

A Case Study on Migrant Construction Workers

Children – Addressing Malnutrition through Practice

Context

- Construction workers children:
Subset of seasonal migrants: brick kilns, quarries, saltpans, seasonal agricultural labour
- Asset *less* poor, survival migration, uncertain wages, poor living conditions, frequent movement, exploitative wages
- Women- 3cr. 6 cr children – half under six. (Guesstimate)



Profile of Child on Construction Sites

- Working mother/ absence of support systems
- Frequent movement
- Breast feeding affected/ complementary feeding difficult/ immunization incomplete
Infections/ poor access to health care/ Stimulation and learning opportunities missing
- Older children/ school entry affected/ schooling interrupted / constant disruption of friendships



Dr. Vandana Prasad, "for the migrant child, survival is a miracle. Development is another matter altogether."

MC models for care, develop and malnutrition intervention

Model One: Construction Sites Daycare/ Creche-

- Infant to 12 years
- 40 years experience

Model Two: Urban poor settlements – 2003-....

- Focus pregnancy to three years
- Community Health Worker intervention
- Positive intervention in childcare practices/growth monitoring/measuring impact
- Community awareness to create supportive environment
- Linkage to Health services/ ICDS/ GRCs

Daycare/Creche for Migrant Workers Children

Status of Malnutrition

1. Sample of 450 HHs of migrant construction workers (07-08)

Age group: 0 -6

2/3 children malnourished.

32% had received exclusive breast feeding

32% had received complementary food at six months.

Young mothers

48 % married before 18 yrs

46% had a child before 18 yrs.

Most deliveries at home.

2. Sample: 463 children under 3 (April 09) Mobile Creches

Construction site centres

Grade I	31%
II	16%
III	8%
IV	1%
Normal	44%

Day care / Creches on Construction Sites

- **All children** – infants to 12 years
- **Comprehensive strategy:**

Care / nutrition/healthcare/growth monitoring/
learning activities for different age groups
including 1-3 years/



Day care / Creches on Construction Sites

Linkage of families to PHCs, hospitals, if available

A communication programme for the community
(Average stay of child) : 4 months



Staff child ratio: 1:10 + Helper for 0-3; 1: 25 for 3-6+
Employer/ NGO collaboration

Some guiding principles

- **Creche an essential strategy:** to facilitate breast feeding.
- **Principle of integrated inputs:**
Nutritional inputs and medical strategies must be accompanied by the care and stimulation.

Sound scientific research :

*“ The importance of sensitive periods in early childhood when experiences connect neural pathways and brain and biological development can “set trajectories in health (physical and mental), behaviour, and learning that last throughout the lifecycle. “ (J Frazer Mustard).***

Studies which stress

“interventions that are directed to improving nutritional status of children must be combined with those that improve the quality of their socio-emotional interactions with the environment. (Sharma and Mehta, 1997).

- **Significance of Training/ An aware adult care giver**
- **Remuneration and Social Security of Child Care Workers**

The Nutrition Programme

0-3 years : Mornings: Milk+ suji ki kheer;
Lunch (9 months onwards): khichdi – oil,
with vegetables
Evening snack : milk with soya cereal

3-6 years : Morning :- suji ka halwa
Lunch: Khichdi
Evening snack: roasted chana,
sprouted mong, moth, soya nuts, and
peanut chikki and bananas in winter

Cost: Rs 10/- per child per day.

Malnutrition

Special Diets for Grades II, III, IV

- Diet : ½ egg + 1,½ banana;

Grade III and IV, a spoon of oil is added.

Iron, Multi vitamin drops (5 drops under 1 yr,
10 drops above 1 year) on alternate days

- Monthly check-ups, Immunization
Growth monitoring (use of UNICEF Health Chart),

Pregnant women: Diet + Iron Tabs

Scaling up and Sustainability

Elements of Mobile Creches Strategy can be scaled up:

- Training
- Awareness building
- Home based Counseling
- Linkages with Services

(But multiple causes underlie Malnutrition Livelihood, gender, access to services etc)

Two Studies

Study 1

Model of intervention without daycare and Nutrition
Impact on Childcare practices but less on exclusive
Breastfeeding and prevention of Malnutrition

