Consultation

“Spotlight on the Young Child in Delhi Slums”

Organized by
Delhi FORCES (Neenv)
December 17, 2009, India International Centre (Annexe), New Delhi

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Background

Rapid urbanization in the capital and a high population growth rate have brought in their wake a spawning of slums, crowded resettlements and degraded environments. Poor urban settlements are now home to 64% of Delhi’s population. Children are growing up in these areas in conditions that are far from conducive to good health, survival and development.

Concerned about the neglect of young children and the low priority they have received, a group of NGOs, networks and specialists in health, education and urban affairs, undertook a “Situational Analysis of the Young Child in Delhi” which has recently been completed in the form of a “Citizens Report” (Annexure 1 & 2).

The group tracked and collated secondary data made available through a range of government reports and analysed the situation of the under-sixes in Delhi. The task was not easy as very little disaggregated data was available on this age group and on many special needs groups like children with disability, children living on the streets and slums, etc. The report set the alarm bells ringing on many issues concerning young children, and, particularly for children of the urban poor.

To investigate the situation further, Neenv, Delhi FORCES – a network that focuses on the needs and rights of children under six, decided to survey the situation in 22 basti clusters in 7 districts of Delhi to identify the under sixes, their health status, their access to services, childcare arrangements of working women, children with Disability etc. The objective of the Survey was to come to grips with the situation so as to enable planning and focused interventions by both the State and all those working on health, education and urban development issues.

The objective of the Consultation was to share the findings of the Citizen’s Report and the Delhi FORCES Survey, assess the situation across a wide range of stakeholders and engage in constructive thinking on how to break the vicious cycle of neglect of young children and the wide disparities across different sectors of children in the capital during the most critical phase of their growth and development.
**Session I – Welcome and Introduction to the Consultation**

Hema Kansotia, LEDS, a member of Delhi FORCES, welcomed the guests and gave brief introduction to the programme. She also introduced Delhi FORCES and spoke of its major advocacy efforts for the young child under six over the last decade (Annexure 3). She then spoke about the objectives of this Consultation, the Survey that had been undertaken and the need felt to share the findings which made the ground realities visible. Delhi FORCES partners who had participated in the Survey were able to assess the situation first hand. This was followed by a song “Aao Saathi Seekh Banaye...” presented by Mobile Creches team, which articulated a new vision for children.

**Session II - Voices from the Ground: Documentary Film**

Thereafter, an eight-minute documentary film titled “Aadhi Delhi” was shown. The film was shot and produced by CFAR, in the bastis where the survey had been carried out. It not only captured the environment of the urban poor settlements of Delhi but also the voices and struggles of its inhabitants.

About 80 persons representing NGO’s, government agency, grassroots organizations and media attended the Consultation (Annexure 4). The event was covered by Times of India, Jansatta and Indo Asian News Service (IANS) (Annexure 5).

A distinguished Panel was present. They were:
- Dr. Renu Khosla, Director, Center for Urban and Regional Excellence (CURE)
- Ms. Dipa Sinha, Advisor, Supreme Court Commissioners’ Office, Right to Food
- Mr. Amod Kanth, Chairperson, Delhi State Commission for Protection of Child Rights
- Dr. T. Sundararaman, Executive Director, National Health Systems Resource Centre (NHSRC)

**Session III - Sharing of the Findings - Ms. Mridula Bajaj, Convenor, Delhi Forces (Neenv)**

Mridula Bajaj made a detailed Power Point presentation on the findings of the Delhi FORCES Survey along with the data (NFHS, NSS, etc.) and the issues that had been identified by the Citizens Report. The two exercises complemented each other and, therefore, were being presented together. Data from the Basti Survey had helped to sharpen the focus on problems and provided pointers on what needs to be addressed. Micro level studies, she stated, are crucial to capturing the ground realities and assist in monitoring gaps in planning, excluded groups etc. In the slides below, the micro level data was presented in red and the macro level data in black.

The Delhi FORCES Study had covered 4,600 households in 22 bastis in 7 districts of Delhi and had sought to collect hard facts on some of the key factors which have a major impact on the young child. The Survey was carried out over September–November, 2009 (Annexure 6).

The total population of under six children in Delhi, according to the Census was 19.23 lac. The Delhi Economic Survey, 2007-08, placed the number of people living in urban poor settlements at 64% of the population. We can therefore estimate that the child population of under-6 children who live in these areas is approximately 12 lacs. This is a large group of children. Both the
Citizen’s Report and the Delhi FORCES Survey have attempted to focus the spotlight on this group of children and make them visible.

Health Status: Ms Bajaj first took up the health status of the children living in slums. She compared NFHS III data for All India, Delhi and data on Delhi Slums derived from the Programme Implementation Plans (PIP) of NRHM, 08. A stark difference is visible between the two worlds. Table I clearly points to the higher mortality rate of children in the urban slums.

Table 1

<table>
<thead>
<tr>
<th></th>
<th>India NFHS III</th>
<th>Delhi NFHS III</th>
<th>Delhi Slums PIP-NRHMO8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal Mortality</td>
<td>39</td>
<td>27.2</td>
<td>36.2</td>
</tr>
<tr>
<td>IMR</td>
<td>57</td>
<td>40</td>
<td>54.1</td>
</tr>
<tr>
<td>UFMR</td>
<td>74</td>
<td>48.5</td>
<td>72.8</td>
</tr>
<tr>
<td>% of Underweight Children</td>
<td>47</td>
<td>33</td>
<td>66*</td>
</tr>
</tbody>
</table>

75% children under 3 suffer from diarrhea and 63% have anaemia

Nutritional Status: Regarding the Nutritional Status of children in Delhi, the data collected by Delhi FORCES Survey was very disturbing. It revealed that 66% of children (Under 6) in the bastis surveyed were malnourished - a figure twice as high as that for ALL Delhi (Table I – NFHS III). Fig 1 on the other hand, gives some hope as there is a slight improvement in the rates of Stunting and Underweight between NFHS II and III. However warning signals are also sent out that there has been an increase in Wasting for the same period. This is a dangerous trend and has major implications on how Delhi’s future citizens will develop.

Fig. 1

Trends in Nutritional Status for Children Under 3

(1998-99 to 2006-07)
If we wish to address malnutrition and health, she said, it will be necessary to look at a complex set of interlinked factors. Micro studies are useful in throwing light on these factors and thereby providing insights into intervention strategies that will be required.

These factors include:

- status of mothers health
- care and development support available for children
- the availability and access to state services of health, care and education
- financial status, livelihood and employment issues and access to basic services

Since the child’s health is dependent on the mother’s health, it is important to know where mothers are delivering their babies; what kind of check-ups take place during pregnancy, how long is the mother able to breastfeed her baby, etc. – all these have implications for children’s health. *The issue of provision of care, what kind of care children receive and who takes care of them when the mother goes to work also needs to be gone into. Then there is the question of financial resources*, and when there is a lack of money, how much is or can be spent on the child. Children’s health and survival, she said, cannot be dealt with without looking at the closely linked issues of livelihood and employment status of families.

The Survey had investigated the status and provision of services in the *bastis* and peoples access to them The State has a big role to play in the survival and health of children, particularly amongst low income groups. “*We need to know what services reach the children, what is the quality of these services, are the services targeting the right places, do the implementers have a good understanding of what is required, are people aware about the services, and are they accessing them.*”

*Status of Mothers Health:* Ms Bajaj then presented the following data (Table II) on Mother’s Health.

**Table 2**

<table>
<thead>
<tr>
<th></th>
<th>Delhi</th>
<th>Delhi urban poor</th>
<th>Delhi FORCES survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Delivery</td>
<td>39.3%</td>
<td>89%***</td>
<td>53%</td>
</tr>
<tr>
<td>Anemia</td>
<td>43%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal</td>
<td>74%*</td>
<td>36%**</td>
<td></td>
</tr>
</tbody>
</table>

- 54% mothers were illiterate
- 75000 pregnant and lactating mothers i.e 10% took nutritional services from ICDS in 2006-07
- JSY – 20 Women in 2006
- No maternity entitlement for women working in unorganized centre

* NFHS III ** Delhi dist. H H Survey *** Urban Health Resource Centre
The data shows that poor women have much less access to services of institutional deliveries and antenatal care. The data on home deliveries was interesting showing a great disparity between data for All Delhi in NFHS III and that recorded for the urban poor. The Delhi FORCES Survey figure of 53% home deliveries is lower than that of NFHS III (urban poor) possibly because the bastis surveyed were based in localities which had more access to institutions.

