

Process and Outcome Documentation of ECD in Urban Disadvantaged Areas

Thiruvananthapuram
(Kerala)

by
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October 1997

Chennai

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Acknowledgements

I would like to express my deep gratitude to the following for their support, help and cooperation not only in completing this study, but in making it an enjoyable and exciting learning experience for me.

- Ms. Renu Khosla of National Institute of Urban Affairs for initiating the study, and UNICEF for financial support
- Mr. P.K. Gopinathan, Director, UPA Cell for smoothing the path and making impeccable arrangements to enable me to gather the data, as well as his time
- Mr. Girijan, M.Phil student at the Department of Economics, University of Kerala, for his understanding and assistance in collecting the data.
- All the officials of the Municipal Corporation of Trivandrum, who made all the arrangements and accompanied me for their kindness and support.
- All those who generously and patiently made themselves available to answer questions and share their knowledge and insights, and whose names will be found in Annexure 2, and
- The friends, unnamed and unconnected with the study, whose support was added strength.

The opinions expressed are all mine, and so are the errors and shortcomings.

MINA SWAMINATHAN

CONTENTS

	pp.
1. Introduction	1
2. The city and the background	4
3. The findings	7
4. ECD needs and coverage	34
5. Quality of services and linkages	40
6. Resources and Sustainability	46
7. Conclusions and Recommendations	52

List of Annexures

1. Programme Schedule
2. Persons Interviewed
3. Other tools
4. Demographic Indicators
5. Housing in TVM
6. Basic Amenities (TVM)
7. Types of Housing
8. Population -- TVM and Selected Wards
9. Map of TVM
10. Slums in TVM (Category wise)
11. Poverty Index
12. Components of ECD
13. The "missing" children
14. Highlights of Discussion held on 26.9.97 with Director (Social Welfare)

CHAPTER 1 : INTRODUCTION

1.1. Introduction

With the rapid and growing trend towards urbanisation combined with the explosion of population, the numbers of urban poor have been growing in both absolute and relative terms. It is expected that by the year 2,000 about 80 million people (about 40 % of the country's poor and more than a quarter of the urban population) will be counted as below or on the poverty line or living in illegal settlements. About 14 million of those people will be children below 6. The conglomeration of factors constituting urban poverty have severe consequences for the survival, growth, protection and development of the young child. Increasingly ECD efforts will have to focus on the urban sector. Yet it must be noted that barely 8 % of ICDS, the country's main ECD programme, serves the urban disadvantaged. Other municipal services and facilities and NGO programmes are rarely targeted specifically towards young children.

In this context, UBSP is a significant intervention. UBSP is an universal empowering strategy that focuses on the rights of the urban poor, especially women and children. Launched in 1985, UBSP has now spread to 280 towns and cities across India, with a preschool component (services for children aged 3-5) in many (about 90) of these towns/cities. The approach has been to involve local women, preferably mothers of the children, in implementing and monitoring the services, in order to maximise reach at lowest cost, but there has been no overall evaluation of the effectiveness of this strategy or its impact on the provision of services. It is in this context that the present study was planned.

1.2 Objectives

1. To document and identify the strengths and weaknesses of the different strategies which respond to the ECD needs of children in urban disadvantaged areas.
2. To critically analyse the various dimensions of these efforts, the extent to which goals have been achieved and the reasons for success/failure.

1.3 Issues

Some of the issues taken up for study include :

- perception of ECD needs by the various stakeholders
- extent of coverage of population by services
- nature and process of growth of child care services
- quality of services for children 0 - 6 years
- availability and utilisation of services for children below 3
- training of various categories of personnel
- infrastructure availability and utilisation
- interface with primary schools
- resource mobilisation
- sustainability
- community participation, 'ownership' and management
- linkages with other programmes and services (health, education, water, sanitation, housing, income-generation, women's development)
- differences and linkages (ICDS + UBS) and NGO if any
- links with municipal services in other sectors
- involvement of men at the family and community level

1.4 Methodology

The study has been carried out as an evaluative qualitative exercise. The methodology, tools, time frame, selection of sample and other details were evolved on the basis of a consultative meeting held in Delhi April 17 - 18, 1997.

The selection of cities for study was done by NIUA and UNICEF and the city assigned to the investigator was Trivandrum (Class I). The list of slums was obtained from the Municipal Corporation. It was found that in the city, there are thirty-eight slums, all authorised, some very recently. At present, there are no unauthorised slums in TVM

This list was then divided into three categories :

- those with both ICDS and UBSP programmes
- those with only UBSP programmes, and
- those with an NGO programme

With the help of random number tables, one slum from each category was selected.

1.5 Tools

Each of the three slums was intensively studied for one and a half to two days, using the tools mentioned below :

1. Observations by investigator
2. Schedules for recording observed data
3. In-depth interviews
4. Focus group discussions
5. Short meetings / discussions and anecdotes

In addition, secondary data was gathered from various sources, and brief meetings / focus group discussions and depth interviews were conducted with concerned officials and others related to the programme.

For detailed schedule, see Annexure 1. For list of persons met/interviewed see Annexure 2, and for other tools Annexure 3.

CHAPTER 2 THE CITY AND THE BACKGROUND

2.1 The location

Trivandrum, the capital city of Kerala, is situated on the extreme south-west of the State, on the coast of the Arabian Sea. Built on a cluster of seven hills, it is a green city, spread out over 74.93 sq. km., full of open spaces, winding roads, narrow lanes, coconut groves and paddy fields. There are very few multi-storeyed buildings, and lots of traditional architecture. In contrast to most major Indian cities, TVM still has a ruralised look.

2.2 Demographic details

The population of TVM (as of 1991) is 5,24,006, with an average density of 6003 per sq. km. TVM well represents the "urban-rural continuum" which is characteristic of Kerala, combining rural and urban characteristics and life-styles. The population 0 - 6 years of age is 64,113, (32,186 male and 30,927 female). It is estimated that there are about 30,000 families or 1.25 lakh persons below the poverty line in TVM.

A comparison of important demographic indicators such as birth rate, IMR, death rate, literacy (male and female) sex ratio, of TVM, Kerala and India, (Annexure 4) as well as of characteristics such as availability of housing, (Annexure 5) and basic amenities such as electricity, water and toilets (Annexure 6) show TVM in a very favourable light. For example, the proportion of people living in pucca, semi-pucca and kutcha houses State wide is 20 : 50 : 30 which is far better than what would be found in other major towns in India. (Annexure 7). This is also about the same proportion found in the three slums studied in depth in this study, thus indicating that the level of housing even in slums is far above average.

2.3 The Municipal Area

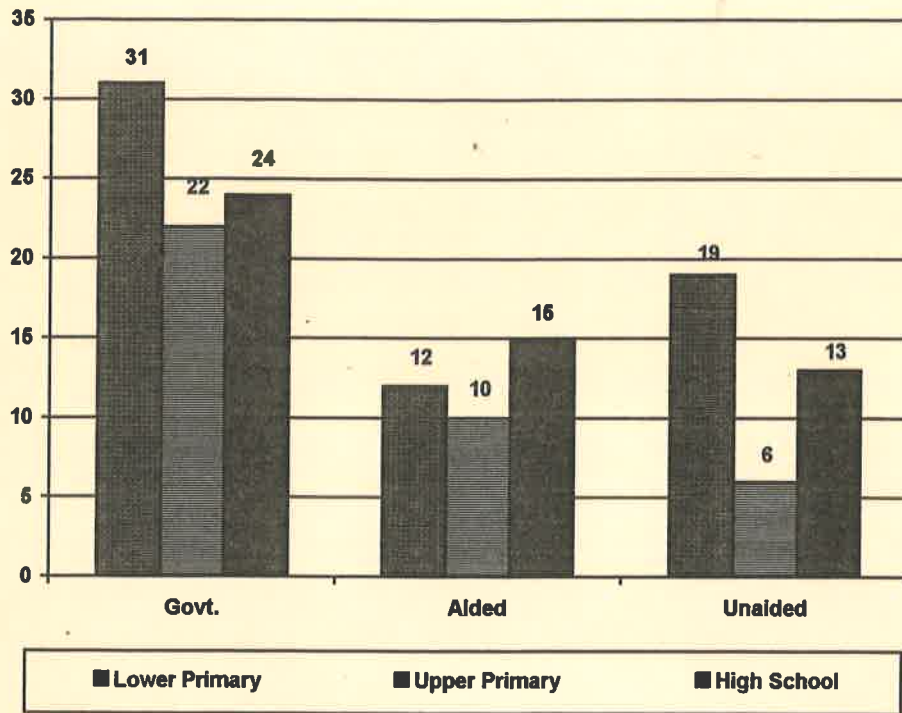
The city is divided into 50 wards, each with a population of between 10,000 and 15,000. (Annexures 8 and 9) Each ward elects a Councillor to the Corporation, which is headed by the Mayor with the Secretary as the chief executive officer. The activities of the Corporation include relief, welfare and development. In the area of education, except for 20 preprimary schools, the Corporation does not have any direct responsibility and in the area of health, is confined to preventive and promotional health, curative aspect being the responsibility of the State Government.

There are 38 slums in the city, all of them authorised or legal settlements, some very recently. The low number of slums is related to the pattern of population distribution -- in most areas of the city people of different income levels live side by side, and only those areas in which there is a concentration of low income families are referred to as slums. (Annexure 10)

2.4 Basic facilities

Health

No. of Government hospitals	25
No. of private hospitals	34
No. of doctors	983
No. of nurses	1282
ANMs (Corporation)	36
Deliveries (1996)	36640
Hospital beds (government)	3097

*Education***2. 5 No. of schools in various sectors (TVM. Corp.)**

CHAPTER 3 : THE FINDINGS

3.1 Community Development Society

The UBSP strategy is implemented entirely through the CDS in Kerala, and there is no separate programme or budget for UBSP outside the CDS pattern. It is hence worthwhile to give a brief glimpse of the status, achievements and prospects of CDS.

3.11 Structure and functioning

The Community Development Society was started in Alleppey in a small way in 1988. With its spectacular success, documented in detail elsewhere, it was decided to extend the movement and in 1992 it was extended to all the urban areas of Kerala.

In this approach, nine basic indicators are used to identify families in poverty (Annexure 11) Any family which has five or more indicators is classed as a family in poverty and the women in these families are formed into neighbourhood groups (NHGs) then grouped in ADS (Area Development Societies) and finally federated into a city-wide CDS. The ADS & CDS activities include provision of basic amenities / services to members, income-generation and vocational training for women, thrift and credit, awareness generation and other programmes determined by the members, keeping in mind their own needs and priorities and the availability of funds and schemes.

Each NHG is coordinated by a team of five, including two RCVs (resident community volunteers), a President, a Secretary and a Treasurer. The ADS in turn coordinate, guide and direct the NHGs in a ward. Decisions are taken by democratic process and the RCVs are responsible for two-way communication, from and to the members. There are 30 ADS and 720 NHGs in TVM.

All the functionaries are honorary workers. They get social prestige, respect, patronage, even some power, but no remuneration. The Chairperson of the CDS gets a modest honorarium, a seat in the Municipal Office and some conveyance allowance. The ADS Chairs have been asking for a conveyance allowance and this has recently been allowed. Keeping in mind the almost full-time nature of the duties of these office-bearers, it is difficult to see how they would find time for income-earning activities and sustain themselves in the absence of some kind of remuneration.

Professional support in the form of training, monitoring, and guidance is provided at three levels:

1. Formal training at all levels -- from RCVs, ADS and CDS office-bearers to COs and higher officials -- is offered by Loyola Extension Services
2. On-site supervision is provided by 13 COs (Community Organisers) who are regular staff of the Municipal Corporation assigned this task. Five are full time and eight part-time, that is, this is an additional responsibility for them. The part-timers are all women and JPHN, and hence can give less time to these duties. The level of rapport, trust and understanding between the COs and CDS members is remarkable.
3. On-site supervision in 4 wards has been given to NGOs -- two by LES and two by Friends of the Urban Poor, (FUP) an NGO specially set up for this purpose. .

Funding for CDS comes from State Government, Central Government and UNICEF. For TVM, it is presently 17 lakhs (40 % from the State Government and 60% from Central Government). Besides this, 2 % of the income of the Corporation is statutorily reserved for CDS.

Soon after the elections to the local bodies were held in 1994, considerable antagonism was expressed towards CDS and its role and autonomy questioned by the elected members and openly articulated by the Chamber of Municipal Chairs (including 3 Mayors and 54 Chairpersons). The resistance generated considerable debate. However, the State Government has thrown its weight squarely behind the CDS and has institutionalised the

structures, through statutes and amendments to the rules regarding urban local bodies, which make CDS a part of the municipal structure, reserve 2 % of municipal income for CDS, protect its decision-making powers, and set up procedures for resolving differences. Thus a working compromise and relationship has been established in the last two years, but it cannot be assumed that the struggle is over.

