Summer Training at
Urban Health Resource Centre, Indore

Ordeal of 'Complimentary' Migrants at the Brick Kilns- A Childhood Nipped in the Bud

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2015-2017

The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
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IIHMR UNIVERSITY

CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Kavya Srivastav** student of **MBA Hospital and Health Management** from the IIHMR University; Jaipur has undergone summer training at **Urban Health Resource Centre, Indore** from 1st April to 6th June, 2016.

The candidate has successfully carried out the study designated to her during summer training and her approach to the study has been sincere, scientific & analytical.

The internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

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URBAN HEALTH RESOURCE CENTRE

Certificate of Internship

This is to certify that Ms. Kavya Srivastav interned with Urban Health Resource Centre (UHRC), Indore from 1st April, 2016 to 1st June, 2016. Her work involved primary data collection from migrant workers on brick kiln through field visits and documentation of basti children's groups' sports day event report.

Her work was satisfactory.

UHRC wishes her all the best for a bright future.

Siddharth Agarwal

Dr. Siddharth Agarwal

(**Executive Director, UHRC New Delhi)**.

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Acknowledgements

This research would not have been possible without the guidance and logistical supportfrom the Urban Health Resource Centre. I want to extend a special thanks to allof the staff of UHRC for making me feel so welcome in their organization and helping me tocomplete this project. Thank you very much for your help and for answering all ofmy questions. I am deeply indebted to **Mrs ShabnamVerma** for her support and guidance. Thank you to **Kailash Sir** for driving us from brick kiln to brick kiln and helping us understand how the field program was working there. Special thanks to **Bharti Mam**for data entry and all other desktop assistance. Thanks to the UHRC library and their large collection of resources which were invaluable to the completion of this project.

The successful completion of this study owes much to **Dr Siddhartha Aggarwal**,CEO UHRC whohas guided the research from its beginning to end. His comments and insights and theconstant encouragement have been invaluable to this report.

Without the guidance and blessings of **Dr. S.D. Gupta**, Director Indian Institute of Health Management & Research University, Jaipur this project would not have been possible for us.

My Special Thanks to **Col. Dr. Ashok Kaushik**, Dean Academics and Students Affair, IIHMR University, Jaipur for being a continuous guiding source throughout the degree, I would also like to thanks **Dr. D.K. Mangal and Dr Suresh Joshi**, IIHMR University, my mentors for providing me support in completing my project successfully as well as giving insight in to my operational issues which came across during the project.

Finally, I would like to extend my appreciation to all the people from Bhangarh brick kiln who welcomed this research. Thank you to the contractors who allowed me to interview them and to let me interact with them. Iwould like to express my appreciation to all of the migrant families who welcomed me into theirhomes and shared their inspiring stories of perseverance with me; without whom this project would have not been possible.

I would also like to thank my colleagues Dr Ajmal Khan and Dr YogeshLaharifor being a part of my many brain storming sessions which have been of immense help in successfully completing the project.

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ACRONYMS

UHRC- Urban Health Resource Centre

NFHS- National Family Health Survey

NGO- Non government organization

RCH- Reproductive Child and Health

GOI- Government of India

NRHM- National Rural Health Mission

NSSO- National Sample Survey Organisation

CBO- Community Based Organizations

UNESCO- United Nations Educational Scientific and Cultural Organisation

UNICEF- United Nations Children's Emergency Fund

WHO- World Health Organisation

RULER- Roundtable on Urban Living Environment Research

SSA- SarvaShikshaAbhiyan

NRLM- National Rural Livelihood Mission

SHG- Special Health Groups

AWC- Anganwadi Centres

I. About the Organisation

URBAN HEALTH RESOURCE CENTER

Urban Health Resource Centre is a nongovernmental organization that addresses health, nutrition and wellbeing of the disadvantaged urban dwellers through demonstration programmes, technical support to government and non-government sector, research, advocacy and knowledge dissemination through a consultative and partnership based approach.UHRC started through support from USAID under the Environmental Health Project during 2004-05.

Urban Health Resource Centre implements demonstration health programs in diverse cities (Indore, Agra, North-East Delhi) such that these may be adapted, replicated and/or up-scaled by government and non-governmental agencies. These programmes help better understand which strategies are more effective and feasible, and more importantly the how-to of implementing these strategies.

UHRC undertakes primary quantitative and qualitative research as well as secondary-research including re-analysis of large data sets such as NFHS. UHRC endeavors to enhance policy attention to the urban underserved population through organizing various events which highlight the importance of focusing on health of the urban poor and the key strategies which could be adopted to improve their health and living conditions.

UHRC provides technical support on health, nutrition and related issues to National, State, and District Governments, urban local bodies and other NGOs. UHRC has provided technical assistance for the Governments of Uttarakhand, UP, MP, Rajasthan, Maharashtra, Jharkhand and Delhi for developing Project Implementation Plans and strengthening urban health approaches and capacities. It has also developed sample city health plans under RCH-II for four cities of diverse sizes and situations. These cities include Delhi (Mega city), Agra (Million plus city), Bally (less than 1,000,000 population) and Haldwani (around 100,000 population). It has also supported GOI for preparing national guidelines that provide policy guidance to cities and states undertaking urban health programs. UHRC team members represented UHRC at “National Task Force to Advise NRHM on Strategies for Urban Health Care” (2005-06) and also facilitated GOI for preparing framework of the proposed National Urban Health Mission.

