



Institute of Social Studies Trust

*Compendium: Towards evidence building for
Childcare Provisioning for marginalized communities*

By Dr. Monika Banerjee and Ashmeet Kaur





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Table of Contents

<i>Childcare & Women's Work</i>	08
<i>Objectives of the Compendium</i>	10
<i>Development of the Compendium: Methodology and Challenges</i>	11
<i>Overview of the Child Care Centres</i>	13
<i>Exploring Care and Support Initiatives: Profiles, Patterns & Highlights of Organizations Shaping Child Welfare in India</i>	18
<i>Challenges and Gaps in Documenting the Impact of Childcare Provision: Insights from Organizational Practices in India</i>	19
<i>Enhancing Childcare Quality: Strategies in Caregiver Selection, Training, and Monitoring</i>	19
<i>Resource and Operational Challenges in Childcare Initiatives: Overcoming Constraints and Complexities</i>	20
<i>Way Forward</i>	20
<i>Profiles</i>	21

Profiles of Organizations

Aajeevika Bureau 22	ActionAid Association 29	Aide-et-Action 36	Apnalaya 42	Avani 48	Basic HealthCare Services (BHS) 53
Bal Raksha Bharat 58	Centre for Women's Development and Research (CWDR) 64	CHETNA 69	Child in Need Institute (CINI) 73	Diya Ghar 79	Ekjut 84
South Kolkata Hamari Muskan 91	Integrated Child Development Scheme (ICDS) 97	Jan Swasthya Sehyog (JSS) 104	Mahila Chetna Manch 111	Mahita 116	Mobile Creches 122
Mumbai Mobile Creches 127	Nav Srishti 133	New Vision 137	Nutrition on Wheels (NOW) 142	Public Health Resource Society (PHRS) 147	Prajayatna 154
Saathi Center 160	Samvada 165	Sangini Mahila Balsewa Sahakari Mandli 170	Seva Mandir 176	Society for Participatory Integrated Development 182	Tara Mobile Creches 187

Glossary

1. AAM - Action against Malnutrition
2. AIIMS - All India Institute of Medical Sciences
3. ANM - Auxiliary Nurse-Midwives
4. APPI - Azim Premji Philanthropic Initiative
5. ARUN - Association for Rural and Urban Needy
6. ASHA - Accredited Social Health Worker
7. AWC - Anganwadi Center
8. AWW - Anganwadi Worker
9. BDO - Block Development Officer
10. C&CMC - Cooking and Canteen Management Course
11. CAG - Civic Action Groups
12. CBO - Community-Based Organizations
13. C&LC - Care for Child Development
14. CCLC - Child Care and Learning Centers
15. CDPO - Child Development Project Officer
16. CDC - Child Development Center
17. CHETNA - Centre for Health, Education, Training, and Nutrition Awareness
18. CJMC - Costume Jewellery Training Course
19. CN - Complementary Nutrition
20. CRSA - Child Rights Situation Analysis
21. CSR - Corporate Social Responsibility
22. DCC - Day Care Center
23. DCPCR - Delhi Commission for Protection of Child Rights
24. DLC - Digital Learning Centre
25. DMF - District Mineral Foundation
26. E&L - Education and Livelihoods
27. ECCD - Early Childhood Care and Development
28. ECCED - Early Childhood Care Education and Development
29. ECCE - Early Childhood Care and Education
30. FLTC - First Line Treatment Centers
31. FORCES - Forum for Crèche and Child Care Services
32. GMP - Growth Monitoring Promotion
33. GVC - Gram Vikas Committee
34. ICDS - Integrated Child Development Services
35. ICMR - Indian Council of Medical Research
36. IFA - Iron and Folic Acid

37. IFAD - International Fund for Agriculture Development
38. ISST - Institute of Social Studies Trust
39. JSA - Jan Swathya Abhiyan
40. LLC - Lahanti Learning Centres
41. MAM - Moderate Acute Malnutrition
42. MCAD - Middle Childhood and Adolescent Development
43. MAYA - Movement for Alternatives and Youth Awareness
44. MGNREGA - Mahatma Gandhi National Rural Employment Guarantee Act
45. MOU - Memorandum of Understanding
46. MCD - Municipal Corporation of Delhi
47. NRC - Nutrition Rehabilitation Centre
48. NCERT - National Council of Educational Research and Training
49. NC3S - National Consortium for Creches for Children at Construction Site
50. NGO - Non-Governmental Organization
51. NIOS - National Institute of Open Schooling
52. NRHM - National Rural Health Mission
53. NREGA - National Rural Employment Guarantee Act
54. OPELIP - Odisha PVTG Empowerment and Livelihood Improvement Program
55. PCMC - Pimpri Chinchwad Municipal Corporation
56. PHC - Primary Health Care center
57. PRSVC - Protecting Rights of Street and Vulnerable Children
58. PSU - Public Service Undertakings
59. RTI - Right to Information
60. RTE - Right to Education
61. SAM - Severe Acute Malnutrition
62. SCERT - State Council of Educational Research and Training
63. SHG - Self-Help Groups
64. SHRC - State Health Resource Centre
65. SRHR - Sexual Reproductive Health and Rights
66. SS - Systems-Strengthening
67. THR - Take Home Ration
68. UT - Union Territory
69. VHSNC - Village Health Sanitation and Nutrition Committee
70. WHO - World Health Organization
71. WASH - Water, Sanitation, and Hygiene
72. YWRC - Youth Work Resource Centre

Childcare and Women's Work

Early childhood care and education, consisting of components such as health, nutrition, psychosocial care, stimulation, protection, and education, is an essential intervention for ensuring the appropriate growth and development of children. While providing resources and services is crucial, the process of delivering these services is equally important for their overall impact and effectiveness. Desai (2013) refers to this as 'the dimension of care' and considers it central to the success of early childhood care activities, on par with the resources provided. Provisioning appropriate care not only requires a consistent presence of a caregiver but also emphasizes the importance of the child's relationship with their caregiver, fostering trust, confidence, and security.

While research shows that the primary care-giver could be any person with whom the child forms a relationship of love and trust and also need not be restricted to only one caregiver (Day 2013; Desai 2013); globally the centrality of care related activities within the larger realm of work that women perform remain persistent and continue to shape the processes through which women approach or access paid work. In India too, the ideological framework within which child care activities are framed, puts emphasis on seeing care work as a private responsibility, specifically women's responsibility, embedded in familial relations (Palriwala and Neetha 2011; Chigateri 2017).

Since independence, the discourse on childcare in India has primarily led to two types of interventions. Firstly, there have been laws enacted to regulate childcare services provided by employers. Secondly, there has been provisioning of child care services by the state, mainly through the Integrated Child Development Scheme (ICDS), which focuses on child nutrition, health, and development. Unfortunately, both these interventions suffer from problems of poor implementation and limited reach. Moreover, they have failed to acknowledge and address the care support needs of women within marginalized communities. These women continuously struggle to strike a balance between their care responsibilities and the need to earn a living (Banerjee 2020).

Most state policies assume that women with young children will primarily remain at home to care for them, and families will be the main providers of appropriate care for the child. However, this assumption invisibilizes the complexities within families and

disregards the fact that poor women may need to engage in paid work, even if they have very young children at home. As a result, many women in marginalized communities have no choice but to take up part-time work close to their homes, which allows them to attend to their care responsibilities. Unfortunately, this double burden not only affects the quality of care these women can provide to their children but also has implications for their own physical and mental well-being. Studies have shown that the impact of this situation also extends to older siblings, particularly sisters, who often have to step in to fill the caregiving role while their mothers are away at work.



Over the years, several studies have highlighted a link between the presence of young children at home and women's ability to participate in paid employment (Das 2006; Sudarshan and Bhattacharya 2009; Rani and Unni 2009; Sorsa et al. 2015). Some researchers, like Klasen and Pieters (2015) and Sorsa et al. (2015), argue that having children at home has a negative impact on women's paid employment. On the other hand, Chatterjee et al. (2015) have shown that the presence of other older children or female relatives at home can support young mothers in gaining paid employment.

Das and Zumbyte (2017), through analyzing six rounds of NSS survey data conducted between 1983 and 2011, argue that the presence of young children (below six years) significantly affects mothers' employment in urban India. They also highlight that the presence of older children or women relatives over the age of 50

has a positive impact on mothers' employment. The study emphasizes that the care of young children is an important factor to consider when making decisions regarding mothers' employment, especially in contexts like India where formal care institutions are scarce.

It is also observed that women from marginalized communities, employed within the informal sector, face challenges in utilizing ICDS services. The Anganwadis, which cater to children from 3 to 6 years old, are only open for a few hours, making it difficult for these women to manage dropping off and picking up their children from the center during their work hours. Additionally, services for children under 3 years old are home-based, further limiting their accessibility (Banerjee 2020).

Other scholars also emphasize that in countries with established welfare systems, women's participation in the workforce is encouraged, and child care facilities are seen as important enablers. However, in countries like India, women's participation in the workforce solely depends on family support and other informal arrangements (De Boca 2002; De Boca 2015).

This position of the state has also been contested by the women's movement and civil society time and again. Landmark documents, such as the Report of the Committee on the Status of Women in India, "Towards Equality" (1974); "Who Cares? A Study of Child Care Facilities for Lower-Income Working Women in India" (1985); and the Shramshakti Report of the National Commission on Self-employed Women and Women in the Informal Sector (1988), apart from highlighting women's marginalization in education, employment, health, and overall development indicators, stressed the need to view child care services as necessary support for all women. They emphasized the importance of integrating policies between women's and children's needs.

The Shramshakti Report (1988) also highlighted the need to consider provisions for child care from three aspects: First, women are under a triple burden of work as homemakers, workers, and mothers; second, children from lower-income backgrounds suffer the consequences of poverty and neglect from working parents; and third, amidst all this, the girl-child suffers the most as she has to share the workload of child care and household chores.

The ShramShakti Report also led to the formation of FORCES (Forum for Creches and Child Care Services), a rights-based

network of civil society organizations, collectives, trade unions, academia, and individual experts committed to working on the overlapping and integrated rights of children from birth to six years of age and their mothers/primary caregivers. Since its formation, many studies have been undertaken to understand the status of childcare centers and Anganwadi Centres in different states.

Advocacy initiatives have also been carried out with other networks, government agencies at the state and national levels, and have resulted in the setting up of the National Crèche Fund in 1994. This fund was established to meet the rising need for starting day care centers, providing supplementary nutrition, and offering health care for children in the age group of 0-5 years by the Department of Women and Child Development. Under this scheme, the creches receive 60 percent of the funds from the central government, 30 percent is provided by the state, and the remaining 10 percent of the cost is borne by the implementing agencies. Post-independence, the establishment of creches was also regulated under labor laws such as the Minimum Wages Act, 1948; The Factories Act, 1948; The Plantation Act, 1951; and The Mines Act, 1952. These acts drew inspiration from the Constitution of India and Directive Principles, such as the Right to Education and Right to Protection for the Child within the Family, as well as International Labour Organization conventions.

Another significant turn came in the year 1961 when the Maternity Benefit Act was passed, stating 'an Act to regulate the employment of women in certain establishments for a certain period before and after child-birth and to provide for maternity benefit and certain other benefits.' In 2017, the Maternity Benefit Act was further amended to provide 26 weeks of leave instead of 12 weeks for women, and the act also mandated provisions for creches to be provided by employers. However, these provisions are limited to the organized sector, excluding a large population of women in the unorganized sector. Moreover, there is no concrete data in the public domain to assess the implementation of creches or the nature of the services provided, or their usability for women (Raman, 2021).

Within the larger spectrum of the voluntary or NGO sector in India, several organizations emerged with a significant focus on issues and concerns related to women and children. However, those specifically dedicated to child care provisioning in terms of creches remained limited in reach, visibility, as well as recognition. These voluntary sector initiatives, with their varied models, rely

on multiple sources of funding to run their day care centers. An assessment of the sector highlights that while some of them may have a considerable impact in terms of reducing the burden of care work on mothers and providing necessary care to the children, their reach remains limited to a very small area and population. Neetha and Palriwala (2011) also note the lack of reliable data on the majority of these NGO initiatives in creche and day care facilities, making it difficult to estimate the number of children covered by such initiatives.

Thus, a significant gap exists in terms of care support infrastructure for poor women belonging to marginalized communities, leaving them to strategize ways in which they can balance their care work with paid employment on their own. The voluntary sector has made some attempts to fill this gap in specific contexts. However, there is very little information on the initiatives taken by most organizations or the impact they have been able to make in relation to both children and their mothers.



Objectives of the Compendium

Considering this, the idea of developing a compendium that examines various non-familial and institutional full-day childcare models catering to marginalized communities across the country emerged. This idea stemmed from the belief that several non-profit organizations are operating such centers at a local level and providing nutritional and developmental support to children. However, their work and contributions have not received the recognition and appreciation they deserve. The objective of preparing this compendium is to consolidate information on these different centers in one place, thereby providing more visibility to full-day childcare centers already operating in the country and highlighting the support they offer to women with young children. We believe that this would further emphasize the importance of full-day childcare support for marginalized communities and contribute to:

- **break the patriarchal notions** around women as primary care provider
- showcase the **positive impact** that full day childcare and after school care has on the well-being of both, child as well as the mother
- advocate **childcare and after school care as public responsibility**
- **build evidence** to show that child care provisioning provides support to women and enhances their ability to access income opportunity

At the Institute of Social Studies Trust (ISST), one of our research objectives has been to highlight the barriers that exist in relation to women's economic empowerment. Specifically, we have been focusing on unpaid care and child care work for several years now.

We believe that this Compendium would further emphasize the necessity of universal provision of full-day childcare services for all children under the age of 6. Such provision is regarded as a vital strategy to support women's ability to access decent paid work opportunities.

Development of the Compendium: Methodology and Challenges

The idea for this compendium was initially conceptualized and given form during the period of the pandemic-induced lockdown, which completely changed the way we approached our work. Like all other research projects undertaken during that period, the methodology for this project also had to consider the norms and regulations to prevent or restrict the further spread of the virus.

First and foremost, we felt it necessary to identify some basic principles based on which we would select institutions providing child care services. This step was important because there are several kinds of childcare models, and there are no set norms regarding their provisions, activities, and resources. It was decided that we would focus only on those models that specifically target marginalized communities and provide at least 8 hours of child care services, either free of cost or for a negligible user fee. We were open to looking at privately owned centers along with NGO-run and state-run models, provided they offer 8 hours of child care service to marginalized communities at affordable prices.

In terms of identifying our participating organizations, it was initially decided that we would first search the internet to assess and identify the organizations that provide childcare services. Once we had the list, we planned to request virtual interview meetings with these organizations to gather information about their childcare models. However, we soon realized that this approach could not be followed as expected. Information on most child care support initiatives was not readily available on the internet, except for a few organizations.

As a result, we decided to use the snowball sampling technique. We began by contacting and meeting with organizations that were well-known for their child care initiatives. Through these organizations, we sought information about lesser-known initiatives, which helped us to identify many others also working towards child care provisioning. However, this process was slow due to a couple of reasons. Firstly, many of the organizations we contacted were heavily involved in relief services during the pandemic and, as a result, didn't immediately respond to our emails or telephone calls. Secondly, some organizations had halted their childcare provisioning work due to a lack of funds and resources at the time of the pandemic and were hesitant to schedule a meeting. Despite these challenges, we continued

writing to organizations for interview meetings and attempted to identify other organizations doing similar work. We also utilized social media to request leads in identifying organizations or private institutions that provided creche facilities for marginalized communities. Though we received some help, it was limited. In the end, we had to rely on the snowball technique to identify our participating organizations.

Another aspect that we had to reconsider was around the focus of the compendium. Initially, while conceptualizing, we were clear that we would only cover organizations that provide services for children from birth to 6 years. However, we soon realized that there are very few organizations that focus solely on this age group of children. The majority work with all age groups of children, and while the 0-6 age group is provided with creche services, children above 6 years are given more attention in terms of afterschool care and support for learning and education.

We, therefore, re-visited our strategy to make the compendium more inclusive and decided to cover not only organizations that provide care services for children under 6 years but also those that work with children above the age of 6. We also included organizations that focus on providing support to existing state care infrastructures, such as anganwadis. Regarding state provisioning, we decided to cover state government initiatives that provide full-day anganwadi services. As a result, anganwadis in the states of Tamil Nadu and Kerala were included in the compendium.



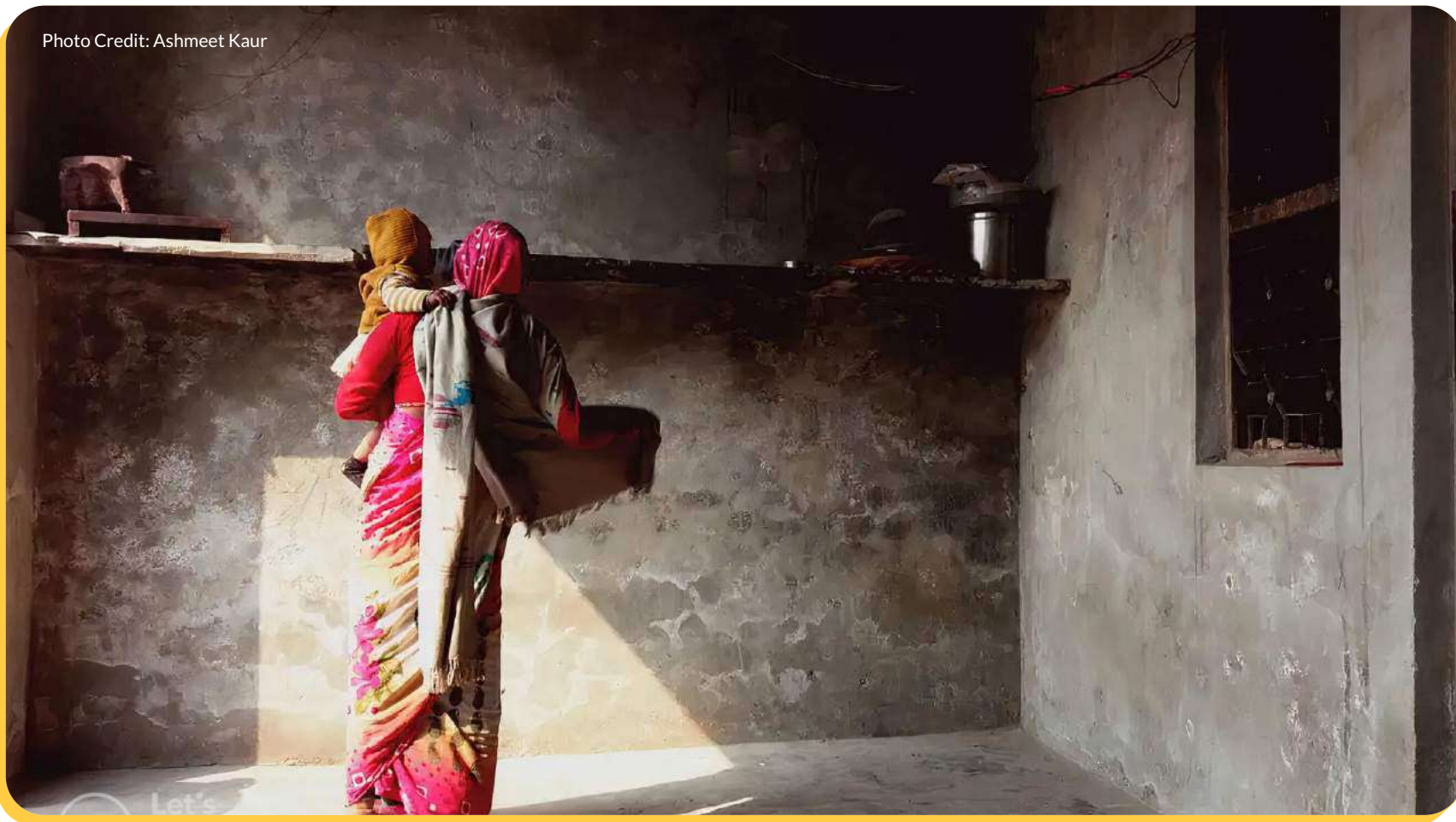
Photo Credit: Ashmeet Kaur

The data was collected to access information on childcare models and methods of care provisioning. The profiling of the organizations primarily focused on their approach and motivation in providing care, especially for those organizations that did not prioritize childcare but still led care interventions. We also examined the unique challenges and needs of the target population whose care needs were being addressed by the efforts of these organizations. With service-providing organizations, our aim was to shed light on their challenges in care provisioning, highlight their strengths, and showcase their unique methods. Another aspect we wanted to assess through this compendium was the impact on mothers and children in terms of their overall well-being by regularly attending the creche or day care centers.

Over a period of more than one year, we were able to cover thirty organizations from different states across the country. We acknowledge that this is not an exhaustive list, and there may be many more organizations running care provisioning services that we missed out on due to the challenges mentioned earlier in identifying and reaching out to key organizations. We hope that once this compendium is published, many more organizations will come forward, and we will be able to document their initiatives as an add-on to this compendium.

In that sense, this compendium is not a finished product but a process to which ISST, as an organization, is committed and willing to work on in a consistent manner.

Photo Credit: Ashmeet Kaur



Overview of the Child Care Centres

Following table gives an outline of the organizations listed under this compendium to briefly understand their motivations and approach to childcare provisioning. The focus of most of these organizations is wide-ranging, inclusive and intersectional. Through their work and intervention strategies, these organizations address more than one dimension of care and development.

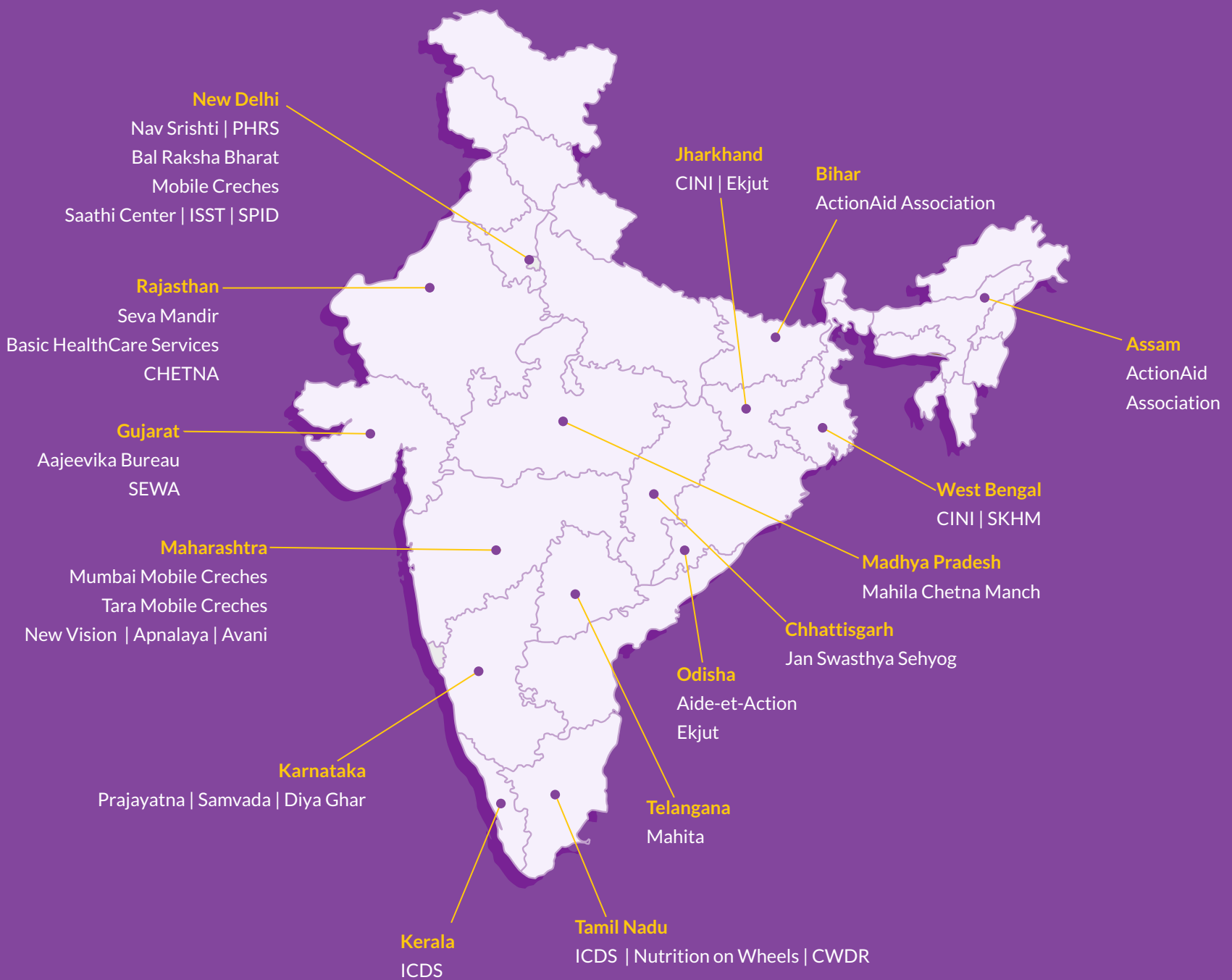
Sr. No.	Name of the organization	State	Target community/groups	Care Provisioning
1.	Aajeevika Bureau	Gujarat	Migrant Labors	Aajeevika's efforts are aimed at safeguarding the rights of labor migrant communities and addressing their childcare requirements.
2.	ActionAid Association	Bihar and Assam	Women and children	ActionAid's childcare approach is centered on empowering community groups through a focus on fostering agency among children.
3.	Aide-et-Action	Odisha	Seasonal Migrants	Aide-et-Action views education as a strategic tool for creating a positive impact in the lives of underprivileged children and youth.
4.	Apnalaya	Maharashtra	Children	Apnalaya's model of a Community Childcare Centre represents a form of social enterprise that addresses the continuous needs of women and children.
5.	Avani	Maharashtra	Children	Avani emphasizes the vital need for childcare support that safeguards children's rights and well-being.
6.	Basic Healthcare Services	Rajasthan	Tribal communities	Childcare has emerged as a primary objective of Basic Healthcare Services to combat malnutrition and enhance community health.
7.	Bal Raksha Bharat	New Delhi	Children	Bal Raksha Bharat showcases a wealth of experience in the realm of early childhood care and education.
8.	Centre for Women's Development and Research	Tamil Nadu	Women	The pursuit of women's economic empowerment led CWDR to extend its efforts into offering care support

Sr. No.	Name of the organization	State	Target community/groups	Care Provisioning
				for the children of domestic workers.
9.	CHETNA	Rajasthan	Women, Children and adolescent girls	CHETNA considers providing care in terms of health, nutrition, and other developmental requirements for children, young people, and women.
10.	CINI	West Bengal and Jharkhand	Children, adolescents and women	CINI aims to break the cycle of malnutrition, improve maternal and child health, and address underlying issues like poverty, gender inequality, illiteracy, and inadequate health practices.
11.	Diya Ghar	Karnataka	Migrant Children	The ideology behind starting Diya Ghar was to provide children of the migrant community access to a stimulating and nurturing preschool education.
12.	Ekjut	Jharkhand and Odisha	Indigenous population	Ekjut promotes community-centric models to address maternal and newborn health using a community mobilization approach.
13.	Hamari Muskan	West Bengal	Children of Sex workers	Hamari Muskan works as a safe space for children and young girls in the red-light area against various forms of violence and abuse.
14.	ICDS	Kerala and Tamil Nadu	Children and mothers	ICDS is a pan-Indian government program that provides nutritional meals, preschool education, primary healthcare, immunization, health check-ups, and referral services to children under 6 years of age and their mothers.
15.	Jan Swasthya Sehyog	Chattisgarh	Rural Communities	Jan Swasthya Sehyog recognizes crèches as a necessity for all working mothers and an investment in the future of the child.
16.	Mahila Chetna Manch	Madhya Pradesh	Women	To cater to the economic needs of women, Mahila Chetna Manch initiated the establishment of crèches

Sr. No.	Name of the organization	State	Target community/groups	Care Provisioning
				and full-day care services.
17.	Mahita	Telangana	Children	The perspective of child care is brought into focus by Mahita's recognition of the necessity to enhance education for those who are often disadvantaged and lack easy access.
18.	Mobile Creches	New Delhi	Children	Mobile Creches specializes in the field of Early Childhood Care and Development, employing an integrated approach to break the intergenerational cycle of poverty.
19.	Mumbai Mobile Creches	Maharashtra	Children	Mumbai Mobile Creches addresses the care requirements of migrant laborers residing at construction sites by promoting the health, education, and safety of their children.
20.	Nav Srishti	New Delhi	Women and Children	Navsrishti underscores the significance of childcare centers as essential tools, not only for empowering women but also for ensuring the safety of children.
21.	New Vision	Maharashtra	Children from DNT communities	For New Vision, the day care center serves as a crucial strategy to promote holistic health and safety among the children of DNT communities.
22.	Nutrition on Wheels	Tamil Nadu	Women and Children	Nutrition on Wheels began with the mission of eradicating malnutrition among children. It embarked on this journey by providing at least one meal per day to children and establishing creches.
23.	PHRS	Odisha	Children	For PHRS, establishing a holistic practice of childcare in communities, with a focus on health and nutrition, serves as a foundational block for development.

Sr. No.	Name of the organization	State	Target community/groups	Care Provisioning
24.	Prajayatna	Karnataka	Children	Prajayatna views education as a tool to safeguard children's rights by providing access to educational centers within the community, which has generated opportunities for both children and parents to learn and thrive.
25.	Saathi Center	New Delhi	Children	Saathi center's primary focus is to empower young people through an approach based on 'Information, Education, and Dialogue.
26.	Samvada	Karnataka	Garment workers	Samvada has a rich experience in the domain of early childhood care and education, there creches were not just a support structure for women's accessibility to livelihood but also tended to the learning needs of the young children
27.	SEWA	Gujarat	Women	The objective of SEWA's full-day child care is to enhance the working conditions, promote economic empowerment, and foster self-reliance among women employed in informal sectors.
28.	Seva Mandir	Rajasthan	Tribal and rural communities	The Seva Mandir's comprehensive approach views early childhood care as a means to achieve holistic development for children.
29.	Society for Participatory Integrated Development	New Delhi	Children of sex workers and trafficked women	SPID's comprehensive approach views early childhood care as a means to achieve holistic development for children.
30.	Tara Mobile Creches	Maharashtra	Children of construction workers	TMCP's comprehensive approach aims at the holistic development of children with a major focus on health, nutrition and education (academic and non-academic). Caring, nurturing and development is attended with reference to child rights framework.

Geographical Overview of Creches Covered Across India



Exploring Care and Support Initiatives: Profiles, Patterns & Highlights of Organizations Shaping Child Welfare in India

This compendium comprises profiles of 30 organizations across India. While the majority of them focus on both childcare provisioning and after-school support, a few are specifically dedicated to serving the needs of children under 6. Other organizations, such as Bal Raksha Bharat and CHETNA, are engaged in supporting and strengthening State-run Anganwadis across various states. Each profile aims to provide an overview of the organization, including its approach and contextual work, target group, and how it incorporates care provisioning within its broader scope of activities. Furthermore, it delves into the

organization's impact on its immediate target group and the challenges encountered in daily center operations.

While each profile possesses its unique characteristics, certain patterns in conceptualization and implementation are discernible. This section endeavors to outline some of these key patterns that we, as researchers, consider important to emphasize in the broader discourse surrounding care.

Exploring the Multifaceted Impact of Childcare Initiatives: A Comprehensive Analysis of Organizational Approaches and Objectives

One of the key aspects that stood out to us throughout this entire process was the approach that most organizations had in terms of venturing into the provisioning of childcare support. We realized during the analysis process that the majority of the organizations started childcare centers to support the larger cause that the organization was focusing on. The focus areas of our participant organizations varied, ranging from health and nutrition, education and learning, trafficking, migration, women's work and livelihood, to community development and early childhood care. We found that, for most organizations, childcare centers became a means to achieve their larger organizational objectives.

For example, in the case of Basic Health Services (BHS) working in tribal belts of Rajasthan, the primary concern was provisioning quality health services to the community they work with. However, over the years, they realized that to tackle the issue of wasting and malnourishment among children, provisioning childcare centers may help to a large extent. Similarly, another organization, Seva Mandir in Rajasthan, works on strengthening and empowering tribal communities, and childcare was never the crux of their interventions. However, running a balwadi program has enabled them to address numerous development issues, such as sibling care, increased school enrolment, creating employment opportunities for women in the Balwadi program, and community mobilization through centers.

Regarding the issue of barriers to women's employment, SEWA and Mahila Chetna Manch, which work with women informal workers, started childcare centers to support women with their care responsibilities so that they can take on more paid income opportunities.

In the case of children in the 6+ age group, we also found that organizations started centers to support their broader objectives. For example, CINI, SKHM, and SAATHI center of ISST all started centers to provide a safe space for children and young adults to express themselves and receive support for educational and other skill needs. Some models, like New Vision, observed the importance of safety and protection for children from marginalized communities. They started day care centers for DNT communities to protect children against forced labor and link them to the education system.

For certain organizations, the centers have also become platforms for communities to come together. For example, childcare centers run by PHRS in Orissa and Apnalaya in Mumbai slums not only assist the community through services or resources but also provide a space for people, especially women, to spend time with each other. Additionally, some organizations, like Ekjut and BHS, use the centers to impart important information to parents and the community. Only a few organizations, such as Mobile creches

and Diya Ghar, have primarily focused on early childhood care and development of children.

Thus, we find that the provisioning of childcare support has mostly been approached by organizations to fulfill other larger objectives. In this sense, childcare support and after-school support have impacts not only in terms of immediate support for the child's growth and development but also on several other causes. It can help mothers to earn better and allow siblings to focus on

education, thereby raising the standard of living for the entire family. Additionally, it can help in controlling trafficking and abuse of young people and assist in monitoring their health and educational needs.

It is, therefore, evident that the provisioning of childcare support not only has a direct impact on the growth and development of the child but also has far-reaching effects on the well-being of the entire family and community.

Challenges and Gaps in Documenting the Impact of Childcare Provision: Insights from Organizational Practices in India

Another key aspect that we found common among most organizations was that the majority did not focus on documenting the impact that the provisioning of childcare support work had on their immediate target group and the larger community they worked with. Amongst most organizations, we found that there was some documentation done with respect to children's health and development; thus, monitoring the weight and height of the children attending the centers appeared to be a regular feature for most organizations. However, apart from that, other parameters such as the ability of mothers to take on paid work opportunities and the impact on families and siblings were not attended to. In fact, for some organizations, the childcare center was only a small part of the vast array of work they do, and hence, its work in terms of processes incorporated, learnings, impact, etc., was not documented to that extent.

Thus, to a large extent, it was a challenge for the research team to assess the extensive impact that the presence of childcare centers initiated by the respective organizations may have had on families and the larger community. Specifically, this was because the data collection method was restricted to only virtual interviews and secondary literature provided by the organizations, and it could not incorporate interactions with the communities. Whenever organizations have been able to provide us inputs on these aspects, we have tried to cover them in the respective profiles. However, we found that organizations lacked documentation on the different strategies they adopted through the center, why they adopted them, and what impact they perceived in terms of both child health and development, as well as the impact on families and mothers.

Enhancing Childcare Quality: Strategies in Caregiver Selection, Training, and Monitoring

While setting up a center, the majority of organizations considered bringing in caregivers from the community to maintain accountability and continuity for the children. This approach not only fostered a sense of the center being an organic part of the community but also ensured that the caregivers were familiar with the local language and customs. Most organizations preferred having two caregivers per center and provided cooked meals to the children.

In organizations such as Mobile Creches, SEWA, Nav Srishti, and New Visions, caregivers underwent training, both before starting their service and during their employment. This training aimed to ensure a consistent and standardized approach to caregiving across all centers. Caregivers received formal training from experts in maintaining records, pedagogy, child and maternal health, and nutrition.

Regular inspection and monitoring of the centers were common practices among these organizations. Supervisory personnel, often employed from within the community, were responsible for overseeing the centers' operations. These observations led us to recognize that providing care requires skills and expertise, which are imparted through knowledge and training programs, rather than relying solely on socio-cultural and gender-based understanding of care.

Resource and Operational Challenges in Childcare Initiatives: Overcoming Constraints and Complexities

For all organizations, access to resources appeared to be an everyday challenge, which was further exacerbated by the pandemic. During the data collection process, we encountered several organizations that had to suspend their child care services and afterschool care centers due to a lack of resources. Many organizations relied on the community to provide space for running the centers and provisions due to inconsistent funding from other sources. This scarcity of resources has also restricted the geographical reach and the targeted population of the majority of these centers.

In addition to resource challenges, organizations have also faced other obstacles, particularly related to the communities they serve, in both establishing and operating the centers. Issues such as caste dynamics, political influences, geographical location, and social and cultural norms create significant challenges in the functioning of the centers. These challenges encompass areas ranging from recruiting center workers and admitting children to interacting with mothers and planning meals and activities for the children. In the case of centrally sponsored Integrated Child Development Services (ICDS), workers were also involved in multiple and varied tasks beyond childcare responsibilities.

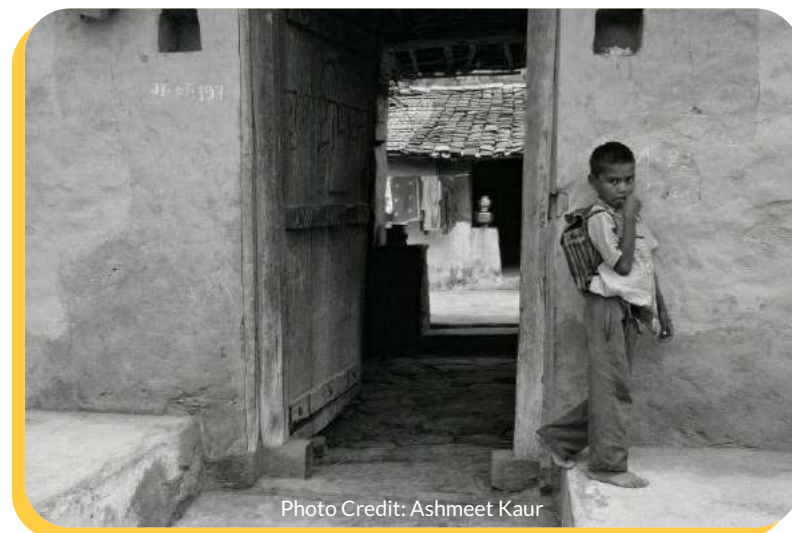


Photo Credit: Ashmeet Kaur

Way Forward

This compendium, by no means, claims to have representative coverage of the vast range of child care and afterschool care models currently supporting families, mothers, and children from marginalized communities across the country. Nonetheless, it highlights the essentiality of care support required by those belonging to marginalized communities. Furthermore, the initiatives presented here demonstrate the various models and approaches that not-for-profit organizations have used in response to the need for child care centers. Additionally, this compendium sheds light on the limitations and challenges these organizations face concerning access and regular functioning.