An evaluation of the 57 CDS in the 57 towns of Kerala showed that only 6 were working at a high level of effectiveness. TVM is not included in these six. It is now planned to extend the system to all the rural panchayats as well with district level CDS as the apex body.

3. 12 Achievements -- examples from the sites studied

Community Amenities / Events / Activities

1. In site I, a bus stand has been built at a cost of Rs. 12,000 collected by ADS with the help of -- NHGs. It was opened by the local Councillor.
2. In Site III, Rs. 16,000 (?) was collected with contributions from 16 NHGs for a community centre which was built by community contract, thus saving a considerable amount of expenditure.
3. In Karimadam, a notorious slum in the Central area (not included in the sample) the CDS has had outstanding success in fighting drugs, alcoholism and crime.
4. Celebration of events (like August 15, Onam etc.) include mass cleaning drives, baby shows, competitions and sports, cultural programmes etc. These are all organised by the women.

Child Care and ECE

Outstanding contribution towards childcare and ECE have been made in Sites 1 and 3. These are described in para 3.31 and para 3.33. Data is not currently available about how many such contributions have been made by CDS in TVM (or in Kerala). Obviously, the

women see the need and importance of these services and are willing to help improve them.

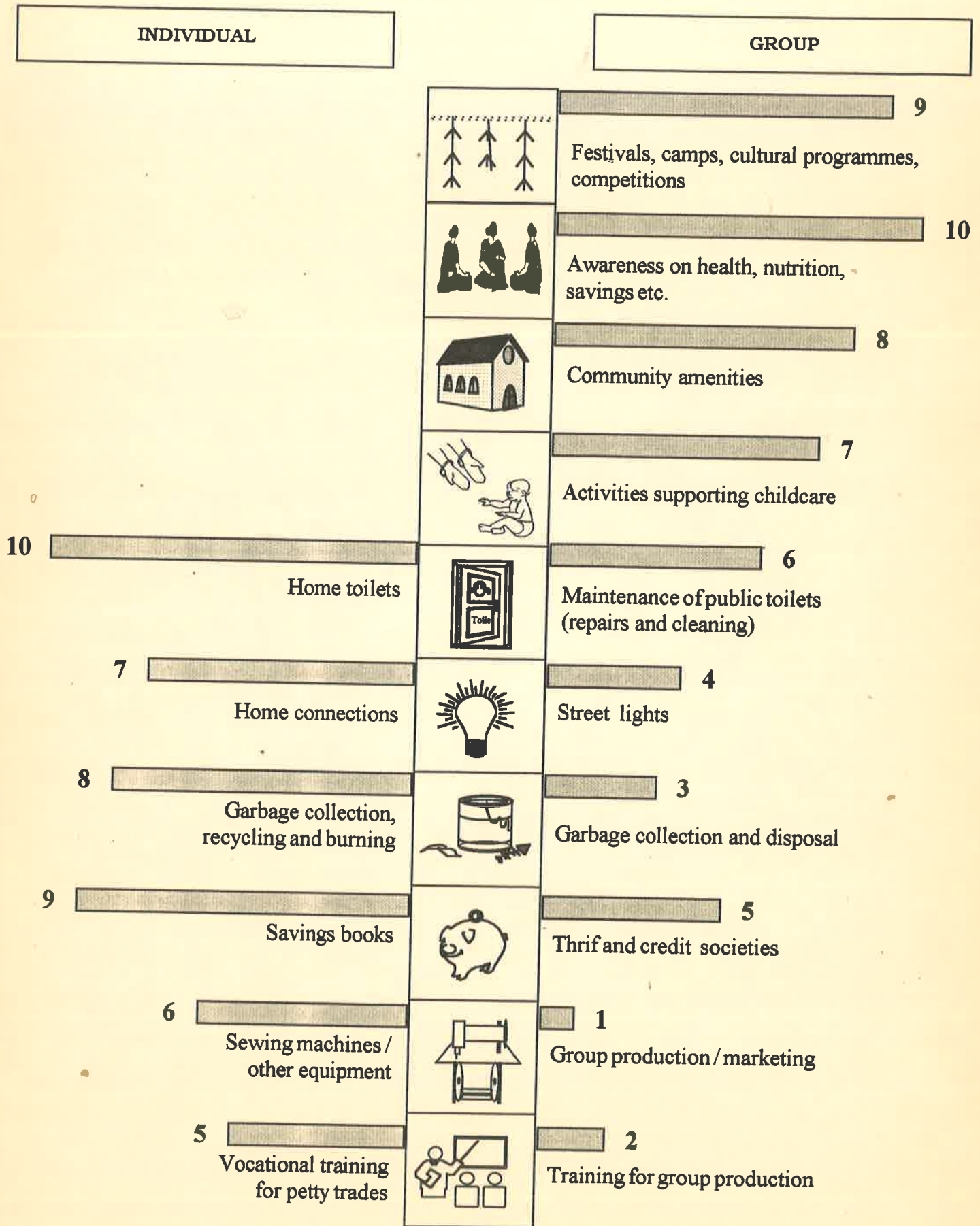
3. 13 Areas of Weakness -- examples from the sites studied

1. In site I, a number of women have been trained in both non-traditional trades (plumbing, wiring, auto-driving, computers) and traditional trades (sewing, embroidery) 12 sewing machines have been distributed. The rest of the women are frustrated because of lack of jobs and / or loans for self-employment
2. In Site III, women were trained in food processing and started a group production unit which had to be closed in 5 months because of low turnover and profits. Guidance and services were not available in the areas of marketing, credit, accounting, management and group process.
3. There are also examples of wide variation among groups. Strong and weak groups could be seen -- the strength related to factors like age and maturity of the group, collective experience of success and conflict management, quality of leadership, the extent and nature of guidance and support from officials and NGOs etc. One could also see where benevolent paternalism and gender-blindness has led to problems, as well as instances where there have been learning experiences.

3. 14 Success of CDS

The achievements are summarised in the matrix on next page

3.14 Successes of CDS



3. 15 *Some Statements About CDS*

FROM POSITIVE TO NEGATIVE (TOP TO BOTTOM)

Positive

1. Women have really become empowered. They are now able to speak up for themselves, are aware of their rights, know how to get things done, are autonomous, can organise themselves and express their needs. It is not only in the area of health, but in many other spheres. Women are now able to do things themselves and have self-confidence.
2. The greatest benefit has been in the improvement of the quality of life. The benefits are tremendous but intangible. Its in the growth of awareness -- about health, nutrition budgeting, home management, education, savings, credit. Its in self-confidence and skills -- being able to handle officials, men in the family, husbands, knowing how to go to banks, offices, police stations and what to do there. Its in awareness of rights.
3. There is tremendous awareness now about what makes for better health and how women can obtain those conditions and services for themselves which lead to a better life. When men see how much women have achieved, they are apprehensive.
4. The women have succeeded in several places in breaking the contractor - politician nexus, by taking up community contracts which not only gets things done cheaper but prevents the exploitation of the poor.
5. There are strong and deep linkages at the grassroots level -- with the municipal authorities, bank, hospitals, health and education facilities, child welfare programmes. CDS is the voice of the poor, of women, of poor women, and it represents their interests and concerns. This is really the "fourth" tier of governance.
6. CDS is in a good position now to take over and handle welfare programmes like child care, literacy, non-formal education and so on. The process of decentralised grass roots level planning now going on will help in articulation of women's needs.
7. CDS is an evolving people-oriented structure. If child care emerges as a people's need, they will respond, and get support. CDS is strong enough to take up any issue which is prioritised by the members, whether it be child care or income-generation

Neutral

8. Voluntarism among the poor is no doubt a very difficult goal to achieve. Yet in CDS it can be achieved because the term of office is only two years, and people are expected to offer their services free to the community only for that period. They will not get into the trap of being permanent "volunteers", as the ICDS workers are called.
9. There is a need now to involve men in some way at this stage and hereafter, to give permanence and strength to the movement. There is no direct hostility from men, but more active support is needed.
10. There is a threat from political parties who may attempt to take control of the CDS, and the conflict with the elected local bodies is not altogether over. It was met, confronted and resolved, but the problem will not go away. It has to be constantly faced, so that a working resolution is maintained.

Negative

11. We don't know anything about CDS or its role in child welfare, and we have no linkages with it.
12. CDS has not been involved in community-based programmes of the Education Dept., such as the drive against school drop-outs
13. The indicators show that health programmes and achievements in the health sector are unsatisfactory -- there is some improvement in awareness, in immunisation and the construction of toilets but little progress in the control of malaria, for example, or other diseases like cholera, which are coming back.
14. CDS is an attempt to build up a parallel structure of government which is trying to bypass and undermine the elected local government through which funds should be rightfully channelled. UBSP has diverged from its purpose.
15. There is no accountability and no transparency. Funds are coming in from all kinds of sources, national and international, but there is no transparency about it.

(Note : In evaluating these statements, it may be noted that there are more +ve than -ve statements. All are quotations, though the sources have not been named here. Some responses clearly reflect the views of specific interest groups.)

3.16 *Strengths and weaknesses of CDS*

(i the context of involvement in child -related programmes)

1. CDS has made its **maximum impact in health and sanitation** (especially in relation to the provision of toilets and drains) and the least in those related to **economic affairs** like employment, credit, loans for self-employment etc. It has also generated a high level of awareness on health-related issues and the provision of community amenities and services.
2. Further, CDS has had the **maximum success** in relation to **individual-oriented** programmes like individual thrift and savings accounts, provision of toilets and other facilities in houses and training/loans to individuals. The **least success** has been with **group efforts** at income-generation activities through production (which are more difficult and need back-up services like marketing, financing, accounting and management.)
3. In brief, the strengths have been in improving the **quality of life** of the poor, while efforts to improve their economic status are slower to come. Even in the first area, getting the garbage removed and provision of electric connection or maintenance of public toilets have become difficult areas, where more co-operation is required from the municipal authorities and communities. It is significant that as yet there is no plan at the larger level for separation of bio-degradable and other wastes (so that rag picking and sorting can become an income -earning activity) or for profitable disposal as manure of the compost pits dug for the pit latrines, or for profitable disposal as manure of vermi-compost etc. on a larger scale. These could all be profit-making activities for the Corporation as well as for individuals but there is no sign yet that such plans are being made.

4. It is also to be noted that in training and self - employment, focus has been more on traditional skills and activities like food processing and tailoring. The largest number of loans have been given for sewing machines, but there is no data about how many women are earning a reasonable livelihood as garment makers/tailors or whether it is being used merely to keep down household expenditure on tailoring.
5. Training in group process, conflict resolution, participatory planning etc. is a long and time-consuming process and it take time for the values to be internalised. Scaling up also has its own problems, which take time to solve. In the process of rapid expansion, directed from the top, there has been considerable dilution of the programme from what was originally conceived, and also wide variety of achievement and understanding levels in the various groups. Not all are at the same level, and the proportion of success stories is few. Solid organisational and educational work at this level has to be put in. Issues on which there is difference of opinion are also likely to arise in future, not only in relation to selection of individuals for benefits but also in relation to group programmes. Training in democratic processes and procedures for conflict resolution has to be constant, so also in skills for managing ever more complex programmes.
6. The role of the professionals in this area is noteworthy, especially of the COs of the Municipal Corporation. Though five out of thirteen are male and none are trained in social work, all are drawn from other disciplines / departments, and have a bureaucratic background, they are outstanding in their involvement, sincerity, hard work, understanding of the goals and support for women's empowerment.
7. The conflict with the elected urban Councillors over powers, duties and rights, and sharing of power and patronage, has been to a large extent neutralised but is by no means over. Here too it varies from place to place, depending on the relative strength and articulation of the two groups.

3.2 The Slum Sites

3.21 Site 1 -- Wireless Colony

This slum is in the coastal area, off the main highway leading to Shangumukham beach, tourist area and airport, and facing, on the other side of the highway, the runway and airport area, fenced off by a wall. The whole area along a long section of the highway, includes several colonies.

Wireless Colony proper includes about 264 families belonging to the poorer class, and a few more affluent people. The area is flat, the roads are quite broad but kutcha, slushy and muddy with kutcha drains. Some of the houses are regular middle-class bungalows. The rest are mostly huts, some are reed and mat huts, (60-70%) and the rest are semi-pucca, (20-30%) that is with half walls or some walls, and thatched roofs. Only a few houses in this part of the colony are pucca houses, and these are a few new ones near the highway.

All the houses have some compound space, and many or most have quite abundant space around the house, also some trees, plants, taps, wells, and even the odd vegetable patch. Though poor in standard, the houses are well spread out, with lots of space and privacy. The drains are clean, but open and kutcha. Water is not a problem. There are several public taps, about one to 30 families. Water flows all day long, and is accessible to all families. There were complaints that water is being misused and wasted, and only 10-20% have individual connections. There is street lighting, but hardly any families (10-20%) have individual electric connections.

