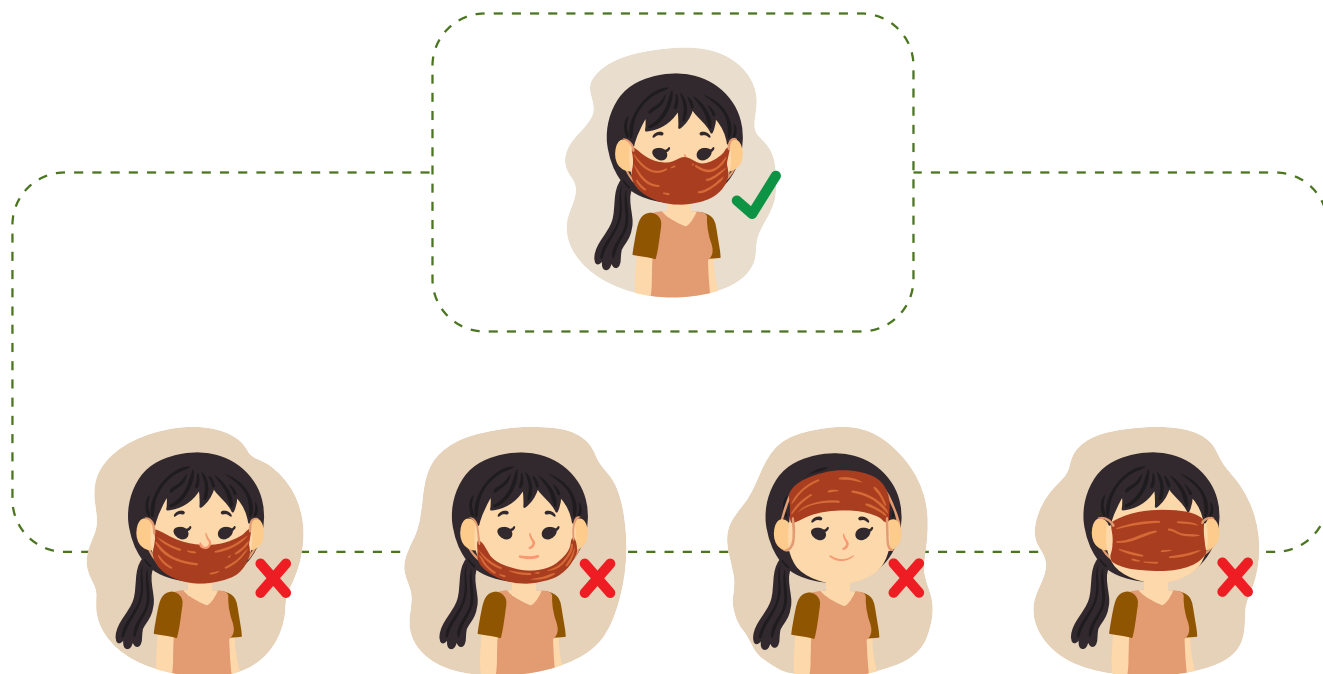


Respiratory Hygiene

Respiratory Hygiene is a combination of measures for stopping the spread of germs through respiratory behaviours like coughing or sneezing. All the youth facilitators and staff engaged in data collection and monitoring should adhere to the following points:

- Avoid touching the eyes, nose and mouth and practice respiratory hygiene by coughing or sneezing into a bent elbow or tissue (which must then be immediately disposed of)
- Wash hands immediately after sneezing/coughing
- All staff engaged in fieldwork should wear masks that properly cover their nose, mouth and chin while collecting data.
- Encourage all participants to use mask during data collection. Do not use other ways of covering your face like the Pallu of your sari, Chunni, Gamchas
- Do not spit in the open, always use a spittoon or wash basin whenever there is a need to spit.

Mask Management



Feasibility, acceptability (by the community), and safety of the facilitators and the participants will be assessed on a weekly basis by

the IIPS team and continuation of fieldwork will be determined based on assessment outcomes.

Appendix 2

Declaration by Data Collection Personnel and Youth Volunteers, and undertaking to Adhere to Standard Operating Procedures (SOPs)

I have read the SOP, and declare that I will strictly adhere to the guidelines given in the SOP throughout the field work period. In the interests of my wellbeing and that of everyone in the village, I declare the following:

		Mark with No(✗) or Yes (✓)
1	I do not have the following symptoms	
	Fever	
	Sore throat	
	Runny Nose	
	Cough	
	Body ache	
2	I have not been in contact with anyone showing symptoms/tested positive for COVID-19	
3	I have not recently travelled to affected areas	
4	I have no underlying health conditions (diabetes, heart and lung diseases, HIV, etc.)	
5	I will wash my hands thoroughly and regularly (ideally every 1 to 2 hours and also between two interviews) with soap and water	
6	I will wear the mask, face shield and hand gloves provided in the safety kit continuously on the face till the end of the interview	
7	I will strictly maintain respiratory etiquette.	
8	I will not spit in the public places while conducting the field work	
9	I will not touch my (or anyone else's) face –particularly eyes, nose, and mouth	
10	I will use hand sanitizer before starting and after finishing the interview	
11	I will maintain the recommended distance (at least 1 meter), avoid physical contact (handshakes, hugs, etc.)	
12	I will conduct the interview/discussion outside (if possible), maintain at least 1-meter distance from respondent and other people	
13	I will not touch anything in or around the households/interview sites, and will avoid contact with elderly or people with chronic diseases	
14	I will sanitize all data collection items before each interview (pens, phone, notebooks, etc.),	
15	I will keep used materials (mask, gloves, papers, etc.) in the paper bags provided for the purpose for a minimum of 72 hours and then burn them at the end of fieldwork.	

I may be subject to disciplinary/legal action as applicable for hiding any COVID-19 infection-related information connected to me and causing health hazards to others.

