

Pathways to Accessible, Affordable and Gender-responsive Childcare Provision for Children under Six

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1 Introduction

Since independence, state policy in India on the provision of childcare has been constituted by several piecemeal and disjointed laws, policies and programmes broadly targeting two modalities of childcare provision: laws and policies regulating employer provision of childcare services and maternity benefits, and the public provisioning of childcare services and maternity benefits. These policies and programmes have not always emanated from a holistic conception of women's rights or even of child rights. In recent years, however, there has been a shift in policies on childcare (reflecting wider shifts in public policy programming) from a welfarist approach to a more rights based approach, though these have by no means been wholesale. Further, these shifts in policies have been the result of hard fought for claims-making by groups and networks working on a range of issues such as the right to food, social security, maternity entitlements and Early Childhood Care and Development (ECCD) (Citizens' Initiative for the Rights of the Child Under Six (CIRCUS) 2006; Mander 2012; Chopra 2014; N. Rao 2017). However, even where claims making by groups has informed policy-making, the resultant policies have not always reflected the ethos of the claims making (for instance on maternity benefits). Despite the piecemeal nature of policies on childcare provisioning in India, there have been several examples of the provision of quality childcare provisioning by state and non-state actors as well as collaborative efforts by the two.¹

The aim of this paper is to inform debates of the likely pathways to accessible, affordable, equitable and gender responsive childcare provision by examining two case studies of quality childcare provisioning in India: the Tamil Nadu Integrated Child Development Services (TN ICDS) and Mobile Crèches. These case studies were chosen for several reasons. Given the mandate by the Supreme Court to 'universalise childcare services' through the Integrated Child Development Services (ICDS) machinery (Citizens' Initiative for the Rights of the Child Under Six (CIRCUS) 2014), the ICDS has become the primary institution around which much of the policy focus for children under 6 has centred. In this context, the Tamil Nadu ICDS is one of the examples of a better functioning ICDS in India based on the 'constant innovations' in the services it provides since the introduction of the Tamil Nadu Integrated Nutrition Programme in the 1970s (Sinha and Bhatia 2009). Moreover, it has been the focus of studies seeking to understand the likely pathways for the delivery of quality childcare provision through the ICDS machinery (Lingam and Yelamanchili 2011; Lingam and Kanchi 2013; Datta and Konantambigi 2007; Sinha and Bhatia 2009; Shanmugavelayutham 2013). On the other hand, Mobile Crèches has been chosen as a case study because it is a pioneer in the field of ECCD in India, and its focus on direct delivery of 'holistic' childcare, its diverse models of childcare provision, its training of childcare providers, and its long history of advocacy on the rights of children under 6 to childcare provision place it in good stead to inform debates of the likely pathways to accessible, gender responsive and equity focused childcare provision.

In locating these two case studies therefore, the paper pays attention to the quality of childcare provision, financing mechanisms, accessibility, equity, and gender responsiveness, including the measures that have been put in place to reach women in marginalized groups.

¹ See the Suraksha Series (Khalakdina 1995; Pandit 1995; Kashyap 1995) and the UNICEF-ISST project reports on quality childcare provisioning for children under 3 (Venkateswaran 2013; Balakrishnan 2013a, 2013b; Atkuri 2013; Shanmugavelayutham 2013; Chigateri 2013).

The paper is based primarily on secondary research, supplemented by qualitative research conducted in Chennai and Delhi through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).²

In order to understand the context for the case studies, the paper locates the broad swathe of policy on childcare provision, particularly focusing on those policies targeting children under 6.³ What is important to note is that many of the policies and programmes that make up the ECCE framework in India focus on 'child development' for children under 6 targeting important concerns such as nutrition, health, preschool education, food security, etc., rather than a sole focus on the provision of 'day care' for children. Given this context, the paper also locates the care regime, in and through the care diamond (Razavi 2007) to map how childcare is provided for children under 6 and by whom.

² 3 focus group discussions were held with men and women users in 3 childcare centres in New Delhi, one of which was a direct delivery model of Mobile Creches (Bestech Child Creche in Gurgaon Sector 81 on 21 March 2017), a facilitation model at a construction site (Paras Dew, Gurgaon on 21 March 2017) and a community based childcare centre facilitated by Mobile Creches (New Seemapuri on 20 March 2017). Semi-structured interviews were held with 3 childcare workers onsite in the 3 centres between 20 – 21 March 2017, and semi-structured interviews were also conducted with senior staff of Mobile Creches: Devika Singh, Co-Founder; Sudeshna Sengupta, Senior Manager, Advocacy; Bhagyalaxmi Rao, Head, Programs on 21 March 2017 at the Mobile Creches office, New Delhi. In Chennai, 2 focus group discussions were held with women in 2 anganwadi centres on 27 March 2017, where we also conducted semi-structured interviews with 4 anganwadi workers (2 anganwadi workers, and 2 anganwadi helpers). The workers and users requested to be anonymous, so we did not voice record the conversations, and we have not identified the anganwadis we visited. The researchers took notes during the discussions and interviews (for which we had explicit consent). Semi-structured interviews were also held with a retired anganwadi worker, D Sukumari who has set up a union for retired angawadi workers on 26 March 2017, and the Convenor of TN FORCES, Prof K Shanmugavelayutham on 28 March 2017 at For You Child Office, Chennai. The author is grateful to all participants of the project for giving generously of their time for this paper. The author would like to thank her colleagues at ISST, Anweshaa Ghosh and Mubashira Zaidi for support rendered in conducting fieldwork. She is also grateful for the incisive comments received on previous drafts from Shahra Razavi. All errors are the author's own.

³ Owing to both ECCD literature, that sees the ages of 0-6/8 as crucial for child development, and the particularity of the legislative framework in India, the under-6 category has become an important category for policy scrutiny.

2 Overview of the History of Childcare Provision in India

Feminist scholars, Palriwala and Neetha (2011) argue that the regime of childcare provision in India is framed by an ideology of 'gendered familialism', viz., an ideology that 'reiterates that care work is a private responsibility, women's responsibility, and is embedded in familial relations' (Palriwala and Neetha 2011: 1066). As we shall see below, since independence, there have been a range of policies and programming on childcare provision, and for the most part, they are indeed largely framed by an ideology that sees care as primarily a familial and female responsibility. However, there have also been several policy and legislative attempts over the years to create chinks in this ideology, albeit with limited success. The early statutory provisioning of childcare in the formal sector, the provisioning of crèches at worksites in the informal sector through the Mahatma Gandhi National Rural Employment Guarantee Act (NREGA), the universalization of the ICDS and the new Maternity Benefits regime provide instances where laws and policies have sought to redistribute (even if partially, and sometimes problematically) care provision to the employer and the state. In the following sections, the paper maps the broad policy framework of childcare provisioning in India, with a view to analyse whether and if so how they account for both children's rights and women's rights to accessible, affordable, quality childcare.

Early Interventions on Maternity Benefits and Crèche Provision

In the early years after independence, state policy on childcare provision was largely directed at the regulation of employer provision of maternity benefits and the provision of crèche facilities in a limited set of workplaces. The Employees State Insurance Act (ESI Act) 1948 provided for an insurance based model of maternity benefits with both employee-employer contributions, whereas the Maternity Benefits Act (MB Act) 1961 focused solely on employer responsibility for maternity leave and pay. Both Acts were limited in terms of both scope (targeting women in the formal sector) and coverage (providing only 12 weeks of paid maternity leave).⁴ Employer provision of crèche facilities was mandated through a series of early legislations regulating the conditions of work in the organized sector at factories, plantations and mines (Factories Act 1948; Plantation Labour Act 1951, Mines Act 1952), later extending to other workplaces (the Beedi and Cigar Workers' Act 1966; Contract Labour Act 1970, Inter-state Migrant Workers Act 1980 and the Building and Construction Workers 1996).⁵ These legislations mandated employer provision of crèche facilities in workplaces employing a relatively large number of women. For instance, the Factories Act 1948 requires a factory that ordinarily employs more than 30 women workers to provide crèche facilities for children of women workers who are under 6 years of age, and the Plantations Act 1952 requires crèches in every plantation with 50 or more women workers, or where the number of children below the age of 6 of the women workers is 20 or more. In some

⁴ Lingam and Yalamanchili argue that the 'considerable presence of women in workers' movements' led to the enactment of the Maternity Benefits Act 1961 (2011: 96). Women's groups had been lobbying for maternity benefits since the 1920s, which combined with the 'active role of the trade union movement' (Bala 2012: 4), produced pre-independence precursors to maternity benefits legislation in a few states: Bombay (1929), Madras (1934), Uttar Pradesh (1938), West Bengal (1939) and Assam (1944). However, these and the debates preceding them were couched in the language of protection rather than women's rights (Lingam and Yalamanchili 2011). Women's groups' involvement in the enactment of the Maternity Benefits Act 1961 produced legislation that recognized women's rights to maternity benefits, but as Lingam and Yalamanchili argue, the legislation was limited by its link to 'the regularity of work, the formal nature of employment and the presence of an employer to operationalize the entitlement' (Ibid: 97).

⁵ Forum for Creches and Childcare Services (FORCES), a network of feminist and childcare organizations formed in 1989, of which Mobile Creches is a founding member, played a role in pushing through legislation on building and construction workers to make employers accountable in the provision of childcare at construction sites (interview, Devika Singh, 21 March 2017, Mobile Creches office, New Delhi).

workplaces, the mandated requirement of crèches is more complex, for instance with mines, the type of mine determines both the minimum requirement of employed women, and the type of crèche that is mandated by the law (Mines Rules 1966).

In terms of the public provisioning of childcare in the early post-independence years, the Central Social Welfare Board (CSWB) which was set up in 1953 with the mandate to promote social welfare activities and implement welfare programmes for women, children and the 'handicapped' through voluntary organizations, set up a small network of child centres (balwadis) across the country (Department of Women and Child Development 2003; Palriwala and Neetha 2011). Following the 3rd Five Year Plan, which recognized the importance of preschool education, there was an expansion in the number of balwadis and training centres were set up to train bal sevikas (childcare workers). The CSWB also provided a grant-in-aid scheme for voluntary agencies working in pre-school education (Kaul and Sankar 2009).

The ESI Act, the MB Act and the laws mandating crèches at the workplace continue to inform the landscape of maternity benefits and employer based childcare provision in India. These provisions have come under heavy feminist critique for both poor implementation and the lack of coverage for the vast majority of working women (M. Swaminathan 1985; Datta and Konantambigi 2007; Lingam and Yelamanchili 2011; Ferus-Comelo 2012). However, both these regimes regulating childcare provisioning are in the midst of change – the Maternity Benefits Act has been recently amended in March 2017, and a recently proposed Labour Code on Social Security and Welfare seeks to overhaul, amalgamate and rationalise 44 labour laws on wages, industrial relations, social security and occupational safety, health and working conditions in India, including the recently passed Maternity Benefits Act, as well as the ESI Act (Sinha 2017; Pinto 2017). A repackaged Maternity Benefits programme targeting the unorganised sector announced in May 2017 completes a triumvirate 'overhaul' of the maternity benefits regime in India, each of which have been heavily criticised by academics and groups working on social security and maternity entitlements (Sinha 2017; Pinto 2017; Drèze 2017). Further, there have been efforts to expand the provisioning of crèches at worksites for women workers in both the organized sector (through the 2017 amendments to the Maternity Benefits Act) and the unorganized sector (through the National Rural Employment Guarantee Act 2008). A National Programme for Crèche and Day Care Facilities, which proposes the creation of facilities for early childhood care (including custodial care) across the unorganised sector, including private and public sector organisations, has been in the offing since last year. We will return to the new regime of maternity entitlements and childcare provisioning below.

National Policy for Children, 1974: Taking Public Provisioning of Childcare Seriously

The National Policy for Children of 1974 marked something of a watershed as it provided a clear policy focus on the rights and needs of children and it recognized the importance of state provision of services for children. It included recommendations on the health and supplementary nutrition for mothers and children, and it called for the free and compulsory education for all children up to the age of 14 years (which already had constitutional sanction through a Directive Principle of State Policy - Article 45 - of the Constitution). It also called for priority to be given to programmes targeting 'crèches and other facilities for the care of children of working or ailing mothers', and recommended a targeted focus on children from Scheduled Castes and Scheduled Tribe communities and 'mentally retarded' and 'physically handicapped' children (Department of Social Welfare 1974; also see Law Commission of India 2015, pp. 27, 28).

