Summer Training at
Urban Health Resource Center, Indore

Study on Problems Encountered Due to Lack of Identity Proofs and in Utilization of Government Schemes by Migrant Brick Kiln Workers in Bhangarh dist. Indore

By
Ajmal Khan

Under the guidance of
Dr. D.K. Mangal

MBA Hospital and Health Management
2015-2017

The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Ajmal Khan** student of MBA Health Management from The IIHMR University; Jaipur has undergone internship training at **UHRC Indore,** from **1st April 2016** to **31st May 2016.**

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Col (Dr) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. D. K. Mangal
Porf. Dean Research
The IIHMR University, Jaipur

URBAN HEALTH RESOURCE CENTRE

Certificate of Internship

This is to certify that Dr. Ajmal Khan interned with Urban Health Resource Centre (UHRC), Indore from 1st April, 2016 to 1st June, 2016. His 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.

His work was satisfactory.

UHRC wishes him all the best for a bright future.

Siddharth Agarwal

Dr. Siddharth Agarwal

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

Neeraj Verma

Mr. Neeraj Verma

(**City Program Coordinator UHRC, Indore)**

Ms.Shabnam Verma

(**Capacity building Coordinator, UHRC, Indore)**

Acknowledgment

The project was a success due to the help and support of many people. Iwould like to acknowledge the help of all the people who contributed towards the completion of our project

First of all, I would like to thank our UHRC head Dr.SiddharthAgarwal for suggesting us the idea on such an unexplored study and helping me through the project

I also like to thanks Mrs.ShabnamVerma UHRC coordinator, Mr.NeerajVerma and Kailash Sir for guiding me to proceed with the project.

Without the guidance and blessings of Dr. S.D. Gupta, Director Indian Institute of Health Management & Research University, Jaipur 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 D.K Mangal Sir, IIHMR University, my mentor for providing me a support in making my project a successfully.

All the numerous migrant laborers whom we interviewed and ask questionnaires to collect the data for our study deserve equal appreciation for cooperating with us and providing us with authentic data to complete our study.

I would like to express gratitude and appreciation for all the people mentioned above to help us complete our study and make our project successful.

LIST OF ABBREVIATIONS

NGO = NON-PROFIT ORGANIZATION

UHRC = URBAN HEALTH RESOURSE CENTER

N FHS = NATIONAL FAMILY HEALTH SURVEY

RCH = REPRODUCTIVE CHILD HEALTH

GOI = GOVERNMENT OF INDIA

NRHM = NATIONAL RURAL HEALTH MISSION

KYC = KNOW YOUR CUSTOMER

LLY = LADLI LAXMI YOJNA

JSY = JANANI SURAKHSHA YOJNA

KY = KANYADAN YOJNA

PURPOSE OF SUMMER INTERNSHIP

Practical exposure is an Integral Part of Postgraduate Diploma in Health and Hospital management. As a part of the curriculum, I had the privilege to "get hands" on experience in UHRC Internships at UHRC provide an opportunity for students, to put into practice and deepen their theoretical knowledge of Health, and wellbeing of the disadvantaged urban dwellers in the Indian context. Internships offer a chance to know more about various developmental perspectives related to the social fabric in slums and address gender inequity, there is a concerted effort towards empowering slum-level women's groups and their federations, developing community-based health and development funds and building capacity of slum women to enable them take charge of processes that affect their health, nutrition and wellbeing through in depth orientations, hands on experience of research, training and advocacy. Assignments are customized considering an intern's interest and learning needs.

INTRODUCTION OF UHRC

Urban Health Resource Centre in a nongovernmental organization that addresses health, nutrition and wellbeing of the disadvantaged urban dwellers through demonstration programmed, technical support to government and no-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.

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, this 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 programmed in Indore, Agra, Delhi: The objective of city demonstration programmed 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 programmed serve as learning sites. They essentially serve as learning sites for programme managers of urban health Programmed, 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 and enhancing the skills and empowering 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 understanding on 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. Fairly recently in the month of March 2011, UHRC as part of its technical support to Govt. of Uttarakhand's

urban health programme hosted study tour to the Agra program, for 18 NGO program staff implementing urban health activities across four cities in Uttarakhand.

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 govt. 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.

NOTE: Detailed description of Indore and Agra program has been included in main text of proposal.

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

UHRC provided technical assistance to the Dept 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

Based on this experience, UHRC could play a similar role in other cities to support the objectives of BvLF's India's strategy utilizing the lessons from Indore, Agra and possibly another city at a

later date. This would have a multiplier effect where under-served slum populations of the cities where UHRC plays an intermediary technical assistance role could also undertake initiatives that work towards improved environments of slum children and improve their health, nutrition and wellbeing.

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.

- UHRC shares learning and knowledge with government and non-government stakeholders and provides technical assistance based on their interest. It supports them to initiate and scale up or replicate urban health programme models and approaches at other sites.
- UHRC also brings its skills and expertise to other intermediary agencies in other cities if called upon. For example, UHRC provides technical support to Govt. of Uttarakhand for implementing urban health activities in four select cities of Uttarakhand. Over a longer period UHRC could play such a role in cities beyond Agra and Indore
- UHRC also shares knowledge including programme lessons among academia, associations of professionals through journals, web-based media and conferences and seminars.
- The organization also addresses stakeholders like the media and encourages them educate themselves on urban health issues. It encourages them to write on first-hand programme observations and support advocacy campaigns to influence policy climate and increase allocation of resources for improving the health of the urban poor. Articles written by journalists have appeared in national, regional and international media over the past several years.
- 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. Some of the practical learning objectives pursued by interns are a) Access to Maternal Child Health and Nutrition services and Nutrition status in Slums in Delhi, b) Collective Self-efficacy of Slum-based Groups in Indore and Agra, c) Women's empowerment as a programmatic approach to address health and Well being of Slum communities, c) Collective savings by Community Groups to Address Health and Related Needs, d) Food Insecurity in Slums of Delhi, e) 'The Assessment of Nutrition and Health Seeking Behaviour Towards 2-5 yr. Olds in an Urban Slum in Delhi. Students from 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 activities undertaken 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, squatter's 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. The NFHS (National Family Health Survey) reports which present health indicators disaggregated by urban and rural areas mask the inherent inequities which exist within urban areas. The Wealth Index is a summary measure which reflects the economic status of the household by considering the household amenities and assets. The outcome of the analysis revealed a number of urban inequities in health, nutrition and environmental conditions and in access to services and entitlements. For example infant mortality rates were 54.6 per 1000 live births among the urban poor, compared with 35.5 among the rest of the urban population. Nearly 50% of urban poor children less than 5 years were underweight for their age (under-nourished), which was significantly worse than the urban average of 33%. The World Health Organization published this research carried out by UHRC in its global report "Hidden Cities: Unmasking and Overcoming Health Inequities in Urban Settings" released in November 2010. Utilizing this analyzed data, other data from slum-based research in Indore, Agra, Meerut and Delhi, first hand data and maps of cities, and voices of slum-dwellers as well as civil society organizations, academics, UHRC endeavors to enhance policy attention to the urban underserved population. This involves organizing events which highlight the importance of focusing on health, nutrition and well-being of the urban poor and the key strategies which could be adopted to improve their health and living conditions.