In this connection, she drew attention to the low utilization of Schemes – ICDS and JSY and the lack of awareness about them. 75,000 pregnant and lactating women availed of ICDS nutritional services ie. 10% (2006-07) (Source: 7th Report of the Commissioners of the Supreme Court)

JSY: Only 20 women benefited in 2006 from the Janani Suraksha Yojana which provides a one time monetary benefit to women who deliver in hospitals or institutions. (Source: 7th Report of the Commissioners of the Supreme Court)

Commenting on the JSY, which is a government scheme, not only is there low utilization but with its emphasis on institutional deliveries and the fact that the quantum of money given is limited, its usefulness as a support to women was yet to be seen. She hoped that the setting up of GRCs would improve this situation.

There was also the crucial issue of no Maternity Entitlements for women in the unorganized sector. Maternity Entitlements are important in providing support to women and enabling them to breastfeed for the 6 month period recommended by experts.

On the question of the literacy level of mothers and the Survey finding that 54% mothers were illiterate, she felt that implementers of schemes needed to factor this in so that instead of blaming women for low utilization, appropriate communication strategies could be adopted instead. The tendency today is to merely blame the women for carelessness or indifference. “It does not mean that just because the mother is illiterate, she does not care for the child or does not need services for the child”

Care & Development Support: The Survey had yielded valuable data on the situation of Care available for children: 48% children were being looked after by adults. 65% families were nuclear, raising questions about who looks after the children, what kind of care they get and this should feed into the strategies that the State should adopt.
43% children were either being looked after by siblings or neighbours or accompanying their mothers to work. The above Survey finding indicates the inadequate status of care in urban poor settlements.

Access to State Services & Schemes: The Survey findings given below point to the wide gap between the services and the communities they are meant for - a gap that has grave implications for the health and development of children.

Table 4

Access to State Services & Schemes

<table>
<thead>
<tr>
<th>Government Schemes &amp; Services</th>
<th>People who have accessed (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC</td>
<td>47</td>
</tr>
<tr>
<td>AWC</td>
<td>28</td>
</tr>
<tr>
<td>CRECHE</td>
<td>0</td>
</tr>
<tr>
<td>GRC</td>
<td>1</td>
</tr>
<tr>
<td>ASHA</td>
<td>12</td>
</tr>
<tr>
<td>ANM</td>
<td>13</td>
</tr>
</tbody>
</table>
She said that only a limited number of people in the bastis have heard about the GRC or the other schemes.

Access to ICDS Services: The NFHS III data, also shows that ICDS has not reached all the children. Universalization and quality are major issues in ICDS. The Delhi FORCES Study “ICDS- A Reality Check” conducted 2 years revealed the following:

Infrastructure:
- Inadequate space (96% AWCs were on rent - irregular and inadequate)
- 57% had drinking water and 58% had toilets
- 57.83% AWWs reported lack of availability of space for carrying out activities
- Shortage of weighing machines, teaching aids

Coverage:
- 43.48% AWCs had no children for pre school on the day of the survey
- Average of 13 children attending preschool

Nutrition and Nutrition Monitoring:
- 74% centres regular in distribution after cooked food was introduced, distribution quantity - adhoc
- 76% share food with family members
- 83% AWCs did not have any data on malnutrition

Human Resource:
- 96% AWW reported irregular payment
- Too many centres to supervise - 80% Supervisors supervising 50-60 centres while the norm is 20-25 centres. Secondly they are frequently used for election duties. . 80% of CDPOs were responsible for 120 or more centres. Some of them were found to be responsible for 2 projects (each project with more than 100 AWCs)

Provision of Day-Care Services: Ms. Bajaj pointed out that the ICDS is the only scheme of the government that takes care of young children’s integrated needs. It does not, however, have the provision of Daycare. She said that since the women in the urban poor settlements of Delhi worked in the informal sector without any social security, and their arrangements for child care being what they are, there is a great need for daycare services. However, crèche Services under the Rajiv Gandhi Creche Scheme in Delhi cover a mere 0.17 lac (i.e. 17,000) children under six (WCD Report ’08-09). The need estimated by Delhi FORCES is that 40% of the population of under six children require Creches i.e.7.6 lac children. The gap in services is, therefore, enormous.

Access to Preschool Education: Ms. Bajaj drew attention to the status of preschool education for all children in Delhi and the wide gaps that exist in the provision of such services. The importance of preschool is well understood and the data below reveals how it has been neglected.
The above figures indicate the State provisions for preschool opportunities. No clear picture is, however, available of how many are covered by the private sector. Since there is no Regulation of Pre-schools in Delhi, no records are available. The World Bank report (Year2007) tells us that there are 1.7 centres available for a 1000 children! “We can imagine how many children are being left out of the opportunity to learn and be successful later on in primary school”. 

As regards the sample investigated by the Delhi FORCES Survey, only 41% children of the 3-6 age group were found to be accessing pre-schools (NGOs/ICDS). Again, a wide gap in coverage is seen.

Along with coverage issues, the issue of quality of preschools for the urban poor is a major problem. Drawing on the data from the Delhi FORCES Study ‘ICDS – A Reality Check’ (2005), Ms. Bajaj said that the attendance in anganwadis was found to be low and preschool activities hardly in evidence. While 31 children on an average were registered for pre-school in the AWCs across Delhi, only 13 children on an average were attending the centre. 43% of the centres had no children present on the day when the study team visited. Wide gaps in information and lack of awareness about the importance of preschool have compounded the problems of quality and availability.

The other issues of concern for all children in Delhi of the preschool age group are: confusion regarding age of entry into class I, duration of pre-schooling for children in different types of school (Government, private, ICDS) curriculum and teacher preparedness issues, no regulation for quality etc.)
Other key factors affecting Health, Survival and Development:

i. Fragile Economic Status of People in the Bastis: According to the Delhi FORCES Survey, 85% earn less than Rs. 5000 per month and 56% earn less than Rs. 3000 per month. The monthly per capita expenditure for India according to Delhi Economic Survey 07-08, is Rs 1586.44, while the per family expenditure for Delhi is given as Rs. 7876 per month. Based on this data, it can be seen that 85% of the families surveyed fall below the average monthly expenditure of Delhi citizens. “We can guess the real condition of the families in the urban settlements and how much they are spending on children – these have implications on the health and education of children.”

ii. Work/Livelihood Issues: The Survey revealed that 93% of the people worked in the unorganized sector. Lack of work security, irregular wages, late payments, wages below the minimum and exploitation are the chief features of this sector.

In this scenario, the question arises, “How much is available for the family and how much of that is spent on children?” This reflects on the implementation of our labour laws and the social security arrangements.

iii. Basic Services: Water and Sanitation - Interventions for health and survival cannot have impact without attention to basic services like water, sanitation, toilets. The data below reveals the wide disparities that exist between what services are provided to the two worlds of Delhi. The abysmal state of basic services in the low income group areas is a matter requiring immediate attention.

