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recent book, *Primary Child Care*. These could be translated into the local language so that the whole health team from the most junior (but important) member of the primary health centre team could be involved. In such teaching the position of the doctor or senior nurse would be that of tutor. However, they would soon find that to keep up with their students they themselves would have to study. The successful course would lead to group involvement and in time, support and involvement of the community being served. Through such teaching techniques in better nutrition and diarrhoea described above and many others could quickly be made available across large populations. In this way we may hope that emphasis will at last be placed on wider coverage in health care for the many, by involving the doctor in appropriate on-going education (Fig 5).

Children of the Urban Poor: Problems and Opportunities

Mina Swaminathan

At last count in 1971, our urban population numbered 100 million, a figure larger than the total population of all but six countries in the world—the four metropolitan cities alone accounting for nearly 20 million. In the urban areas there are 42.5 million children below the age of 14. Various estimates have been made from time to time of the proportion of families that live in conditions of poverty in slums, *bastis*, shanty-towns and pavements. These range from 35 to 50 per cent of the urban population. Taking 45 per cent as a rough estimate, one may say that about 28 million children in urban India are being reared in conditions of poverty inadequate to provide for their healthy growth and development as productive citizens of the future.[1]

Yet for a long time these facts have been glossed over by the 'mystique' of rural India, a mystique founded on the indisputable fact that 80 per cent of India lives in the villages, but arising out of a confusion which indentified all urban groups as affluent or privileged. It is only in the 70s that the 'urban poor' as a distinctive group have become 'visible'. The special needs and problems of the urban child have thus tended to be neglected, on the assumption that the facilities of urban life would automatically be available to and availed of by the entire urban population.

In what ways does the environment of the urban child of the poor differ from that of the rural one, and how does this affect his growth and development? Is there in fact a special problem, other than that of poverty in general, and does it call for special solutions? What attempts have been made so far to deal with these and with what effects? What are the implications for the future? The following pages will attempt very briefly to elucidate some of these issues.

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1. *Perspectives on the Child in India* (New Delhi: Central Institute of Research and Training in Public Cooperation, 1975).

Urban poverty and child development

In assessing the ecnomic and social status of the urban poor, it may be useful to consider them as within either the 'organised' or the 'unorganised' sector. The urban proletariat includes, especially in the large industrial and commerical centres, ports and railway towns etc., the more settled 'blue-collar' workers employed in the organised sector, public or private. This group which has often been resident in the city for more than one generation, is more affluent, better educated, with more secure income, often housed in industrial estates, and with access to certain minimum medical and educational facilities. Some of them can be categorised as lower middle-class, while others belong to the upper strata of the poor. This distinction is important in view of evidence which shows that existing services are monopolised by the upper strata.

On the other hand, the really poor belong to the unorganised sector and are usually rural migrants with more or less strong ties to the village home. They tend to work in petty trades and unskilled occupations, to be self-employed or employed in small shops and business, with insecure jobs and uncertain incomes, living in various kinds of crowded *bastis*, shanty-towns, huts, or other euphemistically described 'unauthorised colonies.' In Calcutta, and to a lesser extent, Bombay, vast numbers live on the pavements. From the economic standpoint, the factors which affect the child most under conditions of extreme poverty are not only the congested living conditions, poor nutrition, poor sanitation and subsequent propensity to disease, but even more so, the insecurity of economic environment.[2]

From the point of view of the child, three other factors vitally affecting development, are the large proportion of urban mothers who are working, the predominance of the nuclear family, and the phenomenon of child labour. Each of these needs a little comment. In rural areas too, women in the lower economic strata are obliged to work, and it is a widely observed phenomenon that the nuclear family is more common as one proceeds down the economic scale. But in the rural occupations, the family as a unit has a greater chance to live and work and move together, with the mother often keeping the children close to her while working in the fields or forests. The nature of urban female occupations rarely allows for this. Women are mostly employed as domestic servants, hawkers and vendors, sweepers, unskilled labour (if at all they are employed outside their homes) servicing, in other words, the more affluent sections of the urban population. This obliges them often to travel long distances and to be

2. *Study of the Young Child: India Case Study* (New Delhi: National Institute of Public Cooperation and Child Development, 1976); C.A. Aphale, *Growing up in an Urban Complex* (New Delhi: National, 1976).

away from home at odd hours, and this leads to unavoidable neglect of the children.

