

# **QUALITY DAY CARE SERVICES FOR THE YOUNG CHILD**

**Institute of Social Studies Trust, New Delhi**

**Supported by Social Policy Unit, UNICEF India**

## **MOBILE CRECHES, NEW DELHI**

**A Case Study**

**Sandhya Venkateswaran  
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## **INTRODUCTION**

This case study was developed as part of a project between Institute of Social Studies Trust and UNICEF on early childhood care and development (ECCD). The case study focuses on the work of Mobile Creches in the National Capital Region and is aimed at capturing the specifics of their model of intervention. While a large part of the work of Mobile Creches is on advocacy and training, this particular case study focuses its attention on the childcare model per se. The specific research questions addressed by the case study include:

- What is the context of the intervention? What are the specific needs of women and children in the area?
- What are the objectives of the intervention?
- Which of the following components of care does the initiative/ intervention seek to address?
  - Immunization and monitoring growth
  - Nutrition and learning
  - Healthy living habits
  - Development of cognitive faculties and provision of mental stimulation
  - Nutrition and health education of the mother
- What are the patterns of use of the centre? How often do women/children use the centre? To what extent do the users actually help determine the timings of the centre? How flexible are the services that are provided in terms of timing, responsiveness to changed circumstances? What are the reasons for some women not using these services?
- What are the cost implications and sources of funding, human resource requirements (including training, staffing), staff to child ratio, space and infrastructure (including water and sanitation) requirements?
- What are the management requirements (monitoring/ supervision/ reporting)?
- What are the dynamics between the workers and the users (the role of power in providing delivery)?
- How is accountability secured?
  - What are the outreach services to family and community?
  - What is the community involvement?
- How are the mother's needs being understood – does it focus on just service delivery, that is, providing food and nutrition to the children and mothers or does it also lay emphasis on the multiple identities of women?
- What have been the challenges/ how were they addressed/not addressed? What are the related issues of sustainability? What has been the evaluation/ own assessment of the centres the achievements, the challenges? What were the essential principles necessary that made the intervention effective?
- What are the opportunities of aligning the self-driven with mandated models?
- Have traditional childcare practices been provided/ incorporated by the intervention at all and wherever relevant, and if so, how have they been provided?
- How has change happened within the intervention?

### **Methodology**

This report is based on a study of existing literature, discussions with key staff and parents (users and non-users), community members and context-specific stakeholders

## **THE CONTEXT – MIGRATION AND EARLY CHILDHOOD CARE NEEDS<sup>1</sup>**

Migration has entwined the rural and urban landscapes in India, with the rural ‘push’ and the urban ‘pull’ factors establishing a constant linear migration that has created distinct spaces inhabited by migrants. These spaces and their occupants, often at the fringes of the cities and characterized by an internal dynamism, have become a fixture with the intensification of rural agrarian distress<sup>2</sup> and unemployment. The issue of migration has thus gained importance, with frequent debates on its desirability, effectiveness and solutions. The status of the migrants, the conditions at their workplace and the context of their work become central to an understanding of the complexities of the phenomenon and areas for positive action.

The push/pull model quite astutely captures the motivations underlying the journey from the village to the location of work. The rural landscape has been marked by agrarian distress, indebtedness and unemployment. A majority of the migrants to Delhi belong to Chhattisgarh (52 per cent), while migrants from Bihar constitute 15 per cent and from Madhya Pradesh, 13 per cent. This does not come as a surprise, as these are states with markedly low levels of development and a relatively low penetration of private enterprises and industry, which have come to embody the sites of development. Another push factor is the stratification of society along caste lines. Nearly half of those who migrate (46 per cent) belong to the Scheduled Caste, Scheduled Tribe and Other Backward Class categories, placed at the bottom of the social ladder, having marginal access to literacy and education<sup>3</sup> or opportunity for social mobility in the rigid caste system. Women are thus doubly dispossessed, as women belonging to lower castes rank below men of their community. This is reflected in their lack of skills, access to literacy, occupational opportunities and deteriorating health.

The counterpart of the rural milieu, the urban landscape, has been transforming at an unprecedented scale along economic, social and cultural lines in response to the adoption of the New Economic Policy (NEP) in 1990 and subsequent expansion of the service industry. This change has manifested itself in two forms: by creating hubs of opportunities and by transforming these hubs spatially. These act along push and pull lines: the ‘progress’ is concentrated in the urban centres, attracting the populace from the rural areas, while simultaneously, the avenues of opportunity in the rural landscape decline as development is contained in specific urban areas. Upon arrival, the skill-set of the migrants allows them to participate largely only in the informal sector, and this engagement leads to a limited skill-set, hindering any upward mobility. Possessing, primarily, the ability to perform physical tasks, the migrants are steered towards the spatial transformation of urban centres. This has led to the establishment of an expanding construction industry, which relies on the limited skill-set of the rural populace.

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<sup>1</sup>This section relies on the findings by Mobile Creches in its Annual Report for 2010-2011 available at <http://www.mobilecreches.org/userfiles/file/MobARsmall-2011.pdf> and ‘Distress Migration: Identity and Entitlements’ available at <http://www.mobilecreches.org/userfiles/file/Distress%20Migration%20%20Identity%20and%20Entitlements%281%29.pdf>

<sup>2</sup> Nearly 81 per cent of migrants to Delhi are from agricultural backgrounds.

<sup>3</sup> Gender plays an equally strong role with regard to literacy. Up to 46 per cent of men who migrate to Delhi are literate, whereas the percentage of women who had access to basic literacy is a meager 11 per cent.

The migrants are, thus, commonly found in two locations: the construction sites and the urban slums. For workers hired in the construction industry, the sites are often their homes for the period of construction. These are spaces marked by an absence of basic amenities: underground drainage, clean drinking water, public health centre (PHC), etc. As they are largely engaged in the informal sector, they are vulnerable to exploitation, and as disregard for the minimum wage limit and absence of benefits (Provident Funds, crèches) abound. The rural connection also does not disappear: the migrants are often engaged in debt or have families in the village that require support, and this hinders the formation of assets. The migrants are unable to save or procure assets as their earnings get used in repaying debts or supporting the extended family back in the village. This is crucial, as it limits them from procuring services for their children (day care, education) and marks the lack of improvement in their situation. They are, essentially, existing in a subsistence mode, which barely qualifies as upward mobility.

The migrants usually arrive in the unit of a nuclear family, leaving larger familial structures behind. Almost 86 per cent of the families that migrate do so as nuclear families, leaving the extended family behind. Apart from being a drain on their resources (as they often have to support their family in the village), this leads to the absence of a support structure in the urban sites. As both the husband and the wife are invariably engaged in work, the absence of a support system impacts women and children most. Women have to perform ‘double shifts’,<sup>4</sup> and the children are left in the hands of the eldest child or on their own. The marked absence of a care system hampers the development of the children, who are mostly in the age groups of 0–6, and the inability of the workers to educate their children inhibits the development of their skill-set, ensuring a cycle of physical labour spanning generations.