Collaborative primary research in partnership with the Johns Hopkins Bloomberg School of Public Health, USA and Chhatrapati ShahuJi Maharaj 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. This research was carried out through a household survey that covered 15,025 slum-dwelling women who had a live or still birth in the three years preceding the survey. The surveyed women were drawn from 44,888 households across 45 slums within the city. Of the 60 percent registered pregnancies, 59.4 percent pregnancies were registered within first three months, 21.7 percent between 4-6 months and 18.9 percent after six months of gestation. Early registration of pregnancy with a healthcare provider facilitates assessment of health and nutritional status of the mother and to obtain their baseline information on blood pressure, weight, and more. An early contact with a health provider also helps to screen for complications early and manage appropriately by referral as and where required.

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 "Inter-sectoral 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.

Main Objectives of the Organization are to:

- Develop innovative urban health programmes in cities of different sizes which can be adapted by the government and non-government agencies.
- Strengthen Urban Health programming approaches and capacities at different levels among the Government and Non- Government partners.
- Increase availability of urban poor specific health information and programme experiences among various stakeholders through research, documentation and dissemination.
- 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.

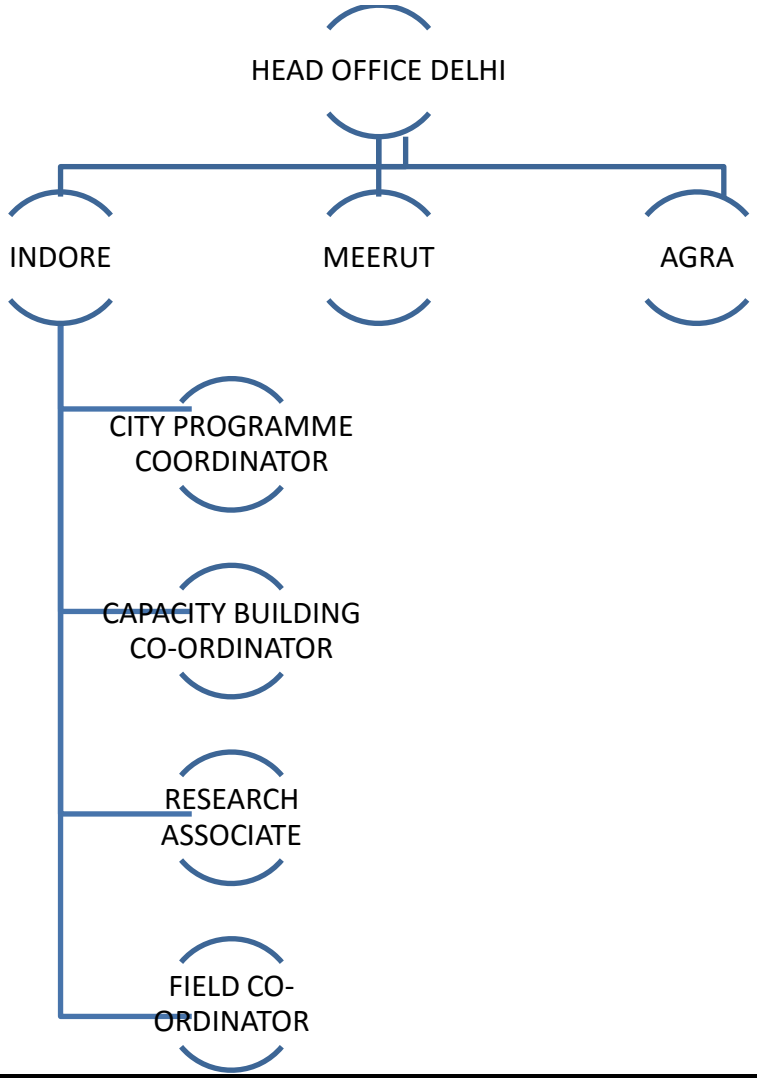
VISION

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

UHRC MISSION

"The mission of Urban Health Resource Centre is to bring about sustainable improvements in the health conditions of the urban poor by influencing policies and programmes and empowering the community.

Organization structure of Urban Health resource center.



INTRODUCTION OF MIGRANTS

Labor migration is complex. Streams differ in duration, origin, destination and migrant characteristics. Economic and social impacts on migrants and their families are variable. Migration often involves longer working hours, poor living and working conditions, social isolation and poor access to basic amenities. At destination, migrant labor affects markets, lowering the cost of labor. Migration also affects the labor market at the place of origin. Migrant earnings affect income, expenditure patterns and investment and changes relations at household and community levels. While there seems to be some positive impact on incomes and investment, the major function of migration is to act as a 'safety valve' in poor areas. The impact on asset and income inequality is more mixed. Internal mobility is critical to the livelihoods of many people, especially tribal people, socially deprived groups and people from resource-poor areas. However, because of lack of data, migration is largely invisible and ignored by policy makers. There is a large gap between the insights from macro data and those from field studies. Laws and regulations concerning working conditions of migrants are largely ineffective: legislation fails because regulatory authorities are over-stretched, the state sees migrants as a low priority and because migrant workers are vulnerable with little support from civil society. But there are instances in which both governmental and non-governmental organizations have intervened to reduce the costs of migration and to increase its benefits to migrants.