Almost all, about 90%, of the families now have individual toilets, put up under the CDS scheme, and the few remaining are likely to get theirs within the next few months. There are no nearby health stations, or at least the people are not aware of them. They stated that they go to the General Hospital for all purposes. However, the ADS Chair said that there was a regular municipal dispensary nearby, open on all days and half a day on Sundays, but staffed only by a nurse, but that medicines were not regularly available there. But people did not use it.

There is an aw centre in the colony. In the adjacent colony, there is a Govt. primary school and several private nursery and primary schools. Only two children are not going to school, all the rest are in primary school. People are reported to be sending their children to one of the three private Christian schools in the locality, some at a cost of Rs.100 per month besides the additional expenses of uniform, lunch box, lunch, school bus etc.!

Babies seen in the colony were all healthy, clean and several were having oil baths. One new-born was visited; the mother was in poor health but the child was fine. This was her second birth after a short interval and the mother is very young (-- fisher community) There have been no infant or maternal deaths in the community in the recent past..

Most of the men work as coolies in construction, or loaders in the market, or as auto and cycle riksha drivers. The older women are engaged in domestic service, firewood or fish vending, vegetable vending, petty shops, garment making etc. About 10 women work in the pickle factory nearby. The younger women are unemployed/housewives. Though close to the beach, most people here do not belong to the fisher community, and have a mix of occupations.. Many are Tamil speaking and come from Kanyakumari district.

Church, market and other facilities are nearby. There were no complaints about the lack of medical facilities, which are said to be easily accessible. Poverty is concealed, shown by the large number of unemployed/dependants in each family, the low number of earners, the desire for jobs, etc. People are neatly dressed. No obvious signs of malnutrition among the children were seen, but food did not seem plentiful either.

The main problem was said to be irregular clearance of garbage, which is thrown in heaps on the side of the road, awaiting clearance. Since the plot opposite belongs to the airport, there is no possibility of expansion or of building garbage dumps or using that land in any way for the good of the colony.

Special Characteristics As a result of the CDS programme., almost all families have the one or two pit type of low-cost latrine. So far no problem has arisen with regard to disposal of the compost from the pit when it gets filled up. People are using it to fertilise

their own backyards. The question of looking for financially rewarding ways of disposing of this compost has not yet occurred, nor been taken up by the Corporation.

3. 22 *Site II -- Tope*

Tope is an area in the centre of the town, in the midst of a very busy commercial district, very close to the Railway Station and the main bus stand. It exists in the small lanes and alleys in a square bounded by (and hence hidden from public view by) large buildings housing commercial offices, banks, printing presses, newspaper offices, auto works and other enterprises. Entering through narrow lanes, one comes to several clusters of tightly squeezed houses. This is one of the older slums in the town, and most of the residents have been living here for several generations.

For purposes of this study, about 115 families (houses ?) living in three clusters and with members in three NHGs were identified as the focus of attention

Cluster I, of about 10 - 15 houses, is found in a large low-lying open space, bounded by a shallow ditch (or Bund) on one side. The houses here are semi-pucca or kutcha, and because they are low-lying, subject to heavy flooding. The main need is drainage, linked with lack of toilets. Most of the houses have electric connection, and a few have toilets, but there is no access to the drain. Access would require going through a plot which is privately owned. Water is supplied through taps. There is space around the houses for chickens, plants, coconut trees, grinding stones, washing etc.

Clusters 2 and 3, of about 40 - 50 families each, are very similar to each other -- the typical "old-city" type of housing, with small lanes leading off other lanes, all tightly packed. There are generally four to five houses in each compound, and several families, two or three, in each house. Most of the houses are pucca, or semi-pucca, (about 90 %), with two or three small rooms, a front verandah and back courtyard in the traditional or rural style, while a few are like "chawls" leading off a common courtyard. Most of the houses have been there for a long time, with improvements being made from time to time. Many have tiled roofs, though thatched roofs are also common. All of them have accessible taps, about one to every five - six houses. The lanes are narrow but paved and

so are the drains which are open. Water is plentiful. About half of the houses have some sort of toilet, linked to the drainage system. There are no public toilets in the area. Most of the houses have electric connection, and there is much less open space available than in the other slums.

The slum was almost empty during the morning hours (11.00 a.m. to 1.30 p.m.) though it was stated that many men came home for lunch. Most of the women work as domestic servants in the locality, some in two or more houses. In some families, more than one woman or several, are going out for domestic work. There are also a number of educated young girls, adolescents and young marrieds, ranging from high school to post-graduate, who are unemployed, and are unable to find suitable work. Men were said to be mostly employed as daily wage labourers, self-employed etc. in the market and commercial district nearby.

Hardly any children were seen. All children of school-going age are going to school -- there are accessible Government schools nearby, as well as the Government Model School, in which some children were studying. There were said to be 63 children in the age-group 0 - 5 years (as noted in a survey conducted by the ADS). Small babies were also not seen (?) nor any preschoolers. Most of the preschool children are being sent to local private LKG / UKG type schools, which cost around Rs. 100 per month, besides lunch and payment to the ayah to take care of them. These are considered as day-care services, and several of the women doing domestic work are using them as such. No other alternative is conceived of, as there is no Municipal nursery or AW centre in the locality. One woman said she sent her child to the government primary school, but this exists only in the Government Model School (?? Check)

Medical facilities are easily available, and most people use the Thycaud Government Hospital. There were no complaints about accessibility or difficulty in utilising services. It was stated that all deliveries took place in the hospital, which also provided ante-natal and post-natal services. (There was no mention of maternal or infant deaths in the recent past?? Immunisation was also said to be satisfactory. On these two points, direct questions were not asked)

There are no services for infants or preschoolers beyond this --- no growth monitoring, nutrition or day-care for the 0 - 2 years (besides the health care in the hospital when needed) and no services (growth monitoring, nutrition or day-care) in the Government sector for the 3 - 6 years group, who depend only on the private schools. When asked, a need was expressed for an anganwadi.

There are three NHGs in this area (Thampanoor Ward) and together with 18 in the next ward (Sectt.) form an ADS of 21 NHGs. The ADS is relatively new, formally started about two years ago, but only functional for the last four or five months. There was no direct discussion about alcoholism or any problems created by men, and the men were said to be supportive. In two cases, a loan for self-employment has been taken by the woman, but is being run as a family enterprise by the couple -- one is a provision store and the other is a bakery. Both the women are well educated, one is MA, and the other a graduate.

Note : On this site, as there was no child care facility, and no common meeting place, only one meeting was held, in the open in Cluster I. It was attended by the ADS Chair and Vice-Chair, five RCVs, and a scattering of other women (15 - 20) wandering in and out, and mostly from Cluster I. There were no MYC in the group, and no children / babies.

3.23 Site III -- Barton Hill

Barton Hill is on the slope of a hill, running from the top of the hill down one side, up to the Bund. It is in one of the older upper-class areas of the town, with the Law College and other big institutions at the base of the hill. A winding road leads up to the top of the hill, where the nursery school/MCH is situated.

There are about 280 houses in this slum, sheltering roughly 400 families. This is an old and well-settled colony, and there is little very little in or out migration from it now.

Almost all the houses are spacious., with two or three rooms, and most are pucca (20%) or semi-pucca, (60%) as this is an old and well-settled slum. There are only a few kutcha

houses. The houses all have some space around them, and all are single storey. Every house has space for a few plants, a coconut tree or two, some other trees, pots, creepers etc. in the courtyard; some have a well and in a few there are animals like poultry, and dogs. There is enough space in the courtyards to pile firewood, coconuts, hang washing etc. There are said to be 2-5 families per house.

There are six public toilets in the slum, each with six seats. One has been in a bad state of disrepair for some time, since the location is such that no pipes can be laid leading to the main sewage. The rest are also in a poor state of maintenance, without doors or roofs and with broken toilet pans, but are usable and are being used. Only about 20 families here have got individual toilets constructed. Water is easily available, there is a tap every few yards for about 10-12 houses and a tap near each of the toilets. Many of the houses have now gone in for individual toilets under the new scheme. There is no water problem -- flow throughout the day and pressure is good.

The lanes are broad, paved and neatly swept, with no garbage on the ground. The garbage is all swept and neatly piled up at corners in bundles. The drains are paved-open, but clean, with no problem of flow. The problem is only with disposal of waste and garbage, since the clearance is not regular, and there is no place besides the lanes to store it. There are street lights and more than half of the houses have separate electricity connections. Plenty of houses have TVs. Garbage is collected and burnt at corners.

Most of the men work as coolies in the market nearby or in other industries as daily wage earners, or as auto drivers. Many come home for lunch. The women work as domestic workers, or in petty trade, fish vending, stalls in the market, garment making, bamboo making etc. The younger women, mothers of small children, are mainly unemployed and/or housewives.

All the children in the area go to primary school - some to the Govt. school, others to private schools. There were no children to be seen in the slum in the morning. Similarly, the preschoolers go either to the nursery school or to local private schools. The few babies in sight were chubby, cheerful and active, Several were bring given oil baths in the course of the morning. Women were found in the area, and also teenage girls. All the three major

communities live here. No obvious shrines were noticed belonging to any community; relations between all communities were said to be very amicable. All important facilities are available. The MCH and nursery school is on the top of the hill, and next to it is the Govt. primary and middle school and a large church. There are lots of private nursery and primary schools in the vicinity, and several large hospitals within striking distance. Public transport is said to be adequate to avail of medical facilities adequately..

The main problem was said to be waste disposal and the poor state of the toilets, especially the one that it is not possible to repair. There are no flies, mosquitoes, bad smells etc. or at any rate no more than in the rest of TVM The whole area looks like a stable middle-class but low-income area. Poverty is concealed, being indicated mostly by the large proportion of dependants, especially women, in the family, and the tendency for only one main earner in each family..

Special characteristics: Vermi-compost has been taken up by 10 households and is now spreading to other houses. The women maintain a large wooden or cardboard crate in the kitchen which is used for the vermi-composting. At the moment, there is no problem in disposing of the vermi-compost. Either it is used in their own backyards for coconut trees or other plants, or is quickly disposed of in the market nearby. The potential for income-earning has not yet been explored.

There is no separation of bio and other wastes and no rag picking. A sample bio-gas plant has been started in one house as a group effort, with the help of an NGO. It has been put up as an experimental plant by the agency at a cost of about Rs.13,000. All the neighbours contribute their waste, and the woman on whose land it has been built gets the use of the gas. The nursery school and the playground are being equipped by the ADS. There are 16 NHGs here, out of about 30 in this ADS.

Query: what is a slum ? Is this a slum ? Why ?

3. 24 Site IV Bund Colony

Farther down the hill from Barton Colony, at the foot of the hill and along the Bund is the Bund Colony. There are two (till recently) unauthorised colonies, one on either side of the Bund, each in a different ward.

On this side, there were 115 houses (families?) with houses along the Bund on a narrow stretch, just facing the Bund, which was at this season, not full. Sluggish, green, dirty water was seen, and the situation when full can be imagined. The houses are also pucca, semi--pucca and kutcha, mostly in the former two categories mostly one or two room houses, but many have well-tended plants in pots in courtyards, decorated walls, tiled roofs, etc. and have obviously been there for some time. The colony was recently legalised.

Since it was, till recently, an unauthorised colony, there are no civic amenities -- that is, no roads, drains, street lights, toilets etc. but public taps are available. Since the colony has been recently authorised, there are plans to provide all these, one by one, in due course. However, municipal services are available-- medical facilities, ration cards, hospitals, schools, MHC, etc.

As usual, no school age children were seen in the slum, and only five preschoolers, of whom four are enrolled in some private school. Only one was around. The babies seen were all chubby, healthy, clean and lively.

As in Barton Hill, the young women (young mothers) were unemployed or housewives and there were a large number of women in that group. The older women mostly work in the market.

In several houses, TV sets were seen-- since there is no electric supply, these are being run on car batteries!

3.3 Early Childhood Education

3.31 Site I -- ICDS awc

This is awc No. 84 in ICDS Shangumukham Block Veli Area, serving a cluster of 264 families in Wireless Colony.

Teacher -- Cicily Helper -- Vasanta Children on roll : 27

Attendance on days of observation (August 12 and 13) 25 and 21

Infrastructure : The most outstanding fact about this awc is the new building constructed by and with the financial support of the ADS at a cost of Rs. 65,000 and inaugurated in December 1996. Before that, the awc was occupying a small rented hut in the colony.

The building is in a long and narrow plot which belonged to a local club (Society) and had to be fought for by the ADS to get for the purpose of construction of the anganwadi (The land still belongs to them). There is one main room, with a tiny *thinmai* in front and small dark kitchen and store at the back. There are two stoves for cooking, a water filter, and several large new vessels. (also donated by ADS) There is a small open space in front, not large enough and too sunny for most of the day for any games, but sufficient to give a sense of space and some scope for moving about. There is a tiny toilet at the end of this space. However, due to lack of water nearby, children actually use the space outside rather than the toilet itself. Water has to be fetched from the nearby tap for cooking, cleaning and drinking. Water is boiled and filtered for drinking. The ADS has also provided the mats and pillows for the children's afternoon nap.