Child labour in the exploitive sense, is again a phenomenon that is more associated with the urban areas. With the exception of certain cottage industries like matches and *bidis* which are heavily dependent on children, child labour in rural areas usually refers to helping with the family tasks. Children are usually assigned such tasks as grazing cattle, looking after animals, fetching fuel and water, running errands, caring for young children and household chores. While this may often involve heavy work, it nevertheless carries the compensation of some dignity, freedom and responsibility which comes with being an active contributing member of the family economy. Children can take pride and pleasure in this work and learn some skills, though they are usually not paid for it.

In urban areas, fewer tasks of this sort need to be done (with the exception of baby-minding as an occupation for girls), and more children have to help the family by working, again in the unorganised sector, and again for an exploitative wage.[3] The urban child is caught up in a vicious triangle.[4] Hazardous health conditions in the squalor and misery of slums, poverty, lack of health care as a result of the ignorance and illiteracy of parents, and the insecurity and hardship of life form one side of this triangle[5]; the lack of adequate adult care, protection and guidance which can be attributed to the nuclear family and the absence of both parents and older siblings from the home is the second side[6]; the third side is the social and cultural milieu of the slums.[7]

Studies of slums have revealed the close ties and groupings formed on the basis of kindship, language, regional origin, caste etc.;

3. *Working Children in Bombay: A Study* (New Delhi: National Institute of Public Cooperation and Child Development, 1978), mimeo; *Working Children in Urban Delhi* (New Delhi: Indian Council for Child Welfare, 1977); A. Sebastian, 'A State-wise Child Migration and Child Migrant Labour in Cities of India,' paper presented at IASP Conference on the 'Child in India,' March 1979.

4. S. Anandalakshmi, Editorial in *Ekalavya* (1979), Annual of Mobile Creeches, New Delhi.

5. *Report on the Working and Living Conditions of Workers in the Building Construction Industry*, Unorganised sector survey series No. 1, 1977-78 (Simla: Labour Bureau, Ministry of Labour), mimeo; P.S. and Ila Mazumdar, *Rural Migrants in an Urban Setting* (Delhi: Hindustan Publishing Corporation, 1978); A.R. Desai and S.D. Pillai, *Slums and Urbanisation* (Bombay: Popular Prakashan, 1970).

6. *Workiug Mothers and Early Childhood Education* (New Delhi: National Institute of Public Cooperation and Child Development, 1978).

7. M.K.A. Siddiqui, 'Life in the Slums of Calcutta,' *Economic and Political Weekly*, 4 (December 1969); Oscar Lewis, *The Children of Sanchez* (London: Secker & Warburg, 1961).

the tendency to cling to one's own is naturally strengthened in the alien ocean of the big city. With length of residence and economic improvement, these sometimes grow into formal organisations and even develop political affiliations; in the more elementary state, there is merely the huddling together for security and comfort of those who share a common misery. The slum is an enclosed world with its own rules and regulations, its own outlets and channels for social relationships, its own cohesiveness, structures and priorities. The child, no less than the adult, is confined within this small suffocating world with its limited aspirations, knowledge and potential for growth. Ignorance, apathy, mobility, drift, illiteracy and distrust have led to the phenomenon that slum dwellers do not make full use even of the available urban amenities. Studies in Bombay have revealed the appalling extent to which slum mothers were unaware of the health care and other facilities available for preschool children.[8] A similar situation prevails with regard to the poorest in the rural areas also.[9]

In some ways, where the poor are concerned the distinction, in the commonly accepted sense, 'urban-rural' has little meaning, since so many of the urban poor are 'rural' in so many senses.[10] Yet when one considers the extra burdens on the child of the urban poor, summarised so far, there does seem to be a special problem. But the rural child has the advantage of plentiful space, fresh air and some amount of freedom, especially in the earlier years, to explore the world in his own way and is free from the pressures of overriding squalor.

In addition—in urban areas, there are several other potentially damaging elements—exposure to mass media, the ubiquitous film, poster, radio and magazine is one of them. While this gives wiser knowledge and the quick response typical of the urban street urchin, the presence of stimuli alone is not sufficient for development, and sensory over-stimulation can be counter-productive. Simultaneously there is exposure to the glaring inequalities, the contrast between rich and poor which is so much more obvious in the urban setting, and which cannot but set up psychological tensions and frustrations in the child's mind. The urban child is also exposed to the dangers and temptations of urban living—the possibility of making quick money through various means, the lure of financial independence and the easily turned but dishonest penny, the numerous attractive consumer items to spend it on etc. On the other hand, in the congested

8. M.A Khandekar, *Disadvantaged Preschoolers in Greater Bombay* (Bombay: Tata Institute of Social Sciences, 1976).

9. *An Evaluation of the National Programme of Balwadis* (New Delhi: National Institute of Public Cooperation and Child Development, 1978), mimeo.