Main Objectives of the Organization is to:

1. Develop innovative urban health programmes in cities of different sizes which can be adapted by the government and non-government agencies.
2. Strengthen Urban Health programming approaches and capacities at different levels among the Government and Non- Government partners.
3. Increase availability of urban poor specific health information and programme experiences among various stakeholders through research, documentation and dissemination.
4. Advocate enhanced attention on urban health, targeted policies and increased allocation of resources for slum dwellers.

Demonstrate and advocate for empowerment of slum communities, especially women as a means to achieve and sustain improvements in health care.

Vision

UHRC vision is an urban India where every resident enjoys optimal health and well being, realizes his/ her full potential and contributes to the nation's growth and development.

Mission

The mission of UHRC is to bring about sustainable improvements in the health conditions of the urban poor by influencing policies and programmes and empowering the community.

II. Observational Learning

UHRC is broadening beyond health, utilizing its capacity in community organizing and building community capital to address needs beyond health and nutrition; as well as its capacity for knowledge sharing and advocacy. UHRC acknowledges that learning by doing is the core building capacity. Hence, broadening its scope would lead to the organization's own capacity building in areas that it has so far not focused and make the organization better equipped to address the health and wellbeing of urban slum dwellers of different cities.

City programmes in Indore, Agra and Delhi

The objective of city demonstration programmes is to build capacity of slum communities, bring about sustained improvements in the health and wellbeing of the urban poor in the cities as well as to evolve approaches (or models) of urban-slum health programme which can be replicated and scaled-up by other governmental and non-governmental programmes. These programmes serve as learning sites. They essentially serve as learning sites for programme managers of urban health programmes, both government and non-government. Each city has unique set of challenges and opportunities and therefore requires approaches which are tailored to address the challenges and utilize opportunities of the city.

The key principle applied in all the programmes is synergizing the efforts of the key stakeholders. This essentially entails utilization of local resources which enhance skills and empowers the community to take action for their health and wellbeing. These programme sites provide evidence of the best practices and help evolve understanding on the nuances of implementation of these strategies.

These programmes also serve as sites for more in-depth operations research on various topics such as hygiene promotion trials, maternal and newborn trial, studies to improve age appropriate immunization to help augment and understand urban health programmes and its various facets.

Study tours are organized to these programmes and the various programme processes are documented and disseminated for larger benefit. UHRC's Indore and Agra programmes have hosted study tours of over 100 students from various universities of India and abroad, over 100 government officers from governments of Maharashtra, West Bengal, Madhya Pradesh, and central government officers, several institutions send their students pursuing post graduate studies to UHRC for their summer practicum.

On the social infrastructure front, a structural adjustment is being encouraged to the existing social scenario in slums. These include introducing concepts like encouraging and empowering slum-level women's health groups, community based health and development funds. Fairly recently federations of slum—CBOs have also been encouraged. These CBO members are trained volunteers who motivate all families towards hygiene, cleanliness, healthcare, nutrition, availing government services etc. UHRC has experienced that

working with women's groups provide a natural opportunity to work with children's groups. During the past six months 12 children's groups have taken roots in Agra and Indore.

Intermediary role as provider of technical assistance to other States/cities

UHRC provided technical assistance to the Department of Public Health and Family Welfare, Government of Maharashtra during 2006-07 to kick start their urban health program in 44 cities. UHRC continues to provide technical support to the Dept of Medical Health and Family Welfare, Government of Uttarakhand for its Urban Health Program which presently is running in four cities. Technical assistance was also provided to Govt of Delhi during 2007 to 2010.

Knowledge dissemination, advocacy and technical assistance

Sharing knowledge (including experiential learning acquired) is an important aspect of UHRC's programming. The urban poor benefit from the city-level interventions and knowledge base on a broader canvas as well. The data and knowledge which is documented and compiled is disseminated to a variety of different audiences.

- To bring a broad spectrum of stakeholders on common platforms, UHRC undertakes a number of advocacy initiatives such as organizing seminars, discussions, conducting workshops with key stakeholders. These initiatives help to generate consensus among stakeholders and lends a collective and stronger voice to the issue.
- UHRC website has extensive information on social empowerment, urban health issues, challenges faced by disadvantaged social groups and serves as a ready reference for many and is a service for programmers and academia .The UHRC website receives approximately 50,000 hits every month. The website is listed as a resource at UNESCO Library.

Practicum training and summer internships for students

The organization provides practicum training and summer internships for students from different universities of India and abroad. All interns/student volunteers in the past six years have learnt from field based research in UHRC's program sites. Knowledge resources and guidance is available to students with the objective to steadily develop a cadre of professionals with and understanding of issues related to urbanization and health including health inequities in urban areas. They also gain an understanding of programmatic approaches to addressing health concerns of the urban poor. Students from universities in India, the US and Europe have benefited from this program.