Of the cost of Rs. 65,000, Govt. provided 25,000 and an additional 13,000 for the compound wall. (a balance of 7,000 is yet to be recovered). A donation of 5,000 was obtained from the Titanium Co., 2,000 from the CDS and 2000 from the ADS. The remaining 17,000 has been taken as a loan by the aw teacher (The mechanism of this and of how it is to be repaid was not quite clear).

Equipment : Besides the kitchen equipment, and vessels for storage of food materials, plates and cups for the feeding programme, there is not much else. There were two cycles and two horses (unused) the few charts as usual fixed far above the children's eye level, a handful of old cardboard models and toys made by the teacher and gathering dust, and some slates and chalk. There also a few benches which are used for various purposes. There was not much sign of low-cost no-cost materials or evidence of their being used for activities. There are no environmental hazards -- the space is secure by all standards, and the level of hygiene was good. Garbage is regularly burnt in the open space. The children were found to be well-behaved, clean and orderly, dressed in a variety of clothes.

Activities : During the two hours of observation (about one hour each day) the usual equipment-free activities were observed -- mostly songs, stories, games, conversation, quiz programme, counting rhymes and games etc. In addition the teacher allowed free drawing on the floor with chalk and scribbling on slates, as well as a short blackboard lesson on recognition of letters. A special quiz programme was conducted for August 15, and children were given prizes.

Nutrition programme consists of a midday meal (inadequate in both quantity and quality because of high prices of vegetables, oil, fuel, poor quality of rice etc.) and a supplementary snack (usually upma) which is distributed in the afternoon and carried home by the children. There were lots of complaints about the decline in both quantity and quality of the food. Special "payasam" was also prepared on this day.

Teacher : She has been in service for sixteen or seventeen years, has taken the regular AWW training, and several refresher trainings. She has been in this centre for the past several years (How many ??) and lives not too far from the centre, but has to travel by bus. She is very warm, friendly, affectionate and her excellent relationship with the children, mothers, helper and supervisor, who was present throughout the two days, and ADS members was evident. She organised the mothers' sports day on the afternoon of the second day, following the quiz programme for the children, as part of August 15 celebrations and the mothers' meeting. She seemed to be on very free and happy terms with the community. Within the limitations, she is able to organise a lively and interesting

programme for the children. She told several anecdotes about the good performance by children from the awc in the primary school, even up to Class III, how they taught some songs to the primary school teacher, earned a good image for her (the aww) and how the awc children were generally appreciated by the primary school teachers for their smart and lively behaviour, eagerness to learn and quick replies

Children's attendance : of the 139 children 0 - 6 in the community, 56 are in the 0 - 3 age-group and 83 in the 3 - 6 age group. But only 27 are enrolled in the awc. Where are the missing ones ? A few were said to be in the Church balwadi, and the rest at home, since few can afford to go to private schools which are also more than walking distance away, but hardly any children in this age-group were seen in the slum. Where are the missing ones ? It is clear that attendance has improved remarkably after the building came up and the awc was equipped and improved by the efforts of the ADS, representing the community.

Children's health status : Of the 139 children, 77 were normal, 51 Grade I, nine Grade II and 2 N. A. Immunisation has been completed for all. There have been no maternal deaths in the last few years and only one infant death in the community in the last year.

Parents : Contributions in terms of cash, materials, food etc. are nil, but they do occasionally volunteer time to help out, for example, when the teacher has to go to the office or take leave. (This was not explained very clearly). There were also complaints that far from helping, they had to be paid for jobs like fetching firewood or supplies and other such odd jobs, and do not even contribute at festival time. They do however drop in, pay visits, exchange friendly conversation, monitor their children's progress, and seek advice from the aww.

Overall : This can be described as an awc at the upper end of the scale, scoring high on indicators like infrastructure, community support, teacher attitude, parent-teacher relationship, health and nutrition status of children etc. Weaknesses are systemic, like teacher / child ratio, lack of materials and space to conduct activities, heavy load of non-teaching activities, lack of guidance and support for preschool education, poor wages and working conditions, etc. which are beyond the control of the teacher. The most

outstanding feature (a tribute to the teacher as well as to the linkages established with the ADS) is the responsibility undertaken by the community to raise funds, build, supervise and equip the centre as well as to continue the process of monitoring and support. Though most of the young mothers have not played a significant role in this, at some level the ADS has understood and articulated the need for day-care and preschool and realised that this is the only available option for this poor community.

3.32 Site II -- None

3.33 Site II -- Barton Hill Municipal Nursery School

Teacher : Petronilla

Helper :

Numer on roll : 25

Number present on days of observation (August 19 and 20) 17 and 12

This is one of the 20 preprimary schools run by the Municipal Corporation, and serves a slum community of nearly 400 families, of whom 280 are classified as "poor" by the CDS criteria.

Infrastructure : The school is in a large comfortable building at the top of the hill with a very large compound, at present mostly waste land. There is a large classroom, with a long and airy enclosed verandah at the front and an equally long verandah at the back, a small room in front for the MCH clinic, another side room, and a spacious kitchen, with utility area. The building is well-ventilated and protected from rain, and is spacious, airy and pleasant. There is more than adequate space, indoors and outdoors, though not much shade outside. Water is available in the taps. There is a toilet in the building, but since the drainage system is not correctly laid out, it is not in use. The children use the open space. The JPHN has her office in the same building, and conducts in-house clinic on Wednesdays, using the other days for home visits and record keeping. Doctor's clinic is once a month. This area is exceptionally safe and pleasant with potential for playground as well as kitchen garden.

Equipment : The nursery school section contains about 40 sets of small tables and chairs, besides benches on which the children sleep. There are blackboards fitted up at the child's eye level, but hardly any charts, toys, educational aids or teaching materials. A few broken rockers were seen. Storage equipment is adequate, and hygiene is good.

The most outstanding feature here is the role played by the ADS in rehabilitating the centre, which was in a bad state of disuse, because of a prolonged state of having no regular teacher, with no equipment or materials or regular nutrition programme, and nothing to attract either children or mothers. The ADS however realised the potential and decided to restore the centre. They have raised Rs. 5600 for play equipment, some of which (slide, seesaw and swing) has already been bought and stored in the building but not yet installed. They have also provided uniforms for 20 children and bought kitchen equipment, mats etc. all of which is expected to improve the attendance which had gone down to four or five children. Most important, they have started working on the kitchen garden on one side of the ground, which is already yielding vegetables for the nutrition programme, and are levelling the other side to make it into a playground for the children of the community. They have also pressurised the Corporation into appointing a teacher and restoring the supply of bread and milk for the morning snack.

Children : the children were neat and clean, lively and interested and talked freely with the visitor, with no shyness or embarrassment.

Teacher : The teacher has a Balsevika training from the Kerala Council for Child Welfare, and about ten years of service. She was working in a different school and has recently been transferred here (less than two months ago). She is pleasant in manner, but a little distant and obviously considers herself superior to the community. She is on a regular teacher grade, and earns about Rs. 5000/- per month, nearly ten times the wage of an aww! She has not yet built up a relationship with the children, parents or community. She showed no signs of warmth or affection, or allowed any physical contact with the children, confining herself to oral instruction and the traditional concept of group discipline, though not unkind. She has made no attempt to make any materials or ask for any help from the community in this regard.

Activities : The morning programme of one hour included morning prayer, free conversation on cleanliness and good habits (with the children seated on chairs) counting in English, some counting games, a short period of unorganised physical play outdoors, some free roaming around, songs and games, all without the assistance of any kind of teaching aid or equipment. There were two younger siblings (aged between one and two years of age) in the group of children. .

Nutrition : The bread and milk supply from the Corporation appears to have broken down, perhaps temporarily. The children either drank milk or tea, if they had breakfasted at home, or ate the breakfast they had brought with them. Lunch is brought in by mothers, or carried in tiffin boxes ; some children go home with their mothers. ADS plans to supply kanji for the children and feels this will be an attraction to improve attendance.

Health : Regular check up and treatment for minor ailments and screening is done by the JPHN. Mothers regularly come in with the smaller babies. The JPHN is new and so has not yet established rapport with the community, but records showed that immunisation levels were good. There have been no maternal deaths recorded, and only one case of infant death (a stillborn child) in the last three years. Growth monitoring is not regular and records were not available.

Parents : Relationships with parents are yet to be developed. The mothers, when asked, stated their willingness to pay a fee, but no contributions have been made so far. The collaboration has been with the ADS as such, and not with the mothers' group.

Attendance : The attendance at the nursery school is very low, and that too very recent. Till lately, only a handful of four or five children were attending. There were very few children of preschool age to be seen in the slum. It was stated that many children go to any one of the number of private nursery schools in the area, some paying fees of as high as Rs. 100. This was considered quite normal by the informants.

3.34 Site IV -- Secretariat Nursery School

There is no preschool centre (either awc or Municipal or Government preprimary class) serving the Tope community but in the MCH centre which is in Secretariat ward, the JPHN (who also serves the Tope community) has an ayah to assist her, and a teacher to run the day-care. The doctor visits once a month, and the rest she handles. The day-care facility is one of the 20 nursery centres run by the Municipal Corporation. The MC does not have an Education Officer, since all educational programmes are run by the State Government. So the nursery is under the Health Officer.

There is plenty of accommodation, one large room for the nursery class, another large one for the children to have their afternoon rest, also a toilet, tap and other facilities. The classroom has the usual small tables and chairs and a few ancient charts, but no other play equipment, toys, teaching aids or material. The other room was equally empty, but mats are available for the children to sleep.

About 30 children are said to be attending -- the mothers are mostly in domestic work and leave the children there from 9.00 a.m. to 3.30 or so. The age-group was said to be 3 - 5 years. Only five children were seen at lunch time, the other children had been taken home for lunch by the mothers. They were eating, by themselves, food which had been provided by the parents. After that, they were made to rest. Bread and milk is provided in the morning by the MC, but most of the children have tiffin at home or bring it with them. The children were not being helped in any way by the teacher, and looked dirty and unkempt.

The teacher has a training from the Government Preprimary Training Centre at Cotton Hill, and is being paid the full salary. However, she has only a temporary appointment, for six months. There is no aw centre in the area. There does not seem to be any kind of supervision of the teacher or attention to her needs or problems. The teacher seemed quite indifferent to her duties.

3.4 Mothers' KAP about ECD

The following is based on Focus Group Discussions with two groups of young mothers (mostly those with children in the child care centre) in Sites I and III. In each case there were about 20-22 mothers present, with some people coming in and going out, making a total of between 45 and 50 mothers altogether. Most of them were in the age group 18-25, and none with education less than Class VI.

	Knowledge	Attitudes	Practice
1. Family planning	aware of contraception and sources of help	two-child norm no son preference	one or two children many sterilised
2. Ante-natal care	aware of source	accessible and convenient	most have utilised
3. Childbirth	aware of location	accessible and convenient	all have utilised
4. Postnatal care	aware of location	accessible but not always convenient	many have utilised but only if need felt
5. Breastfeeding	aware of its importance	appreciate its value and willing to feed. No interest or motivation to stop or take to artificial foods	all continue breast feeding till at least 18 months or if possible two years. However, very few could maintain exclusivity for four or six months. Several mothers had started supplements as early as two months, citing poor lactation as the cause.
6. Supplementary feeding	aware of its importance. Not much awareness about vegetables / fruit	willing to give	most give ragi gruel and later rice (fish ?) Hardly any vegetables. No fruit. Children look well-nourished

7. Immunisation	all fully aware	positive	all fully immunised
8. Common illnesses	able to answer questions about management of common illnesses	self-confident	take children to nearby Hospital or health clinic for cold cough fevers and use medicines
9. Home remedies	no one in the group could mention any	no interest	no examples quoted
10. Traditional practices	no direct questions were asked	taken for granted	observed babies being given oil baths, massages, ragi gruel No special rituals or customary practices observed nor any gender discrimination No <i>thulis</i> either (not customary ??)
11. Traditional healers	question did not seem to be understood (Perhaps language not clear)	positive to allopathic medicine (negative to traditional medicine ?)	no examples quoted
12. ORS	all aware about	eager to show knowledge	several examples quoted
13. Handling diarrhoea	" "	" "	" "

14. Importance of infancy	aware of	positive feelings about motherhood. Expressed inability to go to work but not regretfully	most were full-time mothers very few working
15. Milestones	aware of milestones	comments about various children were made	N.A. no example of disability mentioned
16. Day-care	not aware of possibility of day care for this age group	no demand for day care for this age group accepted impossibility of such a situation	no children 0-2 or even 2 ½ were seen in any of the child care centres
17. Preschool education	aware of its importance especially for preparation for school and later academic achievement	Positive and demanding of services high value placed on education	most mothers in FGD had their children in child care centre, but others in community were sending their children to private schools

Note: No direct questions were asked on certain topics such as practice of giving colostreum, traditional practices, midwives, etc.

