

# Healthcare to Migrant Families: walking in a shifting sand

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# Story of Uday Lal

- An 18-year old boy, Uday Lal came to our clinic, accompanied with his father.
- Father looked anxious and the son malnourished
- One of the four siblings, Uday had earlier studied in a school with one teacher for five classes
  - Two years back, he went to Ahmedabad to work on a construction site
  - Lived in the open on the site and worked for 10 hours a day, ferrying bricks and cement and sand.
  - He would eat twice, in the morning, some *Poha* - in the evening would cook with some friends from his village.
  - In the day would have gutka and tea.

# Story of Uday Lal

- ~ 2 months back, he started a nagging cough, and low grade fever.
- A week later, his cough worsened and would get breathless even when he was carrying bricks short distance.
- One day he coughed out some blood. He was now scared.
- Unfamiliar with city, never having ever walked out of the construction site and no money, he boarded the bus back to his village.

# Story of Uday Lal (contd)

- His father had heard about our clinic, brought him to us.
- He weighed 35 kg (BMI of 15), a hemoglobin of 8 grams/dL, and was short of breath at rest.
- On further investigations, he was confirmed to have tuberculosis.
- We started him on ATT, Iron, and a packet of raw food (Soya, Pulses, Peanuts, Oil) to provide 50% proteins and 33% calories.
- He improved and a month later, had gained 2 kg of weight, could perform some work in the farm without getting breathless.

# Story of Uday Lal

- A month later, he did not report for the scheduled appointment.
- On telephonic follow-up, he informed that because he was feeling better, and had finished his savings, he returned to work in Ahmedabad.
- Our health worker encouraged him to go to a DOTS center in the city or return.
- On his return, we gave him medication for a period of 2 months.
- He completed his treatment and is back to the same work. His weight has gone up to 40 kg.
- We tried connecting him to a Skill training for a non-hazardous work such as mobile repair, but he continued working on construction site for now.

What affects health of labour-  
migrants?

# Nutrition Status of labour-migrants (men)

- ***Factory workers in Ahmedabad (n= 407)***
  - 46% underweight, 13% overweight or obese
- ***Construction workers in Ahmedabad (n= 200)***
  - 42% underweight, 6% severely underweight, 2% very severely underweight
- ***Power loom workers in Surat (n= 65)***
  - 17% underweight; 29% overweight or obese
- ***Workers in recycling units in Mumbai (n= 51)***
  - 33% underweight; 17% overweight or obese

\* Ref: Multiple surveys, Aajeevika Bureau-2015-2018

# Nutrition Status of women and children from migrant-families

## Malnutrition among women at construction sites in Ahmedabad city

## Malnutrition among children under-fives in Ahmedabad City

Classification	BMI (kg/m <sup>2</sup> )	Total sample (N=55)
Normal range	18.50-24.99	29 (53%)
Underweight (<18.50)		
Mild thinness	17.00-18.49	13 (24%)
Moderate thinness	16.00-16.99	8 (14%)
Severe thinness	<16.00	5 (9%)