Adding to these constraints is the transient nature of their work. The nature of work involved in the informal sector, particularly construction, is limited to the duration of the project, and this leads to a constant uprooting of the family, as it shifts from state to state in accordance with the current employment. This leads to two issues: identity and political will. The ‘identity’ of the migrants is undetermined, as their stay is mostly of short-duration without the possession of documents that would allow them to be claimants of entitlements. This has serious repercussions, as it effectively limits their access to public support services and infrastructure. Similarly, as they do not form a stable ‘constituency’, their concerns are not reflected in the political agendas of the regional representatives. It also nurtures reluctance among political representatives to voice their concerns in the political institutions, as these do not have any corresponding electoral gains. They are, thus, ‘disenfranchised’, located in a ‘dual-space’ where the rural is not absent and the urban is not urban, without any support of care mechanisms and any scope for upward mobility. The migrants are, thus, fixtures. Their work may shift from place to place, but the migrant as a subject and the spaces of urban slums and construction sites persist and expand.

While the problems outlined above are shared by the migrants, there are particularities that emerge upon a careful consideration of each space. It becomes important to examine how these problems operate in the two distinct spaces and how they inform the migrant subject.

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<sup>4</sup>With the entry of women in the workforce, there has emerged a considerable body of texts on the ‘double-shift’ phenomenon, which describes the gendered experience of performing unpaid domestic labour along with work in professional spaces.

## The Construction Sites

The construction sites, also homes to the workers, have sprouted across urban centres and are expanding to small cities as well. These sites provide a model for the examination of the identity and entitlements of the migrants, as they are expected to follow not only the Minimum Wages Act, 1948, but also the Building and Other Construction Workers Act, 1996. Both these acts aim to protect those in the informal sector; the latter Act was designed when construction emerged as the second largest employer after agriculture in the NEP decade. It is interesting to note, however, that both MWA and BOCW do not cover children specifically, even though the childcare issue emerges as amongst the most pertinent in the context of construction sites.

Most migrants to construction sites are young, as the demands of physical labour cannot be sustained beyond a certain age. Up to 69 per cent of the men on these sites belong to the 26–40 age group and 82 per cent women are in the 18–30 age group. Most men (72 per cent) and women (73 per cent) spend up to 8–10 hours a day working. The construction sites, built along gendered lines, require men and women to perform specific tasks, for which they are rewarded unevenly.<sup>5</sup> The space is dangerous and habitation is a risk. Most contractors are unwilling to provide a quality support mechanism to take care of children, and inadequate, uneven and irregular payments make it difficult for the parents to afford care services. As migration is predominantly in the form of the nuclear family, there is no familial child support. Most families on the construction site migrated with their younger children, at times leaving the older children to take care of grandparents in the village or, as found more recently, to not break their study process. A large number of the children on the construction sites are consequently below the age of 6. The children are, thus, left to their own resources in a hostile and harmful environment. Their vicinity to construction makes them liable to harm. Most contractors cover harm caused on site by tying up with a local practitioner or a hospital, but the children remain the responsibility of the parents, and as the gruelling work hours keep the adults away, the children are exposed to harmful materials, machines and environment of a construction site. As construction work is particularly short term, the children on-site are not immunized owing to the lack of identity documents of and stability in their parent's lives. Similarly, the provision of education is absent, as children are given domestic responsibilities. Debt due to frequent health-related problems recurs in the urban landscape, further limiting the economic means of the parents to provide their children with proper nutrition and care. Women, who are most likely to invest in childcare, are unable to accord sufficient time to the household.<sup>6</sup> They are required to perform rigorous physical activities as lifting bricks on the head and are paid unevenly, significantly less than their male counterparts. Relegating them to the sphere of basic physical labour leads to a limitation of their skill-set and leaves them perpetually economically disadvantaged. Most of the women on the construction sites suffer from Chronic Energy Deficiency (CED). A large section of women migrants also face health risks – 48 per cent of these women were married before the age of 18 and 46 per cent had their first child before the age of 18. The Body Mass Index of 69 per cent of the women was in the low to normal category.

This has a direct impact on children. The most vulnerable section of migrants are brought up in a taxing, unhealthy, limited environment where they are susceptible to many health-related problems caused by lack of nutrition and sanitation. In the absence of relevant inputs, the cognitive development and stimulation aspects of early childhood do not get addressed,

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<sup>5</sup> In construction sites, 68 per cent of men earn more than their wives. The percentage of wives whose incomes exceed that of their husband's is abysmally low, at 3 per cent.

<sup>6</sup>Ten per cent of the women work beyond 10 hours on the site.



leading to low development for a lifetime. Only 35 per cent of the children are completely immunized. Less than 32 per cent of newborns are fed exclusively on breast milk for 6 months. A dismal 18 per cent of babies are given colostrum after birth, leaving a large majority of babies open to disease and low on protein.

The children are also denied an opportunity for upward mobility, as the absence of education ensures their future in the informal sector. Vulnerable to sexual and drug abuse, the children are denied the security and care intrinsic to their healthy development.

### **The Urban Slums**

The urban slums are a result of the migration of the rural populace to the urban landscape. Slums are blocks where the urban poor live in nearly dehumanizing conditions. Engaged in the informal sector, with a limited skill-set and often below minimum wage pay-scale, their economic means are constrained, affording them cramped, unhealthy spaces that lack most of the basic amenities. The issues this leads to can be categorized along the lines of basic amenities, health care and childcare. The issue of identity and political will resurface, as access to and provision of amenities is dependent on both.

It is estimated that 64 per cent of Delhi's population is concentrated in slums, with extreme pressure on space and basic amenities and services. The lack of underground sewage and clean drinking water, the use of community bathrooms and no system of garbage disposal are a constant threat to the well-being of the inhabitants. The absence of a determinate identity proof removes the migrants from the net of public services. Correspondingly, access to health care is limited to government hospitals, which are located at considerable distances and which adds transportation cost to other expenses.

The most vulnerable sections, thus, are the women, children and disabled. Women have to survive in an unhealthy environment, where they are required to use community restrooms, among other discomforts. Nearly 50 per cent of women in slums suffer from anaemia. Most women deliver their children using midwives at home and both become vulnerable to the unhealthy environment of the slums. Only 33.4 per cent of women belonging to slums deliver their children at a health facility and only 42.2 per cent of deliveries are assisted by medical personnel. The scope for proper nutrition of the child is limited – 71.4 per cent of children in the slums suffer from anaemia in the first 6 months to 6 years of their lives, and 50.9 per cent of children are stunted. Women engaged in work have little access to day-care institutions or schools for their children. The children are left in the slum dwellings, given the responsibility of managing the youngest and the homes. This also leaves them vulnerable to abuse.

Thus, the lives of the migrants across these two spaces are affected in similar yet different ways. But, it is crucial to note that in both the spaces, there is a gradual disempowerment of women and children. Denied a support structure that is crucial for the development of both, they are left to fend for themselves. Thus, infant mortality rates are high, as most children are delivered at home, not given proper nutrients or immunization and not regularly breastfed (as mothers return to work). It is important to note that there is a gaping absence of workers unions on construction sites, and, thus, the issue of improving living conditions can only be raised to the contractor who hires the labour or the owner of the construction project. Their compliance with positive intervention, then, becomes a matter of persuasion. While BOCW Act provides for the establishment of benefits for the workers, it is rarely implemented or implemented ineffectively.

Thus, while intervention is required to improve the various facets of the lives of the migrants, a direct intervention is called for with respect to childcare. As we have seen, children benefit least from migration and their conditions bind them to such spaces in the future.