Table 6

State of Basic Services – Two Worlds

<table>
<thead>
<tr>
<th>Basic Services</th>
<th>Norms</th>
<th>Norms for Low Income Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>363 lts per capita per day (lpd) Individual supply</td>
<td>40 lpcd Actual Supply: 30 lpcd</td>
</tr>
<tr>
<td></td>
<td>Coverage under sewerage</td>
<td>No sewerage cover</td>
</tr>
<tr>
<td></td>
<td>Actual Provision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75% sewerage cover</td>
<td></td>
</tr>
<tr>
<td>Waste Disposal</td>
<td>Household collection</td>
<td>Deposit at nearest garbage collection point</td>
</tr>
<tr>
<td></td>
<td>Actual Provision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>44% gap for All Delhi</td>
<td></td>
</tr>
<tr>
<td>Underground Drainage</td>
<td>No provision of drainage</td>
<td>No provision of underground</td>
</tr>
<tr>
<td>Facilities</td>
<td>facilities *</td>
<td>drainage facilities even in notified slums. Open Drains</td>
</tr>
</tbody>
</table>

* Source NSSO 58th round, 2002, CURE report Delhi 2004

“Is it surprising that most people defecate in the open?”
The Survey substantiated the findings of the Cure Report. The facilities available in the bastis were as follows:

<table>
<thead>
<tr>
<th>Basic Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing</strong></td>
</tr>
<tr>
<td>49% stay in Kuccha houses – 12.5 sq. mtr (as per MPD 2021)</td>
</tr>
<tr>
<td><strong>Water Supply</strong></td>
</tr>
<tr>
<td>57% families depend on water supply outside the residence</td>
</tr>
<tr>
<td><strong>Sanitation</strong></td>
</tr>
<tr>
<td>57% families use Public toilets or open areas</td>
</tr>
</tbody>
</table>

Open drains without any provision of underground drainage facilities have made problems worse for the population living in the slums.

iv. **Shelter: Demolition and Resettlement issues:** Commenting on the critical issue of shelter, Ms Bajaj deplored the shrinking of space for housing. As per new norms (MPD 2021), the area allotted for plots is 12.5 sq. mtr. She said Planners had been successively lowering norms since 1962. “We need to think about where families live and sleep, how and where they do their house work”

Once again, Health and Survival cannot be seen in isolation from the State policies affecting shelter and livelihood. A large number of the urban poor have been affected by the Demolition and Resettlement policies of the State.

In Delhi, bastis are demolished and people are thrown out regularly in the name of beautification, cleanliness, and more recently, for the Commonwealth Games. Demolitions increased from the 1990s onwards and families, particularly children, have suffered greatly as a result.

There are many unanswered questions regarding the numbers affected. As per the Hazards Centre report, of the approximately 27,000 families who were evicted from Yamuna Pushta only 6000 were resettled. Davenport, in an EPW article (2008), stated that 88% of those evicted were not found eligible for Resettlement. The data available from different sources is very contradictory and therefore, it is difficult to arrive at a correct assessment of the numbers affected by demolitions.
Impact of Resettlement on Families & Children

• Demolition and resettlement increased from 1990s in outskirt of city with no infrastructure support, access to livelihood & transport services

• Majority not resettled – 88% not eligible for resettlement. *(article in EPW July 12, 2008 by Dupont)*

Contradictory data –

• As per MCD 217 JJ colonies were demolished between 1990 to 2007
• As per SJJ dept. 48000 families were relocated
• As per Hazard centre approx 27000 families evicted & only 6000 were resettled *(swept of the map 2008 by Bhan & Sen)*

Lack of proof of identity is one of the chief problems faced by people in urban poor settlements. Resettlement, on the outskirts of the city, brings in its wake dislocation of livelihood, long hours of commuting to reach the work place, poor transport systems and inadequate facilities. The book titled ‘Swept of the Map, 2008’ by Bhan & Sen on the Yamuna Pushta demolition and resettlement, provides a clear picture of the condition of people in the new resettlements.

*Urban Planning and Shrinking Spaces for Children:* Ms. Bajaj said that studies revealed that not only was space for housing shrinking in urban poor settlements due to current trends in urban planning, but the space allocation for recreation and education for children was also shrinking drastically.

Table 7

<table>
<thead>
<tr>
<th>Year</th>
<th>Housing (in sq mtr)</th>
<th>Primary School (in sq mtr)</th>
<th>Play Area (in sq mtr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1962</td>
<td>80</td>
<td>4000</td>
<td>15000</td>
</tr>
<tr>
<td>1970</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>2000</td>
<td>5000</td>
</tr>
<tr>
<td>MPD 2021</td>
<td>12.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• The Nursery School provision in 1962 Master Plan has been removed and amalgamated into one primary school per 10,000 population

• Current provisions - 2 AWCs for population of 5000
  *(Contrary to the revised norm in ICDS 2009 of 1 AWC / 800 children)*
For example, the housing and primary school space allocated during 1962 used to be 80 and 4000 sq. mts. respectively, but it has been reduced to 12.5 sq. mtr and 2000 sq. mtr. respectively in the MPD 2021. Moreover, the nursery school provision in 1962 Master Plan has been removed and amalgamated into one primary school per 10,000 population. This, says Ms. Bajaj, severely impacts the Right to Education of children living in the urban settlements. Also, the current provision for AWCs is 2 AWCs for a population of 5000, which is contrary to the revised norm for ICDS in 2009 i.e., 1 AWC for 800 children.

Planning for Children in the context of rapid urbanization

The urban area of Delhi had tripled (from 326 sq km to 924 sq km) in the period 1961 to 2001. Its population had grown from 23 lacs to 129 lacs. The number of slums now stood at 1867. Planners need to take this into account and plan for the urban poor settlements.

CONCLUSION

In conclusion, Ms. Bajaj said that she hoped that the attempt of the Citizens Report and the Delhi FORCES Survey had thrown light on the situation of young children in Delhi, particularly also those who live in the urban poor settlements which house 64% of the population. She hoped that this information would bring about greater sensitivity to the issues faced by this large segment of Delhi’s population - a population which contributes substantially to the economy of Delhi and provides the innumerable services which enable the city to function - domestic help, carpenters, plumbers, piece rate workers, etc. The city needs to plan for them and, above all, to recognize that they are citizens and their young children have needs and rights.

The key issues that need to be addressed were:
- Provision of Basic Services.
- Child Friendly Urban planning for space for shelter, schools and Anganwadis.
- Attention to improving Governance.
- Improving implementation of Schemes.
- Reviewing Financial Norms and Budgets.
- Addressing Convergence between different departments who are responsible for basic services, implementation of Schemes and provision of Health Services.
- Universalization of ICDS with quality and inclusion of children with Disability and other special needs groups like migrant children.
- Focus on Under – 3s: Daycare and Pre schooling.
- Planning for the development of Human Resources for ECCD.
- Building peoples stake in the quality of services for their children.

“We all need to work for this change and bridge the gap which separates the two worlds of Delhi”.

She acknowledged the invaluable contribution of the Citizen’s Group who had made this information available through their analysis of the situation of the Young Child in Delhi.
Session IV - Experiences from the Bastis – Delhi FORCES (Neenv) Partners

The findings of the survey were substantiated by the experiences shared by Delhi FORCES partners who had come face to face with people in the bastis during the survey.

Excerpts

Ajanta Sikdar, Delhi FORCES, spoke of her visit to Kali Basti and the conversation she had had with children in the basti. On being asked, where they defecated, the children had replied simply, “In the park”. This prompted her to ask them, “Then where do you play?” To which they unhesitatingly replied, “on the road”. The irony of their predicament still haunts her.

Parameshwari Devi shared her experience during the Survey at Vivekanand Camp in Chanakyapuri. “During the survey “she said, “we saw older children taking care of their younger siblings at home. I asked them why they do not go to school. They told us that they did not have any schools or anganwadis near their home. They also added that their parents did not allow them to go out - they are forced to stay at home to take care of their younger siblings. The children insisted that they wanted to go to school.” She went to recount how bad she felt whenever she revisited the basti and the children gathered round to question her. “When will the anganwadi and school open? We want to start going there”.

Kumud Prabha was involved in the Survey at Lal Kuan in Govindpuri. She spoke feelingly about the experience of meeting a mother whose 1½ year old child had been malnourished and finally died. She spoke of all her efforts to get help. “The doctor just turned us away”. The mother kept trying to get her child cured but to eventually lost him. “The doctors just did not have any interest in treating my child”.