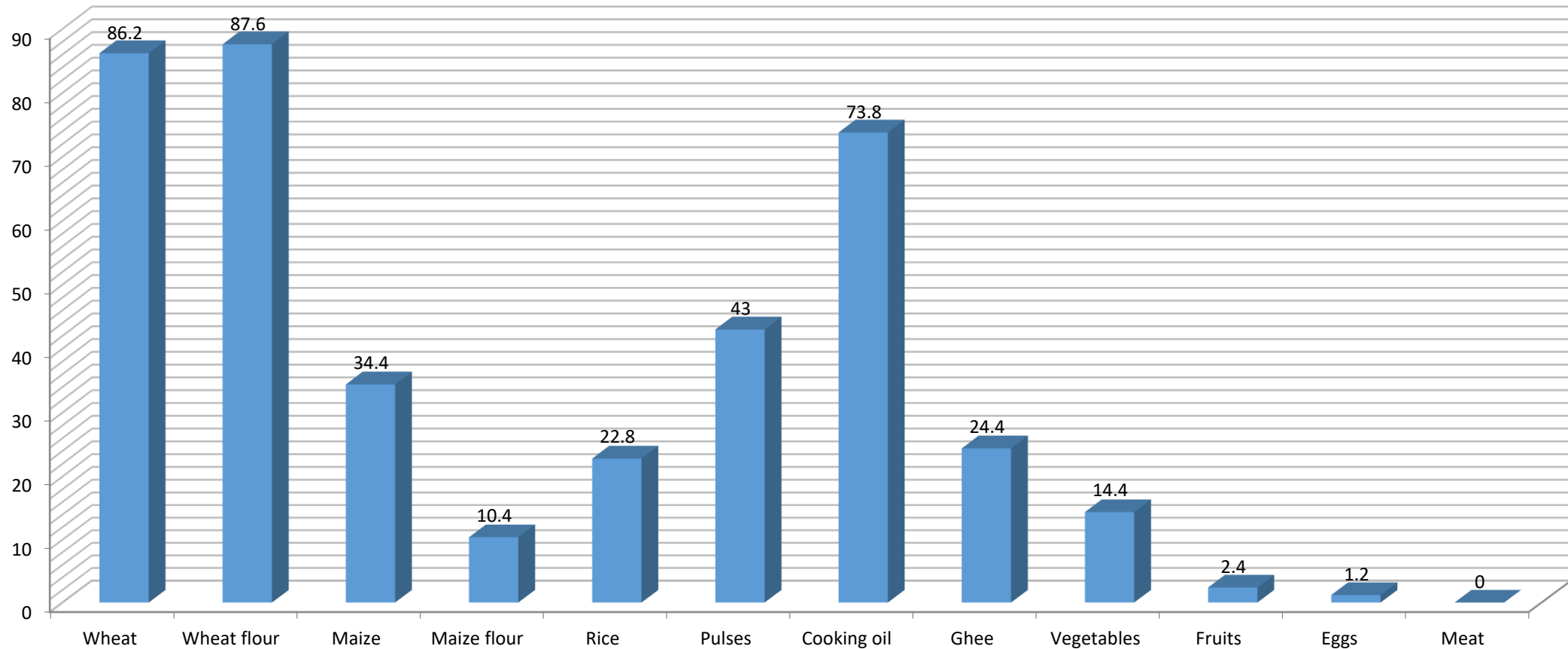
Note: BMI Categories as per WHO norms

Age in months	Prevalence of undernutrition (%)		
	Stunting	Under weight	Wasting
0-5 (N=7)	42.9	42.9	14.3
6-11 (N=15)	46.7	53.3	33.3
12-23 (N=30)	46.7	46.7	20.0
24-35 (N=25)	40.0	52.0	8.0
36-47 (N=18)	27.8	33.3	5.6
48-60 (N=36)	38.9	61.1	38.9
All age groups (N=131)	<b>40.5</b>	<b>50.4</b>	<b>22.1</b>

Ref: Divya Ravindranath. Maternal Health & Child Malnutrition among households engaged in construction work. Doctorate dissertation. Washington University in St Louis. 2018



# Proportion of Households where the food item was available, by food item



# Story of Kali

- A 20-year-old woman, Kali came to the clinic unaccompanied
  - She was sick, had lower respiratory infection, respiratory distress and diarrhea.
  - She lived in the neighbouring village with her parents, her husband, a 22-year-old man had migrated to Mumbai, and worked in a restaurant.
  - He would come home twice a year.
  - Kali bore two children from him over last three years since they were married.
- When she started getting unwell, he abandoned her and she moved to stay with her parents.
- That is when she came to our clinic and spoke to our Nurses.

# Story of Kali

- On testing she was found to be HIV positive
  - She had no one to accompany, had no money and no documents (which were left at her in-laws house)
- Since she was sick, we admitted her, managed her dehydration and pneumonia, and then put her on prophylaxis.
  - On testing both her daughters were also found to be infected with HIV.
- After a few weeks, when she was physically and mentally stronger, a health worker took her and her daughters to the ART center in city (100 kms away)
- Her CD-4 counts were around 40, and she was started on ART.