Very soon after the adoption of this policy, the Government set up the National Children's Board, and set in motion a pilot of the Integrated Child Development Services (ICDS) scheme to implement the vision of providing nutrition and health services for children under 6 and pregnant and lactating mothers; reducing mortality, morbidity, malnutrition and school drop outs; and laying the foundation for the proper psychological, physical and social development of the child. Initially targeted at 33 development blocks, the ICDS focused on the delivery of a comprehensive package of six services (supplementary nutrition and growth monitoring, immunization, health check-ups, health and nutrition education, referral services, and non-formal pre-school education)⁶, coordinated at the village level through anganwadi centres (AWCs) by local women workers – anganwadi workers (AWWs) and helpers (AWHs).⁷ The programme saw an exponential increase reaching 2426 blocks in the 15 years thereafter (Gupta, Gupta, and Baridalyne 2013) and has since grown even further based on Supreme Court orders in the Right to Food case mandating the 'universalization with quality' of the ICDS. The CIRCUS primer on ICDS interprets the court orders on ICDS as mandating 'universalisation with quality and equity' of the ICDS as the Court has also required the targeting of SC/ST hamlets and slum communities. These orders, along with the National Food Security Act 2013, have created a legal entitlement for childcare services for children under 6 (on which more below).⁸

Another modality of public provisioning of childcare services was also an outcome of the 1974 National Policy on Children – the Scheme of Assistance Crèches for Working/Ailing Mothers was launched in 1974 with the intention of providing day care for children under 6 of women labourers below the poverty line (M. Swaminathan 1993b). Unlike the ICDS, which was squarely focused on child nutrition, health and development, this Scheme was envisaged as a day care service for the children of working and ailing mothers, i.e., with the twin focus on the needs of women as well as those of children. This Scheme was also the result of the advocacy efforts of Mobile Crèches who lobbied the Planning Commission for the public provisioning of crèches for working women (Interview, Devika Singh, MC office, 21 March 2017; also see MC website). Twenty years after its initiation however, as Mina Swaminathan has noted, only 10,000 crèches were established in the entire country, mostly concentrated in six or seven states, catering to about 250,000 children below 6 years, as against the estimated need of the time of childcare provision for 45 million in the same age-group (Ibid, 21). This scheme and a second crèche scheme (the National Crèche Fund Scheme, which was set up in 1995) have since been joined together and reformulated as the Rajiv Gandhi National Crèche Scheme for Children of Working Mothers in 2006 run by the government in partnership with private sector and non-government organisations with the aim of targeting 'backward and remote' areas (Supath Gramyodyog Sansthan 2013). In 2008-2009, there were 31,718 crèche centres targeting 792,000 children, once again, a mere drop in the ocean of the requirement for public provisioning of childcare. Moreover, these centres were beset by problems of poor infrastructure, lack of age specific interventions, poor training and working conditions for care workers, amongst other things (Ibid).

The 1980s and 90s saw a slew of policies focusing on children, education, health and nutrition which expanded the role and coverage of the ICDS such as the National Policy for Education 1986, the National Plan of Action 1992, and the National Nutrition Policy 1993, to name a few. The National Policy for Education 1986 was a significant step in the recognition of the importance

⁶ The programme also targets pregnant and lactating mothers and adolescent girls.

⁷ Apart from the AWW and the AWH, other key actors that are involved in the implementation of the ICDS are the Child Development Project Officer (CDPO), who manages an ICDS 'project', which is usually made up of about 100 anganwadis covering a population of 100,000 (See Citizens Initiative for the Rights of the Child Under Six (CIRCUS) 2014). The CDPO is assisted by supervisors who are supposed to check the registers, inspect the premises, advise the Anganwadi Worker, enquire about any problems she may have, and so on (Ibid).

⁸ This legal entitlement also extends to the provision of services for pregnant and lactating mothers and adolescent girls (see more below).

of Early Childhood Care and Education (ECCE) for the wellbeing of children. The policy recognized the holistic nature of ECCE involving ‘the total development of child, i.e. physical, motor, cognitive, language, emotional, social and moral’ and by recognizing that the age span under consideration was from conception to 6 years, it also recognized the interlinkages between maternal health and well-being during pregnancy, delivery and lactation requiring ‘ante-natal health check-up, nutritional support, control of anaemia, etc., hygienic and skilled birth attendance, nutritional care of mother during lactation, correct infant feeding practices, immunization of infant from communicable diseases, mothers’ education in child care, early childhood stimulation, and health and nutritional support throughout’ (see Department of Education 1992 p. 8-9). The Plan of Action 1992 ambitiously aimed for providing these ECCE services to 70% of children under 6 by 2000 and the ICDS was the primary modality through which these services would be provided.

Under the aegis of the Ministry for Women and Child Development, the National Nutrition Policy which was adopted in 1993 advocated ‘a comprehensive, integrated and inter-sectoral strategy for addressing the multi-faceted challenge of malnutrition’ (V. Rao 2016: 1372). Amongst other things, the policy recognized that ‘children below 6 years are nutritionally vulnerable and constitute one of the “high-risk” groups, and accorded highest priority to them’ (Sinha and Bhatia 2009). It prescribed the expansion of safety nets for children, and required that mothers be given the proper information and support to provide for their children by growth monitoring for effective nutrition and mandated that programmes should attempt to address and prevent nutrient deficiencies especially among women, expecting and nursing mothers and children (Rao V 2016). To achieve these aims, the policy called for the expansion of ICDS as well as other programmes to cover the population of children in India.⁹

While several of these policies on education, nutrition and health were sharpening the conception and components of ECCD and seeking to deal with the vulnerabilities of women and children during periods of pregnancy, delivery and lactation, they were not necessarily focused on the needs of women (or even for that matter the needs of children)¹⁰ for childcare provision. Neither were they framed in terms of the language of rights and entitlements. The new millennium was to usher in significant changes with a series of judicial and legislative interventions focusing on the right to food, maternity entitlements and the statutory provision of crèches in the unorganized sector. Before we turn to these, we briefly examine policies that focused specifically on childcare from the perspective of women’s needs.

Gendering the Provision of Childcare

In terms of articulating the need for childcare facilities, not just from the perspective of children’s wellbeing and the roles and responsibilities of women as mothers, but from the perspective of the needs of women, there have been several important interventions seeking to influence policy particularly since independence. The early legislations on maternity benefits and employer provision of crèches in the ‘statutory sector’ clearly recognize the needs of working women, although they are limited in terms of the miniscule number of working women they benefit (only those in the formal sector), the poor provisions for leave (only 3 months) and the overall poor functioning of the legislations.¹¹ Since the 1970s, there have been many advocacy efforts and

⁹ The subsequent National Nutrition Mission was launched to address the issues identified by the policy.

¹⁰ As the recent policy brief prepared by the Alliance for the Right to Early Childhood Development puts it, ‘while health, nutrition, education and protection as concepts are understood, “care” appears amorphous and has been overlooked in the various schemes and programmes for young children. Care, the presence of an informed caregiver is an essential need during early childhood and in the absence or unavailability of a caregiver, widespread neglect takes place (Sachdeva 2015: 2).

¹¹ The existing statutory creche sector (which refers to the statutes mandating creches in factors, mines, plantations, etc.) and the previous and current manifestations of the Maternity Benefits Act, as we have already seen have been heavily criticized (M.

policy pronouncements that have sought to strengthen, widen and clarify maternity entitlements and childcare provision for both working women and women more broadly.

Child Care Provisioning from the Perspective of Women's Needs

The Committee on the Status of Women in its landmark report 'Towards Equality' (1974) recommended the provision of 'crèches, nurseries and labour saving devices' to 'give women the opportunity to do [the dual jobs as mothers and workers] efficiently and satisfactorily' (Committee on the Status of Women 1974: 91). Soon thereafter, a Report of the Working Group on Employment of Women by the Planning Commission (1977) recommended the setting up of childcare centres as part of the Minimum Needs Programme throughout the country (Desai 2013).¹² In 1988, the Report of the National Commission on Self-Employed Women and Women in the Informal Sector, 'Shramshakti', included a key recommendation on recognising the right of working women to childcare (see N. Rao 2017; Desai 2013). The report recommended the provision of 'social support services' for 'women workers for assisting them to do their work at home and outside better and with less worry' (Government of India 1988: 249-250). The Report was important for several reasons: it mapped the vast numbers of women in self-employment while calling for a recognition of and support for women's unpaid work. Moreover, the Report proved pivotal in making the case for the lack of provision of childcare support for the vast numbers of women in the informal economy (M. Swaminathan 1993b). The report was also instrumental in the formation in 1989 of FORCES (Forum for Crèches and Childcare Services), a national network of organisations and individuals concerned with issues relating to women working in the unorganised sector and care of their children. This group, along with others such as the Right to Food Campaign, the National Alliance for Maternal Health and Human Rights (NAMHHR) and more recently formed Alliance for the Right to Early Childhood Development (ECD) (of which FORCES is a part) have formed the backbone of mobilisations on maternity entitlements and childcare provision (Interviews, Devika Singh and Sudeshna Sengupta, Mobile Crèches Office, 21 March 2017).

Other policy documents focusing on women have also provided recommendations on childcare provision. The National Perspective Plan for Women, formulated in 1988 recommended the provision of crèche services universally for all women working in the organized and informal sector (Desai 2013). Significantly, it also proposed that existing laws stipulating crèches for enterprises having a certain number of women employees be made gender neutral to prevent the circumvention of obligations by employers (Ibid). The National Policy for the Empowerment of Women 2001 went further by proposing the 'provision of support services for women, like child care facilities, including crèches at work places and educational institutions, homes for the aged and the disabled [...] to create an enabling environment [for women] and to ensure their full cooperation in social, political and economic life' (Ministry of Women and Child Development 2001, thereby disrupting the policy focus of targeting the provision of childcare solely to women in employment. A new Draft Policy on Women drawn up by the Ministry of Women and Child Development in 2016 speaks of the need for measures to provide 'child/parental care services (crèches)' and 'child care/parental leave' thereby widening the policy focus away from mothers,

Swaminathan 1985; Datta and Konantambigi 2007; Lingam and Yelamanchili 2011; Ferus-Comelo 2012; Lingam and Kanchi 2013). Since these legislations cover only the formal sector, they exclude 96 percent of women workers in India (estimated to amount to 142 million women by the NSS in 2004-05) who work in the informal sector, a huge lacuna indeed.

¹² The provision of childcare centres did not however feature in the 8 point focus of the Minimum Needs Programme which was introduced in the first year of the Fifth Five Year Plan. The basic needs identified for this programme were Elementary Education, Adult Education, Rural Health, Rural Roads, Rural Electrification, Rural Housing, Environmental Improvement of Urban Slums and Nutrition.

but the underlying logic behind the widening continues to centre the need ‘to free woman’s time for paid work’.

Maternity/Parental Benefits Regime

While several of these policy pronouncements have come close to articulating a woman’s right to childcare benefits and services, they have not focused sufficiently on parental leave, pay and flexible working to make policies truly gender responsive. Moreover, concrete proposals to actualise the policy articulation of women’s rights to childcare benefits and services have been few and far between. Amendments to laws and rules pertaining to maternity leave and child care leave, particularly, the provisions of the Central Civil Services (Leave) Rules, 1972 (for civil servants employed by the central government) which increased maternity leave to 180 days and provided for paternity leave (albeit only for 15 days) during the confinement of the employee’s wife for childbirth provide some positive changes to the landscape on childcare provision (although this affects only miniscule numbers of employees). The fact that the civil service rules also provide for maternity and paternity leave for adopted children (for the same duration) shows what is possible in an equity focused and gender responsive maternity/parental entitlements regime. Interestingly, the civil service rules also provide a period of childcare leave of 2 years (which can be taken in more than one spell) for mothers with children under 18 years of age. Although this has come under fire ‘as an unimaginably retrogressive step, since it appears to be based on the assumption that all parenting responsibilities/tasks are the woman’s sole responsibility’ (Swaminathan 2009: 23), it marks a serious break from the understanding that childcare responsibilities of women workers cease to be the concerns of the state and of employers after the crucial 6 months after birth. The struggle with the civil service rules now lies in extending childcare leave to both parents, and to extend childcare leave of parents of disabled children beyond 18 years of age, and to include maternity leave provisions for commissioning surrogate mothers as well (though on this, the Delhi High Court has recently recognized the right of maternity leave under the civil services rules for a commissioning surrogate mother of twins in *Rama Pandey vs Union of India & Ors.* Delhi HC 17 July 2015).

In recent years, there have been some attempts at reforming the regime of maternity benefits, first through the extension of maternity benefits to a wider group of women (i.e. beyond those in formal employment through conditional cash transfers provided by the state, and the recently amended Maternity Benefits Act. More significantly, maternity entitlements have been recognised as a justiciable right through the National Food Security Act 2013, though this has since been sought to be watered down by the government through a Maternity Benefits Programme (on which more below). In terms of the public provisioning of crèches, there have been efforts to expand the provisioning of crèches at worksites for women in the unorganized sector under the National Rural Employment Guarantee Act 2008. Recently, the government has also proposed a National Programme for Crèche and Day Care Facilities, though at this stage, the details of the programme are still unclear.

The recent amendments to the Maternity Benefits Act 1961 which were given presidential assent in March 2017, provides a mixed picture of state intervention in the provision of childcare. While the Amendment Act significantly extends the period of maternity benefits (of wage replacement for the period of maternity leave) from 12 to 26 weeks (which is welcome), it restricts this to women who are pregnant with either the first or their second child. A woman with two or more surviving children continues to be entitled to only 12 weeks of maternity benefits, which was the entitlement under the previous iteration of the Act. Further, the Act requires every establishment with 50 or more employees to provide for crèche facilities within a prescribed distance. While this is to be

welcomed, women's groups have pointed out that the threshold figure of 50 or more employees is high. Moreover, and this has formed the most scathing part of the critique proffered by women's groups and child rights activities, the amendment continues to cater to the miniscule minority of women that work in the organized sector of employment, leaving the vast majority (96%) of women workers outside the purview of its reforming zeal. The Act also missed an opportunity to provide for even a minimal gender neutral parental leave provision. Further, the proposed Act is regressive when it comes to adoptive and surrogate parents – it does not recognize a range of surrogacy arrangements, and it does not recognize the rights of transgender and male adoptive parents, amongst other things (see for details Raha 2016). This legislation has provided a site for further mobilisations by women's rights and child rights groups who have used the opportunity to call for an expansion of maternity entitlements beyond women working in the formal sector (Interview, Sudeshna Sengupta, Mobile Crèches Office, 21 March 2017).