Meera Devi shared her experience from Govindpuri area. She spoke about Rakesh who had polio and was studying in 12th class. As he went to the senior class, his classroom shifted to the 3rd floor. Rakesh, due to his condition, had to face untold hardships. “He had great difficulty in reaching the 3rd floor. And what is more” she said,” There were no proper water or toilet facilities he could use.”

Ram Kumar Verma recounted the response he got from children in Kali basti to his query,” Would like to go to school?” “Who will fetch water and who will cook food?” they asked.

Hema Kansotia said that recently a 15-day old girl child had died due to the carelessness of her parents. “The main cause of her death, she said, “was because the girl was not breastfed by by her mother after her birth. Hema felt this could also be a case of female infanticide, which is still rampant in society.

Session V – Responses from the Panel

Dr. Shanta Sinha then invited the members of the Panel to share their views.

Dr. Renu Khosla, Director, Center for Urban and Regional Excellence (CURE)

Dr. Renu Khosla said that the root cause for the coming up of slums was government’s lack of investment in housing and provision of basic amenities of water, toilet, drainage, garbage disposal
for the poor. She said that slums and those living in them are seen as illegal/illegitimate which is why they are deprived of essential services. She gave the example of JNNURM and its provision of affordable houses for the poor but said that the poor have to cross many hurdles before they can take advantage of the facilities offered therein. She raised the question of how can we ensure that services for the poor reach the poor. She also mentioned that 217 slum evictions have taken place in Delhi due to the CWG 2010.

Moving to gender issues, she pointed out that the approach to women was restricted to their child care role and concern for their need to breastfeed and ante natal care. There was also the larger issue of women’s complete development. Not only are women unable to take care of their children as they work outside the home, but they are also hampered by lack of control over family finances. She went on to question the advisability of providing free services for the poor because no one is held accountable, which, therefore, puts the children at risk.

She recommended that we need to support/work with the government in detailing some of the programmes and policies for the poor. She also suggested that while present policies and programmes were good, there is lack of attention to the details as to who will implement and monitor them and from where the funding will come. She said that child development should not be seen just at the family level but should be seen as an overall development issue and part of the larger picture. It is only then that we will be able to address the problems faced by them.

Ms. Dipa Sinha, Advisor to Supreme Court Commissioner’s Office, Right to Food

Ms. Dipa Sinha, said that there were high hopes about Mission Convergence, that with their survey, BPL families would be identified and Antodaya cards given to them, but it has been two years now and we have seen no results. She said that the government has universalized the ICDS scheme for every child below 6 years of age. Government data says that 60% benefit from ICDS, but the reality is different. Giving the example of Kirby Place, she said that despite constant pressure by Kirby Place residents (through meetings with MLAs, filing of 2-3 RTIs, etc), no action has been taken to open Anganwadi Centres (AWCs) in the area.

She said that the Delhi’s poor need to be seen as citizens, as at present, even if they die there are no records. They also have no identity, especially the children. Speaking about AWCs, she said that the government has sanctioned 5000 AWCs but none of them are operational as government is buying time in looking for locations to set up the AWCs. There is even a provision of “anganwadi on demand”. The Supreme Court has said that once a demand is received, the Anganwadi should open within 3 months. She said that though Kirby Place residents and some Neenv, Delhi FORCES partners had demanded for an anganwadi, no action had been taken till now.

Talking about the amount spent on nutrition for children, she said that the government has ordered Rs. 4 per child per day but a government survey has revealed that Rs. 1.37 per child per day is spent on nutrition at the AWCs. The AWCs also need to provide other facilities like pre-school education, etc., but the Survey has revealed that such facilities are not being provided.

She recommended that an accurate mapping of the city needed to be undertaken in order to ascertain the numbers that we have to deal with, only then can we plan for the universalisation of services. We also need to create convergence amongst the different departments for addressing the needs of children under-6, and it was essential to link the rights of women with that of the child. If we do not look at them together, we will not succeed in providing services to either. She also said that if Anganwadi centres are to function effectively, government will have to address
the issue of space. She felt that if we were not going to carry on with ICDS, something else would need to be created to provide services to the young child.

**Mr. Amod Kanth, Chairperson, Delhi State Commission for Protection of Child Rights**

Talking about Mission Convergence, Mr. Amod Kanth said that children’s programmes are not being covered by Mission Convergence. He shared the information that of the 25 lakh people surveyed in Delhi by Mission Convergence, 2.51 lakh children are out of school and 6.5 lakh people are living in unauthorized colonies. He stated that someone needs to reach out to children in these lost populations and the government should encourage voluntary organizations to do this. He felt that voluntary organizations needed to work as bridges between the reached and unreached children.

With reference to ICDS, he said that there is a need to add components to the Programme. The existing age division was very artificial. Programmes/services should be designed appropriate to the age group and their needs.

Once again he stressed that voluntary organizations should be promoted and mainstreamed to work for children. He urged NGOs to be pro-active and not fight shy of taking the responsibility of service providers.

**Dr. T. Sundararaman, Executive Director, National Health Systems Resource Centre (NHSRC)**

Dr Sundararaman said that health, nutrition, water supply, education, shelter etc are challenges before us. We need to develop reliable public system for delivery of these services. We need to ensure access of more people. NRHM is a noble scheme and it has the potential to deliver the health need of the people. There is commitment of certain funds in NRHM as well. People are entitled to take advantages of it. He also discussed the pros and cons of the delivery of health services by the government. He said some people are of the opinion that government should do away with delivering health services directly as the government has failed. Hence, the government should devise alternate way of delivering health services. Government should insure the people for health and be responsible for paying premium to the insurance companies. But he said this system will not also work. As doctors ask for unnecessary tests before treatment and try to extract more money for treatment of the patient, the insurance companies will have to cough up huge money. He said that health services can not be left to the market players. It has to be delivered by the government only. Health services are different from other services and commodities. So the government can alone ensure effective delivery of health services, while voluntary organizations, NGOs play secondary role like imparting training etc.

He also pointed out that there is lack of human resources in the existing schemes. Whatever human resources are there they are not being utilised optimally, because our resource management is poor. He also raised the shortage of manpower in AWCs. According to him there should be at least 3 staff in the AWCs. He also said one worker is not sufficient to run the crèches. At least one more workers should be employed in each crèches. He said a strong will is needed for giving due to the people. He said to improve the health at least 3% of the GDP should be allocated. Moreover another 3% of the GDP is needed for the childrens’ holistic development.
Dr. Shanta Sinha, Chairperson, National Commission for Protection of Child Rights (NCPCR)

Dr. Shanta Sinha said that the rights and entitlements of children should be equal for all children, and the State alone has an obligation to ensure this. She went on to comment on the status of Anganwadi workers and ASHAs saying that we need to treat and train them as professionals and not see this as charity or mere employment of local women. She also suggested that the State and National Commissions for Protection of Child Rights should collaborate in calling Public Hearings and ensure that the government is present. “This would enable us to hear the voice of the people”, she said, “and witness the situation first hand”. It was wrong she felt, to delegitimize the state because the poor have nowhere else to go. The need of the hour was to engage with the system and raise its capacity to deliver services.

Session VI - Open Discussion: Question & Answer

A question and answer session followed at which participants raised questions to the panelists and also gave some suggestions.

Dr. Venita Kaul, Centre for Early Childhood Care & Education (ECCE), Ambedkar University questioned that if GRCs (Mission Convergence) objective is women’s empowerment and not children’s issues, how can women’s empowerment happen without addressing children’s problems? She suggested that an Annual Status of Children Report for Delhi should be brought out and distributed widely.

Kumud, AASTHA, said that children with disability are ignored. She said that disability is closely linked to health issues and thus it should not be ignored.

Jawahar Singh, Jhuggi Jhopri Ekta Manch said that very few people know about Mission Convergence and the GRCs/DRCs under them. He said that no one in the Survey areas were aware about GRCs and its functions.

Adarsh Sharma, Centre for ECCE, Ambedkar University, said that the credit should go to the NGOs and their work for women’s empowerment, children’s development, health, etc.