# Story of Kali

- The health worker helped to get her documents made, and linked to the free transport and subsidized ration.
- Since she was educated till class 8<sup>th</sup>, the Clinic team helped her to gain some work experience
- She got a job in a non-governmental organization
- Her children were subsequently helped to get admission in a government aided boarding school meant for bright tribal children

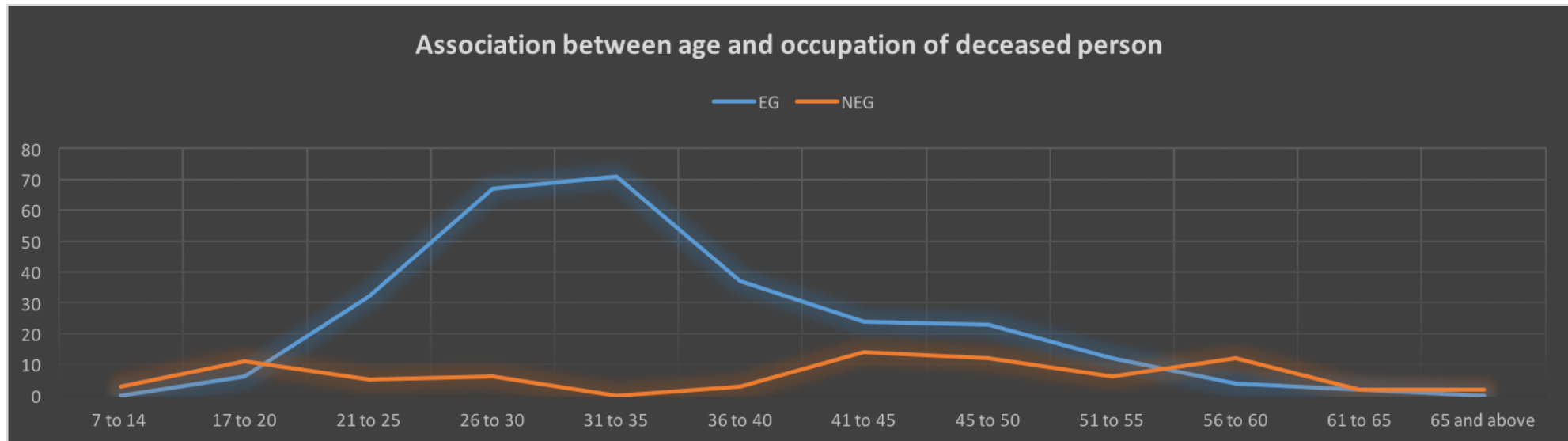
# God's own work! Silicosis in Pindwada



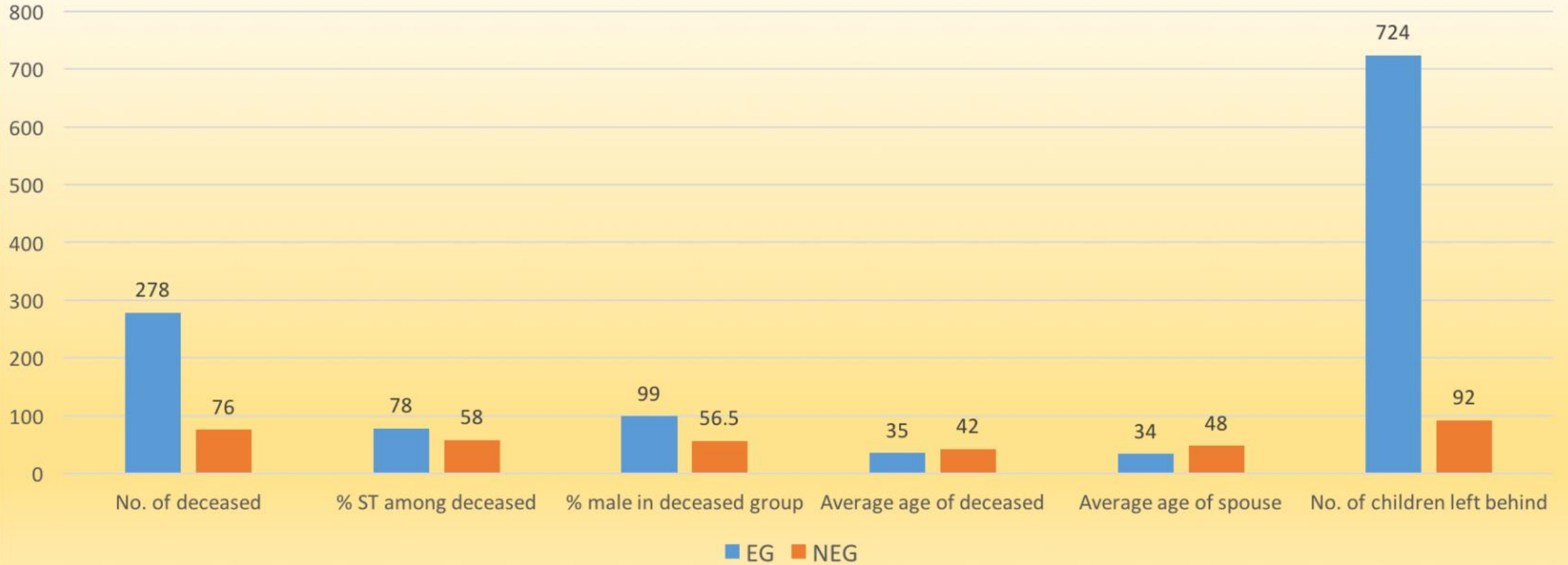
Source: Survey conducted by AB and KAS, 2017

# Significant excessive mortality in exposed group

- Crude death rate of exposed group (working age of 18-65 years) in last three years: 12.02; 78% STs
- Rajasthan state average: 6.5 (includes mortality among children and elderly)



### Summary of deaths of CRD persons in 11 panchayats



# God's own work

- Between Oct 2019 & September 2023, 773 patients with silicosis sought care from one of our clinics
  - 98% males
  - Median Age: 32 years
  - Median BMI: 16.4%
  - 99% Adivasis
- Many as young as 18 years with advanced silicosis
- Many with coexistent Tuberculosis – higher proportion of MDR
- Several on home oxygen