In terms of the wider policy landscape on maternity benefits, in the last decade or so, at the central level, there have been two conditional cash transfer programmes targeted at improving maternal survival (Janani Suraksha Yojana – JSY, 2005) and compensating women for the loss of wages (Indira Gandhi Matritva Sahayog Yojana – IGMSY, 2010)¹³. Under the aegis of the National Rural Health Mission, which was launched in 2005 to provide health security to women, children and the poor residing in rural areas, the JSY was launched to reduce neo-natal and maternal mortality by promoting institutional deliveries amongst poor women. Targeted at poor pregnant women (validated through Below the Poverty Line – BPL certification) the scheme covers all states but with a special focus on low performing states.¹⁴ Although there has been a reduction in infant mortality and an increase in institutional deliveries, the JSY generally suffers from low coverage (Institute of Social Studies Trust 2016). Moreover, it restricts coverage based on income, age and number of children, imposes conditionalities and offers a meagre sum in compensation (Ibid).

Proposed as a pilot project in 52 districts in 2010, the IGMSY (whose implementation is once again envisaged through the platform of ICDS) offered pregnant women transfers of a total of Rs. 4000 in cash in three instalments (from the second trimester till the child is 6 months) based on fulfilling specific conditions related to maternal and child health, including registration of pregnancy within four months, ante-natal check-ups (minimum one), attending counselling sessions (minimum one), registration of childbirth, immunisations for the child, attending growth monitoring and counselling sessions, exclusive breastfeeding for 6 months and the introduction of complementary feeding (self-certification by the mother)¹⁵. However, the scheme was offered only to women over 19 years of age and for the first two live births only, excluding vulnerable young mothers and mothers with multiple births (Atmavilas 2016).

The IGMSY has faced serious feminist fire because of the conditionalities imposed on the transfer of maternity benefits ((Lingam and Yelamanchili 2011; Lingam and Kanchi 2013; Sinha et al. 2016; Atmavilas 2016). Based on the National Family Health Survey (NFHS) – 3 data (2005-06), Lingam and Yelamanchili (2011) show that the conditionalities would exclude 48% of women from

¹³ The National Maternity Benefit Scheme of 1995, which provided pregnant women from Below the Poverty Line (BPL) families Rs. 500 before delivery provides a precursor at the Central level to the IGMSY and the JSY. However, there were other programmes at the state level that were begun earlier such as the much lauded Dr. Muthulakshmi Maternity Assistance Scheme (DMMAS) which was started in 1987 in Tamil Nadu, which in its earlier avatars, focused mainly on wage compensation (Falcao et al. 2015).

¹⁴ The money offered to women who successfully meet conditionalities is slightly more in low performing states, viz., 1400 in rural areas and 1000 in urban areas, as opposed to 700 and 600 in high performing states.

¹⁵ The IGMSY conceives of the amount of Rs.4000 as compensation 'for part wage loss for approximately 40 days @Rs.100 per day'. This has been since been revised to Rs.6000, post the enactment of NFSA 2013, on which more below. However, as (Falcao et al. 2015) argue, even the revised amount of 6000 is 'less than half of the revised minimum wage fixed by the Chief Labour Commissioner at Rs.204 per day for unskilled agricultural workers. At this rate even the revised provision of Rs.6,000 manages to compensate the poor and vulnerable pregnant and lactating women only for 29 days approximately' (Ibid: 27).

the purview of the scheme.¹⁶ Worryingly, this number increases when one takes vulnerable and excluded categories of women such as scheduled caste/scheduled tribe women (56%), economic status (63%) and as high as 66% if women with no education are taken into consideration (pp.101-102). Given that the objective of IGMSY is to support women with nutrition and enhance early infant nutrition and survival through protection and promotion of early breastfeeding to improve child health and development, this is a vast and inequitable exclusion indeed. In the absence of universally available quality services for pregnant and lactating women, the imposition of conditionalities once again serves to exclude the most marginalised women from much needed support.

The maternity benefits regime was to see significant changes in 2013 with the enactment of the National Food Security Act with the recognition in law of a right to maternity benefits for a vast majority of women. Moreover, in 2005, along with a swathe of rights based development focused legislation that was passed in the decade (see Chopra 2014 for details), the National Rural Employment Guarantee Act (NREGA) was passed which widened the access of women in the unorganized sector to crèche provision.

A Rights Based Framework for Childcare Provision and Maternity Entitlements

The new millennium was to usher in significant changes with a series of judicial and legislative interventions on the right to education, right to information, right to health and the right to work based on strong mobilisations by civil society actors, bolstered by a more responsive state in the political context of the formation of a new government in 2004 (Chopra 2014). This brought about significant changes in the maternity entitlements regime and in the statutory provision of crèches in the unorganized sector.

In April 2001, 'a group of activists under the banner of the People's Union for Civil Liberties (PUCL), Rajasthan, filed a case in the Supreme Court demanding that the right to food be recognized as a legal right of every citizen in the country' (Mander 2012). This petition kicked off a lengthy process of Supreme Court hearings and interim orders on various aspects of food security (PUCL vs Union of India and Others, Writ Petition [Civil] 196 of 2001). Importantly, the writ petition also bolstered the mobilization of a wide number of civil society actors under the banner of the Right to Food campaign, which took up public campaigning on a range of issues, many of which were to become the subjects of further legislations and judicial pronouncements. These included the public provisioning of universal mid-day meals in primary schools, the universalization of ICDS for children under 6, a national employment guarantee act, universal maternity entitlements, amongst others (for details see the Right to Food Campaign website).

In 2005, as an outcome of long mobilisations by groups working on the unorganized sector, social security and the right to food campaigns, the government enacted the Mahatma Gandhi National Rural Employment Guarantee Act (NREGA) guaranteeing 100 days of waged employment to every household in rural areas of the country. This Act mandated the provision of crèche facilities in all work sites where 5 or more children under 6 were found to be accompanying the women to work (see s. 28 under Schedule II of the Act). Although, as we have seen, the Rajiv Gandhi Crèche Scheme provided crèches to working women outside the formal sector, this was the first time the provision of crèches was mandated by the law for women working in the unorganized sector.

¹⁶ 4% of women below 19 years of age, and 44% of women who had more than 2 children (Lingam and Yelamanchili 2011: 101-102).

In terms of policy making on ECCE more broadly too, the new millennium proved pivotal. Mobilisations by civil society actors on the right to education led to the enactment in 2002 of the landmark 86th Amendment to the Constitution which introduced a new fundamental right into the Constitution, a fundamental right to education (Art 21A) which mandates the state to provide free and compulsory education to all children from the age of 6-14. This Constitutional Amendment also revised Art 45, a directive principle of state policy, urging the state to provide early childhood care and education for all children until they complete the age of six years. In 2009, the Right of Children to Free and Compulsory Education Act 2009 was enacted to give effect to the Art 21A. Although the constitutional amendments and subsequent legislation were widely welcomed, as Nitya Rao has argued, voicing the concerns of the ECCE community, they 'quietly left the care of the young child to the family' (N. Rao 2017).

Mobilisations on the right to food and the right to education were crucial in bringing together child rights and women's rights activists over the decade in campaigning to fill the gaps exposed by the Right to Education Act for children under 6 through campaigns for maternity benefits and childcare provision with groups such as the Working Group for Children under 6 under the Right to Food Campaign, NAMHHR and the Alliance for Right to ECD playing key roles in keeping alive the issues of childcare and maternity benefits. In 2013, on the back of these mobilisations, under the aegis of the Ministry for Women and Child Development, a National Policy on Early Childhood Care and Education (ECCE) was adopted to address the gaps in childcare provisioning for children under 6. Setting out its vision of achieving 'a holistic development and active learning capacity of all children below 6 years of age by promoting free, universal, inclusive, equitable, joyful and contextualized opportunities for laying foundation and attaining full potential' the policy, as with many before it, saw the ICDS as one of the primary modalities through which ECCE would be accessed ('in convergence with other relevant sectors/programmes in public channel as well as through other service providers viz., the private and non-governmental') (Ministry of Women and Child Development 2013).

Importantly in 2013 again, as a culmination of a 12 year-long civil society mobilisation on the Right to Food coupled with a lengthy battle in the courts, the National Food Security Act (NFSA) 2013 was passed. Significantly, this legislation mandated that every pregnant and lactating mother would be entitled to the provision of a maternity benefit of not less than Rs. 6000 (in such instalments as may be prescribed by the Central Government). The only proviso to this entitlement was in relation to pregnant women and lactating mothers who were already in regular employment with the Central Government or State Governments or Public Sector Undertakings (PSUs) or those who were already in receipt of maternity benefits under another law. This law for the first time recognized the maternity rights of pregnant and lactating women outside the purview of employment legislation, viz., women did not need to be working to benefit from state support during periods of maternity. Concerned with the nutritional well-being of pregnant and lactating women and their children, the NFSA also recognised in law the entitlement of pregnant and lactating women to a free meal during the pregnancy and six months after the child birth, through the local anganwadi (NFSA, s 4). What had been prescribed under the ICDS in many policy documents and over several iterations was now recognized by the law as an entitlement through statutory mandate. What was not incorporated in the NFSA however, despite calls from groups to do so, was the proposal for workplace crèches to fully support the nutrition of the newborn child through regular breastfeeding (Mander 2015). Harsh Mander argues that this exclusion 'was based not on principle but on budgetary calculations' (2015: 17).

A recent and radical Law Commission of India Report no 259 in 2015 on Early Childhood Development and Legal Entitlements provides one of the most forceful policy articulations of a right of every child to the public provisioning of childcare. Drawing on inputs from civil society

networks such as the Alliance for ECD, the report recommends the legal recognition of an 'unconditional right of every child under 6 to crèche and day care provision provided, regulated and operated by the state' through the introduction of fundamental right to care in the Constitution. It also calls for a universal (and extended) provision of maternity benefits by the state covering all women, including women working in the unorganized sector (Law Commission of India 2015: p.67).

Whilst many of the recent legislative and policy changes have been radical in their conception of an equitable and gender responsive provision of maternity benefits and childcare, these have remained far from realisation. Although maternity entitlements are now recognised for all women (and not just working women), the actualisation of this right recognised by the NFSA has been poor. The IGMSY (which is the modality through which maternity entitlements under the NFSA have been sought to be actualised) has not yet been universalised in accordance with the requirements of the NFSA. Moreover, instead of removing the conditionalities attached to IGMSY, and increasing the amount received by women to properly reflect wage loss to properly implement the justiciable maternity entitlement under the NFSA, the government has instead sought to water down the provisioning by attaching further conditionalities to the release of maternity benefits. Through the recently announced Maternity Benefits Programme, the provisioning under IGMSY has been repackaged to provide pregnant women and lactating mothers Rs.6000, with Rs.5000 being provided in instalments conditional upon completion of registration of pregnancy and birth, the provision of antenatal care and immunisation. Moreover, the scheme is also restricted to the first live birth, with the remaining cash of Rs 1000 being made conditional on institutional delivery, thereby subsuming two separate schemes, IGMSY and JSY with additional conditionalities and *reducing* the overall amount women receive as maternity benefits (Sinha 2017).

On the public provisioning of crèches, studies have shown that the provisioning of crèches under NREGA have been abysmal to non-existent (Narayanan 2008; Khera and Nayak 2009; Pankaj and Tankha 2010; Sudarshan 2011). Older schemes mandating the state provision of crèches such as the Rajiv Gandhi Crèche Scheme for 'working and ailing mothers' have also suffered from poor coverage and quality (M. Swaminathan 1993a; Supath Gramyodyog Sansthan 2013). Similarly, studies have shown that the provisioning of crèches by employers under the older statutory provisions have been observed mainly in the breach and where provided are poor in quality (M. Swaminathan 1985; Datta and Konantambigi 2007; Ferus-Comelo 2012).

The Ministry of Women and Child Development is currently working on a draft National Programme for Crèche and Day Care Facilities for which it has set up a working group to formulate comprehensive guidelines and propose funding mechanisms for the provision of community crèches 'in the private, government as well as the unorganised sector' for children up to the age of six years (Press Trust of India 2016). Women's groups have sought to make the ICDS machinery the basis of any new formulation of publicly provisioned crèches.¹⁷

In the midst of the changing landscape of policies on childcare, the ICDS has remained the long-standing lynchpin of public provisioning of early childhood care services, and it is to this that we now turn, along with other modalities of provisioning of childcare within the care diamond (Razavi 2007).

¹⁷ A recently formulated 'creche policy' by the National Commission for Women (NCW) seeks to address the vacuum in the public provisioning of creches by calling for a state financed (with decentralised institutionalisation), gender-neutral provision of universally available, accessible, non-discriminatory, inclusive and unconditional day care services for children under 6 at either community level or at worksites. It also sees the universal provision of 'demand-driven' anganwadi-cum-creches as the basis of universal provisioning of creches.