The purpose of this compendium is to amplify the demand for greater investment in good quality full-day care for young children. It provides insight into the necessary infrastructure, capacity building of caregivers, and the importance of fostering strong linkages with the communities they serve.

We believe that this compendium will support the work of other organizations dedicated to developing models around costing, types of services, standard protocols, and blueprinting necessary principles, norms, and strategies. Together, these efforts will be critical in conceptualizing care support infrastructure for all children and their mothers.

WELL-BEING TRANSFORMATIVE
TRANSFORMATIVE WELL-BEING
INCLUSIVE NURTURING INCLUSIVE
LEARNING NURTURING
MIGRANT WELFARE MIGRANT WELFARE
MIGRANT WELFARE SHELTER COLLABORATIVE
COLLABORATIVE SHELTER PROTECTION
PROTEC CHILD CARE
NUTRITION COM GIRLS' SAFETY
CARE WORK PLIFTMENT
PAID WORK CATION
ABUSE PROTECTION
CHILD CARE PROTECTION
GIRLS' SAFETY MIGRANT WELFARE
UNPAID LABOUR SHELTER
WOMEN EMPOWERMENT

**PROFILES OF
ORGANIZATIONS**



Envisioning Childcare

As part of its interventions, Aajeevika Bureau works to safeguard the well-being of children of construction workers, who are frequently susceptible to neglect due to their transient lifestyles. The Bureau provides children with a secure and nurturing environment, away from the hazards of construction sites, by creating and implementing on-site crèches that cater to their educational and nutritional requirements. Thanks to these interventions, mothers are now empowered to concentrate on their livelihoods, rendering them more self-reliant and stable.

Overview of the Organization

The rise in migration trends has led rural communities to shift towards peri-urban and urban labor markets such as Gujarat, Ahmedabad, Surat, Maharashtra, and other locations. Established in 2004, Aajeevika Bureau embarked on a mission to address this issue by striving to offer sustainable, fair, and dignified employment opportunities for migrant laborers. The organization recognized the significance of seasonal and migratory labor practices within economically disadvantaged groups.

Given that seasonal and circular migrant workers often remain unnoticed within the broader category of urban informal laborers, the organization's primary objective is to establish enduring and viable solutions. The organization operates at the intersection of policy, research, and advocacy within communities. It tackles matters like labor acknowledgment, legal rights, training and placement, financial inclusion, social security, as well as the rights of both citizens and laborers.

To effectively operate, Aajeevika Bureau has established a network of Workers Facilitation Centres, also referred to as Shramik Sahayata eva Sandarbh Kendra. These centers serve the migration corridors in North-West India, catering to the areas of origin of their stakeholders, such as the rural blocks of Rajasthan, and their main occupational destinations including Gujarat, Ahmedabad, Surat, and Maharashtra, spanning the migration corridor.

Beyond its headquarters in Udaipur, Rajasthan, the organization collaborates with informal sectors that are sensitive to migration, encompassing construction, factories, transportation, small-scale manufacturing and processing, hospitality, agriculture, and domestic work. Furthermore, Aajeevika Bureau hosts the Centre for Migration and Labor Solutions, which engages in comprehensive academic research on migrant issues and the informal industry, based on grassroots-level engagement with migrants.

Approach, Programs & Models

Why Childcare

Aajeevika Bureau intervenes precisely at a critical juncture, where it empowers seasonal migrant laborers, particularly those hailing from socially and economically vulnerable tribal and caste communities. The organization ensures that these laborers' rights are not overlooked within the sectors where they seek employment. Workers from such communities often migrate to urban areas in pursuit of work, thereby subjecting themselves to deplorable working and living conditions that significantly impact all parties involved.

The organization's objective is to uplift its stakeholders through scholarly research that is subsequently translated into policy at the grassroots level through advocacy. Its primary focus centers around the tripartite relationship among the workers, the governments, and the industries where these laborers seek employment. While the core mission of Aajeevika Bureau revolves around promoting and implementing labor rights, the organization also actively advocates for women's rights and child welfare. These two areas are deemed the most vulnerable within their stakeholder groups, reflecting the organization's commitment to the comprehensive development of its target demographics.

Programmes run by Aajeevika Bureau

Aajeevika Bureau concentrates on multiple programs to facilitate the comprehensive advancement of the migrant labor community during their time in destination areas. Several of their programs are designed to establish social and legal safety nets, achieved through skill-based training and collectivization efforts. Additionally, certain initiatives within the organization have also integrated the caregiving requirements of children.

Legal Education and Aid/LEAD

In addition to addressing wage denial and forced labor issues, LEAD also tackles disputes, fraud, unfair retrenchments, and other challenges regularly faced by the organization's stakeholders. LEAD offers legal mediation and counseling services to migrant workers in need through teams of lawyers and counselors. The LEAD cell also includes a labor line, a telephone-based helpline in collaboration with the Rajasthan Government's Labor Department, operational from 8:00 am to 7:00 pm every

day. Moreover, the LEAD cell operates a phone-based counseling and support service for children who have experienced abuse or trafficking, in partnership with Childline India Foundation based in Pratapgarh.

Healthcare Services

The Aajeevika Bureau collaborates with Basic HealthCare Services (BHS) to ensure adequate healthcare for vulnerable migrant labor communities in southern Rajasthan, with a particular focus on women and children. Often, stakeholders residing in challenging terrains lack access to government-operated primary health centers (PHCs). With the assistance of Aajeevika Bureau, BHS has established six AMRIT clinics in these regions, alongside a well-equipped PHC furnished with appropriate resources. Furthermore, children in remote areas receive nutrition and healthcare through Phulwaris, centers catering to children below five years of age.

Childcare Services provided by Aajeevika Bureau

Aside from advocating for the rights of migrant labor, the Aajeevika Bureau also champions the rights of all members within the migrant labor community, encompassing women and children. This becomes particularly pertinent when entire families migrate to urban areas for employment, making childcare a critical intervention area for the organization. Given that the construction sector harbors the largest contingent of migrant workers, the Aajeevika Bureau concentrates considerable effort on this sector for their grassroots initiatives. Owing to insufficient living space, these laborers and their families often spend their time walking along streets, railway tracks, canals, or construction sites, which not only jeopardizes their health but also exposes them to high levels of danger.

In 2014, the Aajeevika Bureau commenced the establishment of creches on construction sites as a strategy to address this concern. Adhering to the Phulwari model, these creches were tailored to cater to medium-sized residential and commercial projects, envisioned to span three to four years for completion, with the creches operating for 18 to 24 months. Collaborating with site managers and builders, these creches are entrusted with providing a secure operating space, access to clean drinking water, proper sanitation (including toilets), and electricity. The Bureau shoulders the responsibility of ensuring the safety, health, and



nutritional well-being of the children attending the crèches.

By 2020, Ahmedabad featured eight operational creche facilities within the eight worksheds (one creche per workshed/construction site), along with three additional crèches functioning in open spaces. These latter crèches represented a pilot project designed for stakeholders residing in fully exposed areas, undertaken by the organization.

Stakeholders

The Bureau's crèches cater to children aged 0 to 5, belonging to migrant workers engaged in medium-sized construction projects. Given that a significant portion of these workers tend to have multiple children, the crèche program accommodates younger children meeting the eligibility criteria alongside their older siblings. The crèches operate on the basis of a cap of three to four children per family. Importantly, enrollment of the younger siblings is contingent upon the presence of their older counterparts.

Consequently, the crèches extend their services to children up to 12 years old, a demographic that often includes individuals who have dropped out of school. This approach prevents these children from enduring hazardous conditions within labor colonies or at their parents' workplaces.

To optimize the experience for these diverse age groups, the crèches segregate the children by age. This entails forming distinct groups, such as one comprising 0 to 5-year-olds and another consisting of 5 to 12-year-olds. This division ensures that the educational and recreational activities provided are tailored to the respective age ranges of the children.

Functioning of the crèche

These crèches function as full-time centers operating from 9:30 am to 5:30 pm, offering parents the convenience of focusing on their work while ensuring the safety and well-being of their children. An optimal

ratio of children to crèche workers (known as Karyakartas) ranges from 20 to 25, though it can extend to as many as 35. The staff within these centers typically comprises two Karyakartas: a teacher and a helper. In the wake of the COVID-19 pandemic, the intake capacity increased to 50-60 children. Consequently, the Bureau had to adjust the number of Karyakartas per center based on the increased intake.

Promoting the health and nutrition of the children stands as a central priority for these crèches, alongside ensuring their safety. As part of the enrollment process, the centers collect information about the child's health status, family background, vaccination history, and more. This information is used to track the child's growth and development after admission.

It is noteworthy that approximately 50% of the children enrolled in these crèche centers lack vaccinations and do not possess a "mamta card." The Bureau undertakes the task of connecting these children with USPAC kendras, providing essential vaccinations and facilitating the issuance of mamta cards. These cards hold significant advantages, as they remain accessible to the children



even if their families transition between different worksites or return to their villages. This ensures that no vaccinations are missed for the ensuing five years.

The organization's commitment to comprehensive support for women is evident in its approach towards childcare, particularly for those who give birth on site. The organization takes the responsibility of assisting pregnant women by coordinating

necessary tests and linking them with urban health centers to receive appropriate care. Collaborating with ASHA workers, the Bureau also ensures that pregnant women receive vital medications like iron and calcium tablets, essential supplies, and referrals to suitable hospitals throughout their pregnancies.

A day in the crèche

Karyakartas ensure the pickup of children who aren't brought in by their parents by 8:00 am each morning. Upon arrival, the staff clean and provide meals for the children within the crèche. Following the morning routine, the children are grouped based on age and engaged in age-appropriate activities, often with an educational focus such as teaching them alphabets and numbers.

During the afternoon, mothers of children under five years of age arrive to breastfeed. During this time, Karyakartas request mothers to complete a "swasthya paramarsh" form, which furnishes the center with information about the mothers. This data aids the Bureau in administering vaccinations during pregnancy and offering assistance in case of health concerns. Generally, parents collect their children between 1:00 and 2:00 pm. For the remaining children within the 0 to 5 age group, a designated nap time takes place during this period, allowing the Karyakartas to manage lunch preparations.



After the nap, the Karyakartas engage the children with poems and stories, nurturing their language and cognitive development.

Nutritional Intervention

As per the organization's model, children attending the crèches



are provided with three daily meals. The ICDS supplies the organization with Take Home Ration (THR) packets, which consist of sattu, a protein-rich drink, intended for the children every morning. Additionally, these THR packets include ingredients that are occasionally utilized to prepare Daliya for the children.

Lunch, served in the afternoon, consists of dal-based khichdi infused with spinach and carrots. Following a menu that corresponds to each specific day of the week, the children are offered items such as bananas and eggs for their evening snacks.

Functioning of the Crèche Workers

There are two karyakartas assigned per crèche, depending on whether the number of children in the crèche stays within the assumed limit of the organization. To maintain a good worker-to-child ratio, more karyakartas are assigned if the intake increases. The primary worker keeps records, while the helper keeps the crèche clean and sanitary. In addition to being responsible for preparing food, the helper engages the children in activities and monitors their development.

Karyakartas meet monthly to discuss topics such as family planning, hygiene, nutrition, etc. Many workers go home on major holidays, such as Holi or Diwali, resulting in less work in the crèches. The karyakartas are also extensively trained on how to run the crèche, care for children, identify signs of malnutrition, and counsel parents, among other skills. Records are discussed regularly, and the karyakartas are encouraged to share their experiences in crèches so that better practices can be adopted.

Engagement with ICDS

Even though Aajeevika Bureau has not formally partnered with ICDS, their team has been sending detailed lists to ICDS regarding the number of infants, adolescents, and women stakeholders

involved in their crèche program. This is done to ensure that ICDS sends the appropriate number of THR packets to the centers. The Bureau's rapport and goodwill with specific ICDS project officers or CDPOs depend entirely on how long it has been associated with them. This dynamic can become challenging if a new officer is posted in the city/zone where the Bureau operates.

Challenges

- On occasion, the Bureau has faced challenges in establishing on-site crèches due to a lack of support from the builder or owner. There is a possibility that builders might express concern that setting up a crèche could potentially slow down work progress. In such situations, establishing a crèche could prove to be challenging, given the pivotal role of builder support. Furthermore, builders often exhibit hesitancy in supporting the Bureau due to concerns regarding labor rights.
- Owing to limited exposure to this type of childcare arrangement, parents have shown resistance to enrolling their children in a crèche during the workday.
- A dearth of contributions from various sectors of the Bureau's operations has also impeded the progress of the crèche program. Funding constraints have significantly slowed down the program's implementation.

Non-Negotiables

- The Bureau places a high priority on safety, making the provision of a secure shelter at the worksite, capable of comfortably accommodating a specific number of children, one of the non-negotiable requirements for the success of the organization's crèche program. The rooms must be well-ventilated, ensuring that children can spend their days comfortably within them. Additionally, having a washroom available on the premises is essential to minimize the children's travel distance for restroom use.
- Another non-negotiable aspect is that children enrolled in crèche programs should receive proper care and attention from the crèche workers. Ensuring that children are well-adjusted and integrated is crucial, as it increases the likelihood of their continued participation in the program.

Impact

- In addition to ensuring children's safety on the worksite, crèche programs also prioritize their well-being. By enrolling their children in crèches, parents can work on-site while their children learn and grow in a safe and hygienic environment.
- Before the introduction of crèches, parents used to leave for work around 8:00 am, leading to neglect in children's food intake. Now, the program closely monitors nutrition. Additionally, many parents lack the resources to provide nutritious food for their children. Crèches offer children free and sufficient food, allowing parents to focus on other aspects.
- The crèche program has significantly impacted health checkups and treatment by referring migrant workers to hospital services that were previously inaccessible. Through collaboration with ICDS and UHC, they've facilitated health entitlements and bridged access gaps. Crèches also conduct follow-ups after injuries or illnesses as part of the rehabilitation process.
- Previously, older siblings had to care for their younger siblings. Thanks to the Crèche program, older siblings can now return to school and pursue their education. Crèche workers have assisted



families in connecting with educational institutions, enabling older children to achieve their educational aspirations.

- Crèches have also benefited women workers. Women with children often faced challenges in finding employment due to their childcare responsibilities. The presence of on-site crèches empowers women to actively seek work, leading to psychological and financial empowerment. Additionally, working women no longer worry about their children's safety on the job site, contributing to their value in the workforce.
- Parent participation is a crucial component of the program, essential for driving behavioral change. The current model has raised awareness about the importance of workplace crèches among various stakeholder groups, including employees, supervisors, and managers.

ACTIONAID ASSOCIATION



Envisioning Childcare

ActionAid Association's core values are anchored in women's and children's rights. Their unique approach to childcare stands out. The organization recognizes children as crucial for uplifting marginalized communities. They dedicate considerable efforts to enhance public education, participation, and safeguarding of marginalized children. ActionAid Association empowers community groups and school committees to establish functional, accessible schools, driving their childcare initiatives. They consistently prioritize a child-centered perspective in regional development and gender-related projects.

Overview of the Organization

Action Aid Association is a pan-Indian anti-poverty agency that has been collaborating with marginalized communities, addressing issues of poverty and injustice in India since 1972. The Association is dedicated to ensuring that the most vulnerable and marginalized individuals have access to essential necessities such as food, livelihood opportunities, shelter, education, healthcare, dignity, and a platform for their voices to be heard in decision-making processes. It forms partnerships with numerous voluntary organizations, institutions, government ministries, as well as various commissions at both the state and central levels to effectively achieve its mission. Presently, ActionAid Association operates across 25 states and one union territory, working in conjunction with over 250 partners and allied organizations.

The canvas on which they work is quite large and they engage with multiple issues on the development front such as, health, environment, women's empowerment; however, their focus remains on promoting human rights, ecological justice. For instance, ActionAid Association has led a strong intervention in the area of violence against women.¹ Another area of work is related to relief and rehabilitation where they focus on designing effective solutions to protect vulnerable communities against natural and man-made disasters. In the programming design of the ActionAid Association every 5 years they come out with a country paper and one of the pronounced needs which came from the communities is the question of livelihood.

This compendium focuses on the work of the organization in two distinct regions: North India and North East India. The aim is to explore the impact of geospatial factors on the operation of childcare centers in India. These regions stand out due to their unique geospatial characteristics, cultural intricacies, and local challenges. As a result, the compendium highlights the organization's adaptability in addressing these issues from a localized perspective.

In all the intervention areas, the programmatic structure is thoughtfully tailored to address prevalent challenges, with a strong emphasis on social and ecological justice. The ActionAid Association has been actively involved in Assam, Guwahati, and the Bodoland Territorial Region for over two decades, focusing primarily on creating sustainable livelihoods for tribal and vulnerable communities.

Moving to North India, the spotlight falls on Bihar and Jharkhand, where the organization has been dedicated to uplifting economically and socially disadvantaged communities since its inception. Notably, the organization's interventions have significantly centered on preventing violence against women. One remarkable achievement is the establishment of the One Stop Crisis Centers in Bhopal by ActionAid Association, marking India's pioneering initiative in setting up a rape crisis center.

¹ ActionAid Association is the first organization in India to start One Stop Crisis Center in Bhopal post 2012 Delhi gang-rape incident.



Approach, Programs & Models

Why Childcare

During their assessment of community needs, the organization identified childcare as a crucial element within their initiatives. ActionAid Association collaborates with local communities to establish comprehensive, long-term development projects. To enhance women's involvement, the organization includes women in various projects that require interaction with their children. ActionAid's interaction with community children operates on two main fronts: addressing child protection and preventing violence against children, as well as focusing on children's health and nutrition.

Central to ActionAid's philosophy is the empowerment of children. Hence, several significant childcare interventions revolve around enhancing and implementing capacity-building programs involving ASHA and Aaganwadi workers. An important observation from the organization's work with diverse social communities is the apparent absence of children's representation in community decision-making processes.

Interventions in North East and Northern India

ActionAid firmly believes that child rights and protection cannot be merely ensured through universal strategy since each region has its own distinctness and challenges.



Assam

- Assam is a flood prone area.
- The tribal communities are faced with poverty and lack of income earning opportunities
- Child-trafficking and child marriages remain a significant concern
- Tribal communities are often excluded from the decision-making processes.

Bihar and Jharkhand

- Presence of patriarchy is one of the key factors which works against women and the girl child
- Poor socio-economic conditions of Dalit and marginal communities
- Malnutrition in children is high
- Low understanding of nutrition care for children amongst community
- Presence of superstitions as a resolution to health issues

Strategical Approach

ActionAid believes that any legislation designed to safeguard children must be sensitive to the specific local context of the region in which the children reside. Their approach is predominantly community-centric, engaging with diverse stakeholders within the community. They view children as integral members of the community, emphasizing their seamless integration. Consequently, they hold the perspective that any challenges faced at the community level inevitably impact a child's holistic development. To address children's requirements, ActionAid employs a multi-level intervention strategy.

They promote peer learning by forming different groups of mothers, children, youths and also through advocacy at the school and panchayat level. They work as a facilitator, by building learning centers, and the important goal of it is the **communitization of the education**². For instance, Action India forms **children's assemblies** in every village it has a presence in to bring children from all backgrounds together. The purpose of these groups is to impart focused discussions to children in order to help them build leadership qualities. In Bodoland territory region, they work with adolescent girls by **forming a girls soccer team** which helps to build confidence and grooms them. In Northern Indian states such as Bihar and Jharkhand, the interventions with **mothers' groups** in fighting malnutrition amongst children has been of great

significance. They also work directly with **Women Forums at village-level** which plays a crucial role in laying out the community needs and requirements before starting a learning center. Mothers' groups and women forums are a part of the management of learning centers too. The larger idea is to **promote participation within these communities**.

Building agency in Children through Balpanchayats/Child Assemblies

ActionAid, through its regional centers, initiated the Child Panchayats program. This program involved children aged 7 to 15 years in village panchayats, aiming to integrate children's voices into the decision-making process. These interventions were prompted by the lack of awareness of child protection policies at the village level. It was evident that village-level panchayats were solely focused on livelihood and income-generation matters, neglecting critical issues like child malnutrition and access to ICDS centers. Consequently, children had no avenue to present their concerns.

The objective was to establish a safe space for children to gather, discuss their challenges, whether related to education, home, or other matters. This platform enabled children to identify and communicate the complexities in their lives. As a result, various pertinent issues came to light, including matters like water access in schools.

² It refers to the idea which promotes the partnership between local communities and state education bodies to build the learning structure which is inclusive of the community needs and enhances their identity.

Child panchayat meetings occur in local government schools, ActionAid field offices, or open spaces. These gatherings involve diverse activities such as games and songs, providing an effective means of engagement with children. These interactions have proven invaluable in uncovering and comprehending the psychological and emotional issues faced by children.

In the Bihar and Jharkhand region, children expressed feelings of alienation due to migration. In contrast, children in Assam have effectively advocated for improved school infrastructure. Notably, such platforms consistently bolster the children's confidence to voice their needs. For example, they've successfully lobbied for enhanced infrastructure, improved water facilities, and the appointment of teachers in schools.

ActionAid, holds interactions with the school going children and collects information on the challenges and issues faced by the students in the school who then come together at various panchayats and submit a memorandum. Child panchayats are functioning wherever ActionAid has their intervention. There are 26 child panchayats assisted by ActionAid in the 30 Gram panchayats of Assam and close to 100 bal-panchayats are running in Bihar and Jharkhand.

What is a Learning Center? Looking through the lens of ActionAid Assam

The concept of childcare work is actualized through the establishment of 'learning centers' at the village level, addressing learning needs and educational gaps. In rural Assam, these learning centers cater to vulnerable communities. In total, there are 14 learning centers located across two districts in Assam: Guwahati and Bodoland. While most centers have an average of 25 students, one center accommodates around 100 students. Going beyond traditional classroom approaches, this model offers after-school care for children aged 6 to 14. Village communities provide the space for learning, which could encompass Aaganwadi centers, school buildings, community halls, and similar venues. It's important to note that these community-owned or facilitated spaces are not under the ownership of ActionAid.

Although ActionAid facilitates these learning centers, they are under the complete control of community stakeholders, including women's forums, mothers' groups, panchayats, and youth groups. Within these centers, several paid facilitators, drawn from the local community, are responsible for guiding the learning process.





These facilitators, typically college students, receive a monthly stipend of Rs. 2000 for their teaching responsibilities, which also helps them meet their personal needs. This stipend system acknowledges the facilitators' own vulnerabilities and circumstances.

Facilitator selection is based on their ability to engage with children and their comfort level in doing so. These chosen candidates undergo training led by district officials from Sarv Shiksha Abhiyan, sometimes with the involvement of retired government bureaucrats for additional expertise. The training also integrates digital learning methods into lesson plans, particularly important after the pandemic. To ensure sustainability, two or more individuals are usually part of the training process.

The learning model focuses on delivering education in the mother tongue and through interactive, playful methods. Facilitators create weekly plans that encompass lesson outlines, school assignments, interactive learning activities, storytelling, local folklore, cultural exploration, and playtime. The central goals are to build children's confidence and empower them to express themselves.

Currently, the learning centers are looking to establish reading clubs in their communities, differing from traditional libraries. This initiative aims to introduce newspapers, journals, and various books to encourage reading proficiency. Additionally, the centers intend to offer a space for students preparing for competitive exams to study independently.



Impact

Engaging with diverse communities across various regions of India, the organization has cultivated a comprehensive understanding of the distinct local issues that emerge in regions where ActionAid intervenes. ActionAid North East particularly collaborates with tribal communities in the region, communities that hold strong connections to their own local languages and culture. Consequently, the persistent language barrier between children and the school system presents an ongoing challenge that hampers children's learning abilities. This issue extends even to the learning centers, which cater to children from both the Guwahati and Bodoland districts. Finding a facilitator who is proficient in both dialects proves challenging, leading to the engagement of two facilitators from each district.

As a civil society organization, intervention can only extend up to a certain limit in the private and local matters of the community. For example, issues like the prevalence of patriarchy within the community or the excessive consumption of locally-made alcohol in the tea gardens of Assam impact the organization's operations.

Despite the organization's longstanding involvement, numerous challenges persist due to the communities' adherence to local culture and traditions, which often obstruct the achievement of the organization's goals.

With the advent of the pandemic, virtual learning and training have gained popularity. However, these communities are situated in remote areas where digital outreach is difficult. Consequently, the virtual training of facilitators has been disrupted. Furthermore, the lack of digital literacy hampers marginalized communities' access to government relief and welfare measures.

One of ActionAid's central principles is to bridge the gap between communities and the government by bolstering state-level processes. However, it's been observed that collaborating with government stakeholders poses significant challenges, often due to a lack of intention or systemic and infrastructural hurdles on the government's part.



Envisioning Childcare

Aide-et-Action is dedicated to safeguarding the rights of children, particularly those belonging to migrant communities. Their model takes into consideration the transient nature of parents from migrant backgrounds, aiming to cater to the requirements of these parents both at their source location and their destination.

Overview of the Organization

Aide-et-Action (AEA) is a child-centric organization operating in India since 1981. Focusing on education, AEA's actions are guided by nine focal themes which include:

- access to quality education,
- livelihood education,
- inclusive education,
- women's education and empowerment,
- disaster preparedness and mitigation,
- health education and HIV/AIDS,
- education for migrating population,
- early child care and education and
- education for global citizenship.

For the past 30 years, AEA has been deeply engaged in working with children from underprivileged backgrounds, including those from labor migrant communities, those residing in conflict zones, those susceptible to natural disasters, children of commercial sex workers, and unemployed youth, with a specific emphasis on women and girl children. They also collaborate with UNICEF and partner with the government to secure access to quality education.



Approach, Programs & Models

Understanding Vision: Education for all

As per the organization's tagline, "Changing the World through Education," it's evident that Aide-et-Action views education as a strategic tool for generating a positive impact in the lives of underprivileged children and youth. The organization acknowledges education as an unequivocal right for all children globally. It firmly believes that access to quality education constitutes a crucial strategy capable of enhancing the everyday existence of vulnerable populations and empowering them to break the cycle of poverty. Over their 40 years of intervention, they've also come to recognize that educating girls serves as a means to combat discrimination and stereotypes, thereby fostering gender equality.

In India, their projects are active in Odisha, Madhya Pradesh, Tamil Nadu, and Telangana. Through engagement with all stakeholders, they endeavor to create a secure environment for young migrants in worksites. Aide-et-Action tailors the nature of their work interventions based on the challenges faced by migrants in destination cities. Within their programs, they employ the mother tongue language to bridge the gap between migrant children and schools, thereby enriching the learning environment for these children.

Interventions in India: Looking at Migrant Labour Communities

In India and South-East Asia, a significant portion of AEA's efforts are directed towards seasonal migrants. AEA's estimations indicate that nearly 100 million individuals fall under the category of seasonal migrant workers, originating from informal and unorganized sectors. These workers, along with their families, migrate from rural to urban areas in pursuit of employment and sustenance. Within this migrating population, children constitute 15 to 20%, and AEA acknowledges them as the most marginalized and overlooked group. These children are often denied their fundamental rights to education, health, and safety. Dwelling on the fringes, they endure harsh conditions and inhospitable environments. Younger children are frequently found living near makeshift dwellings on construction sites.

According to their research, 90% of migrant children lack access to the Integrated Child Development Services (ICDS), despite its universal scope, and Anganwadi services at worksites. Additionally, 65% suffer from various communicable diseases, and as many as 80% are devoid of educational opportunities. Tragically,

40% engage in child labor, while child mortality rates remain elevated and school dropout rates persist. Migrant families on the move often find it challenging to avail themselves of ICDS services and are frequently excluded from governmental benefits. ICDS centers, focusing on childcare, operate in a rather rigid manner. These centers are inadequately equipped to address the unique challenges faced by migrant communities, including language barriers, parents' occupational circumstances, and a lack of relevant documentation. The existing ICDS model isn't tailored to cater to the diverse needs of migrant communities.

Another predicament concerning the children of migrant populations is their lack of integration into mainstream systems. Upon returning, it's evident that they miss out on essential childcare provisions. These situations hamper the learning capacities of migrant children, and the absence of adequate childcare facilities often exposes them to precarious circumstances.

Strategical Approach

Aide-et-Action initiated their efforts in brick kilns within Telangana, working with children originating from Dalit and Tribal communities in Orissa. Upon identifying higher child mortality rates, malnutrition levels, and drop-out rates at these worksites, the organization intervened by collaborating with stakeholders. They successfully advocated for the establishment of Child Care and Learning Centers (CCLCs). Additionally, Aide et Action forged connections with local government institutions such as schools, hospitals, and other departments. Through these linkages, they deliver crucial services including education, healthcare, and entitlements to the children.

Some of their other programmes which look at childcare through education are as following:

Women and Girl Child Education

In line with Sustainable Development Goal, this project attempts to support girl children living in difficult circumstances facing stigma and exclusion across 8 Cities (Chennai, Trichy, Salem, Bangalore, Mumbai, Delhi, Kolkata and Hyderabad) in India and links them with education system.



Early Childcare and Education

Aide et Action's strategies and approaches on ECCE take a holistic view of children's development including physical, cognitive, emotional, and psychosocial development. Government supported ICDS scheme is universal but it is often found that it ignores children of migrants. Aide et Action's ECCE programme focuses on integrating early childhood education with the Right to Education Act to ensure a smooth transition into formal schooling.

An overview of Child Care and Learning Centres

Aide-et-Action operates Child Care and Learning Centers (CCLCs) within worksites such as brick kilns, stone crushers, and building constructions across four states in India: Andhra Pradesh, Odisha, Madhya Pradesh, and Tamil Nadu. These centers can be aptly described as "Resource Centers." The CCLCs cater to infants, adolescents, mothers, and pregnant women. Their primary focus encompasses care, education, healthcare services, and entitlements, all facilitated through collaborations with local

government institutions, including schools, hospitals, and various government departments.

Approximately 50 CCLCs, established by Aide-et-Action, operate within brick kilns across India. These centers offer full-day care for children aged 3 to 6, conveniently located within the brick kilns where parents work. The objective of the CCLCs is to foster creative engagement and support comprehensive development and growth among migrant children.

Aligned with a holistic perspective on early childhood care and education (ECCE), the organization has formulated its own training modules and curriculum. They provide distinctive training to childcare workers, equipping them to understand the unique challenges faced by migrant communities, marginalized women, children, and adolescents. These workers are trained in various approaches for dealing with the migrant population and addressing the aftermath of natural disasters, such as cyclones. Selected primarily from within the communities, these workers receive training on child psychology and psycho-social counseling. They are compensated for their efforts.

Learning within the CCLCs revolves around toys, games, dance, music, and picture books. The curriculum encompasses various learning themes, and creative activities are woven around these subjects. Children actively participate in preschool activities, including action songs, color and shape identification, object recognition, and physical exercises to promote body movement. The curriculum also introduces basic pre-reading and pre-writing skills, along with creative arts. Interacting with diverse groups, understanding social relationships, expressing emotions, and cultivating cleanliness habits are integral components.

Nutritional requirements are addressed through a memorandum of understanding (MOU) between Aide-et-Action and local Integrated Child Development Services (ICDS) centers, which provide meals for CCLC children. Meals are provided through either take-home rations or cooked food facilitated by ICDS. The health program involves collaborating with local Primary Health Centers for regular immunization of children and mothers. Additionally, Aide-et-Action collaborates with government and private medical institutions to organize special health camps, covering eye and dental care as well as other ailments among migrants.

To ensure thorough tracking, Aide-et-Action meticulously creates and maintains detailed profiles for each child. These profiles include comprehensive information, nutritional records, and progress tracking.



Impact

- Aide-et-Action's work and engagement with children of migrant communities have highlighted a lack of data on child migration. This lack of data pushes these children into invisibility and neglect by the state, preventing them from receiving the statutory services meant for migrant children.
- In the context of migrant children, India's language diversity often creates a language barrier that widens the learning gap among them. To address these challenges, Aide-et-Action's model focuses on providing instructions in the child's native language, achieved by hiring specialized teachers. The model primarily employs the mother tongue to facilitate the learning process.
- Constantly tracking migrating populations is a challenge faced by states and communities. To address this, Aide et Action has implemented a practice of maintaining a database of migrant families through a village migration register in



source states like Odisha. This approach aids in identifying potential child migrants for upcoming seasons. Additionally, if necessary, Aide-et-Action sends volunteers to accompany migrating children and families from the source to the destination.

- While the Child Care and Learning Centers (CCLCs) are inherently child-centric, mothers and women also frequently access these centers for information and support. By ensuring the safety and engagement of children, CCLCs also alleviate the childcare burden on mothers. The establishment of CCLCs has enabled mothers to pursue full-time employment opportunities.



Envisioning Childcare

Apnalaya's Community Childcare Center model is an exemplary instance of a social enterprise that concurrently addresses the needs of women and children. The outcomes of this model demonstrate that constructive interventions in childcare can catalyze social change.

Overview of the Organization

Tom Holland, the then Australian Consul General, founded Apnalaya in 1972 within the huts of Nariman Point, with the aim of serving the children of migrant workers. It was officially registered under the Societies Registration Act in 1976. From its inception, the organization has diligently pursued effective strategies in response to the community's needs.

In 1975, Apnalaya expanded its reach into the slum communities of Tardeo and introduced the Balwadi system. This strategic move not only facilitated the integration of Apnalaya into these communities but also enabled them to cater to the specific needs of the residents. By the early 1980s, Apnalaya had effectively transformed into a city-wide organization, offering an array of services including preschool education, recreational activities, sponsorship of schools, and a strong focus on preventive community health measures, encompassing the well-being of both mothers and children.

Over the years, Apnalaya's trajectory has been one of expansion and evolution, centered around the upliftment of the urban poor and the provision of essential healthcare services, education, and livelihood opportunities. Collaborating closely with individuals, communities, and government bodies, Apnalaya takes a holistic approach to address the complex challenges posed by urban poverty. The pillars of health, education, and livelihood constitute the foundation of Apnalaya's mission, geared towards empowering marginalized individuals to achieve self-reliance.

Through the strengthening of local governance structures and the empowerment and mobilization of community members, Apnalaya is committed to fostering a profound sense of unity and shared purpose.



Approach, Programs & Models

Understanding Care needs of the Community

Apnalaya is dedicated to serving the Mumbai slum population. Recognizing the challenging living conditions that define these communities, the organization acknowledges the profound connection between health and the quality of living conditions. The dearth of safe drinking water, limited access to basic healthcare, exposure to unsanitary environments, and inadequate garbage disposal mechanisms collectively give rise to severe health hazards, disproportionately affecting vulnerable groups, especially young children and women.

Beyond its commitment to eradicating urban poverty, Apnalaya actively champions the cause of an inclusive society, aiming to provide sufficient space and opportunities for individuals with disabilities. The organization also places significant emphasis on addressing the educational needs of children and youth. The absence of educational opportunities, coupled with a lack of skills, often leaves the urban poor trapped in a cycle of unemployment. Through initiatives that bolster the capabilities of these marginalized communities, Apnalaya advocates strongly for the development of an efficient public infrastructure that can break the shackles of poverty.

Throughout its decades of existence, Apnalaya has undergone a transformative journey, evolving from a mere daycare center into an institution that empowers communities to achieve self-sufficiency. The organization's endeavors primarily revolve around three core areas of focus.

1. Citizenship and Advocacy

Urban poverty creates barriers to holistic development, as has been well-documented. Consequently, people lack access to basic civic amenities and rights, such as clean drinking water, adequate sanitation, education, and healthcare. By providing civic education to the target group, Apnalaya empowers these individuals. It establishes Civic Action Groups (CAGs) within neighborhoods, composed of community volunteers with a thorough understanding of the issues and challenges facing their communities. Through these groups, Apnalaya establishes a direct line of communication between the community and the municipal administration. This approach enables community members not

only to be informed about their rights but also to be directly involved in the changes they seek to improve their civic conditions. Additionally, the organization assists community members in gaining access to their documents, thereby enabling them to directly interact with municipal authorities.

2. Health and Disability

Apnalaya recognizes that the need for basic healthcare services must be provided to all. With this intention, the primary focus of this vertical is to identify and track high-risk cases of maternal and child health that require immediate medical attention. Additionally, they strive to enhance the understanding of health issues among adolescents, pregnant, and lactating women. Their efforts in the health sector also encompass reducing the risk of disabilities in children and identifying developmental delays as early as possible. Apart from offering education and livelihood opportunities for Persons with Disabilities, their programs also aim to create chances for them to actively participate in society.

3. Education and Livelihood

Education and Livelihoods (E&L) at Apnalaya assists adolescents, youth, and women in developing realistic aspirations and gaining access to livelihoods.

This vertical is further comprised of three major components:

- **Reduction of school dropout girls:** Apnalaya runs Saheli Program, a group scholarship initiative for girls. Under this program, they identify 10 to 15 girls who face a high risk of discontinuing their school education. This scholarship follows a cluster-based approach and provides social education for adolescents through mentors. If any member of the group drops out or gets married before reaching the legal age, the entire group loses the scholarship. Hence, fostering mutual support within the group is essential to maintain education continuity and prevent child marriage, thereby ensuring the receipt of educational assistance.
- **Linkages with Skill centres:** Facilitating youth engagement with skill centers and other institutions through partnerships constitutes the second component within the education and livelihood theme of the organization. This initiative supports youth groups aged between 16 and 21, enabling them to



secure employment opportunities in institutions like the Kotak Education Foundation and Don Bosco. These institutions provide training for the acquisition of skills such as computer or mobile repair.