## **HISTORY AND EVOLUTION OF MOBILE CRECHES**

As a response to this need, Mobile Creches, an organization working for active intervention in childcare at these spaces, was created. It was in 1969 when Meera Mahadevan saw young children lying attended in the heat and dust of a construction site in Delhi that Mobile Creches (MC) was born. She saw very small children exposed to the open harsh and unsafe conditions of a construction site while their parents worked, and she decided to pitch a tent the very next day on the site and organized a childcare worker for the children. With this beginning, the Mobile Creches has grown in the last 40-plus years to a pioneering early childcare and development services organization for children, specifically in the construction industry, and to being an advocate for the rights of young children in the country.

Over the years, its interventions have grown in scale, depth and content with an evolving programme that expanded beyond construction sites to slum settlements and an enhanced mobilization of stakeholders for shared responsibility such as contractors/builders, members of the community and government. Building upon its direct interventions, MC has expanded its role from a direct service provider to a key champion of child rights, influencing policy and regulation.

### **The intervention**

The efforts of the organization are currently directed at three levels: field interventions, training and advocacy. The organization made its first field intervention in 1969, and with gradual worsening of the living conditions of the migrants, the organization has assumed greater responsibility and currently intervenes actively at all levels. Thus, MC advocates for the need for better legislation to protect the migrants and to respond to the newly emerging complexities in spheres of political debate, civil society groups, etc. The field intervention provides the site for demonstration and learning and is the foundation for advocacy and training. Training the people who will provide care on the site to respond to the complexities of the existence of migrant labour becomes equally important, as the conditions of the children are directly connected with the conditions of their working parents. The organization has thus evolved and expanded, from caring for the children of working mothers on such sites to raising larger questions regarding the operation of such sites, the role played by economic policies and programmes and the conditions of the migrants and their children and their relation to law.

The most direct form of positive action that MC engages in is the field interventions. These focus on children belonging to the 0–6 age group, with education input for older children in slums and construction sites in Delhi and the National Capital Region.

On construction sites, Mobile Creches makes available day-care facilities that are entirely run by them or facilitated/supported by them. Additional support from other partners is usually the builder. Mobile Creches have supported this system, as it institutionalizes the provision of day-care facilities, and these facilities will not become contingent on MC's presence. In one or two cases, the builders have taken on full ownership of these day-care centres, a trend MC

hopes to sustain.<sup>7</sup> There are three models of day care at the workplace, built along the principles of ECCD: crèches operated and managed fully by MC and financed partly by the builder; crèches where personnel management and financial responsibility rests fully with the builder, but the initial set-up, training and other inputs such as monitoring for quality are provided by MC; and crèches where the complete responsibility rests with the builder and MC takes on the role of consulting.

MC has a full-day six-days-a-week on-site programme for the children on construction sites belonging to the 0–12 age group, with non-formal education for those above 6 years. Nutrition, health and education are the key components of these centres, where the nutritional intake of children is monitored. Healthy, nutritional food is provided at the centres along with a holistic curriculum, which includes play activities, excursions to famous places, parks etc. It is important to note that children are divided into specific age groups and are fed and educated accordingly. This takes into account the specificities of child development at all age levels. Centre services typically include the following:

- Centres that remain open 6 days a week from 9 a.m. until 5 p.m. The helper is available beyond 5 p.m. and on Sundays;
- Centres that are supported by trained staff, who provide services of safety/security, food, medicine, immunization, taking weights of children, play and educational activities;
- Provision of three meals a day including breakfast (*suji* and milk), lunch (*khichdi* or *daliya*) and an afternoon/evening snack. Undernourished children are served a special diet of eggs and banana daily and additionally served a locally made ‘*mishran*’ Ready-to-eat Therapeutic Food (RUTF) at more frequent intervals if required;
- Cleanliness at the centre, and amongst the children, through change of clothing, bibs for eating etc.;
- Regular immunization and health services through doctor visits 3–4 times per month;
- Educational and play activities, especially activity-based child friendly methodologies that stimulate child cognitive development and learning.

The community is engaged in the issues of childcare through street theatre, folk songs and other performances. One of the unique features of on-site intervention is *Saathi Samuh*, a way to link the transient nature of the workplace and the strengthening of community ties. As construction workers move from site to site and state to state, it is difficult to sustain community bonds which are crucial for sustaining quality childcare. By creating leaders to advocate the issues of childcare within the community, MC is able to sustain the link and is able to reach the migrants in their own languages, beliefs, etc. Partnerships with the state for the operation of the crèches have also been explored in Haryana, with the Department of Labour, Department of Women and Child Development and the Department of Education. With the latter, under their Sarva Shiksha Abhiyan (SSA) programme, MC initiated a pioneering programme for 6–14 year-old out-of-school children at construction sites and brick kilns.

In urban slums, Mobile Creches have devised a ‘Multiple Strategies’ approach to the various facets of the problem. Their intervention in urban slums is along five lines:

- generating awareness to create an environment more conducive to early childhood care and development,

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<sup>7</sup>In 2010–2011, full-ownership of on-site crèches was taken up by Bestech and Shapoorji Pallonji (SP), Annual Report, p. 4.

- encouraging family-based intervention to ensure a change in childcare practices,
- providing community women with the training to operate community-based crèches and day-care centres,
- forging links between governmental and non-governmental actors and the migrants in order to address these issues more effectively,
- constituting women and youth groups to advocate these issues.

These are all geared towards creating a stake in childcare for as many people as possible. The centres are based on providing services similar to those at the construction sites mentioned above. The slums intervention is run by the community-based organization (CBO), members of which are trained by Mobile Creches. As in the construction sites where MC provides a facilitation role, the aim is to institutionalize the intervention and make it sustainable through the CBO. The objectives rest on the premise that the intervention will go through the following stages: community's understanding needs of young children, community's demanding services, community's role in ensuring quality for childcare services.

Community communication is integral to the work of Mobile Creches, as it is developed to ensure sustainability. The assessed needs at sites are addressed through various strategies and tools, through appropriate messages. These are monitored on a regular basis to assess impact. Enabling the Saathi Samuh, a group of local women, is an integral part of communication strategies. Mobile Creches uses innovative techniques like street plays and community theatres to spread awareness regarding ECCD. Similarly, one-to-one meetings, demonstration sessions, focussed group discussions (FGDs) are used to forge links with the families and ensure the development of a healthy and supportive childcare environment at home. The role of the community in the practice of care is intrinsic, and, thus, the formation of community groups consisting of women helps not only to create a conducive environment for intervention, but also to become advocates of rights among the migrants themselves. These community groups help reinforce the need for health, education, sanitation and care for the children of the workers. Mobile Creches has not excluded the state as an important actor in this scheme. Rather, it has strived to connect the state and the children by enforcing the reach of public services like ICDS (Integrated Child Development Services)<sup>8</sup> and immunization to the urban slums. Community-operated crèches and *balwadis* are an important step, as the community realizes its stake in providing childcare.

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<sup>8</sup>At present, only 25.7 per cent of children under the age of 3 are covered by ICDS and only 12 per cent have received any service.