Shahin Sultana, Dept. of Social Work, Delhi University, said that proper planning for allocation of ICDS centre was necessary. She gave the example of Timarpur slum which has no ICDS centres. Talking about children’s health, she commented on the reports that around 30,000 children suffer from Asthma every year as they live on the roadsides. She said that this situation poses a serious challenge for us, as large numbers of children suffer from such diseases.

Session VII- Wrap-up Session

The Chairperson of the Panel then called upon the panelists to conclude the discussion with their recommendations.

Dr. Renu Khosla:
- Entrepreneurship models should be created / developed for delivery of services like health, AWCs, etc. She questioned whether ICDS is necessary since it has not been
functioning properly for the last 35 years. She suggested that alternate and multiple models should be developed.

Ms. Dipa Sinha:
- Women’s rights and children’s rights are closely linked and we should not see them in isolation.
- Alternate models should be created in which government plays its role efficiently without washing off its hands from it.
- Decentralization of service delivery was very important.
- On the question whether ICDS is needed or not, it was clear that we need something for the young children. As part of the Working Group for Children under Six (a group drawn from the Jan Swasthya Abhiyan and Right to Food Campaigns), involved in lobbying for increased allocation in the budget for the ICDS, she said the group was constantly questioned as to why we need a budget for a programme which has not been functioning properly. The Group decided to start afresh and list down the needs of young children under six - nutrition, health care, availability of an easily accessible facility near the house, required in every village, etc. In the end, she said, we came back to an ICDS.

“The present ICDS is not the ICDS that one visualizes when we talk of universalization and quality. But the wisdom behind ICDS of having a comprehensive set of services provided to children under 6, close to the home, and as decentralized as possible, is something which still holds good”.
- The Rs. 7000 crores allocated by the government for ICDS may sound like a big amount, but it is not. An estimate was worked out by the Working Group as to what will be required for the functioning of ICDS centre with minimum facilities and the estimated cost came to Rs. 25,000 crores per year.
- ICDS should be given a chance now. It has not been functioning effectively for the last 35 years due to lack of resources, political will, etc. Financial and human resources are very necessary to provide good services for the young children and the State must make this commitment.

Mr. Amod Kanth:
- The budget allocated for Child Protection is 0.34% of the GDP. The number of children to be covered under child protection is 7-8 crores. The budget is thus very inadequate when compared to the numbers. Child Protection is a totally neglected area and we need to look into it.
- The issue of Disability should not be ignored.
- We should not fight shy of privatization of the social sector which includes eight areas – health, poverty alleviation, education, environment, women, children, disability and elderly. Government funding should be provided to competent NGOs/voluntary organizations who can implement and show results. NGOs should partner with the government and government should provide funding.

Dr. T. Sundararaman:
- Regarding Mr Amod Kanth’s query why only 9 lakhs has been allocated in Bihar while Rs 30 lakhs has been allocated for the same in Andhra Pradesh. Dr Sundararaman said that government wants to show. Somewhere they can show only by sparing little amount where as they have to spare much at some places.
He said that both sectors private and government should be strengthened. Private agencies can take on training and strengthening but should not try to replace the government health system.

We should not assume that government funding will come to NGOs/voluntary organizations. It will be in favour of big corporates like Reliance, Satyam, Wipro, ICICI, etc. as their CSR departments are seen as the biggest NGOs by the government and thus the government funds will go to them. It is important to differentiate between “not-for-profit” groups and “commercial private sector groups”.

Giving the example of Europe he said that even though health system in European countries is highly privatized and developed, still 80 to 95% of the social services are public funded delivered through the government mechanism. In USA 44% of the public health expenditure is borne by government which is twice that of ours. For rural areas there is United States Rural health corpus exclusively for providing services to rural areas.

There are many corporate vested interests in the private health system. That is why market principle does not apply to health services. The day when health services are left to private sectors, everyone will cease to exist.

Dr. Shanta Sinha:
• Entitlements for children are their right and it is the State’s obligation to provide it as the poor have only the State to depend on for services and programmes.
• Respect for the Anganwadi workers, ASHA workers, second helpers and others as professionals was critical. Only when we respect them can we respect the children.
• She questioned as to why the 5000 AWCs sanctioned were not functioning and why the Rs. 4/child/day allocated for nutrition for children at the AWCs was not being spent.
• Concerned government officials should be summoned to a Public Hearing and such hearings should take place in local bastis like Kirby Place. The concerned government officials must be present so that they can respond to the problems faced by the people.
• She assured the participants that both the Commissions (State and National) will engage with the NGOs to take necessary positive action. She said it is critical to work with the State and there is no question of de-legitimizing the State.

Session VIII - Concluding Remarks - Anjali Alexander, Chairperson, Mobile Creches

Ms. Anjali Alexander, Chairperson, Mobile Creches in her concluding remarks said that working with like-minded people is important but at the same time to get across the same ideas among those who do not have the same views becomes very critical. She suggested the following as Next Steps:
• A detailed mapping on the needs and situation of children, their mothers and siblings in the city.
• Pressurize the government to deliver services and commitment/expenditure on human resources for service delivery.
• Organize a public hearing in a local area to spread awareness about the issue.
• Initiate the development of an annual report on the status of the child.
• To take up one ICDS Project in Delhi as a pilot and address the quality and implementation issues and document the learnings.
• Formulate a Plan of Action for 2010-2015 and also form a time bound Task Force of 2 years duration for immediately implementable issues and a further 3 year period for systemic issues.

Vote Of Thanks – Dr. S. K. Dwivedi, Sathee
The programme ended with a Vote of Thanks by Dr. S. K. Dwivedi of Sathee. He thanked the Survey team for making the study possible and Hema and Thaneshwar for conducting the proceedings smoothly. He also thanked Ms. Mridula Bajaj for her presentation of the findings and Ms. Devika Singh for her timely advice during the study. While thanking the Panelists he said that the panelists have given some new and crucial information which will be very helpful for the NGOs/voluntary organizations working on these issues. In the end, he said that whether it is government or NGO, our main objective is children as they are the future citizens of this country.
Background Paper: Excerpts from “Situational Analysis of the Young Child in Delhi – A Citizens’ Report”

Children, particularly young ones, are an invisible and voiceless constituency. Because they do not count as vote banks or are able to demand their Rights, they are missed within the larger development debate. The United Nation Convention for Rights of Children (CRC), ratified by India, was seen by child development protagonists as an effort to rebalance development in favour of children. The agenda on fulfilling child’s rights is however, mostly unfinished, both nationally and at the State level.

The Government of India is committed to report progress against the various tenets of CRC. NGOs have agreed to provide an alternate report, reflecting on the ground reality. Mobile Crèches, because of its extensive work with young children in Delhi, agreed to support both the alternative country report and prepare a report card on rights fulfilment for children under 6 for Delhi.

Why Delhi?
Delhi is the capital state. Achievements here can have a powerful demonstration effect. Delhi is home to 1.9 million young children, 50 percent of whom live in its slum and squatter settlements. It is a state that is witnessing rapid urban development and huge surges in migrant populations. Simultaneously it intends to achieve global status through its infrastructure development. Will this be at the cost of the young child? This report tries to find out.

State Commits to Goals but is mostly Rhetoric
That the state has demonstrated some commitment to the young child can be evidenced from the fact that it has unlike other states, set out state goals based on the MDGs, known as the Delhi Development Goals (DDGs). The country has been proactive in instituting legislations such as the PNDT Act to prevent female foeticide and the IMS Act to ban promotion of packaged baby foods; the National Maternity Benefit Scheme and Janani Suraksha Yojana for promoting healthy mothers and institutional deliveries. Delhi state also initiated programmes such as Laadli to protect the rights of girls to be born.

Beyond goal setting though, there is little evidence of any effort towards fulfilling these commitments; both as in implementation strategies /comprehensive plans and from the inadequate outreach and unchanged status of children and mothers on all key indicators of nutrition, health and development.