3 Childcare Provisioning in and through the Care Diamond

In the previous sections, we have seen that there have been attempts to create chinks in the ideology of gendered familialism of the policy regime on childcare (albeit with limited success); however, if we were to map actual childcare provisioning in the country in and through the care diamond (Razavi 2007), in fact it is the family that is the primary institution in which care takes place, with women and girls being the primary and predominant carers (Palriwala and Neetha, 2011: 1066).¹⁸

In terms of state provisioning of childcare, NREGA crèches (for women at work on NREGA sites), the Rajiv Gandhi Crèche scheme (through public-NGO partnerships) and the ICDS are the three modalities through which the state currently provides childcare for India's 158 million children under the age of 6 (Census of India 2011). As we have already seen, the implementation of crèches under NREGA has been mainly in the breach. In the year 2014-15, there were 23,293 functioning crèches under the Rajiv Gandhi National Crèche Scheme, much less than the 31,718 crèche centres in 2008-09 which had provided crèche facilities to a mere 792,000 children.

State Provisioning of Childcare through the Integrated Child Development Services Scheme

Since its inception in 1975, the Integrated Child Development Services (ICDS) Scheme has become cemented in government policy as the primary modality of public provisioning of childcare services. Moreover, it has grown exponentially in terms of sheer numbers. While there has been a steady growth in the number of AWCs since 1975, through a policy push for the 'universalization with quality' of ICDS services based on interim orders of the Supreme Court in the Right to Food case (see CIRCUS 2014), especially since 2004-05, there has been an over 75% increase in the number of anganwadis with 1,346,186 operational AWCs/mini-AWCs (as of 31 March 2015), amounting to 96.6% of the sanctioned number (MWCD website; also see Gupta et al 2016). According to Ministry of Women and Child Development statistics, in 2015, the ICDS programme reached 82,899,424 children under 6 years of age, and 19,333,605 pregnant and lactating mothers for supplementary nutrition and 36,543,996 children between 3-6 years of age for pre-school education, making it the world's largest programmes targeting children under 6. However, given that India has 158 million children under the age of 6 (Census of India, 2011), this is far from the universal coverage mandated by law (CIRCUS 2014). Moreover, given that it is the responsibility of the states to implement the programme, these numbers belie the differential implementation of ICDS across states, including differential investment by states, with some states investing more from their own funds to provide a better quality supplementary nutrition and/or increased salaries, better early learning and play facilities, better infrastructure etc. (Sinha and Bhatia 2009: 13, 14; Accountability Initiative 2016; Citizens Initiative for the Rights of the Child Under Six (CIRCUS) 2014).

¹⁸ Palriwala and Neetha (2011) substantiate this claim through the data collected by Time Utilisation Survey carried out by the CSO, Government of India in 1998-99 which shows that women spend a disproportionate time on unpaid care work, especially on direct childcare, and that this 'engagement in unpaid care work was significant across all categories of women, whether or not they participated in paid work' (Palriwala and Neetha 2011: 1076). Even so, they note that the practice of gendered familialism is a stratified one – 'at one end are those who have the possibility to retain familial carers at home and supplement them with paid and other institutional carers, and at the other are those who are neither able to retain family members at home nor fill the care gap through formal institutions' (Ibid: 1072).

There is much that has been written about the ICDS over its 40-year history. Some of this literature has focused on the poor implementation of the ICDS, in particular, the lack of operationalization of AWCs in some parts of India, the inadequate provision of infrastructure including the lack of adequate cooking, storage and toilet facilities in AWCs, gaps in training of anganwadi workers, the neglect of anganwadi workers and their continued non-recognition as workers, unreliable food supply, poor integration with food and health services, the neglect of under 3s, neglect of the pre-school component, etc.¹⁹ However, activists and scholars working on ICDS caution against dismissing the programme as hopeless. Pointing to the differential implementation across states, they urge that 'with adequate political will, the conditions required for ICDS to work can be created. These enabling conditions involve, for instance, higher budget allocations, better infrastructure, enhanced human resources (e.g. better training of anganwadi workers), closer monitoring, improved accountability, and more active community participation' (CIRCUS 2014: 28). The ICDS provisioning in Kerala and Tamil Nadu have been particularly lauded (Drèze 2006; Rajivan 2006; Sinha and Bhatia 2009; Shanmugavelayutham 2013). As an example of a state-implemented ICDS that goes beyond the basic provisioning, TN ICDS, for instance, has been lauded for the quality of the provision of ICDS services, including the longer hours that anganwadi centres remain open, the availability and provision of day-care facilities for children under 3 years, the decentralized training that is provided to anganwadi workers, the superior quality and variety of the nutrition that is provided to young children, and the additional state funding that has allowed for a better quality of ICDS services (Shanmugavelayutham 2013). However, other recent reports provide a more cautionary tale, pointing to a drop in the standards in the provision of Tamil Nadu ICDS (Kannan 2013).

One of the more scathing critiques that has been made of the ICDS is that it is gender blind, as it does not at all account for the provision of childcare from the perspective of women's needs, or as Palriwala and Neetha put it, it does not account for 'women's rights to crèches' (Palriwala and Neetha, 2011). Even so, it is the primary modality of public provisioning of 'childcare services' in India, and since 2012, a 'strengthened and restructured ICDS in mission mode' has been implemented in the country in a phased manner (Ministry of Women and Child Development 2012). One of the components of this strengthened and restructured ICDS is the conversion of 5 per cent of existing anganwadi centres into anganwadis-cum- crèches, with the intent of extending childcare provision to children under 3, making this an important and crucial modality of public provisioning of childcare services for very young children as well. Moreover, in the 'pockets of excellence' such as Tamil Nadu and Kerala, centres do cater (implicitly) to the needs of women as mothers through extended opening hours.

In recent years, the ICDS has come under pressure owing to budget cuts, and a change in fund-share between the central government and the states. In 2015-16, allocation for the ICDS fell by 6.5% and it fell by a further 6.6% in 2016-17. In the recent budget, while funding has risen by 15%, this is only marginally higher than in 2014-15 even before adjusting for inflation (Chaudhuri 2017). Moreover, historically, the ICDS has been a centrally sponsored programme and between 2009-10 to 2015-16, the fund-share between the Government of India and the states for all components of the programme (except supplementary nutrition) was based on a 90:10 ratio with supplementary nutrition being funded through a 50:50 ratio. This pattern changed in 2015 with the new government in the centre calling for a 'cooperative federalism' – other components of the programme are now funded through a 60:40 ratio and the supplementary nutrition component has retained the 50:50 funding share (Accountability Initiative 2016). Recently, the government has also sought to impose conditionalities on the use of ICDS centres by making the use of the

¹⁹ For a flavor of the critiques, but also for what value ICDS offers, see for instance Kaul and Sankar 2009, the special issue of the EPW in August 2006, Palriwala and Neetha 2011, CIRCUS 2014, Gupta et al 2016.

Aadhaar card compulsory for the use of ICDS services (Drèze 2017)²⁰. Further, over the last few years, the government has made alarming overtures to private organisations for the provision of components of ICDS in the name of the 'community participation' under the 'ICDS in mission mode' (Ghosh 2013).

Market, Private and Community Provisioning of Childcare

In terms of market and private provision of childcare services, there has been an exponential growth in this sector, particularly fuelled by the growth in paid domestic work (Palriwala and Neetha 2011). It is, however, very difficult to assess the numbers of children catered to through this sector, though the government's Working Group on Development of Children for the Eleventh Five Year Plan (2007-12) estimates this at 10 million in the age group 3-6 (Ibid). What is worrying however, is that much of this sector is outside the purview of government regulation, making the sector largely 'outside public monitoring and accountability', with the provisioning itself variable in quality especially given 'the paucity of trained crèche workers and pre-school teachers' (Ibid 1071). The government's proposed creche policy seeks to address this lacuna and there have been attempts at the state level to address this gap too.²¹

In terms of community and NGO provisioning, again, the numbers are difficult to estimate with the Working Group on Development for Children for the Eleventh Five Year Plan (2007-12) estimating the number of children between 3-6 receiving NGO-provided care between 3 to 20 million children (Palriwala and Neetha 2011), again only a fraction of the number of children requiring childcare. Moreover, as Palriwala and Neetha (2011) note, 'it is clearly difficult to maintain crèches that are affordable and yet provide services at the required level without some state support, funds from employers, or external donations' (2011: 1071). Even though the numbers may not be significant for community and NGO provisioning of child care, as several studies have shown, they could provide innovative models for the provision of childcare.

²⁰ The Aadhaar card assigns an 'Aadhaar number', a Unique Identification Number, to each resident of India by obtaining their demographic and biometric information. Recently, the government has made the Aadhaar number mandatory for participation in a range of regulatory and welfare activities including the filing of taxes and obtaining a bank account to receiving a mid-day meal, in the name of 'good governance, efficiency, transparency, and the targeted delivery of subsidies, benefits and services' (see The Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016. The issue of Aadhaar and its remit is currently the subject of judicial adjudication, with a nine-judge bench of the Supreme Court deciding a case on whether the right to privacy forms a part of the fundamental right to life under the Indian Constitution, and whether there can be restrictions (such as those imposed by a mandatory Aadhaar) to this right. Rights activists have highlighted the many privacy concerns with Aadhaar; moreover, as Dreze and others have pointed out, making Aadhaar mandatory for accessing entitlements such as the mid-day meal, or the ICDS services poses an additional barrier and excludes vulnerable communities.

²¹ The 'Regulatory guidelines for creche and daycare services in Maharashtra' has been proposed by the the Maharashtra State Women Commission in consultation with UNICEF, Child Rights Commission and experts of early child care and education from SNTD University, TISS and NGOs. These guidelines await Cabinet approval (Srivastava 2017).

4 Case Studies: Mobile Crèches and Tamil Nadu ICDS

There have been several efforts to mine the provision of quality childcare in a diverse range of contexts. These have largely focused on mining NGO/community provisioning of childcare to understand what constitutes quality childcare delivery, but given the scale of public provisioning by the ICDS, many of these studies also examine the provision of childcare by NGOs in collaboration with the ICDS.²² Mobile Crèches and Tamil Nadu ICDS recur in many of these studies for two reasons, the provision of quality childcare services to scale in the Tamil Nadu ICDS and the pioneering efforts of Mobile Crèches to define the components of quality childcare provision through its own work with children over 50 years, as well as its place as a key actor in pushing for policy change on childcare provision from a child rights and gender responsive perspective. In the following section, we examine these two cases to understand the likely pathways to accessible, equitable and gender responsive childcare provision. In locating these two case studies therefore, the paper will pay attention to the quality of childcare provision, financing mechanisms, accessibility, equity consideration, and gender responsiveness, including the measures that have been put in place to reach women in marginalized groups and remote areas.

Mobile Crèches

In 1969, a few years before the ICDS came into being, Mobile Crèches (MC) was started by Meena Mahadevan (who was joined by co-founder, Devika Singh, six months later), when she pitched up a tent and hired a childcare worker at the Gandhi Darshan construction site in Rajghat, New Delhi, as a direct response to the situation of total neglect of children at the site (Interview, Devika Singh, MC office, 21 March 2017). From this early beginning, over the last 50 years, MC has come a long way from an organisation providing an immediate response to the needs of disadvantaged children at construction sites to a pioneer in the field of early childhood care and development in India. In the first 5-6 years or so, as co-founder Devika Singh recounts, MC was involved in the 'nitty gritty of care provision' with their 'heads down finding solutions' for those under their direct care. These early years of 'immersion' proved to be a time of learning when they realised the extent of the lack of childcare for young children in the country (Interview, Devika Singh, MC office, 21 March 2017). After the initial start with the setting up of crèches at construction sites catering to the children of transient rural migrant workers, MC spread its net to include children in Delhi's slums when the first major relocation of unauthorized settlements to the outskirts of Delhi happened in the mid-1970s (Mobile Crèches 2012). Further, it expanded its work from one of 'custodial' care of children under 6, to include medical check-ups, immunization, nutrition and environmental hygiene, and it began to cater to women, and older children up to the age of 12 (MC website).

²² See Pandit 1995; Khalakdina 1995; Kashyap 1995; Sinha and Bhatia 2009; Venkateswaran 2013; Balakrishnan 2013a, 2013b; Velayutham 2013; Chigateri 2013.

In '79, a decade after we started, we had our first review of ourselves and we took the firm decision that we are not going to be a supplier of services; we can be trainers, we can be advocates, we can push the system. That has driven the MC [strategy]. We were very clear that the problem is too big and the state has to be pushed; it's like we are not going to be sending doctors all the time; the Public Health Centres have to work, people have to use those.

Devika Singh, Mobile Creches

Even since these early years, there was an understanding that the work of MC was not that of a charity; instead they were 'developing systems' of childcare (Interview, Devika Singh, MC office, 21 March 2017). Along with developing systems, MC was also interested in the scalability and sustainability of childcare provision, beyond its own limited provisioning of childcare. Therefore, from early on, MC also expanded its in-house skill building work to incorporate the

provision of formal training in childcare to other NGOs and government functionaries. Further, it began to actively pursue an agenda of policy change so that the state and employers as 'duty bearers' would be urged to fulfil their responsibilities (Sudeshna Sengupta, MC office, 21 March 2017). In the mid-70s, for instance, it advocated for the public provisioning of crèches with the Planning Commission.²³ The understanding that they were 'developing systems' has been a persistent part of MC's vision of its work, and it continues to inform their work to this day (Devika Singh, MC office, 21 March 2017). It can be seen in its three-pronged strategy aimed at transforming the landscape of childcare provision: focusing on field level interventions in the delivery of childcare to 'demonstrate' the delivery of quality childcare, training personnel on ECCD provision and advocating for the rights of children under 6 to ECCD with both builders and the state for the scalability and sustainability of its work on childcare.