## **EXPERIENCES OF USE AND IMPLEMENTATION**

### **Responding to felt needs**

The Mobile Creches intervention, at construction sites as also urban slums, responds directly to the critical felt need of childcare for working women. Working mothers in both sites need a 'safe space' for their children, and it is the provision of this that creates the demand for the centres run/supported by MC. For mothers who have children in the 0–3 ages, security is the prime focus; for older children, their educational needs play an equally critical role.

The MC centres provide multiple inputs, as described earlier. Of these, the food, nutrition, play, access to immunization, regular growth monitoring and mental stimulation and development are given far lower priority by mothers than the provision of custodial care in a secure and clean place where their children are looked after.

The centres are located close to the worksite, making it accessible for mothers to breastfeed; they are away from the construction activity to ensure safety; they include separate spaces for crèche, balwadi and non-formal education, in addition to a kitchen and toilet and play area.

The predominant focus of the centres is on children. The health and well-being of mothers and their role in the health and well-being of children receive a relatively lower priority, although this is not completely absent. The latter includes support to pregnant women in the form of health check-ups, supplementary diet where required, link with hospital for antenatal check-ups, postnatal support and counselling on child feeding. In the construction sites, the centre supervisor provides outreach services that generate discussion on gender-related issues. Mothers coming to the centres at times discuss problems such as alcoholism, domestic violence, friction etc., and the centre organizes periodic camps on such topics amongst the community.

Links are made with the primary health centre and school to connect families to health and education facilities. For the construction sites, distance poses a significant constraint, especially in the case of PHC and schools. Efforts are made by MC to negotiate support from the builder to address these.

The MC-run centres facilitate mothers meetings, as Saathi Samuh, which provide the space to discuss various issues of concern. These groups, apart from addressing the regular issues of home outreach regarding feeding, mobilization of children for the centres and admission to schools, also address community issues such as water problems, as in the case of the Badshahpur centre. In slum centres, links with local NGOs help address women's strategic issues beyond those relating to childcare. The New Seemapuri centre has facilitated links with NGOs to enable women to take up issues related with domestic conflict, husbands' remarrying, problems with mothers-in-law, financial concerns, etc.

### **Who uses the crèche and who does not**

Thus, it is no surprise that the users of MC centres are mothers who have no one else to 'keep an eye' on their children. Homes with a mother-in-law, or an older sibling, or anyone else who is seen to be able to play the role of caregiver see fewer takers for the centres. This is specially so in the urban slums, where extended families are common, unlike at construction sites. At construction sites, it is those mothers who did not go to work that invariably do not send their children to the crèche, even though they are encouraged by Mobile Creches staff to send their children for supplementary nutrition, weighing, immunization, education inputs, etc.

Trust often influences decisions to send children to centres, just as much as decisions to keep the child at home if the family has a caregiver. The Malda community labour, for instance, is not seen to view the MC centres favourably, as reported in the CHD developers site in Gurgaon. The short duration of their labour (they come typically for 50 days) is not amenable to building trust or adequate awareness of the centre and its value and, combined with language barriers, results in negligible usage of the centres by this community.

Use of crèche is also influenced by finances, as in urban slums. The pay for use strategy (see section on financing) becomes self-selecting, as the poorer households cannot afford to pay the Rs 150–200 per month charge for the centre. The availability of cheaper options, such as those found in New Seemapuri, through non-governmental organizations (NGOs) and the government determine who goes where. The Asha Deep Foundation School runs a crèche which charges Rs 30 per child, per month, for age 2 years and above; the Delhi Council for Child Welfare centre charges Rs 60 per month for children of 0–5 years; the nursery run by the government school nursery is free. To enable greater financial flexibility, another slum model in Seemapuri charges varying amounts based on the time spent by the child at the crèche.

Issues of cost, awareness, mobilization and trust combine to limit the participation from mothers who stay at home or have others to keep an eye on the children. The value of other inputs beyond security and safety, specially the early stimulation and cognitive development for children of 0–3 years, growth monitoring, immunization, etc., are not internalized enough and need to be emphasized much more amongst the community, for greater use of the centres, even when there are potential caretakers at home.

The number of children at the centres, therefore, varies. The crèche at Badshahpur currently has about 18 children under 3 years out of a total of 50 children but has seen up to 35 children in the past. At the Ansal API site, there are currently 14 children in the crèche out of 44 in total, although there were many more children in the past when there was more labour at the site; the centre then had a total of 150 children. The CHD site crèche includes more than 20 children at present out of a total of 60 children, and the New Seemapuri slum has about 40 children in the crèche out of a total of 100 children.

### **The dynamics of diversity**

The users come from diverse backgrounds for both construction sites and slums. Construction labour is a mix of groups from Bihar, Uttar Pradesh, Rajasthan, West Bengal, Madhya Pradesh and other states, who stay at construction sites for varying lengths of time. Some stay for as little as 50 days, while others may be at a site through its completion. Despite varying backgrounds in terms of geography, language, caste and religion, there is no significant evidence of conflict in use of the crèche facilities, nor any differentiation on the part of the

centre staff. This was not always so, however, and it is possible that this inclusion has been influenced by the values and ethos with which MC runs the centres. Experiences from the Avenue 71 (CHD) site in Gurgaon reveal the prejudices of the helpers before the MC intervention: the two helpers from Bengal and Bilaspur would clean children from only their own community. It was only after MC intervened that this situation changed. Previous experience of caste-based discrimination was also reported from MC-supported centres, where the community would not allow MC to provide food to lower-caste families. Reluctance of Muslim families to send their girls to the centres was another challenge. Considerable sensitization, and, where relevant, a flexibility in timings have changed this situation.

Considerable user diversity is found in slum centres as well. The New Seemapuri centre has a mixed user base with people from different regions, religious communities (a large number coming from among the Muslims) and economic strata (particularly those from the resettlement areas and from the JJ clusters). Professionally, the users include ragpickers, domestic helps, home-based informal workers, vegetable sellers, etc. Yet, within the centre, there is little evidence of these differences, and Hindu and Muslim festivals are celebrated with equal enthusiasm. While religious and caste divides are not visible, regional divides were significant. The absence of conflict over diversity is linked with the need for the centre. As noted by a local woman, 'there is no conflict from the community because the centre provides a practical needed support. We need the centre, so no one fights over diversity'. However, differences within the CBO are visible; the threat of eviction for the JJ settlements has been a constraint for their inclusion in the CBO.

### **Shifts in traditional thinking**

Construction labour from the village comes with traditional beliefs about food, immunization, etc. Bringing change in deeply embedded belief systems is not easy and has resulted in considerable conflict with respect to promotion/adoption of specific practices and systems. The centre at Badshahpur, for instance, encountered resistance from mothers over immunization when they did not understand the importance of it and found the child getting temporarily unwell upon immunization. Similarly, traditional understanding regarding food was often in contradiction with what was promoted by MC; mothers (in Badshahpur and CHD centres, for example) often had a preconceived notion that their children would become sick on eating the food provided by MC (even though this was never experienced). It was only after MC facilitated a dialogue between the old and new mothers that a changed thinking took root and began to be accepted.