Catalytic roles at different levels

Bringing focus on improving the wellbeing, health and living conditions of over 100 million urban poor in India which has traditionally been a rural country is a fairly major if not a Herculean task. The principles and approaches of programming followed by UHRC are aimed to play a catalytic role at all levels of urban health planning and interventions. By filling gaps in available knowledge and research on urban health issues and following principles of convergence of resources to create synergies and providing technical assistance on urban health issues to key stakeholders like the government, UHRC plays a catalytic role at different levels of programme planning and advocacy in a flexible and adaptable manner.

Research

Research activitiesundertaken by UHRC and its publications inform policy development and urban health programming approaches of the government and other stakeholders. UHRC undertakes primary quantitative and qualitative research as well as secondary-research including re-analysis of large data sets such as NFHS.

UHRC's publications include over 100 articles in national and international journals, magazines, web-based media, newspapers and reports. With the objective to better appreciate the actual slum scenario in different cities of India, the team gathered data from a number of cities items such as the number of people living in slums, squatters' poverty clusters, rising population of the urban poor, health and nutrition services available for slum dwellers and other associated aspects regarding services in the cities. This effort was complemented by development of spatial maps for these cities, steadily facilitating policy attention for the inclusion of the non-notified slums in government of India programs. UHRC team undertook the analysis of the urban component of the National Family Health Survey –phase -3 (NFHS -3) datasets by Wealth Index.

Collaborative primary research in partnership with the Johns Hopkins Bloomberg School of Public Health, USA and ChhatrapatiShahuJiMaharaj Medical University, Lucknow, conducted between October 2007 and March 2008 in Meerut, a fast growing city in western Uttar Pradesh found that only 60 percent pregnancies were registered with a health facility.

Convergence for synergies: consultative and collaborative programming

Convergence is one of the key mantras of UHRC's programming, as a conscious principle it aims to converge and pool all available resources in a locale, for creating synergized function and their optimal usage. It believes in forging partnerships with other stakeholders. This in turn optimizes the health benefits to the urban poor in the locale.

UHRC has networks and relationships in cities and broader at national, South East Asia region and international levels.

UHRC is closely associated with several Indian and international agencies striving towards the aim of furtherance the health and wellbeing of the urban poor. These include Johns Hopkins University, Maryland, USA; International Society of Urban Health; WHO's Centre for Health and Development (which focuses on urbanization and health), Kobe, Japan; WHO's South East Asia Regional Office, One World South Asia, a web-based portal for strategic dissemination of views and knowledge; All India Institute for Local Self Governance, Mumbai, government and non-government stakeholders in Indore, Agra, Delhi.

UHRC representative is moderator for WHO International Workshop on 'How can metrics better capture health needs and respond to demand in cities?', during International Conference of Urban Health, Belo Horizonte, Nov. 4, 2011; and member expert group consultation convened by World Health Organization on Urban Health Metrics at WHO Kobe Centre, Japan from Feb 23 to 25, 2011.

UHRC representative is member, Roundtable on Urban Living Environment Research (RULER). Composed of leading experts in population health measurement from diverse disciplines, sectors, and continents, RULER met and communicated virtually during Mar.2010 and Aug. 2011 and published a report in September 2011 in Journal of Urban Health; and member - Health Group at Rockefeller Foundation Global Urban Summit-Bellagio, Italy-2007. The RULER report has been published in The Journal of Urban Health, Sept. 2011

UHRC team member is President of International Society of Urban Health for 2010-2011 and Executive Board member during 2008 till present.

UHRC has a close relationship with WHO's South East Asia Regional Office. UHRC representative has been Temporary Advisor to them for the Regional for Regional Consultation on "Intersectoral Actions for Addressing Social Determinants of Health, 23-25 August 2011, plenary speaker at Asia-Pacific Urban Forum in Bangkok (June 26-2011) and at WHO conference "Partners for Health in South-East Asia" March 16, 2011.

Ordeal of ‘Complimentary’ Migrants: A Childhood Nipped in the Bud

INTRODUCTION

India's total population, as recorded in the recently concluded Census 2011, stands at 1.21 billion. Internal migrants in India constitute a large population 309 million internal migrants or 30 per cent of the population (Census of India, 2001), and by more recent estimates 326 million or 28.5 per cent of the population (NSSO 2007–08). Migration is a dreadful social problem in India. Though it is the most common feature of the human civilization, it reflects, human endeavour to survive in the most testing conditions both natural and manmade. At this crucial juncture in economic development in our country, study on migration assumes special importance.Millions of families especially from rural areas to urban area are being forced to leave their houses and respective villages for several months every year in search of livelihoods. Seasonal migration for work by poor rural families is a phenomenon that is escalating as the agrarian crisis mounts.

Seasonally migrant labour constitutes 10 to 15 per cent of India's present estimated workforce of 480 million.They belong to the most poor and deprived sections of society. Migration provides subsistence to these workers and their families but exposes them to a harsh and vulnerable existence with difficult working and living conditions.Children accompanying their migrant parents for seasonal employment are the most "at risk" group of all in terms of educational vulnerability and capability formation.They are deprived of basic education and therefore become bonded to the low-skill–low-wage trap that their parents are currently in.