- **Community Childcare Centres (CCC):** The Community Child Care (CCC) social enterprise model encompasses the construction and operation of day-care facilities aimed at providing dependable childcare assistance to working mothers. Additionally, this initiative offers an income-generating avenue for the women responsible for overseeing these daycares. The CCC program establishes a secure environment for children within the community, offering comprehensive support for their early childhood development. Apnalaya collaborates with its Self-Help Groups (SHGs) to enhance the quality of community-based childcare by delivering training and material resources.

Community Childcare Centre as Social Enterprise model

In the communities where Apnalaya has been involved, like Shivaji

Nagar, young children are often entrusted to the care of their older siblings or brought along to their parents' workplaces. In both cases, the older siblings bear the responsibility of looking after these infants while simultaneously trying to pursue their own education. Moreover, numerous parents are employed in hazardous settings such as dumping grounds. To secure the safety and early education of these children, Apnalaya established two crèches. Each day, the children received nourishing meals and engaged in educational activities.

Through these creches, Apnalaya has developed a social enterprise model that addresses two key issues:

- a) the lack of affordable childcare in Shivaji Nagar, limiting women's opportunities with small children to go out to work.
- b) the limited livelihood opportunities in the neighborhood for women who are not able to seek employment outside their homes

Through this model, women from the community who express an interest in caregiving undergo extensive training in creche management principles, focusing on psychology and nutrition.



These creches are situated in the homes of the creche workers, offering a drop-off point for children. The Community Child Cares (CCCs) in Mumbai have exhibited significant success, largely attributed to their flexible timings (ranging from four to five hours) and adherence to proper infrastructure and hygiene protocols. Out of the 80-86 CCCs operational in Mumbai, approximately 50 have achieved notable success.

Apnalaya's intervention goes beyond mere crèche training; it aspires to transform this model into a self-sustaining enterprise, thereby enhancing the income of these women. Nonetheless, Apnalaya maintains that interventions at the grassroots level are insufficient; their 2030 strategy aims to drive policy change by advocating for universal child care through the CCC model. Collaborating with like-minded NGOs in Gujarat and other tier three cities, the organization's objective is to implement this model in various urban settings.

Some features of CCC model includes the following:

- Refurbishing existing properties in urban slums to create child-friendly spaces.
- Recruiting and training local women in early childhood development and care.
- Developing high-quality classroom materials designed for low-resource settings.
- Enabling mothers to sustain employment or explore other income-generating opportunities, thereby enhancing their economic security, due to the availability of affordable and reliable child-care support.
- Empowering women who were previously without earnings to generate an average income of Rs. 3,000 by operating home-based daycares.
- Enabling adolescent girls to continue their formal education without interruptions caused by caring for younger siblings during the day.



Impact

- Apnalaya has successfully trained over 126 women to operate CCCs, working in pairs.
- It has become a reliable source of income and livelihood for numerous women in the informal sector, motivating their entry into the workforce.
- Apnalaya's outcomes demonstrate that sustained intervention strategies yield positive impacts on the community. They have effectively decreased school dropouts, elevated the status of malnutrition, and involved individuals in income-generating endeavors.



Envisioning Childcare

Avani's field observations emphasize the need for childcare support to protect children's rights and well-being. The organization provides preferred childcare options to meet both parental and community needs, primarily focusing on grassroots and remote communities, particularly migrant children.

Overview of the Organization

In India, child labor, child trafficking, and female infanticide stand as significant challenges. Avani exemplifies how grassroots, community-centered efforts can address these issues. Since 1994, Avani has been aiding underserved populations in Kolhapur, Maharashtra. Their mission is to provide essential support like food, clothing, and shelter. Avani primarily focuses on industries with elevated risks of child and migrant labor, such as brickyards and sugarcane factories. They manage three daycare centers: fourteen in Kolhapur, ten in Sangli, and ten in Satara.

Founded by Dr. Arun Chavan, the organization's sustainable community initiatives have uplifted disadvantaged villages. Ms. Anuradha, Avani's Vice-President and a former child laborer, has championed women's and children's rights for decades. She's now a prominent advocate for social change in Kolhapur district, Maharashtra.

Avani's contributions have earned them several state and national awards, including the Rajshree Shahu Gaurav Award, the Women's Wings Award, the Ahilyabai Holkar Award, the Sierra Award for Exemplary Social Work, and the Baya Karve Award from the Maharishi Karve Women's Education Institute, Pune.



Approach, Programs & Models

In Maharashtra, numerous families migrate from regions like Marathwada, Vidarbha, and Karnataka in pursuit of livelihood opportunities. Laborers from these families find work in industries such as sugarcane, brickyards, mining, and construction. Consequently, this migration often leads to children dropping out of school or attending irregularly. The issue of education for these migrant workers' children is profoundly concerning. While they might be enrolled in schools in their hometowns, their education remains lacking.

The challenging circumstances of staying at brickyards can also push these children into child labor. Avani's outreach initiatives educate brickyard workers about available educational options, encouraging them to enroll their children in school and thus preventing child labor. Additionally, Avani's programs cater to the health needs of these individuals, as their lack of education often leaves them unaware of health issues within their community.

Programs Offered by Avani

a. Rescuing Child Laborers

Avani collaborates closely with local law enforcement and government agencies to rescue children engaged in domestic work, forced begging, agricultural farms, waste picking, construction sites, and brickyard labor camps. Once the child is rescued, Avani provides support and guides them towards suitable therapy and aftercare programs.

b. Shelter for rescued child Laborers

Avani's shelters offer psychological and emotional rehabilitation for children through assessments of their emotional, nutritional, behavioral, social, and academic well-being. Education acts as a preventive measure against children being coerced into hazardous work and effectively breaks the cycle of child labor.



c. Day Care Centres

Avani endeavors to combat the elevated infant mortality rate stemming from unsanitary living conditions within and around labor camps. Within these communities, Avani establishes dedicated daycare facilities, specifically tailored to safeguard children and deter their involvement in child labor. Through educational initiatives for both parents and children, these facilities effectively mitigate child labor. Children aged 3-6 receive care at the daycare center, while those aged 6-14 are enrolled in nearby government schools as mandated by the Right to Education Act.

d. Life-skills training

Avani places equal emphasis on life skills education alongside primary literacy education. In fact, Avani recognizes life skills to encompass communication, emotional regulation, and informed decision-making abilities. The organization actively advocates for life skills education within nearby schools, delivering courses on self-awareness, self-management, social awareness, relationship skills, and ethical decision-making.

What Makes Avani Unique

Avani operates a residential home for orphans, underprivileged, and vulnerable children under the Juvenile Justice Act. This center accommodates 14 girls. Additionally, it operates a computer lab aimed at promoting digital literacy among this group of children. Gender equality sessions are conducted in these centers to raise awareness about the issue. Avani also runs advocacy programs for women engaged in waste picking. These childcare centers cater to children from the rag-picking community who have no alternative care when their mothers are at work.



Avani has developed modules on a six-month basis, running from October to May, to align with the migration patterns of kiln workers. In the subsequent six months after the laborers depart, Avani visits their villages to verify if their children are attending school and to assess their progress. Typically, the follow-up process takes around two months to conclude.

Creche services by Avani

These crèches are situated in rented rooms near brick kilns and sugarcane factories. Each crèche has the capacity to accommodate 20-22 children. Children can attend the crèche from 10 am to 2 pm. During the four-hour schedule, activities commence with a prayer, followed by clay work, drawing, singing, and recitation of poems. Additionally, health camps are organized twice every six months to assess the well-being of the children and their families. Avani also arranges excursions and cultural events for children's recreation.

The daycare centers employ 34 social workers who have received training in empowering children. These social workers are well-versed in child rights and adept at maintaining up-to-date records. In accordance with the Integrated Child Development Services (ICDS), children also receive mid-day meals.

Challenges

The organization encounters several challenges, with the primary one being the need to address disputes with brick kiln owners who seek to involve children in the labor-intensive industry. Another challenge for Avani is surmounting the problem of parents reverting to previous habits after returning to their villages. Frequently, these parents involve their children in labor or waste picking, hindering their access to education. Consequently, the organization conducts counseling sessions aimed at educating parents and brickyard owners about suitable practices for children and informing them about government regulations.

Impact

The efforts of AVANI have made a substantial impact at the grassroots level, both on the children within the region and on families migrating to this area in pursuit of a better life. To date, approximately 20,000 children have been enrolled in formal education due to AVANI's initiatives. Additionally, Avani operates a migration extension program, wherein the organization provides documentation to the home states of these children, enabling them to continue their education there. This process has been successfully completed for 10,000 children, of whom 99% are now enrolled in formal education. As a result of these interventions, children no longer engage in hazardous industries even upon returning to their villages. The response from parents has been exceptional, as they are now able to concentrate on their work without the concern of their children's well-being. Furthermore, the children's attendance in formal schools has enabled them to avoid exploitative practices such as child labor.

Avani capitalizes on the success of its programs by combining policy research, advocacy, and proactive measures. Through fostering community support, demanding accountability from local government entities, driving policy reform, and securing financial investments, Avani has positively impacted thousands of underprivileged children in the region. Notably, there



exists a robust level of commitment and cooperation between Avani and the local government. The organization has garnered support and approval from the state for numerous innovative pilot projects, ensuring long-term sustainability and fostering positive change within the community.

Through their resolute actions and dedicated advocacy, Avani has effectively persuaded families and brickyard owners to cease sending children to work, culminating in a remarkable 95% reduction in child labor within brickyards across the region.



BASIC HEALTHCARE SERVICES



Envisioning Childcare

Basic HealthCare Services (BHS) is a non-profit organization in Udaipur, Rajasthan, established in 2012, aiming to provide high-quality, low-cost primary healthcare services to marginalized communities, focusing on curative, preventive, and promotive care. They operate Amrit Clinics in tribal areas located around 70 to 100 kilometers away from Udaipur and have received recognition for their efforts, including co-hosting a national consultation and receiving a Healthcare Leadership award in 2019.

Overview of the Organization

Basic HealthCare Services (BHS) is a not-for-profit organization based in Udaipur, Rajasthan, established in 2012 with the primary focus of providing high-quality, affordable primary healthcare services to vulnerable communities. BHS's mission is to deliver curative, preventive, and promotive healthcare to marginalized and vulnerable communities, enabling them to lead healthy lives with dignity. The organization's core values revolve around delivering top-notch care at a low cost, upholding the dignity of individuals, and empowering these marginalized communities.

BHS operates primary healthcare facilities that cater to tribal communities residing around 70 to 100 kilometers away from Udaipur, utilizing a network of Amrit Clinics. Over the span of a decade, BHS has achieved significant milestones. In 2019, they co-hosted a National Consultation on Strengthening Primary Care, highlighting their commitment to enhancing primary healthcare services. Additionally, in the same year, they were honored with the Healthcare Leadership Award for their contributions.



Amrit Clinics and Childcare

The concept of 'phulwaris' emerged alongside the establishment of Amrit clinics, which were initiated to strengthen community health and nutrition practices. Based on the baseline survey conducted by BHS during its initial years and informed by practical experience, it was evident that access to quality public and private healthcare systems was deficient in the economically disadvantaged rural and underserved regions of Southern Rajasthan. With the aim of broadening their reach and enhancing their capacity to address malnutrition in these communities, BHS launched its program centered around Amrit Clinics. These clinics serve as models, designed to deliver community-based, affordable, migrant-friendly, and high-quality healthcare with dignity to remote, rural, and underserved populations. Services offered include consultations, basic tests, treatment, safe childbirth assistance, and emergency care.

The southern districts of Rajasthan, encompassing remote areas such as Banswara, Udaipur, Dungarpur, and Rajasmand, are characterized by a substantial tribal population. These regions frequently experience a high prevalence of unskilled, male, seasonal outmigration, leading to significant resource constraints within households, particularly in terms of access to nutritious food. Consequently, women faced substantial challenges not only in providing adequate care for their children but also in balancing their time between caregiving and meeting the economic needs of their families, particularly in migrant households. The normalization of malnutrition due to poverty and inadequate nutrition among children was unfortunately commonplace. Stunting and wasting were identified as prevalent issues, particularly among tribal children.

Basic HealthCare Services embarked on providing childcare services when they observed the health conditions of children accessing their Amrit clinics. These children were grappling with poor health and acute poverty, which were in turn exacerbating their overall well-being.

“The idea of crèches started when in Amrit clinics we saw a large number of malnourished children coming to us and we would tell the mothers that you need to feed your child more of dal more of milk and a similar answer would come that there is nothing”
(Dr. Sanjana Mohan, Interview 2020)

The awareness regarding health and nutrition was notably deficient. A prevailing normalization of malnourishment was observed within the broader community due to a lack of awareness. Despite the majority of children in the community being underweight, this condition was not viewed as a cause for concern; rather, it was accepted as a normal state for children. Consequently, the prevalence of childhood malnutrition reached alarmingly high levels within the region.



Phulwaris: A versatile model encompassing mother and child needs

“There were times we would see a child sitting in the middle of a few goats while the mother was away, that was the situation, so this got us thinking that there must be some childcare available to these children, which got us started to initiate phulwaris.”

Basic HealthCare Services initiated 'phulwaris' to address the care requirements of the community, focusing on the well-being of both mothers and children from a health perspective. These 'phulwaris' also function as central points for advocating childcare practices within the neighboring villages. Monthly growth monitoring sessions are conducted for more than 1000 children

under the age of 3. Severely malnourished children identified within the community are referred to AMRIT Clinics for community-based management, involving the utilization of ready-to-use therapeutic food. To date, close to 1000 children have been successfully connected through this initiative.

Structure of the Creche

The scope of Phulwaris (creches) has expanded beyond being safe havens to encompass regular child health facilities, immunization programs, and even extending health services to parents. The count of operational Phulwaris has now reached 25. Over 2000 children have availed services at these creches, with more than 350 children participating in immunization programs. Currently, 16 creches are operational, operating from 9:30 am to 5:00 pm daily.

Each Phulwari is managed by two local women who undergo continuous training in childcare and nutrition. The selection criteria for creche workers include a basic education level, requiring at least completion of the 8th to 10th grades. A crucial aspect of selection is the workers' willingness to provide care and engage with the children. With one Phulwari worker for every 10 children, these individuals also facilitate learning and sporting activities to bolster cognitive development. Additionally, the Phulwari workers prepare three hot meals for the children throughout the day.

Amid the pandemic-induced lockdowns, the Phulwaris were temporarily closed. However, they continued to provide cooked meals to children at their homes. Phulwari workers played a crucial role in disseminating COVID-19 awareness and dispelling myths and fears related to the disease.



Challenges

Normalisation of malnourishment in Children: Prior to the intervention, the perception regarding child malnourishment was characterized as 'normal'. Despite the community's overarching struggles with poverty and resource scarcity, the prevalent presence of a significant number of undernourished children was regarded as an ordinary occurrence.

Male Migration

Southern Rajasthan experiences higher rates of male migration, resulting in an increased workload for women. Mothers are confronted with the dual responsibilities of tending to farm lands and households, causing childcare to become a secondary priority for them.

Ignored Childhood

Younger children were frequently found being cared for by their elder siblings, thereby depriving them of their right to education and a healthy childhood. Additionally, there existed a gap in the community's sufficient knowledge of nutrition and proper childcare practices.

Culture of Misogyny

Often, it has been observed that prevailing patriarchal beliefs, which tend to favor male children, result in girls and women being overlooked in terms of care, consequently impacting their overall growth and health.

Impact

Nutritional Improvement

With the establishment of phulwaris, the nutritional status of malnourished children has demonstrated improvement in terms of weight gain. Mothers have observed noticeable enhancements in the health of their children.

Wasting in Children

The prevalence of wasting among children attending phulwaris was observed to be less than half of that among children in the broader community. Through ongoing engagement within the community via the creches, an enhancement in food intake has been noted among both mothers and children.

Sharing the burden: Women often struggle to balance their time between paid and unpaid labor, while also finding it challenging to partake in festivals, attend doctor's appointments, or manage errands. The introduction of full-day creches has afforded women the opportunity to engage in these often-overlooked activities. Additionally, BHS operates a phulwari at NREGA sites, offering daycare services to female laborers working at these sites.

"Mothers were overworked, we would see that there are higher rates of migration and it is mainly male migration, so men are away they work in Gujarat mostly, some in Maharashtra may be large parts of country they move to but then it means women have double responsibility of all, and in this childcare comes at the almost end." (Dr. Sanjana Mohan, Interview, 2020).

BAL RAKSHA BHARAT



Envisioning Childcare

As a nonprofit organization, Bal Raksha Bharat is committed to investing in the fields of early childhood development and care. The organization places a strong emphasis on enhancing children's education and nutrition. Throughout its history, Bal Raksha Bharat has been at the forefront of pioneering groundbreaking initiatives aimed at promoting child rights and protection. These initiatives are often developed in close collaboration with both state and national governments within India.

Overview of the Organization

Bal Raksha Bharat was established in 1919 by the British social reformer and philanthropist Eglantyne Jebb. She founded the organization with the purpose of assisting orphaned children in the aftermath of World War I. Her persistent humanitarian endeavors aimed at providing a safe and nurturing environment for children's growth and development evolved into a global movement of recognition. Additionally, she authored the historic Child Rights declaration, initially adopted by the League of Nations and subsequently embraced by the United Nations in 1959. This declaration, coupled with the organization's mission statement, played a pivotal role in shaping the vision and dissemination of Bal Raksha Bharat's objectives.

Operating in India since the 1930s, the organization has spearheaded numerous campaigns, programs, and relief efforts spanning various states and territories. It wasn't until the 1990s that they embraced a rights-based approach, with a specific focus on extending education and protection to children from marginalized communities. In 2008, the organization formally joined the Bal Raksha Bharat international alliance, and since then, it has been at the forefront of groundbreaking initiatives aimed at uplifting the most vulnerable children in India. Central to their mission is the aspiration for a world where every child's fundamental rights are safeguarded, and all of their endeavors champion this principle.

During its early years, the organization's primary efforts centered around preventing child marriages, providing relief during the Bengal Famine, and delivering nutritional meals to at-risk children through mobile nutritional clinics. Furthermore, they established childcare homes and welfare centers to aid the rehabilitation of Tibetan refugee children, a program subsequently expanded to encompass food, maternal care, and medical support for the refugees. From the 2000s onward, their primary concerns shifted to early childhood development, education, and addressing issues related to HIV/AIDS. The organization also played a crucial role in supporting the RTE (Right to Education) forum in India, ensuring its proper implementation by partnering with over 10,000 NGOs across various states.

Moreover, the organization actively participated in the National Council of Educational Research and Training's (NCERT) committee for Early Childhood Care and Education, underscoring their dedication to their primary focus after the year 2000. Bal Raksha Bharat persists in prioritizing the protection of marginalized children through initiatives aimed at capacity building, policy intervention at the national level, as well as global campaigns and projects. Collaborating closely with local, state, and national government agencies, they address themes such as Education, Health and Nutrition, Poverty and Inclusion, Resilience, Humanitarian Aid, and Child Protection.

Approach, Programs & Models

Building Cohesive Support Structures

The primary concern of Bal Raksha Bharat in the field of social welfare is to create and promote an environment in which children from marginalized communities can flourish. The organization's intervention model is aimed at strengthening systems and ensuring the proper functioning of anganwadi centers through workers, supervisors, or CDPOs. Its mission is to empower anganwadi workers to provide enhanced care for children within these centers' structures. As a result, the intervention is collaborative or supplementary, enhancing the quality of services provided by government ICDS centers. The organization oversees 1800 to 2000 anganwadis, with a majority catering to marginalized groups.

Bal Raksha Bharat also places emphasis on anganwadi centers that are not operational. In such cases, it intervenes by informing communities about the significance of early childhood development and working towards reopening and regularizing inactive centers. The organization engages extensively with mothers through community mobilization, providing systematic training and orientation about early childhood development and how to continue fostering it when their child returns from the centers.

Utilizing a technical assistance and block-based approach, Bal Raksha Bharat has a presence in 11 states. When resources are limited, the organization chooses to intervene in as many anganwadis as feasible based on available resources. The selection criteria prioritize the most marginalized areas, considering indicators such as children living on the streets, those from rural and tribal communities, and even urban and peri-urban children. After identifying states with the most vulnerable stakeholders through a Child Rights Situation Analysis (CRSA), districts and blocks are identified and ranked accordingly. In states like Karnataka, which have a history of progressive government intervention and substantial funding, thematic relevance also plays a role in selection. The organization takes into account the state's inclination and financial resources, utilizing publicly available secondary data.

Approaches Taken by Bal Raksha Bharat

Bal Raksha Bharat's primary goal is to ensure that every child has access to quality education, healthcare, and a fulfilling life. All



projects by Bal Raksha Bharat align with the Bal Raksha Bharat Global Breakthrough for 2030. By concentrating on the key domains of child development based on the early childhood care and development (ECD) and care for child development (CCD) frameworks, Bal Raksha Bharat has established a comprehensive childcare approach. As part of its commitment to capacity-building, the organization concentrates primarily on education and health.

1) Ready to Learn

This initiative caters specifically to children aged three to six. The organization's main objective is to ethnographically comprehend how activities at childcare centers directly influence children. Utilizing a tool called Ilda, the organization quantifies this impact through educational assessment (such as emergent literacy and mathematical knowledge), psychosocial care assessment and intervention (provision of nutrition and immunization), and the physical and motor development of children at the centers. Subsequently, through end-line surveys and situation analysis, the organization assesses the effectiveness of these interventions.

2) Building Brains

Another program undertaken by Bal Raksha Bharat is geared towards children aged zero to three, following a similar framework as UNICEF's nurture-care approach. This intervention aims to ensure proper development of children's mental acuity, focusing once again on core developmental domains. By monitoring nutritional intake within this age group, the organization aims to facilitate the child's emotional and intellectual growth.

3) Sponsorship Program

The organization has made significant progress in integrating the 0-3 and 3-6 age groups through the Sponsorship Program, intervening through health and education. This approach has been pivotal at an intervention level for childcare.

Establishing Effective Partnerships and Addressing Challenges

To foster collaborations with government agencies, a series of processes are meticulously followed, encompassing various steps: identification and selection of appropriate partners for enduring impact, engagement with government and civil society in policy interventions at both national and state levels, and conducting training and capacity-building workshops for all stakeholders. Specifically, this collaboration involves training Anganwadi workers and parents through the distribution of teaching and learning materials. Additionally, the organization nurtures long-term impactful programs led by child champions, who receive ongoing training from Bal Raksha Bharat while actively driving change within their communities.

To ensure efficient program implementation, thorough data collection and analysis are imperative. The organization employs an evidence-based approach, emphasizing fieldwork that integrates primary and secondary research methodologies, stakeholder consultations, and the establishment of an advisory committee to provide strategic guidance. The advisory committee subsequently delivers reports based on their findings.

Challenges and Limitations

- Despite Bal Raksha Bharat's intention to execute long-term projects over a 5-year timeframe, challenges related to funding and permissions can disrupt these plans. Funding primarily stems from private and corporate donors, who may hesitate to commit to long-term projects due to concerns about sustainability. Typically, funding is initially provided on a yearly or biennial basis, contingent on results and compatibility with the donor's sustainability goals. Consequently, resource acquisition becomes a constraint.
- Accessing funds for interventions in aspirational districts presents further challenges, involving engagement with



Public Service Undertakings (PSUs) that have rigorous criteria to navigate. This includes compiling data on per child costs and trail budgeting, often with limited available governmental data.

- The CRSA methodology employed to identify areas for intervention faces limitations due to inadequate secondary materials for accurate analysis. Utilizing primary data collection for CRSA, while accurate, proves to be resource-intensive.

- Time and knowledge dissemination consistently pose constraints in the organization's work. Overloaded workers lack adequate training to care for children, and limited time and resources hinder proper training. This extends to supervisors who struggle to allocate time for training due to these constraints. Knowledge updates within training modules are challenging to implement, with theoretical grounding limited by practical feasibility.



Impact

- Over the years, Bal Raksha Bharat has recognized the significance of integrating health and education components into their programs.
- Alongside their focus on children, these centers also provide employment opportunities for women, enabling their involvement within the centers.
- In terms of policy intervention, Bal Raksha Bharat has made substantial contributions to amending the RTE forum and the Child and Adolescent Labour (Prohibition and Regulation) Act. Remaining committed to their vision, they successfully rescued and rehabilitated 2500 children from child labor.
- Notably, Niti Aayog has taken note of Bal Raksha Bharat's integrated approach to education and nutrition in childcare initiatives.
- State agencies actively seek Bal Raksha Bharat's expertise for capacity building and training of ICDS staff, as well as the establishment of effective monitoring systems for supervisors and CDPOs.



CENTRE FOR WOMEN DEVELOPMENT AND RESEARCH



Envisioning Childcare

The Center for Women Development and Research (CWDR) is dedicated to advancing women's rights, leadership, and empowerment within communities. Through its field-level interventions, CWDR concentrates on three particularly vulnerable groups of women: adolescent girls, single women, and domestic workers.

Overview of the Organization

A group of female activists established the Centre for Women's Development and Research in 1993 with the mission of facilitating the women's movement. It was founded on the principle that women's rights and development must be championed through a women-led organization that comprehends women's needs and addresses their rights and development in a relevant manner. This very ideology formed the core of CWDR's vision, "creating a gender just society," applied to marginalized women in the urban slums of Chennai and its vicinity. Through a gender-focused approach, CWDR undertook multiple projects to empower and enhance the living conditions of women and children in Chennai's urban areas.

One of CWDR's primary objectives is women's economic empowerment and the creation and sustenance of livelihoods. Since its inception, CWDR's scope has expanded, engaging stakeholders from around 85 low-income settlements in Chennai and up to 23 villages in the Edaikazhinadu Panchayat Kancheepuram district. At the grassroots level, CWDR has contributed to the economic empowerment of women in the informal sector by generating income opportunities for them. Beyond working with domestic workers, women in the unorganized sector, and single mothers, CWDR also collaborates with young and adolescent girls. Most of their programs address women's concerns and adopt a gender-focused perspective. They have also directly tackled women's livelihood-related issues in several of their major initiatives.





Approach, Programs & Models

Maithri: Focusing on Empowering Single Women

In response to their critical findings from tsunami rehabilitation efforts, CWDR established Maithri in 2004. This initiative aimed to address the unmet needs of single women, including widowed, deserted, divorced, and never-married adults. This vulnerable group faced heightened risks of abuse and exclusion. Maithri's approach organized these women into groups, fostering support networks within Chennai slums and nearby villages. CWDR's goal was twofold: enhancing income opportunities and providing counseling and training programs in Chennai and Tamil Nadu. Additionally, financial assistance was given to enable women to start small businesses, such as vegetable and flower vending.

MANUSHI: Advocating for Working Women's Rights

Founded in 2005, Manushi is a dynamic trade union specifically for working women, particularly those in the unorganized sectors, like domestic work. This organization endeavors to safeguard and champion their rights and working conditions. With an

approximate membership of 3000, Manushi primarily focuses on advocacy and campaigning. Their pivotal role lies at the intersection of women's and workers' rights. Manushi emphasizes upskilling domestic workers to improve their job prospects. Beyond job placements, they offer diverse initiatives, including catering services and soap-making programs, diversifying employment options beyond domestic work. Notably, they have effectively influenced more favorable government policies and regulations for the informal sector workforce.

Childcare and Adolescents: CWDR's Holistic Approach

CWDR's initiatives recognize and cater to the diverse needs of women and adolescents. Understanding the challenges faced by women in the informal sector, primarily domestic workers, CWDR introduced childcare centers to alleviate the burden of childcare while these women worked. Despite challenges due to government regulations and financial limitations, CWDR's efforts in this area are a testament to their commitment to supporting women's multifaceted needs.

Snehidhi: Nurturing Adolescent Girls

Following a tragic incident involving a pregnant teenager facing cultural stigma, CWDR expanded its focus to address the vulnerabilities of adolescent girls. This led to the inception of Snehidhi in 2003. Snehidhi's mission is to provide leadership training to adolescent girls. Operating across 50 Chennai slums and 23 villages, the initiative addresses concerns like teen pregnancies, sexual violence, early marriages, and school dropouts. It offers a comprehensive program that includes life skills education, vocational training, career guidance, sexual education, and information about reproductive rights. Snehidhi's Recreational Learning Centers, operational after school hours, provide a platform for sessions on gender-based violence, sexual and reproductive health, and mental health awareness. Guided by CWDR's curriculum, these centers play a vital role in bridging educational gaps among girls from low-income settlements.

Nanban: Challenging Gender Norms

CWDR also extends its efforts to adolescent boys through the Nanban program. Nanban aims to break down gender stereotypes and patriarchal norms through community mobilization and sexuality training. By addressing these issues at a young age, CWDR is actively contributing to reshaping societal attitudes and fostering equality from the ground up.

Objectives

- A primary objective of CWDR is social welfare through a gendered lens, which includes the upliftment and empowerment of women (domestic workers, adolescents, and women alone).
- Another objective that the organization pursues very seriously is empowering young girls to challenge patriarchy through education. CWDR also provides rehabilitation and mental health support to these girls, many of whom suffer from abuse and domestic violence.
- The organization has been working on interventions in the area of child marriage in Chennai, a problem that is common in the city, especially during the pandemic period when schools were closed and growth opportunities were limited, leading to an increase in teen marriages.
- Due to the COVID-19 pandemic, working women have lost

work and income, and girls have had a difficult time adapting to online learning, resulting in increased dropout rates in schools and colleges. CWDR, therefore, works on this front, offering assistance to unemployed women or dropouts to find alternative employment.

Goals of CWDR

- The empowerment of women throughout the country, including the target groups of domestic workers, single mothers, and adolescent groups. They must be educated and raised in consciousness to fight for their rights.
- Ensuring that their stakeholders can earn their economic sustenance more safely and comfortably by participating in the workforce. This also includes caring for their children while they are working.
- Training those who are committed to the advancement of women's rights throughout the country.
- Providing adolescent girls with a sense of satisfaction and preparing them to take on future pressures.
- Eliminating child marriage.
- Eliminating female infanticide.
- Providing better knowledge and information about reproductive processes, menstrual hygiene, and other related topics to adolescent girls and women.
- Safeguarding against sexual abuse in all forms.



Challenges to care provisioning (SNEHIDI and other initiatives of CWDR)

CWDR's agenda has been significantly hindered by the COVID-19 pandemic. Many families have been compelled to withdraw themselves and their children from the economic processes due to severe economic pressures. The lack of exposure to college environments and difficulties adapting to online education have led to a decline in the participation of college-bound girls in these programs.

Furthermore, government-led evictions of slums have exposed these children to various forms of abuse, including sexual abuse, as they are left vulnerable and alone. Apart from their demanding school schedules, a considerable number of students also engage in work on Saturdays. This dual commitment has rendered it challenging for them to attend meetings and training sessions. Complicating matters, convoluted and counter-productive government policies have adversely affected the impact and visions of the organization. Additionally, stringent regulations that curtail the ability of NGOs to transfer funds to other NGOs have posed further obstacles.



Overall Accomplishments of CWDR

- Due to Tamil Nadu's inspiration, women's rights have received a significant boost across the country. In this manner, CWDR has influenced women's consciousness by encouraging them to live and work on par with men - to seek education and to work in safe and secure environments.
- The MANUSHI labor union has achieved remarkable success in securing favorable laws for women workers and negotiating improved conditions from employers and employers' associations. As a result, women's economic participation has grown and strengthened.
- Simultaneously, young women and adolescent girls have been motivated to pursue regular education while also being educated about topics they might otherwise be unaware of, such as reproductive hygiene and sexual education.
- CWDR's initiatives, which have predominantly championed advocacy and social welfare campaigns with a strong gendered perspective, have laid a sturdy foundation for eradicating constraining practices and social ills like child marriage and female infanticide.
- Moreover, women have been encouraged and now feel more empowered to assert themselves and report instances of sexual abuse and harassment, with a rising number of survivors coming forward.



Envisioning Childcare

CHETNA recognizes that health and nutrition are critical for the physical and mental development of children, adolescents, young people and women but many families are unable to enjoy healthy lives due to poverty or lack of knowledge. CHETNA believes that gender inequality affects women's health and nutrition status at every stage of her life. Therefore women's empowerment should be aimed at raising their self-esteem, confidence and consciousness, which further enables them to access key elements of health and nutrition that directly affect their health and wellbeing.

Overview of the Organization

CHETNA, established in August 1984 with a vision to create health and nutrition awareness. During its journey of 40 years CHETNA has developed a wide range of extensively tested need based Behaviour Change Communication material on various issues related to health, nutrition and education. CHETNA's publications and products are appreciated, adapted and replicated by Government and non-government organisations, worldwide.

CHETNA strives to improve access to food, enhance nutrition, ensure comprehensive health and development of children with special focus on the girl child. It addresses the issue of gender biased sex selection and diminishing sex ratio, maternal and newborn health and promoting comprehensive development of adolescents and youth.



Approach

CHETNA engages in dialogue with multidisciplinary experts and practitioners and shares its vision with strategic partners to amplify the impact of its ongoing initiatives.

Early childhood education, child, adolescent and maternal health and nutrition are the core issues that define the broader framework of CHETNA's work. CHETNA undertakes programmes related to its core issues in the states of Rajasthan, Gujarat, and Madhya Pradesh. Instead of creating a parallel system or model, they closely work in partnership with government especially with the Department of Women and Child Development and Health, both at the state and national level. CHETNA demonstrates workable models and approaches that can be mainstreamed through existing government programmes at the state and national levels.

CHETNA also showcases strategies to train frontline workers of the government programmes (Anganwadi workers-AWW, ASHA, Female Health Workers) on health and nutrition, communication, supportive supervision and monitoring of services.

Children, who get adequate stimulation, besides nutrition and health, grow and develop optimally. Early Childhood Care and Education (ECCE) makes positive contribution to children long term development and learning by facilitating an enabling and stimulating environment in these foundation stages of lifelong learning. With this vision CHETNA works closely with Integrated Child Development Services (ICDS) to address the child care including Early Childhood Care and Education (ECCE). Efforts are made to make Anganwadies child friendly and equipping it with the necessary learning material. CHETNA trains AWWs to equip them with knowledge and skills related to ECCE and provide handholding support at the Anganwadi level with clear exit strategies in place. Therefore, their programs typically span 3 to 5 years.

CHETNA recognizes the Integrated Child Development Services (ICDS) system as a comprehensive program for child development. To support the existing system, the organization conducts an extensive training program for 3 to 4 master trainers who are responsible for training the Anganwadi workers. The training covers various aspects of early childhood education, the importance of breastfeeding, growth monitoring, and other

related health components. The training modules are available in regional languages to enhance the effectiveness of the workers. In the early childhood education activities related to cognitive development, physical activities, storytelling, etc are incorporated.

“In last five years we have provided support to more than 225 Anganwadies of Gujarat and Rajasthan to strengthen the component of ECCE. As a result the attendances of the children have increased significantly. Involvement of the parents in our programmes is non negotiable. In the existing phase we work with the Panchayat in facilitating the transit with ICDS centres.” (Tarnishta Ray, Programme Coordinator).

“CHETNA regularly assess various aspects of the child's development such as cognition, communication, behaviour, social interaction, motor and sensory abilities, and adaptive skills. CHETNA has observed that special attention is required to strengthen their reading and writing skills. CHETNA has significantly contributed in improving reading and writing skills of children and ensured 100 enrolment of the children from Anganwadi to primary school.” Pallavi Patel Director CHETNA

Frequent illness and poor nutritional status of children affects their learning ability. CHETNA makes efforts to mobilise the community and sensitise the parents to access the services from Anganwadi namely, supplementary nutrition and immunisation. Efforts are also made to inculcate personal hygiene related habits among the children which help in reducing the diarrhoeal diseases. As a result we have observed that uptake of the childcare services has increased during the Village Health and Nutrition Days organised at the village level. CHETNA identifies groups of children who are undernourished and have not immunized. These children receive special attention and their growth is monitored regularly. It is also ensured that they get immunised.

The organization has also emphasized the use of research together evidence and highlight nutrition-related issues. Baseline surveys have been conducted to assess the level of malnourishment among children, enabling CHETNA to understand the challenges and tailor their interventions effectively.

Challenges

Traditionally in India children are taken care by the grandparents or other members of the extended family members. Today more and more families are becoming nuclear. With a changing economical scenario both the parents are working. Children of such parents accompany them who lacks the opportunity to regularly receive the learning stimulation and services of the Anganwadi centre, which affects overall development of the child. The children of the seasonal migrants also face the similar situation. There is a need for the full Day Care Centre in rural area and at the worksite to take care of children of the working parents.



Positives

One of the strength of CHETNA is to involve the parents during the ECCE activities at the Anganwadi level which ensure that ECCE activities continue at the family level.

Regular home visit and counselling of parents and elderly members of the family, about the nutritional need and ECCE is an important component of CHETNA's programmes. It ensures that children continuously receive learning stimulation and nutrition.

During the Covid-19 pandemic, CHETNA team took on the responsibility of conducting home visits to provide counseling and ensure the continued early childhood education for young children. It also brought a sense of relief and gratitude among the community members.

CHETNA is committed to work in partnership with government programs to ensure quality child care and ECCE.

The participatory and comprehensive approach of CHETNA to improve the health and nutritional status of children and mothers have earned them the trust of the community. They easily connect with and gain acceptance from the communities they work with, focusing on the core areas of their needs.

Recommendation:

"There is a strong need of Day Care Centres in rural area especially industrial areas and urban areas. This will help to create healthy next generation and no child will remain behind in achieving their development milestones. It increase women's workforce leading to economic empowerment which is key for overall empowerment of the women". Pallavi Patel Director CHETNA

CHILD IN NEED INSTITUTE



Envisioning Childcare

Child in Need Institute (CINI) was founded in 1974 by Dr. Samir Chaudhuri in Kolkata, West Bengal, with a focus on addressing malnutrition in children by tackling the underlying social, economic, and cultural issues. They expanded their efforts to empower adolescents, especially girls, through research-based programs. CINI collaborates with various institutions and actively participates in national-level initiatives to enhance their impact and support vulnerable communities, particularly during the COVID-19 pandemic.