## **MANAGEMENT AND ACCOUNTABILITY**

The MC model essentially depends for its functioning on a supervisor, centre in-charge, teachers and helper, across what are typically three groups of children – 0–3 years, 3–6 years and 6 years and above. The supervisor holds overall responsibility for the MC-run centres and provides guidance and oversight for multiple MC-supported centres. The centre in-charge is responsible for the operations at the centre. The teachers provide the actual direct input to the children, in the form of feeding, stimulation activities, play, etc., for the crèche, education and play for the balwadi, and for the non-formal education. The helper provides overall support of washing, cleaning, etc., as well as specific help to the crèche when more hands are needed. The helper also keeps children beyond the centre timings in the evening for parents who work overtime and who pick up their children later than the stipulated time of 5–5.30 p.m.

MC norms for staff to children ratio are typically in the range of 1 staff member for 10–12 children for the crèche. This, however, varies depending on the particular model: the norm is followed strictly within the MC-run centres, but varies in the other centres. The MC-facilitated centres typically have two teachers and one helper, though this depends on the builder, while the number of staff at the slum sites varies. Although the CBOs at the slum sites aim for the same norms as the MC-run centres, in actual practice, the tendency to increase the number of children per group is high in order to increase the financial collection. Considerable capacity building and sensitization is required by MC towards the CBO on the issue of observing norms and for instilling the message that service quality and CBO's reputation will be impacted if finances are prioritized over adult-child ratio.

The tasks of all staff are well defined and the MC-run centres have detailed protocols that are required to be followed and that are prominently displayed at the centre. These elaborate clearly defined milestones with respect to weight, nutrition requirements, immunization requirements, vitamins and supplement requirements, developmental milestones, etc. The centres, however, are visibly different in the manner and extent to which these protocols and milestones are displayed and followed. Milestone forms are filled every three months to record when the child sits, stands, walks, etc. Weight is monitored monthly, whereas height and other measurements are taken once in three months. The MC-run centres are well ahead of others in the clear and specific articulation of these, which are displayed on the walls; whereas in the MC-supported centres, in both construction sites and slums these are not well displayed.

The critical management input in all centres, MC-run and MC-supported construction sites and MC-supported slum centres, is provided by the supervisor, who plays multiple roles towards quality, accountability and problem solving. She oversees the centre's functioning and deals with any operational problem such as water problem, clogging of drains, sanitation, electricity concerns, etc., for which she reaches out to the builder for action. As most of these



are likely to require considerable follow-up and time investment, they cannot be handled by the teachers who are busy with the children. Beyond the centre, she plays key roles in outreach to the community: making household visits, mobilizing mothers to send their children to the centre, facilitating weighing and immunization for those children who do not come to the centre, organizing camps on relevant issues relating to children and/or mothers, addressing issues of public concern such as hygiene in the construction labour camps and facilitating links with the PHC. The supervisor thus plays an extremely critical role, ranging from practical input to guidance and motivation to the staff at the centres. She does, in effect, provide an ongoing learning and capacitating environment to the staff.

The supervisor from MC, in sites that are supported and not run by MC, remains a critical part of the intervention. It has been noted, as in the CHD site, that the absence of the supervisor can lead to various problems such as those relating to water and sanitation, which the centre staff are unable to address, as they are busy with the children. The builder is unwilling to pay the salary of a supervisor, and this absence creates a gap in regular supervision, which needs to be filled if the model has to be scaled up.

In slum centres, the supervisor's role extends to developing and guiding the CBO and outreach to the community, creating awareness through play/film, going door to door for baseline immunization and facilitating links with the anganwadi centre. Links with government agencies/programmes and NGOs are also facilitated through the supervisor. In the slums, there is considerable overlap between the roles of the supervisor and the Accredited Social Health Activist (ASHA) and anganwadi worker (AWW). The outreach roles of the ASHA as well as the AWW, though envisaged as being part of their responsibilities, are not effectively carried out for want of time and owing to overload of work. For instance, the ASHA is expected to reach 1,000 households, whereas the MC recommendation is 50–100 households. It is not surprising that the ASHA, overloaded in targets and underpaid (Rs 500 per month plus incentives), is not able to deliver as expected.

In the slums, it is the CBO, in fact, which has been envisaged to play the management and accountability role; but the supervisor guides and supports the CBO till such time as they are able to handle this independently. The CBO often emerges from an existing collective; in New Seemapuri, an earlier bhajan mandali evolved into a group that focused on issues, such as park maintenance, and finally felt the need to form a collective. Now, the CBO carries out regular monitoring of food, classroom processes, and deals with other problems as also conducting periodic meetings with local women from the community on issues of concern such as health, nutrition, education, hygiene. It is these forums that raise issues to be addressed. While the CBO includes some 50 members, of which about 15 are in official capacity, in actual practice, only four to five are active in the management and accountability role.

For the MC-run centres, the supervisor is responsible for two to three centres, and for the MC-supported centres, one supervisor is responsible for five centres. The builder can thus provide a supervisor only where there are four to five sites with centres. The staff and supervisor dynamics run smoothly, even when the employers of the two are different, as in the MC-supported construction sites, where the supervisor is an MC employee, but the centre staff are builder employees. Perhaps the provision of training to centre staff from MC creates a link that allows for this smooth functioning.

### **Training as a key input**

Human resources are the key to running the centres effectively, and, thus, training and capacity building of the staff and CBO members constitute the central pillar of effective management. Local women are identified to play the various roles; however, low levels of literacy and existing multiple responsibilities, within and outside the homes, constitute a significant challenge to identification and retention of appropriate women. Training mixed groups of literate, semi-literate and illiterate women presents its own set of challenges. Those that have studied till Class 10 or 12 look for better opportunities, primarily leaving those who have studied till Class 8 or 9 to involve themselves in these centres. Despite the stipend of about Rs 3,500, attrition levels are significant; typically between 30–40 per cent, but often as high as 50 per cent.

The training programme has been reduced from two years to nine months, as the initial programme was not conducive to retention. The programme begins with a continuous 12-day training session followed by 35 workshops spread over six months. These include

- sensitization to ECCD and attitude building;
- knowledge and principles of ECCD;
- skill development relating to (for the crèche) stimulation, holistic development of child, cognitive development, nutrition, health, hygiene, role for worker, community communication, etc, and other inputs.

The training is carried out locally by the MC training department and conducted over a nine-month period, which includes six months of workshops and three months of on-field internships at the day-care centres. The workshops typically entail 30 per cent of theory and 70 per cent of practical demonstrations. The initial training is succeeded by periodic in-service refresher courses, based on an annual training plan developed by MC. Training requirements in the form of refresher courses at the MC-facilitated centres are greater, partly because of the fewer staff members, who are not able to effectively handle the management requirement within the centres.

The initial training consisting of 35 workshops is followed by ongoing investments to sustain the motivation of workers on the ground and continuously build their capacities. Taking the form of regular meetings with supervisors and MC staff at headquarters, this entails consistent engagement aimed at stimulation and developing innovative methods. Consolidated meetings with supervisors and centre in-charge are held twice every month, whereas with all staff these are held once a month.