BACKGROUND

In a country like India, where seasonal labour migration from rural to urban or from backward to developed region is a household livelihood strategy (to cope with poverty), the children of the migrants are the worst affected. Whether the children accompany their parents or are left behind in their homes/villages, many remain out of school; many are forced to drop out and some become vulnerable to work as child labour. Thus, mainstreaming these children in development process i.e. attaining the goal of universal primary education and inclusive growth - is a big challenge. With rapid urbanization, more people are likely to migrate to semi urban or urban locations. It however remains difficult to keep track of migrant children and therefore ensure that they remain in/go to school. In other words, it remains difficult to ensure that they receive their "right to an education".

Migration may open new economic possibilities for families; it also comes with high risks. These risks are disproportionately felt by the children of migrants who are left alone due to migration of parents or often are compelled to travel to worksites with their parents. Children brought to worksites face the risk of injury, illness, and exploitation, while missing out on educational opportunities that might have helped them escape the cycle of poverty. Worksites cannot be easily made into education-friendly environments. The Government of India, through its SarvaShikshaAbhiyan (SSA) and other initiatives, has aimed to expand, with due support from State Governments, the availability of primary schooling closer to most children in the country. However, an expanded network of schools is unlikely to bring a number of "excluded children" into school, without very special efforts. These are children who survive in most difficult circumstances, and face formidable barriers in accessing schooling- barriers and challenges that derive from the specific nature of their vulnerability, exclusion, social and economic conditions. Such barriers compel the child to stay away from school, or drop out of school, with an inability to continue education.Since the active season is from November to May, the families stay here for that period only and go back to their native places for the remaining part of the year. The children are thus out of school for the whole year. For 6-7 months of the year, they remain in the kilns where there is no facility for education. When children return to their native place, the new academic year is already begun. They cannot attend school at their native place due to their long absence, while they are unable to attend schools here too because of the same reason. This has led to serious lacunae as regards the educational condition of the children of those migrant workers.

OBJECTIVES

1. To identify the number of children not going to school of migrant brick kiln workers.
2. To identify the reasons for not going to schools of children ofmigrant brick kiln workers.
3. To identify the most common causative reason of school dropouts among migrant brick kiln children.

Methodology and Data Collection

The study is mainly based on primary data collection. The information and data has been collected by conducting field survey. A set of structured questionnaire was prepared along with a FGD and the required data was collected from 175 migrant workers. Data is presented in the form of graphs for easy understanding.However, some secondary data is also used from various sources such as Government reports, journals, books, case studies, articles, research papers and web sites.The respondents were thoroughly informed of the purpose, procedures and need of the research that may affect his/her willingness to participate in the research. The respondents were given complete freedom to choose to participate or not as well as to choose to discontinue their participation at any time and utmost care was taken to maintain confidentiality of the respondents. The respondents assured that the data gathered would not be used for purposes other than that of the research's mentioned scope.

Study Design: Descriptive

Study Area: The study area was Bhangarh brick kilns of Indore, Madhya Pradesh.

Study Population: All the brick kiln migrants working in the area of Bhangarh in the months of April and May 2016.

Study Period: This was carried out for 2 Months (1stApril to 31st May, 2016)

Brief history of the district

Indore is situated between the two earthly abodes of Lord Shiva- the twoJyotirlingas at Ujjain and Omkareshwar – on either side of this blessed city, which protect it from the evil, says folklore. Brick making is a small-scale, traditional industry [4]. Almost all brick kilns are located in the rural and peri-urban areas. It is common to find large brick making clusters located around the towns and cities, which are the large demand centres for bricks. Some of these clusters have up to several hundred kilns.

District highlights - 2011 census

- The district occupies 1st place in the state according to population.
- The district occupies 43rd rank in the state in terms of area having 3,898 sq. km.which is 1.3 percent of the total area of state.
- Literacy rate of Indore district is 80.9. percent and it occupies 2nd position in thestate. The female literacy rate of the district is 74.0 percent.
- Density wise the rank of the district is 2nd in the state.
- Ranking of the district according to the sex-ratio is 29th in the state.
- Female work participation of the district is 20.9 percent of total female population.Rank of the district according to female work participation is 45th.

- Population wise largest village is Kodriya of Mhowtahsil L.C.No.476492 with 14830 population and smallest village is Ambapura of Mhowtahsil L.C.No.476460 with population of only 4 persons.
- Population wise largest town is Indore (M Corp+OG) having population 1994397 and smallest is Sinhasa(CT) with 5050 population.
- Economy of the district is mainly dependent on agriculture and the district is famous for Rajwara.

Brick Industry in India

The growth in India's economy and population, coupled with urbanization, has resulted in an increasing demand for residential, commercial, industrial, and public buildings as well as other physical infrastructure. Building construction in India is estimated to grow at a rate of 6.6% per year between 2005 and 2030 [1]. The building stock is expected to multiply five times during this period, resulting in a very large increased demand for building materials. Solid fired clay bricks are among the most widely used building materials in the country. India is the second largest producer of clay fired bricks, accounting for more than 10 percent of global production [2]. India is estimated to have more than 100,000 brick kilns, producing about 150-200 billion bricks annually [3]. The building stock is expected to multiply five timesduring this period, resulting in a continuous increase in demand for building materials. Building materials production processes are generally energy intensive and have alarge environmental footprint, due to the use of natural resources, as well as to emissions associated with energy use.

