

Gendered mobility and multi-scalar governance models: Exploring the case of nurse migration from south India to the Gulf

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NEW DIRECTIONS IN SOUTH-SOUTH MIGRATION
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Overview

- Experiences of skilled migrant women remain **under-theorised** (Raghuram, 2000).
- Increasingly **diverse and complex** pattern of female migration emerging; skill level, destination, occupational sector, esp in nursing (WHO 2017).
- Nurse salaries **remain low** (ranging between Rs. 13,000- 15,000, approximatively US\$ 186-215per month) even among reputed hospital chains (MEA, 2017a). This despite the Central government's mandate to increase nurse compensation in private hospitals in India (Chhapia, 2016).
- Wage differentials between domestic and overseas employment- are up to **five times** (MEA, 2017a), and the desire for professional autonomy and career development opportunities spur nurses to seek opportunities abroad (Walton-Roberts et al., 2017).
- Female migration from India to the Gulf Cooperation Countries (GCC) **increased** from 0.7 million in 1990 rising to 1.6 million in 2013.

Governance of nurse migration from India

- Since 2015 the migration of nurses from India to the Gulf cooperation countries (GCC) has been managed through the system of “**Emigration Clearance Required**” (ECR) routed through select public sector agencies. ECR is typically only applied to low skilled migration flows to Gulf nations (Kumar and Rajan, 2015).
- This recent policy change is aimed at controlling **predominately female migration** in the nursing occupation.
- Since this policy has been introduced, the numbers of nurses heading to the Gulf initially **declined**, but recent surveys of migrants in the Gulf region suggest numbers may be higher (Rajan and Joseph, 2017).
- The extension of ECR to nurses structures and limits **formal** migration options from India to the Gulf, but **informal** migration pathways are widespread.

Policy Framework Relevant to the Training and Migration of Nurses

- Education and Training: **Privatised** and Export Oriented.
- National Migration Framework moving toward greater **monitoring** and government-to-government recruitment .
- Goal is to ensure the recruitment ecosystem is effectively monitored, transparent, and free from **corruption**.
- Sectoral Migration Policy-nurse recruitment to ECR nations routed **exclusively** via six government-mandated public sector agencies.
- International Instruments (WHO code, SDG, Migrant conventions) relevant, but interaction with IOs (such as UN) **minimal** under new emigration governance (Akhil and Aarathi 2019).

Nurse Migration Industry



CBI arrests the Protector of Emigrants, Kochi

CBI today arrested the Protector of Emigrants (PoE), Kochi, a key accused in the nursing recruitment scam, involving crores of rupees.

PTI | Updated: Jun 15, 2015, 04:34 PM IST



Save



The CBI had examined the PoE at its Kochi office in April this year in the scam related to the recruitment of nurses to Kuwait Health Ministry.

KOCHI: CBI today arrested the [Protector of Emigrants \(PoE\)](#), Kochi, a key accused in the nursing recruitment scam, involving crores of rupees, for allegedly hatching a conspiracy with a nursing recruitment agency owner here to send them to Kuwait.

"Protector of Emigrants (PoE) L Adolfus has been arrested today," a CBI official said.

Adolfus was summoned to the CBI office here and arrested on the charges of hatching a conspiracy with another accused [Uthup](#)

[Varghese](#), owner of a Kochi-based private nursing recruiting agency, for recruiting nurses to Kuwait, he said.

- Nurse migration **rife with deception**, manipulation, and exploitation leading to unsafe working conditions (Walton-Roberts & Rajan, 2013).
- 2015 arrest of the Protector of Emigrants, Kochi, for **collusion with private recruiters**, financial fraud, and extortion in nursing recruitment scam (India Times June, 2015).
- **Migration approval process transitioned** from a national network of Protector of Emigrant (PoE) offices to public sector agencies (now six).
- Resulted in **backlogs and institutional overburdening** (Akhil & Aarathi, 2019).