10. Mina Swaminathan, *The Young Child in India* (New Delhi: Basu Memorial Lecture 1978.)

surroundings of a slum, he is often obliged to watch at close range illicit and criminal activities of all sorts.

Allied to the lack of roots in the traditional culture and social structure, the wider family network and the rural recreations on the one hand, is the cultural barrenness of slums on the other—the lack of healthy recreation, of space, the absence of any sort of constructive activity or learning. The developmental consequences of being reared in such an environment are naturally alarming. The urban Indian sub-slum, is a matrix in which the 'culture of poverty' meets the culture of the Indian family. Micro-studies can throw light on the cognitive development and socialisation of the child in this matrix, but these have yet to be carried out. At the moment, it is sufficient to note that under conditions of equivalent poverty, as measured in the purely economic sense, the urban child may be much worse off than the rural child. However, this recognition has been late in coming.

Policy and programmes

Policy

In policy terms no special recognition of the urban child was made till the 1970s. A number of commissions, committees and other government sponsored studies which made recommendations for child services were set up between 1947 and 1970. Of these the most notable were the Child Care Committee (Tarabai Committee) 1961 and the Ganga Sharan Sinha Committee (1968). Both made detailed recommendations about all aspects of programmes for children but the question of underprivileged children was treated globally and there was no special analysis of the problems of the urban poor.

In education, policy has always remained somewhat aloof from the question of child development and child welfare. The Sargent Commission (1944) made a passionate plea for preschool education, but for twenty years no action was taken on it, and preschool education remained within the private sector. The Kothari Commission (1966) devoted a chapter to the subject and made some modest proposals, none of which have been acted upon either. The National Policy on Education (1968) which was drafted after the acceptance of the Kothari Commission report was significant for its omission of any reference to the young child.

In the light of this neglect of the educational element, policies, services and programmes for children have grown within the framework of a welfare approach. Here too, it is significant to note that the proportion of outlay on child welfare services as a proportion of total outlay on social welfare services has been declining from Plan to

Plan, though undoubtedly the total gross expenditure has increased significantly. This is not surprising. So long as children's services are viewed as primarily a welfare measure or attempt to provide relief, low priority for such non-productive expenditures is but natural. Programmes for children are not yet regarded as developmentally necessary and hence are not seen as investment for the future, pious platitudes notwithstanding.[11]

In the 1960s, considerable emphasis was given to the development of nutrition programmes with a rise in awareness of the extent of malnutrition, the alarm generated about the possible consequences of severe childhood malnutrition and the ready availability of imported foodstuffs for relief. This helped to bring the problems of the urban poor into focus. The first significant departure was the Special Nutrition Programme. Originally announced as the Crash Nutrition Programme, it was later developed as a special supplementary feeding programme for deprived children in particularly vulnerable areas. Urban slums were designated as one of these vulnerable areas. The programme was essentially a gigantic relief and rescue operation which was later phased out in favour of more long-term activities to promote better nutrition. The study Group on the Preschool Child (1972) also stressed 'urban slums' as one of the three main vulnerable areas, and subsequent child welfare programmes have been oriented to these three main areas—urban slums, tribal areas and the rural underprivileged. These are the target groups to be served by the Integrated Child Development Services launched in 1975. Here too, though the urban poor have been singled out for special attention, no study of their needs and problems has been undertaken, nor has the programme been developed with flexibliity to meet varying situations.

Programmes

Within this policy context, the current status of programmes for children in urban areas may be briefly reviewed and commented upon.

Health. The provision of health services in urban areas, as measured by the number of beds, hospitals or doctors per thousand population is far higher than rural areas. However, several studies have highlighted the extent to which slum dwellers are unable to make use of these facilities.[12] The area of residence, the level of education in the family, the social climate in the slum and several

11. Mina Swaminathan, *op. cit.*
12. M.A. Khandekar (see n. 8 above).

other factors affect the extent of use. It is thus not at all clear what the actual availability of curative health services is.