CHAPTER 4 ECD NEEDS AND COVERAGE

4.1 Introduction

ECD needs for the purpose of this study have been listed (Annexure 12). What are the perceptions of the community, of women and mothers in particular, and of the programme providers about the extent to which these needs have been met? And how are perceptions related to the extent of coverage by existing services? Is the lack of articulation of certain ECD needs related to the absence of their provision? Can and do people conceptualise something which they may have never seen, or only rarely heard of? If not, how are "felt" needs articulated and prioritised? Who determines what are felt needs?

4.2 Maternity

To begin with maternity, ante-natal and post-natal services, and safe institutionalised deliveries were perceived to be satisfactory by the slum communities, and by the mothers. And indeed the provision of these services in terms of both reach and quality is excellent. This is shown not only by the data at macro-level and indicators like IMR and size of family, which are not only uniformly excellent in the whole of Kerala, being the highest in the country and at more or less the same level for the city of TVM, but also the records for the three slums studied in depth and the information gleaned in the FGD with mothers (para 3.5). There are still some health problems like low birth weight, but these are not specific to slums, and in fact there is not much variation between the levels for slums, for the city as a whole and for the State. The scope for improvement is also the same as it is for the State as a whole.

However, when it comes to maternity entitlements in the form of wage protection and support for breast feeding, there was no articulation of needs; in this context, it is significant, that there is no maternity benefit programme in Kerala for women in the unorganised sector, though available in some other States, nor any nutritional or cash support for breastfeeding. Such needs are usually not articulated if people do not know

about the possibility. Keeping in mind the high levels of unemployment in Kerala, and the observed fact that most of the young mothers were not working, this may not seem to be a priority need for anyone right now. However, gender bias is evident in the fact that even in a State with a very high level of social security support of various types, there is no provision for maternity support.

4.3 Children 0-2 years

As in the case of maternity, the health needs of the very young (0-2 years) are well met by the existing services. The MCH centres (here called CWC) have a good system of record keeping which show a high level of achievement in terms of immunisation, referral and primary health care wherever needed. The FGD with mothers also revealed a very high degree of awareness about the basic health care of young children, with positive attitudes and examples of good practice. Where the ICDS is found, systematic growth monitoring and better record keeping (related to the smaller size of the community for which the aww is responsible as compared to the JPHN) undoubtedly gives a clearer picture. However, it is not clear if the nutritional supplementation offered by ICDS has made much of a difference. The clinical signs of malnutrition observed, as well as the growth records, do not indicate a big difference between children in ICDS and non-ICDS areas. The breastfeeding and supplementary feeding practices of the mothers seems adequate, and no obviously malnourished child was seen during any of the site visits. Probably only a highly targeted nutritional supplementation may be needed to search out and assist the most vulnerable children. ICDS has also been supportive in terms of immunisation by reducing the load on the municipal health service, and in maintaining close contact with mothers and offering guidance and information.

As regards psycho-social needs, it was striking that the babies observed on site, including the large number who attended the meeting along with their mothers, were being given a great deal of personal attention, warmth and stimulation through friendly interaction with people in the vicinity, (including all present, and not just the mothers), as well as with objects in the environment. No special efforts were being made and no special toys or materials were being used. The children were mostly lively and interested

in the world around them and did not seem apathetic or otherwise developmentally inadequate.

Day-care for this age-group was neither articulated as need, nor offered as possibility, nor does it seem to be a priority. Keeping in mind the above findings about the health status of the children and mothers, the adequate levels of psycho-social stimulation, the level of family and community support, the non-working status of the mothers of young children, the level of unemployment, and the lack of viable day-care options, providing low-quality day care (which may be the only kind of day care available) may not do much for the welfare or development of young children which may even be threatened.

4.4 Preschoolers (3-5 years)

At this level the needs for health, growth monitoring, nutrition etc. though still needed, become less important, and psycho-social stimulation and day-care, from the point of view of the parents, assumes major significance. The high level of education in Kerala, even among slum parents, (all the mothers observed had education up to at least Class V) upwardly mobile aspirations, exposure to media, possibilities of employment and migration to foreign countries, and other factors predispose parents strongly towards getting, even at considerable cost, what they perceive as good educational opportunities for their children. This is specially important to young parents, (and most of the parents of young children today are young parents). On the other hand, in response to these aspirations an enormous growth of preschool institutions in the private sectors characterised as LKG / UKG or nursery, or just private., can be observed.

Except where there is an ICDS, parents use this sector very widely, almost universally; and even where ICDS is present, a very large number of parents prefer this option. (The reasons are discussed in para 5.2). In other words, parents are articulating their needs indirectly, through their actions, even if they may not express it in words like "Preschool education is important for children 3-6 years of age". In Kerala, throughout the educational sector at all age-levels, Government schools are fast emptying and attendance declining, while private schools are over-crowded and growing fast. This is as

true at preschool level as at others. But the programme providers do not share this perception, for reasons which will be discussed in the section on quality. In conclusion, it can be stated that preschool education, perceived by parents to include both the element of day care and the kind of educational start in life they want for their children, is a major emerging need among the poor, both in slums and elsewhere, and sadly, the gap in perceptions between the community and the service providers in this respect is wide.

4.5 School entry age (5 +)

In the slums of TVM, as elsewhere in Kerala, almost all children are in school, but there is still a slight gender bias. No children of school age were observed outside during any of the slum visits, and it was reported that in each case the number of drop outs, (all well-known to all the workers) could be counted on the fingers of one hand. There is no school entry problem as such. Here again, the tendency is for increasing admission to private schools rather than to Govt schools for a variety of reasons, not all related to quality of education.

4.6 Coverage

The major programme directly addressing young children in TVM (as elsewhere in the country), is ICDS. There are two ICDS projects in TVM. ICDS I, the older project, was initiated right at the beginning of ICDS. It has more than 100 centres, and covers most of the coastal area wards, where poverty is concentrated. ICDS II has newly been sanctioned over 400 centres, but hardly 40 have been operationalised as yet. There are several reasons quoted for this, including non-release of sanctioned funds and delay on the part of the Central Govt. It is felt by all the ICDS staff and authorities that once this process is complete, all ECD needs will have been automatically met.

The norms laid down by ICDS may however in themselves be a major stumbling block. TVM has 50 wards, but only 38 slums. In most parts of the city, people of all classes live in the same neighbourhood, and thus in some areas, there may be only small clusters of poor people living in a locality, in number which may be inadequate to

fulfil the ICDS population norms. In the absence of an ICDS centre, such people will have no access to any child care services (except in the area of health) and will thus be **obliged** to go to the private sector. It is these small clusters of poor people who are in danger of being left out of the programme.

Even if all the 38 slums are covered by the expanded ICDS, the population data indicate that coverage will be inadequate, as the centres cannot cater to the needs of all the children in the age-group in the area, and again a number of children will have to seek services elsewhere. This simple numerical truth is reflected in the "missing children" (Annexure 13) even within the catchment area of ICDS centres. Some other way will have to be found to cater to the needs of the such groups.

TVM is also unique in having 20 nursery schools run by the Municipal Corporation. Again, these are spread out with no apparent relation to the kind of population they are expected to serve, not more than one in any ward, and located wherever there is a building available, rather than where there is a need. The quality of these is discussed separately (see para 5.3) since it has a great bearing on their utilisation and the future possibility of being useful or utilised. The CDS is playing a major role in attempting to revitalise these schools, to help provide a meaningful service to the community.

4.7 NGOs

Child care programmes run by NGOs seem to be very low in TVM, going by the available data. The competition seems to be only between Govt and private sectors. Both the Kerala State Social Welfare Advisory Board and the Kerala Council for Child Welfare are currently in poor shape with poor credibility. The former, currently headed by a politician, funds some creches according to the CSWB pattern; in the case of the latter, the office bearers have recently been removed and the management has been taken over by a Government-appointed Administrator. There are complaints of malfeasance, inefficiency etc. about both, and they have no sizeable presence in the slums of TVM. There was no evidence of any other unaided NGO being involved in child care. However, the Kerala Council for Child Welfare has been steadily running the Balsevika

Training Course for a number of years, and producing *balsevikas* to staff balwadis in the NGO sector.

4.8 Health

Though most of the health services are not directly aimed at the young child, except the MCH programme, the coverage is adequate in both preventive, curative and promotional aspects due to the network of hospitals, both Govt, and private, which are spread over the city and their easy accessibility. It was found that the Municipal dispensaries, health clinics and CWCs are somewhat under-utilised. As regards the dispensaries, the timings, lack of medicines and absence of a doctor were cited as reasons. However, this was not voiced as a complaint, since there are alternative more reliable services which are preferred. The number of outpatients at the CWC clinic were observed to be very few. However, this is a home-based programme, and the load of the JPHN is quite heavy.

As regards preventive health, the outstanding success of CDS in providing toilets, drainage and drinking water will undoubtedly have a big impact on the spread of communicable diseases. So too the high level of awareness among all women, especially young mothers, about health and nutrition. Health officials however expressed concern about the recurrence of late of malaria and cholera. These are however city-wide problems, and not related only to slums.

4.9 Conclusions -- gap between needs and services

- A gap between needs and coverage exists only in relation to some ECD needs, while other needs are well satisfied.
- The gaps are largest in the areas of
 - a. preschool education/day care for children 3-6 years
 - b. targeted nutritional supplementation for most vulnerable 0-2 years (???)
 - c. maternity entitlements to encourage young mothers to stay off work force
 - d. small clusters of the poor scattered over various areas.
- TVM does not seem to have a large number of rural migrants with their typical problems nor of migrants from other parts of the State/country residing in clusters
- Quantitative expansion of existing programmes, facilities and amenities **alone** is not likely to fill any of the gaps. A different approach is required.

CHAPTER 5 QUALITY OF SERVICES AND LINKAGES

5.1 Introduction

Questions about the quality of programmes are very difficult to answer. The quality of services for young children is attempted to be assessed on the basis of rough guidelines on input indicators, process indicators and output indicators. Further, quality is considered along with linkages, since the latter form an important process input into quality with far-reaching effects. Only a few services are directly aimed at young children as the target, but others also play an important role relation to children's welfare and development.

5.2 ICDS

Numerous evaluations of the services provided by ICDS have already been conducted and it is equally well known that there is a wide variation in the quality of services from State to State and within States from place to place. The awc observed for two days (along with brief visits to two more) can be said to belong to the upper half of the scale, and is definitely well above average in all respects. (para 3.31). The most outstanding feature of this centre is the infrastructure which has been recently developed by CDS at its cost. This achievement also illustrates the close and effective linkages between ICDS and CDS at the field level through the grassroots workers and community members. The workers are trained and experienced and have been in place for a long period. The relationship between the workers and the children, mothers and community is close and friendly, with a good history of cooperation and indications of mutual understanding and support. Given the limitations, the regular programme of activities is carried out with reasonable efficiency and to the satisfaction of the parents and community. There are also strong practical linkages at this level with the local primary school, health centre, the elected Councillor, and other local people and services.

It was reported by the teacher and helper that members of the community do not volunteer either time or materials to help in the awc. This is because community participation has not been visualized or put across to the community in this way. The community is involved (through CDS), in equipping the centre, but again this is seen in terms of items like water filter, plates and cups, and large toys like rocking horses rather than in terms of materials for children's activity. However, it was found during the meeting, that the mothers were quite responsive to the idea, for instance, of making a collection to give children slates and chalks for scribbling and drawing, and of allowing them to practice on the floor.

As far as the community is concerned, the awc is seen mainly as a preschool centre. The parents are quite appreciative of the role the awc has played in the development of their children. Numerous instances were quoted at the meeting, and by the teacher, of the good progress made by the children when they went to primary school, their smartness, alertness and responsiveness, their high rank in class, their ability to assist the primary teachers etc. There were also no direct complaints that the awc did not teach English or three Rs, which are the two major attractions of the private schools. At the same time, the mothers pointed out that they were too poor to afford the private schools, implying that this was the only reason they did not send the children there.

However, the majority of people in the community send young children to the private schools, based on a widespread social perception that that sort of programme prepares children for academic success in the present system of education. Programme planners however insist, correctly, that the ICDS programme is developmentally more appropriate; unfortunately, this is most often in theory, and very rarely fully achieved in practice. The systemic weaknesses of the ICDS preschool include lack of materials for well-organized preschool activity, poor working conditions of the teacher leading to low motivation, inadequate guidance and administrative support, heavy load of paper work for the awc etc all of which make it difficult for her to conduct a good preschool programme, even though her basic training is adequate. Qualitative improvement would need to attend to all these factors, and requires action in several directions. Programme and policy changes in ICDS would be needed to bring these about even in one centre. And even that may not be enough—it may be necessary to go much further.