Until and unless you get to the state who is the duty bearer, and the child is the right holder, [you cannot] reach out to the world of children under 6 years of age. And to do that, to reach out and touch lives you cannot do it as an institution. I believe that is why FORCES [Forum for Creches and Child Care Services, a network of women's rights, child rights and labour rights organisations that came into existence in 1989] came in, which brought in labour rights, women's rights, and child rights together.

Sudeshna Sengupta, Mobile Creches

MC continues its direct intervention in construction sites and in slum communities which focus on children belonging to three age categories: 0-3, 3-6 and 6-12. Community involvement in the provision of care forms the bedrock across all sites where MC operates, forming a key component of how it delivers care; however, the extent of MC's involvement in the delivery of care varies based on the model of delivery (on which more below). In 2015-16, MC reached 10535 children at construction sites and 1480 children in urban slum settlements and through its community work, to 30,000 migrants at construction sites in and around New Delhi (Mobile Creches 2016: 8, 18). Training of childcare workers has been a core component of MC's work to upscale the delivery of quality childcare services, and it continues to do this in association with partner organisations who deliver childcare services in community and construction site settings. MC has also been involved in training government employees in the provision of childcare, particularly focusing on building capacities of ICDS creche workers in anganwadi-cum-creche centres in several states (Ibid: 23-27).

²³ These early forays into advocacy led to the setting up of the National Creche Scheme for Working and Ailing Mothers (see MC website).

Advocacy is a key component of MC's work, and its advocacy on the right to ECD for children under 6 has been strengthened through several networks such as FORCES, Right to Food Campaign, NAMHHR and the Alliance for the Right to ECD. The mobilization efforts of these networks have, at different points in time, led to significant gains such as setting up of the National Crèche Fund in 1995, the passing of legislation on the Building and Other Construction Workers (Regulation of Employment and Service Condition) Act in 1996, and the National Policy on ECD in 2013. In the last couple of years, MC has intensified its mobilization work to realise the right to ECD for children under 6 through the Alliance for ECD, which approached the Law Commission to report on the legal entitlements of children under 6. The Law Commission set up a sub-committee with representatives from the Alliance, Delhi Law University, and Jindal Global Law School. The outcome of this was the Law Commission Report no 259 on 'Early Childhood Development and Legal Entitlements' (Interviews, Devika Singh and Sudeshna Sengupta, MC office, 21 March 2017; also see Mobile Creches

[MC plays] the role of a catalyst when it comes to the right of the young child. [It works] together with the 'right to education' groups when you talk about their learning and education, with the 'right to food' campaign when it is about nutrition, and the women's rights and labour rights when it is about child care provision or maternity entitlements, or social security. It is not that they are disconnected. [...] MC is holding the domain of the young child's rights [with] all these layers and partners, and with this collective, [we reach] out to the state, to the civil society and try to make a difference. I perceive MC to be a phenomenal catalyst, which runs creches, which trains to manage and operationalise creches, and creates that big collective which will demand the right to ECD.

Sudeshna Sengupta, Mobile Creches

2015, 2016; Law Commission of India 2015). Through the Alliance, it also contributed to the New Education Policy being drawn up by the government (Mobile Creches 2016). MC has also been an active part of mobilisations on maternity entitlements as a key component of networks such as the Alliance, the Right to Food Campaign, NAMHHR, and Nirman Mazdoor Panchayat Sangh, seizing the window of opportunity presented by the overhaul of the maternity benefits and social security regimes by the government (Mobile Creches 2016: 34-35).

Models of Delivery of Childcare: Financing and Supervision

MC's twin focus on demonstration, and scalability and sustainability has shaped both its models of delivery and its advocacy strategy with the state and employers. The extent of MC's involvement in the delivery of care varies based on the model of delivery, which in turn is based on a complex model of financing and supervision involving MC, the builders, the community, users and donations.

At construction sites, MC currently works with 3 models of delivery of childcare services: a **direct delivery model**, a **facilitation model** and a **tripartite or an upscale model**. In the first model, which has been its mainstay since the days of its inception, the operation is entirely managed by MC. In these 'demonstration models', MC directly delivers childcare with the idea of demonstrating by doing to showcase how quality child care maybe delivered to employers, the state and to civil society.

The Direct Delivery model was because you needed somewhere, ... a sector closed, another one opened. You had staff, [...] and we had standards to set. Because we started training people for builders and others, we needed somewhere to train them, and we believed a lot in on the job training. We needed a demonstration center...

Devika Singh, Mobile Creches

For nearly 30 years, MC provided direct childcare services for the children of construction workers through external funding. However, since 2000, there was a change in MC policy (post the 1996 law for Building and other Construction Workers) based on which financial contribution from builders became a non-negotiable even for their direct delivery model, with builders' contributions increasing from about INR 10 lakh per annum to INR 60 lakh per annum in 2014-15 (Mobile Creches 2015). This accounts for 20-80% of the cost of delivery of childcare across construction sites depending on the contributions by builders in each site, with the rest coming from donors and funders (Ibid). In 2015-16, there were 12 such centres operating which cater to the needs of 3232 children (Mobile Creches 2016: 11). It is under this model, where MC directly delivers care and manages the crèches (with part financial support from the builder) that it has full control over the quality of the services delivered (Venkateswaran 2013).

Since 2010, there has been a further change in the models of delivery, with MC proactively pursuing the idea of builders taking on the sole responsibility for the delivery of quality childcare in their sites as per the law. Under this 'facilitation model', the responsibility of setting up and managing the crèche is shared, with 90-100% of the running cost covered by the Builders/Contractors. MC provides the human resources and technical support, initially through the training and set-up, and later through monitoring and supervision (Mobile Creches 2016). In 2015-16, there were 23 centres run under the facilitation model, 6 of which were outside Delhi (and the NCR), in Sonipat, Panipat, Neemrana, Bawal and Mohali. Working with 12 builders at these 23 worksites, MC was able to reach 3299 children.

We have certain criteria for setting up creches at construction sites. Ultimately, because the builder is getting profits from these buildings, it is the builders' responsibility. He has the land, he has the material. MC will not provide infrastructure. This was decided from the start.

Bhagyalaxmi Rao, Mobile Creches

Under this model, although all safeguards are in place to ensure supervision over the quality of provision of services, this is difficult to manage. The supervisor from MC, in sites that are supported and not run by MC, remains a critical part of the intervention (Venkateswaran 2013). While most of the builders meet the expectations of the delivery of quality childcare, there were also those that fell short, for instance in the supply of safe drinking water and toys and educational materials (Mobile Creches 2014). In such contexts, as Venkateswaran (2013) notes, the role of the supervisor becomes crucial as the centre staff are unable to deal with these issues as they are busy with children. However, for the supervisor too, it is 'not easy to discuss and negotiate with the builders for basic infrastructure' with the supervisor having to make 'several rounds to the site office' to deal with requests pertaining to facilities for the crèche (Interview, Bestech Child Creche, Gurgaon, 21 March 2017). Moreover,

With the builders, it has been a very varied experience, from being treated with respect, to being treated like interfering bodies, to being treated as part of the workforce, so it wasn't a very easy relationship...

Devika Singh, Mobile Creches

the builder is not always willing to pay the salary of the supervisor, and this creates a gap in

regular supervision. For MC-run centres, the supervisor is responsible for 2–3 centres; for the MC-supported centres, one supervisor is responsible for 5 centres. The builder can thus provide a supervisor only where there are 4–5 sites with centres (Venkateswaran 2013).

A third model, a tripartite or upscale model is based on a new strategy adopted by MC in 2014 to scale up and sustain their work by widening the stakeholders involved in the direct provision of childcare. Under this model, childcare facilities are provided and run by other NGOs under MC's supervision. MC provides the training to the NGOs and helps set up the day care programmes. In 2015-16, MC reached 2524 children at 22 centres through 8 NGOs (Mobile Creches 2016).

The direct provision of childcare services for slum communities in Delhi has been one of the mainstays of the strategies that MC has employed to cater to the needs of children from disadvantaged communities. In 2014, in keeping with their overall change in strategy, this direct delivery was also revamped into 'demonstration models', with the idea of providing 'demonstrated results' to serve as a model for the state government, to feed into MC's recommendations to the government, and to serve as 'demonstration labs for practice training of staff at Anganwadis-cum-Crèches (AWCCs)' (Mobile Creches 2015: 13). In 2015-16, MC reached 629 children through four such centres in Kalyanpuri, Madanpur Khadar and Dakshinpuri in Delhi (Mobile Creches 2016). Again, under this model, MC has control over the quality of services delivered.

Under a second model, MC partners with slum communities to provide neighborhood crèches managed by community women. The focus is on community ownership of childcare centres with support from other stakeholders including MC, the government, community based organisations and parents. MC provides the space, childcare training and financial support to community women who run the centres, and it provides oversight to ensure quality. The children are linked to the neighbouring Primary Health Centre for immunization, and where available, some of the centers are linked with the ICDS for nutrition. Community based organisations also have a role to play through monitoring of the crèches, as do parents who contribute both to a nominal fee and the monitoring of the crèches (Mobile Creches 2016). The pay for use strategy, Venkateswaran (2013) argues, becomes self-selecting, as the poorer households cannot afford to pay the Rs 150–200 per month charge for the centre. However, women users of the centre found the charge to be quite nominal for the facilities that were offered (FGD, New Seemapuri, 20 March 2017). Also, as a significant proportion of the funds required by the creche is contributed by MC (through donors and external funding), the centre usually waived the fees of families that were not in a position to pay (Interviews, Creche-in-Charge, New Seemapuri, 20 March 2017; Devika Singh, MC office, 21 March 2017).

A third model of MC intervention, focused not on the delivery of childcare to slum communities, but on enabling the family to provide childcare ran between 2009-2014. Through these interventions, community facilitators visited families with young parents, provided counselling to parents on the care of the young child, monitored the growth of young children and connected families to government services (Mobile Creches 2015). However, given the overlap in this work with government ASHA and anganwadi workers who assay a similar role, in 2014, MC shifted its strategy from an individual/family based intervention to a community based intervention. The new Parent Development Programme (PDP) had much the same objective as the family based interventions, but through a collective process to enable the creation of parent groups through sessions on various aspects of ECD such as safety, protection, cleanliness, nutrition, etc. The PDP also targets the involvement of fathers in these groups. From our fieldwork, fathers' engagement in childcare was observed with many fathers coming to pick up children from the centres and also through their participation in abhibhavak (parents) meetings (FGDs and Interviews with Childcare Workers, New Seemapuri and Paras Dew). Moreover, the PDP seeks

to link the community with state programmes, again tying in with MC’s strategy to ‘activate’ state services, rather than MC providing services directly.

What is clear from the above overview of the models of delivery of childcare is that there has been a clear shift in MC’s strategies in delivering childcare since 2014 rooted in the twin concerns of upscaling the provision of childcare services through sustainable models of intervention, and the consolidation of the strategic position of MC in policy circles as an organization with ECD expertise with over 4 decades of ground level work, which ‘lends authenticity to its voice’, and through which it may perform the role of a ‘catalyst in childcare practices of communities and labour welfare policies of builders’, and ‘strengthen institutional learning for advocacy, research and training’ (Childcare and Development Policy MC). These models demonstrate an inventive use of resources to widen the sphere of influence of what is a relatively small organization. Overall, the facilitation and tripartite models provide pathways for ensuring sustainability and scalability in the provision of care, and the direct delivery model provides an example/demonstration of how quality childcare can be provided. One of the key components across sites in the delivery of quality childcare is community involvement, and we now turn to this, along with other components that are essential to the delivery of quality childcare.

Components of Quality Childcare Delivery

With nearly 50 years of work in the field of childcare provision, MC has much to offer about the components and pathways for quality childcare provision. An in-house Child Care and Development Policy frames the understanding of what constitutes quality childcare provision for MC. Its belief in ‘the integrated nature of development’ encompasses ‘health, nutrition and early learning and educational interventions’ which is ‘reinforced by a comprehensive communication engagement with the community’ (MC website). The policy further states that centres run by MC should ensure ‘the provision of age appropriate learning, care and health services, in a warm, safe, clean, stimulating and supervised environment, to address the emotional, physical and educational needs of each child’ (Ibid). Therefore, the provision of age-appropriate nutrition, immunization and health facilities, play, learning and education in a safe and clean environment by trained staff with appropriate supervision are crucial components in the provision of care.