Most important, in conditions of urban slum living, the health hazards of the environment are extreme. Preventive health, through control of communicable diseases, provision of clean drinking water adequate in quantity and quality, proper arrangements for sanitation, drainage, garbage disposal etc. are of vital importance. Here the conditions in slums are far from adequate, and thus there is a continuing threat of disease. Concerted action on several fronts by the concerned local, municipal and State authorities in necessary and has not been evident so far, except in certain pockets. Thus the overall impact of health programmes is very limited.

Nutrition. Most nutrition programmes had been aimed at rural areas, until the advent of the Special Nutrition Programme. At its height in 1974-75, 29.4 million children (0-6) and 2·45 million women (pregnant women and lactating mothers) received supplementary food. In urban areas, this took the form of bread and milk, and was to a considerable extent shared by the entire family. An evaluation of this programme has been carried out but not published.

Balwadis. Under the auspices of the Central Social Welfare Board, there are over 6,000 *balwadis* in the country and, taking into account those run by all other agencies, the total may be about 15,000. Though this programme was always intended for the benefit of the rural areas, quite a few of the *balwadis* are located in urban areas, though here again no exact estimate is available. These run half-day nursery school type programmes for children aged 3-5. Since 1972 a nutritional component has also been added, and a supplementary feed is given through the *balwadi*. An evaluation has recently been completed.[13]

Creches. In the last decade, there has been a significant development in the number of creches and day-care centres. These fall into three categories: a) commercial creches which cater to the needs of the urban middle-class working women; b) factory and industrial creches, which have not been popular with mothers for various reasons such as the distance from place of residence, poor facilities provided and lack of confidence of the mothers in the service;[14] c) creches for poor working women in the unorganised sector run by

13. National Institute of Public Cooperation and Child Development (see n. 9 above)
14. Asha Rane, 'A New Look at Factory Creeches,' *Ekalavya*, Annual of Mobile Creeches, New Delhi, 1979.

voluntary agencies. Since 1975, Government funding is available for such ventures, and according to Departmental statistics for 1975-76, 741 creches are being run serving 18.5 thousand children, but with one or two well-documented exceptions, not much is known about the working of these creches or the quality of the services rendered.[15]

Preprimary education. There has been a steady growth in preprimary education in certain urban areas, provided by local authorities, remarkable in view of the low priority acccorded to this area of activity. Delhi took the lead in the 1960s and 1970s with a rapid expansion of preprimary classes in slum areas, now totalling over 500 classes with an enrolment of 15.000 children. Other cities which have taken up this programme are Baroda, Ahmedabad, Hyderabad and Bangalore. A total of less than half a lakh of children aged 3-5 may be served by these classes, which are essentially feeders into the municipal system of primary education, and the element of preparation for school is stressed. Existing research indicates that even in the limited areas of social achievement, the effects on children are closely related to the quality of preschool education provided. Unless the quality is good, no effect on school achievement has been found.[16]

Primary education. This has been the largest single area of expansion, and almost all urban areas in the country can boast of having made provision for universal primary education. However, non-enrolment is still a problem in every major city, so also wastage and drop-outs before the completion of elementary education. The high extent of child labour in urban areas is the other face of this coin. In the city of Delhi alone, with a tentative school-age population of 8.5 lakhs, estimates of the number of children out of school range from 35,000 (official) to 1.00,000 (unofficial). The problems of 'first-generation learners' are complex. On the one hand, the home cannot provide help or guidance in formal education and often lacks educational aspiration as well; on the other hand, children's earlier experiences have made them unprepared for the formal disciplines of the school.

While today, buildings, facilities, staffing ratios and equipment are adequate in most urban areas, the quality of education imparted is still unsatisfactory, or the content not relevant enough to hold children and the methodology inappropriate. Almost every municipal authority

15. *Ekalavya*, 1978.

16. M.A. Khalakdina, 'Deprivation and Intervention,' paper presented at a Seminar on 'Effects of Deprivation on Learning in Early Years,' New Delhi, May 1978.

faces grave problems in education and hasattempted to thrash out the 'special' problems of children in slum areas. The consciousness of the need for a qualitatively different programme is growing, but few have taken the bold steps necessary, though some municipal authorities, as in Bombay, have sponsored imaginative programmeson a small scale.[17]

Adult education. The relationship of adult education, especially of parents, and of women and girls to the development of children has received very little attention. This could be an important exercise both in creating awareness of children's developmental needs and the means of satisfying them, and in promoting the development of the skills to do so effectively. Some efforts at improvement through demonstrations of nutrition, child care, family planning etc., have been part of the *balwadi* programme, FCW programmes and other multi-purpose programme from the beginning. These have generally been sporadic and desultory, and they have often been seen as part of women's programmes rather than as related to child development. The Integrated Child Development Services (ICDS) programme has an element of functional literacy for women, which is meant to fulfil this need. However, reports indicate that this is the least effective part of the programme. Till the advent of the National Adult Education Programme (NAEP), which it is still too early to comment upon, there were few examples of well-developed material and resources for such programmes.