Name:

Date:

Address and Mobile Number:

Signature:

Appendix 3

Daily Monitoring of Adherence to SOPs by Youth Volunteers (Self Declaration)

Checklist for the Youth Volunteers								
		Day						
		1	2	3	4	5	6	7
1	Record temperature in Fahrenheit (Should not be more than 100.4°F/38°C)							
2	Record oxygen Saturation Level (SPO2) (Normal oxygen levels are at least 95%)							
3	Wear face shield (Yes/No)							
4	Wear face mask (Yes/No)							
5	Wear Hand gloves (Yes/No)							
6	Sanitized all material in the morning (Yes/No)							
7	Sanitized all the materials and kept in the paper bag in the evening (Yes/No)							
8	Kept all the used materials in the bag (Yes/No)							
9	Disposal of waste materials (burning) (Yes/No)							

Appendix 4

Policy on Sexual Harassment at the Workplace and Self Declaration of Adherence by Youth Volunteers

The International Institute for Population Sciences (IIPS), Mumbai is committed to providing a safe environment for all its employees (including field investigators) free from discrimination on any ground and harassment at work, including sexual harassment. IIPS will operate a zero-tolerance policy towards any form of sexual harassment in the workplace (including fieldwork), treat all incidents seriously, and promptly investigate all allegations of sexual harassment. Employees are prohibited from harassing others both on and off the employer's premises, and during or outside of work hours. Any person found to have sexually harassed another will face a range of disciplinary actions, including dismissal from employment. No one will be victimized for making such a complaint.

According to THE SEXUAL HARASSMENT OF WOMEN AT THE WORKPLACE (PREVENTION, PROHIBITION, AND REDRESSAL) ACT 2013, sexual harassment includes any one or more of the following unwelcome acts or behavior (whether directly or by implication) namely:

1. Physical contact and advances
2. A demand or request for sexual favors
3. Making sexually coloured remarks
4. Showing pornography

5. Any other unwelcome physical, verbal or non-verbal conduct of sexual nature

Though sexual harassment encompasses a wide range of conduct, some examples of specifically prohibited conduct include the following:

1. Physical assaults of a sexual nature, such as rape, molestation or attempts to commit these assaults, and intentional physical conduct that is sexual in nature, such as touching, pinching, patting, grabbing, brushing against another employee's body, or poking another employee's body.
2. Unwelcome sexual advances, requests for sexual favours, other sexual comments, such as sexually oriented gestures, noises, remarks, jokes, letters, phone calls or e-mails, gestures, the exhibition of pornography, lurid stares, physical contact, stalking, sounds or display of a derogatory nature or comments about a person's sexuality or sexual experience.
3. Preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct, including soliciting or attempting to solicit any employee to engage in sexual activity for compensation or reward.

4. Subjecting, or threats of subjecting, an employee to unwelcome sexual attention or conduct or intentionally making the performance of the employee's job more difficult because of that employee's sex.

5. Interfering with one's work or creating an intimidating, offensive, or hostile environment for the person.
6. When a person uses the body or any part of it or any object as an extension of the body with a sexual purpose in relation to another person without the latter's consent or against that person's will, such conduct will amount to sexual assault.
7. When a person subjects a woman to humiliating treatment that is likely to affect her health and safety.
8. Retaliation for sexual harassment complaints.

If a woman employee feels that she is being subjected to the sexual harassment she may immediately inform the harasser that the conduct is unwelcome and needs to stop. If the inappropriate conduct does not cease, or if the employee is unable to or uncomfortable with addressing the alleged harasser directly, she should report the incident to the Project Coordinators. It is helpful, but not required, to provide a written

record of the date, time, and nature of the incident(s) and the names of any witnesses.

The coordinators must deal expeditiously and fairly when they have any knowledge of sexual harassment, whether or not there has been a written or formal complaint. They must:

- Take all complaints or concerns of alleged or possible harassment seriously no matter how minor or who is involved.

- Report all incidents to Police immediately so that a prompt investigation can occur.

- Take any appropriate action to prevent retaliation or prohibited conduct from recurring during and after any investigations or complaints.

Employees who violate this policy are subject to appropriate discipline. If any such complaint arises against any employee, they will be

terminated from employment. All complaints and investigations are treated confidentially to the extent possible, and information is disclosed strictly on a need-to-know basis. The procedures available under this policy do not preempt or supersede any legal procedures or remedies otherwise available to a victim of sexual harassment under the Law.

Declaration:

I hereby declare that I have carefully read and understood the document (Policy against Sexual Harassment at Work Place) set out by the IIPS for the project staff, including field

facilitators. I hereby pledge that I will not involve in any such acts (mentioned in the document) that violate the rights of any woman. I further understand that any act of

me that violates the rights of women, shall be grounds for termination and legal action.

Sign:

Name:

Address with Mobile Number:

Date:

Appendix 5

Qualitative Tools: Consent Forms and Guidelines for Interviews

5.1 Key Informant Interview (KII)



INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS)

Govandi Station Road, Deonar
Mumbai- 400088

UNICEF Sponsored Project on
Protection of Children Affected by Seasonal Migration:
A Study in Jalna District, Maharashtra

Informed Consent

Namaste! My name is _____ and I am working as _____ for the International Institute for Population Sciences, Mumbai. We are conducting a survey on "Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra.", funded by UNICEF India. The major objective of this study is to understand the situation of children (0-17 years) of Jalna district who are affected by seasonal migration. Your village and your house have been selected for this research and survey. We are collecting information on children's education, health, lifestyle, nurturing and care when their parents migrate, and factors affecting their lives.

In this interview we are collecting information on seasonal migration, issues of migrants with special focus on protection of children. The Interview will take approximately 30-40 minutes. The information shared by you will be kept confidential and will not be shared with anyone. It will be used only for research purpose. You can choose not to answer any questions or stop the interview at any point or even not give the interview. However, we hope that you will participate in this survey since your participation is very important. Thank you for agreeing to be interviewed as a part of the above research.

In case you require more information about the survey, you may contact the following coordinators:

Prof. K. C. Das
Office: 022-42372424
Mobile: +91-6370205856
Email: kcdas@iips.net

Prof. R. B. Bhagat
Office: 022-42372473
Mobile: +91-9869947264
Email: rbbhagat@iips.net

Prof. Archana. K. Roy
Office: 022-42372544
Mobile: +91-8879247432
Email: royarchana@iips.net

5.2 Interview Schedule - Village-Level Stakeholder (ASHA)

1	Name of the Block	
2	Name of the Village	
3	Name of the Participant (ASHA)	
4	Age (in completed years)	
5	Qualification of ASHA	
6	Years of service as ASHA	
7	Years of service in the current village	
8	Are you staying in the same village? (if not, ask place of stay)	

1. What is the migration pattern in your village?

[Probes: Socioeconomic conditions and demographic characteristics of migrants (including age, gender, social characteristics (Caste/Tribe, Education, etc.), economic characteristics (land, etc.), Reason for migration (unemployment (MGNREGA), low wage in villages, drought, loan/debt, advance amount taken (Ucha) etc.) have they been migrating for generations (trends in migration: increasing or decreasing) Do whole families migrate-older adults stay back, some children migrate/some children stay back, all children migrate/ all children stay back?]