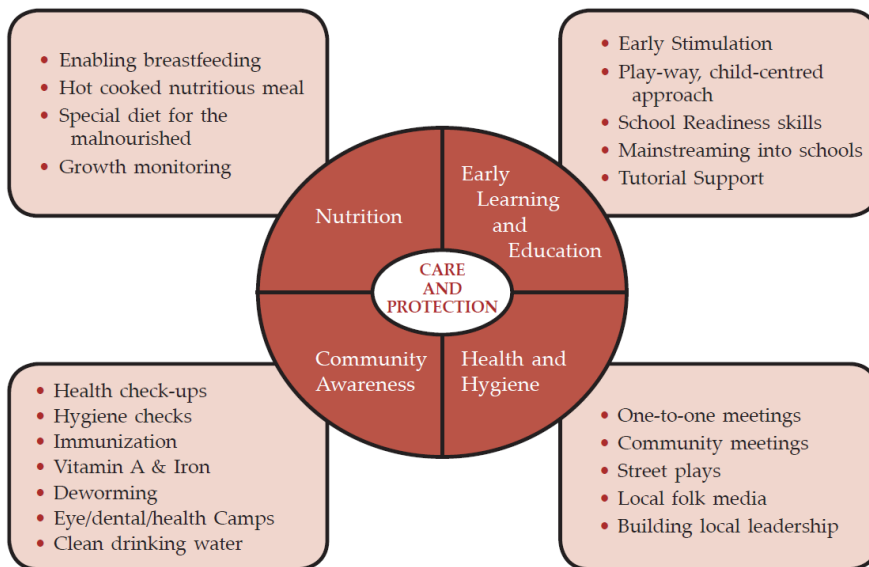


Figure 1: Components of Childcare Delivery, taken from Mobile Creches 2014: 7

Further, if we take seriously Mina Swaminathan's argument that the process of taking care of the child is central to providing care, then the caregiver, the process of her selection, her ties to the community, her conditions of work, her training, etc. also become crucial components for the delivery of quality childcare (M. Swaminathan 1993b; Chigateri 2013). Moreover, if equity considerations and gender responsiveness are central to the provision of quality childcare, then additional components such as the accessibility of childcare in terms of timings and location, flexibility in the delivery of childcare in terms of responding to specific needs, inclusiveness (for instance with regard to disadvantaged children and children with different abilities) and a rights-based approach also become important components (Chigateri 2013).

Equity Focus: Strategies of Inclusion

The core work of Mobile Crèches lies in providing services to vulnerable and disadvantaged migrant communities, especially in contexts where the state has failed in its obligations either to provide childcare or to adequately regulate its provision. At construction sites, MC focuses on children of both disadvantaged working mothers/parents, as well as the children of disadvantaged communities living in the slums of Delhi. The vulnerable and transient rural migrant population of construction workers are not easy to engage; for a start, the window of opportunity to intervene is extremely short, 'as more than 60% children move out within 3 months and 85% within 6 months' (Mobile Creches 2014). As Venkateswaran (2013) elaborates, some of this population (which largely comes from Bihar, Uttar Pradesh, Rajasthan, West Bengal and Madhya Pradesh) stay at construction sites for as little as 50 days, while others maybe stay at a site through its completion. The workers using the Paras Dew Creche in a construction site in Gurgaon, run by the company, for example, were from Bihar, Madhya Pradesh, Bilaspur (Chattisgarh), and West Bengal and they had variously been at the construction sites from 5 months to a year (FGD, Paras Dew, Gurgaon, 21 March 2017).

MC contends with the issue of engaging this transient community in a short window by using a range of community mobilization techniques (which it also uses in slum communities) including direct engagements with parents, meetings, focus group discussions, and 'lokdoot'- street plays, folk media, health camps; all of these strategies are targeted at building a common understanding on hygiene, feeding, schooling, childcare and the communities' right to basic public services (Mobile Creches 2016). Another feature of interventions at both the construction sites and slum communities is the Saathi Samuh, a community based group which provides the basis for the strengthening of community ties for a transient community (Ibid). Given that this group is composed of community mobilizers from within the community (usually the ones who are vocal and active in the community), they are better able to engage the community to inform and persuade the new workers to use the crèche facilities (Interview, Childcare worker, Bestech Creche, Gurgaon, 21 March 2017). The community mobilizers also help to establish trust between the new community members who do not speak Hindi and the staff at the crèche. This is because children come from several linguistic backgrounds, making it difficult initially to communicate with the child. Eventually a mix of Hindi and the child's native language is used to communicate with the child (Ibid).

The Samuh also serves the purpose of enabling a continuity of care for the young child as this is one of the main challenges that MC faces as children usually lose weight when they return, even if temporarily, to their villages from the worksite (Interview, Childcare Worker, Paras Dew, Gurgaon, 21 March 2017). The Samuh members are expected to sensitise other parents about childcare beyond MC's intervention (Mobile Creches 2015). MC also counsels community members before they leave on what they should do so that their child remains healthy and their

growth and development remains unhampered (Supervisor, Bestech, 21 March 2017). MC also maintains all previous records of children, so that were they to return to their childcare centres, they are able to work on his/her nutrition and health to bring them back to the normal weight category (Interview, Childcare Worker, Paras Dew, Gurgaon, 21 March 2017).

Slum communities pose considerable problems for targeting and inclusion, given that they come from a diverse range of backgrounds. The community of users in the slums is composed of a range of women workers in vulnerable occupations such as rag-picking, domestic work, home-based work, vegetable vending etc. Moreover, these women come from a range of diverse cultural, regional and religious backgrounds. In the New Seemapuri centre for instance, there are a large number of Muslim women who use the centres (Venkateswaran 2013: 14). Community mobilization techniques allow MC to engage the community particularly from the perspective of building a consensus on ECD.

In her study of MC, Venkateswaran also assesses whether and if so how MC deals with discrimination based on caste, religious and community differences to understand MC's strategy of inclusivity. She finds that 'despite varying backgrounds in terms of geography, language, caste and religion, there is no significant evidence of conflict in use of the crèche facilities, nor any differentiation on the part of the centre staff'. However, this was not always so with previous instances of caste based discrimination by workers before MC intervention. Venkateswaran argues that what has changed the situation post-MC intervention is 'considerable sensitization' (2013: 12,13). Other issues such as 'the reluctance of Muslim families to send their girls to the centres' pose further challenges for MC's strategy of inclusivity. Similarly, there are structural constraints, such as the threat of eviction for the JJ settlements, which pose problems for inclusion in the community based crèches (Ibid).

Gender Responsiveness: Location of Services and Flexibility of Timings

The understanding that childcare needs are best met when services are flexible in terms of both location and timings of childcare provision are at the heart of MC's childcare provision. Both location and timings are key factors that make childcare provisioning gender responsive as they enable users, particularly women as mothers to use the facilities for their children as they juggle their dual responsibilities of paid work and unpaid care work. The 'mobile' nature of childcare provision at construction sites epitomizes the value that MC confers on catering to community needs. For instance, the labour camp for Bestech construction workers is quite far from the main road and there is almost no public transport in the area. The closest anganwadi centre and schools are all situated in the neighbouring village and difficult to access, making the MC childcare centre's accessibility a crucial component for the use of the centre by children of construction workers (FGD, Bestech workers, 21 March 2017). In terms of timings of childcare centres, the childcare centres normally operate for 8 hours, 6 days a week. Flexible timings are sometimes adopted, depending on the requirement (Venkateswaran 2012). For instance, in the Paras Dew creche, the usual timings are 9 to 5. However, the helper usually has to wait longer for the parents to come and pick their children for which she is paid overtime. Because the helper is local, she can extend her hours till 7 (FGD, Paras Dew, 21 March 2017). However, the difficulty of catering to the needs of women despite the flexibility in provisioning was highlighted by the women in New Seemapuri who found that balancing their double burden of paid and unpaid work still proved difficult. There were instances of domestic workers letting go of work opportunities as they could not match their work timings with that of the crèche timings. Similarly, a factory worker lost her wages as she had to leave work to pick up her child, pointing to the need for redistribution of childcare responsibilities within the family (FGD, New Seemapuri, 20 March 2017).

Overall, the experience of users of the MC childcare centres highlights the value of gender responsive childcare provisioning. In the community creche in New Seemapuri for instance, women who were in paid work, particularly those that did not have familial support made use of the crèche as it provided them a clean and safe place for their children. Women who were not in paid work also found the facility very useful for the respite care that it provided them which enabled them to complete their unpaid care tasks, and they appreciated, like others, the nutritional and educational benefits that the child received at the centre. The women also mentioned that besides this and the other MC crèche in block B of New Seemapuri, there was no other crèche, and the anganwadis in the area only provided food and did not keep children with them for even the stipulated time. While this made the presence of the community childcare centre very valuable indeed, women particularly valued the childcare centre, for its affordability and the quality of care that MC provided their children. Women spoke of the high quality of care provided in terms of the safety and cleanliness of the centres, the good and hygienic food provided, the regular monitoring of children's physical growth and nutritional needs, the provision of pre-school education which helped children to be more confident and attain better cognitive skills (which in turn enabled their children get admitted in better formal schools), and the behavioural aspects engendered by centre, including toilet training and healthy habits. The users also spoke of the trust they had in the centre staff, particularly the 'good nature of the staff' (FGD, New Seemapuri, 20 March 2017). This was replicated in the centres at the construction sites too, especially as there were no childcare centres back in the villages either. Even as women made suggestions for how the creches could be improved, for instance, through the provision of a decent play area outside the centre in the surrounding ground, back – up electricity facility especially during summers and monsoons, they were appreciative of the centres in the crucial role they played in their children's overall development (FGDs Paras Dew, Bestech, 21 March 2017, and New Seemapuri, 20 March 2017). 'Our children grow tall and fat here' said one of the women whose child used the Bestech creche (FGD, 21 March 2017).

MC provides an illuminating case study into the provisioning of accessible, equity focused, gender responsive child care provisioning, which clearly makes a difference to the thousands of children and parents that it caters to through its various models of delivery every year. However, the scale of MC's operations is its biggest limitation as it can only provide a drop in the ocean of the requirement of childcare in India. It is because MC themselves recognised the issues of scalability and sustainability early on that they turned their focus not just to the direct delivery of childcare but also to the training of childcare workers, and advocacy with government and employers so that the burden of childcare provisioning could shift to those in whom responsibility lies, and who are more able to provide affordable childcare to scale. In the next section, we turn to the public provisioning of childcare through the ICDS to understand the pathways to quality childcare provisioning that is affordable (given that it is free at the point of use) and which can be provided to scale.

Tamil Nadu ICDS

Over the last decade, the Tamil Nadu ICDS has been lauded as one of the relatively better functioning ICDS provisioning in the country (Drèze 2006; Rajivan 2006; Citizens' Initiative for the Rights of the Child Under Six (CIRCUS) 2006; Sinha and Bhatia 2009; Shanmugavelayutham 2013). Some of the research that makes this case came out of a Focus on Children under Six (FOCUS) survey conducted in May – June 2004 which found that the Tamil Nadu ICDS was doing 'very well': 'anganwadis are open throughout the year, nutritious food is available there every day, regular health services are also provided, and even the pre-school education programme is in

good shape' (CIRCUS 2006: 39).²⁴ In terms of child development indicators too, the CIRCUS report (based on a composite index of selected child development indicators, which they termed the 'Achievements of Babies and Children' (ABC) index), Tamil Nadu did relatively well, ranking second overall behind Kerala (2006: 22).²⁵ The report suggests that the reasons for these relatively good child development indicators in Tamil Nadu could be the 'outstanding record of active state involvement in the provision of health and nutrition services' (2006: 23). An updated Child Development Index placed Tamil Nadu at number three among the major Indian states after Kerala and Himachal Pradesh in 2013-14 (Khera and Drèze 2015).²⁶ In making the case for a well-functioning ICDS in Tamil Nadu, the FOCUS survey, as well as the many studies that have followed, provide the details of this provisioning, and also locate some of the reasons why the Tamil Nadu ICDS is a better performing state when it comes to ICDS provisioning.

Nutrition and a History of Public Provisioning

One of the key findings of studies on the Tamil Nadu ICDS is the diverse and nutritious nature of the food provided at anganwadis in Tamil Nadu, which includes two types of food: '(a) a fortified, pre-cooked "health powder" (to be mixed with boiling water or milk) for children below two years, and (b) a hot lunch of rice, dal and vegetables freshly cooked with oil, spices and condiments (with occasional variants such as a weekly egg) for children in the 3-6 age group' (CIRCUS 2006: 45). Studies also point to the practices on nutrition in relation to Take Home Ration (THR) for children between 6 months – 1 year of age, as well as the quantity of eggs provided to children of different ages etc. (Rajivan 2006; Shanmugavelayutham 2013). Further, the government (through the Tamil Nadu Civil Supplies Corporation, is involved in the procurement process for supplies of meals (such as oil, dal, etc). Moreover, the weaning food is largely procured (65%) through cooperative societies composed of women in 18 districts, which function under the administrative control and supervision of the Principal Secretary/Special Commissioner, ICDS, who is also the functional Registrar of these societies. The remainder (35%) is procured through private tender (Shanmugavelayutham 2013; Ministry of Women and Child Development - MWCD and National Institute of Public Cooperation and Child Development - NIPCCD 2013). Importantly, the FOCUS survey did not find any disruption in the supply of food in Tamil Nadu (CIRCUS 2006: 45).

The reasons for the relatively superior performance of the nutrition component in the Tamil Nadu ICDS have been traced to the long history of nutrition programmes in the state, which goes back to the 1920s when elementary school children were provided with noon meals for 200 days of the year (Shanmugavelayutham 2013). Post-independence, particularly through the 1950s and 60s, the 1956 Mid-day Meals Scheme (MDMS) which catered to about 200,000 children in elementary schools was enhanced and streamlined through a combination of increased state contributions, the establishment of central kitchens for preparing and delivering the food, and through the involvement of an international NGO CARE that offered food commodity assistance (Rajivan 2004: 4). Significantly, interventions of the 1980s (in a context of poor nutritional outcomes) provided a major boost to the state's policy focus on nutrition, when the then Chief Minister, M.