SURVEILLANCE OF MIGRATION:

The project discusses how gaps in both the data on migration and the understanding of the role of migration in livelihood strategies and economic growth in India, have led to inaccurate policy prescriptions and a lack of political commitment to improving the living and working conditions of migrants. Field evidence from major migrant employing sectors is synthesized to show that circular migration is the dominant form of economic mobility for the poor; especially the lower castes and tribes. We argue that the human costs of migration are high due to faulty implementation of protective legislation and loopholes in the law and not due to migration per se. The paper discusses child labor in specific migration streams in detail stressing that this issue needs to be addressed in parallel. It also highlights the non-economic drivers and outcomes of

migration that need to be considered when understanding its impacts. The authors calculate that there are roughly 100 million circular migrants in India contributing 10 % to the national GDP. New vulnerabilities created by the economic recession are discussed. Detailed analysis of village resurveys in Madhya Pradesh and Andhra Pradesh are also presented.

RATIONALE

Most of the brick kilns workers come from their native place to Indore in search of brick kilns work or job and they do possess the id proofs of their native place but they do not get any sort of benefits when they come to Indore city because of change of state. They even do not get the facilities as they get at their native place e.g., toilet facility, bathroom, vaccinations, anti-natal care, post-natal care education etc. There are certain government policies and programs are running in India like JanniSurakshaYojana, widow pension scheme, above 60 yrs. pension scheme, LadliLaxmiYojana,KanyadanYojana, lack of birth certificates could hamper access to school education.

Usually, an entire family is involved in brick production and they get Rs 400-500 for 1,000 bricks. Although the industry provides employment to a large number of people, it violates their rights as the laborers are underpaid and exploited. “The laborers become bonded after they take advance. They are physically tortured by the contractor if they wish to leave their job. Even their payments are stopped, making it hard for an entire family to survive. We found that besides posture-related problems, the laborers have difficulty breathing as they are more exposed to dust. The long hours of hard work don’t pay off either as the workers and their families do not have proper housing and sanitation facilities

EXECUTIVE SUMMARY

We have found out that the amount of interstate human migration in India is high and the economic-social condition for these migrants’ workers are unsafe. A large number of organizations are carrying out campaigns to improve the condition of these workers all over the world and thus it motivates us to carry out similar work in India.

When the migrants move from one place to another, it's hard for them to get identity such as ration card voter card, etc Proving their identity is one of the core issue impoverished migrants face when they arrive in a new place , people below poverty line are provided with ration card so that they can buy food grains and another commodities like kerosene etc. at very cheap price from ration shop but once they migrate , it's very hard to get a new ration card of that place because they cannot use the card they have been using earlier therefore this cuts off the ration at low price and also ration card is the necessary proof of identity to access public services like hospital, education and care etc. Despite the economic imperative that drive migration, migrated worker essentially remain an unbanked population. Since migrants do not posses permissible proof of identity and residence, they fail to satisfy to know your customer (KYC) norms as stipulated by the Indian banking regulation, they are thus unable to open bank accounts in cities, this has implication on the saving and remittance behaviors of migrants 'workers.

ABSTRACT

Migrant's brick kilns workers, temporary migrants and homeless people, who usually do not get access to health services and other development programs. It is difficult to track and follow up health services to recent migrants. During my survey, I found that many labors do not have personal identity like voter ID, aadhar card, ration card, birth certificate, domicile certificate etc. due to which they can not avail the benefits of government programs or policy. This is also the reason that scares them to go to government hospital. As people bar themselves from hospital services due to lack of awareness and I.D proves, this greatly affects our country's health system

PROBLEMS OF STATEMENT

- The bricks kilns migrants do not have proper id proofs.
- They don't get the benefits of government schemes as they do not possess the proper id proofs required for the government schemes.

- There are certain public and governments departments who do not consider these migrants eligible for the government schemes due to lack of id proofs.
- Despite of having knowledge of the government schemes migrants fail to take the benefits of the schemes due to not having proper required documents.
- Lack of proper documents also has an impact on their health.
- Same migrants they have the proper documents, but after moving to another state, it is not profitable or are not considerable.
- Same migrants they have the proper documents, but after moving to another state, it is not profitable or are not considerable.

RESEARCH OBJECTIVES.

- To study the identification crisis in brick kilnworkers.
- To explore accessibility of government schemes or policies in brick kilnworkers.

RESEARCH QUESTIONS

- Individual schemes and social benefits schemes.
- Education information.
- General health, ante natal care, post natal care.
- Family planning and contraceptives

RESEARCH TOPIC

A Study on Problems encountered due to Lack of Identity Proofs and in Utilization of Government Schemes by migrant brick kiln workers in Bhangarh dist. Indore [M.P]

The brick kiln work in Bhangarh, a place in Indore. A place where brick kiln work is going on and considerable number of people migrate from another state. Most of the people come from Uttar Pradesh due to lack of job opportunity in their villages. They work in brick kiln 4 to 6 months and return to their village. Most of the people come with their whole family, as whole family is involved in the job and even they get living facilities which is free of cost.

In the absence of identity proof and residence proof, internal migrants are unable to claim social Protection entitlements and remain excluded from government sponsored schemes and programmes. Children face disruption of regular schooling, adversely affecting their human Capital formation and contributing to the inter-generational transmission of poverty. Further, Migrants are negatively portrayed as a "burden" to society, discouraged from settling down and excluded from urban planning initiatives. Most internal migrants are denied basic rights, Yet internal migration is given very low priority by the government in policy and practice, partly Due to a serious knowledge gap on its extent, nature and magnitude.

Vulnerability of migrant workers can be classified into several measurable dimensions.

- Wage discrimination
- Sexual harassment
- Child labor
- Nutritional deficiencies
- Dangerous work conditions
- Social service deficiencies: - education, literacy rate, quality of housing, support networks

Information about Indian identifications card:

1]BIRTH CERTIFICATE

Birth registration is a permanent and official record of a child's existence. The child who is not registered at birth is in danger of being denied the right to an official identity, a recognized name and a nationality. UNICEF is concerned about the situation of children who, in legal terms, do not exist. With no document to prove how old they are – or even who they are – they are likely to join the millions facing discrimination and lack of access to basic services such as health and education.