5.3 Municipal Nursery School

Unlike the ICDS, the Municipal Nursery School, of which there are 20 in TVM, is a well-intentioned disaster. No doubt started with good intentions at some earlier period with a view to providing "model" preprimary education, these schools at present provide only the barest and most minimal form of custodial care and are resorted to as a day care facility only by the poorest and neediest mothers.

Excellent infrastructure has been provided by the Corporation, but it is neither well-maintained nor utilised. In one observed instance, attendance had fallen to a low of four or five children because of the miserable conditions, absence of the teacher, and general neglect; the CDS then decided to revive the school by providing equipment and materials. This is another outstanding example, not only of powerful linkages, but of the level of achievement that can be attained with community cooperation. Here the CDS has not only bought play equipment on a one-time basis, but also intends to supply vegetables for the nutrition programme from the kitchen garden on the grounds, which the members are managing with their own labour (unpaid).

The teacher here has a good initial training, and is very highly paid, getting about ten times what the aww does. However, in the Corporation set-up, she receives neither guidance nor supervision, since the nursery schools function under the Health Department, and the medical staff may have neither the time nor the knowledge to supervise properly. This has led to indifferent management in the past and poor services, so the majority of parents prefer to use other facilities, even at high cost. Given the lack of skilled supervision, qualitative improvement by the Corporation seems an unlikely solution.

5.4 Health services

An overview of the health services, facilities and amenities in the slums shows that linkages have been strongly established, mainly because of the role of the CDS.

In terms of hospitals, the network of private and Govt hospitals seems to be sufficient for curative health, even though there was low utilisation of municipal health clinic and dispensaries. An imaginative scheme is afoot to provide ID cards to the CDS members which will entitle them to discounted services at private hospitals which join the scheme. This is likely to come through with a little follow-up. This kind of free choice is much closer to the democratic process and should satisfy the members much more than mere exhortations to improve the level of functioning of Govt. hospitals, for which it is stated that in any case payments have to be made non-officially.

As regards preventive health, the success of CDS in terms of providing toilets, water and other amenities has to be seen against the warnings of recurrence of killer diseases like malaria and cholera. The clue to the paradox may lie in the *relative* neglect of *collective* health facilities in the CDS health programme. That is, it was found that garbage disposal, drainage for the slum, street lighting and public toilets, for example, had received relatively less attention and success, at any rate, in TVM (para 3.14). The emphasis has been on enabling individual families in poverty to improve the quality of life. However, at the larger level, failure to dispose of garbage, flooding of low-lying areas, and non-use of public toilets because of poor maintenance etc still pose serious health hazards. Vertical linkages within the Municipal Corporation seem to be inadequate—no evidence could be found of serious planning for solving problems of garbage disposal, recycling and use as manure of waste from the pit latrines and vermi-compost on a large scale, alternate energy systems like biogas, or classification and separation of different types of urban wastes. The structure and approach of CDS also may make it difficult for them to intervene at this level.

The improved utilisation and functionality of existing health services, as well as the attention to preventive health measures, itself reflects the awareness, knowledge and motivation for better health generated by the CDS network.

5.5 Support services for women as workers

The articulation by women of day-care for children aged 3-6 years (preschoolers) as a need, not only for the children's future, but as a support service for themselves is clearly

reflected in the emphasis placed by CDS on the qualitative improvement of the day-care facilities. This has been taken up as a priority group programme in several places (figures on how many ?) and gone about systematically. However, the improvement has been restricted by

- The women's perceptions of what needs to be done for improvement
- The lack of guidance on what could be done
- The poor linkages at the higher level, so that policy change, financing, planning and implementation at the higher level to support community participation at the grassroots level has not been adequate (e.g. there is no awareness among the higher authorities, that regulating the private sector by maintenance of minimum standards and restrictions on exploitative fees and demands is one way of improving the quality of preschool education "consumed" by the poor)
- The rigidity of programming (both ICDS and Corporation) which has prevented appropriate response, even though linkages at field level are good

5.6 Conclusions -- strengths and weaknesses

- In terms of responding to children's and parents' needs, ICDS is qualitatively weak, and needs considerable improvement.
- However, these weaknesses are systemic, and hence need attention at the level of policy and programme planning, rather than correction at the level of the individual. In fact, the examples observed showed an efficient handling of the responsibilities and tasks, in the context of the various systemic limitations.
- The Municipal Corporation nursery school is far weaker in terms of quality, being the outcome of an inadequately planned programme, without proper supervision or guidance. The future of these schools needs to be reconsidered carefully.
- The structure of health services is adequate and its utilisation high, as an outcome of the high levels of awareness, knowledge and motivation of the community, which in turn is to a great extent the outcome of the CDS.
- Policy level linkages with grassroots phenomena are not clearly perceived -- e.g. the need to educate parents on developmentally appropriate curriculum for preschool

education for children 3 - 6 years, and / or the need to regulate private preschool services to provide better options for the poor.

- Success is greatest in terms of offering individuals opportunities to benefit. An imaginative scheme has been worked out to give CDS members ID cards that would entitle them to discounted services in private hospitals
- Collective services, facilities and amenities for health are still relatively weaker, and need attention in terms of strengthening group process and mechanisms for sustaining
- Linkages at the local/field level are strong, and maintained by the structure of CDS with good professional support from the Municipal Corporation staff
- Linkages at the higher levels of officials in line Departments are still weak, being influenced by factors such as personal commitment, frequent transfers, personality clashes etc, which are difficult to control
- Systematic institutionalization of linkages is being attempted by CDS thorough various measures such as appointment of COs from among the Municipal Corporation staff to work with CDS, development of certain procedures for approval, provision of funds and structure for working with the elected officials etc. However, these have not yet gone beyond the Municipal structure to other structures
- Vertical linkages within the Corporation are weak -- in dealing with problems like garbage disposal, recycling, alternative energy and control of communicable diseases, the larger plans do not seem to be linked up with local needs and small -scale experiments
- CDS has an enormous potential to mobilise women, and communities, on a large scale, which could be drawn upon for various purposes like health campaigns
- Lack of linkage with employers of women, unions of women workers, traders dealing with women in the informal sector etc in the economic sphere was also evident, resulting in lack of attention to women's gender needs for support services, ranging from marketing and credit to child care.
- Some degree of gender blindness is also reflected in lack of appreciation of women's multiple roles, women's role in the economy, and their need for support services, as well as the emphasis on "volunteerism" and on traditional trades in CDS

CHAPTER 6 RESOURCES AND SUSTAINABILITY

6.1 Introduction

If existing services and programmes are inadequate in terms of both quantity and quality to meet the needs of the young child in urban slums, what kind of resources are needed both for expansion and for improvement of quality? From where can such resources be accessed and how? By what means? What structures and procedures have to be developed to assure sustainability?

6.2 Resource Mobilisation and Management

CDS, with its experience and objectives, is well-positioned to raise additional resources for ECD and the examples quoted earlier show that it is both willing, able and interested in doing so. But in the larger context of CDS aims and aspirations, geographically, in the State of Kerala, and in the longer time-frame, it is not clear how many ADS or CDS have become involved in making improvements to infrastructure or in other activities relating to ECD. (This needs further study) Certainly CDS has the awareness, the knowledge and the skills to access resources from various sources, both at the central level (from Central and State Govt, Municipal Corporation, other donor agencies, banks etc) and locally. (Several examples were quoted of having raised funds locally for specific purposes). The procedures have also been developed, with applications coming in from the NHGs where they are decided upon by democratic process, up through the ADS to the CDS level, and then being channelled back in the same way. The office bearers and RCVs are very alert and well-informed on these matters. However, this success so far has been mostly in the area of channelling benefits to individuals.

When it comes to transparency, the picture is more mixed. At first sight it appears there is considerable transparency, with regular meetings, detailed discussions, presentation of

accounts, individual savings books etc. However, meetings are not always well attended, unless there are some concrete programmes; apathy sets in; there were complaints of not being informed about meetings, and of not being kept informed about decisions. These are natural in any organisation, which will always have a minority of active members and a majority of passive members. So it may not reflect adversely on the health of the organisation.

But there are also examples of lack of transparency. For example, in one ADS, the Chair complained that she was constantly being seen as, and accused of, getting benefits for herself, though she has never done so, and in fact has been spending her own money to get things done; she waxed eloquent about the ingratitude of those who cannot appreciate genuine social service and can only imagine the worst of others. Whether these particular accusations are true or not, it does indicate the kind of situation which is commonly faced.

In another ADS, the only two loans obtained so far for self-employment were both received by office-bearers --in one case, the Secretary and in another, the RCV. They did not seem to know or mind, that this would create a bad impression about them as far as the other members were concerned, who would assume that they were using CDS to further their own interests. It is not clear how widespread these concerns are, nor to what extent they have already been faced and resolved in other units of CDS and to what extent these experiences have been shared. Clearly, more guidance, training and practice are required in group process and management. There is also the ever-present conflict with the elected representatives, especially in relation to selection of beneficiaries for programmes.

However, when it comes to management of group projects or activities, the experience of CDS has been more limited. The members and office-bearers have now considerable experience in handling campaigns and events (like sports, festivals, cultural programmes, training camps etc) of a one-time, nature and of handling the finances. Lots of questions are asked by the members and both transparency and accountability are ensured by these procedures. Whether this can now be carried forward to obtaining, and managing, larger sums of money over a period of time for regular ongoing programmes still

remains to be seen. Of course, this skill can also be developed, but it will again take time training and practice. The two successful cases of infrastructure development reported again relate to one-time efforts; however, in the second case, the ADS is already working on the kitchen garden from which vegetables are to be supplied to the children in the nursery school, and the success of this experiment, and others like it, must be watched. It could well be a training ground for a deeper involvement with funding and managing child care centres.

The question of management and control over the resource and the programme is linked to the issue of 'ownership' and sustainability. It also raises issues of how far voluntarism can go, at what point the work load will require paid staff to support the volunteer committees, and the means of tackling the consequent danger of bureaucratisation. This is an issue that requires deeper study.

Meanwhile, it is worthwhile to note, that while in the area of health the CDS has benefited from professional guidance provided by health professionals and Corporation staff, NGO leaders and others, similar professional guidance has not been available in the area of preschool education. In both the cases observed, of support for the preschool, the money so painstakingly, enthusiastically and lovingly collected had been spent in a misguided way, perhaps because of lack of timely guidance. In the surrounding areas, this is all that is visible as appropriate equipment for children's development, and there was no one to tell them otherwise. This is perhaps because of the lack of perspective and conceptual rigidity among those who could have advised.

6.3 Sustainability

Long-term sustainability depends on the answers to some of the following questions: can the programme be handed over to local community bodies, and if so, to which ones, and at what pace, and for what functions? Should they only be involved in monitoring, or also in management? Does this include responsibility for part or whole of the fund-raising needed? At another level, the question may be: should basic services be left to be determined by communities? What if some communities decide against them and express a preference for something else? Will women's practical gender needs and

children's needs be adequately met if the decisions are left to the community? Which organisations should take responsibility -- elected bodies or community-based organisation or both? These are larger questions which have to be dealt with on a different level, since they cannot be applied only to a few isolated communities.

In this context, it is important to note that the Kerala State Government has already taken a decision to decentralise the ICDS and hand over the management, along with the available fundings to local bodies, both urban and rural. The timings, phases and modalities have yet to be worked out. If the panchayats and municipal bodies take over, what can be the role of community-based women's organisations like CDS?

These questions have not yet been debated in depth in wider circles, but the attitudes of the concerned Departments are interesting. There is a massive movement ongoing on at present in Kerala to involve local bodies and village panchayats in planning for development, and a series of discussions are being organised by the Planning Board throughout the State to facilitate this process. Information was not available at the time of writing the report as to how many panchayats had stated child care services to be one of their priorities, the extent of articulation of gender concerns in prioritising needs, and what kinds of groups took part in the discussions, or whether CDS and women's organisations, unions etc played any part in this, nor what attitude was expressed by the professionals guiding the exercise. But this kind of preparatory work should start now.

There was no indication from the Directorate of Social Welfare that such exercises have begun. (Annexure 14) While the CDS has proved its ability and willingness to raise funds, and while poor parents are making it clear every day that they are willing to pay high fees to get the services they want for their children, the Department of Social Welfare sticks to the traditional stand of Government that no user fee can be charged. In addition, the Department has so far been uninterested to consider innovative suggestions for funding and management (examples; matching grants to meet programme expenses beyond salaries, a TA revolving fund to be devoted to play and educational materials for the children, building up endowments or a Corpus fund to meet the ongoing programme expenses in the long run etc) All these were firmly

dismissed as “ not feasible” Clearly a long process of dialogue, yet to be initiated, is necessary before these or other suggestions for facilitating “ownership’ monitoring, management and funding by local bodies (and/or women’s groups) are taken seriously.