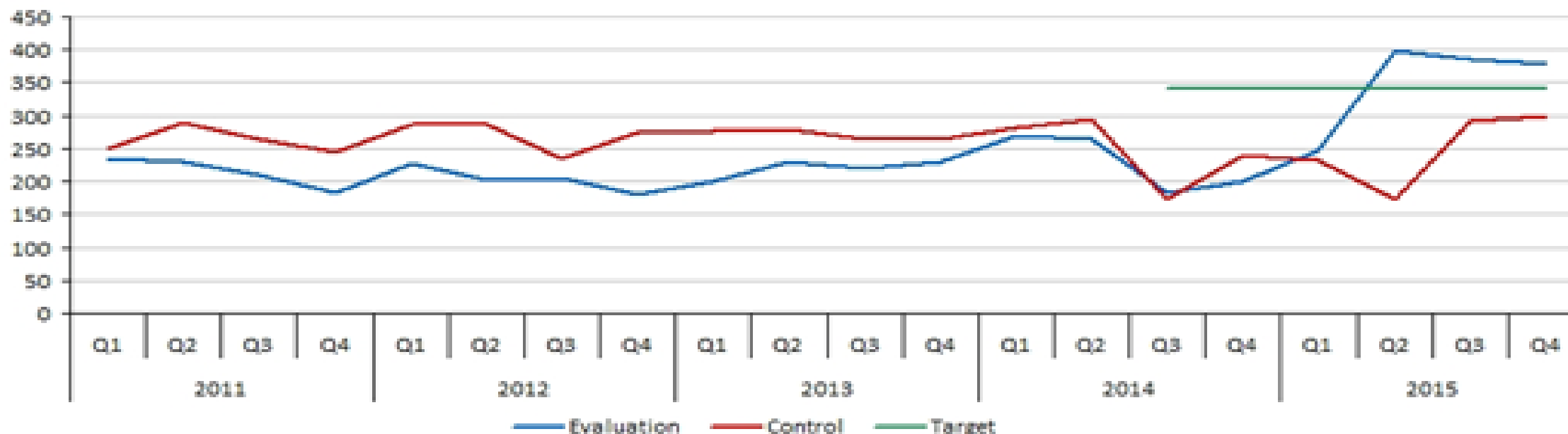


# Housing of migrants



# Tuberculosis among labour-migrants in Ahmedabad city

All Forms	Additionality target All Forms								All Forms notification target											
	411								1,360											
	2011				2012				2013				2014				2015			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Evaluation	235	229	210	182	228	203	204	181	201	231	219	230	269	264	182	200	248	399	386	378
Control	250	290	265	246	286	286	236	274	277	280	264	265	282	294	172	241	232	174	291	298
Target															340	340	340	340	340	340



Ref: Grantee Final Narrative Report. Stopping TB among migrants in Ahmedabad City. Aajeevika Bureau & TB Reach. 2016.

# Tuberculosis among migrant communities in South Rajasthan

- Over last four-and-a-half years, across six clinics:
  - 2294 patients with Tuberculosis
  - Median age: 30 years
  - 95% Adivasis
  - 72% Males
  - Median BMI: 15.2
  - 85% anemic, 9% severely so

What have we done?



# Primary Care Services in High-migration communities

## AMRIT Clinics

- A network of low cost, high quality primary care clinics in rural, high migration areas
- Managed by Primary Healthcare Nurses
- Backed up and supported by a Physician (Family Med) in the block/ town
- Use appropriate technology for quality care (diagnostics/tele-consultation)
- Partnerships with existing institutions for secondary care

## Migrant Friendly Features

- Located within high migration communities
- Providers are women
- One stop shop(consultation, labs, drugs)
- Partnerships for skilling, entitlements
- Ability to manage occupational health issues

A clean, spacious and family friendly clinic

Consultation, maternity services, drugs, lab test, referral and outreach

Services provided by nurses and community health workers, supported by physician

Complemented with outreach services:

- ANC & PNC
- Health Education
- Day care centers for children under-threes



# Managing Silicosis - Care

- ▶ Inhalational Bronchodilators + Steroids/Ipratropium
- ▶ Home Oxygen
- ▶ Pneumococcal Vaccination
- ▶ Management of Tuberculosis
- ▶ Assistance with Social security
- ▶ Chest Physiotherapy





# Managing Silicosis

- ▶ **Advocacy**
  - ▶ Silicosis policy – first state
  - ▶ Implementation and reviews of the policy
  - ▶ A union of Stone Carving workers
  - ▶ Writing/Networking – National Institute of Occupational Health
  - ▶ Integrating silicosis in NTEP guidelines
  - ▶ Exploring legal options
- ▶ **Science:**
  - ▶ Guidelines





# Childcare for children from migrant families and communities



Phulwaris at construction site - Destination



Phulwaris in high-migration villages - Source



# Housing of migrants – Republic Hostel!



# Social Distancing of Migrants!

CORONAVIRUS CRISIS

## Study of 1,129 migrants who returned to one Rajasthan area shows that none had coronavirus infection

This provides a strong indication that the risk of migrants spreading the infection is low, suggest the study's authors.

**Pavitra Mohan, Arpita Amin & Sanjana Brahmawar Mohan**

May 02, 2020 · 10:30 am





## Some Insights

Migrants often considered as perpetrators rather than victims of an unjust society and system

Migration affects the migrants as well as their families and communities

Poor nutrition, unhealthy living conditions and hazardous occupation are key drivers of ill health

Lack of migrant friendly healthcare in cities and poor healthcare services in villages compound the situation

We need to work on multiple fronts and in adaptive ways to work for the migrants

# Agenda for advocacy

- ▶ Food systems at source and entitlements at destination
- ▶ Safe Housing for migrants
- ▶ Enforcement of safety measures for stone carving industry
- ▶ Right to Health to include migrants: We failed in Rajasthan so far
- ▶ Migrant friendly health services in destination and source
- ▶ Childcare in destination and source

*“Optimism is not a choice but a duty”*