2. How does seasonal migration affect the children in your village? How has the COVID-19 (lock down/pandemic fear) further affected the children and migrant families in your village (even if there were no positive cases)?

[Probes: Education: Preschool education, irregularity in activities at anganwadi, difficulties in

accessing school classes, dropping out of school. **Health:** ANC/PNC, growth monitoring, missing/incomplete immunization, nutritional status; supplementary nutrition, and health education, VHND. **Protection:** adolescent boys and girls, adolescent care and provisions for their care, etc. Risk of early marriage, child labour, Stranded Migrants: Hardships experienced by children (stranded at destination/ transit) infection, discrimination (stigma of virus carriers, etc.), availability of food and access to food, etc.). **Stay-back children:** Life in their parents' absence, anxiety/ stress, availability of and access to food, discrimination in village during lockdown.

All categories of children: Data/ Information on Discrimination due to COVID-19 infection, availability of food and access to food; unable to meet friend, not able to go out and play, etc.

Can you share the story of any child (family) in your area who was stuck at the destination and suffered?]

3. According to you, how does seasonal migration affect children physically, socially, psychologically and emotionally?

[Probes: Physical: Comparison of migrant, stay back and non-migrant children in terms of: physical growth; health, injury/accidents, nutrition (anemia, etc.), immunization, child labour, do children affected by migration seem more tired or weak, any changes in food habits, do they have greater responsibilities etc. **Social:** Socialization; deviant/delinquent behavior; effect of parental separation on children (any children who live alone without adult care, extra responsibilities on the children, life of children living alone without adult care) etc. **Psychological and emotional:** Loneliness, agitating behavior, personality changes (do the children remain unaffected or are they withdrawn?), are they more assertive, are they happy, are they depressed; any changes in the way they interact with other children; how well do the children cope in the absence of their parents, etc.]

4. **When children stay back in the village while parents migrate, or when children return after migration, do you observe any changes in them? Can you share a story of any such child you have noticed?**

[**Probes:** Attendance in school (regular or otherwise), school performance, reasons for poor performance, reason if the respondent has dropped out of school, loss of interest in studies, changes in health/nutrition, growth patterns including weight loss, any changes in the way they interact with other children]

5. **Many migrant children get excluded from programmes/services; can you share story of any such child?**

[**Probes:** Monitoring of Growth, non-formal pre-school, supplementary nutrition (0-6 years), immunization (including Polio), IFA and Vitamin A supplementation, Kishori Shakti Yojana, Nutrition Programme for Adolescent Girls (NPAG), etc.]

6. **What are the solutions (Programmes/services) that have been designed for inclusion of children/adolescents affected by seasonal migration in your village? What do you think or feel can be done for them?**

7. **If there is in-migration to this village, is there anything that you do for the pre-school education or health of these migrant children?**

[**Probes:** ICDS programme: Immunization, growth monitoring;

nutritional status; supplementary nutrition; preschool education, activities at anganwadi, etc.

Other Health related programmes: IFA supplementation, deworming for adolescents; VHND, ANC/PMSMA & PNC; How is access to these services made possible/ensured for migrants; How does this vary with geography and socio-demographic group; How do these strategies/solutions attempt to address the negative impact of migration on children? How do these strategies/solutions attempt to address the lack of access to services of children affected by migration?

Are there any special programme/services to support/protect the children during COVID-19/lock down?]

8. **What are some of the protection related problems faced by children in this village? and what are your interventions?**

[**Probes:** What are the problems (problems of migrant, non-migrant and stay back children)? How do your village trying to solve these problems (any example)? **What** do your village do for overcoming these problems (any example)? **How** do you help/support? etc.]

[Child labour situation in the village, your intervention for eliminating child labour (any example if possible), effects of intervention (with example), Is there a system for child protection?]

9. **What are your roles and responsibilities for supporting the migrant children and stay back children?**

[**Probes:** How do you convince migrating parents to leave their children in their home villages? How do you help the children to improve at their studies? What do you do to have a positive influence on them? How do you deal with behavioural problems among the stay back children or migrant children (after they return to the village); are you their confidant? How do you solve their problems]

10. **In the wake of COVID-19 pandemic, besides your regular duties, what are the additional responsibilities you have been given?**

[**Probes:** Regular home visits (survey and surveillance of symptoms; informing authorities, creating awareness; isolating infected/primary contacts; help in testing for COVID-19; arranging basic necessities like food, water to those who are quarantined; creating awareness, etc. Did these additional duties affect your regular work]

11. **What do you do for the protection of children in general and specifically during the COVID-19?**

12. **What do you think should be done by the district administration and the departments of WCD, Education, ICDS and Health at the district level to help migrant families and their children?**

Thank you for your participation

5.3 Case Narratives of Children: Informed consent from parents



INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS)

Govandi Station Road, Deonar
Mumbai- 400088

UNICEF Sponsored Project on **Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra**

Informed consent from parents for children's qualitative interview

Namaste! My name is _____ and I am working as _____ for the International Institute for Population Sciences, Mumbai. We are conducting a survey on "Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra.", funded by UNICEF India. The major objective of this study is to understand the situation of children (0-17 years) of Jalna district who are affected by seasonal migration. Your village and your house have been selected for this research and survey. We are collecting information on children's education, health, lifestyle, nurturing and care when their parents migrate, and factors affecting their lives.

For this purpose, I would like to interview and conduct a few activities with your child which will help me to understanding his/her perception regarding the issues they face at the destinations and about seasonal migration overall. This interview will take about 30–40 minutes. The interviews and activities will be conducted online or through telephone for which a youth volunteer from your village has been appointed by us to help and support your child and us with the process.

The information provided by your child will be used only for research purposes. The identity of your child will not be revealed, and the information will be kept strictly confidential. Further, we do not foresee any risks to your child in participating in this interview. However, during the interview, if your child feels uncomfortable while answering some questions, s/he is free to not respond to such questions.

Your child's participation is voluntary, and s/he can withdraw from the study at any point of interview, even after having agreed to participate. Your child can also choose not to answer any of the questions. I request you or any other adult from your household to be present while the child is being interviewed.