Yet another hurdle in the way of simply transferring the present programme, along with the present level of funds(even without considering long-terms schemes for increasing the available funds) is the resistance likely from the unions of child care workers, who are stated to be powerful in Kerala, and who will undoubtedly not relish the prospect of working under the decentralised panchayat. However, it is possible that the dangers and risks they foresee in local “ hiring and firing “ could be compensated by the possibilities of variations in salaries and higher salaries in some places , if local bodies with initiative are able to raise additional funds. This is linked to freeing the local bodies to raise their own funds, but this is yet another suggestion which the Deptt. is not able to consider at present.

6.4 Conclusions

- CDS groups have already demonstrated that they have the awareness, motivation and skills to raise resources, both financial and material, for child care needs
- However, they need training, practice and guidance from professionals to manage these resources for the purpose of regular ongoing programmes
- CDS may also need the service of paid workers in due course since the sustainability of voluntarism among the poor has its own limitations
- Sustainability is a long-term issue involving several other stake-holders—panchayati raj institutions, political parties, unions of teachers and child care workers, and other women’s groups besides CDS which has already been institutionalised
- Govt. of Kerala has already decided to hand over ICDS to the urban local and urban bodies, but the timing and modalities have yet to be decided, and the role of CDS, or the " fourth tier" of governance has yet to be decided
- The different stages towards "ownership" of the programme include involvement in monitoring, supervising, managing fund-raising and the crucial factor will be the power given to the managing body (whether panchayat or some other) to raise and spend resources

- Several innovative suggestions have been made for raising resources' needed for both quantitative and qualitative change, but these are not being considered by the Deptt. of Social Welfare at present.
- There is an immediate need to include the management of child care services as an issue for discussion in the exercises now being carried out in decentralised planning to the panchayat level
- There is a need to emphasise the practical gender needs of women, and the needs of children, in these exercises, so that they get adequate priority
- Policy and programme changes in ICDS, moving away from its present monolithic stance towards greater flexibility will be essential if decentralisation is to work
- There does not appear to be dialogue at present on these larger issues among the various concerned departments such as Social Welfare, Local Administration, Education, Planning etc

CHAPTER 7 CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

The previous four chapters (3 - 6) have summarised the findings, attempted to assess the ECD needs of the urban poor of TVM, commented on the quantity and quality of existing services and the structures and mechanisms underlying them, and explored some of the issues arising, like resource mobilisation, management strategies and long-term sustainability. The main conclusions have been summarised at the end of chapters 4, 5 and 6, and will not be repeated here. A few general observations may, however, be appropriate, before going on to recommendations.

Kerala is outstanding and unique among the Indian states for its social development and history, as well as for its social services. So findings here may be hard to apply quickly to the rest of the country. For example, poverty does exist, but its manifestations are different. Again, Kerala is unique in having given birth to CDS (Community Development Society) which originated, took root and flowered here, though it is now spreading to other parts of the country. But the existence of a such a large and well-organised, state-wide structure of self-help groups of urban poor women, even though diluted by its rapid spread, does create a situation, and a mechanism, for channelling social services, unparalleled elsewhere.

Thirdly, TVM is by no means typical of Kerala. Though the capital, it is neither the lead city of Kerala nor the most problematic, but perhaps average on many indicators. In this picturesque and locale, with none of the signs of metropolitan squalor or decay, the very word "urban" has a different connotation, closer to "urbane", while "disadvantaged" is a relative term and not a label. As for "slum" what passes for a slum in TVM would certainly not be recognised as one in any of the megacities or metropolitan cities of India. In Kerala, "rurban" or "rural-urban continuum" comes closer to describing reality than sharper dichotomies; and here the poor are relatively worse-off in economic terms, but live with equal dignity.

It is in this context that the report and its recommendations must be placed

7.2 Recommendations

7.21

The UBSP strategy, or the CDS strategy, is to improve the quality of life for the poor through their own efforts, and to provide the necessary support services and programmes for this effort. The expansion and improvement of existing programmes and services and their more careful targeting is only one aspect of this strategy, but is an essential one, not to be neglected.

7.22

Existing programmes like the ICDS must therefore be expanded quantitatively, and their norms altered so as to reach out to specific neglected groups. But this alone is not enough

7.23

Qualitative improvement is essential not only to meet the needs of young children and their mothers, but in the present circumstances, where they are competing with services in the private sector, to attract and retain the clientele. Qualitative improvement requires action in the following areas :

- Infrastructure and basic materials needs, including environmental safety
- Training of workers
- Better remuneration and working conditions for workers for better motivation
- Regular supply of recurring materials and equipment necessary for a healthy activity based programme of preschool education for children aged 3-6 years
- Adequate professional guidance and support from the administration

But this too is not enough

7.24

Support for innovative, experimental and small scale programmes run by CDS or other autonomous groups should be encouraged

7.25

The various options for the future of the MC nursery school should be carefully studied so that they can make a meaningful contribution to the development of children.

7.26

Use of the communication channels built up by CDS, as well as mass media, to educate parents about

- Psycho-social needs of children 0-2 years and how to meet them within the home environment
- Psycho-social needs of children 3-6 years and how they should be met through organised activities at the preschool
- Dangers of burden of too early formal teaching of three Rs on children's development

7.27

Legislation to regulate the private sector in preschool education with a view to maintaining minimum standards ensuring healthy preschool education and reducing the unhealthy burden on the young child¹ thus enlarging parents' options and protecting their free democratic choice

¹ This step has great relevance for both ICDS and the rights of the child, since the attraction of the so-called "English-medium" and the emphasis it places on mechanical learning of three Rs, coupled with the ignorance of most parents about its harmful effects and about the needs of young children lead, not only to damaging effects on children but also to exploitation of the poor, and in addition to the emptying of Govt schools and child care centres

7.28

The proposed handing over of child care services to rural and urban local bodies is a welcome step, but needs to be carefully worked out, so that the interests of the stakeholders, in this case the women, are reflected in monitoring, management and supervision of the services as well as in raising and disbursing the funds. This needs extensive consultation among all the stakeholders, and should be initiated by the Planning Board as part of its consultative process, now ongoing in decentralised planning.

7.29

Gender sensitisation is essential for all those involved in the planning process, particularly to be aware of women's practical gender needs and ways of meeting them.

7.30

A scheme of maternity entitlements would encourage mothers of young children to stay out of the work force and indirectly promote psycho social development of the child below 2 years.

7.31

Linkages also need to be stronger at the higher levels between all the concerned Departments.

7.32

Linkages need to be broader, involving particularly those concerned with women's economic activities – employers, traders, unions, etc. dealing with poor women in the informal sector

7.33

The CDS movement needs stronger and more sustained inputs from professionals, in the areas of management and group process, as well as in all the technical areas in which the women need support

7.34

The outstanding contribution of UBSP in preventive health, especially sanitation, needs to be supported by stronger linkages between the field level inputs and the city-level programmes for waste management, communicable disease control, energy systems etc. CDS should be encouraged to intervene at the level of policy also, to articulate and express the needs of the community.

7.35

A detailed study should be taken up to determine the need and feasibility of a targeted nutritional supplementation programme for the vulnerable children below 2 years.

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Annexure 1

PROGRAMME SCHEDULE

Mon Aug 11	Meeting with officials to select sites and plan schedule
Tues Aug 12	Visit to site at Wireless Colony (Observations of slum and ICDS centre, interviews, FGD with RCVs and NHG)
Wed Aug 13	Visit to site at Wireless Colony (Observations of ICDS centre, FGD with mothers, visits to primary and nursery schools, Councillor)
Thurs. Aug 14	Interviews (half day)
Mon Aug 18	Interviews (half day)
Tues Aug 19	Visit to site at Barton Hill (Observations of slum, FGD with RCVs, NHG and mothers, interviews)
Wed Aug 20	Visit to site at Barton Hill (Observations of nursery school and CWC, visit to Bund Colony, interviews, FGD with COs)
Tues Sept. 23	Interviews (half-day)
Wed Sept. 24	Visit to site at Tope (observation of slum, FGD with mixed group, interviews)
Thurs. Sept. 25	Interviews, visit to NHG at Lakshnipuram
Fri. Sept. 26	Interviews

PERSONS INTERVIEWED

Interviews / in depth discussions

1. Cicily -- aww at Wireless Colony
2. Regiscal President ADS at W.C.
3. Dr. S. Jayalakshmi,
M.O Municipal Corporation
4. Chairman, Health Committee
5. Aswathi Chairman CDS
6. Fr. Joy James S.J. Director
Loyola Extension Services
7. Anandavalli CO. Friends of Urban
Poor
8. Krishnan Nair PO, Friends of Urban
Poor
9. Shanta CDS Vice Chair
10. Dr. Pir Mohammed
Chief Health Officer MC
11. M. Najjeeb Secy MC
12. T.R. Gopalakrishnan
Secretary, Social Welfare
13. K.K. Ramani
14. Lida Jacob, Director of Public
Instruction
15. I.S. Vijayanand
Secretary, Local Administration
16. P.K. Gopinathan
17. Ishita Roy, Director, Social Welfare
18. Dr. Srilatha, UNICEF

Short meetings/
brief discussions

1. Vasanta--helper at W.C. aw centre
2. Naseema- supervisor, Veli
Area ICDS
3. Govt primary school (head &
teachers) Shankumugham
4. Private school (Christ the King)
(teachers) - Shankumugham
5. AW on the beach (aww) --
Shankumugham
6. Councillor Shangumukham
7. Uma ADS Chair BH
8. Bina (Centre for Social Research)
9. Vidya -- student -- M.Phil, Dept.
of Economics
10. Girijan, student -- " "
11. JPHN, BH
12. Ramesh CO, UPA Cell
13. Ajit C.O. UPA Cell
14. Cherupushpam, JPHN Co., UPA Cell
15. Jose, Senior C.O. UPA Cell
16. Sri Devi, ADS Chair Tope
17. Jamuna, ADS Vice-chair
18. Sugata Kumari, Chair State
Commission for Women
19. P.J. Joseph, Education Minister
20. Thomas Isaac, Member, Planning
Board
21. Fr. Dominic, Director, Loyola College
of Social Work
22. Petronilla, nursery teacher, BH

OTHER TOOLS

Focus Group Discussions

1. Mothers meeting at W.C. (22)
2. Mothers meeting at BH (25)
3. RCV at W.C. (7)
4. RCV at BH (6)
5. Mixed NHG (RCV) (20)
6. NHG at W.C. (25)
7. NYHG at BH (5)
8. COs (13)

Observations schedules filled :

- Basic Amenities (3)
- Health and Nutrition (3)
- Balwadi Proforma (2)

DEMOGRAPHIC INDICATORS

Indicator	TVM	KERALA	INDIA
Life Expectancy at Birth 1989 - 93 (SRS-GOI-1997)	N. A.	72.0 (T) 68.8 (M) 74.7 (F)	59.4 (T) 59.0 (M) 59.7 (F)
Female to Male Ratio 1992 - 93 (IIPS - 1995)	N. A.	1068 958 (0-6 years)	944 945 (0-6 years)
Infant Mortality Rate 1995 (SRS-PROV '97)	17	16	74
Under Five Mortality Rate 1992 - 93 (IIPS - 1995)	N. A.	32.0	109.3
Crude Birth Rate 1992 - 93 (IIPS 1995)	18.1	19.6	28.7
Crude Death Rate 1991 - 92 (IIPS 1995)	5.6	6.2	9.7
Under Weight Children Moderate and Severe 1992 - 93 (IIPS 1995)	N. A.	30.6 (R) 22.9 (U)	55.9 (R) 45.2 (U)
Births attended by trained persons 1992 - 93 (IIPS 1995)	95	89.7	34.2
Percentage received ORS / RHS for Diarrhoea 1992 - 93 (IIPS 1995)	N. A.	37.8	30.6
Fully immunised (12 - 23 months) 1992-93 (IIPS 1995)	N. A.	54.4	35.4
Literacy	81 83 (M) 79 (F)	90 93 (M) 86 (F)	52 64 (M) 39 (F)

HOUSING IN TVM

TVM -- Type, Age, Rooms and Ownership of houses

Type of House	% of each type	No. of rooms	% of such houses	Age of houses	% of each	Ownership	% of each
Kacha	20 %	1 room	5 %	20 years	56 %	own	77 %
Semi-packa	49 %	2 rooms	16 %	60 years	20 %	Rental	20 %
		3 rooms	29 %				
Packa	31 %	4 rooms	28 %	others	24 %	Quarters	3 %
		more than 4 rooms	22 %				
	100		100		100		100

1. Kacha; 2. Semi-packa ; 3. Packa

Source : Housing Board

BASIC AMENITIES (TVM)**A: Electricity Connections**

S. No.	Type	Number of connections
1.	House connection	81,460
2.	Commercial purpose	1,423
3.	Industrial purpose	1,584
4.	Irrigation / water supply	220
5.	Street light	23,095
	Total	1,08,074

B. Houses with individual water connection 97,825 (1.7.97)

C. Houses with toilets 80,000 (approx.)

Note : Total number of houses = 1.25 lakh approx.