State apathy is generally attributed to the misassumption that children are in the domain of the family and the state is just the facilitator. This often blinds policy planners to families that may be very poor and unable to manage the functions of childcare and development effectively and by themselves.

I. Rights of the Under Threes

- Low Probability of Survival and Healthy Development in Delhi
Delhi may have a better track record on survival (17 more children per 1000 live births survive in Delhi than in other parts of the country). However, at least 7 more die from poor preventable
causes; poor quality health care. The Delhi Development Goals at 33 per 1000 are thus missed. It is pertinent to remember that these infant deaths are mostly from the poorest income groups without access /awareness of the need to access good quality antenatal care or nutrition etc.

There is no data on maternal deaths during child birth after 1998; but the fact that nearly half the women in the reproductive age group are still anaemic (NFHS III); incidence among women construction workers being even higher, must add to the risk of maternal deaths.

Among girls and boys, probability of a girl child being born and surviving is much lower than for a boy, and the capital has one of the worst track records on sex ratio (865 girls per 1000boys) but across socio-economic classes, with blatant easy and unregulated/unchecked violations. Clearly more action is needed at the government level in terms of awareness, implementation of regulations, etc. Incentive based schemes such as Laadli may be temporarily generating some interest, however, delayed gratification, leakages, and bureaucracy may dampen the initial enthusiasm. Besides, there is plenty of evidence on failure of such cash-based incentives in changing of attitudes.

Only 1 in every 4 children among the poor is fully immunised, even though the Delhi Government has a strong integrity programme for Pulse Polio combined to a powerful advocacy campaign. This data has been validated from micro studies by Mobile Crèches for city slum settlements. Incidences of ARIs, fever, diarrhoea etc. is high among urban poor children.

Breastfeeding in Delhi is getting an increasingly delayed start, and there is poor practice around exclusive breast, colostrum and complementary feeding. The IMS Act, seen as an important instrument of protection, is failing miserably, due to weak regulation and low priority and awareness among the paramedical staff.

One in every 3 children is under weight and stunted; 15 percent are wasted i.e. acutely malnourished and two thirds suffer from nutritional anaemia. Percentages rise for children at construction sites or city slums, for Muslims, scheduled caste groups, younger children in large families and girls. Government promotes food security through a subsidised Public Distribution System, enabling families below the poverty line to get food grains at affordable rates, however, systemic inefficiencies in the PDS system abound and suggest that the neediest are possibly missed for services (Non target groups owning BPL cards whereas the poorest having none).

- Unhealthy and Unavailable Mothers: Compromising Child Care

There is shocking evidence on poor quality of support to women for pregnancy and delivery, in particularly amongst the urban poor. Just about 75000 pregnant and lactating women have received nutrition services from ICDS in Delhi during the financial year 2006-07. A back of the envelope arithmetic suggests that this is possibly the tip of the iceberg, and just 10 percent poor women are accessing the nutrition services. Micro studies put the number of women collecting nutrition vis-à-vis those registered by less than a third. Immunization among women who come to ICDS is better than at 88%, although less than 1 percent get their weight checked. Poor women are officially entitled to monetary benefit of a meagre Rs. 600 to enrich the nutrition content of their diet and to go to an institution for safe delivery. However, even by Government’s own admission, coverage under the scheme is negligible. Being in the informal sector, most poor women do not have maternity leave entitlement, social safety nets, and the option to stay home to care for the child has high opportunity costs. For young children, this means starting life at a disadvantage.

- Poor Quality of Health Facilities for Care of Pregnant Women
Not many infants have assisted births in quality public hospitals despite good transport mobility and higher levels of literacy. Most children in slum areas, much lesser in construction sites, are born at home as women are reluctant to access health facilities because of their quality, rudeness of staff and affordability (even free services have costs). Poor access to ICDS or facilities in PHCs (Delhi needs to add 7000 beds per year to meet the desired bed-patient norm) and easy availability of a friendly private (qualified and unqualified) sector ensures that poor people skip the PHC.

- **No Identity**
  Special drives are undertaken periodically by Delhi Government to increase birth registration. Reports on compliance however are conflicting, making the picture somewhat fuzzy. While Delhi’s own report card is 100 percent compliance, NFHS III survey findings report lower coverage, at just over half. A micro Study by Mobile Crèches however found just 1 in 5 birth registrations from slum communities. Missed children are those born at home or belong to categories such as street and working children (findings of micro study led by Centre for Women’s Development Studies). Most poor are either unaware or are reluctant to register as they lack legitimate address proof demanded by authorities, living as they do in illegal squatter settlements or are migrants to the city with children born elsewhere. Besides, there is an opportunity cost from earning days’ lost and real costs for rent seeking officials. Short-term decisions by parents have long-term impacts on child development, as birth certification is an important requirement in school admission. Much more advocacy is recommended.

- **Empty ICDS Centres: Where are the Registered Children?**
  Effective day care for young children, slum and non-slum, is an essential investment to support both mothers and children especially in cities where more women are at work and without family support systems. Day care protects and prevents child labour, contributes to school participation in particular for girls and provides access to health care.

  Officially, ICDS services are reaching less than 20 percent young children in Delhi. Other programmes are mere drops in the ocean. Of these, just 3 percent are possibly utilising the services. Besides rigid frames and immovable structures that make it difficult for ICDS to provide services in the more difficult areas, missing children in centres raises serious concerns about resource leakages and misuse of funds meant for children.

  The goal under ICDS is to promote universal outreach. However, its definition is fuzzy and there is not enough evidence around un-reached groups. Without, or with a weak ICDS programme, health awareness, nutrition security, mortality and morbidity is compromised. While ICDS goals articulate promotion of antenatal and post natal care, some of the health goals around institutional deliveries are less sharply articulated. Besides these broader concerns, there are many more pragmatic issues that ail ICDS; quality of space and staff considered acceptable, deficiency of play material, and recurring funds for the same, lack of monitoring and goal orientation to name just a few.

**II. Rights of the Preschool Children**

There is strong evidence that early childhood education provides children with a head start in life. Children having good pre schooling show better retention and learning outcomes and can contribute significantly to economic growth and development of the state/country. However, here too the state has a dismal track record.

- **Demand-Supply Gap**
Preschool services are provided by the public sector, the private sector and civil society organizations. Despite multiple actors, coverage remains abysmal. ICDS outreach as mentioned above is possibly half the estimated registration, and possibly 10 percent of overall demand. The private sector fills in for an additional 10 percent, mostly those with better affordability, whereas NGO outreach is negligible. Data discrepancies between various official sources of information will need resolution though to arrive at conclusive numbers missed/reached. On the facility side, the availability gap is 1362.1%, 1.7 centres per 1000 children. Even without reconciling data and numbers, the gap between demand and supply can be said to be alarmingly huge.

- **Formal Learning Starting Earlier, the State See Saw and Lack of Quality Control**
  The state has been wavering on school entry age, with snowballing impact on age of entry and number of years at preschool. The aberrations continue with different categories of schools following different protocols of years in preschool, irrespective of what is developmentally desirable and appropriate. In an under-regulated environment, early entry to formal schools raises some concerns on child readiness for formal schooling.

  Quality of pre-schooling is mostly questionable. As in health care, private teaching shops are bridging the supply-demand gap, but with undesirable and damaging impacts on children from the downward extension of formal schooling practices. There is no accreditation policy in the state for stronger quality controls, especially for infrastructure and safety, curriculum and pedagogies and quality of staff.

- **Poor Quality Human Resource**
  Poor quality workers (in and outside ICDS) exacerbate an already depleted service. There is a dip in essential qualification requirement for workers, even as literacy levels in Delhi are reaching saturation levels and there is no need for a compromise. Training for ICDS workers has gradually shrunk (2 days on preschool) both from cost and training infrastructure considerations. In the private sector, low salaries are attracting poorly qualified people. Even NCERT is silent on the preparation of quality workers. Dilution of training standards by the NCTE resonates with the low priority to this important component of ECCE.

III. **Exclusion of the Most Vulnerable**

Street children, beggars, children of and child sex workers, children of migrant workers, children in institutions, etc. are some groups that have very little on offer by the State despite evidence that poor living conditions give rise to disabling conditions in the early childhood years.