### **Financing requirements**

The centres at construction sites are financed jointly by MC and builders, while those at the slums are financed from funds generated from the community, with support from MC. The builders typically provide the space and building infrastructure in addition to some funds for operational costs. These vary according to builder and on the particular model of operation on which the crèches are based: whether it is a centre run entirely by MC or facilitated by MC. The slum centres are run by community contribution and a matching grants support from MC in addition to teaching-learning material. MC accesses the Rajiv Gandhi scheme for some slums with the objective of enabling the CBOs to eventually access the scheme on their own.

| S.No. | Item Head   | Details     | Amount         |
|-------|---|-------------|----------------|
| 1.    | <b>Health</b>   |             |                |
|       | Medicines/First Aid @ Rs 25 per child p.m.  | 25x50x12    | 15,000         |
|       | Doctor/Consultant @Rs 750 per visit-Thrice in a month                             | 750x3 x12   | 27,000         |
|       | Salary of in-charge @ Rs 9000/- p.m.  | 9000x1 x12  | 108,000        |
| 2.    | <b>Nutrition</b>  |             |                |
|       | Supplementary Nutrition, 3 meals @ Rs 10/day                                      | 10x50x26x12 | 156,000        |
|       | Crèche Worker @Rs 6500 p.m.   | 6500x1 x12  | 78,000         |
| 3.    | <b>Education</b>  |             |                |
|       | NFE Staff @Rs 8000/- p.m.   | 8000x1 x12  | 96,000         |
|       | Educational and Play material, teaching aids @ Rs50 p.m./child                    | 50x50 x12   | 30,000         |
|       | Balwadi worker @Rs 7000/- p.m   | 7000x12     | 84,000         |
| 4.    | <b>General Care</b> cleaning materials, towels, napkins etc. @ Rs 33/- child p.m. | 33x50x12    | 19,800         |
| 5.    | <b>Community Communication</b>  | 1000x1 x12  | 12,000         |
|       | Street Plays, community meetings etc.   |             |                |
| 6.    | <b>Excursion/outing with children</b>   | 6500x2      | 13,000         |
|       | (Expenses for taking approx. 50 children)   |             |                |
| 7.    | <b>Administration</b>   | 4000X1x12   | 48,000         |
|       | Monitoring and supervision @ Rs 4000 p.m.   |             |                |
|       | <b>Total</b>  |             | 686,800        |
|       | <b>Overheads @5%</b>  |             | 34,340         |
|       | <b>Grand Total – Annual</b>   |             | <b>721,140</b> |

|   |              |
|---|--------------|
| <b>Monthly Expense for 50 children</b>  | <b>60095</b> |
| <b>Cost Per Child Per Month Per Child - Rs 1202/-</b>   | <b>1202</b>  |
| <b>Cost Per Child Per Day – Rs 48/-</b>   | <b>48</b>    |
| <b>Note: Training expenses + community capacity building cost are not included under the Cost Per Child</b> |              |

*Note:* 1:10 child to worker ratio for under threes and 1:25 for 3–12 year olds.

Costs for the centre run by MC are approximately Rs 1,200 per child, per month; of this, approximately half constitutes operational costs and the other half is costs relating to personnel and administration. Operational costs include food, educational material, medicine and doctors' fees, general care for cleanliness, etc, and communication for community

awareness. The personnel costs include salaries for the teachers of the crèche, balwadi, non-formal education and the centre in-charge, and monitoring costs relating to supervisor salary. While these are the costs for the MC-run centres, builders typically provide Rs 500–600 per child, compromising the child-teacher ratio and the quality and quantity of food.

## **ACHIEVEMENTS, CHALLENGES AND OPPORTUNITIES**

### **Tangible shifts and achievements**

Slight shifts in understanding around childcare and development needs are now visible. Although the reason articulated for women sending their children to crèches continues to focus on security and safety, the broader understanding of child development is slowly gaining ground, especially amongst those who have used the centre for a longer period of time. There is a greater focus on the children per se, beyond the need for their security. An increased understanding of cleanliness is reflected in the better attention to cleanliness of children being brought to the centres now as compared with earlier, as noted in Badshahpur. Labour who has been exposed to centres for some time, ask contractors about the presence of a centre when they are shifted to a new site.

A few construction sites and slums had centres for childcare prior to MC's interventions. The scope and depth of these centres, however, increased substantially with MC interventions, as also the broader understanding of needs. The limited menu of biscuits was replaced with more wholesome food; closing time increased from 1p.m. until evening; one consolidated group of children was divided up by age and needs, and therefore different classrooms; and a limited focus on traditional classroom education expanded to activities, play, and other strategies aimed at overall development of the child as opposed to a mere transfer of information. These changes have resulted in a greater number of children accessing the centres now as compared with earlier.

The capacity and understanding of workers with respect to holistic childcare needs have perhaps witnessed amongst the most significant shifts. Workers at such centres, earlier, did not engage in play with the children, nor was there any concept of holistic development. Rather, they taught in a dry manner and left. The introduction of relevant teaching material, activity and issue-based teaching, a focus on nutrition (as distinct from food) and growth monitoring have all combined to create an atmosphere conducive to overall development of the child.

Tangible changes in development indicators have been the natural outcome of these shifts. Monitoring data for construction sites reveal that 67 per cent of the children who stayed for a minimum period of four months improved their nutritional status; 65 per cent of families overall were linked with PHCs and 91 per cent of children staying for a minimum of two months were age appropriately immunized. In MC-facilitated centres owned by builders, monitoring data reveal 85 per cent immunization coverage, largely owing to MC's efforts at facilitating linkages with the government systems and enabling communities to take advantage of these.

The impact of the centres on labour is no less significant. It is noted (as in Ansal API and Badshahpur in Gurgaon) that relations with labour have improved with the introduction of MC centres. Greater stability amongst the labour is attributed to the presence of a good centre.

Finally, contractor perspectives have shown a shift as well. While earlier contractors were found to be dismissive and insensitive to the needs of labour, there is now a greater appreciation of labour needs and willingness to invest in addressing at least some of these needs. The MC-supported/-facilitated model has gained ground, with 11 builders demonstrating ownership through the start of 21 centres since 2009.

In the urban slums, MC has addressed a critical gap. While several NGOs already work in slums, very few prioritize children below 3 years of age. Except for a couple of groups, the larger NGO community focuses on women's issues, health, HIV, school dropouts, etc. It is MC that has brought different agencies, both government and NGOs, together to converge on the needs of early childhood care through access to services and networking of NGOs. Mobile Creches has strengthened area-wise networks, brought the issue of ECCD to the agenda of other NGOs, in addition to other related issues.

In the slums, community mobilization and awareness have led to increased demand for childcare services, resulting in the opening of 80 anganwadi centres on demand. Additionally, 46 community-based crèches are currently reaching out to more than 1,000 children. Capacity development of CBO members has resulted in their monitoring the services around relevant indicators, and the selection of four CBO members to Forum for Crèches and Child Care Services (FORCES), as also active participation in the Right to Food movement.

### **Overcoming the challenges**

MC's journey has not been an easy one. It has travelled a long distance, but some aspects continue to be a challenge.

#### Human resources

Capacity development of the staff at different levels for effective and sustainable implementation has been and continues to be one of the prime challenges for such interventions. The programme starts often with semi-literate women with low capacity. A mixed group of local women, some literate and some illiterate, implies greater challenges in training, in terms of both time and strategy. Attrition rates are typically 30–40 per cent, which necessitates recruiting more number of people at the start than actually required.

Their capacity is required to be built on not only knowledge and information, but also, much more so, on the principles and values of early childhood care needs. Developing a nuanced understanding of early childhood care and development requires more than classroom training as in extending it to on-site practical training. Sustaining motivation and interest requires consistent input through the supervisors as well as key staff at the MC headquarters, who provide regular interaction, stimulation and new innovations. Ongoing input to keep staff engaged and motivated in a learning environment is the critical challenge that differentiates an MC-run centre from the others.