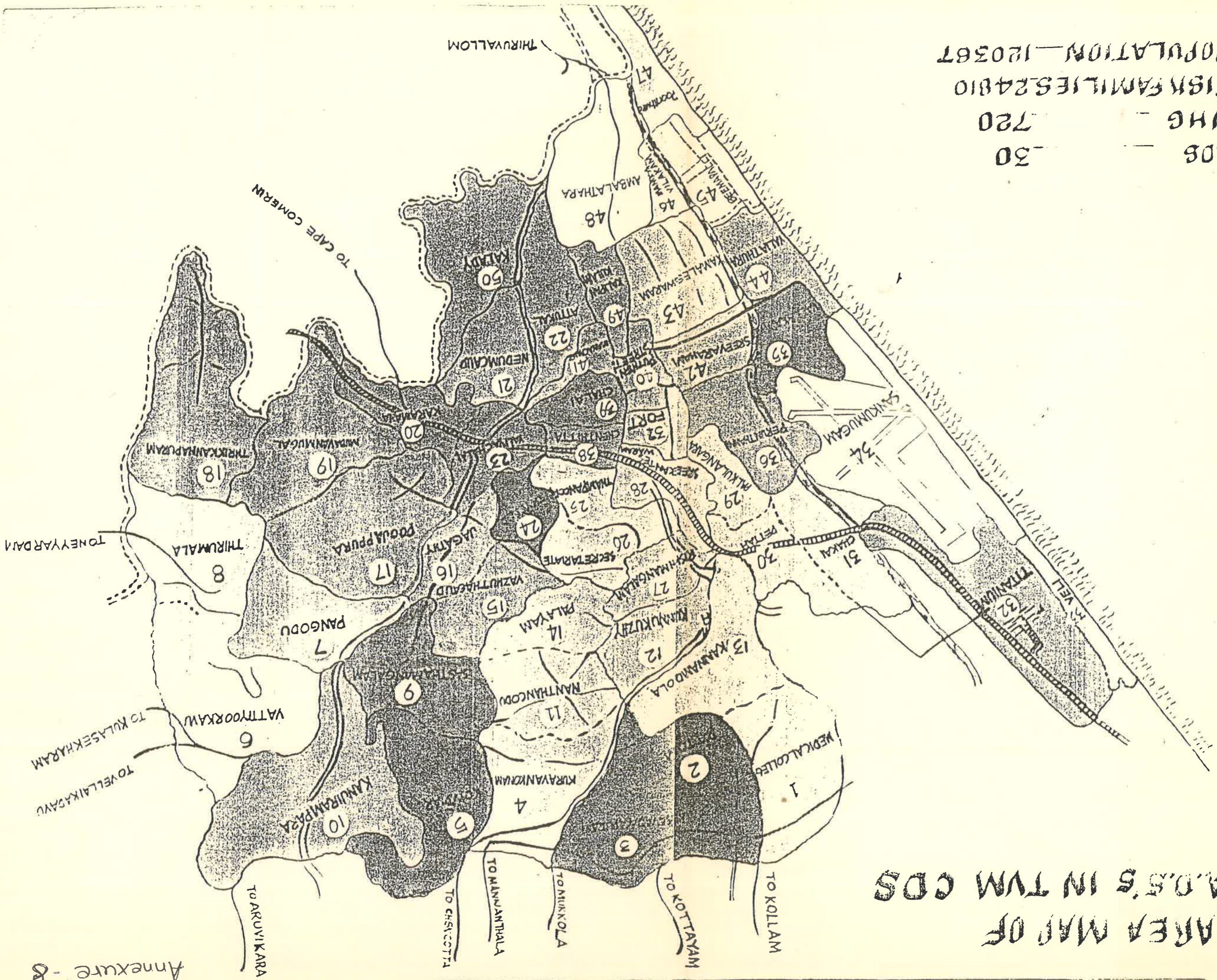
Annexure 7

TYPE OF HOUSING
(in Percentages)

	Kutcha	Semi-pucca	Pucca
Kerala	21	59	19
TVM	20	49	31

AREA MAP OF
A.O.S. IN T.M. CDS

ADS — 30
NHG — 720
HIGH FAMILIES 24810
POPULATION — 120387



POPULATION TVM and SELECTED WARDS

Ward	Male	Female	Total
Shangumugham	6,820	6,976	13,796
Thampanoor	5,323	5,229	10,552
Kunnukuzhi	4,249	4,502	8,751
TVM Corporation	2,59,672	2,64,334	5,24,006
Total	2,76,064	2,81,041	5,37,105

SLUMS IN TVM -- (Category wise)

Group 1			Group II			Group III		
S.No.		Wd No	S.No		Wd No	S.No		Wd No
1.	Paundkulam	24	1	Anchamada	7	1	Bund Colony	12
2.	Settlement Colony	47	2	Kokkode	3	2	Poochadivila	12
3.	Fisherman Colony	47	3	Ambedkar Colony	23	3	Barton Hill	12
4.	MSK Nagar	41	4	Bund Colony	50	4	R.C. Street	12
5.	Wireless Colony	34	5	Bund Colony	16	5	Chirakulam	27
6.	Vaduvathu	43	6	Tope	25	6	V. Kand Nagar	27
7.	Sewage Farm	44				7	Vanjiyur GPO	27
8.	Madhavapuram	33				8	Tagore Gdn.	1
9.	Karimadam	39				9	Elankavu Temple	1
10.	Mini Colony	22				10	Ulloor	1
11.	Kanji Pura	22				11	Bund Colony	13
12.	Teluguchetty Street	20				12	Thykoottam	13
13.	Ponnaranagar	42						
14.	Cheelandimukku	35						
15.	Bangladesh Colony	35						
16.	Lenin Nagar	14						
17.	Rajaji Nagar	26						
18.	Vyamula	31						
19.	Balanagar	31						
20.	Mangulam	2						

Group -- I -- Slums where there is both ICDS and UBSP

Group -- II -- Slums where there is no ICDS, only UBSP

Group -- III -- Slums where there is either UBSP or NGO (no unauthorised slums in TVM)

Slums selected for study

- | | | | |
|----|-----------|------|-----------------|
| 1. | Group I | No.5 | Wireless Colony |
| 2. | Group II | No.6 | Tope |
| 3. | Group III | No.3 | Barton Hill |

POVERTY INDEX

1. Family belonging to scheduled caste or tribe
2. Family with children under 5 year old
3. Family having even one illiterate adult employed
4. Family with only one or no adult employed
5. Family living in Kutcha house
6. Family without a house-hold latrine
7. Family with no access to safe drinking water
8. Family consuming only two or less meals per day
9. Family with an alcoholic or drug addict

(Families with four or more of the above factors are considered to be poor families)

COMPONENTS OF ECD

- | | | | |
|----|----------------|----|---|
| 1. | Women | -- | Ante-natal care
Childbirth
Post-natal
Maternity entitlement
Support services |
| 2. | Children 0 - 2 | -- | Health
Nutrition
Psycho-social development
Daycare |
| 3. | Children 3 - 5 | -- | Health
Nutrition
Preschool education
Access to primary school
Day care |
| 4. | Special needs | -- | Migrants
Itinerants
Pavement dwellers
Single parents
Ethnic / language groups
Disabled |

The "missing" children

Mothers of below twos were cheerfully reconciled and accepting of being unable to go out to work till their children were older, because of the need to take care of the children. However a few said that it was because they were unable to get suitable work opportunities and day care was not a problem, since their mothers, mothers-in-laws or other family members were easily available for baby-sitting. In the general situation of high unemployment, day-care facilities to help working women seems to be a theoretical question.

However, mothers of children aged 3 - 5 were clear that they need **both** day care and ECE for their children. Most of them perceive the combined service as being available in the private sector even though at very high cost (Rs. 100 per child + lunch + lunch box + conveyance + uniforms etc.) Some mothers also mentioned a service charge or tip to be given to the ayah not to ill-treat the child ! No one considers the cost unusual, or complained about it or expressed a desire for a high - quality government service, since such services are perceived to be inadequate in both quantity and quality.

In Site I, there were only 27 children on roll, though there are 56 children of that age-group in the community. In Site III, there were till recently only four or five children attending. After the improvements have been initiated about 15 children are attending and this number is expected to go up further./ But that is still less than half the number of children in the community of that age. In both communities, no children of that age were seen roaming around or in the houses with their mothers/ Where are the missing children then ? In private schools. In Bund Colony an unauthorised (recently authorised) colony with very poor living conditions, only five children of preschool age were seen during the morning hours. The women casually mentioned that there were lots of private schools nearby. This is in the heart of the city, near a very busy district with lots of institutions and facilities.

The need for day care is clearly understood and experienced by the mothers but is expressed in an indirect manner, through their actions and is not articulated as a "need" in the discussions at NHG or ADS level. However, the ADS have understood and are doing their best to address the need in their own way, though without adequate guidance.

Highlights Of Discussion held on 26.9.97 with Director (Social Welfare)

1. Universalisation of ICDS is the accepted goal. At present there are 120 projects (with about 18,500 centres) and 43 additional projects have been approved under ICDS III. These are expected to be fully operational by July 1999, bringing the total to 163 and covering all blocks in the State. It is believed that the present imbalance between urban and rural provision will be taken care of in the normal course by the projected expansion. No special attention is planned for urban slums.
2. Government of Kerala is fully committed to funding the nutrition component of ICDS at present and in the future. This includes a noon meal and one supplementary snack. As regards workers, Government of Kerala is already providing an additional Rs. 200 to awws by way of emoluments, and is the only State to be doing so. It has also provided a retirement benefit plan for awws. Further increase in the emoluments of awws is not felt possible at this stage.
3. It is planned to start 1600 awc-cum-creches in the next year, according to the schematic plan developed at ICDS (These will be over and above the creches funded under NCF). This is the largest number taken by any State, and will concentrate on day-care for 0-3 years, since day-care for 3-5 is already provided. The creches will be set up on the basis of felt need identified through local surveys. It is not planned to focus on any particular target groups, (such as women belonging to particular occupational groups, urban slums etc.)
4. It is expected that a staffing ratio of one worker to seven or eight babies can be maintained, as it is felt that the likely demand will not exceed this. The funding and equipment will be as per approved plan. This includes only a one-time grant for equipment and materials. No recurring grant is available for materials, except for contingencies. Special training will be given to workers who will handle the creche. However, no plan has been made so far regarding the content or methodology of training, nor has any training needs assessment been conducted nor training capacity assessed.
5. A decision has been taken to hand over the management and monitoring of the ICDS, along with the necessary funds, to the Panchayats and urban local bodies, but the timing of the transfer has not been fixed and the modalities are being worked out. It is expected that every village will have a village anganwadi committee with the Panchayat Chairman (or Ward Councillor in the urban areas) as the Chair, and this Committee will supervise and manage. The local bodies will be encouraged to provide.
 - a) infrastructure, in the form of land for the awc and building, as well as facilities like toilet, water etc.
 - b) additional contributions in kind, especially to the nutrition programme. Many are already helping by providing milk, groundnuts, vegetables etc.

Other contributions will be welcome

6. The co-operation and involvement of the community (and parents) will be sought through structures like SHG, wherever they exist. The NHGs set up under the CDS can also take up this responsibility as they fulfil the requirements. Co-operation between CDS and the ICDS structures is envisaged. Links with working women's organisations or unions, or employers of working women, are not being considered.

7. Qualitative improvement is considered the main challenge facing ICDS. This is recognised to be specially important in view of the observed and continuing decline in attendance, even among those sections of the population for whom ICDS was primarily intended, and the unprecedented growth of private institutions catering to pre-school children, many of which are attracting the ICDS target group even though they charge high fees. While it is recognised that qualitative improvement is essential, no clear and well-defined strategies for achieving this have been worked out. For example, possibilities for multiple funding and for innovative schemes of fund-raising (e.g. matching contributions from Government and community, PTA revolving fund, charges for covering recurring costs of low-cost locally available play and teaching materials etc.) are not being considered. It is felt that all this should be continue to be left to the community. Even laying down the guidelines for what kind of materials are needed and the approximate cost per month involved has not been thought of yet. Clear understanding of the possibilities or need for activity-based pre-school education as the main element in qualitative improvement, or of its implications in terms of recurring supply of materials, has not yet been established.

8. Linkages / convergence with other agencies / bodies have yet to be worked out in key areas like

- a. Infrastructure
- b. Improvements to worker emoluments
- c. Monitoring and supervision
- d. Qualitative improvement
- e. Equipment and materials (recurring), other than nutrition
- f. Ratio of workers to children

The possibilities for multiple funding involving local bodies, parents' contribution, local groups like CDS etc. have yet to be considered.

9. Linkages with the decentralised planning process now going on under the auspices of the Planning Board have begun. It is not known how many local bodies (urban and rural) have included child care, especially day-care for working women, as one of their priorities and how this has been responded to, what commitments have been made etc.

10. Training capacity is felt to be adequate and there is no special plan for improving or upgrading training facilities.