Overview of the Situation at the Brick Kilns

It is estimated that there are over 100,000 brick kilns in India, making it the second largest producer of bricks in the world. These brick kilns, which are primarily located in villages in the outskirts of towns and cities in India, are also one of the largest industries in India employing almost exclusively migrant labour. Brick-making is an Rs.600 billion industry producing around 300 billion bricks per year. Brick-making in India is traditionally in the unorganized sector and thus comprises of smallscale, labour-intensive units. Despite an ever-growing increase in demand for bricks in India, especially with the housing boom, the level of technology used in the industry is extremely primitive and attempts at introducing new technologies into the brick-making process have been mostly unsuccessful. The ready supply of cheap manual labour is a main reason why the technology has not modernized. Each brick kiln employs 100-250 labourers during the brick kiln season, which is six to eight months long.

Seasonality of the industry

The industry, like many others in the unorganized sector in India, is seasonal because of the "uneven rhythm of economic activity of the year". Brick kilns across India are closed during the rainy season when the monsoon comes because i) production takes place in open spaces and is not possible during rains, and ii) that is the peak agricultural season for people living in the village. With few job opportunities in their small villages aside from agriculture, they have little options but to migrate during the lean season. The brick production industry typically begins after Diwali in October or November and ends in April or May. Another reason for the seasonality of brick-making is the fact that the production is done in the open air. Monsoon rain can seriously hamper the production process at the brick kilns.

It is estimated that there are at least 100,000 functioning brick kilns in India. The NationalSample Survey Organisation (NSSO) estimated that in 2009-2010, brick kilns employed more than 5 per cent of India's 460 million workers; which would equate to more than 23 million brick kiln workers. Bonded labour is endemic among brick kiln workers. Each year, labour contractors (or brokers) secure the employment of workers through the use of the payment of an advance or loan. In the brick kiln, the worker will labour against the

advance that he has taken. While the verbal agreement is made with the male head of household, and it is the male head of the household who receives the advance payment and a weekly or fortnightly payment for expenses, the whole family is considered to be a part of the agreement. Women and children therefore work long hours in the kilns against the loan or advance, but are not recognised as workers in their own right and do not receive any payment directly. The remuneration for most activities in a brick kiln is on a piece rate basis (paid per brick). Brick kiln workers do not receive a regular wage, since their earnings service the debt. Instead, they receive a weekly or fortnightly payment for food and other necessities which is added to their debt. At the end of the brick making season, their earnings are calculated and adjusted against the amount of advance taken and total received for expenses. Workers usually have no idea until the end of the season how much they are entitled to receive, or if they still owe the brick kiln owner. Although required under the law, there is often no employment records maintained and there is no transparent and verifiable process of wage determination and wage settlement against advances. If the advance payment is not considered by the employer to have been cleared, the worker will be tied to return to the same brick kiln the following season. As they often take new loans to clear past debts, many workers remain in perpetual bondage. The working and living conditions in brick kilns can be extremely harsh.

Migration to brick kiln offered six months long job opportunities (Nov – mid June) every year. Other job available during migration offers lesser duration of engagement. The labour contractors have a very strong nexus with the brick kiln owners. Advances are given to the migrants and as a result they become mutually obliged to go to the pre-determined destinations.With the family come the children below 14 years of age. The children are bonus to the contractors and brick kiln owners as (a) the children are engaged in work and not paid or partly paid and (b) the children help their parents to meet the daily targets. The worst affected are the children, for whom there is neither any amusement nor any form of recreation at the work sites. They too help their parents in making bricks. Children, who have no choice but to accompany their parents, drop out of school and are forced into hard labour.

Migrating with the family helps these workers in two ways, firstly, they do not have to worry about appointing someone back home to take care of their children for such a long duration, and secondly, they all can stay together and earn more money as they are paid according to the number of bricks produced by the family (husband, wife and children approximately above ten years of age). Hence, children who migrate as a consequence of their parents migrating, grow up in an environmentally hazardous zone that has ill effects on their mental and physical growth, health, education, and future employment prospects. Moreover, they end up getting exploited as child labour.

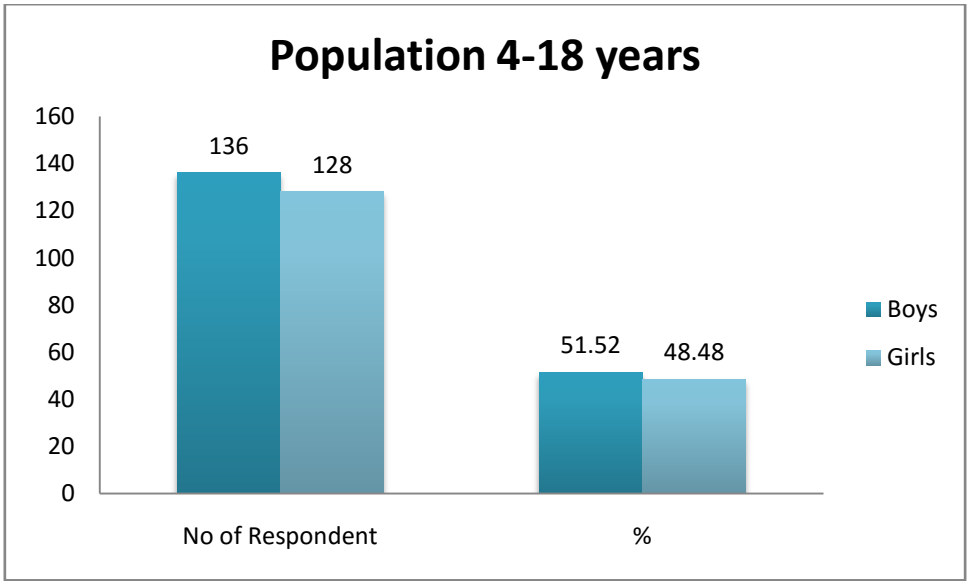
Challenges Pertaining to Education of Migrant Children