For more information about the survey, you may contact the following coordinators:

Prof. K. C. Das
Office: 022-42372424
Mobile: +91-6370205856
Email: kcdas@iips.net

Prof. R. B. Bhagat
Office: 022-42372473
Mobile: +91-9869947264
Email: rbbhagat@iips.net

Prof. Archana. K. Roy
Office: 022-42372544
Mobile: +91-8879247432
Email: royarchana@iips.net

5.4 Case Narratives of Children: Interview Guidelines - Migrant Child (12-17 years)

Name of the Village:

Name of the child:

Age:

Sex:

1. Please tell us about your family?

[Probe: Who are the other members of your family; what is your caste/tribe; Landholding, source of income; education of parents and children in HH; routine/life in village; Migration status: History, reason, who migrates (why), who stays back (why), decision of migration on who migrates and who stay backs; did you want to migrate/ stay back (why)]

2. Please describe the preparations made by your parents for migration, and your experience of journey to the work site/ destination?

[Probes: Preparations (food and daily essentials, materials for making tent; what other things you take along; EGC)

Journey to destination; problems, risks and challenges faced during the journey; good or bad experiences of the journey; Once you reach the destination what do you do?]

3. Tell us more about your life at destination/worksites?

[Probes: Duration of stay at destination; Living conditions; Schooling/ Self-study; Work, Play/Leisure, Routine, diet and health/injury; Safety aspects; problems and risks faced; Do you get everything needed at destination/ facilities at destination; if not, what is missing; do you like here at destination better than village]

4. Before returning to your village, what are the preparations you make before leaving the destination?

[Probes: Preparations; Journey to village; problems, risks and challenges faced during the journey; good or bad experiences of the journey;]

5. Please describe what happens after you reach village?

[Probes: Cleaning house; help from villagers; meeting friends; routine; school; challenges and issues in getting back in the village life; comparison between village and destination (where do you feel happy (explain?), where do you feel safer (explain?), Effect on education, Effect on health]

6. Can you describe your experiences during the COVID-19 and lockdown?

[Probes: Hardships faced during COVID-19 and lockdown; journey back; being stuck; conditions at the place where you were stuck/ destination; safety problems and the risks faced till you returned to your village; problems faced after reaching village; risks faced; Functioning of schools (problems), Current life in lockdown; precaution and care taken]

5.5 Case Narratives of Children: Interview Guidelines -: Stay-back Child (12-17 years)

Name of the Village:

Name of the child:

Age:

Sex:

1. Please tell us about your family?

[Probe: Who are your family members; what is your caste/tribe; Land holding, source of income; education of parents and children in hh; routine/life in village; migration status: history, reason, who migrates (why), who stays back (why), decision on who migrates and who stay backs; did you want to migrate with your parents/stay back]

2. Tell us more about your life after your parents migrate and when you stayed back?

[Probes: Who takes care of you, provisions made by your parents before they migrated, living conditions; schooling, self-study; work, play/leisure, routine, diet and health/injury; safety aspects; communication

with parents when they are at destination; problems and risks faced here in absence of parents; Responsibilities and challenges, your responsibility towards your siblings who stayed back with you; about caregiver and relation with them; Do you get everything needed in absence of parents; if no what is missing; do you like them migrating, effect on education, effect on health]

3. Please describe what happen after your parents return?

[Probes: Cleaning house; help from villagers; meeting siblings, routine; school; comparison between life when parents are with you and when they are not, responsibilities; schooling/ self-study; work, play/leisure, routine, diet and health/injury; safety aspects]

4. Can you describe about your COVID-19 and lockdown experiences?

[Probes: Hardships during COVID-19 and lockdown; Wait and worry for parents who were stuck; life without parents, functioning of schools (problems), discriminations; myths; current life in lockdown; precaution]

5.6 Case Narratives of Children: Interview Guidelines -: Stranded Child (12-17 years)

Name of the Village:

Name of the child:

Age:

Sex:

1. Please tell us about your family?

[Probe: Who all are there in your family; what is your caste/tribe; Land holding, source of income; education of parents and children in HH; routine/life in village; Migration status: History, reason, who migrates (why), who stays back (why), decision of migration on who migrates and who stay backs; did you want to migrate/stay back]

2. What happened to you and your parents when COVID-19 pandemic and lockdown began?

[Probes: News about pandemic and fear; stuck at destination/ some place; journey to homes at villages; Safety aspects, situation of food or essentials, and health related problems at that place where stuck/stranded; safety risk problems faced till you returned to your village; problems, risks, challenges and hardships faced]

3. Once you reached your village what was the situation there and how it affected you and your family?

[Probes: Problems faced after reaching village; risks faced; Quarantine, facilities provided or not; behaviour of villagers, experience of discrimination by villagers; myths, taboo]

4. How is the current situation of lockdown in your village?

[Probes: Functioning of schools (problems), unable to go out; any problems or issues; precautions and care taken]

5.7 In-depth Interview of Parents: Interview Guidelines

Name of the Village:

Name of the child:

Age:

Sex:

1. Please tell me about your household

[Probes: Family members, religion, caste/tribe, overall education, land, availability of drinking water, water for irrigation, economic status, sources of income, availability of work in village/nearby villages/town, wage at village, participation in MGNREGA and NRLM, loan/debt, food security, etc.]

2. Can you elaborate on the government programmes/schemes your household have access to?

[Probes: PDS: Type of ration card possessed, uptake in last 30 days, how do you access PDS when your household migrates: ICDS: children enrolled, services received in last 6 months, immunization, visit to ICDS (VHND, etc.); MGNREGS: Job cards, how many registered; demand for job (if not explain), received job in this year, job days received, wage received (if not, explain); NRLM: membership of SHGs, benefits received. Kisan Credit Card: If no, explain why, any benefit received; Any other Pensions; Health insurance; Housing; Any other benefits; What challenges do you face when accessing these services

at destination and village? Does everyone in the village face the same problems/ challenges?]

3. Please tell us about the health of the children [in last 3 months] in your household.

[Probes: Any illnesses in last 3 months; treatment taken, expenses, if not taken treatment what are the reasons, health insurance, etc.]

4. What is the migration pattern in your village?

[Probes: Socio-economic and demographics of migrants (age, gender social characteristics (Caste/Tribe, Education, etc.), economic characteristics (land, etc.), **Reason for migration** (unemployment (MGNREGA), low wage in villages, drought, loan/debt, lump-sum (*Uchal*) etc.) have they been migrating for **generations** (trends in migration: increasing or decreasing) Do whole families migrate? Do the elderly stay back, some children migrate/some children stay back, all **children** migrate/ all children stay back?]