Unregistered children are generally the children of the poor and the excluded. An unregistered child will be a more attractive target for a child trafficker and does not have even the minimal protection that a birth certificate provides against early marriage, child labor, or detention and persecution as an adult. In later life, the unregistered child may be unable to apply for a passport or formal job, open a bank account, and get a driving license or a marriage certificate.

The current registration level of births in the country is about 58%. The state disparities in registration coverage (range from over 90 percent to under 30 percent). While some states like Kerala, Tamil Nadu and Gujarat have registration rates of over 90%, others lag far behind. The low performing states (Uttar Pradesh, Bihar, Rajasthan, Andhra Pradesh and Madhya Pradesh) report registration rates as low as 11%. These five states also account for approximately one quarter of all children born every year in India. –

See more at: http://unicef.in/Story/365/Why-is-birth-registration-important#sthash.pVlWqnye.dpuf

2] RATION/RASHAN CARD (in Hindi) is government of India document that let people get some basic grocery and kerosene oil for people of different categories e.g. BPL- Below Poverty Line, APL- Above Poverty Line. There are also different categories of ration card like green card, yellow card etc. Rashan card is also used as an identity and address verification in many government regarding processes and applications like driving license, passport, minority scholarships etc. www.cardaadhar.com

3] AADHAR CARD.

Aadhar is the new initiative made for a universal and unique identification system. This program is meant to easy the various government processes by the usage of a singular ID for proof of Address, Identity etc. uidaigov in aadhaar portal has many benefits.The authority issues a unique identification number(or Aadhar Number) which is used to find various information about a person like biometrics and basic information from the UIDAI database. www.cardaadhar.com

4] VOTER ID.

Voter Id Card's main purpose is to provide eligible voters an identity proof with which they can cast their votes in the electronic voting machine in Assembly, LokSabha and Municipal elections in India. Casting your consent in election is one use, but it is also one of the authorized identity proof document by the government of India. Importance of voter id is massive for this who have inadvertently got their names deleted from constituency voter list because with voter id they can get their names re-included. Even though there are other valid id proof one can have such as Pan Card, Aadhaar card, Driving License etc, but voter id is used as a strong proof of citizenship of India.

www.**voterid**cardind.in

5] INCOME TAX CERTIFICATE.

Income certificate is required for claiming scholarship and also for admission in educational institutions and hostels. The certificate can be obtained by applying to Tehsil / Sub tehsil offices under Revenue Administration Department.

- Receiving financial assistance from the various backward class Corporations of the State Govt.
- Entitlement to get Government plots of land/flats.
- Getting admission in educational institutions from the reserved quota meant for that class.
- Getting benefits of various social benefit schemes declared by the Government from time to time.

6] DOMICILE CERTIFICATE

This procedure provides you information about how to obtain a Domicile / Nativity / Local Certificate. A Domicile/Residence Certificate is generally issued to prove that the person bearing the Certificate is a Domicile/Resident of the State/UT by which the Certificate is being issued. This Certificate is required as proof of residence to avail Domicile/Resident Quotas in educational institutions and in the Government Service, as also in case of jobs where local residents are preferred.

www.wiki**procedure**.com/

Government Programs or Policy in Madhya Pradesh:

1] LADLI LAXMI SCHEME

Under the LadliLaxmi Scheme the gov. will provide 1 lakh to every girl who registered themselves on this scheme.this will be gift which may be utilized for the marriage of the girl. Before this lump sumamount, she will also be paid some amount in installments during her school and college education.

THE DOCUMENTS REQUIRED FOR LLS:

1] BIRTH CERTIFICATE

2] DOMICILE CERTIFICATE.

3] PROOF OF IDENTITY, ADDRESS PROOF, AADHAR CARD.

4] MARRIAGE CERTIFICATE, [if marriage a valid bank account where the sanctioned money of 1 lakh will be deposited.

S.NO	ATTRIBUTE	RELATED INFORMATION
1	Amount to be paid after beneficiary marriage	1 lakh
2	Made of payment	Saving bank account
3	Working and administrating committee	Directorate of women and child development

2] JANANISURAKHSHA YOJNA (JSY)

under the overall umbrella of National Rural Health Mission (NRHM) is being proposed by way of modifying the existing National Maternity Benefit Scheme (NMBS). While NMBS is linked to provision of better diet for pregnant women from BPL families, JSY integrates the cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre by establishing a system of coordinated care by field level health worker. The JSY would be a 100% centrally sponsored scheme.

VISION

To reduce overall maternal mortality ratio and infant mortality rate, and to increase institutional deliveries in BPL families.

TARGET GROUP

All pregnant women belonging to the below poverty line (BPL) households and w of the age of 19 years or above.

- **REPRODUCTIVE CHILD HEALTH DEPARTMENT**

The documents required for JSY:

1] Ration card

2] Aadhar card.

3]MUKHYAMANTRI KANYADAN YOJNA:

The scheme has been launched at the initiative of Chief Minister ShriShivraj Singh Chouhan. The objective is to provide financial help to poor, needy, destitute families for marrying off their daughters/widows/divorcees. Under the scheme, assistance of Rs. 15,000 is given for house hold items and the mass marriage expenditure. This assistance is given in mass marriages with the condition that the girl must have attained the age of 18 years. It is noteworthy that under the scheme, financial assistance is provided for marriage of marriageable girls, widows and abandoned women of the poor, destitute and needy families. Now, assistance amount for girls getting married in mass marriage programmes has been increased from Rs. 13 thousand to Rs. 16 thousand for household things. Besides, it has been decided to deposit Rs. 6 thousand in fixed account of concerning girl for 5 years. In this way, every girl getting married under the scheme.

- The Social Justice Department has directed to implement this scheme

The documents required for MKY:

1] Girl caste certificate issued by SDO.

2] Girl age certificate / Birth certificate.

3] Girl bank account number.

4] Guardian ID proof.

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 and the required data was collected from 175 migrant's workers. Data is presented in the form of graph for easy understanding. However, some secondary data is also used from various sources such as government report, Wikipedia 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 there search. the respondents were group 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 researches mentioned scope.