**CURRENT STATUS OF GOVT OF
INDIA AUTHORIZED RECRUITING
AGENCIES TO 16 ECR COUNTRIES**




eMigrate

- eMigrate system introduced **2015**
- This **e-Governance tool** offers an **online registration portal** for ECR workers, recruiting agents, and foreign employers.
- The electronic platform is **integrated** with the Passport Seva Project (PSP), as well as with the Bureau of Immigration (BoI) of the Ministry of Home Affairs used at Immigration Check Post (ICP) at airports.

eMigrate Project

VISION
"To transform emigration into a simple, transparent, orderly and humane process"

A map of the Middle East region, highlighting the countries of Iraq, Iran, Saudi Arabia, Kuwait, Qatar, and the United Arab Emirates. Major cities like Baghdad, Tehran, Abadan, Shiraz, Kuwait City, Doha, and Abu Dhabi are marked. The Persian Gulf is also labeled.

सत्यमेव जयते
Ministry of External Affairs
Government of India

OBJECTIVES

- ❖ Design and implement processes and applications that help emigration
- ❖ Enhance quality of services to emigrant workers by bringing changes in processing and technology that result in significant improvement in their overall experience
- ❖ Simplify processes in the emigration cycle and improve their effectiveness
- ❖ Establish interfaces among key stakeholders that are easy to access and interoperable

Stringent terms and conditions applied to registered Foreign Employers permitted to recruit nurses through private recruiters, which have to be vetted by the GoI and approved through a 'Country Specific Order' (CSO)

ECR countries

- Afghanistan, Iraq, Indonesia, Jordan, Libya, Lebanon, Malaysia, Yemen **Bahrain, Kuwait, Oman, Qatar, Sudan, Syria, Thailand, UAE (GCC in bold)**

Impact of ECR on Nurse Migratory Flows

- Number of Indian nurses in the Middle East **declines** from 20,000 to 12,000 between 2013 and 2015.
- By 2017 the destinations included all countries of the ECR with 3,326 Indian nurses employed. This was followed by Qatar with 350 nurses and Kuwait with 118 workers, this is 10% or less of the **outsized totals directed** to Saudi Arabia.
- Numbers of Indian migrants to under ECR have dropped into 2018, but increased from Bangladesh, suggesting eMigrate has created barriers (Rajan and Aggarwal, June 18 2019).

Migration is concentrated from the southern states including Kerala (WHO, 2017), Tamil Nadu (Rajan et.al, 2017) and Karnataka

STATE	2015*	2016	2017	2018*
ANDHRA PRADESH	-	57	17	45
DELHI	-	37	25	46
KARNATAKA	7	110	70	93
KERALA	184	4111	3611	4719
MAHARASHTRA	1	67	58	83
TAMIL NADU	5	330	242	435
TELANGANA	-	71	43	81
TOTAL* (all states)	197	4858	4123	5562

Table 1: State-wise emigration of nurses under ECR (May2015 – Nov 2018)

Note: Data sourced through the Right to Information Act in 2018

COUNTRY	2015*	2016	2017	2018*
BAHRAIN	-	-	55	81
JORDAN	-	-	60	10
KUWAIT	-	7	118	221
OMAN	16	31	114	134
QATAR	1	2	353	536
SAUDI ARABIA	-	4556	3326	4460
UAE	180	262	97	120
TOTAL	197	4858	4123	5562

Table 2: Country-Wise Figures of Indian Nurses Granted Emigration Clearance from May 2015- Nov 2018
Note: Data retrieved from MEA archives (MEA 2017b).

Policy Consequences within India and in the GCC Labour Market

- **Increasing vulnerability** through individualising migration governance- rather than system change to employment conditions in India.
- Risk of **oversupply** of nurses in India after ECR restrictions imposed.
- Impact on migrant destinations and routes, with nurses **bypassing** ECR by moving between GCC nations.
- **Reinforcing gendered** perception of nursing (protect women) despite male nurse numbers increasing.
- **Referral wage** rate not set in relation to other S. Asian nations-potential to outprice Indian nurses.
- **More bilateral agreements** including nursing labour e.g. UAE-India integrated portals.

Conclusion

- **Fraud and exploitation** concerns result in nursing's inclusion in ECR control.
- ECR agencies vary in their connection with CSO and IOs, process seen as more '**government than governance**'.
- Limited government agency pathways result in **backlogs**.
- Must understand the **informal routes** being used in order to understand true scale of migration.
- Numbers have declined 2018, but data **not complete**.
- Limited effort to **improve salary** and working conditions in India to address systemic drivers of migration.
- Limited engagement with multi-lateral **migrant rights** conventions in GoI migration policy development.