*Children of migrant construction workers* in Delhi have grown from a trickle to a stream; some leading a more settled existence in slums. Most workers are young, have young children and bring along their older girls to help in sibling care and housework. On and off site, the shelter available to construction workers is poor, crowded, temporary, and with minimalist facilities for safe drinking water, toilets, crèches, preschools, schools, health facilities, ration shops, etc. Young children left in the care of older siblings get neglected as mothers are unable to breastfeed or wean them, get them timely immunization, care for their safety, etc. State services on health and childcare have not addressed the issue of such vulnerable group of children. They remain completely outside the reach of state services. Parents own capacity to care for children is affected by their being paid lower than minimum wage and irregularly, resulting in malnutrition and morbidity. The migrant workers mobility means that fewer children are able to participate routinely in schools. Mobility also snaps social relationships and possible stable arrangements for child care, such discontinuity breeding insecurity and being emotionally traumatic. Girls marry younger in these families and have their first child before turning 18 years, a deficit start to a new
life. Despite Labour Legislations and a Cess to generate resources for labour welfare, state of labour families could be desperate with severe compromising of rights of children of migrant workers to survive, grow and develop.

**Children with Disability:** Disability among young children is unrecognised and undocumented, raising doubts on the seriousness of the State to realize their Rights or put in place systems for their early identification and intervention. The very few special schools and institutional arrangements mostly with poor quality arrangements are testimony to the fact. Micro studies on ICDS have found zero enrolment /presence of children with disabilities in Anganwadis and considerable reluctance on the part of parents to hold authorities accountable. Children with disabilities are in the domain of the Ministries of Health and Social Justice and Empowerment. However, the two do not display any plans or programmes for managing differently abled children. In fact, they remain uncounted in surveys.

**IV. Exclusion from Equitable Basic Services**

Part of Delhi that lives in its slum and squatter settlements has less than adequate access to basic services of housing, power, safe drinking water and sanitation, all essential for children’s healthy development. Number of people living below the poverty line in Delhi has doubled over the years, and also the gap between the rich and poor has got wider. Delhi receives nearly 200,000 migrants annually, mostly out of distress. Despite the third highest per capita income in the country, urban poor households earn one fifth of average state income, have higher per capita expenditure and lower savings. They work in the informal sector largely as labour, self-employed vendors and hawkers and domestic workers without any social security. 10 percent of the work force is children under 18 years.

Slum dwellers are an invisible lot and they get missed because they live illegally. They are doubly disadvantaged when they live in unlisted or unauthorized slum pockets that are not entitled to basic services at levels provided for in the rest of the city. Programmes and policies to provide housing and basic services to them are of recent origin. Norms that govern basic service provision to slums dwellers are both lower and with lesser actualization for all municipal services. These highly inadequate provisions for the urban poor are not only iniquitous from a rights perspective but also have grave implications for the health of families.

**Impact of Poor Water and Sanitation Services on Child Development**

- No supply at home: children are involved in water collection, especially girls, wait at stand posts or for water tankers, get less time for school learning.
- Inadequate quantity means less is available for hand washing and hygiene care.
- Poor quality through sanitation leaks into drinking water supply or drawing of highly contaminated ground water by hand pumps/tube wells increases risk of diarrhoeal diseases.
- Purchasing water from small vendors takes resources away from school education.
- Water tensions and skirmishes between neighbors followed by harassment from local police, has psychological impact on children.
- No toilets imply open defecation and risk of abuse.

**Resettlement or Dislocation?**

Years 2002 to 2007 have seen extensive relocation of slum families mostly to accommodate infrastructure development. Relocation studies have reported livelihood disruption with loss in income, additional expenditures on transport and health care and reduction in food expenditure.
School drop out rates, especially for girls, have risen. Women have had to choose between leaving children unattended and earning, as social capital is destroyed.

Not all slum families got rehabilitated after eviction. Families unable to prove legitimate existence before 1997 (just 1 in every 6 to 10 affected families could prove presence) were evicted and homes demolished. These families too, lost livelihoods from enterprises that depended on the local markets and were shocked into poverty. New areas lacked basic services and there were no ICDS or crèche facilities. Untimely transfer of ration cards meant that families could not depend on subsidised food grains. The study showed that reversing the shock can take up to 5 years; one whole generation of children!

Master Plans: A Zero Sum Proposition
Master Plans are expected to provide a framework for planned and inclusive urban development. However, the Delhi Master Plan 2021 (MPD 21) lacks in vision and is disconnected to emerging economic trends and ground realities and considers resources a zero-sum proposition. MPD 21 therefore dilutes rather than braces service norms and mostly endorses demolition, eviction and resettlement action. Its lack of understanding is evident from the extremely low estimates of housing shortage in the city; one-tenth of real demand and its recommendation of vertical and dense developments because of cost effectiveness. MPD 21 thus puts poor in even more crowded areas and is silent on services for children here. On ground, service deficiencies are generally loaded on to the poor, who are not sufficiently organised to demand better services. Without adequate services, conditions for the poor can only get worse.

Affordable housing is critical for creating an enabling environment for child development. The current thinking is to get the private sector involved in housing for the poor. However, the profit motive of the private sector may jettison the social intent under this. Services proposed around sewerage and water supply, largely focus on formal areas missing slums.

Besides being fuzzy and inequitable on norms for education and day care services in the public domain (school-population ratio, provisioning of nursery/ crèches, double shifts, distance to school, space requirements for schools etc.), the MPD21 has conveniently diminished and restricted provisions for the young child. Similar conditions prevail for health services or for schools for the differently abled, with “land constraint” a convenient excuse to absolve government responsibility.

Inadequate Resources
Delhi Government and MCD jointly provide public health services. Delhi government alone spends around 6 percent of its annual budget on health. The Government of Delhi, through its various departments and schemes spends nearly Rs105crore on child care including health, nutrition etc. Assuming that all actually reaches the poor children and the costs are exclusive of establishment costs, then just about Rs550 per poor child per annum is available for promoting the health of children from poor communities. At the state level, these resources may not be sufficient to meet demand. There is urgent need to target resources well for promoting good health outcomes.

V. Who Owns the Young Child? A Lack of Political Will
Desirable child care outcomes need to be underpinned by good governance, an accountable regime, and political will. Good governance is about a clear and inclusive policy framework that is backed by robust data, targeted programmes with appropriate budgetary allocations,
convergence of interventions and responsibilities, appropriately trained human resource, technology aided management and monitoring.

An institutional analysis of child policies, programmes, finances etc. of various stakeholder departments presents a depressing picture: of policy and legislative commitment (that is partial), programme implementation (that is largely dysfunctional, unaccountable, discriminatory and inequitable) and of finances (that are mostly inadequate in provision yet with low burn rates). Data weakness and reluctance to share information across departments coupled with non-existent/dysfunctional mechanisms for joint action point to possible resource wastage. Systemic inefficiencies mean that fund flows are either blocked or may not be reaching timely to the intended target group. With very little by way of tracking the flow of resources or studying their outcomes, we shall never know.

The State lacks a vision and political will. There has been no effort at drawing up a State Policy for Children on the lines of the National Policy. Lack of a policy framework is chiefly responsible for the piecemeal and patchy attention to the development of the young child. Multiplicity of institutional arrangements has fragmented the child both from a needs and a growth cycle perspective, with large cracks that are swallowing up the poor and the poorest.

At the programme level, the targeted nature of schemes rather than need based, a product rather than process orientated approach, their poor quality monitoring, has meant that the poor have mostly abandoned these services and are spending more out of their pocket for poor quality privately delivered services. Restructuring these programmes, especially ICDS, making these more specific to the context of Delhi, will require a loosening of controls at the national level and a more proactive state that demands the right to make these modifications to reach children being missed by the present system.