Overview of the Organization

In 1974, Dr. Samir Chaudhuri, a pediatrician, established the Child in Need Institute (CINI) in Kolkata, West Bengal. Initially, the institute focused on treating malnourished children by addressing underlying social, economic, and cultural factors contributing to malnutrition. Recognizing malnutrition's ties to poverty, powerlessness, gender inequality, and inadequate health practices, CINI aimed to improve maternal and child health, breaking the cycle of malnutrition.

Starting with treating malnourished children in villages and slums, CINI expanded to include adolescent health and empowerment. Their achievements span reproductive health, nutrition, life cycle interventions, and protection, particularly for adolescent girls. CINI prioritizes community-based preventive approaches, addressing root causes over curative measures. Serving economically disadvantaged and vulnerable populations, mainly Scheduled Caste and Scheduled Tribe groups in West Bengal, their adolescent health journey began in 2000 with research-based programs.

Collaborating with institutions like ICMR, Nutrition Foundation of India, and London School of Hygiene and Tropical Medicine, CINI's efforts include mental health and sexual reproductive health counseling. Amidst the COVID-19 pandemic, CINI's interventions have been impactful. Actively engaging in national initiatives, they provide counseling services, facilitating processes and fostering collaborations to enhance their reach and impact.



Objectives

The organization's objective is to ensure that children and adolescents achieve their rights to health, nutrition, education, protection and participation by making duty bearers and communities responsive to their well-being.

- Build and enhance models for adolescent empowerment programs.
- Strengthen capacity by encouraging parents to establish a family-based safety net and engaging with e-community stakeholders, including service providers and local self-governments.
- Enhance evidence-based documentation and establish networks and partnerships at the local, state, and national levels.
- Promote increased government technical assistance, specifically at the local, state, and national levels.
- Provide support for evidence-based advocacy to promote investment, replication, and implementation of adolescent empowerment models through government processes and structures.

Understanding CINI's approach to child care and rights

In recent years, CINI has embraced a human rights-based approach in its development work within marginalized communities in India. This methodological shift has led to significant changes in policies and activities in the regions of Jharkhand and West Bengal. Instead of exclusively concentrating on addressing the fundamental needs of children, CINI now strives to empower children by ensuring the recognition and fulfillment of their rights. This encompasses the respectful, protective, and fulfilling aspects of children's rights, spanning domains like health, nutrition, education, and safeguarding against abuse, exploitation, and violence. CINI's rights-based approach is designed to amplify children's voices and enable them to exercise their fundamental rights.

Children and women are actively encouraged to participate in

decisions that hold relevance for their lives, with a clear recognition of their pivotal role as rights holders. Furthermore, CINI lends support to primary duty-bearers in effectively upholding their responsibilities.

- Communities mobilize self-help women's and children's groups to ensure that parents, families, schools, ICDS centers (Integrated Child Development Services centers), health sub-centers, and police stations collaborate effectively, ensuring the holistic well-being of children. This collaborative effort aims to keep children healthy, well-nourished, educated, and protected from any practices that may hinder their overall development.
- Service providers are both supported and closely monitored to guarantee that teachers, health professionals, and social workers provide high-quality health, nutrition, education, and protection services to every child in the community, with a commitment to equity and inclusivity.
- Local elected representatives are actively encouraged to champion the cause of children and women, ensuring their access to essential services. Moreover, they play a vital role in overseeing the implementation of policies and budgets that genuinely serve the best interests of children and women.

Their primary focus lies in fostering positive attitudes towards gender rights and social inclusion among adolescents. This encompasses tackling gender-based violence in various forms, including instances of child, early, and forced marriage, early pregnancy, dowry practices, and eve-teasing. CINI employs digital technology as a tool to prevent and address vulnerabilities among adolescents. This involves promoting the responsible use of mobile phones, the internet, and social media, while also addressing psychosocial concerns.

Their endeavors also extend to integrating Sexual Reproductive Health and Rights (SRHR) with the context of HIV/AIDS and Tuberculosis. They work towards advocating for dietary diversity and the adoption of balanced diets. Furthermore, CINI actively promotes the utilization of Iron and Folic Acid (IFA) supplements and tablets. Additionally, they undertake the crucial task of raising awareness regarding non-communicable diseases and substance abuse.

Key features of Lahanti Centres: Adolescents' safe space

CINI primarily operates in West Bengal, Madhya Pradesh, Tripura, Jharkhand, Odisha, and Assam. In Jharkhand, a state unit was established in 2002. The Lahanti Learning Centres (LLCs), a dedicated space for adolescent was established in 2017. The term "Lahanti," derived from the Santhal language, was coined by children when the center first opened. These centers assist out-of-school adolescent girls (aged 15-19) in bridging learning gaps and completing secondary education through the National Institute of Open Schooling (NIOS). With around 50 centers spread across the state, accommodating 25 to 35 children each, most are in rural areas except for three in Ranchi.

CINI's approach in Jharkhand receives support from communities and the government. For example, one centre established in block headquarter in Jama block of Dumka was operational in the Block Office premises. Whereas others were operational in the spaces provided by the communities or PRIs and were usually in the Panchayat Offices or in the schools. Operating seven days a week, these centers allow children to design their routines collaboratively. During COVID-19 school closures, they became crucial for learning continuity, boosting attendance and

engagement. Initially closed due to lockdown restrictions, they reopened with eased regulations.

Children with learning gaps receive remedial education, while girls forced to drop out receive intensive coaching to complete secondary education via the National Institute of Open Schooling. CINI also developed a comprehensive Adolescent Engagement Package comprising of 24 meeting cycles dealing life skills and different aspects of adolescent life. Monthly sessions, including self-defense training, empower adolescents and aid informed choices. This project-wide participatory approach involves the government, parents, community, and adolescent girls, aiming to empower and reintegrate out-of-school girls for positive life changes.

Age Groups

CINI's primary focus centers on adolescents aged 10 to 19, both girls and boys. In Jharkhand, the age group 0-6 years isn't emphasized to maintain clarity. Presently, efforts concentrate on strengthening the Aanganwadi system within their Health and Nutrition Programme. However, due to the centers' appeal,



children aged 6 to 10 sometimes express interest and are accommodated based on parental requests. Specific time slots cater to each age group's needs, including the further division of 10-14 and 15-19 within the 10-to-19-year-old range, resulting in three groups: 6-9, 10-14, and 15-19.

Facilitators

Each center is managed by a CINI-paid facilitator who receives approximately 6000-8000 rupees per month. Facilitators are selected from the community or panchayat, though finding qualified individuals can be challenging. Essential criteria include being a graduate, under 35 and unemployed, and possessing empathy for children's challenges. Due to higher attendance among girls, facilitators are usually young girls, as their presence simplifies addressing both genders.

Facilitators undergo extensive training, covering teenage concerns, skill development, and knowledge enhancement. CINI provides a five-module package to improve learning, with quarterly 3-5-day training sessions covering government programs and their own adolescent engagement package. Specific subjects, especially mathematics, science, and language (mostly Hindi), are focused on, particularly if conducting remedial classes.

Nutrition

CINI's nutrition projects target women, especially pregnant and lactating mothers, raising awareness to enhance their health. Trained local women, acting as health workers, visit homes to fulfill this mission. The goal is holistic child development through adequate nutrition, focusing on malnutrition, healthcare, hygiene, sanitation, child care, breastfeeding, growth monitoring, home-available foods, and gender equality.

CINI runs a Nutrition Rehabilitation Centre (NRC) for severely malnourished children, providing balanced food incrementally to increase weight safely. This low-cost approach has been adopted by state governments under the National Rural Health Mission.

Child Development and Growth

Ages 0 to 6 prioritize growth monitoring, malnutrition screening, and tracking milestones. Antenatal and postnatal care is emphasized, aiming to bridge Integrated Child Development Services and the National Health Mission, encouraging convergence. Child protection committees convene, fostering art engagement and discussions.

Adolescent Needs and Mental Health

Centers cater to 25-30 adolescents aged 10-19, allowing peer interaction and addressing mental health challenges. CINI's helpline Teenline offers counseling since 2002, and a toll-free pan-India number was introduced in 2018. CINI provides mental health care and support for sexual and reproductive health, relationship issues, traumas, and more. Free initial services are provided, with potential fees for subsequent assistance, though free services are common in remote locations.



Overcoming Challenges

The organization encounters specific challenges in these regions due to the hilly terrain, resulting in lifestyle, cultural, and ritual variations. Consequently, methods need tailoring to suit each community. Frequent government employee reassignments disrupt programs, while communication issues and transportation constraints are daily hurdles.

Initially, the organization faced obstacles, but the community gradually embraced and benefited from their work and program model.

In Jharkhand, a major challenge is financial constraints hindering full program capacity. The organization deems two facilitators necessary for different age groups, but economic limitations prevent this. Reliance rests solely on institutional and individual donors. Government aid includes premises provision, and officials occasionally offer book, fan, and infrastructure support.

Some centers offer mid-day meals, yet not all can afford them due to high prices. Meals, where provided, lack cooked food and comprise fruits, boiled eggs, dry fruits, and other items. Daily challenges persist, but CINI's extensive experience in running centers across states aids effective problem-solving.

Impact

The impact of CINI is evident across various levels within rural communities. A significant community observation is the active engagement of children in learning activities, along with the avoidance of harmful behaviors such as substance abuse. CINI's innovative approach involving collaboration with diverse stakeholders has been groundbreaking. This is highlighted in the case of adolescent girls from one of Dumka's most remote blocks, where development indicators lagged significantly below national and state averages. Many of the girls from the center are Santhal tribe members. Through sustained, focused assistance, these girls overcame learning gaps and completed secondary education through NIOS.



Learning centers provide an array of services to enrolled adolescents, encompassing academic support, life skills education, bridge education, Sexual and Reproductive Health and Rights training, self-defense training, and vocational training. These initiatives foster holistic development, empower adolescents, enhance decision-making capabilities, and enable informed choices. They also create a supportive environment for girl children in the community. Notably, in a region with female literacy at approximately 38%, the innovation of meaningfully reengaging out-of-school girls to complete secondary education is especially significant. The center instills hope in these young girls' lives. CINI has replicated the Lahanti Learning Centre model in seven districts in Jharkhand and one district in neighboring Chhattisgarh.



Envisioning Childcare

Diya Ghar is a one-of-a-kind organization dedicated to promoting the well-being and education of children from disadvantaged backgrounds. With the help of Montessori methods, it helps children express themselves creatively.

Overview of the Organization

Diya Ghar is a Bangalore-based non-profit organization catering to the needs of children from migrant communities engaged in construction work or other daily wage work. The organization began its journey with five children in Ramamurthy Nagar in 2016 and has since expanded to three centers in 2019. The ideology behind starting Diya Ghar was to provide children of migrant community access to a stimulating and nurturing pre-school education.

It is a relatively new organization that has entered the childcare space with the goal of providing vulnerable children with a safe, nurturing and foundational space for holistic growth. The organization currently serves about 1000+ preschool children in 22+ community centres.



Approach, Programs & Models

Bringing childcare closer

Diya Ghar, after understanding the entire community of construction workers and the manner in which children were located in the entire ecosystem, realised the urgent and imminent need for implementing substantial childcare measures. Construction worker families were the starting point for Diya Ghar, as they are the most adversely affected by social and economic vulnerabilities combined with the absence of state support.

Diya Ghar's focus was clear from the beginning - to offer a safe and nurturing environment for children to grow. Especially because these children were often seen playing close to the construction sites with minimal supervision and faced enormous health and safety risks. It was also observed that local governments or preschools were not addressing the childcare requirements of the migrant community which is critical for the health and development of children. Therefore, children were either brought to work sites by their parents or their elder siblings were made responsible for their younger siblings, which in turn impacted their learning.

Currently, Diya Ghar serves mostly non-builders who work on small-scale construction projects, rag pickers, and live nearby. These workers usually come from Karnataka, Andhra Pradesh, West Bengal and Assam. Therefore, the organization's centers are either in or near these communities.

Facilitating Childcare through Montessori Mode

A primary component of Diya Ghar's model is providing a nurturing environment to ensure learning and safety. They started their interventions with 5 children from the community by persuading their families. They rented a space near the communities they worked with and began their preschool models from there. Using these families as a starting point, they reached out to other families and, within two months, they had 30 students from migrant families enrolled. The childcare facility's first year of operation consisted of just half a day care and children were sent

home by the afternoon, but Diya Ghar's model quickly caught on and expanded to include a full-day program running from 9 am to 5 pm.

As the organization's intervention was unique and largely unexplored in this community, building trust with community members was essential. The project started with five children, snowballed into multiple communities, and grew to over 1000+ children without any advertising. They were able to capture the attention of parents and keep the interest of children with their technique.

As far as the model is concerned, it is designed with primary school children from 0 to 6 years old in mind. The model is unique in that it is based on the Montessori method of teaching, a child-centered approach to education. It emphasizes activity-based learning and hands-on experiences. The curriculum, focuses on two types development needs for children:

a) Cognitive development

b) Language development

The activities are built around these two aspects where cognitive aspects identify learning needs and requirements and address the persistent and continuous issue of language gap in the children of migrants.

As a result, this model is based on the belief that every child has the ability to learn, as well as the desire to learn, so one must prepare the environment that facilitates learning (e.g. a classroom with adequate materials) for the child to learn. In this self-correcting activity-based method, children are able to learn by themselves with the help of facilitators. Direct teaching is minimized in this method of learning, and students are provided with an environment and resources that enable them to explore on their own.

Because this program focuses on the individual learning of children, there are a number of different groups of children. While the goals are the same, each child learns at their own pace. For example, every child is taught alphabets but how and when they will learn will be determined by their individual capacity.

The centres of Diya Ghar are located within the communities and children are dropped by their parents. At the center, children are

washed, cleaned, and changed into uniforms before they are fed breakfast and lunch. Following Montessori based learning, the organization's efforts stress upon individual learning, primarily on the development of motor skills development. Therefore, children are not grouped into one class. However they follow the same time-table or learning plan.

Post-pandemic and readjusting the Model

Before the pandemic, Diya Ghar was running three centres which were located away from the community. During the pandemic the organization was also involved in the relief work and distributed

more than 76,500 ration kits to the families in the communities which classes remained shut as per govt norms. While the centres were shut, the organization was trying to facilitate education through online mediums by sharing video content and exercise. However, this method was not compatible with the dire situation the migrant community was facing. Families were moving back to their source destinations, many of them did not have access to phones and internet and such issues were making it difficult for children and the organization to maintain a thorough check.

To counter this situation, Diya Ghar felt the need to bring the centre close to the community. Post-lockdown when centres started opening up, classes were moved from original centres and moved within the communities.





After moving into the community two structural changes were introduced, women on the basis of their education level and intention to work with organizations were selected to teach children and the existing set of teachers/facilitators took on the supervisory role to help the new teachers in the community to adapt. While the command of session planning remained with the supervisors, new teachers made sure that sessions were facilitated and continued.

Presently Diya Ghar is running their classes for the children within the community in 22 centres. These classes are running in two shifts morning and afternoon. Pandemic changed the entire model and brought in some new features to the model retaining their focus on Montessori learning.

Challenges

Diya Ghar has entered into the space of childcare as a new organization and has a unique focus and method. While this model was picking up pace with the children, the pandemic hit which required them to think of a new strategy to meet their goal. While the ball is still rolling, there were some challenges on the way:

Transition: Transition into community-based model from the pre-schooling model due to pandemic meant shutting down of their initial three centres, as they were far from the community and did not have enough space as per covid protocols.

Migration and Vulnerability: During the pandemic, many of the families had gone back. Post the lockdown the children of migrant communities have become even more vulnerable and marginal with the uncertainty brought in by pandemic.

Strength of the Model

The method of imparting education uses Montessori principles which are innovative, unique and different from the traditional methods of teaching. Hence, it keeps the child engaged and intrigued in the process of learning. The method has worked well for the children at communities in addressing their learning gaps focusing on their motor skills and gross-motor skill developments.

There is no learning pressure, since the model recognises the diversity and different pace in which a child learns. This method is compatible with the learning needs of children especially who face learning gaps due to issues such as migration etc.

Children of migrant communities are constantly on the move, which results in learning gaps or lags. Montessori Education is the answer to bridge this gap as it focuses on individual learning abilities of the child. Using the Montessori Method, education can be imparted to these children without boundaries.



Envisioning Childcare

Ekjut is a non-profit helping underprivileged communities in India, focusing on tribal groups, children, women, and those affected by various challenges. They successfully reduced newborn mortality rates through Participatory Learning and Action meetings. Additionally, they manage crèches to combat child malnutrition in mining-affected areas with government support.

Overview of the Organization

Ekjut is a non-profit organization dedicated to aiding underprivileged populations in Indian states like Jharkhand, Odisha, Rajasthan, and Madhya Pradesh. They focus on tribal communities, children, women, the disabled, urban poor, disaster-affected groups, the elderly, individuals with HIV/AIDS, and those with drug addiction.

In 2005-06, Ekjut started enhancing maternal and newborn health using community-based meetings called Participatory Learning and Action (PLA). These meetings, led by community facilitators, involve mothers and others to identify problems and develop solutions. Within three years, newborn mortality rates dropped significantly, as published in *The Lancet*. This success expanded the program to other districts. From 2010 to 2012, similar training and meetings with ASHA workers led to a 30% decrease in newborn mortality rates within two years. Governments initiated similar programs in other states.

In 2013, Ekjut joined a Tata Trust-supported consortium to tackle malnutrition using home visits, community crèches, and PLA meetings. Ekjut managed 60 crèches, and trials showed reduced malnutrition. When Tata Trust funding ended in 2016, crèche numbers in Odisha dropped, but state funding helped. In 2018, Ekjut partnered with Keonjhar district to establish "Mamata Ghara" crèches, targeting mining-affected areas. The program expanded successfully with district and government support, monitored by Ekjut. They also run crèches in West Singhbhum, Jharkhand, supported by AEIN.





Approach, Programs & Models

Location of the crèches

The placement of the crèches is primarily determined based on the concentration of children experiencing severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). Additionally, for practicality, villages with larger populations are chosen to accommodate a greater number of children attending the crèches. Within the selected village, the crèche is typically situated in more disadvantaged hamlets to ensure that vulnerable children can benefit the most from the program.

Community involvement is a crucial aspect of this process, as it fosters the resolution of issues through collaboration. For instance, when there is a possibility of accommodating more than 20 children under the age of 3, the community is consulted to find a solution. In such cases, community members engage in reflective discussions and collectively decide to prioritize children with severe malnutrition. Ekjut plays a facilitating role in these deliberations.

Age groups and child composition

Given that this age range falls before enrollment in Anganwadi centers, these crèches primarily cater to children between the ages of six months and three years. During this period, there is no direct government assistance available. However, it is a critical time when community malnutrition rates are typically high, making the mental and physical development of the child a top priority. Therefore, it presents a crucial window of opportunity for preventing malnutrition. Previously, each crèche had around 10-15 children, but now there are approximately 20 children per crèche, ensuring optimized care and attention.

Each crèche is equipped with essential facilities to support the well-being of the children. These facilities include a smokeless chulha (stove), a toilet, a handwashing station, a safe drinking water facility, baby weighing scales, stadiometers to measure height, and infantometers to monitor weight. Additionally, a small kitchen garden is maintained to provide vegetables for the nutritious meals served to the children.



Functioning of the Mamata Gharas (creches) and daily routine

The crèches within the community are managed by individuals from the same community. Each crèche employs two female care workers, preferably with a matriculate degree, who are selected by the community. These crèches are strategically located near the homes of the children for easy accessibility.

Parents drop off their children around 8:30 am on their way to work. Before the children arrive, the creche workers clean the facility. From 9:30 am to 10 am, a cooked breakfast is provided. As most of the children arrive hungry, they are also offered snacks before breakfast. After breakfast, the children engage in playtime for two hours, participating in various activities such as singing, dancing, and reciting poems. The center provides a stimulating environment where young children can have fun while learning, while older children focus on learning numbers, animals, and alphabets. Around 12 pm to 12:30 pm, lunch is served, followed by a rest period of 1-2 hours. Subsequently, there is another session of learning and activities that lasts for approximately one hour. Snacks are provided around 4 pm to 4:30 pm, at which point the parents come to the center to pick up their children.

The three meals provided—breakfast, lunch, and snacks—consist of nutritious items such as dates, sattu (ground pulses and cereals), khichdi (a mixture of rice and lentils), leafy green vegetables, and payesh (rice porridge). These meals are freshly prepared and served hot, providing the essential dietary diversity needed for growth. Often, these calorie-dense and protein-rich meals fulfill around 70% of the recommended dietary allowance (RDA) for children under three years of age. Three times a week, the meals include eggs¹.

The crèches meticulously monitor the growth charts of the children, recording data on their growth and development. This information is subsequently shared with the parents, keeping them well-informed about their child's progress. The crèche staff maintains robust connections with auxiliary nurse midwives (ANMs) and other frontline caregivers to ensure that the children receive prompt healthcare services when required. This collaboration serves to prioritize the health and overall well-being of the children under their care.

¹ Ravi, A and Basu, R, (2020) "The critical first 1000 days - Mamata Gharas - A case study" in *Justice on our Plates: a symposium on how to solve the problem of malnutrition*, Seminar, Issue 730. Retrieved from https://www.india-seminar.com/2020/730/730_case_study.htm.

Services provided at the Mamata Gharas (crèches)

- Safe and hygienic environment for children between six months and three years.
- Complementary feeding with calorie-dense and protein-rich food three times a day.
- Regular growth monitoring for age-appropriate height, weight and other milestones.
- Care and stimulation based on early childhood care and development (ECCD) standards.
- Early identification and rehabilitation of children suffering from severe acute malnutrition (SAM).
- Convergence with Integrated Child Development Services (ICDS) and National Health Mission (NHM) to avail of other services.

Source: Ravi, A and Basu, R, (2020) “The critical first 1000 days – Mamata Gharas – A case study” in Justice on our Plates: a symposium on how to solve the problem of malnutrition”, Seminar, Issue 730. Retrieved from https://www.india-seminar.com/2020/730/730_case_study.htm

Training of Staff Members

The training modules were developed collaboratively, drawing on the expertise of Mobile Crèches and JSS (Chhattisgarh). When the daycare centers were initially established, staff members received comprehensive orientation and training on operating the centers. The training covered various topics, including early feeding practices, health and nutrition best practices, as well as workshops on toy-making, music, and dance. These training courses are conducted three times a year, with monthly reviews where team members come together to connect, reflect, and share knowledge. Moreover, the team ensures the active involvement of parents and community members in tasks such as maintaining a kitchen garden (often used as a source for food cooked at the creche) and toy-making, fostering a sense of community engagement and ownership.

Management and Running of the Creche

In addition to the creche worker, a dedicated supervisor is assigned to oversee every ten creches. The supervisor plays a crucial role in providing logistical support to the creche workers on a routine basis, as well as during training sessions and meetings. At a higher level, a program manager closely monitors the operations of a cluster of 30 creches distributed throughout each district. Creche workers and coordinators also actively contribute to data collection by utilizing a digital platform called

Comcare, where they input data using smartphones. To ensure data accuracy and effectiveness, a statistical team conducts monthly analyses of the data entered on the platform.

Fostering Community Ownership

To foster a sense of community ownership, creche workers actively encourage community members to participate in the daily operations of the creche. The process of establishing a creche begins with meetings and sessions where representatives from the organization engage in discussions with the community to highlight the benefits of creches and assess the need for one in the village. The organization prioritizes community consent and does not impose the establishment of a creche. To ensure active community involvement, a creche committee is formed comprising parents and other community members. This committee meets with parents on a monthly basis to discuss the management of the creche and address any concerns or issues that may arise. Community members are also welcome to monitor the day-to-day functioning of the creche. This allows them to observe the activities and well-being of the children, facilitating discussions on any cases of malnutrition or the need for further intervention.



Challenges

Running a creche comes with several challenges. The foremost concern is ensuring the safety of the children, as the existence of childcare facilities relies on the community and parents having utmost confidence in them. Therefore, the staff is highly attentive when the children are in the creches. They receive comprehensive training not only in managing children but also in community outreach, aiming to eliminate any negative perceptions or misconceptions about the creche and its operations.

Finding a suitable and safe location for a creche in rural areas poses another obstacle. It can often take several months to identify an appropriate site that meets the necessary criteria.

Running creches requires significant resources and labor. The costs involved are high, and there are ongoing expenditures to consider. While NGOs can serve as technical partners, the ultimate responsibility for establishing and operating creches lies with the state. Utilizing District Mineral Foundation (DMF) funds for establishing creches shows potential, but the lack of strong political will hampers the wider adoption of this approach by the state.

Initiatives during COVID-19 pandemic

Virtual training sessions on toy-making and language development were conducted for crèche workers and coordinators of Samarpan and Savera organizations, spread across 6 different sites in Koderma and Giridih districts in Jharkhand.

Crèche workers also resumed serving hot meals to children in small batches outdoors while maintaining hygiene and physical distancing, and provided eggs and dry snacks at their doorsteps.

Weight monitoring had to be paused during the first lockdown period (April-June 2020) but was resumed from June 2020 onwards.

During the period from March '20 to Feb '21, when crèches managed by Ekjut in Keonjhar, Odisha (supported by WCD & DMF), and in West Singhbhum, Jharkhand (supported by AEIN), were temporarily closed due to COVID-19, all the children (n=1200) were provided with monthly Take Home Rations including eggs. Creche workers also made regular visits to their homes. Improved nutritional status was reflected in the anthropometric measurements (severe underweight and severe acute malnutrition) of 560 children who graduated during this period, upon reaching 3 years of age, in comparison to their status at the time of enrollment in the creches (Ekjut Newsletter, March 2021/01).



Impact

Most of the creches operated by Ekjut are situated in tribal areas of Odisha and Jharkhand. These creches play a crucial role in providing essential complementary feeding to children during the critical first 1,000 days, particularly in districts grappling with high levels of undernutrition.

Data obtained from the DMF (District Mineral Foundation) creches demonstrates the significant impact they have on reducing severe acute malnutrition (SAM). Children who spend at least 6 months in the creches show an approximate 80% reduction in SAM cases, while those who stay for a year experience a remarkable reduction of over 90%. Even among children who have completed their time in the creches and are subsequently monitored, a reduction of more than 80% in SAM cases has been observed, regardless of the duration of their stay (Shibanand Rath, interview, July 2021).



The existence of these creches provides a safe and hygienic environment where parents, especially women, can leave their children while they engage in work and generate income. Moreover, with the presence of the creches, older siblings are not required to skip school to take care of their younger siblings, ensuring that they can continue attending classes without interruption.

HAMARI MUSKAN (SOUTH KOLKATA)



Envisioning Childcare

SKHM is an anti-trafficking organization in Kolkata, founded in 2009. They focus on protecting and empowering women and children in the red-light areas of Sonagachi and Bowbazar, offering safe spaces and tools to reject exploitation and prostitution for a better future.

Overview of the Organization

Hamari Muskan (South Kolkata) is an anti-trafficking organization that has been actively working in Kolkata since 2009. It was founded by Srabani Sarkar Neogi, a social development worker with over 30 years of experience in assisting women in prostitution and young children growing up in the red-light area. The organization specifically focuses on serving children, adolescents, and women in prostitution within the red-light communities of Sonagachi and Bowbazar. Its core objective is to protect them from various forms of violence and abuse, while also empowering them to choose a life of dignity.

SKHM envisions a world free from all forms of violence, where every woman and child can fully realize their potential. The organization takes on the primary responsibility of providing safe spaces to mothers, children, and young people, equipped with essential facilities like attached bathrooms and clean water. Within these secure environments, SKHM strives to care for and safeguard its stakeholders. By doing so, it acts as a protective barrier, shielding them from the harsh realities of the red-light area. Through a range of activities integrated into their programs, SKHM equips its stakeholders with the tools and resilience to reject prostitution and exploitative labor that endanger their lives and mental well-being. SKHM consciously operates within the red-light area because it believes that sustained social change can only be achieved when the children growing up in these communities demand a better life for themselves and future generations, rather than relying solely on external interventions.

Childcare Needs in Red-Light Area

SKHM, through Srabani, has raised concerns about the significant lack of safety for children and youth growing up in red-light areas, especially when their mothers are at work. These children are constantly exposed to risks of violence and exploitation as they are required to stay outside their homes while their mothers engage with clients. Consequently, they become highly vulnerable to various forms of abuse, including physical, verbal, sexual, and emotional mistreatment, as well as neglect, due to the absence of a secure environment.

Moreover, young women face additional challenges in terms of privacy as the cramped living conditions in the red-light areas often result in a lack of personal space. This breach of privacy leads to physical and emotional distress among these individuals. Srabani observed that girls, especially when menstruating, struggle to maintain basic hygiene practices within their homes due to the absence of private or attached bathrooms in most rooms or multi-house buildings within the red-light areas.

It is worth noting that despite the awareness among many organizations working in this sector about the prevalence of symptoms similar to post-traumatic stress disorder (PTSD) among women in the red-light district, there is insufficient attention given to the mental health of children born into brothels or residing in these areas. Recognizing this pressing need, SKHM endeavors to address the importance of providing access to mental health care within the community, particularly for children in the red-light areas.



Approach, Programs & Models

SKHM is an initiative that operates on the principles of rights-based and program-based approaches. As a rights-based organization, they prioritize and uphold the rights of their staff and stakeholders. Decision-making within the organization is participatory and democratic, ensuring that all voices are heard. Their primary focus is combating human trafficking, and they have developed four distinct programs: Pampers, Nurture, Breakthrough, and Dignity. Each program targets specific aspects related to combating trafficking and supporting individuals affected by it.

SKHM operates seven safe centers, with four located in Sonagachi and three in Bowbazar's Haadkata Gully. These centers provide a safe and secure environment for individuals, including children. Additionally, they serve as educational facilities, operating from 10:30 a.m. until late at night, to meet the diverse needs of the community they serve. The centers also include creches that cater to approximately 30 children in each location.

Projects

Pamper: The program primarily focuses on children aged 0 to 8 years. When children visit the Safe Center at SKHM, they benefit from a child-friendly environment that promotes learning and the development of young minds. The center provides a secure space where children can rest, engage in learning activities, relax, and have nutritious meals. SKHM also guides mothers and parents on effective methods to establish strong connections with their children and create a nurturing home environment. Play-based and art-based therapies are utilized as channels for self-expression. Through these therapies, children have the opportunity to express and process their emotions. The program also offers early education, with a focus on spoken English and the recognition of shapes, colors, numbers, and alphabets. Children attending the program receive three meals per day, along with an evening health drink. To meet their nutritional needs, the meals include sources of protein such as chicken, eggs, soybean, and fish. Fresh fruits are provided daily, ensuring a balanced diet for the children.

Nurture: This project specifically caters to the age group of eight to eighteen years old. As the students grow older, group counseling sessions commence when they reach the age of 11. These sessions, which are private and confidential, are facilitated by a Mental Health Counselor. It is noteworthy that the students themselves lead these sessions. The transition from play therapy to group counseling typically occurs during the preteen years, around the age of 11. The organization plays a vital role in preparing children over the age of six for mainstream schooling. They emphasize the significance of transitioning from a non-formal educational background to a formal government school. This involves initiating and managing the necessary paperwork, establishing communication and partnerships with both private and public schools, facilitating admissions, and providing academic support once the child is accepted. SKHM maintains regular contact with school staff to monitor the child's progress. Mothers are encouraged by SKHM to actively engage in their children's education by visiting their schools and actively participating in their growth. SKHM works closely and collaboratively with a Mothers' Group to ensure the continuity of education. In addition to spoken English classes, the educational program also includes digital literacy courses. Furthermore, the organization offers nutritional support to enhance physical well-being. The children receive three nutritious meals and an energy drink each day. Their morning meal consists of items such as bread, butter, eggs,

bananas, and more. In the evenings, they are provided with a variety of six different foods for six days a week. Periodically, SKHM brings in a pediatrician to monitor the children's development. The children also participate in a range of extracurricular activities, including karate classes, drama classes, creative writing classes, photography, music, and dance classes, among others.

Dignity - The program focuses on women aged 18 to 45 years old. In 2010, SKHM introduced the Mothers' Group Program as a key component of their approach to rehabilitating children and women involved in prostitution. The primary objective was to train women working in red-light areas to explore alternative sources of income and support those who desired to leave dangerous and unsustainable occupations. Led by a senior mental health expert and senior staff, the group convened twice a month. The sessions provided an opportunity for mothers to engage in conversation, relax, learn new skills or interests, and form connections with other women who shared experiences of gender-based violence, prejudice, and injustice. The program also facilitated access to senior mental health professionals for individual consultations, which eventually became a regular feature as members sought their assistance. Women were encouraged to address personal and interpersonal issues during these mental health sessions, and those in need were able to enroll in a de-addiction program if required.

Subsequently, Project Dignity emerged as an informal club exclusively for women at safe locations. Following the organic growth pattern of previous SKHM initiatives, Project Dignity

expanded over time by incorporating new features. By 2014, Project Dignity had taken its final form, offering various services aimed at empowering women. SKHM encouraged women to organize their important documents such as voter cards and ration cards. They also supported women in opening and maintaining bank accounts, providing financial literacy training to foster a culture of saving. Employment skills development programs were implemented for Dignity Women, including driving lessons, computer training, Costume Jewellery Training Course (CJMC), and the Cooking and Canteen Management Course (C&CMC), which resulted in the pilot project called Muskan's Mukhorochhok. Women participating in production activities are provided with stipends as well.

Breakthrough - The mission of SKHM is to break the cycle of violence by focusing on adolescent education, psychiatric support, and vocational training, empowering them to make better, safer, and more fulfilling life choices. In late 2014, Project Breakthrough was established as a formal initiative encompassing both male and female populations. The program aims to divert youth involved in marijuana and substance use through intervention and counseling. Counseling is an integral component of all services provided at the Safe Centers under this program. For young people, counseling encompasses a range of approaches, including group sessions, one-on-one counseling, art-based therapy, and a dedicated de-addiction program. Additionally, the program covers various aspects related to health, education, occupational skill-building, and financial literacy, providing a comprehensive support system for the youth.





Challenges

There are numerous challenges faced by these communities, including resistance and discouragement from the local residents towards women joining the organization. The organization works diligently to empower these women and help them understand what is best for their lives. Financial support and stipends are provided to these women to meet their requirements, which also boosts their confidence and motivation. Initially, addressing the deep-rooted problems in the minds of children in these communities was challenging. They experienced apathy and faced discrimination in schools due to their mothers' profession. Living in an environment where their homes and brothels were in the same vicinity created a sense of insecurity for these children.

However, through ongoing intervention programs and counseling, the organization has successfully transformed the mentality of these children. The COVID-19 pandemic posed additional challenges as community outreach programs were restricted. In the absence of proper functioning of the centers, children became increasingly dependent on mobile phones at home. Nonetheless, the organization provided ration support to the area from March 2020 to 2021, which acted as a bridge to initiate conversations about their issues and provide assistance during difficult times.

Impact

Women and children residing in the red-light areas were highly susceptible to domestic violence and abuse. However, thanks to the intervention of the organization, there has been a significant reduction in such incidents within the community. Furthermore, instances of violence between mothers and their children were observed, with some mothers even giving alcohol to their children to prevent disruptions while they worked.

To address this issue, the organization facilitated sessions between mothers and children, resulting in a

positive impact on their relationship. Mothers have now begun supporting their children's education, and there has been a significant improvement in the emotional bond between them. Moreover, there has been a remarkable decrease in the consumption of alcohol and drugs in these areas. Previously, violence between families was prevalent in the community, but through mental health initiatives, the organization has helped individuals improve their anger management skills and



THE INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)



Envisioning Childcare

ICDS scheme is a universally sponsored to address the early childhood care and development need of young children and mothers. The pan-Indian scheme is a positive enable reaching out to millions of children to improve the nutritional and health status. This profile documents the experience of Tamil Nadu and Kerala's experience of child care provisioning through Anganwadi Scheme.

Overview of the Organization

The Integrated Child Development Services (ICDS) is a centrally sponsored umbrella scheme implemented by the Ministry of Women and Child Development, launched in 1975 in 33 blocks (4 rural, 18 urban, 11 tribal). Over the years, it has progressively expanded and currently encompasses 5614 projects (5103 central, 511 state) covering more than 5300 community development blocks and 300 urban slums. It serves over 60 million children below the age of 6 years, over 10 million women aged 16 to 44, and 2 million lactating mothers. The schemes under ICDS include:

- Anganwadi Services Scheme (which will be the focus of this case study in Tamil Nadu and Kerala)
- Pradhan Mantri Matru Vandana Yojana
- National Creche Scheme
- Scheme for Adolescent Girls
- Child Protection Scheme
- POSHAN Abhiyaan



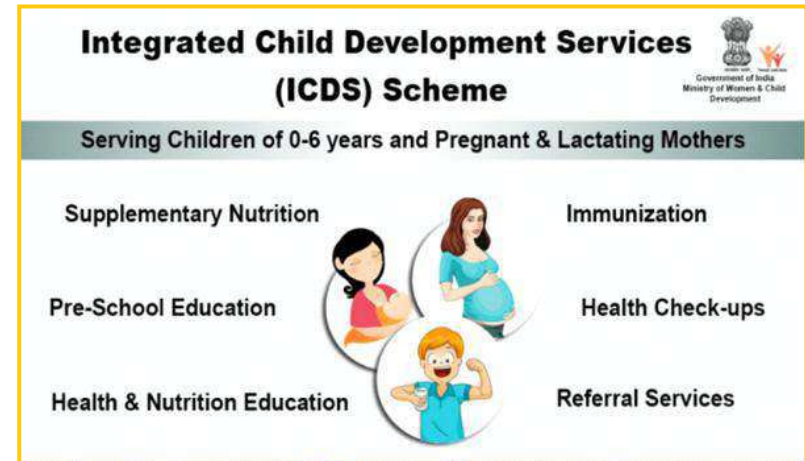
Anganwadi Services Scheme

Anganwadi is a centrally sponsored scheme implemented by the States/UTs, serving as a rural child and maternal care center in India. With an average of 13.5 lakh Anganwadi centers spanning approximately 24 states and Union territories, the total population under ICDS coverage is 70 million. The Anganwadi scheme has been universalized with the intervention of the Supreme Court and has primarily emphasized the right to food act. While initially, the scheme's goal was to reduce the malnutrition rate in women and children across the country, over time it has evolved to adopt a more holistic approach, delivering multiple essential services to children in the age group of 0-6 years, pregnant women, and lactating mothers.