Study 2

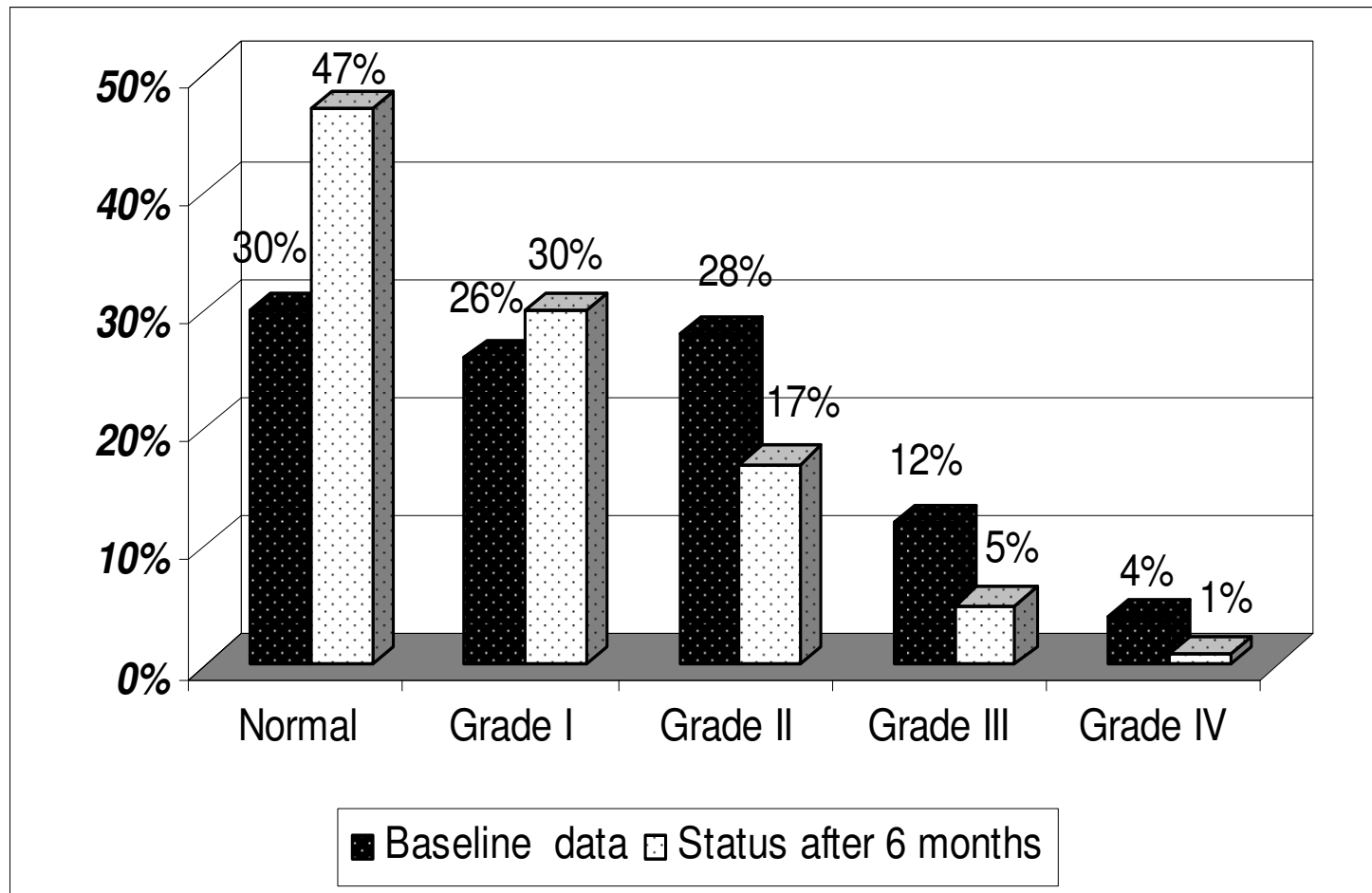
Model of comprehensive strategies – most significant
impact on Malnutrition

Tackling Malnutrition For Children Under Six – Dr. Vandana Prasad

Comprehensive Strategy: Impact

6-12 months intervention - 205 children

Comparison of base line status and after six months



State has a major role to play

- State Schemes to include migrant children:
Existing schemes are for stable populations. Extension modules required in ICDS/ SSA . New models required.
- Creches at workplaces
Anganwadi-cum crèche
Rajiv Gandhi Creche Scheme revamped
- Maternity Entitlement for 6 months for unorganized sector (Removal of BPL restriction and two child norm).
- Other strategies:
Implementation of Labour Laws
Implementation of NREGA provision re creches
Training of Creche Workers,
Capacity building of Panchayati raj / Local Urban Bodies functionaries
Awareness on Early Childhood Care and Development on a mass scale
Data collection on Migrants and Special Needs Groups
Basic Services/ Food security

*The challenge of malnutrition
cannot be simplified and must
be dealt with head on*