A number of challenges have been identified which lead to discontinuation of schooling among migrant children. These include:

- Discontinuation of education due to parents/seasonal migration.
- Lack of schools near the worksite.
- Lack of alternative education (e.g. lack of academic support for compensating lost school days).
- Difficulty in securing admission due to non-availability of documents; undesirable attitude of local authorities to the migrant children.
- When parents move/migrate from their state or territory of usual residence to another state (inter-state migration), children tend to be kept out of the school system. As, they may need to learn the local language if they join government schools, and English if it is private schools - both of which are unaffordable for many.
- Migrant families living in temporary settlements constantly face the threat of deportation affecting the schooling of their children. Also, among migrant children, girls in particular are kept back at home for household duties and care of younger siblings**.**
- Many migrant families are illiterate and are in search of a livelihood. Therefore, even if educational opportunities are available, they give it little importance and are more likely to put their children to work rather than send them to school.
- Migrant children are often in poor health due to malnutrition, unhealthy living conditions and lack of access to quality healthcare services. This also affects their drop-out rate from schools.
- Lack of birth registration or identity cards; also, where such identity proof exists, it may not be recognized by local authorities at the destination. This makes it difficult for migrants to access government welfare and benefits such as nutrition supplements for children and adolescent girls, midday meals, scholarships, etc.
- It may also mean that children have no access to enrolment in government-run anganwadis (crèches) which offer midday meals, nutrition supplements for malnourished children, immunization programs, additional nutrition for pregnant and lactating mothers, and benefits for young girls.

Results and findings

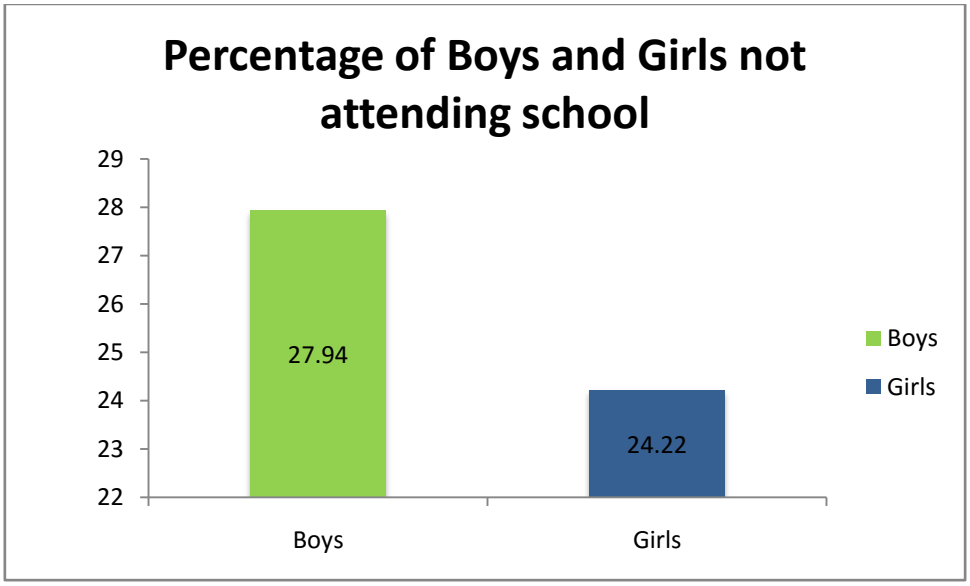
1. **Total number of population in the age group of 4-18years at the brick kilns**



GRAPH 1: TOTAL POPULATION

The total number of population in the age-group of 4-18 is 264, of which 136 are boys i.e. **51.52per cent** and 128 are girls i.e. **48.48per cent**.