The services are extended to the target community at a focal point Anganwadi Center (AWC) located within easy and convenient reach of the community. The AWC is managed by an honorary female worker known as the 'Anganwadi Worker' (AWW), who is a key community-level functionary. The AWC is also the venue for health-related activities carried out by auxiliary nurse-midwives (ANM). Each AWC looks after a population of approximately 1000 in rural and urban areas and 700 in tribal areas. Currently, on average, there are 125-150 AWCs per project/block.

Some of the important functions of the ICDS

- **Complementary Nutrition (CN):** Children aged 6 months to 6 years and pregnant or lactating mothers from low-income families can access CN for about 300 days (roughly 10 months) per year. The food provided varies by state but generally consists of a hot meal cooked at the AWC, containing a mix of pulses, cereals, oil, vegetables, and sugar.
- **Immunization:** AWW organizes fixed-day immunization sessions for infants and expectant mothers as per the national schedule, conducted by the Primary Health Care center (PHC) and its infrastructure.
- **Health Check Up and Referral Services:** Health checkups cover all children under 6 years, prenatal care for pregnant women, and postnatal care for lactating mothers. AWW and PHC staff collaborate for regular check-ups, weight recording,



immunizations, malnutrition management, treating diarrhea, deworming, and addressing minor ailments.

- **Growth Monitoring Promotion (GMP):** Children below 3 years are weighed monthly, while those aged 3 to 6 years are weighed quarterly. Growth is tracked to identify growth delay or malnutrition.
- **Non-formal and Preschool Education:** AWW provides non-formal nutrition and health education to empower women aged 15-44, helping them manage their health, nutrition, and their family's needs. This education is delivered through participatory sessions at AWC, home visits, and small group discussions. Early childhood care and preschool education also stimulate children (< 3 years) through interventions with mothers.

This compendium looks at ICDS centers in Tamil Nadu and Kerala which are running for 6 to 7 hours in the states and highlights their unique experience and challenges.

ICDS in Tamil Nadu

There are approximately 54,000 Anganwadi centers established in the state, each equipped with a minimum of two allocated workers per center. This brings the total count of Anganwadi workers in the state to an average of 104,000. The operating hours for Anganwadi centers in Tamil Nadu vary from 8:00 am to 3:30 pm. While this duration exceeds the average operational hours of most Anganwadi centers, which typically function for about four to five hours on working days, it's important to note that these centers still do not operate as full-time day-care facilities.

Additionally, Anganwadi centers remain closed for a span of 15 days in the month of May to coincide with the school break, in addition to being closed on Sundays and national holidays. On average, the attendance rate of children at these Anganwadi centers falls within the range of 25-30 children per center, with a minimum requirement of 15 children per center. It's worth mentioning that some centers can accommodate up to 40 children, aged between two to five years.

Nutrition

Mid-day meals are provided to the children attending these centers. The meals typically consist of items like rice, dal, and vegetable oil, which are given on a daily basis. The funding for procuring ingredients such as salt and vegetables for the meals is sourced from the state, making up a significant portion of the mid-day meal program.

Meals

A structured weekly meal schedule is followed for specific days. For instance, Payar (a green mung bean rice soup) is served on Tuesdays and Fridays, alongside Chana. Pasi Parippu or Sambhar is served on Tuesdays, while Shundaka Payar (another type of dal) is offered on Thursdays. Boiled eggs are distributed on three days each week - Mondays, Wednesdays, and Thursdays.

Pandemic

During the pandemic lockdown, when the centers were closed based on government directives, providing freshly cooked meals became impractical. As an alternative, Anganwadi centers in the state distributed raw materials such as rice grains, dal, eggs, and health mix (Inaiunav mavu or Sattu mavu) to families, especially targeting pregnant women and children, directly at their homes. Essential components like 80g of rice and 10g of dal, along with 2g of oil and salt, were distributed to homes fortnightly. In certain instances, cooked dishes like Pulao and Thakali sadam were also provided.

Learning

Education holds a crucial role in the services provided by Anganwadi centers. Children are engaged through games (e.g., sehai padal), interactive songs, and poetry that educate them about changing seasons in an enjoyable and engaging manner. Moreover, children receive building block toys and are taught about the nutritional values of different food items.

Health Check-up

Within the Integrated Child Development Services (ICDS) scheme, regular medical check-ups for children are carried out, followed by vaccination drives. A village health nurse conducts weekly health check-ups and administers vaccines every Wednesday. Under the Revised Integrated Nutrition Scheme (RTS), a doctor is required to visit the center once every month.

Anganwadi Worker

Anganwadi workers and helpers share some responsibilities, yet each has distinct roles. Both start early to accommodate children from working parents. Helpers clean the centers and create rangolis, while workers source vegetables for meals and oversee their distribution. Helpers prepare utensils and cook, while workers distribute sanitary pads, support pregnant women, manage administrative tasks like attendance, and monitor children's growth by age group. Embracing technology, workers maintain records and update them via mobile phones, including around 50 to 150 photos daily. The expanded ICDS scope involves overseeing breastfeeding and nutrition programs, conducting exhibitions to promote nutritious foods for expectant mothers and young children.



Challenges

Post-lockdown, challenges for Anganwadi workers have intensified. They must now manage expenses using smartphones and a government app, which has been reported as unresponsive

with gaps. Coupled with increased workload and risk due to lacking protective gear during and after the pandemic, concerns arise. Beyond routine house visits for enrolled children, workers are now tasked with providing extra care to children below normal growth levels.

ICDS workers were also involved in the relief work due to Pandemic crisis without any extra compensation which added to their difficulties in performing the work.

In Tamil Nadu, workers used personal funds for goals and aiding others. With a mere 300 INR yearly government support, securing basic needs like food and gas cylinders is a glaring failure. Despite government-provided cooking equipment, the small stoves can barely cater to five people. Cooking gas costs around 900 INR, which was half covered by workers.

Complaints abound about overloaded work, worsened by cost cuts. Unfilled vacancies in Anganwadi centers persist, with a 2/3 year wait for filling. This strains staff and tasks. To enhance duty performance, women advocate raising workers per center from two to three.

ICDS in Kerala

The anganwadi system in Kerala is currently functioning under the local administration and Panchayats, with the major chunk of the funding for the nutrition program being sourced from the latter, with the role of the central government having become almost negligible in the recent times. There are about 258 ICDS projects functioning in the state, out of which there are currently 33115 functional anganwadi centers, with around 65,900 workers. Out of the total number of AWCs, 220 are mini anganwadis, and there are only four to five anganwadi center functioning in each district.

Structure

The AWCs in the state are attended by children between three to six years with pre-schoolers (3-4 years) being the major category amongst them, The anganwadi centers are functional between 9:30 am to 4:30 pm, with the pre-school timings being up to 3:30 pm, post which the anganwadi worker and helper are both engaged in house-visits to routinely check up on pregnant women and lactating mothers to inform and aid them in their nutritional needs,

as well as for creating an awareness on mother-infant healthcare procedures. Not only are hospitals referred to the stakeholders by the AWC workers, but further coordination is also maintained with a junior health nurse, if required. Mandatorily, the worker and helper are supposed to cover six houses in a single day house visit, details of which are to be recorded, with routine follow-ups also being conducted.

Education and Learning

The intrinsic aspect of the services rendered by anganwadi centers are undertaken through an Informal educational curriculum which covers holistic intellectual development in a child. Informal preschool education in Kerala is based and piloted through studies and assistance of the Child Development Center (CDC). Curriculum in the AWCs in the state are based on the 5 basic pillars of development:

- Language Development
- Body muscles development
- Knowledge development
- Social and emotional development
- Creative activity

Since, up until 3 years of age, children mostly receive education in the form of primary socialization, from parents and the immediate family, pre-schooling in the AWCs are kick-started with the theme of “Child and the Family” which includes getting the children involved in interactive exercises through song and localized cultural games. Children are encouraged to be more interactive through elocution and socializing and are pushed to explore their imaginative prowess by drawing. The other sub-theme includes “Me and Body”. Furthermore, during important days like Independence Day and Gandhi Jayanthi, children are made to engage in co-curricular activities.

Efforts during Pandemic

During the Covid-19 pandemic, classes were mainly telecasted through a state-owned class telecast named ‘kilikonchal’. Using the online mode, the AWCs were majorly taking classes by keeping in track with a portfolio of each child, alongside pictures and videos of the exercises and the studies that they did, which helped in tracking progress. Saturdays were reserved for revision of the

material which had been covered over the week. Besides these, online meetings were also being conducted for adolescent girls, lactating and pregnant women.

Nutrition

It is a state-mandated rule for the AWC attendees to be fed three times a day which consist of a morning snack, a noon snack and general feeding. Morning snacks or a mini breakfast is provided in the AWCs in Kerala at around 10:30 am. However, exactly what food is provided is also oftentimes district-specific. Usually, it is Idli/Dosa with sambhar, chutney and ragi mixed with jaggery and nuts. The morning meal for a single child requires around 20gms of rice, 5gms of pulse, 10gms of jaggery, 20gms of ragi and 5gms of coconut. Around 12:00 pm, lunch is provided which comprises cooked rice (around 50gms for a single child) and pulses (around 15gms for a single child), traditionally known as khichdi, alongside vegetables. Around 3:15 pm, the children are once again provided with a noon snack comprising upma, payasam, pulses or ragi (which again, becomes specific to the place) which is sustained by procuring 50gms wheat, 10gms oil, 10gms pulse or ground nut, per meal, per child. Nutrimix is also provided, mostly to pregnant mothers and those who are in dire need of it, or those who have a low body mass index. Each anganwadi provides meals depending on how much funding they can secure from the panchayat planning funds.

Health

The AWCs are also responsible for initiating immunization along with vaccination programs. Body weight of children is checked every month in the presence of their mothers and the results are monitored frequently with the records kept as per guidelines from UNICEF. In the case of mal-nourishment signs in a child, double ration is provided. Programs for adolescent girls are also ensured by psycho-social counselors working at the ICDS to provide them with awareness on self-empowerment and education. They are further provided with de-worming tablets and iron folic acid tablets, taking into account their physical well-being.

Challenges

- Additionally, an inadequate number of anganwadi workers has always been a problem but it became more acute during the peak of the Covid-19 pandemic when many workers were also working in shifts at the First Line Treatment Centers (FLTC) which resulted in further overburdening of the workers.
- Use of technology has proven to be a big set-back for the anganwadi workers during the pandemic. Anganwadi workers were mandated to take online classes but since most of their families had access to one smartphone, it made it difficult for them to conduct these classes. Further, the smartphones provided to them by the ICDS department, including the “Poshan tracking app” have often reported glitches.
- Under the ICDS scheme, the anganwadi workers and helpers are considered as ‘honorary workers’ providing volunteer work and are thus inadequately compensated. These workers thus feel undervalued and underpaid in their jobs. In Kerala, while Rs. 4500 for workers and 2250 rupees for helpers is allocated as honorarium from the central government, only 60% of the amount is given as allowance which accounts to 2700 rupees for workers and 1350 for helpers. The rest of the amount is remitted by the state government (Rs. 12,000 for worker and Rs.8000 for helper)
- Inadequate funding from the central government results in poor pay for the workers and helpers and impacts the quality of the services that they provide at the AWCs. Moreover, since most of the funds for running the AWCs are derived from the panchayats, there is often a lack of uniformity in the quality of the services rendered based on the financial stability of the panchayats. Mostly working out of rented spaces, ranging between 3000 INR to 8000 INR in rural to urban areas, the lack of an adequate infrastructure becomes a significant hindrance towards the functioning of the AWCs. Shortages of playgrounds for outdoor activities and cramped indoor spaces worsen the situation. Considering a 500 sq. ft. household space, excluding space for kitchen, storeroom and bathroom the common hall would be 250 sq. ft., the space becomes claustrophobic for 30 students. As such, more thought and resources need to be invested for creating a quality and hygienic space for the anganwadi centers which will also attract more children from the area.

Tamil Nadu is one of the states to have implemented the creche scheme as part of the ICDS centres to function from 8:00 am - 3:30 pm while Kerala has only just proposed to open AWCs as an experiment recently. The childcare structure in the country remains such that the anganwadi workers are looked upon as performing volunteer work, rather than labor which needs to be sufficiently compensated. This assumption has led to shoddy work conditions and an honorary payment system to be set in place for the anganwadi workers (primarily women) who are now mostly performing unpaid labor.

Non-Negotiables

- Anganwadis need to be developed into Anganwadi cum crèches, with full-time centers being set up, to provide holistic childcare services to the stakeholders.
- Minimum wages need to be implemented, with the work as performed by the anganwadi workers recognized as labor to be adequately compensated. The presence of a good union is also crucial to garner collective bargaining power against the state to ensure a proper salary structure being set in place for the anganwadi workers.
- Anganwadi work should be linked to MGNREGA
- Funds need to be made available for the proper functioning of the AWCs, to prevent private players from becoming involved and to avoid the conditions that are contingent upon their involvement.



JAN SWASTHYA SEHYOG



Envisioning Childcare

Jan Swasthya Sehyog (JSS) started rural creches to prevent malnutrition among children under three years old in response to the alarming rates of childhood malnutrition. These creches, also called Phulwaris (nurseries of flowers), are widely recognized as essential for the children of working parents and are viewed as an investment in the child's future. Currently, dozens of organizations are running such rural creches in various parts of India.

Overview of the Organization

Jan Swasthya Sahyog (JSS) is a non-profit organization headquartered in Ganiyari, Chhattisgarh. It was established in 1996 by a group of dedicated health experts from AIIMS, New Delhi, who shared a common vision of making a positive impact at the grassroots level. The organization's core objective is to deliver community-oriented healthcare services by utilizing problem-based learning, conducting training programs, and generating robust research for advocacy purposes.

JSS firmly believes that health is a fundamental right and strives to promote equitable access to high-quality healthcare services. They provide comprehensive primary and tertiary clinical care within the community, ensuring that everyone has access to these services. The community health center in Ganiyari offers a wide range of facilities, including outpatient services, an inpatient ward, an operating theater complex, a low-cost pharmacy, and a diagnostic laboratory. With clinical supervision and referral services, JSS caters to the healthcare needs of approximately 40000 population residing in 72 villages. Besides health, JSS also working on the social determinants of health such as improving agriculture practices through natural or organic farming, providing animal health services, and providing various livelihood opportunities in programme villages.

Situated in a rural setting where agriculture and related activities are the primary occupations, JSS primarily serves the tribals including PVTGs like Baiga and Birhor.





Approach, Programs & Models

Emergence of a Creche Initiative

Undernutrition remains the most significant problem in India. It increases the likelihood of falling ill and, in some cases, leads to fatalities. Numerous studies have consistently demonstrated that undernutrition, whether severe or non-severe, is the underlying cause of over 50% of child mortality in those under the age of five. When undernutrition occurs during early childhood, it also results in poor intellectual development, which can have lasting effects throughout a person's life. Undernourished children often grow into undernourished adults with reduced work capacity, impacting their earning potential and keeping them trapped in poverty. Undernourished girls who become weak mothers tend to give birth to underweight babies, thereby perpetuating the vicious cycle of poverty and ill health.

Even though there are many reasons for malnutrition in young children below 3, we felt that the most important cause in poor families was that there was no one available to feed the child several times during the day. Eating twice a day like adults do, is not enough for young children, who need to be fed at least five

times during a day. Thus in order to prevent these avoidable deaths, to make a dent into the poverty trap and to allow children to have optimal physical and mental growth, there is a pressing need to prevent, and treat under nutrition in the community.

As part of the community work and in response to the very high levels of childhood malnutrition seen in this area, JSS began a crèche programme in 2006 with following objectives,

- to provide a safe, secure and stimulating environment for young children 6 months to 3 years of age when their parents are out at work
- to demonstrate to mothers that older infants (beyond 6 months) can consume and digest food other than breast milk, and that they thrive on it,
- to prevent malnutrition among this age group and where children are malnourished, to improve their nutritional status and
- to help older siblings who have dropped out of school for the

care of the younger child, to return to school.

- to allow parents to go out for work and increase their income that accrues out of it.

Functioning of Crèches and Supervision

The Phulwari program is designed to provide children with supplementary nutritious food and engage them in activities that promote cognitive development. Currently, JSS operates 198 crèches, catering to over 2000 children across three locations: Ganiyari (CG), Anupur (MP), and Singrauli (MP).

The process of establishing a creche begins with the identification of a village through community meetings and a baseline survey to assess the community's needs. During these meetings, the advantages of having a creche in the community are discussed. A creche worker is selected by community and trained by the organization.

A phulwari unit has one caretaker for ten children. But any centre that has 13 or more children has two women to take care of them. Parents drop the child off and collect them at the end of the day. The crèches normally function out of a rented room where the separate kitchen is available or in the house of caretaker in case there is no other space is available. The crèches function from 8 am to 5 pm (8 hours a day)



normally. However, they are flexible according to the needs of the community. Depending on the number of under 3 years children, a village may have more than one crèches.

The diet at the centre consists of the following:

- Snack of Sattu 60gm per child per day.
(it's a cereal-pulse-oilseed mix)
- Two cooked meals of Khichadi - Rice: Daal 5:1. (125gm rice), with 5 ml of oil is added on top of the food.
- A boiled egg is provided per child on three days of the week.
- A total of 22gm protein & > 900 Kcals one child get from the food we provide in crèche.

The each crèche is provided with a complete set of cooking utensils, plates, spoons, tumblers, and soap for Handwashing to the children. Water disinfection is done using U-V light in a drum. In centres without electricity, chlorine solution is used to disinfect the water. Mats, bed sheets and mosquito nets for the children to lie on, along with towel is also supplied. Mothers supply old sarees to use as slings as many children prefer to sleep in them.

Handwashing before meals has been encouraged from the beginning, and most crèches now have a handwashing station for easy dispensing of water.

Health care is provided by the village health workers present in each village, who visit the crèche once a week, or if they are called by the phulwari worker. Crèche workers are trained in basic hygiene, child



care and nutrition, management of some common child ailments like fever, diarrhea. Besides this all the phulwari children are given Iron syrup daily to prevent the anaemia and syrup albendazole for deworming.

Child weights are monitored every month by the health workers and undernourished children are given special attention – an additional ration of khitchdi. If there is no improvement in weight or the severely malnourished child who need further investigation are referred to Ganiyari.

JSS has started developing kitchen gardens in all the creches to demonstrate the use of vegetables among the parents. Parents has also started the kitchen gardens in their backyards. The vegetables grown in the kitchen garden are used the khichadi which serves the source of essential vitamins and minerals.

Focus on Early Childhood Care and Education

JSS has developed early child education (ECE) programme which includes age-appropriate activities for children's development covers five domains such as physical, social, emotional, language and cognitive skills. Age-appropriate safe toys, posters of fruits, vegetables, animals, human body parts etc. are provided to all the crèches for children to play with and learn, and the crèche workers are also taught songs and games for the stimulation and learning of young children. Creche supervisors played a major role in providing handholding support and spot training on various issues to creche workers.

Growth monitoring of children

Growth monitoring is done by creche supervisor every month. Anthropometry includes monthly weight measurement and height once in two months. Anthropometric data is captured in Avni App which calculate the Z-score (as per WHO growth monitoring criteria).

Besides the monthly growth monitoring, baseline anthropometry is done at the time of enrollment and endline at the time of leaving a creche. Moderately and severely mal nourished children given more attention and extra food in the creche. Frequent health checks are conducted for such children. Creche supervisor does home visit to assess the economic status of parents and also counsel them about nutritional care to be taken.

The functioning of phulwaris in this rural area of Bilaspur and Mungeli districts has had a wide range of impact,

Challenges

JSS has learn many things through the implementation of this initiative. We think taking care of under-3 is exhaustive work but at the same time, it is also not a rocket science. Several societies have done it. We emphasize on some of the non-negotiables in running the crèche for under-3 children.

- These crèches should be run minimum 8 hours a day by trained crèche nutrition worker from same hamlet, 26 days a month and the timing should according to local work schedule.
- Child caretaker ratio should not of more than 10:1 and the caretaker should be paid a regular work and not as a volunteer.
- There should be at least three large feeds, a minimum of 75% calories and all protein, essentially to have some animal proteins such as from milk or eggs.
- Iron supplementation daily and biannual albendazole (deworming)
- Early child education is essential
- Child sage environment, safe water and mosquito proof interiors
- Growth and illness monitoring are highly desirable
- If the under-3 nutrition is a key problem of our country at the moment there is no solution that we can think of which could be offered as an alternative. Well run crèches as we called phulwaris, will fulfill these requirements. It has challenges to upscale it which need to understand and handle. JSS strongly urge that we should not compromise on these basic requirements of crèches.



Interventions during Covid

During the initial wave of the Covid-19 pandemic, the Phulwaris had to be temporarily closed for safety reasons. However, JSS took proactive measures to ensure that the children still received essential nutrition. The organization arranged for the parents to come to the center and collect food supplies for their children. In addition, JSS provided eggs and khichdi to the Anganwadi children during this challenging period.

Advocacy for creches and under 3 care

JSS has been advocating the issue of under 3 years child malnutrition. As a result of successful advocacy, various organizations and govt started creches.

PHRN (Public Health Resource Network) has launched the crèches in Nov. 2012 in Jharkhand, Chhattisgarh, Bihar and Orissa under the project AAM (Action Against Malnutrition). JSS was a partner and resource group in this collaborative effort with PHRN, Chaupal, CINI, and Ekjut.

In the month of August, 2013 Chhattisgarh government launched 'Phulwari Scheme' for children between ages of 6 months and 3 years, aiming to curb malnutrition with 2850 Phulwari centers in 85 blocks of 19 districts.

JSS provided technical support to ICDS department of Madhya Pradesh and Chhattisgarh state to run Anganwadi cum creches in year 2014.

In year 2017, District administration started 75 creches in Anuppur district of Madhya Pradesh and in year 2018 Singrauli district administration started 50 creches.

Besides nutrition, JSS has been running a maternal and child health programme since its inception. JSS provide comprehensive care to every child who access care at JSS either at village health worker, subcenter or referral center Ganiyari. The major activities includes,

Home based neonatal care by MCH workers and village health workers – to identify, treat and arrange referral for newborn

complications during first two month after birth

Identification and treatment of common and severe illnesses among children such as pneumonia, diarrhea, skin infection, management of low birth weight babies etc.

Use of innovative technology in child care

JSS has been developing low cost health related appropriate technologies to address the healthcare needs of individuals with limited resources. Two such technologies are -

- **Breathcounter** – It's a microcontroller based counter to measure the respiratory rate in different age groups of children by just pressing on a button and output comes in the form of red or green signal for an abnormally high rate of otherwise. Its used by neo literate village level to diagnose pneumonia at village level.
- **Sleeping bag with heat source** – JSS has designed a sleeping bag for newborns with unique warmer to keep low birth weight babies warm. ic requirements of crèches.



Impact

Impact on Child Feeding and Nutrition: Data on growth monitoring of children (weights taken monthly and heights at six monthly intervals) attending the crèches is analysed using the WHO-Anthro software. Paired data compared over two years showed a significant reduction in wasting and undernutrition among these children.

Parents of children attending the phulwaris have noticed that their children have begun eating after seeing other children at the centre eat and even the children eat more at home. They realized that children can digest food like sattu and khitchdi even at a young age.



The children have also got used to the flavour of oil with their khitchdi at the phulwari and children have started demanding oil at home also.

Many parents also observe that their child insists on washing his / her hands with soap before eating any meal even at home.

Parents of children in phulwaris have commented on the fact that their children do not fall ill so often, and are more energetic at home.

Impact on Women's Lives: Phulwaris have enabled women to earn for the family without having to take their children along to the work-site, with the assurance that their child is being taken care of in a safe environment, and is also being fed regularly during the day. This enabled women to do other work or to rest.

Other effects of the phulwaris:

There have been a number of older children both girls and boys who have been able to go back to school and were saved from the burden of caring for younger siblings.



MAHILA CHETNA MANCH



Envisioning Childcare

Mahila Chetna Manch, founded during India's women's movement, is a pioneering organization. It approaches development with a gender perspective, spotlighting the challenges women encounter. Particularly in childcare, MCM adopts a women-centric approach, aligning with their economic requirements and schedules. This emphasis underscores MCM's commitment to serving the needs of working mothers.

Overview of the Organization

Founded in 1984, Mahila Chetna Manch (MCM) is a non-profit organization promoting women's empowerment. It identifies itself as an advocacy and research organization. Their mission is to promote women's economic activities and livelihoods in rural areas. MCM focuses on sustainable development without creating dependency. In addition to education, health, water and sanitation, and livelihoods, MCM maintains a diversified work portfolio for advancing gender mainstreaming. Through its operation over the last three decades, MCM has contributed to making a positive difference in women's lives.

Some Thematic Interventions:

Through their key themes, they support women to take lead roles in the social, economic, and political spheres.

- **Education:** Over the past 18 years, MCM has operated two schools in collaboration with the State Board. It aims to promote the all-round development of children by providing systematic, structured, child-centered teaching methods.
- **Health and Nutrition:** Since 2008, MCM has provided assistance of outreach to injecting drug users with the support of the National AIDS Control Organization. MCM provided IDU and their partners harm reduction services, behavior change communication, and assisting them in adopting safer behaviors both in injecting and sexual practices, to limit the risk of HIV transmission or contraction.
- **Livelihoods:** A major focus of MCM is training small and marginal farmers and dairy owners, especially women. Additionally, the organization works with tribal women to improve their livelihoods. The focus of Mahila Chetna Manch has always been on women across multiple verticals. In the course of its various interventions, especially livelihood, it was discovered that childcare support is critical for women if their income-earning capacity is to be enhanced.

Currently, they are working in 25 districts of Madhya Pradesh. Besides providing childcare services, they build capacity and conduct research to improve the work environment for women. The Mahila Chetna Manch trains anganwadi workers and helpers under the ICDS scheme as part of its capacity-building efforts. MCM works through Mahila Manchis in rural areas primarily because rural areas did not show a need for childcare facilities since mothers usually worked on farms nearby or grandparents watched the kids in their absence.



Approach, Programs & Models

Building Childcare Provisions: Creches by Mahila Chetna Manch

In collaboration with Madhya Pradesh Shaskiya Karmachari Mahila Kalyan Samiti, Mahila Chetna Manch operates a creche in urban Bhopal. Established in the 1980s, this initiative addresses childcare needs for women in low-income, unorganized sectors, responding to the 'dual burden' they bear - managing households and family finances. This self-supported endeavor emerged due to a lack of familial and state support. These women, often literate and working in non-industrial roles like nursing or teaching, earn between 19,000 to 25,000 per month. The creche, open from 9.30 am to 6.30 pm, employs a two-member staff per ten children. Initially costing 25 rupees per month, fees have increased to 1000 rupees. Though designed for ages 3 months to 6 years, flexibility exists due to family situations. The creche, located at MCM, funds its staff through collected fees. Average attendance ranges from 5 to 10 children. During the pandemic, operations ceased as mothers were at home, but have resumed as they returned to work. The MCM also operates two day care centers. The program accommodates mixed-age groups by providing various facilities

like jhullas and toys. School-going children receive academic support from a hired teacher. Children engage in play and utilize a small in-house library during the day. Parents bring tiffins from home and instructs the staff about timing, heating and helping children to eat the food.

Training of the Childcare Workers

Training is provided to workers in child development and conducting pre-school activities, for children. MCM says this distinguishes it from public schools and anganwadi centers, which are primarily focused on food distribution. Training is provided by MCM for anganwadi workers which serves two purposes. First, the day-care staff is also trained in this manner, and secondly, any woman can take part in this training to enhance her income-earning skills and start her own creche. MCM strives to provide enough space for children to play with child-friendly infrastructure based on their needs and accessibility. To enable children up to 6 years of age to easily access the washbasin, for instance, the height should be adjusted accordingly. Childcare workers must also be trained and monitored regularly.



Distinct Features

Some of the distinct features of this model are as follows:

- Facilitating Parents' Understanding of Care:** The key feature of MCM's full-day childcare facility is that it is built on addressing the needs of mothers and families. Hence, there have been many amendments and advancements that the center has introduced on the suggestion of the parents. For example, the installation of a television for children or a refrigerator for storing food for children. The creche opens on all 7 days of the week. For the weekend, they have a part-time worker who takes care of the children. MCM has observed, there has been a slight shift in the roles of childcare provisions as some fathers are also taking up the charge.
- Women Focused:** MCM's model of childcare service is built on the understanding of providing care to children from the point of view of mother's needs. Hence, apart from making the timings flexible, it has an all-time telephone service where a parent can seek the whereabouts of their child. Parents are also encouraged to drop in and spend time with children in their activities.
- Promoting Women's Employment:** Over the years, many private agencies have started creches and daycare services, and in some workplaces, daycare facilities are provided. Earlier, when these services were not available, women were seen to be taking leaves from work to look after the child.
- Building Nutritional Understanding in Parents:** They conduct nutrition and food workshops and sessions with parents after seeing that parents are sending a one-for-all kind of meal for the children, which these children often find too spicy or which is too oily for children.
- Zero Reliance on Advertisement:** MCM never has to advertise about their center. It is specifically for women from the low-income category.

Challenges

MCM's user-fee component is minimal and inadequate to independently sustain the creche or cover staff salaries. Consequently, MCM supplements the creche's operational costs. While MCM has a strong presence in various Madhya Pradesh districts, financial limitations and resource constraints hinder its expansion in Bhopal and other semi-rural regions due to substantial investments required.

A key challenge faced by MCM's creche staff is managing the model's flexibility. Though the creche extends its timings based on women's needs, this sometimes results in staff having to stay beyond regular hours. This situation presents difficulties for both staff and children, as prolonged absence of mothers becomes challenging. In some instances, mothers arrive to collect their children after running errands or socializing post work, further burdening the staff.

MCM provides paid childcare services through its creches, targeting women in low-paying positions. Access to the creche requires a monthly payment of 1000/p.m. However, this arrangement excludes women employed in lower-tier informal and unorganized sectors like domestic work and waste picking. These creches cater to a specific income group, limiting accessibility for all women.

Strengths of MCM Creches

The Child Care center at MCM was started with the understanding that women face a lot of challenges when they step outside. They need support from their family, which is often missing owing to socio-cultural and patriarchal constraints. Therefore, the MCM model helps instill confidence in women by providing safe and full-day childcare.

Flexibility of timings is one of their key strengths and features. The timings of the center are also flexible and fit in the mother's working schedule. It is a low-cost model for working women of Bhopal from the lower-middle-class strata. Therefore, it helps women access the childcare service at an affordable price instead of hiring someone at home for childcare. In that sense, women spend way less, and children are taken care of for longer hours.

The childcare services offered by MCM creches are urban-centric and cater to the childcare needs of lower-middle-class families. Due to a limited familial network in the city, women from nuclear families and migrants can greatly benefit from this model.





Envisioning Childcare

It is Mahita's mission to educate, skill train, and promote nutrition among children. Among its major focuses are education, safety, and empowerment for adolescent girls. The child care perspective is brought into play by the fact that they recognize the importance of enhancing education for those who are often deprived and do not have easy access to education.

Overview of the Organization

MahitaMahita is a non-profit social development organization working in the city of Secunderabad in Telangana since 1994 with a goal of empowering communities. It has broad geographical coverage of 82 urban slums of Hyderabad, Ranga Reddy, Nalgonda, and Adilabad districts. Since its inception, the organization has adopted the rights-based approach for working towards a socially just and empowered society, reflecting local cultural values and practices. It is committed to generate livelihood and development opportunities for women and children. With the aim of upliftment of the marginal and backward sections they work in the disadvantaged communities and low-income backgrounds. Mahita has a team of social scientists with considerable expertise in the area of gender, education, human rights, livelihood and other humanitarian work who work towards providing integrated and sustainable solutions for the overall development of children.





Approach, Programs & Models

Thematic Understanding of Mahita's Work in the Communities

The essence of Mahita's work lies in its ability to provide social development support to marginalized communities, with a particular emphasis on empowering young girls through education. The organization employs various projects that enable direct engagement and a positive impact within these communities.

Promoting Education: Regarding education, Mahita is actively involved in integrating children from disadvantaged backgrounds into the mainstream education system. It collaborates with governmental bodies, community-based organizations (CBOs), and NGOs to address issues such as child labor and the dropout rate among girls. The organization also extends its efforts to children from migrant construction labor colonies, facilitating Early Childhood Care and Development (ECCD) education. Their child-centered and gender-sensitive program aims to eliminate child labor, reduce school dropout rates, enhance school

retention, and foster a conducive learning environment.

Livelihood Promotion: As a community-based entity, Mahita focuses on generating livelihood opportunities through Community Livelihood Centers. These centers provide vocational training tailored toward job-oriented skills. The organization collaborates with urban youth residing in slums, enhancing their employability skills and cultivating entrepreneurial prospects.

Interventions for Protection and Empowerment of Women and Girls: The Girls Advocacy Alliance, a program spanning four years, champions equal rights and opportunities for adolescent girls and young women. This initiative addresses gender-based violence, specifically combating child marriages and trafficking for sexual exploitation.

Child-Focused Programs

- **Child Protection:** Mahita runs an advocacy program named 'Child Protection and Action Network,' in collaboration with UNICEF and the Telangana State Council of Educational Research and Training (SCERT). This program entails training and capacity-building for teachers through module development focused on issues related to violence against children.
- **Child Governance:** To amplify children's voices, Mahita promotes children's clubs, referred to as Bala Sanghas, informal groups within government schools. These clubs engage in activities aimed at raising awareness about child-related matters, including child rights, child labor, discrimination, quality education, and HIV/AIDS. These committees are established in all of Mahita's operational areas.

Throughout these initiatives, Mahita demonstrates an unwavering commitment to safeguarding and empowering children. Notably, the Digital Learning Centre (DLC) presently represents a significant intervention in child education. Previously, the organization operated educational resource centers within government schools, which provided after-school remedial classes and even science labs in some instances, with approval from the education department. This project spanned six years before Mahita transitioned towards digital modes of education.

What is a Digital Learning Centre?

With the intention of providing free educational support and bridging the learning gap for children from lower-economic backgrounds, Mahita initiated the Digital Learning Centres in Telangana in 2019. This after-school care model focuses on furnishing digital education assistance, particularly targeting adolescent girls. Initially, the project commenced with 6 centers and gradually expanded to 16 centers within 8 months, encompassing diverse locations such as Malapeth, Malapur, Borabanna, Ambarpeth, Golnaka, Utpal, and Filmcity. These centers cater to over 2000 children in need.

The centers cater to:

- Students enrolled in government schools requiring supplementary educational support
- School dropouts
- Out-of-school children

This model employs digital modes of teaching through smart classes. It encompasses both academic and non-academic

learning. Academic learning is intended for children aged 12 to 18 and covers English, Mathematics, Science, and Social Studies. The non-academic component offers a range of life-skill training sessions, career guidance, and discussions on menstrual health and hygiene. These non-academic sessions are tailored for individuals aged 18 to 25.

Structured with a planned timetable, the centers adhere to a fixed schedule for the children. Each class lasts approximately 45 minutes, operating from 12 noon until 7 pm in the evening as an after-school program. The trainers and teachers undergo training to ensure effective facilitation. Additionally, they occasionally employ online videos to enhance students' comprehension of the subjects. There is a teacher present throughout each session.

The purpose of this initiative is to uplift children from lower-income backgrounds who lack access to or the means to afford educational support comparable to private schooling. The goal is to create better opportunities for their future.





Challenges

One of the exceptional experiences Mahita encountered during the lockdown was the seamless continuation of digital classes. Leveraging their digital learning model, they transitioned online effortlessly, allowing children to sustain their regular classes. Given that the learning materials were already digitized to meet learners' requirements, converting physical classes to online formats posed minimal challenges. However, a hurdle emerged in the form of limited access to mobile phones/smartphones. The organization swiftly addressed this by proposing that children with phone access create groups with those lacking phones. Mahita orchestrated their timetables and schedules accordingly. Nonetheless, the obstacle of conducting non-academic sessions for those aged 18 and above persists.

Some children migrated from Borabander, while others hail from families of daily wage laborers and waste pickers. The digitization of education is undeniable, but so is the digital divide within vulnerable communities. Gaining access to technical education, particularly computer skills, remains a distant aspiration for many young residents of the slums. To transform this aspiration into reality, Mahita has also initiated computer classes.

Interventions with ICDS centres to promote nutrition

Presently, Mahita is spearheading interventions within ICDS centers through collaboration with UNICEF and the Women and Child Development Department. Mahita has been chosen to support ICDS by conducting assessments and identifying critical gaps. This project encompasses 20 locations, where community

volunteers from nearby areas are selected and trained to conduct need-based assessments. The aim is to comprehend the community's requirements and demands related to ICDS services. These assessments aid the department in enhancing the delivery of crucial indicators.

These indicators revolve around the health and nutrition of mothers and children:

- The impact of spot feeding versus Take Home Ration kits
- Availability and accessibility of supplementary nutrition for lactating mothers, pregnant women, and children
- Coordination between Anganwadi workers and ASHA workers within communities
- Raising awareness about health issues such as anemia monitoring, the importance of hemoglobin, and child growth monitoring
- Creating awareness about referral services, particularly under nutritional resource centers

Mahita's work under this project identified gaps and the absence of these services at the grassroots level. These interventions are carried out in full-day ICDS centers situated in urban slums, operating from 9 am to 3 pm. Although Mahita strives to prompt the centers to open by 9 am, children usually start arriving around 10 am and leave by 2 to 2.30 pm. The primary motivation for attendance is the meals provided by the centers. The observation revealed that due to continued migration, tracking the records of children and mothers becomes challenging, and nutritional provisions often take a backseat.