5. Can you tell me the reason why your household migrates (or not)?

[Probes: Non-availability of work in village, low wage, better wage at destination, drought and water scarcity, additional income, to meet large emergency expenditure like death, illness, marriage, medical, building house, loan/debt, etc.]

Some/many households in your village do not migrate, how do they manage their livelihood; what makes you a non-migrant (source of income, etc.)]

[Instruction to Interviewers: Ask only the parents of migrant children from question number 8 to 16]

6. Please tell me about seasonal migration in your household

[Probes: Family's Migration history, reasons for last migration; work, place of destination, month of migration, month of return, *mukadam*, advance taken (*uchal*), how many members migrated (explain: age, sex, reasons); if taken children along with, reason? If children stayed back, reason? What provisions/ arrangements you make for the children staying back before you migrate? Preparations/arrangements for migration (for migrants and stay back), place of destination, work, wage, repayment, savings/debt, spending of *uchal*]

7. Many of the migrants take children along, and several leave them in their villages. How are the decisions made on whether the children accompany their parents or stay back?

[Probes: No. of children migrated with their parents (reason), No. of children stayed back (reason), who makes the decisions, what factors are considered (age, gender, health, education, availability of caregiver, vulnerability/strengths of the child, such as, for example, children who are independent and want to study may be more likely to stay back etc.), whether children are consulted, whether caregivers are consulted or all are consulted]

8. Please elaborate on the living and working condition at the work sites?

[Probes: Place to stay, availability of water, toilet, light, safety. Work time, availability of food (food security), food eating pattern, health care, etc.]

9. How do the children, who migrate with you support at destination worksites?

[Probes: Help and support of children at destination, do they work along with you, what do they work, do they get paid, if yes, how much? take care of siblings, household chores, nothing just play, go to school, etc.]

10. What do you think about your children's safety at the work

- sites when they migrate along with you? Can you explain?

[Probes: Do you think that children are safe at work site, on the way to worksite, day/night when parents out for work, who takes care of them in your absence, do you know any incidence of bullying and troubling, other safety issues, other problems faced by children at work sites, etc.]

11. Are the existing services able to protect the children and support you for improving your condition? What are the difficulties or benefits?

[Probes: Awareness of existing schemes, Lack of coverage, difficulties in tracking migrants and their children; Access to Education Guarantee Card, access to higher education/eligible for higher education. Protection: safety issues, eliminating child labour, early marriages]

[Ask only the parents whose children have stayed back]

12. How do the children who stay back manage their life in village when you migrate?

[Probes: With whom do the children stay back with when you migrate, do they go for paid work, what do they work, how much do they get paid, work for own farm, take care of siblings, household chores, nothing just play, go to school, etc.]

13. What do you think about your children's safety when they stay back in village in your absence?

[Probes: Your concerns (safety and security) about the stay back-children (on their way to school, at school, at home, safety in the day and nights, how do you manage or ensure their safety and security)

14. How do you communicate with the stayed back children? and what kinds of things do your children talk about when you communicate with them?

[Probes: Mode of communication, frequency, reasons for unable to communicate, do they share problems, day to day activities, interactions with people and friends in village, health, school attendance, learnings, etc.]

15. When you talk to your children (those who stay back), how do they seem or sound to you?

[Probes: Normal, happy, a bit sad, troubled, more tired or weak, unwell]

[Instruction: record separately for migrant child and stay-back child]

16. What are the effects of migration on your children with respect to education and health?

[Probes: **Education:** At village: Enrollment of children, Regularity of schooling, school performance, coping with the syllabus, how do you ensure that they study]

At the destinations: Access to school, enrollment of children, regular attendance, school performance, coping with syllabus, worry about their future.

Health: *At village:* what are the main health problems of children; how do make sure that your children in the village are in good health? Neglect or not taking treatment for child when ill, how do you manage or ensure their health and nutrition]

At Destination: What are their main health problems, do you have access to health facilities, how do you manage to reach the health facility, does the *mukadam*/anyone else help you? Where do you prefer to take treatment (origin or destination)? What is the approach of health professionals towards you, how do you manage finance for health emergencies, etc.)

[Instruction: Ask everyone (Question number 17.a)]

17. a. How COVID-19 and lock down affected you and children?

For migrant parents:

[Probe: Migrant children/stranded: Hardships experienced by migrants and children (stranded at destination/transit, infection, discrimination (stigma of virus carriers, etc.), availability of food and access to food, etc.), support provided at destination, while travelling, after reaching village, quarantine facilities, being at risk of early marriage, dropping

out of school, unable to meet friend, unable to go out and play, etc. how it affected/would affect families livelihood (workdays lost due to lockdown, loss of income and payment, etc.)

Stay-back children: Life without parents, stress, availability of food and access to food, anxiety, issues related to schooling, discrimination in village because parents were migrants during the lock down, being at risk of early marriage, dropping out of school, unable to meet friend, unable to go out and play, etc.]

Non-migrant children: Hardships experienced by children, infection, availability of food and access to food, etc.), being at risk of early marriage, dropping out of school, unable to meet friend, unable to go out and play, etc. how it affected/would affect their livelihood (workdays lost due to lockdown, loss of income and payment, etc.).

[Instruction: Ask only Stranded children's parents (Question number 17.b)]

17 b. Please share the problems/difficulties/hardships experienced by you/your family member who were stranded during lockdown (2019-2020) especially the children?

[Where were you living at that time, how did you manage, what were the sanitation conditions prevailing, could you follow any social distancing, how were you getting news related to COVID-19,

how was the situation of your fellow migrants in lockdown, did you get enough food at destination, did you work during that period at destination, how you managed money during this period, deaths due to COVID-19, hospitalization experience during lockdown]

18. What are the government schemes have availed during the lockdown?

[Probes: MGNREGA, PDS, any other, how are you managing your life (income)]

19. What support do your children get from the government in the village?

[Probes: Role of the AWW, ASHA, SMC, VCPC, GP, *Balmitra*, teachers; in-case of children who live alone without adult care how you support them; any specific services during COVID-19/lock down)]

[Instruction: Ask only parents of migrant and stayed back children (Question number 20 to 21)]

20. What do you think should be done by the district administration and the departments of WCD, Education, ICDS and Health at the district level to help migrant families and their children?

21. What should the State Government do to make sure that migrant families and their children remain safe and can access all the services at both the source village and the worksites?