²⁴ The FOCUS survey examined the provisioning of ICDS services (supplementary nutrition and growth monitoring, immunization, health check-ups, health and nutrition education, referral services, and non-formal pre-school education) across 3 districts (randomly selected) of 6 states in the country (Tamil Nadu, Maharashtra, Himachal Pradesh, Uttar Pradesh, Rajasthan and Chattisgarh). It carried out detailed quantitative and qualitative interviews with AWWs, AWHs, women users of anganwadis, and it also interviewed CDPOs at the block level.

²⁵ The child development indicators selected for the ABC index are the percentages of children who survive to age 5, percentage of children that were fully immunised, the percentage of children that were not underweight and the percentage of children who attended school.

²⁶ The Child Development Index has four key indicators for child well-being – proportion of children aged 12-23 months who are fully immunised, female literacy rate for girls aged 10-14 years, the proportion of births preceded by health check-ups, and proportion of children below the age of 5 who are not underweight.

G. Ramachandran (MGR), launched one of the largest expansions of the Mid-Day Meal Scheme (MDMS) through the Chief Minister's Nutritious Noon Meal Programme (NMP), which was aimed at combating hunger and getting children to school (Rajivan 2004, Shanmugavelayutham 2013). Initially targeting pre-school children, there was a gradual expansion of this programme to include primary school children, rural children up to 15 years of age, old-age pensioners, and from December 1995, pregnant women as well (Rajivan 2005: 7).

Anuradha Rajivan argues that in Tamil Nadu, 'feeding programmes' such as the NMP did not stay confined to tackling hunger alone and began to make the inter-linkages between nutrition, immunization, health, growth monitoring and prenatal and postnatal care. This recognition played out through the serious attempts made by the state to integrate the ICDS (which had begun as a pilot in TN in 1976) and the Tamil Nadu Integrated Nutrition Project (TINP) with the infrastructure of the NMP for pre-schoolers. The TINP (a pilot of which was started in 1980 with World Bank support) was a targeted nutrition programme aimed at improving the nutritional and health status of preschool children (primarily those between 6 -36 months old) and pregnant and nursing women through nutrition education, primary health care, and selective supplementation of food based on the innovative feature of growth monitoring (Rajivan 2004; MWCD and NIPCCD 2013). This phase of TINP (phase I) focused on ICDS areas, and the subsequent TINP Phase II which began in 1989 (again with World Bank funding) focused on non-ICDS areas, but through an extension in its target group to children under 6. The reasons for this shift in focus of implementation was to avoid 'duplication (geographic and age-group) of the services of Phase-I and the Noon-Meal Programme (NMP)' (MWCD and NIPCCD 2013: 66, 67).

From 1998, TINP was renamed World Bank ICDS III. Until 2006, this was provided simultaneously with the 'general ICDS' with 19,500 AWCs being operationalized in 318 Rural blocks under WB assisted ICDS III Project and through 23,177 AWCs in 116 Urban and Rural projects under General ICDS (TN ICDS website). Since 2006, all projects were functioning under the ICDS scheme and in 2013, the scheme was implemented through 49,499 childcare centres (anganwadi centres) and 4,940 mini-centres, amounting to a total of 54,439 centres functioning under 434 ICDS projects, covering 4,039,387 children under 6 which constitutes approximately 59.45% percentage of the 7,423,832 children under 6 in the state (Shanmugavelayutham 2013: 6), again far from the universal coverage mandated by the law. As Shanmugavelayutham further notes, as per deliberations of the National Advisory Council on 28 August 2004, the total number of centres required for universalization of AWCs in Tamil Nadu is 94,505 as against the 54,439 centres presently functioning in Tamil Nadu, indicating that even where the ICDS seems to function relatively better, there is a vast scope for improvement.

Variety Meal at Anganwadi Centres

The Variety Meal scheme with the following menu was introduced with effect from 20.03.2013 in one block in each district on a pilot basis, based on the special nature and nutritional requirements of the children in the age group of 2 to 5 years attending Anganwadi Centres. Considering the reception of the scheme in pilot blocks, the Variety Meal scheme has since been extended to all Anganwadi Centres with effect from 15.08.2014.

DAY MENU

Monday Tomato Rice + Boiled Egg
Tuesday Mixed Rice + Black Bengal Gram/Green Gram
Wednesday Vegetable Pulav + Boiled Egg
Thursday Lemon Rice + Boiled Egg
Friday Dhal Rice + Boiled Potato
Saturday Mixed Rice
Sunday Dry Ration as Take Home Ration (THR)

Even so, the concerted focus on nutrition, particularly for the crucial age group of children under 3 has come in for praise. At

the heart of this enhanced provisioning is the enhanced involvement of the state government that is backed by additional state funding with the state's contribution being 1.5 times the required funding in some years, and the allocation per beneficiary, per day, also being the highest for all states (Shanmugavelayutham 2013: 59).

Other Better Functioning Components of Tamil Nadu ICDS

Some of the other better functioning components of the Tamil Nadu ICDS that studies have pointed to are the close coordination between ICDS and the primary health system, the robust pre-school education programme that is offered to children above 3, the longer hours that anganwadi centres remain open, the decentralized training that is provided to AWWs, the additional benefits that AWWs receive in Tamil Nadu (including old-age pension, monthly medical reimbursements of Rs 100, the state-run medical insurance scheme and bonuses during Pongal and other festivals), and the superior quality of the infrastructure that is provided including the provision of water, cooking and sanitation facilities (see CIRCUS 2006: 104, Programme Evaluation Office 2011; MWCD and NIPCCD 2013; Shanmugamvelayutham 2013; Social Welfare and Nutritious Meal Programme Department 2016).

The Tamil Nadu FORCES convenor, Prof Shanmugavelayutham, elaborates on some of these components. He notes that the convergence between government bodies extends beyond health, to include for instance, the construction of anganwadi structures and their maintenance. In Chennai alone, there are 1700 centres and almost all have pukka buildings, because the Corporation of Chennai puts in the money to build the anganwadis and it is usually the local bodies that carry out the maintenance of these anganwadis, which also provide amenities like fan, electricity, TV, cooking gas (almost 90 percent of centres have cooking gas and gas connection) (Interview, For You Child Office, 28 March 2017, Chennai). There is also good convergence with the education department with the 'anganwadi seen as the stepping stone to school' with about 40-50 percent of anganwadis placed within the school campus (Ibid).

Both anganwadis visited by the team in Chennai were pukka structures, and they had a storage room, a separate kitchen area and a learning/play area. One of the anganwadis was next to the Public Health Centre (which enabled the children to be monitored and immunised easily), and had a bit of ground around the area, though there were no play facilities in the grounds. With the help of volunteers, the teacher had set up a vegetable garden in the grounds to supplement the food provided in the anganwadi. There was also a toilet in this anganwadi, but it did not have regular water supply. The second anganwadi had neither running water nor a toilet. The anganwadi helpers fetched water from the public tap provided close to the anganwadis for use. Ration was provided regularly, and cooking gas was used to cook the mid-day meal.

On the decentralised training of TN ICDS, Prof Shanmugavelayutham notes that except for the training of the Child Development Project Officer (CDPO), all other training is decentralised with a mobile team of trainers (consisting of 5-6 government employees) going to different CDPO offices; however, the training of supervisors is handed over to NGOs and expert resource persons, such as ICCR Tamil Nadu and Tamil Nadu FORCES (Ibid). Moreover, the structure of TINP, including the training that was provided to TINP functionaries, and the institutional memory that this engendered, enabled the ICDS in TN to function better (Ibid).

Further, in terms of the funding of the TN ICDS, Prof Shanmugavelayutham argues that the Tamil Nadu government puts its money where its mouth is. Its budgets are more than the required state

contribution ensuring better salaries for anganwadi workers, supplementary food, and better mid-day meal provision as well. Moreover, the government does not easily allow for private players for instance in the delivery of the mid-day meal scheme (Interview, 28 March 2017, Chennai). Further, he notes that while anganwadi workers and helpers are not adequately paid for the work that they perform, from the wider perspective, their conditions of work are relatively better ensured through increased financial allocation, insurance scheme, bonus (during the festival of Pongal). There are 5-6 anganwadi workers' unions in the state that are all active which play a role in enhancing the working conditions of anganwadi workers (Ibid).

Equity Focus and Gender Responsiveness of the ICDS

One of the consistent arguments that groups working for the rights of children under 6 such as CIRCUS make, especially following on from the Supreme Court orders in the Right to Food case, is the understanding of ICDS provisioning as an entitlement and a right of children under 6 (and of pregnant and lactating women and adolescent girls). The understanding that services targeting children ought to be publicly provisioned, universally available and of decent quality is encapsulated by the Supreme Court's recognition of the 'universalization with quality' of ICDS provisioning. Some of the literature analysing what works with the Tamil Nadu ICDS, particularly in the ways in which the state's nutrition programmes have been rolled out, point to its universal provisioning. As Reetika Khera puts it, 'a key factor behind the success of welfare programmes in Tamil Nadu has been their universal approach, thereby muting the opposition to them and including those with voices who can put pressure for better implementation' (Jha 2016).

However, equity and gender considerations do have a role to play in both how the ICDS functions and how it ought to function. The understanding that there are some populations that are harder to reach than others provided the impetus for the Supreme Court to suggest targeting of areas with predominantly dalit and Adivasi communities, along with universal provisioning (also see CIRCUS 2006). Specifically, the Supreme Court, in its order dated 7 October 2004 in the Right to Food case mandated that all SC/ST hamlets should have anganwadis, and all hamlets with high SCT/ST populations should receive priority in the placement of new Anganwadis. Similarly, it mandated that all slums should have anganwadis. Further, rural communities and urban slums with at least 40 children under six are entitled to an 'anganwadi on demand'. The understanding of 'universalisation with quality and equity', as the CIRCUS report (2006) suggests better encapsulates how the law envisages the provisioning of ICDS.

However, if we were to analyse the access of services provided by TN ICDS from an equity perspective, although Tamil Nadu has a better nutritional status and better utilization of ICDS services as compared to all India, and although at both national and state levels, ICDS services are used more by dalit communities than other communities, there are still some dalit communities that do not use the ICDS services as much (Diwakar G. 2014). As Diwakar elaborates, 'unit-level analysis of SC across wealth quintile shows the utilization of ICDS services by the "poorest" among the SC is lowest the OBC in the same quintile have better access than the SC. Among all class and caste groups the "poorest" SC in Tamil Nadu have utilized the ICDS services the least. Even the middle quintile SC had better utilization than the "poorest"' (Diwakar G. 2014: 177,78) pointing to the discrimination and exclusion from public services that the most vulnerable continue to face. The need for targeting identified by the Supreme Court, therefore seems to bear with the data.

There are other aspects of Tamil Nadu ICDS that are positive from an equity perspective. For instance, given the cultural hegemony of vegetarianism, the provisioning of eggs as part of the items of food supplied under ICDS, as Khera points out, 'marks an important breakthrough'

(2016). Further, commensality in consumption of food at ICDS centres, as Rajivan (2006) argues contributes to 'social equity...especially in rural India's caste-class conscious context'.

In terms of the gender considerations in the provisioning of ICDS services, the ICDS clearly makes the linkages between women's and children's health, particularly during periods of pregnancy and lactation. However, as a public provider of childcare services, there is no explicit recognition of women's/men's need for childcare services, either as workers or as mothers/parents. In this sense, as Palriwala and Neetha (2011) point out ICDS provisioning is largely gender blind. However, there are some implicit ways in which the ICDS is gender responsive: the recognition of the need to target the nutrition of adolescent girls, the longer hours that the ICDS functions in Tamil Nadu (enabling women to either perform paid work or redistribute their unpaid care burdens to the state) as well as the better conditions of training and work for the army of women that form the backbone of ICDS provisioning in Tamil Nadu are some of the ways in which the ICDS does account for gender.

The experiences of women users of anganwadis in Chennai bear out this understanding of the gender responsiveness of the TN ICDS. Both anganwadis were fully subscribed (with 25 children registered in each) although in both anganwadis, there were sometimes more than the registered number as women would sometimes drop their children off. Children as young as 2 years used the anganwadi for day care facilities, though there was a wide variation in terms of the number of hours that each child used the services, with some coming just for a couple of hours, to those who stayed the whole day. It was mainly women (mothers) who used the anganwadis; although 'parent meetings' were held regularly with a view to include men in childcare (FGDs in Chennai, 27 March 2017). The opening schedules and timings of the anganwadis were gender responsive in that they catered to the needs of women – the anganwadis were open throughout the year, remaining closed only on Sundays and on public holidays. The opening times of one of the anganwadis was 8.30am-4pm, and the second was 9am-5pm, though in both anganwadis, the helpers would stay beyond the prescribed time till the last child was picked up which sometimes was at 7 pm, and the anganwadi helper would drop the children off to their homes if necessary (Ibid).