Furthermore, a lack of engagement from the community with healthcare workers was evident. People exhibited reluctance to heed their advice and adhere to immunization guidelines. The health department also faces manpower shortages.

Impact

Mahita's programs, whether carried out independently or in collaboration with national and international organizations, have yielded significant impact within the communities. Notable achievements include reducing child labor in villages, resulting in about 132 gram-panchayats becoming child labor-free in Telangana. Their work with children has substantially influenced the health, nutrition, and education of over 25,000 children since inception.



Education has been a prominent theme for the organization, marked by improved child retention rates and the provision of infrastructure to nearly 80 schools, including the establishment of science labs and other learning resources.

In partnership with state governments, their interventions in ICDS centers have bolstered approximately 54 Anganwadis. Through community involvement, their livelihood programs have positively impacted numerous families and fostered linkages.



MOBILE CRECHES



Envisioning Childcare

The organisation outlines its mission as working toward a world that provides each child with holistic development and growth and whose rights are not compromised or trampled upon by the State and other stakeholders.

Overview of the Organization

Mobile creches began as a humble daycare center in 1969, at a worksite in Rajghat. Without any monetary backing or even a grandiose vision, the idea behind Mobile Crèches was floated by Meera Mahadevan, who was joined by Devika Singh. The very first crèche was set up on the premises of a construction site as a rudimentary and basic setup. Mobile Creches developed a vision of a 'just and caring world for all children under six years of age'. The first set of workers didn't even have the necessary skills – they weren't nutritionists, educationists, or even social workers. But they made up for the lack of skills with zeal and deep concern for the children. Some of the early workers were equipped with simple home-running skills, which served as a boost. The Mobile Crèches operate on a philosophy premised on providing children from marginalized sections with the most fundamental joys of childhood – from education to fresh meals. They strive to create a space where children can thrive, learn, and grow at their own pace.

Over the years, Mobile Creches has reached out to almost 10,000 children at construction sites in Delhi NCR, Bangalore, Ahmedabad, Mohali, and Chandigarh, providing age-appropriate nutrition, health, hygiene, and education for eight hours a day, six days a week. Over the decades, Mobile Creches has built its expertise in Early Childhood Development and has initiated various innovative research interventions and collaborations with national and state-level governments and other civil society networks.





Approach, Programs & Models

Expansion of the Vision of Holistic Childcare

During its formative years, the organization's unwavering commitment to its cause resulted in continuous engagement with various stakeholders and civil society partners. They increasingly dealt with policies centered around labor, housing, and health to understand the efforts needed to bring quality childcare to their Crèche programs. In 1989, Mobile Crèches co-founded a national network called the Forum for Crèche and Child Care Services (FORCES). This network focused on advocating for child rights and maternity support at the grassroots level, aiming to create public pressure for making basic services such as water, sanitation, education, health, and safety accessible to marginalized communities.

Consolidating support at the grassroots level entailed reflecting these voices at the policy level, paving the way for much-needed interventions in the visibility of the "young child." The organization has consistently pushed for the recognition of Early Childhood Development in recent policies and laws formulated by the state. Although many of their suggestions were incorporated into the

Early Child Care and Education Policy of 2012, they continue to advocate for Early Childhood Development to be recognized as a 'right' in India.

Strategizing 'Childcare' and building networks: Modus Operandi

Intersectional Lens: Mobile Crèches employs a women-centric approach that focuses on the presence of women at worksites and the conditions under which they work. MC's approach examines the interconnectedness of women's and children's lives. Therefore, it envisions a childcare facility at construction sites for the children of migrant construction workers. The organization has primarily worked in the field of childcare services. In their 5-year strategy, they've decided to adopt an intersectional perspective, incorporating the disability framework to create a more inclusive and holistic program. Thus, MC's care model integrates perspectives on nutrition, health, hygiene, education, and community awareness to address the multi-dimensional needs of the child.

Building Capacities: Mobile Crèches recognizes the significance of the foundational years of a healthy childhood. Therefore, MC's expertise in Early Childhood Development (ECD) is rooted in its experience providing childcare services and training for childcare workers. It emphasizes the importance of timely, quality care and development, requiring sensitivity, the right attitude, appropriate knowledge, and childcare skills. Through its various programs, MC builds robust capacities to ensure high-quality and sustainable childcare practices. To facilitate ongoing dialogue among partners and stakeholders, MC initiated the National Consortium for Crèches for Children at Construction Site (NC3S). This consortium includes 10 NGO partners from across India that work with children of migrant workers at construction sites, drawing attention to issues related to these children.

Another significant intervention by MC involves creating training modules and curricula for childcare workers. Women from the community are trained to become childcare workers. This practice fosters mutual trust and respect between key stakeholders and direct beneficiaries. Carefully selected based on an aptitude test, the childcare workers must complete mandatory 12-day pre-service training. During this period, trainee childcare workers are not permitted to interact with or establish contact with any children.

Mobile Crèche is one of the few organizations that have developed

a curriculum for children under the age of three, known as "Khel Pitara." This initiative is activity-intensive and tailored to each child's age group. Activities are designed according to specific milestones for each age group. The training for their infant stimulation curriculum and Balwadi curriculum for children between the ages of 3 and 6 is provided within the first 12 days of the initial training.

Childcare Services at Construction Sites

Mobile Crèches offers childcare services in three models:

i) Demonstration Model: Under this model, MC serves as a technical resource and service provider, while financial support is received from donors or employers. This partnership enables the organization to make direct community interventions, reaching out to mothers, building connections with government health support, and raising awareness. It has contributed to the improvement of wasting and stunting in children.

ii) Tripartite Model: In this model, MC selects and trains local NGOs working with women and children to operate childcare centers at construction sites. Through this approach, MC's work has expanded to Bangalore, Ahmedabad, and Chandigarh. The tripartite system involves three partners: Mobile Crèches as the technical partner responsible for training, quality assessment, monitoring, and standard-setting; the local NGO partner overseeing implementation and day-to-day operations; and the builder or employer responsible for fulfilling legal obligations.

iii) Employer-run Model: Suited for small to medium-level builders in remote areas, this model relies on the employer as the primary source of funding and daily implementation. MC provides technical services, supports community awareness, and raises sensitivity toward Early Childhood Development (ECD) issues.

Scaling up worksite-based crèches

In recent years, the organization has focused its efforts on scaling up worksite-based crèches and establishing partnerships with other organizations. Around 20 organizations are now running crèches at construction sites based on the MC model, emphasizing community engagement. However, MC underscores the need for civil society or state engagement for the long-term sustainability of this model. They seek government and civil society partnerships that can adopt this mandate and continue its implementation. MC's philosophy is to avoid duplicating public resources, eventually leading to the provision of this service as a public endeavor. MC primarily uses a cluster approach to facilitate

community involvement, establishing services that stimulate demand for similar offerings, thus expediting government intervention in scaling up the model.

Mobile Crèches during the Pandemic

As the world grappled with a deadly pandemic and the nation underwent lockdown, Mobile Crèches continued its operations for the community. During this challenging period, they prepared specialized nutrition kits for malnourished children in collaboration with the government. In addition to providing nutrition kits, they prioritized training crèche workers in parenting skills, which were then shared within their communities. Crèche workers regularly completed evaluation sheets to track children's learning progress. Operations transitioned to an online mode in areas under complete lockdown. Where smartphones were scarce, the organization sent community facilitators to ensure access to necessary resources and prevent children from missing out on education due to technology limitations. In the later stages of the pandemic, their centers were opened to both younger and older children to ensure uninterrupted education continuity.



Impact

Health and Nutrition

MC's nutrition and healthcare program has yielded positive results, as evident from the anthropometric data of children who attended creches regularly for two months. Children who were severely underweight and wasted upon their arrival improved to moderate or normal levels of underweight and wasting. The intake of iron and other essential minerals, such as protein, showed improvement in both mothers and children, as reported in the 'Impact Assessment Report of Mobile Creches, Delhi'.



Maternal Employment

According to a study on women's participation in paid work and childcare arrangements in India, childcare provision and services have supported women in entering paid jobs. This has contributed to women's health, income, and overall well-being.

Integrating Childcare Lens

The organization has also partnered with numerous civil society organizations specializing in gender and labor intersections. This collaboration allows them to delve



into the knowledge domain of unique needs for women and workers in specific geographical locations, further integrating the organization's child development expertise. Through these partnerships, Mobile Crèches also advocates for childcare and child development with an empowering women perspective.

MUMBAI MOBILE CRECHES



Envisioning Childcare

Mumbai Mobile Creches (MMC) is an independent entity registered under the Companies Act. Since 1972, MMC has been providing providing comprehensive day care programs to migrant children at construction sites in Mumbai Metropolitan Region. Their comprehensive programs cover health, education, nutrition, and community outreach. MMC promotes child-friendly environments and non-formal education.

Overview of the Organization

Mobile Creches (MC) was established by Meera Mahadevan in 1969 and expanded its operations in Mumbai in 1972 which was called as Mumbai Mobile Creches (MMC). For administrative simplicity MMC registered as a separate entity in 2006 under Section 25 of the Companies Act, 1956. Since then, MMC has consistently worked with the children of migrant populations at construction site in Mumbai Metropolitan Region.

Over the years, MMC's focus and outreach in childcare initiatives have grown and evolved significantly. They have adopted a holistic approach to comprehensively address the needs of migrant children.

As a result, MMC has developed a comprehensive day care program that encompasses various aspects, including health and nutrition interventions, education, and addressing the community needs of the migrant population at construction sites. Since 1972, MMC has been dedicated to establishing and promoting child-friendly environments for migrant children at construction sites. They follow pioneering national campaigns and programs such as Integrated Child Development Services and Sarva Shiksha Abhiyan. These collaborations aim to support non-formal education, health & nutrition, safety and the Right to Education, among other initiatives, thereby strengthening MMC's endeavors.





Approach, Programs & Models

Addressing Care needs through ECCE

Migration continues to be a rampant phenomenon, with workers often being accompanied by their families at construction sites. While both men and women are away at work, children suffer the consequences of a lack of care, including issues related to physical safety and social development. Therefore, the core focus of MMC's programs is to address and shed light on the childcare needs of migrant communities. MMC firmly believes in providing education, healthcare, and happy and nurturing childhood and protection as fundamental rights to every child.

Childcare models at MMC

a) Day Care Centers

The Day Care Centers (DCC) program stands as one of MMC's most enduring and well-received initiatives. However, they have found that it is most effective and suitable for large building sites hosting a significant number of children, and where the builders are willing to provide all necessary amenities for the center.

The DCC model encompasses three essential components: a creche for children under 3 years old, a pre-primary program for children up to 6 years old, and an after-school care and education support program for children up to 14 years old.

Each of their centers is divided into three sections according to age:

- **Creche (Birth to 3 years):** This specialized section caters to the needs of infants and young children, with a clear emphasis on providing physical care and stimulation.
- **Balwadis (3-6 years old):** The focus lies on fostering reading and writing readiness, and MMC has developed its in-house curriculum called Prakalp. Each month, a specific topic is chosen, and all educational and other activities are centered around it.
- **After school support (6-14 years old):** The primary emphasis is placed on ensuring that children are enrolled in a formal education system. MMC provides necessary aid, to children to ensure they continue their schooling.

Everyday Activities at MMC Centers:

A typical day at the center begins between 8:45-9:00 a.m., as children start arriving when most parents commence their work on the construction sites. By 9:30 a.m., setup and cleaning tasks are completed, followed by morning milk and poha. The activities start around 10.00 am, adhering to MMC's own curriculum and timetable set by the staff. Around 12:30 p.m., the children are prepared for their noon meal, which is outsourced from FSSAI certified supplier, providing variety of khichdi everyday. By 1 p.m., lunch is finished, and the children have a break, during which some may visit their homes in labour camps. Around 1:45 p.m., the children begin returning to the centers, and the afternoon is dedicated to art and craft activities. At 4 p.m., evening snacks are provided before the children are free to go.

b) Mobile Bus

Commonly referred to as 'Care on Wheels,' this program is best suited for situations where a full-scale childcare center cannot be established. Consequently, it has been implemented in a few smaller construction sites where migrant children are engaged for half day educational sessions, supplemented with a focus on health and nutrition.

c) Childcare Centers

Under MMC's Child Care Centre model, the operational costs of running a crèche on the construction site are covered by the builder, who thereby assumes greater responsibility for managing the facility. Additionally, the builder employs a teacher who has completed MMC's Bal Palika teacher training programme. In case of child care centre MMC acts as a 'Knowledge Partner', providing support in setting up a centre along with program monitoring. This marks a significant advancement for MMC, representing a crucial step toward the long-term sustainability of daycare, with extensive involvement from builders.

MMC's Comprehensive features of Childcare centres

Education Program: MMC's education program actively promotes language development, cognitive development, socio-emotional development of children. Their focus is on ECCE, thus they create stimulating environment for children at centres using variety of innovative methods.

Health and Nutrition Program: MMC's health program is designed to provide both preventive and curative care. Some of

the activities included in health program are like weekly doctor visits, recording anthropometric measurements of children to identify and treat children suffering from malnutrition, liaising with local health posts and ICDS.

MMC provides supplementary nutrition to all children attending day care centres. The nutrition program is carefully designed by a nutritionist and is standardized across centres, ensuring children receive 700-750 kcal everyday through multiple meals such as milk+poha, bananas, variety of khichadi, Lapsi/sheera/rajgira laddu.

The centers also maintain a stock of medicines, including general medication and supplements like multivitamins and calcium, which are administered to the children on alternate days. Additionally, the children's height and weight are monitored monthly to ensure proper growth and development.

Community Outreach Program (CORP) model: MMC's teachers simply visit the site/slum twice a week to run half a day education programme through creative activities like art and puppets, story telling etc. Teachers also ensures connections with municipal schools to support the smooth enrollment process.

In addition, MMC works with pregnant women by ensuring these mothers register with the nearby Primary Health Center (PHC) or Municipal hospital, whichever is closest.

MMC also assists community members in financial inclusions by facilitating activities such as opening saving accounts in banks and



post offices, obtaining identity documents such as Aadhar card, PAN card and registration with the Construction Workers Welfare Board to access the various benefits and services available to them.

Chai-Pani Meetings: Chai-Pani meetings are informal meetings with parents of children attending these centers to discuss various topics that impact both the children and the community.

Lokdoot: Lokdoots are street plays conducted for workers at construction sites, with sole purpose of raising awareness about their rights and benefits, government schemes and issues related to the community at large.

Saksham Programme: MMC actively engages with forums such as the Builders Association whenever possible to sensitise them about importance of having a day care facilities on their sites. Additionally, they collaborate with local schools to facilitate children's enrollment in schools and establish essential connections to ensure proper linkages of Integrated Child Development Services (ICDS).

Bal Palika Teacher Training Programme: Since 1982, MMC has been conducting a year-long training program aimed at preparing women from construction sites and other low-income communities to become trained child care givers. Bal Palika Teacher Training (BPT) Programme provides extensive education to these women, covering caregiving and various aspects of working with children through comprehensive theoretical and practical training. Completion of this rigorous course is mandatory for all trainees, as it is affiliated with SNDT University. Trainees undergo an examination and receive a credential from the university, after which they have the opportunity to work for MMC or other organizations working with marginalised children.

MMC has prioritized training women living on construction sites and incorporating them into their program. Currently, over 30% of their teachers/ supervisors are from the construction sites. By expanding the program to include women living on construction site, MMC aims to provide them with financial independence while also ensuring the long-term sustainability of their model, which relies on their active participation.



Challenges

There are a lot of challenges associated with the work MMC's do such as:

- **Builders' Reluctance:** Builders hesitate to establish Day Care centers, prioritizing commercial aspects over welfare of labourers and their families living on sites. Contracting and subcontracting also contribute to this reluctance.
- **Fundraising Complexity:** Fundraising involves demonstrating impact within a short period, challenging with transient migrant children. Quantifying creche impact adds complexity to showing results.
- **Changing Construction Trends:** Mumbai's construction industry favors single male workers due to space limitations,
- **Children Transfer Challenges:** Children moving from village schools to Mumbai face difficulty in re-enrollment due to digital admission processes and language barriers. Adapting to Hindi and Marathi medium schools is particularly challenging for students from other states.

What Makes Them Different

Previously, mothers who lacked childcare options were unable to work, especially if they had single or very young children. However, with the availability of MMC's Day Care Centers, these mothers are now able to seek employment in various fields, such as domestic help in nearby areas, where they can earn better wages.

The Day Care Centers also contribute to strengthening the bond between mothers and children. Teachers make every effort to ensure that Thekedar (contractors) allow mothers to visit day care centres in regular intervals to breastfeed their children.. This arrangement allows for short breaks during which mothers can be with their children at the center, creating a sense of closeness and enabling them to provide better attention than before.

Various activities at the center foster this bonding, particularly in the Creches section where young babies are dropped off in the morning. Mothers often sit with the teachers, especially if the child is new, as there have been instances where children may cry for an extended period during their initial days.



The organization has also implemented Library Program that promotes reading and writing. It was discovered that children adapt quickly to creative learning rather than formal education. Therefore, the library contains numerous books in vernacular languages. A program called "Mujhe Padh Kar Sunao" is specifically designed for Creche babies. It encourages mothers or caretakers to share these predominantly picture books with the child, making the reading experience engaging. This initiative strengthens the attachment and communication between mothers and their children.



Envisioning Childcare

Nav Srishti collaborates with the government to implement a range of programs aimed at fostering positive social change in the lives of women and children. The organization places significant emphasis on the role of childcare centers as crucial instruments that contribute not only to the empowerment of women but also to ensuring the safety and well-being of children.

Overview of the Organization

Ms. Reena Banerjee established Nav Srishti in 1994 with the primary objective of preventing violence, abuse, and exploitation against women and children. The organization firmly believes in the synergy of community intervention and policy advocacy as integral components in driving meaningful change. In addition to focusing on healthcare and education, Nav Srishti places significant emphasis on promoting women's empowerment, safeguarding child rights, and fostering livelihood and skill development.

Operating from Delhi, this organization extends its services to approximately 12,000 households consisting of domestic workers, daily wage laborers, migrants, and factory workers located in Neb Sarai, a village situated in South Delhi.

Nav Srishti offers an array of activities and programs designed to serve marginalized and underprivileged communities. Initiatives such as "Beti Padhao Beti Bachao," "Mahila Panchayat," and the "Family Counseling Center" have been thoughtfully crafted to raise awareness and provide crucial support to women and children. Furthermore, Nav Srishti collaborates with both national and international progressive groups and networks, actively contributing to the advancement of women's and children's rights. Its affiliations include being a member of Delhi FORCES-Neevn, acting as a convener for the Alliance for People's Rights, and participating in the International Women Peace Group.

Nav Srishti's involvement in child care and protection is noteworthy. Operating a child helpline in partnership with the Childline India Foundation, the organization effectively addressed over 600 cases related to children in 2018. These cases spanned a range of issues, including instances of abuse, the need for shelter, conflicts with the law, and instances of missing children. In collaboration with Child Rights and You, Nav Srishti implements child rights and community development programs in Delhi and Haryana, with a particular focus on amplifying the voices of women and children.

Additionally, Nav Srishti has partnered with Plan India since 2008 to integrate community members into initiatives involving health, WASH (Water, Sanitation, and Hygiene), child protection, education, economic employability, and disaster risk reduction management. This multifaceted approach underscores Nav Srishti's dedication to fostering holistic development and positive change within marginalized communities.



Approach, Programs & Models

Child Care and Support Program

In 1999, Nav Srishti inaugurated two crèches under the Rajiv Gandhi National Crèche Scheme in Neb Sarai, New Delhi. The management of this program has since transitioned to the Department of Women and Child Development, which is now a part of the revitalized Integrated Child Development Services (ICDS). The program presently caters to around 60 children of working mothers, with a focus on fostering early childhood development encompassing health, nutrition, education, care, and protection. According to a 2018 report by the organization, there have been discernible improvements in children's health and heightened parental awareness concerning health and hygiene, which have also positively impacted the economic status of parents due to their children's learning experiences at the crèche.

Crèche Structure

Each crèche accommodates approximately 30 children aged between 0 and 6 years. Operational hours span from 9 am to 5:30 pm, staffed by two teachers and one helper. Upon arrival at the center, children are grouped into various rooms based on age and

provided with activities tailored to their developmental stage. Evening hours include the provision of snacks and a freshly cooked meal prepared on-site. A doctor oversees the progress of undernourished children through monthly visits, administering supplementary diets that include milk and eggs, and offering guidance to their mothers.

Furthermore, Nav Srishti extends counseling to parents, imparting valuable insights on proper child care and nutrition. Teachers and helpers are aptly trained to engage effectively with the children. Regular initiatives such as immunization campaigns, birth registrations, and parental awareness sessions are organized within the community. The educational environment is enriched with engaging activities, indoor and outdoor games, planned outings, and celebrations of significant occasions.

With the support of Plan India and LIC's Corporate Social Responsibility (CSR) initiatives, Nav Srishti has successfully expanded the crèche program's reach. Currently, this initiative extends its services to 360 children across 10 crèches in Neb Sarai and an additional 2 crèches in Hulambi Kalan.



Positives

a) Through corporate social responsibilities (CSRs) and models adopted from Mobile Crèches, Nav Srishti has initiated the establishment of crèches targeting underprivileged children, working mothers, and laborers in the construction industry.

b) Since its inception, the organization has maintained a productive partnership with the Gosain community, fostering a mutually beneficial relationship. In reciprocation, the community actively contributes to the organization's endeavors. An illustrative instance involves addressing the insufficient remuneration offered by the Integrated Child Development Services (ICDS) for childcare workers.

c) Notably, the crèches established by Nav Srishti incorporate closed-circuit television (CCTV) surveillance for enhanced security and monitoring.

d) Nav Srishti has formulated and implemented its dedicated child protection policy, underscoring its commitment to ensuring the safety and well-being of the children under its care.



Envisioning Childcare

Founded in 2002 by NGO professionals, New Vision focuses on protecting vulnerable children in Pune, Maharashtra, addressing issues like malnutrition, child labor, abuse prevention, and education for marginalized groups.

Overview of the Organization

A New Vision emerged recognizing the need for child rights and the protection of children. It was formed in 2002 by professionals from various NGOs, working in positions such as social workers, experts, supervisors, project managers, and academics in Pune, Maharashtra. The idea emerged due to the lack of safety and unattended care needs of children in semi-nomadic communities such as the Parthi community, migrant community, and children on the streets. There is an overall apathy by the state and society towards them. The organization works towards building a safe society for children from vulnerable sections, reaching out to multiple fronts of child rights, such as overcoming malnutrition, eliminating child labor, preventing child sexual abuse and trafficking, and eliminating corporal punishments in schools. The interventions are guided by the organization's focus on the idea of child protection and development through steady care in terms of nutrition, education, and overall development. The organization has consistently worked towards providing education, improving health, and providing nutritional care in the communities.



Approach, Programs & Models

Child Care and Support Program

New Vision runs multiple programs that address various dimensions of child care, such as education and skill-building:

a) Young Promises Program: This is a higher education support program where school dropouts or those likely to be dropouts due to any unavoidable reason, between the ages of 16 to 21, are provided with funds and assistance to pursue higher education. The support includes covering college fees, purchasing required learning materials, vocational training, etc. Additionally, specialized, personalized, and group counseling is provided to every candidate by a professional counselor to address any issues they may face and guide them in overcoming challenges and moving forward in life. This program has helped some students to complete their education and pursue careers in fields such as hotel management, nursing, and swimming coaching.

b) Protecting Rights of Street and Vulnerable Children (PRSVC): The organization works with the community of street children who spend their lives begging or working on the streets for their survival. These children are at high risk of trafficking and malnutrition. The program is designed to work with families, sensitizing them about the education and health of their children and encouraging them to send their children to school. It provides necessary support to children, ensuring their development by raising awareness about their rights and capacity building.

c) Children in Street Situation: Children in street situations are identified as those with little to no access to protection, education, health care, and adult supervision in urban areas. New Vision, in collaboration with Bal Raksha Bharat, is part of the 'Making the Invisible Visible' initiative, which aims to reach out to nearly 2 lakh children living on the streets in cities. In Maharashtra, the intervention focused on three cities: Mumbai, Pune, and Nashik, with a target of reaching approximately 72,000 children. The aim of this intervention was to make education accessible, increase school enrollment, improve access to healthcare services, and provide upskilling and employment opportunities. In Pune, New Vision partnered with Bal Raksha Bharat and successfully reached out to 20,290 children to get them linked with various legal identity documents, such as Aadhaar Card, Birth Certificate, School Certificate, Pan Card, etc.



d) Child Protection Advocacy: New Visions operates in a specific domain of work that includes intervention through advocacy efforts, focusing on the child protection system at the community and school levels. Their advocacy models aim to engage communities, schools, and children in creating a safe environment to address issues such as child labor, child sexual abuse, and corporal punishment.

e) New Vision Rainbow Homes: New Vision also operates a shelter home for children facing street situations, which is run in collaboration with the Association for Rural and Urban Needy (ARUN). The Rainbow Home program ensures the basic rights of girl children by providing them with guaranteed education, nutrition, clothing, healthcare, recreation, love, and support to facilitate their reintegration into mainstream Indian society. After a short period of remedial teaching, the girls are enrolled in regular school programs and age-appropriate classes. The program is

further supported by a wide volunteer base and buddy programs involving children/students from more privileged schools.

Building Care model: Protection and Safety of Vulnerable Children

The organization aims to provide access to children through state and public infrastructure. As a result, a day-care centre is not opened if an Integrated Child Development Services (ICDS) model already exists nearby. Currently, New Vision has expanded to a total of 23 centres, which includes 9 centres operating at construction sites from 9 am to 5 pm.

The childcare center model of New Vision runs on two verticals:

- a) Children in Street Situation**
- b) Children at construction sites**

The childcare model employed by New Vision depends on the specific needs of each community. At construction sites, the space for the center is provided by the builder, while for children in street situations, a house is rented in the community to run the center. In some cases, the community may offer the space for free. In both models, New Vision maintains a focus on health, nutrition, and education, but the methods of intervention may vary.

To address the challenges faced by parents working at construction sites, freshly cooked meals are provided, including dishes like pulses, khichdi, pulao, sweet dalia, eggs, and spinach.

However, due to budget constraints at centers located in communities, mothers are encouraged to cook healthy meals for their children at home.

In both models, regular monthly health check-ups are conducted, and appropriate medicines are given to the children through tie-ups with hospitals in the respective areas. Deworming and immunization are important components of the health care routine, along with monitoring the height and weight of each child every quarter. Construction site meals are nutritionally balanced, with a focus on high-protein and healthy calorie options, such as khichdi, Rajgira Laddo, and eggs.

The pedagogy at the day care centers is specifically developed based on the guidelines from the State Council of Educational Research and Training, considering the educational needs and learning capacities of the children at the primary level. For children above the age of 6 who have never been to school, the day care center offers a 45-day bridge course to prepare them for formal schooling.

Teachers and care workers receive regular training, in addition to the mandatory 8-day training, covering topics related to creche management, pedagogy, and the rights of the children.





Challenges

- **Lack of Documentation:** In the organization's experience, it has been observed that children coming to the centers are often from vulnerable sections of society, such as migrants, De-notified tribal populations, and children with street situations. These children frequently lack essential government documents, like the Aadhar card, which deprives them of availing existing government schemes, such as mid-day meals or admission in schools.
- **Language:** Working with children in street situations has been challenging, especially in terms of language and communication. The absence of early childhood care in their families and communities makes it difficult to connect with these children.
- **Social values:** Often, families are not keen on sending their children to school; instead, children are forced to work. Building a process of learning and education among these children is challenging.
- **School-readiness:** Integrating school dropouts into the mainstream education system is challenging, but the organization makes learning fun by using play methods. Often, these children are advanced beyond their age to begin schooling from scratch.

Positives

- New Vision is one of the organizations in Pune that began working with street children.
- New Visions has also initiated and successfully completed rescue operations for trafficked children or those forced into labor in the state.
- New Visions believes in linking the children with existing schemes and support programs. As a result, the centers are not opened in the vicinity of local Integrated Child Development Services (ICDS) centers to promote children's inclusion and absorption by the government-sponsored ICDS.
- They directly engage with mothers to support and improve the nutrition levels of children attending the centers. Mothers are often taught new and healthy recipes that can promote the health of children at a low cost. Additionally, they provide awareness related to their own health and care, such as menstrual hygiene and linking to local Primary Health Centers (PHC).

NUTRITION ON WHEELS



Envisioning Childcare

Nutrition on Wheels was founded to combat child malnutrition, offering daily meals and establishing creches. It's facilitated school admissions for preschoolers through the Right to Education program, contributing to positive impact in Chennai.

Overview of the Organization

The Nutrition on Wheels (N.O.W.) was established in 1968 as a subsidiary of the Guild of Service, one of the country's oldest NGOs. In the near future, N.O.W.'s parent organization, the Guild of Service, will celebrate its centenary. In addition to education, disability, social welfare, and health services, the organization provides social services in a variety of areas aimed at empowering women, children, and those with disabilities from economically disadvantaged backgrounds. The Guild launched the N.O.W. project in response to the specific requirement of facilitating the access of children belonging to economically disadvantaged sections to the fundamental right to food, by ensuring that they receive at least one well-rounded, holistic meal each day.

Background

Due to its inception as a project centered around providing children with sufficient nutrition, NOW was implemented through the crèche system, aiming to empower children, along with their mothers and primary female caregivers, in a more dynamic manner. It appears that N.O.W., which introduced a crèche system approximately 40 years ago, has effectively addressed a significant gap in need in Chennai and its surrounding rural areas. Despite originating as an intermediary primarily focused on fulfilling nutritional requirements for children residing in slums within Chennai and rural locales, N.O.W. has demonstrated resilience in its operations, expanding its purview to address emerging needs as they arise, such as educational requirements. Before the establishment of the Rajiv Gandhi National Crèche Scheme in 1982, N.O.W. extended support to working mothers with young children hailing from economically disadvantaged families, concurrently fostering the comprehensive development of these children. Nevertheless, the NGO has consistently prioritized the advancement and empowerment of the children, with the crèche system also serving as a supplementary resource for the mothers.

Approach, Programs & Models

Objectives and Motivations

In the initial 15 years of N.O.W.'s existence, its primary objective was to provide nutritious food to its constituents while also supplementing their diet with micronutrients. This was aimed at addressing the dietary needs of malnourished children. In subsequent years, their focus shifted towards educating children in their crèche and preparing them for primary school entrance. To accomplish this, appointed teachers traveled from Madras city to rural areas, aiding these children in entering mainstream schools. The crèches were strategically located within walking distance of the community, ensuring accessibility for all. Additionally, N.O.W. was dedicated to offering basic first-aid and health check-ups, imparting hygiene and etiquette knowledge, and facilitating extracurricular activities like picnics and educational outings. This approach provided children with both theoretical and practical learning experiences.

To effectively serve their target groups, N.O.W.'s driving force was to address gaps in services where they were most needed. By engaging in thorough discussions with potential beneficiary groups, they gained firsthand, in-depth insights into the needs of rural and slum communities. This approach allowed them to create a comprehensive service system tailored to community needs, while also fostering a strong rapport with community members. This strategy helped N.O.W. establish an ecosystem that catered to both their organizational goals and the needs of the local residents.

It is noteworthy that N.O.W.'s crèches often experience a high turnover due to the absence of a Balwadi, which can impact their smooth operation. Despite the dedication of the organization's chosen teachers, N.O.W. has forged such a strong bond with local communities that a significant number of teaching appointments come from within these communities. Ms. Lalitha Natraj, the chairperson of the N.O.W. unit, highlights that few employment opportunities exist in rural areas. Consequently, N.O.W. hires rural and slum-dwelling women with higher secondary education to teach in the crèche centers. This solution not only addresses the organization's staffing needs but also fosters direct community involvement, ensuring N.O.W.'s organic integration within the served communities. Nutrition on Wheels is thus committed to providing safety and upliftment for the children while offering a childcare facility that empowers mothers by enabling them to work.

While N.O.W. operates in the women and child welfare sector, their motivations extend beyond fulfilling basic requirements in providing community welfare services. In contrast to many government schemes that entail higher costs for recipients, N.O.W. offers its services at minimal expenses, surpassing what is mandated. For instance, if parents desire longer crèche durations for their children, N.O.W. ensures this option is available. They also provide additional teaching aids as needed for both children and parents, showcasing their commitment to a comprehensive welfare structure that caters to diverse needs.

The Functioning of the crèche system

Under N.O.W., creches receive funding from the ICDS, comprising 60% from central government grants, 30% from state grants, and 10% from the organization itself. In 2019, around 30 creches were established, but the number has decreased to 20 due to recent government intervention. Despite this, the guild benefits from a robust building infrastructure across Chennai. Each creche boasts





a well-constructed school building equipped with necessary amenities including kitchens, toilets, classrooms, storerooms, and often accompanied by gardens or compounds.

However, the challenge of renting building spaces mainly applies to urban slum areas, where community halls are frequently leased by community leaders to host N.O.W.'s classes. In this context, N.O.W. provides support for repairs and other tasks. As a result, in urban settings, creches often function within a symbiotic relationship between the organization and the community.

The N.O.W. creche system follows a comprehensive meal structure. Two snack meals are provided during the day - one at 11 a.m. and another following the afternoon nap. Additionally, rural creches receive lunch around 1 p.m. However, urban creches do not provide lunch as parents typically supply meals for their children. Instead, children in urban areas are commonly given milk, bananas, or eggs for lunch. Alongside dishes like upma and rice meals, sambal is a frequent snack option for the children. Biscuits and buns are also included. All external products, such as flavored milk, undergo thorough testing, including checking expiration dates and nutritional content, before being offered to the children.

While a consistent routine for cooking and distributing food is followed in urban centers, transportation challenges prevent the delivery of cooked food to rural creches. Therefore, N.O.W. supplies dry rations to children in rural centers.

Experienced teachers visit creches to teach subjects such as English and Math. Given the organization's focus on facilitating a smooth transition from creches to mainstream schools, substantial emphasis is placed on the children's education. Beyond reading and writing, children also engage in activities like singing, painting, and music throughout the day. N.O.W. also arranges annual children's parties and contests like lucky draws and selfie baby contests.

Teachers play a role in updating parents about their child's progress when they pick up their children after 5:00 pm. Monthly parent-teacher meetings keep parents informed regularly. Every three months, medical check-ups are conducted, involving basic health measurements like weight and height. Mothers are encouraged to attend these check-ups to address any concerns they might have. These sessions also include education on health and hygiene.

Challenges

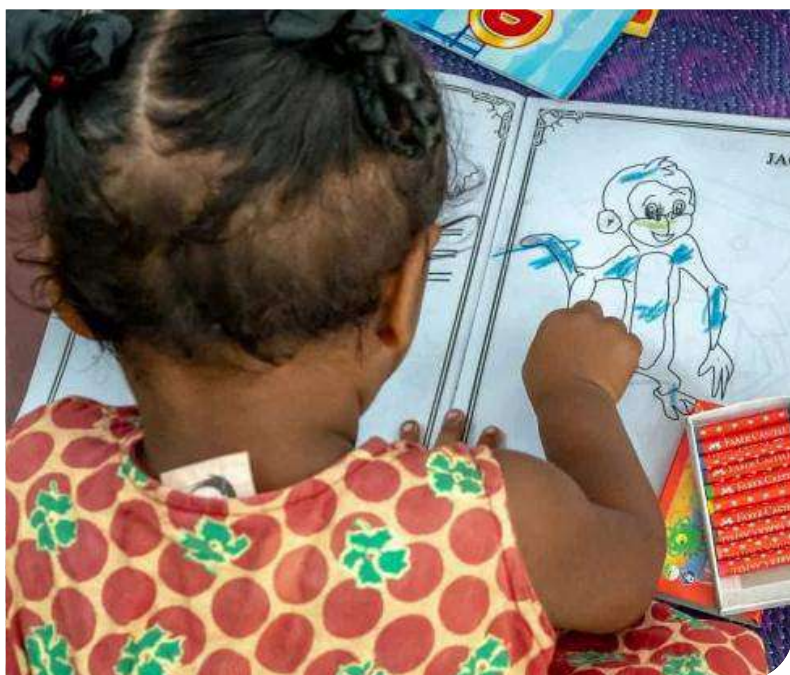
- The organization faces certain obstacles in its operations, with both funding and structure maintenance proving to be a challenge due to inconsistent and sometimes inadequate support from the state government. Ms. Natraj highlighted that a shift in policy to Integrated Child Development Services (ICDS) has led to bureaucratic challenges, hindering the

organization's access to government funds earmarked for child development. Frequently, these funds are neither dependable nor sufficient to sustain operations (ranging from 12 to 20 INR per child). Compounding this, ICDS has not yet disbursed grant money to N.O.W., significantly impeding general operations. While the organization conducts fundraisers and covers expenses from its own funds to counter this shortage, ongoing operations remain constrained.

- Another recurrent issue raised by Ms. Natraj pertains to competition from rival government departments offering welfare schemes. The lack of an integrated system creates intense competition, making it challenging for N.O.W. to operate the creches. This predicament is compounded by the organization's status as a private entity, often constrained by limited funds and resources required to deliver comprehensive services, particularly with the integration of government programs into the equation.
- Moreover, parents frequently enroll their children in both anganwadis and N.O.W. creches concurrently, linking the registrations through their Aadhar cards. Consequently, it gives the impression that children are benefiting from services provided by anganwadis, even though N.O.W. is the primary caregiver throughout the day. This situation results in a substantial reduction in government funds allocated to the organization, further complicating their financial landscape.