Integrated Programmes. There have been several such programmes in the past, notably the Urban Community Development Programme of the 1960s, and the Integrated Preschool Projects taken up with UNICEF assistance in the early 1970s. These have been early indications of the awareness of the need for an integrated approach, but have usually floundered upon the difficulties of communication and coordination inherent in Government-sponsored programmes. The largest and most recent is the ICDS programme launched in 1975 and now operating in 100 projects in tribal and rural areas and urban slums. The components of this programme are health services, referral, immunisation, supplementary nutrition, nutrition education and preschool education.

Small-scale experiments. There have been several small-scale experimental programmes in areas like recreation, vocational training, self-employment, rehabilitation and non-formal education. An example

17. Farida Lambay, 'New Approaches in Primary Education in Urban Slums,' in *Child and the Community* (Indian Association for Preschool Education 1977); Centre for Educational Resources, 'An Action-Research Project on Early Primary Education in Delhi: 19'79, (New Delhi; ICSSR), mimeo.

of an intensive integrated small scale programme is Mobile Creches, a chain of centres for children of migrant construction workers. Originating as a creche it quickly broadened out in scope and attempts to provide integration in two ways; horizontally, through services in health (preventive and curative), nutrition, recreation, non-formal education, preschool and adult education, family planning and community services etc., by one worker and under one roof; and vertically, by dealing with all age-groups from birth to adulthood. The extent of success of such agencies in the voluntary sector remains so far closely linked to their small size, flexibility and innovativeness in functioning, and stress on close personal interactions in programmes.[18]

Training. Since child education has never been recognised as a state responsibility (no mention of the young child has been made in the revised National Policy on Education placed before Parliament in April, 1979) there has also been no recognition, regulation or support to preschool teacher education. There are a number of private institutions catering to this need, with a very wide range of standards. The Bal Sevika Training Programme, started in 1961, still continues as an *ad hoc* structure, renewed from year to year, with no promise of permanence and no infrastructure. The programme naturally suffers in quality as a result. Though the scheme for grant-in-aid to creches was initiated in 1974, till today there is no recognised training for workers in the country. Neither is there recognised training available for the several other categories of workers with children—recreation, non-formal education, creative activities etc. All of these languish by official neglect, though outstanding work is being done in some areas by small voluntary agencies.

Most significant of all, is the training component of the ICDS. To begin with it was introduced as a crash programme in 1975, and a four-month course to be conducted by existing institutions worked out in order to launch the scheme on a pilot basis with all possible speed. Though four years have passed and the scheme has now been extended to 100 projects, involving a large number of workers, no attempt has been made yet to systematise the training and put it on a sound footing.

There has been extension of duration, scope or nature, no modification in the basic methodology, no attempt to introduce supervised field work as a part of training, and above all, no move to create an infrastructure for the purpose. The short training courses continue to be farmed out on an *ad hoc* basis to existing agencies who have to cope with them in addition to other responsibilities and who most often do

18. Mobile Creches, *Annual Report for 1977-78* (New Delhi: Mobile Creches); *Ekalavya*, Annual of Mobile Creches, 1976 (New Delhi: Mobile Creches).

not have the requisite practical experience to conduct the training suitably.

Overview of programmes

Relating the available programmes to the developmental needs and problems of children in urban slums, a vast chasm appears to exist between the two. The three outstanding characteristics of all the programmes described so far are:

1) Inadequacy—in sheer quantitative terms.

2) Inappropriateness—whether this is seen in terms of the imitation of foreign models, application of models suited to rural areas, or even sheer inadequacy of response in devising programmes based on needs, the same conclusion emerges.

3) Fragmentation—the single service in response to a single need, theoretically isolated from out of the interwoven web of needs—has led to the provision of a large number of diversified services, each operated by a different agency with little or no coordination, and each by definition incapable of even effectively fulfilling its own ostensible purpose unless suitably backed up by other services.