STUDY DESIGN:

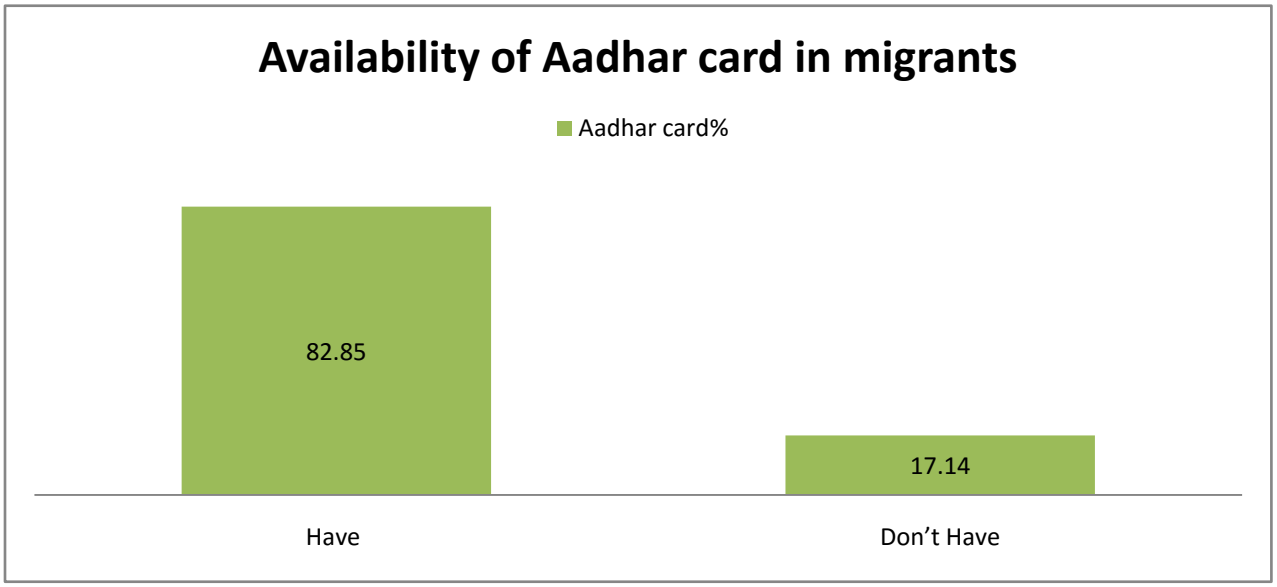
- **Type of study**: Descriptive Study
- **Study period:** 1 April to 31th May-2016
- **Study area:** The study area was Bhangarh brick kiln of Indore, MADHYA PRADESH.
- **Study Population**: All the brick kiln migrants working in the area of Bhangarh in the months of April and May 2016.

RESULTS AND FINDINGS:

IDENTIFICATION CRISES IN BRICK KILN WORKERS AND ACCESSIBILITY OF GOVERNMENT SCHEMES AND POLICIES.

1. Identification details of brick kilns workers.

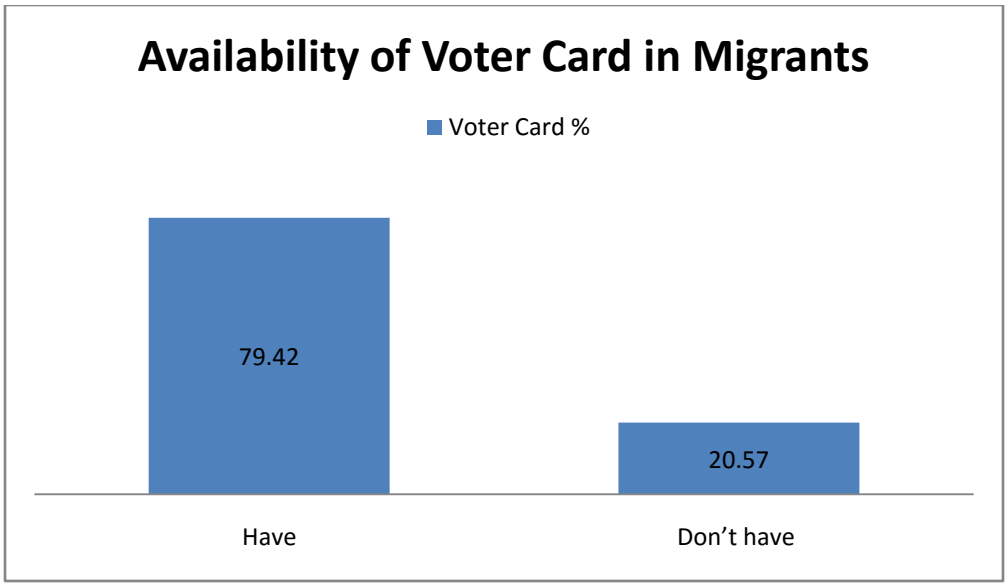
AADHAR CARD DETAILS



Graph A

Interpretation:

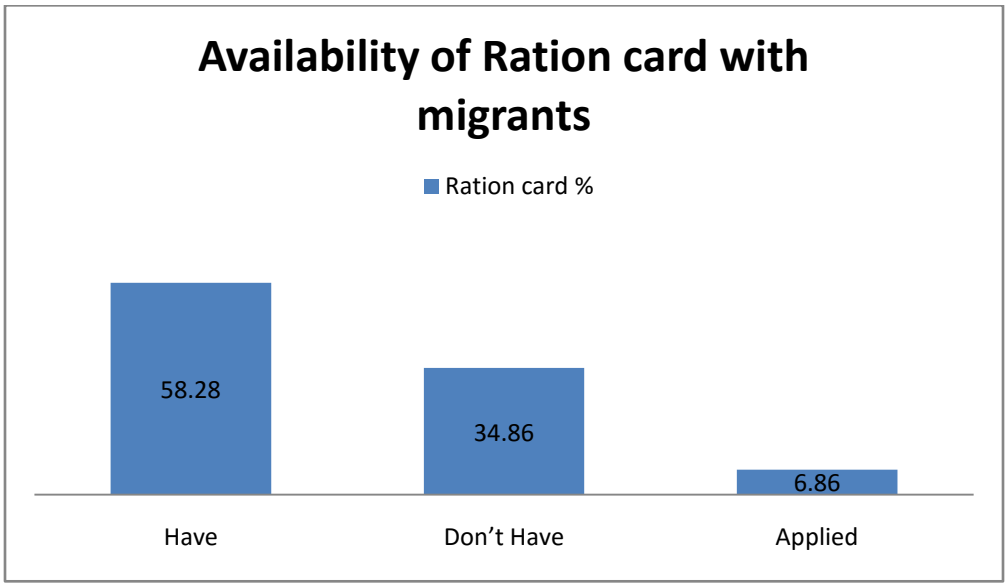
- Out of 175 respondents, majority of the respondents (145) have their Aadhar card available with them, which is 82.85 % of total respondents
- Only 17.14% (30 respondents) doesn't have the Aadhar card available with them.