Positives & Non-Negotiables

- To ensure the well-being of the children, N.O.W. places significant emphasis on essential infrastructural components such as solid architectural foundations, reliable access to running water, and electricity.
- In contrast to government guidelines, the organization firmly asserts that the number of its beneficiaries should not dictate their ability to offer services to those who desire or require them. Additionally, N.O.W. believes that as a welfare provider, even the needs of a single family must be addressed, regardless of whether the guidelines mandate a minimum of 30 or more children at a time.
- Furthermore, due to the symbiotic nature of the organization, collaboration from parents and community members is also regarded as indispensable by N.O.W. To ensure the seamless operation of the creche system, the organization plans to implement a monthly meeting structure involving its members and stakeholders, with meeting minutes submitted for review to the local counselor.



PUBLIC HEALTH RESOURCE SOCIETY



Envisioning Childcare

For PHRS, building a holistic practice of childcare in communities by focusing on health and nutrition is a fundamental block for development. PHRS relies on the community by generating awareness and offering a sustainable model that caters to the needs of women and children. Hence, advocating the idea that childcare should be a public responsibility

Overview of the Organization

Public Health Resource Society (PHRS) is composed of a group of individuals, organizations, and specialists associated with the health movement in India. The National Rural Health Mission (NRHM) and the State Health Resource Centre (SHRC) in Chhattisgarh were announced as crucial reforms in the health sector in April 2005. The agenda was to promote equity, efficiency, quality, and accountability of public health services through community-driven approaches, decentralization, and improving local governance. Against this backdrop, PHRS was established in 2005 with the motto 'Health for all,' aiming to bring about change in the domain of health and nutrition. It was founded as a documentation and dissemination initiative under SHRC, Chhattisgarh.

PHRS believes in creating healthy, ethical, and responsible public health practices across communities. It continuously engages with public health practitioners on the frontline of action and the community, challenging existing and contemporary ideas on public health discourse.

An important goal of PHRS is to revolutionize the healthcare sector by implementing NRHM guidelines, promoting a decentralized approach, and provoking meaningful change at a local level. The organization seeks to achieve this goal through direct intervention at the intersection of frontline healthcare workers and community mobilization of stakeholders. While intervention in healthcare at large remains the primary objective of the organization, childcare through an elaborate creche model also remains a major motivation for PHRS. However, the organization's involvement in childcare goes beyond just supplementing the educational and nutritional requirements for the child; it also extends to promoting women's rights and their right to seek adequate paid employment without simultaneously shouldering the gendered burden of looking after their children.

Over the years, PHRS has been part of multiple movements, such as Jan Swasthya Abhiyan and the Right to Food campaign, to promote and solidify public health understanding

Approach

PHRS's outlook to understand childcare goes beyond bringing together best practices on education and nutrition. It focuses on building a health practice that is deeply embedded in the community and cultural context, one that can be sustained and grow organically. An important contribution of PHRS is its multidimensional approach to public health discourse. The organization is founded on various theoretical understandings that integrate labor rights, child rights, and women's rights. While the entry point of PHRS is from a health and nutrition perspective, the organization is equally invested in creating a model that encompasses and integrates the needs of women and children.

PHRS acts as a specialist group providing methodological tools to state governments to effectively implement social welfare services in the fields of health and nutrition, considering the intersections of gender, class, caste, and labor.

Strategizing childcare focus: Creche as an 'intervention' in Nutrition

PHRS has been part of comprehensive programs to address malnutrition in children, collaborating with state governments, other civil society partners, and autonomous initiatives.

Action against Malnutrition (AAM)

Action against Malnutrition (AAM) was designed to address and understand malnutrition in children, initiated in the most underserved tribal areas of Jharkhand, Orissa, and Chhattisgarh. Funded by Tata Welfare Social Trust in 2012, AAM was implemented through a consortium of organizations aimed at demonstrating the importance and effectiveness of community mobilization. PHRS served as the resource agency and implementing partner for the entire AAM consortium and directly ran creches in Jharkhand.

The intervention method of the AAM model included three components: first, day-care creches; second, community mobilization through structured Participatory Learning and Action meetings; and thirdly, systems-strengthening (SS) and

policy advocacy to support and improve health and ICDS services. This model emphasized that women from economically marginalized households often struggle to manage paid jobs and unpaid care roles. Therefore, a full-day creche is a crucial support for both women and children to improve health and nutrition levels.

Another important lesson demonstrated by AAM was the positive effect and impact of community processes and participation in the creche program. This model helped establish important protocols for village-level community participation, such as forming a village creche committee to manage the day-to-day functioning and logistics of the creches, including timings and worker selection. The community processes under PLA meetings and system strengthening generated awareness and sensitization in the villages about malnutrition, child health, and care issues through regular and structured meetings, focusing on finding collective solutions outside of government framework of schemes.

The consortium was one of the first interventions in rural India, despite the existence of the Rajiv Gandhi National Crèche Scheme, which remained mostly functional in township areas and rarely in rural spaces.

Mainstreaming Creches to Reduce Malnutrition in Odisha

PHRS's experience and expertise in child nutrition, along with the learnings from AAM, have resulted in a collaborative initiative called 'Mainstreaming Creches to Reduce Malnutrition in Odisha.' This initiative aims to run community-based creches in Odisha with the support of Azim Premji Philanthropic Initiative (APPI) in collaboration with the Government of Odisha. The program aims to build a multisectoral approach to combat malnutrition and demonstrate a community-led model of childcare provisioning for children under the age of three, with the intention of further scaling it up.

The objectives of this program are:

- Establishing 150 community-based creches across the five most vulnerable districts of Odisha, with plans for further scale-up.
- Building continuity of care between the Integrated Child Development Scheme, Accredited Social Health Activist, Auxiliary Nurse Midwife, and Nutrition Rehabilitation Centres, and developing a community model.



This model brings together community institutions such as ASHA, AWW, Village Health Sanitation and Nutrition Committee (VHSNC) to assist in the management of the creches, social audits, and community-based monitoring. It also provides health and growth-based monitoring, treatment of common childhood illnesses, immunization, and referrals.

Odisha PVTG Empowerment and Livelihood Improvement Program (OPELIP))

With the intention of improving the socio-economic conditions of Particularly Vulnerable Tribal Groups, the ST and SC Development, Minorities, and Backward Classes Welfare Department of the State Government of Odisha has been running an initiative called OPELIP. This initiative is being run in collaboration with the International Fund for Agriculture Development (IFAD), Azim Premji Philanthropic Initiative (APPI),

and Public Health Resource Society. This program attempts to ensure following broad objectives:

- a) Food and Nutritional Security ensuring livelihood opportunities
- b) Capacity building of PVTGs
- c) Asserting entitlement over land and forest
- d) Improved agriculture practices for increase in production
- e) Establishment of micro enterprises as an alternative source of livelihoods
- f) Ensuring community infrastructure

Under this program, the special outreach initiative, the Odisha PVTG Nutritional Improvement Program (OPNIP), has been designed to improve the nutritional and health status of women and children from 13 Particularly Vulnerable Tribal Group (PVTG) communities in Odisha. The intervention program uses a life cycle approach, prioritizing the first 1000 days.

To prioritize the health and nutrition of PVTG communities, it had three focused interventions:



a) *Community-based creches for children under 3 years*

These creche services include basic day care facilities, nutritious food, which provides three meals covering 60 to 70 percent of calorie and 75 to 100 percent of protein requirements, as well as provisions for rest and sleep. They also offer regular anthropometry and growth monitoring. With overall safety and needs in mind, creches provide a secure and hygienic environment, promoting disease prevention and early identification, treatment, and rehabilitation.

b) *Spot feeding for children between 3 to 6 years*

This intervention is geared towards improving the nutritional status of PVTG children under 6 in remote areas. The spot feeding facility ensures access to mandated supplementary nutrition, thus enhancing the coverage and utilization of ICDS services among children. It is implemented only in those hamlets/villages that do not have an Anganwadi Center or are located more than 1 km away from the main AWC. Cooking and feeding are done as per the prescribed menu for Anganwadi Centers in Odisha. Another objective is to promote and enhance community participation.

c) *Maternal spot feeding*

Maternal spot feeding is one of the key interventions of this program aimed at improving the nutritional status of pregnant and lactating mothers. While it ensures the consumption of

nutritious meals for mothers, it also focuses on mobilizing the community to access ICDS and other health services, thereby raising awareness about other government schemes. This intervention was successful in improving the minimum dietary diversity requirements of pregnant and lactating women.

Understanding Various Components of Creche provisioning: PHRS Experience

PHRS creches function according to the guidelines and protocols developed in the operational resource material by PHRS in consultation with APPI and the Government of Odisha, considering the childcare needs and geo-political context. Creches are understood as decentralized community-based centers where children are provided with a safe and secure environment to support their overall growth and development through feeding, disease prevention, and care.

Some important features of these creches are:

- a) **Selection of Creche Site:** Interventions are focused on areas with a significant population of children between 0 to 3 years, where mothers are working for wages. The intention and willingness of the village community are also taken into consideration, along with an assessment of the nutritional status of the children.
- b) **Engagement with local State bodies:** PHRS believes in creating a strong and stable system, which requires reaching an understanding with state bodies. PHRS invites local ASHA and Anganwadi workers to their training and capacity-building programs, which helps the creche workers understand their deliverables.
- c) **Flexibility of models:** PHRS creches are run according to the protocols developed by the experts. Keeping in mind the objectives and intentions, the creche workers are given the liberty to make decisions regarding the functioning of the creches, such as timings, day planning, and related activities.
- d) **Nutrition:** The model focuses on providing 60 to 70% of the calorie requirements and 75 to 100% of the protein requirements. Food is cooked using locally available items, with one hot-cooked meal and two snacks (one sweet and one

savory) provided daily, along with eggs being provided twice a week. PHRS also emphasizes the importance of breastfeeding, and mothers are advised to feed their child for at least 6 months. However, as an internal policy, no child is refused if the mother has any pressing constraint.

- e) **Education:** In terms of education, the focus of PHRS-run creches goes beyond the component of ECCE (Early Childhood Care and Education). They incorporate culturally and linguistically responsive material, learning materials from Mobile Creches, and approaches such as art out of waste, using plants and flowers from the surroundings. The children are also encouraged to be creative by engaging in play and exercises alongside teaching.
- f) **Creche worker:** For every 15 children, one creche worker is appointed, selected from the community itself. Workers undergo a basic training of 3 days, covering essential knowledge regarding ECCE, health and nutrition, cooking, and the daily maintenance of the creche. They are also provided with a training manual, and refresher courses are conducted every month to ensure adequate retention of the training. A comprehensive health and nutrition training program is also implemented. To increase the efficiency of the workers, high-performing workers are paired with low-performing workers.
- g) **Community Intervention:** The community is an important component and stakeholder of PHRS creches. The cultural context, regional values, and location play a crucial role in regulating and maintaining these centers. Since it is a close-knit community, the creche often becomes a space for women to come together. The creche committee consists of mothers of all creche children, creche workers, sarpanch/ward members, SHG leaders, and frontline workers who participate in decision-making, monthly meetings, conflict resolution, meal planning, and the overall day-to-day functioning of the creche.

Understanding the cultural and geographical context and accordingly making decisions are as important as negotiating with cultural codes and taking a stand against them to protect the rights of the marginalized.

Challenges

PHRS mainly works with poor and remotely located communities, and therefore, most of their challenges arise from:

- Seasonal migration, which is largely prevalent in tribal communities due to the need to seek out livelihood opportunities outside villages. This makes it difficult for PHRS to set up permanent creches in Particularly Vulnerable Tribal Group (PVTG) communities, hindering their functioning, as the organization's intervention in such communities remains one of the key areas of focus for PHRS.
- Language and cultural barriers can become hindrances to advocating the creche program in the first place, not to mention facilitating it from an organizational level, as frontline health workers working in tandem with the community often do not belong to the same community as that of the stakeholders.
- With most of PHRS's primary stakeholders hailing from remote areas with severe issues of connectivity, accessibility to these areas becomes a major problem for the organization to intervene, resulting in a dearth of adequate infrastructure as well as appropriate human resources to bring about meaningful change.



Impact

PHRS is engaged in gap-filling for services with the agenda of integrating health and nutrition perspectives in understanding gender, caste-class, and labor issues.

- It curates learning programs for public health practitioners, runs fellowship programs, strengthens community processes such as supporting ASHA programs and capacity building, contributes to district planning by participating in research and evaluations, and builds and promotes formations of networks at district and state levels.
- The creche becomes a vibrant hub for the entire community, who are its stakeholders and not just children. Women come and rest at the centers, discuss pregnancies, learn about something related to their health; they even come to the centers to breastfeed.
- Through building creches in the community, the organization also focuses on creating livelihood opportunities for the members of the community, especially women.
- Community participation helps make the childcare support cost-effective and increases the accountability of creches.





Envisioning Childcare

The escalating concern of child labor holds significant importance in society, a challenge that Prajayatna's interventions are effectively tackling. The organization has employed education as a potent tool to safeguard children's rights. By establishing education centers within the community, they have opened doors for both children and parents to acquire knowledge and flourish.

Overview of the Organization

In 2000, Prajayatna started as response to the issue of rising child labour in India with the support of MAYA (Movement for Alternatives and Youth Awareness⁴) in the urban slums and low-income areas of Bengaluru and the surrounding rural areas in Karnataka. Prajayatna is a development initiative working to improve the quality of education in public schools. Over the years, it has been leading campaigns against child labour and improvement of public education for the children from the economically weaker sections and marginalised communities. Keeping up with their vision of quality education for all children, Prajayatna has developed multiple projects in collaboration with state and community which addresses the issue of lack of quality in the public schooling system over the last two decades.

They focus on building child-centric approach in the system of education which makes education an empowering tool for the entire community. The idea is to address the issue of lack of quality in the public schooling system by ensuring the participation and involvement of the actual stakeholders – the community, parents and children through a decentralized approach of educational governance. This will, in turn, bring about accountability and transparency within the system. In the last 15 years the work of Prajayatna has evolved from setting up of Community-owned centres in the slum areas to strengthening ICDS centres and government schools for sustainable development.



⁴ Movement for Alternatives and Youth Awareness (MAYA) is a Karnataka based Non-profit organization that was started in 1991 and has been involved in addressing social issues of: - Education/Vocational Training - Healthcare - Livelihoods . Currently MAYA has 2 programs- MAYA Health and Livelihood

Approach, Programs & Models

Venturing into Early Childhood Care and Education

Prajayatna entered into the space of childcare and ECCE through looking at the rising issues of child labour. In the decade of early 90's the problem of child labour was at its peak and public awareness related to the issue was negligible. Ramanagar2 is a neighbouring district of Bangalore which had high incidences of child labour due to presence of sericulture industry in that area. There were many children who were working as child labourers in and around the industry and as a result, many were out of school.

With the interventions of Prajayatna, another reason for school drop-out was the lack of childcare facilities in the area. In the low-income families' mothers along with fathers had to go out for work due to which older children especially girls were staying back to take care of the smaller children.

The condition of Anganwadi system was extremely poor and dysfunctional in the early decade of 90's. Anganwadi centres (AWC) were not being able to take care of the childcare needs for the community. AWCs were opening to distribute bread and milk to the children and that was also found to be insufficient and irregular. There was ignorance and lack of awareness towards anganwadis as people did not know where the anganwadi center was located or what it was supposed to do. The infrastructure of the anganwadi was another issue which dissuaded parents to send their children

Prajayatna through their work operations in these areas realised that there is a lack of learning environment between school and community. These communities are failing to send their children to school because of the poor quality of education which in turn did not allow them to see any useful outcome from receiving education. Hence they did not understand the value of imparting education. The fulfilment of economic needs and making ends meet is a huge struggle which has been observed within these communities, therefore parents are either sending their children to work or putting them into sibling care which relieves parents from the childcare burden to pursue full-time job. However, this has a direct implication on the education and care of the elder sibling and dissuades children to stay consistent with the system of

education. It also had an effect on the learning outcomes as well since the absence of a strong foundation at an early age was seen to leading to low educational outcomes. Hence, it is becoming a vicious cycle, which is increasing the gap between the child and education system. In an attempt to connect children with the schools they realised that one of the major reasons that children are not going to the school is because of an absence of an effective childcare facility. Given the lack of childcare facilities Prajayatna started community pre-schools which are also known as community-owned centres. These centres ran for approximately 10 years and then some of them were converted into Anganwadi Centres by the Department of Women and Child Development.

Strategic Approach

Prajayatna with the focus on eliminating child labour and school drop out rates is based in the market areas of low-income areas and slums as well as rural areas where a lot of children are employed or out of school. Their interventions have focussed on improving the quality of the public schools and ICDS centres which will improve the connection between children, community and schools. Prajayatna has devised a decentralised approach known as, 'Education Governance' which attempts to make public education more accessible to the community. Under this approach the focus is on the institutionalisation and capacity building of various structures, namely the School Management Committees in the schools and the Anganwadi Level Monitoring and Support Committees in the anganwadis and the key elected representatives of the community from the Panchayati Raj at all the three levels – the Gram Panchayat, the block and the district level. They also work towards improving the pedagogy of learning which happens within the schools and the anganwadis so that children learn better.

The strategy of Education Governance involves three broad steps:

Starting the dialogue

The dialogue is carried out at the level of local community, with parents and families, teacher and school / anganwadi committees, Department of Education, Department of Women and Child Development and other civil society groups. This helps to gather the data of the entire district from the perspective of education



and community needs. The data is then presented to everyone in school / anganwadi level meeting organized by Prajayatna-Shikshana Gram Sabha which enable the decision makers to help formulate plan according to the needs of the children.

Institutionalizing the engagement

With the dialogue setting in within the various structures, there is a need to formalise the engagement which helps to demarcate roles and responsibilities clearly. Hence, Gram Panchayat Network and Block level workshops are set up wherein they meet regularly improve Governmental coordination and enable decision making at the GP level for teacher distribution, allocating resources for school improvement etc.

Enabling Institutional Maturity

This involves conducting workshops and meetings with the education standing committees of the Block and District Panchayats in order to create a through line of planning – implementation – review from the village to the district level. This will in turn ensure the resolving of problems plaguing the education system through dialogue and communication between

the various levels of governance.

The problems and issues with the school are discussed at the level of Department of Education / Department of Women and Child Development and the Rural Development Departments is a part of strategy to improve the relationship between school / anganwadi and community. They involve community through regular parents meetings who meet regularly to discuss the issues and importance related to education of the children.

Model

Community-owned centres were being run-in low-income areas of Bangalore and adjoining district of Ramanagar for children from the 3 to 6 years of age. These centres were located within the local communities' spaces such as madrasa, community hall etc. covering all the children. However, when outreach of this model expanded these centres also shifted to the bigger house within the community. Within a short period of time more than 180 centres



were started. These were full-day centres serving to approximately 20 to 25 children from 9.30 am till 5.30pm with the help of teacher and a helper per centre.

In some of their observations they have seen, children are sustained when learning environment is vibrant and dynamic hence, they put emphasis on the training of the teacher. These centres were run by young girls from the local communities who had done their schooling. These girls are provided with training by the organization on curriculum and pedagogy and on the methods of conducting need assessment surveys within the communities before setting-up the centre. Pedagogy aims to provide holistic development hence, these centre work on the experiential activity-based pedagogy using story-telling, conversations and language and cognitive activity.

The management, selection and recruitment are taken care by the local communities and is paid a nominal fee by the parents which helps to raise a salary for the teacher. It started with charging 5 Rs of fees, however the payment by the parents also helps in the maintaining the regularity of children as it makes them accountable towards the education.

In the beginning for almost two years, these centres were also catering to the nutritional needs of the children by providing them with hot cooked meals. However, keeping in mind the sustainability factor parents were encouraged to send tiffin boxes along with their children and organization has worked with the mothers on providing the nutrition and health trainings.

However, with the focus on the proliferation of ICDS centres many of COCs were merged and redefined as aaganwadis. Around the same time many small and low-end private schools emerged and there was a shift in parents preference from COCs to these schools due to infrastructure and recognition considerations.

Challenges

One of the major challenges which Prajayatna faced was due to insufficient space for COCs. It was a constant struggle to look and arrange for a space according to the strength of a batch. COCs could only cater to 3 to 6 years of children, as they limited in expertise and infrastructure to handle children below the age of 3.

Another challenge was more in terms of the sustainability of the centre in the face of growing low end private schools with better infrastructure. Prajayatna does not promote creating an alternative facility or duplication especially wherever the government service such as Anganwadi centres are accessible and catering to the needs of the community.

Impact

These centres have been a good avenue in generating a source of income for the young out of school girls by providing them a training in setting-up of a pre-school model. Prajayatna has enabled these girls to open up the such centres at home and earn a livelihood. Since, the focus is on enabling the community in building a healthy learning environment, they work with parents to ensure accountability of the centre therein making the centre self-sustainable.



The element of full-day childcare provision has further aided women to pursue full-time job and go to work more regularly. Since the teachers are from the community there is a level of understanding between the mother and teacher for example, keeping the child little longer at the center if the mother is running late from the work. Now similar efforts are made with the angnawadis as well to ensure that they run full day properly and are supportive to the women.



Envisioning Childcare

ISST has been a non-profit organization since 1980, focusing on social change and the well-being of vulnerable communities, especially women and children. Through their gender-transformative approach, ISST bridges research, action, and policy debates. The 'Saathi Center' community center provides counseling and support to address issues in slum communities.

Overview of the Organization

The Institute of Social Studies Trust (ISST) is a nonprofit, non-governmental organization, officially registered as a Public Charitable Trust in 1980. ISST has maintained a consistent commitment to driving social change, with a particular focus on improving the livelihoods, work opportunities, and overall well-being of vulnerable communities. The organization endeavors to bridge the gap between research, practical interventions, and policy discussions, particularly concerning women, children, and marginalized groups. This approach is grounded in a gender-transformative perspective.

Established in 2001, the community center at ISST is referred to as the 'Saathi Center.' Initially operating from the slums of Sonia Camp and Nehru Vihar in the Trans-Yamuna region, it began by offering family counseling sessions. However, as community needs evolved, the center expanded its scope to address a range of issues affecting women and children within the community.



Approach, Programs & Models

Strengthening Community Outreach

The Saathi Center plays a pivotal role in bridging research, grassroots activism, and policy discussions. It is dedicated to achieving equity and equality by empowering individuals to lead lives marked by autonomy and dignity. The center's primary objective is to cultivate responsible citizenship among underprivileged children, youth, and women through the dissemination of information, education, and constructive dialogues, ultimately fostering a sense of equality and empowerment.

The community outreach program encompasses various key initiatives, including:

- Offering non-formal education for school dropouts
- Providing remedial education for school-going children
- Conducting adult education programs for women and young girls
- Facilitating income-generating activities
- Raising awareness about health, sanitation, and cleanliness
- Organizing legal awareness camps and health camps
- Supporting the delivery of government services
- Arranging exposure trips for women and children

In 2006, the ISST established the Saathi Youth Resource Centre at its current location within the premises of the Kalyanpuri Police Station in East Delhi. This center serves approximately 300 students from the neighboring communities. The origins of this center trace back to a unique incident. The coordinator of a community outreach program utilized the Right to Information (RTI) Act to report a stolen cell phone. Remarkably, this marked the police station's first engagement with the RTI. The ensuing dialogues not only led to the resolution of the phone incident but also resulted in an invitation from the police station for ISST to establish a children's center there. Subsequently, the Kalyanpuri Police Station provided the space for the center's establishment.

A Lens into Childcare through Community Strengthening

ISST's community outreach program engages with individuals and

communities through a comprehensive approach that encompasses education for children and adolescents, raising awareness about citizenship and women's rights, and imparting skill-building activities. The program is strategically designed to enhance people's understanding of their surroundings, promote efficient resource utilization, and elevate the quality of life for themselves, their families, and their communities. The central focus of the program lies in empowering young individuals through an approach rooted in "Information, Education, and Dialogue."

Programs at the SAATHI Center for Children

Community Outreach Program

The community outreach program is geared toward locating and supporting children who have discontinued their education, facilitating their enrollment in either formal or informal education systems. The program's staff also offers remedial lessons to students who are already enrolled in schools. Given that numerous children exhibit learning gaps, the organization diligently fills these gaps, contributing to the students' academic growth. A notable objective of the organization is to champion education among girl children within this community, recognizing the barriers that have historically denied them equal educational opportunities.

Beyond academic instruction, the center arranges exposure and educational tours for women and children. Moreover, the organization aids them in income-generating endeavors, aiming to foster empowerment. Through health and legal awareness initiatives, the SAATHI Center endeavors to elevate the community's understanding of hygiene, sanitation, and overall health. The center also simplifies the comprehension and accessibility of government services, a significant step considering many residents of this region are uninformed about government policies and programs. The organization actively addresses various issues prevalent in these communities, such as problems pertaining to Public Distribution Supply, Sanitization, and Hygiene. During the years 2005-06, the organization played a pivotal role in assisting numerous children to secure school admissions under the Economically Weaker Sections (EWS) quota.

As part of its community outreach, the center disseminates

information about government schemes and health services to the local population. The SAATHI Center operates six days a week, from 8:30 am to 5:30 pm, catering to children aged three to fifteen years. To ensure effective program structuring, the center divides them into four distinct groups: Early Care (ages three to five), Group C (ages five to ten), Group B (ages eleven to thirteen), and Group A (ages thirteen to fifteen).

SAATHI Centre - Bachpan Program

When the SAATHI Centre initially opened, it consisted of just one hall, and only a few children attended due to its location within a police station. The high crime rate in the region created apprehension among parents about bringing their children to such an environment, fearing possible harassment by officers. However, after observing the children's enthusiasm for computer education during a community visit, the organization launched the Computer Literacy Program. This initiative prompted an immediate increase in children visiting the center. While there were initially 1-2 computers, later on, all the computers were relocated from Vinod Nagar to this location.

- The center is managed by a staff of six individuals, including caregivers and educators. Informal education classes are conducted at the ISST Community Center for both enrolled and non-enrolled school children. The program has inspired many children who were not attending formal schooling to consider starting due to its impact. In addition to offering age-appropriate general education programs encompassing language and math, the center engages children in a variety of extracurricular activities, such as painting, singing, dancing, reading, and watching movies. Some children even participate in the Nakshatra theater company and have initiated a group named Bal Sansad.
- Children under the age of three do not receive formal academic instruction but engage in activities that promote communication and behavior development. The center enrolls forty children in early childhood education (ages 3-5). Each batch comprises twenty children, with one group attending in the morning and the other in the evening. Upon arrival, children are given 15 to 20 minutes to play with toys and interact with their peers. Subsequently, planned activities like dance and coloring commence. Although the center doesn't provide daily meals, occasional nutritious meals are offered. The center serves as a secure haven for children whose parents often work in roles such as domestic helpers, fruit and vegetable vendors,

and rickshaw pullers. These parents find it challenging to afford paid childcare centers.

- Monthly parent-teacher dialogues are conducted by the organization, focusing on themes like nutrition, behavior, or hygiene. These sessions elucidate the importance of these topics and address parental concerns. The SAATHI center also arranges summer and winter camps during school vacations. In a recent summer camp, the theme of "Behatreen Nagrikta" (Model Citizenship) was adopted, and activities were tailored accordingly. The discussions and sessions significantly benefit children by helping reshape their attitudes toward society and individuals, strengthening their bonds with their parents.

Activities at the Youth Resource Centre:

The primary focus area of SAATHI is computer literacy training, aimed at providing children with a foundational understanding of computer science. The organization places equal emphasis on academic education and recreational activities, ensuring a holistic development approach for children. Additionally, the center hosts a theater group for adolescents hailing from slum neighborhoods and resettlement colonies. Periodic workshops focusing on socially and vocationally relevant subjects are also conducted at the Saathi center. Furthermore, a well-stocked children's library within the center contains a diverse collection of books, contributing to the comprehensive personality development of the children.



Impact

Behavioral Change

The organization's endeavors have brought about notable changes in Kalyanpuri and its vicinity. These transformations are evident in various aspects, encompassing education, employment, behavioral modifications, increased awareness, and more.

Promoting Accountability

An insightful observation from the organization showcases children actively participating in collective action drives, such as refraining from using single-use plastics. Notably, this consciousness extends beyond the center; the children also ensure that their families and others around them adhere to such practices. This illustrates that the children who attend the center are more cognizant of their collective responsibility towards their environment.

Enhanced Women's Access to Paid Work

A significant positive change has been the improved access of women to paid employment. With the center providing a secure environment for their children's learning and engagement, mothers can now venture into income-generating activities with peace of mind, knowing their children are well cared for.



Enabling Access to Education:

Children who utilize the center predominantly hail from economically disadvantaged backgrounds. The organization aids in offering career counseling and guidance for participation in competitive exams. The educational program offered at the center assists children in managing their regular classes effectively. The Computer Literacy Program has been enthusiastically embraced by the children and their families alike.

Fostering Aspirations

The center's nurturing and educational environment nurtures children's aspirations, motivating them to dream big and work towards their goals. The activities conducted at the center play a pivotal role in shaping these aspirations.



Envisioning Childcare

Established in 1989 by Ms. Anita Ratnam, Samvada is a Bangalore-based collective fostering gender equality, social inclusion, and sustainability by engaging youth. It empowers young individuals through dialogue, awareness, and resource centers, expanding its mission from urban to peri-urban areas, advocating youth rights, and promoting youth work as a profession.

Overview of the Organization

Samvada was established in 1989 by Ms. Anita Ratnam in Bangalore as a collective of individuals sharing a common ideology to promote gender equality, social inclusion, and environmental sustainability through engagement with young people. The organization collaborates with youth, encouraging them to embark on a journey of self-discovery and societal exploration. Its mission is to empower young individuals to shape their own futures and contribute to positive change in the world.

Initially, Samvada focused on facilitating dialogues and creating opportunities for urban students in Bangalore to become aware of "another India" that was often overlooked or marginalized by urban society. In 2012, recognizing the significance of socially and environmentally sensitive areas beyond peri-urban Bangalore, Samvada expanded its presence and established Youth Resource Centers across Karnataka. As an organization, Samvada has evolved and adapted to meet the diverse needs of young people in a rapidly changing world. Over the past decade, their work has expanded to include promoting youth work as a profession, advocating for youth rights, and conducting research to generate youth-centered knowledge.

Through their multifaceted initiatives, Samvada has consistently grown and innovated, striving to address the complex challenges faced by young individuals. Their commitment to youth development and their dedication to creating a more equitable and sustainable future remain at the core of their organizational efforts.



Approach, Programs & Models

Projects

Youth Work Resource Centres: These centers, known as Youth Addas, are spread across seven districts of Karnataka. For individuals eager to enhance their understanding of working with young people, the Youth Work Resource Centre (YWRC) offers a Certificate Course: Youth Work for Inclusive and Sustainable Development.

The Fifth Space

Samvada endeavors to offer young people a "fifth space" through Youth Resource Centers. The Fifth Space transcends the four conventional domains that young people typically inhabit: family, friends, education/work, and leisure. Within this space, young individuals can congregate, share their stories, seek guidance and support from youth mentors, and reflect upon various aspects of their lives. This is accomplished through engaging in sports, cultural activities, workshops, and orientations, during which they visit colleges and conduct outreach sessions. Moreover, they partake in a diverse range of activities throughout a session, culminating in the annual Youth Rights Campaign dedicated to advocating for the rights of young people. This campaign commences in December and concludes with a Youth Festival in February.

Baduku

In Kannada, the term translates to "Life." This project was initiated in 2007 with the objective of addressing the educational and livelihood requirements of young individuals belonging to marginalized communities and neglected regions. The program offers a dynamic, multidisciplinary curriculum delivered by knowledgeable, innovative, and compassionate trainers who employ progressive learning modules and cutting-edge ideas. To facilitate accessibility, they provide subsidized payment options, allowing students to make payments in installments once they secure employment.

Baduku comprises four centers:

- Centre for Creative and Critical Media.
- Centre for Youth and Sustainability Development.
- Centre for Transformative Education.
- Centre for Wellness and Justice.

Kanaja

The Resource and Research Wing serves as a fundamental component of Samvada. Within these research centers, Samvada places a strong emphasis on elevating the experiences of young individuals from diverse backgrounds. These experiences serve as a cornerstone for knowledge generation across a wide range of themes. Moreover, Samvada actively invites young people to participate in this process of knowledge building.

Journey into Childcare Provisioning

Recognizing the significance of establishing crèches for factory workers, particularly women employed in garment factories, Samvada initiated their childcare journey. The absence of childcare options resulted in mothers being unable to dedicate their time to work, as their children were left unattended at home. Some women even had to quit their jobs due to the lack of childcare provisions.

To start their childcare journey, Samvada collaborated with the Karnataka State Council for Child Welfare, which had been running a project called Bal Sevika for nearly 50 years. Initially, Samvada began by sponsoring five girls in this project. Subsequently, they engaged in discussions with organizations operating in the garment sector to establish a comprehensive childcare service within Samvada. While brands such as H&M and Mothercare responded positively to the proposal, it was ultimately Mothercare that stepped forward in 2016, offering support for the establishment of a crèche as part of their corporate social responsibility (CSR) initiative. This marked the establishment of the first crèche in Bangalore by Samvada.

For the crèche, Samvada employed a team of six staff members, including a coordinator, three teachers, and two helpers. The facility catered to approximately 60-65 children from underprivileged and marginalized communities, ranging in age from nine months to ten years. The children were provided with nutritious meals, including seasonal fruits, eggs, chana (gram), dal, and vegetable halwa. The crèche served as a school, after-school program, and daycare system, with educational and training support from Hippocampus. The activities and curriculum were designed to ensure the holistic development of the children.

Monthly meetings were held with active participation from the

mothers, who expressed their satisfaction and contentment with the work of the crèche. Additionally, once a year, a special school day event was organized, where parents assumed all responsibilities and took ownership of the crèche for a day. This led to an increase in the happiness index among these families, and a notable shift occurred when fathers also began attending these meetings.

All of their endeavors have led to the creation of a robust crèche system where children start arriving at the facility around 8 a.m. Throughout the day, they have a short snack break at around 10 a.m., during which they are provided with cake, biscuits, or fruits. The lunch break occurs at 1 p.m., during which the helpers warm up the food brought by the children from their homes. After lunch, the children take a nap. In the evening session, they are provided with eggs, chana, and fruits.

Challenges

The initial phase presented numerous challenges, with significant resistance from the garment industry. However, over time, Samvada skillfully negotiated its demands and successfully established a creche. While there are several non-negotiable factors in ensuring a creche maintains high standards, ultimately, everything boils down to funding. Initially, Samvada heavily relied on Mothercare for financial support. However, when Mothercare ceased funding after withdrawing from India, sustaining the creche's operations became increasingly difficult.

When the organization informed parents about the impending closure of the creche due to insufficient funds, the parents expressed their desire to keep the creche running and even offered voluntary support. Despite considering this offer, the organization also reached out to other companies for potential CSR funds. Unfortunately, due to the impact of the pandemic and subsequent lockdowns, these plans were thwarted, leading to the unfortunate closure of the creche in 2020.



Impact

Samvada possesses extensive experience in the field of early childhood care and education. Their creches served as more than just support structures for women's accessibility to livelihood; they also addressed the learning needs of young children. Parents reported significant improvements in their children's learning capacities as a result. Moreover, women were able to allocate more time to their other responsibilities beyond childcare. The establishment of high-quality creches also contributed to the overall work quality in the factories, effectively reducing absenteeism.



SANGINI MAHILA BALSEWA SAHAKARI MANDLI (SEWA'S CHILD CARE COOPERATIVE)



Envisioning Childcare

SEWA, formed in 1971 in Ahmedabad, created SEWA Bank in 1974 to provide credit to self-employed women. With 1.8 million members, SEWA empowers women across India. Founder Ms. Elaben Bhatt started Sangini Mahila Balsewa Sahakari Mandli in 1986, offering childcare support through thirteen centers for 350 children, focusing on education and well-being.

Overview of the Organization

The Self-Employed Women's Association (SEWA) was established by Ela Bhatt as a trade union in April 1972. A small beginning that started 50 years back in the city of Ahmedabad has spread across the country with a membership of 2.5 million informal women workers across 18 states in India. While organizing street vendors, home-based workers, construction workers, agriculture workers, domestic workers and other self-employed women around work and income security other needs emerged. In 1974, recognizing the need to provide credit to self-employed women and empower them while reducing their reliance on predatory money-lenders, 4,000 self-employed women came together to establish SEWA Bank as a cooperative financial institution.

Following this several cooperatives that were owned, managed and used by women themselves were set up to address their needs such as health care and child care.

Sangini Mahila Balsewa Sahakari Mandli

Child care has been a central concern of SEWA since its inception. In the early days, the founder of SEWA, Elaben Bhatt, organized women around two issues: better wages for informal women workers and child care for their young children. Child care started in response to the needs of the mothers and focused on keeping the children protected, nurtured and safe and giving the mothers the opportunity to pursue their economic activity.

From the very beginning, it has been clear to SEWA that women cannot work and earn without this essential service, apart from the obvious impact on the child. In 1986, SEWA's first child care cooperative, "Shri Sangini Mahila Balsewa Sahakari Mandali Ltd.", was registered. The cooperative members and shareholders are the child care workers or balsevikas and mothers who send their children to the centres. A board made up of child care workers and parents is elected by the shareholders every five years who manage and run the cooperative.

When we started the cooperative in Gujarat 25 centres were set up with the support of the cooperative and some external funding. Later through the government's flagship Integrated Child Development Services (ICDS) programme the cooperative ran 100 centres. Over the years the ICDS centres expanded both in geography and services across India and SEWA encouraged members to send their children to the ICDS centres which provided a range of services that were important for them. Sangini Cooperative kept some centres open as per the needs of our members. At present, there are eleven women-owned and women-managed child care centres in the low-

income neighbourhoods of Ahmedabad city. The centres provide full-day child care service from 9:00 a.m. to 5:00 p.m. to suit women's working hours. The centres take in children from birth to six years old and each centre cares for a maximum of 30 to 35 children. There are two child care workers in each centre; they are SEWA members themselves and are chosen from the local community.

Approach, Programs & Models

The Sangini Cooperative of SEWA provides an integrated approach to child care ensuring children's pre- primary education, nutritional, and health needs (immunization, regular health check-ups). All our crèches focus on overall development of children and emphasis is given to physical, emotional, cognitive, and spiritual well-being. The cooperative continues to focus on the economic empowerment of informal women workers by taking care of their children while they can focus on their work and also provides employment opportunities for informal women as care workers.