What are the implications of these findings? What criteria can we evolve for appropriate programmes for children?

Theoretical and policy implications

Academic interest in this area has been very limited and few studies, especially of an evaluative type, have been made. However, studies made elsewhere have had some impact. In the sixties, with the coming of Project Headstart and the subsequent War on Poverty Programmes, considerable interest was aroused and eagerness for similar intervention programmes grew. The enthusiasm for preschool education, for instance, permeated as far as the Municipal Corporation of Delhi which introduced a large-scale programme in 1969. However, the opponents of preschool education were quick to quote the various researches which followed in subsequent years showing the poor overall impact of Project Headstart. The early programmes in the USA were based on a middle-class approach, and stressed the various limitations of the so-called 'deprived' child of urban poverty, but shortly afterwards the famous 'deficit-versus-difference' controversy arose which is still inspiring debate.

At present, inter-disciplinary researches and the pervasive influence of anthropological and sociological approaches tend to favour the 'difference' theory; however, in India, the few studies emanating

from the National Council of Educational Research and Training (NCERT) and one or two universities stick firmly to the 'deficit' approach and support the middle-class norm as the ideal against which all other groups should be measured.[19]

Thus school achievement and I.Q. frequency counts of vocabbulary etc., are accepted as valid measures and are not seen to be circular arguments in nature. In the area of language development, there are no published micro-studies on the process of language development in various environmental settings. Again, in cognitive development, the extent of stimulation has received more emphasis than the nature of personal interactions.

A valid model of compensatory education, even if based on the 'deficit' theory, would need to study the following factors:

a) stimulation-response, and the role of over-stimulation in the environment of urban slums;

b) information processing or cognitive and learning strategies in the child, and the extent to which they varied with the nature of child-rearing and adult interaction, especially in fostering in the child

i) a sense of order and rationality in the universe, an essential component of the scientific attitude; and

ii) a sense of power and control over the physical and social environment, an essential component in promoting self-confidence, competence and a positive attitude to life.

How far do these exist under the conditions of urban slum living? How far can they be brought about by intervention programmes? Drawing on both Indian and other researches,[20] one may indicate the importance of the following:

a) *Continuity and reinforcement* in programmes for effectiveness. Short-term intervention is easily wiped out and leaves little trace.[21]

19. R.N. Rath, 'Teaching and Learning Problems of Disadvantaged Children,' Presidential Address, 12th Annual Conference of the Indian Academy of Applied Psychology, Bhubaneswar, December 1974; A.K. Singh, 'Social Disadvantage, Intelligence and Educational Achievement,' paper presented at the 14th Annual Conference of the Indian Academy of Applied Psychology, December 1976; R. Muralidharan and U. Banerjee, 'Language Development of K.G. Children in relation to their Parental Occupations,' *Indian Educational Review*, 1973.

20. UNESCO, Review of Research and Pedagogical Considerations,, in *New Approaches to Education of Children of Preschool Age* (Bangkok, September, 1978).

21. J. Bruner, *Studies in Cognitive Growth* (New York: Wiley, 1966); Corinne Hutt, Lecture at 15th Annual Conference of the Indian Association for Preschool Education, Kurukshetra, September 1978, unpublished; R. Schaefer, *Mothering*; The Developing Child Series (London: Open Books, 1977).

b) *a multiple or integrated approach.* Fragmented programmes are probably not only ineffective but also wasteful in terms of cost-benefit.[22] Numerous examples could be given, but two will suffice. A nutrition programme or a curative health programme, is likely to be ineffective unless combined with each other and supported by deworming, pure drinking water, immunisation, prevention of communicable diseases, development of sound health habits, family planning etc. Similarly, preschool education is likely to be ineffective unless it is carefully organised to provide experiences supportive of the various cognitive and developmental growth points, for several hours a day and is extended over a period of several years, with continuous reinforcement. In other words, a full-day programme which is provided over several years, including the conventional years of primary education, is necessary to achieve the 'take-off'. Anything else is mere tinkering.

c) *relevance of content*, firmly basing the programme on needs.

d) *quality* which is of vital importance in any compensatory programme. Any sort of mere doling out of services in a routine manner is unlikely to be make a dent. In this context, the routine, impersonal and mechanical nature of most of the Governmental programmes (whether it is doling out food in supplementary nutrition centres, or formal routine teaching in large classes as found in State primary schools), may be of little help.