Appendix 6

Consent Form and Guidelines for Participatory Rural Appraisal (PRA) Activities



INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS)

Govandi Station Road, Deonar
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UNICEF Sponsored Project on
**Protection of Children Affected by Seasonal Migration:
A Study in Jalna District, Maharashtra**

Informed Consent Form- Participatory Rural Appraisal (PRA) with children

Namaste! My name is _____ and I am working as _____ for the International Institute for Population Sciences, Mumbai. We are conducting a survey on “Protection of Children Affected by Seasonal Migration: A Study in Jalna District, Maharashtra.”, funded by UNICEF India. The major objective of this study is to understand the situation of children (0-17 years) of Jalna district who are affected by seasonal migration. Your village and your house have been selected for this research and survey. We are collecting information on children’s education, health, lifestyle, nurturing and care when their parents migrate, and factors affecting their lives.

We are collecting information on the children affected by migration for understanding their perceptions on various aspects of their migration experiences like the journey from their village to the place of destination, changes in their daily activities, and their experiences. We will be collecting this information through group interactions and activities like drawing, etc. The group activity will take approximately 2-3 hours. The information shared by you will be kept confidential and will not be shared with anyone, and will be used only for research purposes. You can choose not to participate or leave the exercise any time. However, we hope that you will participate in this survey since your participation is very important.

For more information about the survey, please contact the following coordinators:

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6.1 PRA tool: 24-Hour Clock

1	Name of the Block	
2	Name of the Village	
3	Name of the Participant	
4	Age (in completed years)	
5	Sex	
6	Qualification	

Participant

Children 10-17 years (Migrant children, Stay back children, Non-migrant children)

1. The Migrant children must make two 24-Hour Clocks on what they do at the origin village and the destination.
2. The stay-back children must make two 24-Hour Clocks on what they do when their parents are away, and when their parents are in the village
3. Non-migrant children must make one 24-Hour Clock describing their daily activities in their village.

Objectives of the 24-Hour Clock Activity

To understand:

1. Changes in the daily routines of migrant, stay-back and non-migrant children
2. The differences in the changes in daily activities between migrant children at the village of origin &

destination, and the stay-back children in the absence of their parents and when they are with them

3. Gender differences in the daily activities of the migrant children (at both origin and destination), stay-back and non-migrant children (origin)

Material required

- A4 size papers for a 24-hour clock
- Marker pens
- Sketch pens
- Pencil and eraser
- Crayons/colour pencils
- Symbols in sticker's
- Scissors

Instructions to the participants

- Start the activity by marking the time that you wake up at one of the points on the 24-hour clock

- What do you do after getting up till you go to sleep? Show them on the 24-hour clock face at the appropriate hour
- Some of the activities of the children will last a long time (like attending school). Such activities can be shown as one block on the clock face.
- Other activities like getting ready for school, eating breakfast may take less than one hour and so should be shown as a portion of the segment between two hours on the face.
- Continue to mark your activities during the day till the time you go to sleep.
- Your clock will now have many sections
- If you wish, you may give a different colour to each section

Discussion Points

(For the researcher to ask children)

Do you face any difficulties in managing the time for each activity?

6.2 PRA Tool: Trust Circle

1	Name of the Block	
2	Name of the Village	
3	Name of the Participant	
4	Age (in completed years)	
5	Qualification	

Participant

Children 10–17 years

1. Migrant children
2. Stranded children
3. Stay back children
4. Non-migrant children

Objectives

To understand the children's

1. The intensity of Trust/relationship with
 - a. Family members (Father, mother, siblings (brother/sister), other family members
 - b. Care givers like grandparents, etc.
 - c. Community stakeholders (Teachers/AWW/VCPC/etc.)

Material required

- Chart paper
- Marker pens
- Sketch pens

- Symbol stickers
- Eraser
- Pencil Sharpener
- Geometry Compass
- Different pictures

Instructions

- At the start of the activity, write the names of the people you know in the lower right-hand side of the paper
- Include the names of people who meet your needs, or people who do not meet your needs; and of those to whom you express your feelings, or tell them about what makes you happy or sad. Write the names of the people (such as mother, father, teacher, etc.) to whom you take your problems: those who can solve your problems, respectively. Do not write their actual names).
- Then, in the lower left-hand corner of the paper, describe

your needs, problems, joys and sorrows, feelings etc. to the concerned persons you have mentioned.

- (These include happiness, anxiety, fear, hurt, anger, loneliness, help / support, performance / achievement, safety issues, decisions, anxiety, education, study, health issues, new ideas, money, and so on, and write down all the things you think.) Also, mention the problems and needs that you don't tell anyone.

Now start drawing

Draw the first circle.

Remember:

In this circle you must write the needs / problems that you have written in the bottom left corner of the paper. Mention some of the needs / problems and who solves those needs / problems, or which person is most important or trustworthy to solve your needs / problems.

Fill or write information in a small circle like this

- First you draw a small circle in the center of the paper. (It should be 8 to 10 centimeters long, so that all the information you want to write can fit in that circle. If you want to draw a slightly larger circle, you can do so anyway.)
- In that small circle, write the name of the person closest to you or your trusted or important person or draw a picture or paste a picture (which solves your problems, needs). And by that person's name, write down what needs / problems that person takes care of.

Next, draw the second circle.

- Let us draw a second circle around the same circle we first drew. Draw this circle about 4-5 cm bigger than the first.
- In the first circle, the name of the person closest, trusted or important to you was written, drawn or pasted.

- Now write, draw, or paste the name of the person in this second circle, the person who solves your needs and problems, when the person in your first circle is not there, or that person cannot solve your needs and problems. Write down what needs / problems this person takes care of.

Next, draw the third circle.

- In the third circle, write the names of people who can solve your problems, or meet your needs, but you do not, or cannot, express those needs or problems to them. Also write down what those problems and needs are.

Next, draw the fourth circle.

- In the fourth circle, write the names of people you don't trust at all, or who can't solve your problems and needs.

Discussion Points (For researcher to ask children).

- Describe what you drew in the picture.
- What were the difficulties you had while in drawing?
- Explain the reasons for what you have written / erased after writing?
- Explain what is written / drawn in the first small circle?
- What is written / drawn in the second/third/ fourth circle?
- Explain the reason for writing drawing in all these circles.
- Who did you leave out?
- What is the reason for not giving information about that person?
- Are there any needs / problems that you don't tell anyone?
- If so, how do you solve them?
- Would you like to say something more?