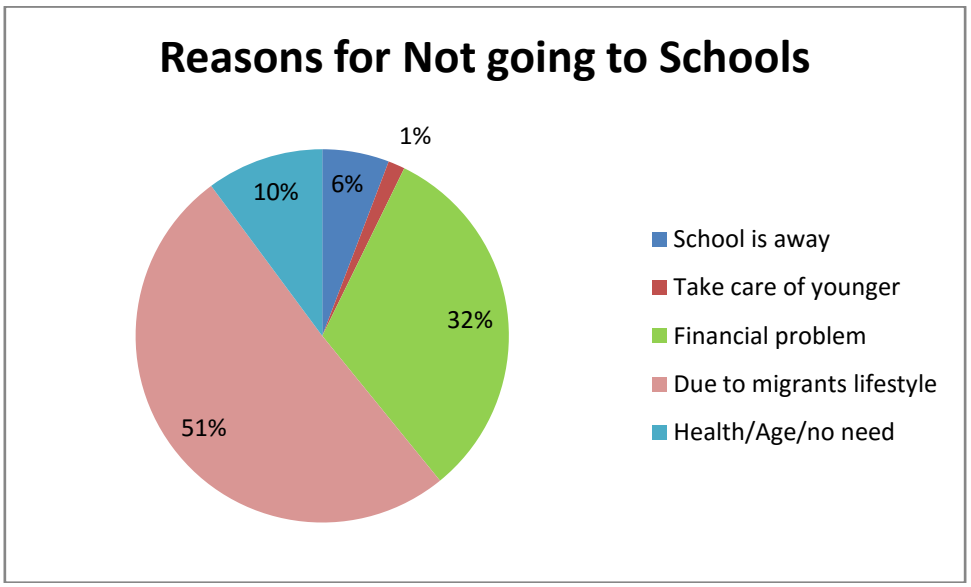
2. **Percentage of boys and girls not attending school**



GRAPH 2: PERCENTAGE OF BOYS AND GIRLS NOT ATTENDING SCHOOL

Out of 264 children, 69 boys and girls do not attend school due to various reasons. The percentage of boys not attending schools is found to be **27.94percent** and for girls it is around **24.22percent**.

3. Reasons for not going to schools

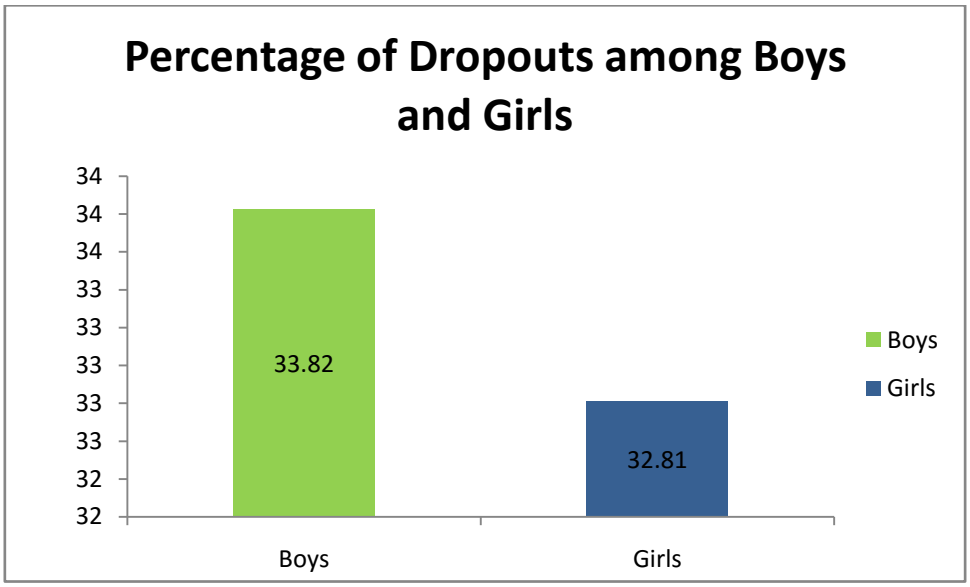


GRAPH 3: REASONS FOR NOT GOING TO SCHOOLS

Out of 69 children (31 girls and 38 boys) who have not yet admitted in schools, the major reason for not going to schools can be seen as their migrant lifestyles contributing to almost **51%** with **32%**financial problem of the migrants.

While **10%** say that they do not go to school owing to their health, age and no need of education. The school is away or distant contributes to **6%** of the reason with **1%** to take care of their siblings**.**

4. **Percentage of Boys and Girls Dropouts**



GRAPH 4: PERCENTAGE OF DROPOUTS AMONG BOYS AND GIRLS

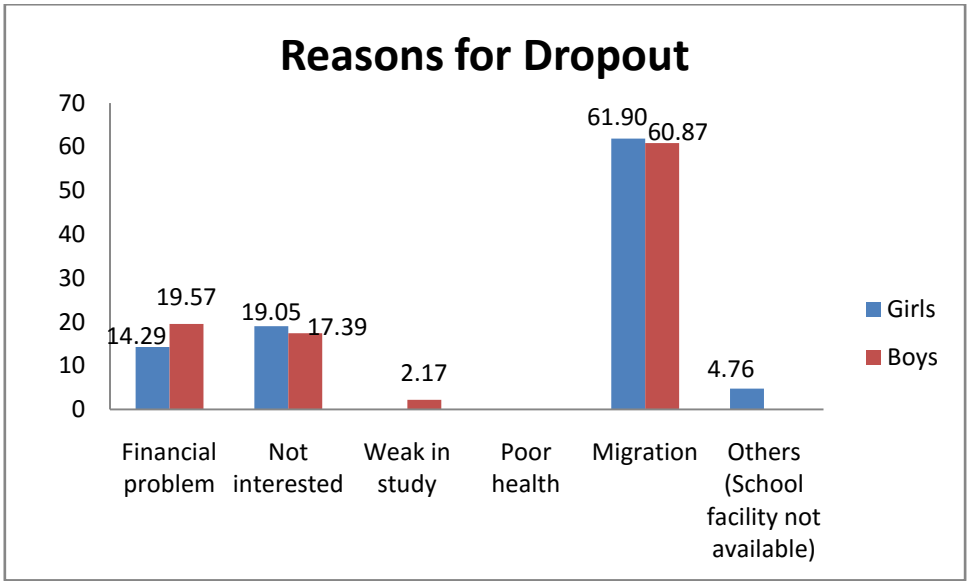
Thetotal number of boys' dropout is found to be 46 out of 136 i.e. **33.82percent** of the total and the number of girls dropout is 42 out of 128 girls in total i.e. **32.81percent.**