Graph B

Interpretation:

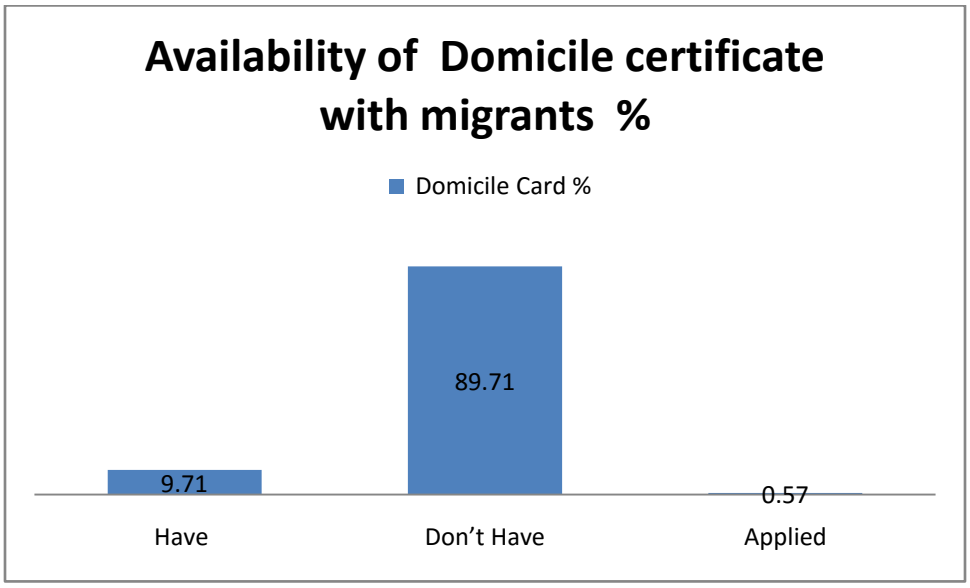
- Out of 175 respondents, majority of the respondents (139) have their Voter card available with them, which is 79 % of total respondents
- Only 21 % (36 respondents) doesn't have the Voter card available with them



Graph C

Interpretation:

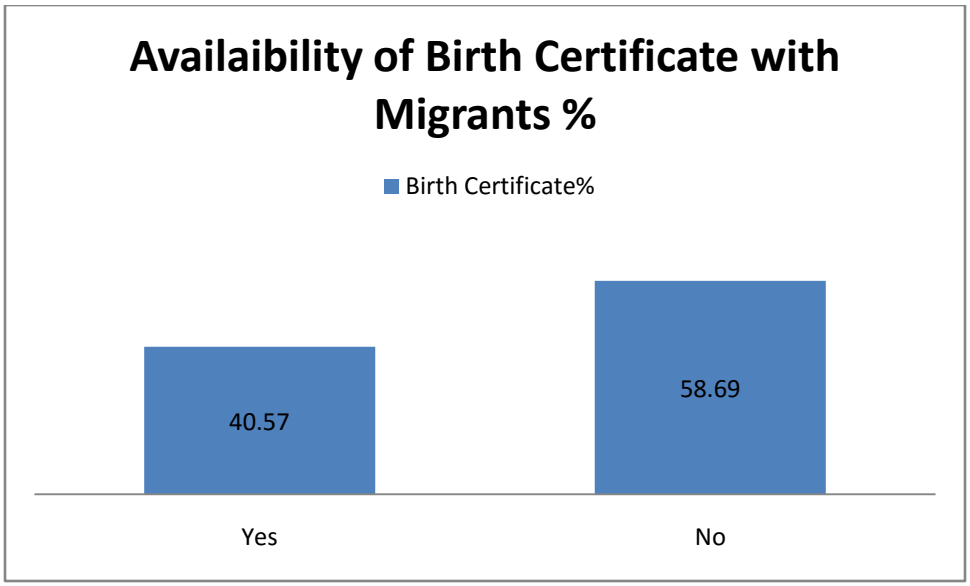
- More than half of the respondents (58.28%) have Ration card available with them.
- Almost one third (34.8%) respondents doesn't have Ration card available with them.
- The rest of the respondents 6.86% have applied for Ration card.



Graph D

Interpretation:

- Out of 175 respondents, majority of the respondents (157) doesn't have their Domicile Certificate with them, which is 90 % of total respondents
- Only 10 % (17 respondents) does have theirDomicile Certificate available with them.