Summing up, one may list the four major criteria of intervention programmes aimed at the children of the urban poor as:

a) relevance of content, both to the Indian stiuation broadly and to the particular situation of urban slums.

b) quality of the highest order, to counter the pressures and problems on the child in such a situation.

c) a strategy of multiple or integrated services touching the life of the child at various points and involving the adults closest to him.

d) continuity and reinforcement over a period of years to enable some impact to be made.

One may once more point out the success of small scale agencies in the voluntary sector, like Mobile Creches, in meeting these criteria. This cannot be dismissed by the use of words like 'dedication' and 'commitment'; it is magic, but a valid and replicable model created by a steadfast application of sound principles of education,

22. UNESCO (see n. 20 above); H. Mckay *et. al.*, *Stimulation of Intellectual and Social Competence in Colombian Preschool Age Children Affected by the Multiple Deprivations of Depressed Urban Environments* (Colombia: Human Ecology Research Station, 1973).

management organisation allied to hard work, clear perception of goals and an appreciation of the need for human resource development.[23]

This points up the importance of personnel, their recruitment training, motivation and continuous development in response to the needs of the situation, A glance at the programmes of agencies which have had some success in the field would show the vital role played by personnel and their training, using the same criteria of relevance, quality, continuity and integration.[24] The official attitude to personnel, which matches, in its lack of concern, the official attitude to the child, is short-sighted in this respect.

Conclusion

Studies of partial programmes now in existence have shown that the prerequisites for success are high quality and an integrated and comprehensive approach on a long-term and continuing basis. Half-measures will not do and are wasteful in cost-benefit terms. Examples exist to show that such programmes are possible and can meet the needs effectively. To replicate these models on a larger scale, we have the expertise, the resources, the models. For if in urban areas we have large concentrations of poverty and squalor with all their concommitants, we also have clusters of talent, human and material resources and adequate funds, with can be harnessed to the cause. A city like Delhi has illustrated that funds are not wanting for fountains, parks and city beautification. Cannot the same resources be used for worthwhile programmes for children? What is needed is a re-ordering of goals and priorities.

If programmes for children are seen as developmental inputs for the future rather than as welfare and relief measures to stave off immediate disaster, then in turn investment in training will be viewed as an essential human resource development measure. Only such a change of perspective can stimulate work of the kind and amount that needed. If there has been a low political commitment to children so far, it is partly a reflection of low public awareness and concern for children. The urban problem for all its size, is still of a manageable order where voluntary agencies can take the lead in developing effective programmes and prodding the political leadership into supportive action. For the children of the urban poor, there are special problems and needs but there are also special oportunities.

23. D. Singh, 'Mobile Creches,' paper presented at a Seminar on Preschool Teacher Training (New Delhi: Indian Council for Child Welfare, March 1978).

24. Suman Pathak, 'Teacher Training in Mobile Creches', *Ekalavya*, Annual of Mobile Creeches, New Delhi, 1975.

Basic Health and Educational Needs of Preschool Rural Children: An Integrated Approach

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This paper will discuss selected programmes organised by the Indo-Dutch Project for Child Welfare which were introduced in the Chevalla Block, Andhra Pradesh. The rural programmes in this Block were initiated in 1970 in four sub-centers each covering a population of about 10,000. The Block consists of 114 villages with a population of 1,17,438. At present the project covers 37 villages with 7,769 families in two zones out of six with a population of 39,672. The distinctive approach of the Project has been the emphasis on local initiative and the use of local structures and existing specialised institutions so as to reduce dependence on outside resources and agencies. Keeping this in mind, integrated programmes for health, education and nutrition have been implemented only where there is sharing of costs and responsibility, however nominal. This has done away with a charity-oriented approach and the emphasis has been more on a education and motivation with the aim of bringing about a change in attitudes and patterns of behaviour. To ensure continuity and replicability an all-out effort has been made to introduce programmes that are cheap and within the resources of rural families. Thus the basic policy and programmes of the Project aim at the overall development of the child in the age group of 0-16 with an integrated approach to health, education and nutrition.

This paper will focus on the basic needs of preschool rural children with respect to health, nutrition and education; on the basis of concrete experience, it will also discuss the training required by village health workers to function effectively as instruments of non-formal education in the rural situation. Another important aspect of this paper will deal with the participation of the people not only in the implementation of the child welfare programmes but also in the sharing of financial responsibility.

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