6.3 PRS Tool: Mobility Mapping

1	Name of the Block	
2	Name of the Village	
3	Name of the Participant	
4	Age (in completed years)	
5	Qualification	

Participant

- Children (10–17 years)
- Who migrated with parents and returned to origin
 - Who migrated with parents at the destination/worksite
 - Who were stranded during lockdown

Material required

- Chart papers
- Marker pens
- Sketch pens
- Crayons/color pencils
- Symbols in sticker’s
- Scissors

available resources and services at each stop while travelling

- Mention the available resources and services while travelling
- Draw/ stick symbols of the resources and services available at the destination
- Mention the number of resources and services available at the destination (For example, House, place for sleeping, source of water, toilet facility, food, school, health facility, playing area, etc.)

Objectives

To understand the participating children’s perceptions on the following:

- Availability and frequency of access to facilities/services/ resources at both origin and destination
- Quality of facilities/resources/ services and challenges in accessing them
- Issues and challenges in the migration (From origin to destination)
- Issues and challenges on the return journey from destination (where they were stranded) to village of origin.

Instructions

- Draw your village on one corner of the paper, then draw the place of destination on the other.
- Draw the route you travelled on from your village to the destination
- Mark every place you stopped at during the journey.
- Draw/ stick symbol of the available resources and services in village
- Mention the number of available resources and services in village
- Draw/ stick symbol of the

- Stick symbols indicating your like or dislike for a certain facility/resource/service.
- For example, you may like/ dislike a certain facility/ resource/service like a play area or school. To show your feelings, use the appropriate symbol set of stickers given to you.
- Mark how felt at each stage of the journey. If it was easy draw a symbol like a tick mark (✓); if the journey was difficult then you can show it with a cross mark (×)

Children Stranded at Destination

- Draw the destination where you were stranded on one corner of the paper. Then draw the place of your origin on the other.
- Draw route you travelled from destination to your village
- Mark each place you stopped during the journey
- Draw or stick a symbol of the resources and services that were available at the destination where you were stranded.
- Mention the number of resources and services that were available at the destination where you were stranded.
- Draw or stick a symbol of the resources and services that were available at each place you stopped during the journey.
- Mention the number of resources and services that were available during the journey
- Draw or stick a symbol of the resources and services that were available at your village
- Mention the number of available resources and services at destination (For example, house, place for sleeping, source of water, toilet facility, food, school, health facility, playing area, etc.)
- Stick symbols to your like or dislike for each facility, resource, service.

- For example, you may like/dislike a certain facility/resource/service like play area or school so now you can also use symbols from the given stickers to show it.

- Mark how you felt about each stage of the journey. If it was easy, you can show with a tick mark (✓); and if the journey was difficult use the cross symbol (×)

Discussion Points. (For the researcher to ask the children)

- Ask the child to explain what they have drawn
- Has the child covered all the places which they passed or stopped at on their journey to the destination?
- Which are the places that the child missed? Why? Would the child like to add this?
- Did the child mention all the facilities/resources/services used on the journey from the village of origin to the destination? Which are the ones the child missed? Why? Would the child like to add this?
- Why did the child like or dislike certain facilities/resources/services? Ask the child about each facility/ resource/service that has been marked on the map.
- Did he/she face any difficulties in using to the facility/resource/ service? Ask for each facility/ resource/service that has been marked on the map

Suggestions for improvement

- How would you like the facility/ resource/service to be better? Ask about each of the facility/ resource/service marked on the map?
- How would the child manage if there were less or no facility/ resource/ service available at a certain stop during the migration journey? (Ask the child about for all the resources/facilities at the destination or stops, which are available at the village of origin)
- Why did they like/ dislike certain facilities/resources/services? Ask about every facility/ resource/ service that was marked on the map
- How was the journey? If it was difficult, ask the reasons. If the journey was easy or comfortable, ask the reasons for this also.
- The aim is to understand the child's perspectives.

Appendix 7

Global and Indian Good Practices

7.1 Global Initiatives for Migrant Families and Children

Migrant and Seasonal Head Start Programme (MSHA, USA)

- MSHA provides child development, family support, and family engagement services
- Tailormade for young children from migrant and seasonal farmworker families
- Findings of a study show that 75% of the children (infants, toddlers, and preschoolers) in this programme met age-appropriate criteria for socio-emotional skills.

Home Interaction Programme for Parents and Youngsters (HIPPY, Europe)

- Designed for disadvantaged, low-income, migrant and/or ethnic minority families
- Successfully implemented in Europe (Netherlands, Germany, UK), Turkey, Mexico and Australia, among others.
- Views parents as home educators
- The programme provides for home visits by teachers/ educators

Programa Escolas, Portugal

- For improving inclusion of children from minority groups, and those from vulnerable socio-economic backgrounds
- A community facilitator (trained worker from the minority or vulnerable community) serves as a link between school and community for bridging the ethnic/ socio-economic/ linguistic gaps
- Support is provided to children and their families as needed

7.2 Indian Initiatives for the Children of Seasonal Migrant Families

Odisha Model

1. Interstate MoU: Some states like Odisha and Andhra Pradesh have signed MoUs for collaboration to provide education in the mother tongue for migrant children. Volunteers trained in Odiya have helped to bridge the language gap for children of brick-kiln workers in Andhra Pradesh.

2. Seasonal Hostel Model: To prevent child migration and child labour, and to retain the children of migrant parents in school at the origin village, Seasonal hostels were set up in the source villages so that the stay-back children of migrant parents migrate are safe and protected in a familiar environment, and can attend their own school. This model is unique due to the seamless conver-

gence of financial assistance from different departments: food and study materials from SSA funds, beds and mattresses from the Labour Department, provision of mid-day meals from the Education Department

This experiment of civil society organizations was done in collaboration with district administration in Balangir in 2001-02. It became a successful model for stopping children from migrating with their parents and ensuring continuity in their education. Similar initiatives were also been undertaken by the government of Gujarat.

In both states (Gujarat and Odisha), School Management Committees established under

the RTE Act play a key role in running the hostels and keeping the children safe.

In 2019–2020, Odisha had 164 operational hostels with more than 5,000 students

3. The MAMATA scheme in Odisha, which preceded the PMMVY, provides cash benefits of Rs. 5,000 to pregnant and lactating mothers in two installments through the ICDS infrastructure. However, registration at the source villages is essential for availing of the benefits. Lack of knowledge and awareness, limited access to anganwadis at destinations and the absence of provisions for intrastate migration have impacted the implementation of this scheme.