Again, the location of the anganwadis enabled women to use the services, with both anganwadis located within a 10-15 bus ride, though most lived in the vicinity of the anganwadi, with one of the anganwadis located in a dalit basti. Both anganwadis enabled women who were daily wage labourers, home based workers, and self-employed women (vegetable vendors, fish sellers, beauticians) to work, especially in the face of a lack of childcare facilities at the workplace. Moreover, the childcare facilities that did exist in the locality were too expensive for the women to use (FGDs, Chennai, 27 March 2017). The importance of the availability of accessible, affordable childcare was highlighted by a domestic worker who said, 'if there was no centre, I would have to give up my job' (Ibid). Other women, who were 'homemakers', and mothers with young children on a break from work also used the anganwadis for respite care. The importance of the availability of accessible, affordable childcare was highlighted by a domestic worker who said, 'if there was no centre, I would have to give up my job' (Ibid). Women felt enabled to perform both their paid work (including home based work, particularly where this was hazardous to do around small children) and unpaid care work (including attending marriages, visiting family, going to the market, bank, etc.) because they were able to leave their children in a clean, safe and healthy environment (Ibid).

Women also valued the anganwadis because of the quality of care that was provided at the centres. Women spoke of the anganwadi as a safe, free and protected place, and they appreciated the various components of care offered there, including pre-school learning,

immunisation, health care, and nutritional inputs. Women also appreciated the fact that children learn discipline at the centres, and for women with children below 2 (sometimes just a few months old), the anganwadis provided a space for social activity, for their children to interact with other children. The meetings conducted in the anganwadi centres enable mothers to discuss issues relating to their child's physical and mental growth (FGDs, Chennai, 27 March 2017).

Another interesting feature of the anganwadis visited was the extent of community participation (mostly by women) in the running of the anganwadis. Women helped with the cooking, cleaning and looking after children while we interviewed the workers, and from the FGDs and interviews too, we gleaned that women also chipped in when the anganwadi was short staffed either due to absence or when the anganwadi staff were busy with home visits. This engendered a sense of community ownership of the anganwadis, which in turn strengthened the bonds of trust between the anganwadis workers and women users, with women suggesting that 'instead of relying on neighbours for childcare, they rely on anganwadis' (Ibid).

Contextualising the Success of TN ICDS

One of the themes that emerges from the studies of Tamil Nadu ICDS is that 'the success of ICDS in Tamil Nadu is not an accident' and that 'it is built on sustained political commitment, reasonable resources, creative innovation, a conducive social context, and – last but not least – the remarkable agency of women' (CIRCUS 2006: 99-100). Another theme is the recognition of the interlinkages and connections between childcare, health and education in the implementation of TN ICDS, and the creation of a milieu that has been conducive to the provision of universal welfare services on health, nutrition, education (Ibid). Further, the social reform movements of the 1930s, particularly the self-respect movement that continue to inform the competitive politics of the Dravidian political parties of Tamil Nadu, and the democratic mobilisations, particularly in the 70s and 80s are some of the recurrent themes in the literature on the reasons for Tamil Nadu's 'success story' (CIRCUS 2006, Rajivan 2006, Khera 2016). As Dreze and Sen put it, during the 70s and 80s, Tamil Nadu 'initiated bold social programmes such as universal midday meals in primary schools and started putting in place an extensive social infrastructure – schools, health centres, roads, public transport, water supply, electricity connections, and much more. This was not just a reflection of kind-heartedness on the part of the ruling elite, but an outcome of democratic politics, including organized public pressure. Disadvantaged groups, particularly Dalits, had to fight for their share at every step' (Drèze and Sen 2013: 78).

Rajivan terms this the 'sandwich approach', 'a unique combination of pressure from above through political will, and from below through public expectations' (2006: 3685). Prof Shanmugavelayutham echoes this understanding suggesting that 'strong political will on social welfare of state Dravidian parties', which in turn is 'based on long years of activism and strong civil society mobilisation in the state' (Interview, 28 March 2017, Chennai). Similarly, he points to the role of TN FORCES, which since its inception in the 1990s, has played a 'watchdog function', and like MC in Delhi and the national FORCES, has helped develop systems, whether it be on training of anganwadi workers, supervisors, CDPOs, or on providing a curriculum for pre-school education (Ibid). He also talks of the motivation levels of anganwadi workers and the community support for ICDS as key factors for its relative success in Tamil Nadu (Ibid). From our field visit, it is clear that despite the relatively poor working conditions, both anganwadi workers and helpers took pride in their work – 'if I had all the facilities, I would make this anganwadi super!', said one of the anganwadi teachers. 'They trust us with their children', said the other. One of the anganwadi workers, who had been working in the ICDS system since 1982, was proud of the fact that for 35 years, people have believed that she takes good care of their children. She says that she has a

name in the community (FGDs, Chennai, 27 March 2017). Community support for the anganwadi was also visible in the two anganwadis that were randomly visited by us. Women users of the anganwadis knew the anganwadi workers well, and they supported the work of the centre, evidencing a clear investment and ownership in the welfare of the anganwadi.

5 Pathways to Accessible, Affordable, Equitable and Gender Responsive Childcare

There is a broad swathe of laws, policies and programmes that regulate childcare provisioning in India. Recent years have seen an expansion in the public provisioning of both maternity benefits and childcare in terms of an extension of these benefits beyond the formal sector of employment to a more broad-based provisioning rooted in women's and children's rights, albeit partially and with partial success. The recognition of state responsibility for the provisioning of both childcare and maternity benefits through the Supreme Court judgement in the Right to Food case, the Mahatma Gandhi National Rural Employment Guarantee Act 2005, and the National Food Security Act 2013 sit alongside a complex and confused array of maternity and childcare provisioning (regulated) by the state, including the 2017 Amendment to the Maternity Benefits Act, maternity benefits schemes such as IGMSY, JSY and the new Maternity Benefits programme, the Rajiv Gandhi Creche Scheme for Working and Ailing Mothers, as well as proposals for a new Labour Code on Social Security and Welfare, and a National Programme for Crèche and Day Care Facilities. Amidst this broad swathe of policies and programmes, the understanding that services targeting children ought to be publicly provisioned, universally available and of decent quality as encapsulated by the Supreme Court's clarion call mandating 'universalization with quality' through the ICDS, has enabled groups working on childcare to coalesce around the institution of the ICDS as the childcare system to build upon to increase coverage, quality, equity focus and gender responsiveness in childcare provisioning in India.

The two case studies in this report provide distinct examples of the provisioning of quality childcare, in terms of both nature and scale. MC is a non-governmental organisation that focuses on 'developing systems' for childcare through its long history of both directly providing childcare and mobilising on childcare in the country. However, in terms of the scale of its direct provisioning, despite efforts to upscale its provisioning (and shift provisioning from being solely donor and funder driven) through its facilitation and tripartite models, MC still represents only a small drop in the ocean of the requirement of childcare in the country. On the other hand, the Tamil Nadu ICDS provides an example of what is possible to scale, when public provisioning of childcare is taken seriously by the state. Despite these differences, both case studies provide us with interesting insights into the pathways to the provision of quality childcare that is accessible, affordable, equitable and gender responsive.

There are several common threads that run through both the case studies; in both contexts, there is a key role played by **civil society mobilisations in making the state accountable, and in shaping policy and the agenda on childcare**. Advocating for better childcare policies forms a key component of the work of MC, in conjunction with networks and campaign groups such as FORCES, the Right to Food Campaign, NAMHHR and the Alliance for the Right to ECD, which push for policy change on maternity benefits and to make childcare provisioning more rights based. Similarly, in TN, groups such as TN FORCES have played a watchdog function in making the state accountable for the provision of quality childcare services. One of the important common factors in the provisioning of quality childcare, as evidenced by both case studies, therefore, is the role played by civil society.

In the case of MC, mobilisations for accountability extend to not just the state, but the employer as well. The **facilitation models of MC provide an interesting template for employer accountability**, and ultimately a likely pathway for childcare through employer provisioning. Here

it is important to note, however, that MC's facilitation model has not been easy to manage, both in terms of builder/contractor buy-in as well as in terms of funding. Moreover, employer-led provisioning has been by no means been a resounding success in India. In fact, as we have seen in this report, the statutory creche sector has a long way to travel in the provisioning of quality childcare for children of employees in the formal sector. Moreover, employer provisioning has resulted in a stratification between the formal and informal sector, with some child rights activists suggesting that our energies are now better spent by shifting the focus of mobilisation efforts to state provisioning of childcare. However, given that state policies continue to (also) focus on employer provisioning through amendments to the Maternity Benefits Act, the 'formal sector' statutes, and in more recent years through MGNREGA for public works, it is useful to think of how employers can be made to provide quality childcare, while recognising public provisioning of childcare as a non-negotiable legal entitlement, thereby providing women/parents the option to decide which works better for them. In this context, MC's facilitation model provides a pathway for engaging with employers in the provision of quality childcare.

From both case studies, it is also clear that the engagement of civil society in the provisioning of quality childcare goes beyond state (and employer) accountability. The involvement of MC and TN FORCES in **developing systems for childcare provision, particularly in terms of what constitutes quality childcare provisioning**, provides an important pathway in the delivery of quality childcare. The engagement of civil society in developing systems has been through for instance, the delivery of training for childcare workers, or government employees in anganwadi centres, providing technical expertise in the piloting of anganwadi-cum-creches, or the use of demonstration and tripartite models (as in the case of MC).

The role played by **community engagement and support for childcare services** has proved pivotal in contributing to the 'successful' provisioning of childcare. With both the transient migrant population at construction sites, and the more settled communities of migrants in slums, MC's engagement with the community through the creation of Saathi Samuhs enables it to engender trust in the centres, and to support the work of childcare. Similarly, in TN ICDS, community engagement in the local anganwadis enable women users of the centres to engender trust in the anganwadi workers and to feel a sense of ownership in the anganwadis. The choice of the childcare worker, and her connections to the community of users, also enable the engagement of local communities in the work of the centre.

Since the TN ICDS is free at the point of use, the affordability of services is not an issue for users of the services. For the most part, this is the case with MC too though it charges nominal fees to users. However, in both cases, **adequate funding** for childcare is a crucial component in the delivery of services. The TN ICDS benefits from a **political milieu that is receptive to the provision of universal welfare services** on health, nutrition, education, which enables sufficient spending on infrastructure, nutrition, early learning, etc. In the case of MC, which relies on donors and funding, the advocacy work with the state and its facilitation and tripartite models are the ways in which it seeks to spread the net of responsibility for adequate funding to the state, employers and civil society.

Equitable provisioning of childcare is a feature of both case studies. MC's core work lies in providing services to vulnerable and disadvantaged migrant communities at both construction sites and in slums. The **location** of MC creches at construction sites and within slum communities enables MC to properly target its provisioning. However, this is insufficient to ensure responsiveness to equity considerations. MC contends with the issue of engaging vulnerable communities by using a range of **community mobilization techniques** including direct engagements with parents, meetings, focus group discussions, and 'lokdoot'- street plays, folk

media, health camps, and by building a Saathi Samuh, a **community based group** who engage the community to inform and persuade the new workers to use the crèche facilities. The community mobilizers also help to establish trust between the new community members who do not speak Hindi and the staff at the crèche. The Samuh also serves the purpose of enabling a continuity of care for the young child. MC's strategy of inclusivity extends to how they deal with discrimination based on caste, religious and community differences. Here MC uses **sensitisation techniques to counter discrimination**.

While MC's pathway to inclusion is based on a targeting of disadvantaged communities, inclusion for ICDS is based on '**universalisation with equity**'. The **publicly provisioned, universally available** aspect of TN ICDS with the **mandate to situate centres based on population density** enables it to be available to everyone, particularly disadvantaged communities, while the **location of anganwadis**, particularly, through the **mandates to prioritise and situate centres in dalit and Adivasi hamlets**, goes some way in enabling specific targeting and further inclusion of especially disadvantaged communities.

MC's **gender responsiveness** lies in its recognition of the importance of **flexible provisioning of services in terms of both location and timings of childcare centres**, enabling women to receive respite care, or better balance their double burden of paid work and unpaid care work. The location of childcare centres at worksites, and within slum communities is not only equity focused, but also gender responsive. The timings of the centres are usually fixed, but with the flexibility to extend, usually on payment of overtime for workers. Here, what enables flexible provisioning is the **extent of staff involvement** in the centre. This is the case with TN ICDS too, though the gender responsiveness is not an explicit feature of the ICDS. This de facto gender responsiveness is an outcome of the extension of hours of the anganwadi centre, its location, as well as again the levels of staff engagement in the programme.

While there are several pathways to the provision of accessible, equitable and gender responsive childcare, without **childcare being of decent quality**, all these pathways become meaningless. This is in fact an important pathway in securing the trust of users of the services. It is also one of the most important reasons why women users of both these services appreciated and valued the services offered. MC has been a pioneer in India in the field of the components of quality childcare provisioning, including nutrition, immunisation, health, early learning with a carer (whose conditions of work are decent) at the heart of delivering quality services. Similarly, TN ICDS has been lauded because it does well on most of these components of quality care, including better conditions of work for anganwadi workers.

TN ICDS, for the most part, provides an example of how a well-functioning ICDS can lead to decent quality childcare provisioning. However, in recent years, the ICDS has become vulnerable to budget cuts and to overtures for privatisation. In a context where childcare services that are privately provisioned are both unaffordable and unregulated (and with much of it not providing many of the components that constitute decent quality childcare), any move to weaken the ICDS machinery rather than strengthen it will endanger the right of every child to accessible, affordable and decent quality childcare.

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