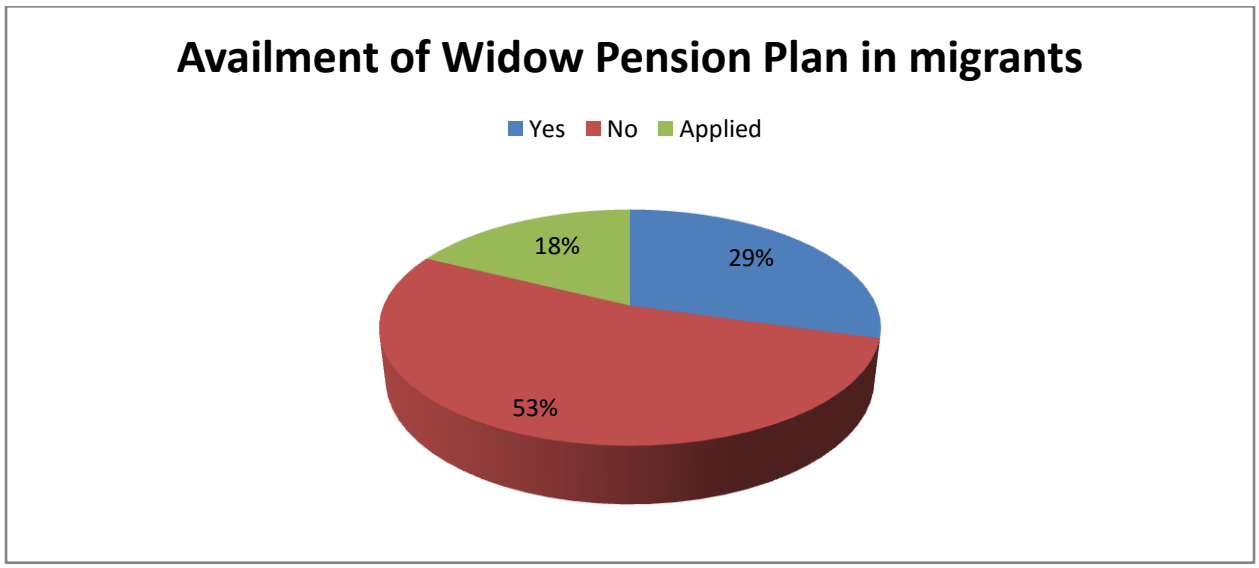


Graph E

Interpretation:

- Out of 175 respondents, majority of the respondents (81) doesn't have their Birth certificate with them, which is 59 % of total respondents
- Only 41 % (respondents) does have the Birth certificate available with them.

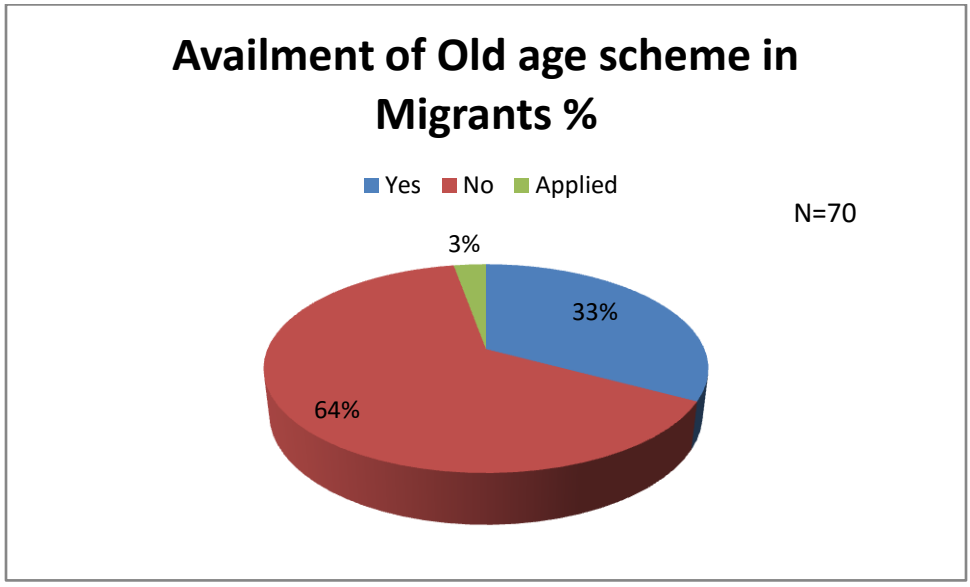
➢ **AVAILMENT OF GOVERNMENT SCHEMES IN MIGRANTS**



Graph A

Interpretation:

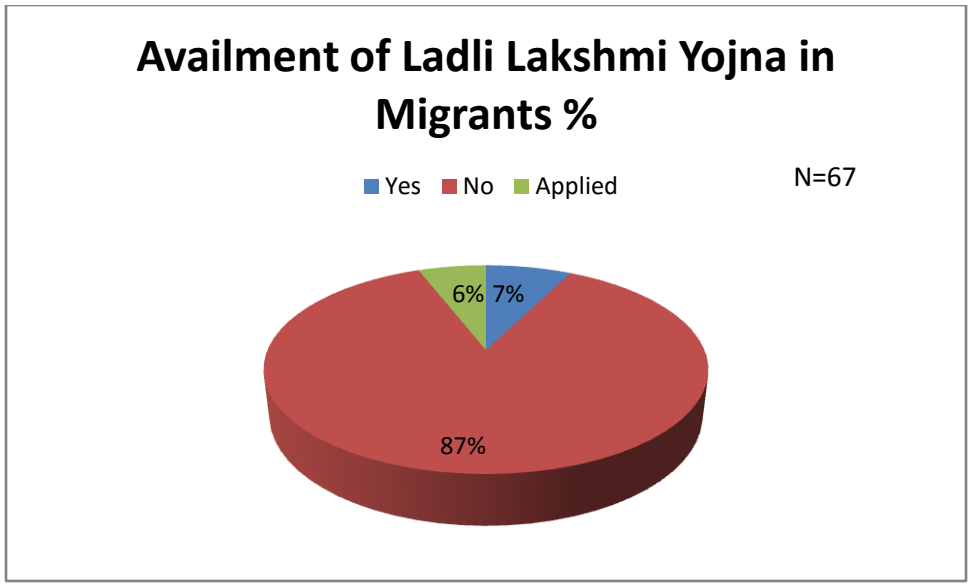
- Out of 17 respondents (N=17), only 5 families' member had received Widow pensionYojna, which is 29 % of total respondents.
- Half of respondents [9] don't get benefit of Widow PensionYojna which is 53% of total respondents.
- The rest of the respondents 18 % have applied for widow pension Yojna.