As a part of our comprehensive approach, several activities are undertaken to achieve the following objectives:

- Child care and child development activities for the children from birth to 6 years of age
- Awareness-creation on health, hygiene and well-being of the children
- Provision of pre-school education
- Timely access to entitlements and rights through SEWA Shakti Kendra/ Community Empowerment centres
- Awareness-creation on child care and development through meeting with parents (both mothers and fathers)
- Capacity-building of the mothers and fathers in child development practices by providing trainings on maternal and child development

Salient Features of the Childcare Activities in the Sangini Model

Affordable and accessible full-day child-care centres

The cooperative provides affordable and accessible full-day child care for children up to the age of six, thereby also supporting women informal workers' economic empowerment by enabling them to work and earn. Nominal monthly fees and accessibility of



the centres play an essential part in ensuring no extra burden (financial, effort or time) is imposed on women who enrol their children. Further, the opening hours of the centres ensure that the long and irregular hours of informal workers are accommodated.

Nutrition

Our centres ensure the children have a nutritious diet. Freshly cooked nutritious food has resulted in improved nutritional status of the children. Further, the well-planned eating schedule builds healthy eating habits, resulting in improved health. Washing hands before and after eating, and eating with a spoon, are examples of the healthy habits developed. These are improvements that the parents have observed after sending their children to our centres. Further, malnourishment is addressed in a timely manner, leading to improved nutritional status.

Health & hygiene

Regular health check-ups, including monitoring of height and weight and monthly meetings with parents, are done in all our centres. This enables timely measures to address any health issues and to plan appropriate dietary and treatment schedules. Where necessary, children are referred to hospitals for higher levels of care. Also, links with government health programmes are established, through which immunization, micronutrient supplementation and growth monitoring are done by local health officers and frontline workers. In our child-care centres, the emphasis is on the child's overall development, as we have learned from experience that the physical, mental and social development of the child is essential, and none of these aspects should be neglected.



Early childhood care and education

The centres provide age-appropriate education and make learning fun, drawing on local culture and dialect, and prepare the children for integration into the formal education system. When the children turn six, a celebration – “Vidaay samarambh” – is held with family and community support as they leave to join formal schooling. Further, in accordance with the Right to Education (RTE) Act, we help fill in applications for children eligible for free schooling.

Capacity building – child-care workers, parents and members of the cooperative

The teachers or balsevikas come from the same community as the children. Managing the centres and taking care of children up to the age of six requires specialized training and skills. We provide periodic training to all the balsevikas to upgrade their skills and keep them updated on the latest methods and tools to be used in the centres. Besides this, training outside of SEWA to enhance their knowledge is facilitated with the help of different institutions.

Engagement of parents and community

SEWA has always believed in a participatory and sustainable

approach. The child-care centres are run by the Sangini cooperative, whose shareholders are the children’s mothers and the balsevikas. The women-owned and women-run centres ensure ownership and active involvement of the parents and the community in the centres’ decision-making and day-to-day activities. The centres have become central to their lives and take a prominent place among the many services provided to our members.

A strong bond between the mothers and balsevikas is built through home visits, regular meetings and special sessions. These interactions also aim to build positive attitudes, values and good practices that mothers can embrace as they raise their children.

Over the past few years, the balsevikas have taken extra efforts to ensure fathers’ involvement in the care of children. Initially, we encouraged fathers to attend the monthly meetings but we obtained limited response. However, balsevikas did not give up and continuously tried to dialogue with both the parents to find a way. Finally, quarterly meetings only for fathers were agreed on as most could not come on a monthly basis because of work and other commitments. The attendance at these meetings has improved over the years and nearly 60 per cent of fathers take part. The



positive impact on the fathers can be seen in their involvement in their children's day-to-day activities and response to their needs.

Developing partnerships

The Sangini Cooperative of SEWA provides an integrated approach to child care, ensuring children's pre-primary education, nutritional and health needs (for example, immunization and regular health check-ups). We emphasize the economic empowerment of women informal workers by taking care of their children so that they are able to focus on their work. The centres have also become a hub for other activities such as providing information on the entitlements and rights of the families living in the community, helping them access these entitlements in an easy and timely manner, organizing health camps and supporting informal workers to access the services that are available to them.

We have also developed partnerships with different cooperatives in the SEWA movement and various organizations working towards empowering or addressing women informal workers' needs and demands.



Impact

Our past experience of Sangini Cooperative shows that adequate access to childcare for informal women workers also results in the following positive outcomes:

On Children

- 100 % of children go to school; there is greater retention in school, children pursue higher education.
- Malnutrition levels improved; there are no severely malnourished children any more in our crèches.
- Older siblings, especially girls, go to school rather than stay at home caring for their younger siblings.
- Special care is provided to children under three years of age.
- Immunization, continuous monitoring and referral systems have led to improved health outcomes.
- Interaction with children from different backgrounds and celebration of all festivals at the centres have instilled tolerance and helped develop healthy social behaviour.

On Informal Women Workers

- Women's productive hours have increased. The extended time available to women to carry out economic activities has led to an overall increase in the household's income, further contributing to the child's development.
- Women's incomes went up by at least 50% and in many cases even doubled. Male members in the family take more responsibility in child care and interest in their performance

On the community/wider impact

- Community-owned and community-run centres promote community ownership, involvement and partnership.
- The cooperative's community-based nature eased the process of mobilizing the community to stand together during the COVID pandemic and access resources to meet their immediate needs in a timely manner.



Envisioning Childcare

Seva Mandir, established in 1968, is a non-profit organization based in southern Rajasthan. It empowers tribal populations and promotes self-governance in over 1300 rural villages, benefiting around 500,000 stakeholders. Seva Mandir works towards short-term aid and long-term sustainable social development, expanding its efforts to include urban poor areas. The organization aims to equip stakeholders with tools for self-development and collaborates with the government to address education, nutrition, childcare, and leadership skills.

Overview of the Organization

Founded in 1968 by Dr. Mohan Singh Mehta, Seva Mandir is a non-profit organization located in southern Rajasthan. Its scope encompasses over 500,000 stakeholders residing in approximately 1300 rural villages in the Udaipur and Rajsamand districts. The organization's primary focus revolves around empowering and promoting self-governance among tribal populations in the region. These tribal groups constitute around 70% of the local population. Seva Mandir's mission extends beyond short-term aid, aiming to achieve sustainable social development for both dominant tribal communities and diverse caste groups. While the organization's interventions primarily involve rural development and holistic social transformation, it has recently expanded its efforts to include urban poor communities in Udaipur city and peri-urban townships.

Established nearly 55 years ago, Seva Mandir's motto, "transforming lives through democratic and participatory development," reflects its approach to interventions. The overarching goal of Seva Mandir is to empower stakeholders as active agents in their own development and collaborate with the government to drive grassroots-level progress. Initially concentrating on adult education and leadership skill development, Seva Mandir later diversified its initiatives to encompass primary education, nutrition, and childcare.



Approach, Programs & Models

The organization seeks comprehensive social transformation at the grassroots level by empowering stakeholders to drive community-specific change. Acting as an intermediary between local target groups and the government, Seva Mandir facilitates constructive dialogue to advocate sustainable development demands.

The organization's comprehensive approach treats early childcare, similar to women's empowerment, as a means to achieve all-encompassing stakeholder development, rather than an isolated objective.

Balwadi Programme: Inception and Evolution

Childcare has not been the central focus of Seva Mandir's on-ground development efforts, it remains a critical element for holistic social transformation among the organization's stakeholders. The balwadi program developed by the Seva caters to the needs of the children from the age of 2 to 6 years. The Balwadi Programme was initiated in 1984 by Seva Mandir, commencing with eight operational Balwadi centers. As time progressed, the program flourished, and by the 2000s, the organization managed around 178 Balwadi centers across Rajasthan. Initially, these centers operated on a part-time basis, running for four-hour shifts. They were designed to provide basic education, supplementary nutrition, and healthcare services, akin to a pre-school format.

The success of the Balwadi centers heavily relied on the active participation of local women, designated as Sanchalikas, who facilitated the transition from home-based childcare to community-based childcare. This approach fostered a comfortable environment for interactions between community members and children.

Shift in the Balwadi Programme

Seva Mandir ran balwadis on the part-time basis, which posed challenges for women to pursue full-time work outside of home. Recognizing the initial challenges, Seva Mandir decided in 2002 to pilot a shift towards full-time day-care centers. The pilot, involving 45 Balwadi centers, demonstrated improved child nutrition with extended hours. As a result, by April 2004, all 178 centers transitioned to full-time operation.

Presently, Seva Mandir successfully operates 160 Balwadi centers across Udaipur and Rajsamand districts, with 14 additional centers collaborating with Corporate Social Responsibility (CSR) partners. The Balwadi program has achieved remarkable outcomes:

- A 22% reduction in acutely malnourished children.
- 88% of Balwadi children demonstrate improved cognitive indicators.
- 78% of Balwadi children show progress in language indicators, better preparing them for formal and non-formal education.
- Over 25,000 mothers have been relieved of full-time childcare responsibilities, enabling them to pursue paid employment opportunities.

Functioning and operations of the Balwadi Programme

Role and Training of Balwadi Workers

- **Balwadi Worker Distribution:** Seva Mandir currently operates around 160 Balwadi centers with a total of approximately 172-173 workers. Each center is managed by one Sanchalika, and there are around 12-13 Sahayikas assisting them. Most workers have a tenure of over 5 years.
- **Training:** New recruits undergo a 12-day training module, focusing on Balwadi operations, child engagement for seven hours, adhering to the structure, and efficient center management. New recruits are trained twice annually. Experienced workers participate in an annual six-day refresher session and engage in quarterly two-day review meetings to address challenges and receive expert advice.

Selection and Responsibilities of Sanchalikas

- **Selection Criteria:** Sanchalikas are selected based on their literacy, basic math skills, and participation in the Gram Vikas Committee (GVC). Their attendance at GVC meetings is vital for effective communication between Seva Mandir and villagers.
- **Community Representatives:** Sanchalikas act as village

representatives, disseminating information between Seva Mandir and villagers, ensuring a smooth flow of communication to meet community needs.

Monitoring and Payment System

- **Camera Monitoring:** Balwadi workers' performance is monitored through a camera system linked to their payment. Workers submit pictures throughout the day, capturing their presence and the attendance of 10-15 children. Payments are structured based on this monitoring, providing incentives for consistent attendance.
- **Incentive-based Payment:** Payment varies based on the number of pictures captured. Workers receive INR 60 per day for the first 7 days, INR 120 per day for the next 17 consecutive days, and INR 400 per day thereafter.

Transition to Mainstream Schools and Impact Tracking

- **Transition to Mainstream Schools:** Seva Mandir encourages Balwadi children aged one to five to enroll in mainstream schools after their Balwadi tenure. For regions with limited primary schools, children aged 6-12 are placed in Non-Formal Education institutions. In 2019, a 100% mainstreaming of Balwadi children to formal schools was achieved.
- **Tracking Progress:** Sanchalikas monitor children's attendance and performance in formal education for two years after transitioning, supporting their integration into formal education systems.

Balwadi Programme during Covid-19

- **Lockdown Impact:** The lockdown led to the temporary closure of Balwadi centers, resulting in a 23% increase in underweight children.
- **Mitigation Efforts:** Seva Mandir distributed dry rations prepared by Sanchalikas to beneficiary families weekly. To provide sustained nutrition, Balwadis were reopened during the unlock phase, allowing Sanchalikas to prepare hot meals for malnourished children, which were collected by parents or older siblings. Sanchalikas also engaged children in educational activities and provided materials like drawing books and worksheets.

Challenges to care provisioning

- **Uptake of Children:** Ensuring children's enrollment in Balwadis has been challenging due to difficult geographical terrain, making commute problematic.
- **Collaboration with Anganwadis:** Integration with the anganwadi program under the ICDS scheme has faced challenges due to cultural differences between Seva Mandir and anganwadi workers. Lack of accountability for anganwadi workers complicates conflict resolution.
- **Monitoring Take Home Rations:** Monitoring Take Home Rations in areas like Kotra has been difficult due to terrain challenges and restricted access controlled by local groups.
- **Cultural Taboos:** Cultural resistance to discussing topics like pregnancy and food habits has persisted despite positive changes in childcare perception.
- **Festival and Cultural Absences:** Long absences of children during festivals and events like marriage ceremonies can disrupt their participation and nutrition.
- **Attendance Monitoring Challenges:** Monitoring challenges include workers duplicating pictures or closing centers early. Zonal officers have reported early closures.
- **Caste-based Issues:** Previous caste-based differences between Sanchalikas and children belonging to SC/ST communities have posed challenges, but these issues have improved recently.





Distinct features of the Balwadis

- Nutritional Intervention:** The centers provide three daily meals, including protein-rich soya murmura to address local protein deficiency. Hot meals like khichdi and daliya are also alternated. Balwadis facilitate access to Take Home Rations (THR) provided by anganwadis.
- Educational Intervention:** Balwadis follow a structured pre-school curriculum, incorporating locally relatable storytelling, poetry, and educational toys. A play kit supports age-specific learning.
- Healthcare Intervention:** Regular measurements track child growth and Sanchalikas are trained to identify symptoms and provide minor medical care. Micro-nutrient supplements and deworming medication are also administered.
- Community and ICDS Engagement:** Balwadi operations involve the Gram Vikas Committee (GVC), which acts as the initial link between the community and the program. Seva Mandir's influence led to a partnership with ICDS and Vedanta in a public-private initiative. Seva Mandir's advocacy also spurred the conversion of anganwadis into anganwadi cum crèche centers, enhancing childcare coverage in challenging terrains. The percentage of functional anganwadis increased from 50% to 95%.

Impact

- **Addressing Women's Labor Burden:** With around 84% of the population relying on subsistence farming and many migrating for better employment prospects, women in these households bear the responsibility of land management, fieldwork, household upkeep, and childcare. Seva Mandir intervened in childcare to alleviate the intersection of rampant poverty, women's rights, and labor rights.
- **Promoting Education:** By relieving older siblings of childcare duties, the regions under Seva Mandir's purview have witnessed improved school enrollment and attendance. This progress bodes well for the long-term economic and social development of the communities.
- **Community Mobilization:** A key objective of Seva Mandir is empowering stakeholders to advocate for self-development. The introduction of the Balwadi program has enhanced community participation in managing and financing these childcare centers.
- **Creating Employment Opportunities:** The Balwadi program was devised to generate employment for women stakeholders within the community as Sanchalikas (primary Balwadi workers) and Sahayikas (helpers). This approach aligns with the organization's broader economic development strategy.
- **Addressing Health and Nutrition:** Seva Mandir initiated the Balwadi program to combat declining health and malnutrition among young children in the target communities. While the primary goal is alleviating widespread poverty causing poor health and nutrition, addressing these issues directly contributes to the long-term development of stakeholders' lives.



SOCIETY FOR PARTICIPATORY INTEGRATED DEVELOPMENT (SPID)



Envisioning Childcare

SPID began its journey as an organization that assisted women working in brothels in escaping abuse. During this process, they recognized the importance of childcare to their efforts, so they developed special programs aimed at providing care, education, and skills training for children of sex workers in order to enable them to lead productive and different lives.

Overview of the Organization

The Society for Participatory Integrated Development (SPID) is a non-governmental organization established in 2004 by a group of intellectuals, activists, like-minded social workers, and volunteers. It operates with the objective of providing assistance to economically and socially disadvantaged communities in both rural and urban areas of Delhi and Uttar Pradesh.

The journey that led to the formation of SPID is characterized by struggles and challenges. The organization's inception was marked by engagement with women in brothels. Prior to her involvement with SPID, Lalitha had already worked with devadasis in Karnataka, which equipped her with experience in supporting vulnerable women. Initially, her interactions focused on women residing in brothels along GB Road. These women were subjected to violence from both clients and law enforcement officers. Their primary concern was to ensure a better life for their children, away from the confines of the brothels. Their demands encompassed access to shelter, alternative livelihoods, and education for their children.

Driven by these circumstances, SPID has devoted itself to the realm of childcare. Its aim is to provide the children of brothel-workers with the requisite skills and education that will enable them to lead improved lives as they mature.

SPID's core areas of focus include:

- Child Rights and Education
- Youth and Skill Development
- Women Empowerment
- Health and HIV/AIDS
- Environment and Sanitation
- Awareness and Advocacy
- Disaster and Epidemic Response

The overarching mission of SPID is to empower marginalized and underprivileged communities through initiatives related to skill development, education, healthcare, as well as women's and children's rights. The organization's vision is centered around facilitating meaningful transformation in the lives of vulnerable and disadvantaged communities. SPID endeavors to integrate these communities into the mainstream through an inclusive and participatory approach.

Approach, Programs & Models

Projects in Delhi

- Skill Development- Uttam Nagar and nearby locality
- SMS Centre- GB Road
- SPID Home for Boys
- Kishori Home
- After Care Home for above 18-year-old girls
- SPID Pankhi
- Mahila Panchayat- J.J. Colony, Savda Ghewra

SPID SMS Centre

A foundational principle of SPID is that children possess the capacity to be catalysts for change, capable of transforming both themselves and the world around them. To shield children from the harsh realities of living within brothels – marked by oppressive conditions, forced labor, poverty, hunger, the specter of HIV/AIDS, and the desperation of begging on the streets for basic necessities – SPID inaugurated an Open Shelter on Delhi's infamous GB Road in 2004. This shelter, a pioneering endeavor in Delhi, stands alone

in its kind and operates under the registration of the Juvenile Justice (Care and Protection of Children) Act, 2015.

Within the organization, leadership roles were entrusted to women, who were also guided to governmental offices to advocate for their causes and aspirations. These women articulated three primary demands: alternative employment opportunities with a remuneration of approximately Rs. 1500, assurance of their children's future security, and provision of a safe dwelling. Despite not all their demands being met, the establishment of shelter homes marked a significant step. It took nearly a decade for this center to fully realize its potential. Through data-driven assessments, the center primarily caters to children identified from the red-light district. An array of services encompassing education, safety, nutrition, health, and recreation is extended to these children. The paramount objective of the open shelter revolves around educating and empowering the progeny of sex workers, ensuring their holistic development and facilitating their integration into mainstream society.

Initially, meals were not provided within the premises, leading



children to bring food from their homes. However, over time, the realization dawned that various factors hindered equitable access to nutritious and cooked meals. Consequently, the center initiated the provision of cooked meals. Its current amenities include a classroom, a library, and recreational facilities, among others. In addition to furnishing education, shelter, sustenance, counseling, and a comprehensive developmental roadmap, formal and non-formal education avenues are also extended.

SPID's efforts are meticulously coordinated with those of the Delhi Commission for Protection of Child Rights (DCPCR) and the Child Welfare Committee (CWC). The attainment of today's Child Rights paradigm was not an overnight achievement; rather, it involved the gradual culmination of years of advocacy, movements, and conscientious activism. In one of their shelters on GB Road in New Delhi, significant strides have been accomplished, underscoring the transformative impact of SPID's work.

Programs

The SPID SMS Centre encompasses a range of programs including:

- 24-Hour Care & Shelter for children (aged 1 to 17)
- Educational opportunities
- Non-formal education (Balwadi/Anganwadi/Pre-schooling for ages 3 to 6)
- Formal Education (Educational support program for ages 6 and above)
- Health & Hygiene Care facilities
- Counselling for women in prostitution and their children
- Celebration of important days
- Sports activities & games (Indoor and outdoor)
- Exposure Visits & Picnics
- Institutional Placement Program (Hostels & Shelter Homes)
- Extracurricular activities for children like Yoga, Dance, Music, Drama/Plays
- Morality classes & Life skill workshops
- SPID – OPPORTUNITIES CENTRE (Facilitating admission for vocational training and Job placements for all boys and girls)
- SPID – ENROLLMENT CENTER (Assisting women & men with voter registration, opening bank accounts, obtaining Aadhaar cards, and providing legal and health awareness)

Strength of children and staff

The organization currently supports 35 children in its creche, 28 girls in the Girls' Home, 12 boys in the Boys' Home, and nine girls in the center for older girls. The shelter operates around the clock, staffed by a rotating team of social workers. The center employs a total of 13 personnel, including cooks and cleaning staff, though without a fixed schedule. Staff members from the Boys' and Girls' Homes also serve the organization. In the 18+ facilities, girls are expected to cook for themselves, having been equipped with self-sufficiency and life skills training.

Challenges

Running a child care institution is not without its challenges. Adequate funding is crucial for the organization to sustain its programs and projects. However, government funds are sometimes insufficient and may not be received in a timely manner. Operating a 24-hour childcare center necessitates timely meal provision, which occasionally relies on donations from individuals and groups. Another challenge arises from situations where mothers opt to leave childcare institutions, often influenced by promises from other individuals. These situations may stem from ulterior motives aimed at controlling these women through their children. Such scenarios require delicate handling by staff members, who sometimes face complaints from these women lodged with the police. Patience becomes paramount in such instances.

The establishment of the SMS center was not without hurdles related to legislation and regulations. Due to the nature of work of these women, this area initially received limited attention. Struggles with government offices and courts ensued when the spaces were occupied by MCD authorities. Consequently, despite the space being unused, it wasn't readily available to the organization.

Sexworkers' children often face discrimination in schools when their family background is revealed, posing a significant concern. The organization handles such matters sensitively to prevent trauma or shame for the children. Additionally, the issue of absent files arises, where mothers take their children on outings but subsequently leave the city, leading the organization to now insist on applications to the Children Welfare Committee (CWC). As the organization is registered under the Juvenile Justice Act, proper documentation and permission are required to address missing child cases.

Impact

Originating as an organization assisting trafficked women, SPID has significantly improved their lives by fostering awareness of their rights. The organization ensures timely pensions for these women, crucial for their self-sufficiency. A safe environment is provided for mothers to protect their children from the hazards of the red-light district. Collaborating with the Child Welfare Committee and the SPID-SMS Center team, institutional placements have been arranged to shield children from the dangers of their surroundings. Regular visits by mothers, guardians, and organization staff to hostels and shelter houses monitor the children's well-being. Daily counseling sessions for mothers and children are integral to the SPID-SMS Center's activities.



The organization has established a Girls Home to prevent these children from falling into the same circumstances. These homes offer diverse skills and career guidance, resulting in many children pursuing education in medical science, hotel management, housekeeping, software engineering, and beautician fields. Positive habits have formed, with a focus on hygiene and life skills. Participation in various programs has improved the children's communication skills, leading them to represent the organization on multiple platforms.



TARA MOBILE CRECHES



Envisioning Childcare

Tara Mobile Creches, born from Mobile Creches Delhi in 1980, began when Ms. Meera Mahadevan saw neglected children at a construction site. It now runs multiple daycare centers for construction workers' children in Pune, distinct from Mumbai and Delhi branches. Currently, Tara Mobile Creches manages about 20 centers, looking after 3,000-5,000 kids in Pune and Pimpri Chinchwad Municipal Corporation.

Overview of the Organization

Tara Mobile Creches was established in 1980 as a branch of Mobile Creches, Delhi, which originated in 1961 under the guidance of Ms. Meera Mahadevan. The organization's beginnings are steeped in a captivating narrative. During the Gandhi Centenary Celebrations, while Ms. Meera Mahadevan was participating in a panel and overseeing event arrangements, her attention was drawn to a nearby construction site due to its deplorable living conditions. Amidst the diligent labor of men and women, their unattended children lay amidst the muddy construction site, in distressing circumstances, without any caregivers. In response, she gathered these overlooked children under a tree, thereby heralding the establishment of Mobile Creches. Starting from modest origins in a garage at a construction site in Pune, Tara Mobile Creches has progressively broadened its scope and now operates daycare centers at multiple construction sites in and around Pune.

Formally registered as Tara Mobile Creches Pune, the Mobile Creches in Pune holds classification as a 25C company according to the Companies Act of 1956. Initially, Pune and Mumbai followed the same framework as Delhi. However, as the construction sector boomed in Mumbai and Pune, they eventually evolved into distinct entities, separate from Delhi. Presently, Tara Mobile Creches concentrates primarily on providing exclusive services to construction sites, abstaining from extending its operations to urban slums, in contrast to Mobile Creches in Mumbai and Delhi, which have expanded their reach. Tara Mobile Creches presently oversees around 20 daycare centers at construction sites in Pune and the Pimpri Chinchwad Municipal Corporation (PCMC), tending to an estimated total of 3,000-5,000 children across these facilities.

Mission

We, as a nurturing organization, seek a society where children grow into happy, healthy, educated and responsible citizens.

“We promote holistic development of vulnerable children to Enrich their Childhood and Shape their Futures.”

Approach, Programs & Models

Programs Operated by Tara

Tara Mobile Creches operates through two primary programs aimed at addressing the developmental requirements of children:

- **Early Childhood Care Education and Development (ECCED):** This program is dedicated to delivering comprehensive care and education to children from birth up to 3 years old, as well as those aged between 3 to 6 years old.
- **Middle Childhood and Adolescent Development (MCAD):** The MCAD program is tailored to the age group of 6 to 18 years, with the objective of fostering the holistic development of children during their middle childhood and adolescence.

The organization is structured around three primary pillars that encompass various facets of their endeavors:

- **Child Development:** This vertical is known as Child Development for the ECCED team and as Life Skill Development for the MCAD team. Its emphasis is on nurturing the overall growth and well-being of children within their respective age brackets.
- **Nutrition:** This vertical entails Tara Mobile Creches' commitment to fulfilling the nutritional requirements of children from birth to 18 years old.
- **Education:** Facilitating for school readiness of 3-6 years age children, supporting 6 years and above age children in main stream schooling, enhancing learning of children through academic classes and co-curricular activities such as dance, drama, drawing, painting, music, sports, Mallakhamb, etc.

Points of Distinction

Tara Mobile Creches specializes in providing support to children from birth to 18 years old, in addition to pregnant women, lactating mothers, and parents within this age range. Our primary focus is on monitoring and nurturing their overall development while promoting and stimulating holistic growth. The organization operates within three key areas:

- Delivering interventions related to health and nutrition,
- Promoting hygiene and sanitation through developmental interventions, and
- Facilitating educational interventions.

Given that these children belong to families of construction workers, their parents frequently have to work at various sites across the city, making it impractical to bring their infants along. Furthermore, the organization is at times tasked with caring for children as young as 14 days old. As a response, the organization ensures that these children are provided a safe and secure environment, fostering comfort and ease.

Occasionally, these children lack exposure to formal schooling and are not adequately prepared to attend. As a result, the organization concentrates on preparing them for school through an array of activities, including small group interventions and individual interactions. Over time, Tara Mobile Creches (TMCP) has achieved substantial progress in its programs, developing an age-specific curriculum tailored to the unique needs of the children. Dedicated coordinators and trained staff operate within these domains to ensure effective implementation.

Over the past five years, TMCP has introduced home visits, where different children are visited each month. This practice allows for a deeper comprehension of the children's development and offers an avenue to address any concerns or issues. TMCP also places great importance on enhancing parental capacity. During home visits, parents actively engage in discussions about their children's development, while efforts are made to identify areas where parents can further enrich their personal growth. The organization also underscores the significance of nutritious and balanced food to parents, providing three freshly cooked and nourishing meals per day to the children.

TMCP's staff members are trained in utilizing standardized developmental tools to assess the children's progress. They monitor the height and weight of children aged 0-6 years to gauge their overall health and nutrition status. Based on these assessments, intervention programs are implemented, and teaching modules are tailored accordingly. Staff members are empowered to design routines that align with each child's progress, nurturing creative thinking and enabling the team to craft a well-structured plan.

TMCP offers distinct spaces for children of varying age groups. "Sangopan" caters to children aged 0-3 years and incorporates a caregiving component. For children aged 3-6 years, "Khelghar" resembles a Balwadi or Anganwadi school. The emphasis is on play-based learning, where interactive activities facilitate education. Teacher-aided instruction is also a highlight. Children

are grouped by age and taught age-appropriate themes. The approach is highly participatory, encouraging active engagement in sessions comprising playtime, storytelling, singing, and outdoor explorations to nearby locales, enriching their learning encounters.

Moreover, Tara Mobile Creches Pune (TMCP) collaborates with pregnant women and lactating mothers. TMCP recognizes the pivotal importance of a child's brain development during the first three years after birth. The organization strives to create an enabling environment for pregnant women by offering nutritious food, regular health check-ups, and a focus on the mental and emotional well-being of mothers. TMCP also supports lactating mothers, acknowledging that physical contact with the mother during breastfeeding is vital for the child.

Rather than providing rations, TMCP distributes nutritious laddoos. Lactating mothers visit the center twice a day, receiving meals that usually include a fruit and a boiled egg. Their diet is enriched with iron-rich food to support breastfeeding. To assist recently delivered mothers and their newborns, food is delivered directly to the mothers' homes, ensuring comprehensive care and minimizing physical stress.

Monthly Health Check Ups are conducted by external visiting health practitioner. Children having major illnesses are referred to government health care facility. Minor illnesses are treated at the centre. Children with Malnourishment are given special diets along with parents' education on healthy eating and hygiene practices. TMCP celebrates Social Cultural events, days and festivals to promote the inclusiveness. Parental awareness on topics such as health care, nutrition, supporting child's growth and development, good habits, WASH practices, HIV AIDS, etc. are conducted.

What is a typical day at the Day Care Centre

Children stay at the center from 9:30 am to 5:30 pm, adhering to a meticulously planned schedule that incorporates designated intervals for meals and a variety of activities. Awareness of parents and older children on personal Hygiene practices is being created. The day commences with activities such as singing, prayers, and meditation, which persist until ten o'clock. Following a

brief pause, the children are provided with a light meal comprising a cup of milk, a nutritious fruit, and a laddoo. While they are encouraged to clean their own bowls, for hygiene reasons, an assistant takes care of a final wash.

Distinct rooms are allocated to different age groups. Around 11 am, individualized growth and development supplements, sanctioned by a doctor based on each child's specific needs, are dispensed. Subsequently, materials for the ensuing round of activities, whether group-oriented or individual, are furnished in accordance with the Care Giver's plan. These activities continue until noon, when lunch is served. If available, square mats are laid out on the floor for the children to sit on and attendance is taken during this time.

Post-lunch, the children partake in the practice of washing their utensils. Around 1 pm, those children whose parents work far from home and are unable to retrieve them remain under the center's care. By 2 pm, parents begin returning from work to drop off their children once again. A period of rest, essential for the children's (0 to 6 years old) growth, is observed during nap time. Around four o'clock, they awaken and refresh themselves, followed by games and activity sessions from 4 pm to 5 pm. At approximately five o'clock, evening snacks like Upma, Poha, fruits, and eggs are provided. The day concludes with the singing of the National Anthem and prayers, signifying the center's closing. Children who are enrolled in school attend the school as per the school time.

About the Infrastructure

They share infrastructure that caters to children ranging from birth to 18 years old. When establishing a new community space, they initiate a survey to determine the number of children that can be accommodated. The age group of the attending children is taken into account, aiding in designing appropriate infrastructure with facilities required for children below 6 years and their program as well as children above 6 years. These recommendations are deliberated with the builder and, if feasible, executed. Should any spatial challenges arise, the organization actively seeks optimal solutions to accommodate the children.

The establishment of childcare centers hinges on various factors, encompassing construction sites and population migration. It also relies on the agreement between the contractor and the labor community, alongside the builder's business strategies. Certain

sites experience higher migration rates due to specific business approaches where laborers engage in short-term projects with frequent movement. Drawing from insights and information shared by site authorities, the organization tailors interventions accordingly. In some instances, TMCP executes intervention programs without creating a dedicated center. This might involve community outreach, concentrating on delivering crucial support and ensuring the children's safety. In communities characterized by stable populations and extended stays at particular sites, the organization finds it more viable to establish and manage resources within the community itself. Volunteers are identified and trained to foster a support system, specifically for children who may require attention due to illness or challenges. These volunteers play an indispensable role in addressing emergencies and have amassed experience in recognizing and effectively addressing issues through their extensive involvement in the project.

Challenges

Daycare centers catering to children of construction workers encounter diverse challenges, notably worker migration. Maintaining suitable child-to-staff ratios is demanding, especially with short-notice staff hiring. Language barriers arise due to migrant families, yet children progressively acclimate to the center. TMCP fosters a supportive environment encouraging children to express themselves.

TMCP collaborates with site authorities to facilitate parents' work leave for dropping off and picking up their children. Effective coordination is crucial, with most authorities being cooperative. Respectful of parental decisions, TMCP refrains from pressuring parents to send children when not working. This nurtures parent-child bonding.



Non-negotiables

Ensuring children's safety remains the organization's utmost priority, with an increased focus on providing ample space for movement and play. Previously, space constraints were a challenge, but strides have been made to enhance this aspect.

Dynamics and partnerships with builders have evolved over time. Previously centered on compliance, the organization now seeks collaborative and interactive relationships, sharing responsibilities. Infrastructure challenges, including insufficient toilets and water facilities, have seen some improvement. Rigorous security measures are prioritized, including controlled access to labor camps via written permission.

To strengthen builder partnerships, TMCP implements monthly reviews, feedback loops, and plan development, enhancing collaboration and reinforcing childcare support's significance.



Impact

Tara Mobile Creches (TMCP) leaves a multifaceted impact, serving not only children but also families and communities. Over 5-7 years, TMCP's approach evolved, recognizing parents as integral Part of Program. Beyond raising awareness, TMCP emphasizes capacity building of Care Givers, Supervisory staff and parents. Extensive efforts, particularly for children aged 0-6, encompass monthly meetings, open houses, and home visits for special needs children. Initiatives like the "Dabba party," where parents discuss while sharing a meal, promote engagement.

Annual events like puppet-making and waste utilization workshops involve parents, influencing their behavior positively. Fathers' heightened participation in children's activities reflects change. Some fathers construct developmental aids from construction site waste, signifying impactful interventions. Empowering parents is crucial as the absence of such centers demands families meet developmental needs. TMCP underscores parental capacity building.

Challenges arise, such as behavioral issues due to family conflicts or community differences leading to violence. Volunteers report to the program team, equipped for appropriate interventions. While child labor and marriage emerged, TMCP's interventions have curtailed these practices within communities.





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Annexure: Credits of Photo Assets Used in the Profiles of Various Organizations

Sr. No.	Organization	Photo Assets Credit
1	Aajeevika Bureau	Received from Organization
2	ActionAid Association	Received from Organization
3	Aide-et-Action	Received from Organization
4	Apnalaya	https://www.facebook.com/supportapnalaya/photos
5	Avani	Received from Organization
6	Basic HealthCare Services (BHS)	Received from organization
7	Centre for Women's Development and Research (CWDR)	https://www.facebook.com/cwdrindia/photos
8	CHETNA	https://www.facebook.com/CHETNA.women/photos
9	Child in Need Institute (CINI)	https://www.cini-india.org/ https://www.facebook.com/cini.india Also Received from Organization
10	Diya Ghar	https://diyaghar.org/ https://www.facebook.com/Diyaghar/photos Received from Organization
11	Ekjut	http://www.ekjutindia.org/# https://www.facebook.com/EkjutIndia/
12	Hamari Muskan (South Kolkata)	https://www.hamarimuskansouthkolkata.org/story2.php https://www.facebook.com/hamari.muskan.org/ Received from Organization
13	Integrated Child Development Scheme (ICDS)	https://pixabay.com/photos/children-infant-girl-school-306607/

Sr. No.	Organization	Photo Assets Credit
		<p>https://www.newsclick.in/kerala-provides-WiFi%20-1230-anganwadis-plans-smart-childcare-centres</p> <p>https://www.thehindu.com/news/national/mgnrega-workers-will-build-almost-75-of-new-anganwadis-this-year/article66684495.ece</p> <p>https://telanganatoday.com/opinion-smart-anganwadis-smarter-kids</p>
14	Jan Swasthya Sehyog (JSS)	<p>https://www.jssbilaspur.org/</p> <p>https://www.facebook.com/jssbilaspur/photos</p>
15	Mahila Chetna Manch	<p>http://www.mcmngo.org/PhotoChildmarge.html</p> <p>https://www.facebook.com/profile.php?id=100064672993277&sk=photos</p> <p>http://www.mcmngo.org/gallery_images/Photo%20child%20marraige/img13.jpg</p>
16	Mahita	<p>https://www.facebook.com/mahitango/</p> <p>http://www.mahita.org/media/</p>
17	Mobile Creches	<p>https://www.facebook.com/crechesmobile/</p> <p>Also Received from Organization</p>
18	Mumbai Mobile Creches	<p>https://www.facebook.com/MumbaiMobileCreches/</p> <p>Received from Organization</p>
19	Nav Srishti	<p>https://www.facebook.com/navsrishti1994/photos</p> <p>Also Received from Organization</p>

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20	New Vision	https://newvisionerfec.org/ https://www.facebook.com/newvisioneveryrightforeverychild/photos
21	Nutrition on Wheels (NOW)	https://guildofservice.com/nutrition-on-wheels/#:~:text=The%20Nutrition%2DOn%2DWheels%20(,along%20the%20East%20Coast%20Road.
22	Public Health Resource Society (PHRS)	Received from organization
23	Prajayatna	Received from Organization
24	Saathi Center	https://www.facebook.com/profile.php?id=100064672993277&sk=photos
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27	Sangini Mahila Balsewa Sahakari Mandli	https://www.sewafederation.org/wp-content/uploads/2021/12/sewa-childcare-report.pdf
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30	Tara Mobile Creches	https://taramobilecreches.org/Gallery.aspx

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TRANSFORMATIVE WELL-BEING
INCLUSIVE NURTURING INCLUSIVE
LEARNING NURTURING
MIGRANT WELFARE MIGRANT WELFARE
COLLABORATIVE SHELTER COLLABORATIVE
SHELTER PROTECTION
PROTECTION CHILDCARE
NUTRITION COMMUNITY UPLIFTMENT
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Institute of Social Studies Trust

U.G. Floor, Core 6A, India Habitat Centre, Lodhi Road, New Delhi-110003

Tel : +91-11-4768 2222 | Email : isstdel@isstindia.org

Website : www.isstindia.org



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