Prioritization of training is a constant challenge, particularly with builders, who see ECCD predominantly in terms of the provision of infrastructure and food. The lack of understanding of training needs implies a lack of appreciation for the investments required for building

capacity. In slums, where training is held at a common point, challenges of mobility constrain women from attending the training. The training implications in the context of upscaling show the need for appropriate trainers; it is unlikely that the AWW or equivalent would be able to develop and deliver effective training programmes, given their level of education and capacities.

Human resource challenges also present themselves in the form of security of employment, which in centres run by builders is particularly precarious. Since there is no security of employment upon completion of building, only those women who have no other options would be attracted to this.

### Funding

Providing financial investments for the centres and its related activities to the extent required remains another one of the key challenges for effective implementation of programmes and sustaining the centres. The cost for providing the range of services of the quality adopted for MC centres works out to approximately Rs 1,200 per child, per month. Most builders are willing to pay about Rs 500–Rs 600 per child; in some cases, the builder pays a consolidated amount irrespective of the number of children. This impacts the quality and quantity of food provided, the type of toys and activity tools and, most importantly, the number of staff at the centres. With reduced funds, the norm for the teacher to child ratio of 1:12 for the crèche becomes a challenge to maintain. In slums, the food, activities and staff strength are a function of payments generated at the site. Quite apart from the impact on services provided, the fee model also influences who, within the community, is able to use the services. Infrastructure is the starting point for the centre, and for the slums, an existing MC-owned building has become a prerequisite in a context where renting might prove to be prohibitively expensive. Thus, leveraging funds from existing government schemes and mandating builders to increase funds are a key requirement for consistent quality and sustainability.

Wages for staff is a significant concern directly linked with the ability to attract and retain appropriate staff/teachers. Earlier, it was a struggle to get women staff in the New Seemapuri centre on wages that were considerably low, but the increased wages now have eased that situation to some extent.

### Local governance

In slum centres, the development, strengthening and capacitating of strong CBOs who can manage centres independently constitute another challenge. Difficulty in identifying literate women who are able and willing to invest time in this is not always easy. The New Seemapuri centre began with a 100-member CBO (Mahila Pragati Samiti), but the number dropped to 60 when many women felt that there was no tangible return to their involvement. Their capacity development and skill building needs considerable investment, as the CBO members are required to play multiple roles such as managing the centre, outreach to and mobilization of community, and linking with NGOs and government agencies for any ad hoc solving of problems. The challenges of identifying educated women from within the community who are able to work with the centres have been addressed by focusing on youth groups now. Apart from identifying and retaining women members for the CBOs, the financial stability of the CBOs, too, remains a challenge, and efforts are on to find ways to link direct funds from the government to the CBOs. The teachers are currently paid Rs 3,000 or more per month, which is inadequate, making retention a challenge.

### Stakeholder participation

A low priority given to the young child in relation to other community issues remains a challenge, particularly to mobilize community members, especially in the slums. The existence of what are perceived as more critical issues, such as water, health and hygiene, take precedence over early childhood care issues. MC strategy to overcome this has rested on mobilization of the community on locally prioritized issues and connecting them to early childhood care issues. Further, the absence of identity for community members and lack of convergence of government schemes and programmes pose additional challenges for effective programming.

The mobility of the population in construction sites poses a particular challenge of continuity, as there is seldom guarantee of regular attendance. Even labour that works at a site for a relatively long time, say up to one year, is not continuously present at the site; they go back to the village periodically at specific times. This implies a break from the input at the centres, with rollbacks in nutritional levels. From the point of monitoring, MC requires at least 100 days of attendance at the centres to monitor changes.

### **Leveraging opportunities**

Regulation mandating the provision of centres at construction sites provides the impetus to build greater sensitivity amongst the builders. The Construction Workers Act stipulates that crèches must be provided by the builders at all construction sites having more than 50 labourers. While the regulation provided the basis, MC experience reveals that effective centres cannot be based on regulation alone. Regulation demands only one room and one trained worker, both inadequate, and does not stipulate any food requirements. It takes extensive sensitization to persuade builders to support the kind of centres that are needed and will be sustainable, beyond that mandated by regulation.

MC's experience has revealed an increasing appreciation from the builder on childcare needs and, accordingly, increasing support for the centres, which is in part influenced by the changes visible in labour who become less mobile. Sensitization of builders has also been visible in the form of allowing breaks to women for child feeding and less conflict overall with labour in addressing personal and community issues, as articulated in all centres.

A large part of the role played by MC centres overlaps with the role of the anganwadi centre, at least in the slum settlements. Yet, the outcomes from the two are vastly different. The differences in infrastructure, management and mandated activities could be instructive in informing any redesign of the AWCs. For one, the AWC functions for a shorter period of time than MC-run crèches, and therefore it does not address the full needs of the working mothers. While the need is for an 8-hour intervention, the AWC provides about 2–3 hours. Typically open until 1p.m., the AWCs cannot provide childcare that needs to be given till evening. The slum AWCs are small, cramped and poorly ventilated. Such infrastructure is hardly conducive to child development with little space for play and other activities. The absence of toys and other material for development restricts the ability of the AWC to address development needs. In effect, the AWC focuses primarily on food, weighing and immunization.

Partly in response to these issues and considerable advocacy from childcare organizations, the government, in the 12<sup>th</sup> Five Year Plan, has recommended the introduction of Anganwadi Centres with Crèches, as a response to working mothers' need for childcare. It is proposed that 70,000 anganwadi centres and crèches will run for 8–10 hours. The concerns around size

of AWC have been addressed by increasing the rent provided for the AWC and introduction of flexibility in rent according to city size.

## **ADVOCACY AND TRAINING**

The Mobile Creches intervention is not envisaged as a service delivery intervention that aims to address a gap in childcare needs across the country. On the contrary, it is seen as an intervention that brings visibility to a critical need of early childhood care, demonstrates the mechanisms through which this can be addressed and serves as the evidence base for the state to take it up at a national level. Mobile Creches believes that the provision of early childhood care is, and needs to be, the responsibility of the state within the paradigm of child rights.

Centred within this belief and vision, advocacy and broad-based training constitute a key part of the Mobile Creches intervention. It has been pushing the 'care' agenda through bringing visibility to the early childhood care element and the need for a trained caregiver focused on children's health, nutrition, safety and development. The neglect of care has led to undermining the role of the caregiver, and, accordingly, Mobile Creches has focused on both, through advocacy aimed at the state and partnerships with varied stakeholders, including trainee organizations.

Mobile Creches' advocacy agenda for early childhood care and development is aimed at communities, government and other development organizations.

In line with the negligible or diluted attention to childcare and development for children under 3 years in difficult circumstances and conditions, Mobile Creches has focused attention on this aspect in policy and legislation. Mobile Creches has played a key role in the early childhood care policy being developed, pushing for a rights-based approach that is integrated, comprehensive and inclusive. Within the rights framework, it advocates for free and universal services, keeping in mind children under difficult circumstances, that ensure survival, growth, protection and development. It is now beginning engagement with the process of an umbrella legislation in this regard.