Graph B

Interpretation:

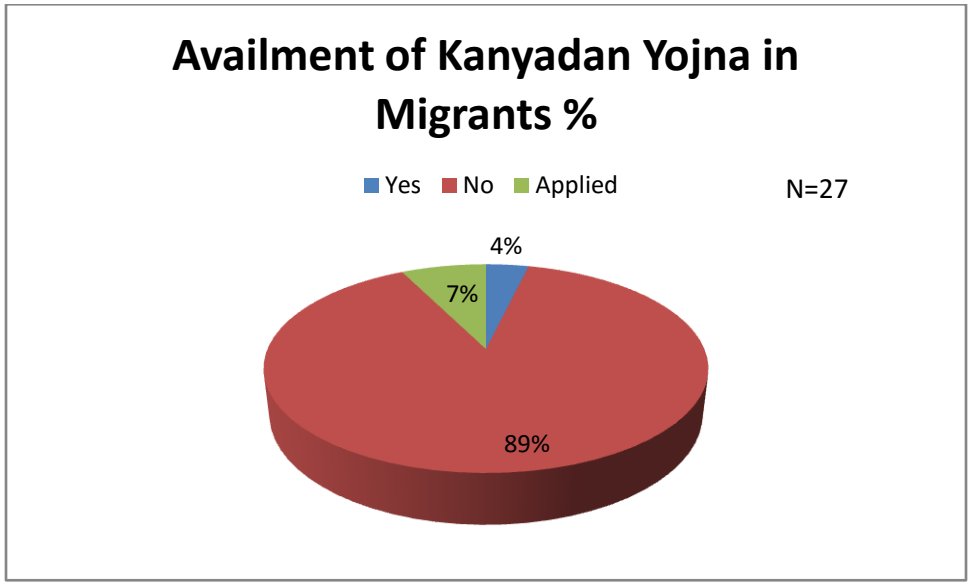
- Out of 70 respondents, only 23 Old age person had received old age pension yojna, which is 33 % of total respondents.
- More than half of respondents [45 out of 70] don't get benefit of old age pension Yojna which is 64 % of total respondents.
- The rest of the respondents 3 % have applied for old age pension yojna.



Graph C

Interpretation:

- Out of 67 respondents, only 5 respondents had received Ladli LakshmiYojna,which is 7 % of total respondents.
- Out of 67 respondents, 58 respondents don't get benefit of Ladli Lakshmi yojna, which is 87% of total respondents.
- The rest of the respondents 6 % have applied for Ladli Lakshmi yojna.



Graph D

Interpretation:

- Out of 27 eligible respondents, only 1 Respondent had received KanyadanYojna,which is 4 % of total respondents. And 2 respondents had applied for Kanyadan yojna.
- The rest of the respondents [24] don't get benefit of Kanyadan yojna which is 89% of total respondents.

CONCLUSION

On observing and analyzing the data on the present living conditions,accessibility of government schemes, identification crises of migrant brick kilns laborers in Bhangarh area,district.Indore, it was considered an important and urgent call to take some steps for their welfare.
Community participation, in this particular matter could make some significant changeas the main problem in these migrants is ignorance. It would be beneficial if they could be made aware of some particular things like-

- Importance of good health and hygiene
- Importance of education
- Importance of identification and
- Awareness about government schemes andprogrammes, including the requirements and procedures etc.

Based upon findings, it can be concluded thatmost of the migrants are well aware and have major ID Cards like Aadhar, Voter's and Ration Card. Throwing light upon various government schemes like Old Age scheme utilization is near about quarter which still doesnot support the fact of proper utilization of the same but is better than the rare percentage of Kanyandan Ladli LaxmiYojana.Widow Pension scheme falls between both.
In and all the study not only suggest for the importance of the awareness Programs for various government schemes but also how these certificate (basic ID proofs of birth certificate, domicile certificate)are important for the availment of various government schemes.

RECOMMENDATION

1] **Registration and Identity**

In the absence of proofs of identity and residence, internal migrants are unable to claim social protection entitlements and remain excluded from government sponsored schemes and programmers. The people whom we interviewed don't have voter ID cards birth certificate as well. Because of all this Children face disruption of regular schooling, adversely affecting their human capital formation and contributing to the inter-generational transmission of poverty. Further, migrants are negatively portrayed as a "burden" to society, discouraged from settling down and excluded from urban planning initiatives. Most internal migrants are denied basic rights, yet internal migration is given very low priority by the government in policy and practice, partly due to a serious knowledge gap on its extent, nature and magnitude.

2] **Regular Seminars for Men and Women:-**

Various seminars should be organized by government or NGO's to spread awareness about serious issues like health, education identification issue, accessibility of government schemes etc. They should be know how important personal documentation, education and government programs. and should be encouraged to send their children to schools. but most of them also don't know that government has established government schemes or plan for under-privileged families who cannot afford costly treatment, and make them aware about, above 60yrs old age yojna Ladli Lakshmi yojana etc.

Various workshops like handicrafts, pottery etc can be organized so that they can have a side business and source of income apart from the regular employment.

3] **Self Help Groups:-**

As India is developing at a fast rate, people are being aware about the self help groups. These groups basically comprises of the unemployed people who come together with all the resources they own and start some small scale work on their own. And with time they make quit a lot profits.

Most of these migrants' people are employed already but still they can form self help groups so that they can get strong financially. An organized plan should be constructed to save monetary

resources. And as they don't have identification proofs, it is not possible for them to open bank accounts in the current place of living. Once these groups have fair amount of money with them, they can act as personal banks to other people. They can start some small scale industries and become owner of their own.

A self-help group may be registered or unregistered. It typically comprises a group of micro entrepreneurs having homogeneous social and economic backgrounds; all voluntarily coming together to save regular small sums of money, mutually agreeing to contribute to a common fund and to meet their emergency needs on the basis of mutual help. They pool their resources to become financially stable, taking loans from the money collected by that group and by making everybody in that group self-employed.

BIBLIOGRAPHY

- Ministry of Health and Family Welfare(MOHFW)
- http://unicef.in/Story/365/Why-is-birth-registration-important#sthash.pVlWqnye.dpuf
- www.cardaadhar.com
- www.**voterid**cardind.in
- www.wiki**procedure**.com/
- http://censusindia.gov.in/Census_And_You/migrations.aspx
- https://www.google.co.in/search?q=IDENTIFICATION+CRISES+OF+MIGRANTS&oq=IDENTIFICATION+CRISES+OF+MIGRANTS&aqs=chrome..69i57.28190j0j8&sourceid=chrome&ie=UTF-8
- http://www.mp.gov.in/en/web/guest/impschemes
- http://www.madhyapradeshstat.com/socialandwelfareschemes/27/socialschemes/260/nationaloldagepensionscheme/17917/stats.aspx
- http://www.pension.mp.gov.in/
- https://en.wikipedia.org/wiki/Ration_card_(India)
- http://elakshyamp.com/implementation-of-mukhyamantri-kanyadan-and-nikah-yojana-through-samagra-po-p3362-90.htm