5. **Reasons for girls and boys dropout**

The major reason for girl's dropout is found to be their migrant life style contributing to around **61.90%** with not interested in studies being the second most common reason contributing **19.05%.**

Another reason is financial problem **(14.29%)** and others; school facility not available**(4.76%).**

The major reason for boy dropout is found to be their migrant lifestyle contributing **60.87%** followed by financial problems with **19.57%**and not interested in studies contributing**17.39%.** Other reasons are weak in studies holding **2.17%**as the reason.



GRAPH 5:REASONS FOR GIRLS & BOYS DROPOUT

INTERPRETATIONS

The study has found out that out of **264** children in the age-group of 4-18 years, **27.94percentboys**and **24.22percent girls**do not attend any form of formal education .Out of the total 264 children, **69** kids **(31 girls and 38 boys)** have never been enrolled in school and **33.82percent boys and 32.81percent girls**who were once enrolled have dropped out to accompany their parents as soon as they are old enough owing to poverty and their parents' migrants' lifestyles.

The major reason for not attending schools is found to be their **migrant lifestyles(51percent)**and their **financial problem(32percent)**.

Migration (**61.90percent** among girls and **60.87percent** among boys) can be found out as the major contributor for school dropouts among boys and girls followed by financial problems and not interested in study as other major factors.

Suggestions

Is there any way out? Or shouldwe continue to be fatalistic and resign to the fate?
To mainstream education for migrant children, and thus realizing the attainment of the goal of universal primary education and inclusive growth, some of the following suggestions could be given; for combating against migration andto reduce the vulnerability of children.

- Livelihood promotion can be one of the best measures to minimise migration. Ensure sustainable livelihood at native place by creating more irrigational facilities at farmer's field. This can be done through MGNREGA through timely sanctioning of projects and fund. NGO can facilitate the convergence process.
- The name of every brick kiln should be displayed in bold letters at the gate of the kiln in all the three languages, that is, Hindi, the local language and English.
- There should be workforce information board displayed at prominent place outside the office with the detailed account of total number of workers working in each process/step and the name of their contractors.
- Mode of payment of wages should also be displayed, along with the total amount of debt outstanding till date, that shall be revised every fortnightly.
- Mapping of Migrant Children: Address the data gaps; there is lack of reliable empirical data. Provide a unique identity to all children and develop a child tracking online system across the country. The development of a Management Information System (MIS) for all children helps in tracing not only the migrant children but also those dropping out of schools.
- Since a large number of workers are migrants from other states, the provisions of Inter-State Migrant Workmen Act must be honoured accordingly. The provision of fuel,medicines, accommodation, etc. is to be made by the employers for the migrant workers.
- Set up a mechanism for inter-state coordination on migrant children to ensure Right to Education.
- Special school-cum-day boarding with attached crèche facility in neighbourhoods /pockets largely inhabited by migrants/labour class.
- Alternative Schooling: Recognize alternative schooling (e.g. Night Shelters for Education; School on Wheels for basic, remedial coaching) for migrant children. In this regard, Government can partner with Civil Society Organisations. Encourage the system of mobile schools.
- Whenever possible, local school officials should attempt to place migrant children into local schools. In some cases where there are large clusters of brick kilns in one area, it may be advantageous to set up an actual school to cater to the student's needs rather than continuing to utilize a temporary program model.
- Proper infrastructure from books, to a classroom to trained teachers is an important part of making a functional and effective educational program. Worksite schools, though not a perfect solution, are still an important part of meeting the educational needs of migrant children.
- As long as children continue to migrate to the brick kilns with their families, source states have an obligation to provide worksite schools to meet their educational needs.

CONCLUSION

It can be easily seen that these children are from very poor families; do not have any educational motivation from theirparents and starts working from a very early age.The children are thus growing up as replica of their parents and are inducted into thesame low-skill profession from an early age. Low education, low skill, low wage isthus persistent among these people, entrapping them in a vicious cycle of low level ofhuman development as well.

The root causes of migrant families problems need tobe addressed at the same time as bridging the educational gaps of their children. It is impossibleto expect a child to be able to receive a proper education if their family is facing exploitativeworking conditions and frequent seasonal distress migration. Education is a universal right to all Indian children. It is also the only way out of poverty for most of the children of migrant labours.

It will take a concerted effort and careful planning and cooperation between all actors to ensurethat these vulnerable children do not slip through the cracks of the Indian education system.The special needs of migrant children need to be discussed at the local, state, and national level and states need to consider migration patterns when making their educational plans. A childhood spent among the brick-kilns and shanty dwellings donot predict well for the future of our nation and society. If they are unable to come tothe educational centres, educational personnel have to go to them.

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