Gujarat Model

1. Tent STPs. Inter-state migrant children coming into Gujarat receive education through Tent Special Training Programmes (Tent STPs). These are temporary schools established at the destination worksites. The teachers/instructors are called Bal Mitras. Every child attending the Tent STP school is given snacks in mornings and mid-day meals.

2. Migration Monitoring Software (MMS): In 2009, the Migration Monitoring Software (MMS), an online tracking system for migrant children, was introduced to overcome existing limitations and streamline the process for real-time tracking. In the MMS, a unique number is assigned to each migrant child, which is displayed on the migra-

tion card. When the child migrates, the cluster coordinator of school at the village of origin fills a form online using this number upon which the coordinator at the destination is updated in real-time. The system has proven successful in significantly reducing dropout rates among migrant children. It was reported to be working well,

especially in the tribal districts of Dahod, Panchmahals and Dangs in years before the lockdown.

3. **Anna Brahma Scheme.** The Anna Brahma scheme was introduced to improve access to free rations to interstate migrant workers who could furnish the required documenta-

tion. Since was targeted at migrants, people living in informal settlements, who did not usually have their documents in order were excluded.

4. **Anganwadis at Worksites.** In 2016, the BOCW Welfare Board proposed the establishment of anganwadis at construction sites that were active for at

least three Years, and employing 100 workers with over 30 children in the 3-6 years age group. However, the programme was limited in its effectiveness due to lack of training of staff and documentation issues. It was kept active by CSOs and developers as privately run creches at construction sites in Ahmedabad.

Initiatives by the State of Maharashtra

1. **Sakhar Shala:** Temporary schools were established in 2002 at the sugar mills and at brick kilns to enable children from seasonal migrant families to continue their education. The schools at the sugar mills were known as *Sakhar shalas* and the ones at the brick kilns as *bhonga shalas*. Despite initial success, understaffing, insufficient funding, challenges related to the safety of girl students led to the gradual discontinuing of these schools.

2. **Kinship Care Model.** For the stay-back children, UNICEF and its CSO partners innovated a kinship care program for children of sugarcane migrant workers which enabled children aged 6–14 years to stay-back in their village, continue their education and remain safe in

the absence of their parents. The model included actions to persuade parents to leave their children behind with caregivers, usually the grandparents or other close relatives, who would be supported by a network of CSO volunteers.

3. **Migration Tracking System Application.** The Department of Women and Child Development, Government of Maharashtra has initiated the development and roll out of a statewide technological system (Maha Migration Tracking System Application) to enumerate and track children, pregnant women and lactating mothers, and facilitate service delivery at destination worksites. The initiative is in the pilot phase in six districts of the state: Amravati, Chandrapur,

Gadchiroli (only in Sironcha block), Jalna, Nandurbar and Palghar. Enumeration of children, pregnant women and lactating mothers has been completed and the data has been shared with the destination districts initiating the processes of providing services to the incoming migrants

4. **Financial Incentives:** The Government of Maharashtra provides Rs. 8,500 through SMCs to children from seasonal migrant families to cover the cost of breakfast, dinner, stationery items and toiletries. Initially, the scheme applied to stay-back children only; but in 2018, it was extended to cover migrant children also. The scheme was discontinued due to systemic problems and lack of funds.

Appendix 8

Life of a Seasonal Migrant

It is dark, the Sun is yet to rise. The slight breeze barely causes the sugarcane leaves to rustle and does nothing to reduce the stifling heat even in these early pre-dawn hours. Yet people lie in the deep sleep of the exhausted- their beds made of scattered straw/ sugarcane leaves on the uneven sugar cane fields, in make shift homes of blue plastic sheets. The silence is broken by the wail of new born child. This is the story of Anjali, the daughter of a sugarcane harvester who was born in a sugarcane field in Solapur district of Maharashtra.

Anjali's mother did go to the district hospital for her post-natal check-up; the hospital was too far, there was no transport facility and taking a day off from work meant that they would have to pay their fellow sugarcane harvesters to make up for the loss incurred from their absence. Yet, both the mother and daughter survived. Did Anjali thrive? Now that is a different story.

Anjali's mother would leave the infant in a cradle made of an old saree, tied between two poles, returning to nurse her little one only when she could, sometimes only two times a day. The mother did not have access to nutritious food herself. When the family returned to the village, Anjali was six months old. The anganwadi worker in the village checked baby Anjali, frowned at Anjali's mother for not giving the babe her immunization shots and said that she was underweight.

Every year, Anjali went with her parents during their annual seasonal migration for sugarcane harvesting. Her immunization was incomplete, her growth and development less than other children her age, who did not migrate. Anjali's schooling was also interrupted every year – she attended school when she lived with her parents at her village but was unable to do so when they were in Solapur district. Initially, Anjali enjoyed going to school and learning with her friends. But as time passed, Anjali found her studies difficult- since she was away for more than 6 months each year, she missed out on learning. Slowly, she became detached from learning- the teachers used to scold her for not attending school and for not being able to do sums or read like others in her class. By the time she was 10 years old, Anjali no longer wanted to go to school and discontinued schooling after completing standard 4.

At ten years of age, Anjali would look after her siblings, help her mother cook meals and fetch water- this was her life- regardless of whether she was in her village or in sugarcane fields in Solapur. At the sugarcane fields, Anjali started by helping her parents by binding the cut sugarcane but over the next few years, got more involved in the harvesting work.

Anjali's access to health systems was limited – no one in her family or neighbourhood went to the district hospital unless they were very

unwell. This became even more difficult when they were in Solapur. The ASHA workers and the anganwadi workers visited Anjali's house – they told her mother to feed her children better – but nothing really changed.

When Anjali was 16 years old, she was married to a 19 year old boy from another family that had come for sugarcane harvesting. The sugarcane harvesters were paid better as a couple (*koyta*) – both sets of parents profited from this marriage as did the *mukadam* (the contractor).

Now Anjali is 17 years old, pregnant and working as a sugarcane harvester herself. The ASHA worker at her village had told her that the iron in her blood was low and given her tablets for this. Anjali had taken them daily, but they were over. She does not know where she can get more – whom should she approach when in Solapur. She wants a better life for her child- but will her child have a better future? What can we do to help her unborn child have a better life?

This report provides recommendations and suggestions for helping Anjali and her unborn child.

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