The organization's work has demonstrated childcare needs in multiple situations, and, accordingly, it advocates for a policy commitment to address this need in multiple contexts, and not just through the anganwadi centre. It seeks the provision of multiple models of crèches to address the needs of women in different circumstances and contexts.

It advocates for structures that can play the enabling role played by Mobile Creches to ensure basic standards, human resources, infrastructure, finance and monitoring. The structures would ensure convergence of multiple services of health, nutrition, education through the various line ministries.

Most importantly, it advocates for the central role of the care provider and, accordingly, the need for recognition, dignity and respect through professionalizing care providers. Adequate remuneration, recognition of skills and capacities, a well-defined career path, empowering workers and providing an occupational status are all part of developing a pool of human resources that are as recognized as any other vocation. As part of this, it advocates for



accredited courses and institutions that can enable the development and recognition of care workers. It also stresses on the need for regular supervision and support to caregivers.

Mobile Creches' advocacy is focused around recognition of the multiple responsibilities of women, within which their childcare needs must be addressed. It demands that policy recognize the responsibility of the family, community and the state in addressing childcare needs.

Community advocacy is a key part of the organization's work, aimed at developing and strengthening the recognition of early childhood care and development needs. This enables the community to prioritize childcare, demand relevant services and monitor the quality of services.

Its training agenda pushed the childcare and development agenda within other organizations. It is based on recognizing that quality childcare requires quality human resources, not merely in terms of skills, but equally in terms of recognition, attitude and knowledge. Their grass-roots experience through multiple centres provides the foundational base for providing training input and knowledge to individuals, organizations and the state. Individuals trained by Mobile Creches are thus able to become entrepreneurs and start small crèches within their homes. Training to various organizations not only enables them to provide quality services, but also embeds early childhood care as a key requirement into the work of organizations focused on other issues such as health, education, livelihoods, etc. The training input has facilitated orientation and sensitization on issues of early childhood care amongst varied stakeholders. It has built perspectives within a socio-political context and catalysed the process of increasing demand for childcare services. Several organizations not directly focused on childcare have incorporated this agenda into their organizational mandate. Training support to the state has enabled the setting up of model anganwadi centres.

This wide-ranging advocacy agenda has been built on its experience and evidence through the centres, partnerships with various stakeholders, participation in movements such as Right to Food, membership to government and other committees, commissions and forums such as those set up for the 12<sup>th</sup> Five Year Plan, National Advisory Council, FORCES and others.

## **CONCLUSION**

The need for early childhood care and development is vast and exists in varied contexts, as demonstrated by the Mobile Creches interventions. Started as an intervention aimed at construction sites, the recognition of childcare needs amongst all migrants as well as static population of the poor, expanded the Mobile Creches intervention and brought visibility to childcare needs in contexts other than the construction site. Partnering with builders, where MC plays a facilitative role, is a reflection of MC's understanding of the need to institutionalize the intervention through builder ownership, specially as an expansion and scale-up strategy. Expansion to slums underlines the need for childcare input to low-income women in contexts other than construction. Whether women are engaged in paid work or not, their productive and domestic responsibilities (in the absence of expanded family or other support systems) necessitate external input for the holistic care and development of the young child. It is the demonstrations in multiple contexts that have contributed to bringing

visibility to women's needs with respect to childcare and development in different environments.

The Mobile Creches' intervention has succeeded in creating awareness and appreciation around ECCD. However, considerable distance remains to be travelled on the custodial care-development continuum. The primary felt need of mothers continues to revolve around the safety and security of their children; and for this reason, children are in large part sent to the centres when mothers or other caregivers are not available to take care of the children, rather than for a development-oriented input that is felt to be necessary for the early years. A need for ECCD, or even a recognition of its importance, beyond safety concerns, remains limited (although there has been movement in the appreciation for immunization) and much greater effort needs to be invested to enhance its recognition and mobilize a greater number of women to send their children for the multiple inputs provided at the centres.

This is reflected amongst the builders as well; a willingness to set up a centre does not as easily translate into the level of investment that is required to provide effective childcare inputs. Consequently, the input provided in the centres run by the builder and facilitated by MC varies, and it is difficult to ensure consistency of package. The number of teachers vary, and thereby the teacher-child ratio; the quality and quantity of food varies, and thereby the calorie input per child; the teaching and child development aids in the form of activity and play tools vary; as also the type of building. While it has been possible to make headway in persuading builders to provide a centre, it has not as yet been possible to get consistent commitments on the level of input recommended by MC.

This in no way undermines the progress that has indeed been made with both, the builders and mothers. Agreement from the builders to support the centres to the extent they do, beyond what is mandated through regulation, is a strong statement of the headway that has been made in bringing visibility to the need for childcare.

The centre/crèche model in slums is different from the model at construction sites in terms of sustainability and the scope of issues that can be taken up. The links with NGOs in the area allow a focus on strategic gender issues, in a manner that is perhaps less amenable to the construction site context. NGOs facilitate interventions around personal and public issues that go beyond childcare, such as domestic violence, family conflict, issues of empowerment, etc. To this extent, this model is more responsive to the needs of the community, owing to the involvement of the local community organization and a relatively more static, permanent population, as compared with the construction sites. This model also enables a greater synergy with government services such as the AWC, PHC and schools; a synergy that is more challenging in the case of construction sites owing to the distances at which each of these services are available. The demonstration of what constitutes an effective input, through the MC centres, provides useful learnings for advocacy relating to the services and infrastructure at the AWC and the workload and norms for the AWW and ASHA.

The involvement of a local CBO presents the potential for sustainability through complete management by the CBO envisaged in the long term. Even though the MC supervisor currently continues to play a critical role, the very rationale for CBO management rests on complete responsibility with the CBO at some point.

The effectiveness of the centres/services rests on two prime aspects: the capacity of human resources providing services, and the finances to run the centres. Human resource development and financial investments thus constitute amongst the most critical input.

Training is a consistent and critical input provided by MC to enable the workers at the centre to understand early childhood care and development in a nuanced manner. Training is not merely about a specific curriculum, but about the way a module is transacted. MC training is thus based on inculcating certain principles of childcare and development and on enabling the trainees to become creative thinkers and actors. It aims to give value and dignity to the local women staff and to enable the supervisors to play a mentoring and coaching role, rather than a policing one. This is not always a tangible input and the effort associated with it are not always recognized and appreciated. The role of capacitating human resources, not merely through transfer of technical knowledge and information, but through the adoption of values and principles related to early childhood care and development, becomes the key learning for others through the MC experience. Recognition and dignity for workers, ongoing and quality supervision, an environment that promotes motivation, creativity and adaptation constitute the foundational stones for successful interventions that may be taken up at scale.

Appreciation of the essence of what is required for effective childhood care and development has consequences for the investments required to run quality centres. These include not only the visible and tangible aspects, such as food and salaries of workers, but equally the investments in capacity development of staff, the nutrition in food, the type of infrastructure and the activity-based learning and stimulation for children. The financing required is consequently based on a thorough understanding of early childhood care needs, and what is currently committed by most builders does not reflect the depth of this understanding.

These aspects would be instructional for large government programmes such as the ICDS struggling for effectiveness owing to poor governance, lack of dignity and recognition for the workers of the anganwadi centres and an overall environment that is neither motivational nor conducive to creativity.