VI. An Empowered Task Force on ECCD

Of the highest priority, is the need for an Empowered Task Force on Early Childhood Education, an ombudsman group that comprises stakeholders from the Government, Civil Society, Experts, Communities to take stock, review and realign policies and policy implementation on Child Rights, develop phased State Plans of Action that are implementable with specific budgets, targets, timelines and mechanisms for monitoring and accountability. And importantly a planned outreach to disadvantaged, hard to reach groups of children and fill huge gaps in coverage by essential, integrated solutions.

- **A 100 Day Integrity Program**

Delhi has a strong and stable government with good leadership. It has adequate national backing and a strong fiscal base. Bulk of child’s rights is also to be realised through State institutions rather than local government interventions (that is through local and highly inefficient bodies such as the Municipal Corporation of Delhi). This guarantees greater autonomy and control with the State. The Political leadership in the State has been demonstrating responsible governance and event management skills at scale (Pulse Polio, CNG conversion etc.). A 100-Day Integrity Programme that defines the road map for achievement of the Delhi Development Goals for Early Childhood may be a good way to start.

“Situational Analysis of the Young Child in Delhi” was compiled by a Citizens’ Group, anchored by Mobile Creches. Background Note above was authored by Dr. Renu Khosla.
Members of the Citizens’ Group:

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Background Paper: Excerpts from “Situational Analysis of the Young Child in Delhi – A Citizens Report”: Issues, Concerns & Recommendations

Delhi being the capital state of India, achievements here can have a powerful demonstration effect on the rest of the country. It is a state that is witnessing rapid urban development and huge surges in migrant populations. It has a rising level of poverty and increasing number of people living in urban poor settlements (52%) with highly inadequate provision of basic services. Simultaneously it intends to achieve global status through its infrastructure development. What is impact of this trend on children of the urban poor? The findings of the Situational Analysis indicate that the children of the urban poor are suffering neglect and exclusion in the globalising world. This Chapter consolidates the issues raised in earlier chapters and suggests recommendations to address them.

Right to Survival, Health and Nutrition
Findings and Issues

- Child Mortality Rates: IMR in Delhi is 40 while that for the slum population is 54.1. Though there is a decrease in mortality rates for both slum and non slum populations between NFHS II and NFHS III, the rate for slum populations continues higher than for the rest of Delhi.
- The Sex Ratio for Delhi is a dismal 865 girls for a 1000 boys. The sex ratio of the urban poor, however, is better at 919 than that of the non- slum population, which stands at 850 (!).
- Immunization (34%) has remained incomplete
- High prevalence of diarrhoea (75%) and anaemia (63%) among children under three raises questions about access to and quality of health services for children under three. It also points to negligence of civic authorities and lack of basic amenities like drinking water and sanitation in urban poor settlements.
- Fewer children receive colostrums, are exclusively breastfed and do not receive timely complementary feeding - The statistics on the above are: 19.3%, 34.5% and 59.8% respectively. This is worse than the national figures 23.4%, 46.8% for colostrums and exclusive breastfeeding while it is marginally better than the national figure of 55% for complementary feeding.
- The complete lack of counselling services, along with very limited day-care facilities contributes to the low percentage of exclusively breastfed children. The intervention of complementary feeding at six months is also missed out
- Nutrition status of the urban poor a matter of concern –. Delhi has 35.4% stunted, 15.5% wasted and 33.1% underweight children (under threes) despite being a state with the second highest per capita income in India. Malnourishment is hidden hunger which prevails amongst Delhi’s children, especially among urban poor. The even higher rate of malnutrition among children in urban poor settlements is captured by Micro Studies.
- Access to health services - Despite the health infrastructure being one of the best in the country, the bed-population ratio (2.07 per 1000) is far lower than the norm provided by World Health Organisations (WHO) Standard of 5 beds per 1000 population. Access to health services has also remained low due to lack of awareness amongst the poor, absence of health workers, misbehaviour of staff and a corrupt system.
Recommendations

1. Health Services

- The issue of the adequacy and quality of health services needs to be addressed, particularly for urban poor settlements. Looking at the status of children’s health based on the above data, the actual requirements of these services for the urban poor will have to be factored in and services planned accordingly. In addition to increasing the provision, counselling as an extension services, to reach young children under three and intervene in the critical period of post natal care, colostrum feeding, breastfeeding, and complementary feeding and growth monitoring, requires to designed and developed, as well the skills of extension workers to change current childcare practices and reduce malnutrition and morbidity.

- Monitoring the interface between user and the functionaries of hospitals and PHCs and ensuring better quality of service as well as regular availability of staff are essential interventions which will improving the access to health, improve institutional deliveries etc. It will also help to reduce the wide spread dependence of the urban poor on Registered Medical Practitioners and the burden of high cost it involves.

- The focus on quality of health services has to also be accompanied by a clear policy on land allocation for Health Services in Delhi’s Master Plans. The current allocations in the Master Plan 2021 show a decreased allocation of space for Primary Health centres in urban poor settlements. This requires re-examination and reversal.

2. Universalising provision of Day Care Services for women. specially of the urban poor, is a closely related strategy required for improving the health, survival and nutritional status of young children. The provision of Daycare services is almost negligible at present. Out of 19 lakh children, during 2006-07, around 12,000 children were covered under the government run crèche schemes. Actions on the part of the State require assessment of the need and the drawing up of a plan and budget. The strategies for increasing the provision of Day care services include:

- Implementation of crèches on worksites under Labour Laws (Building and Other Construction Workers Act; Factories Act etc.)

- Increase in outlay for the Rajiv Gandhi Crèche Scheme and revision of its norms and eligibility criteria;

- Development of AWC cum Crèches under the ICDS umbrella. This model of Anganwadi cum Crèche will require provision for adequate space, budget for the salaries of Anganwadi cum Crèches workers, who will be required to work an 8-hour day. Additionally this model will need allocation of funds for equipment and training for care of under threes. A decision by the Dept. of WCD to undertake such a pilot will be necessary.

- Neighbourhood crèches run by community women hold promise for meeting the needs of childcare for women in urban poor settlements. The state will need to provide...
financial support to CBOs to run such crèches and also provide training support to ensure quality.

**Right to Education**

**Findings and Issues**

- Inadequate provision of Preschool Education: Government provision of pre-schooling covers 2.72 lakhs out of a total population of around 12 lakh eligible children between the ages of 3 to 6 years. The availability of pre school opportunities is 1.7 centres per 1000 children between the age group of 3-5 years.

The low priority accorded to preschool education, as seen from the above data, is a matter of serious concern. The neglect of this age group partly stems from the fact the under-sixes have been excluded from the Right to Education granted to the 6 + age group. It also stems from the overall neglect this age group has suffered in State planning till now. In view of the critical importance of pre-schooling in enabling a child realizes his/her Right to Education, the big gap in provision of preschool opportunities will need to be taken in hand.

Absence of reliable and valid data: As indicated in the main report, there are wide information gaps and inconsistencies across data sources, so that it is was very difficult to come to any reliable estimate of the number of 3-6 year old children in Delhi attending any kind of preschool. Further, in the absence of any system of registration or regulation, no authentic estimate of children covered by private preschools could be made.

Gap between enrolment and actual attendance: Micro studies on ICDS have thrown up the problem of the wide gap between enrolment figures and actual attendance rate of children.

Contradictions in policy regarding preschool education, age of entry to class I, number of years of pre-schooling: The issues given below reflect the low priority the preschool child has received in State educational policies:

- **Age of entry to Grade 1 and to ICDS:**
  - While the entry age for Grade 1 according to the Delhi Education Act is 5+ years, ICDS still considers its target group to be 3-6 years ---thus creating an overlap of almost two years, 5 and 6.
  - Further, confusion has been created by different government circulars regarding the cut-off dates for the age of entry into Grade I. These policy confusions need to be addressed and resolved.

No of years in a pre-school varies for children in different kinds of schools - While government schools mostly offer **one year** of pre-primary education, government-recognized private schools offer **two years**. Thus state policy violates the principle of equity for children in Delhi.

Curriculum and Pedagogy: In the absence of any laid down standards and specifications for preschool education, there is wide diversity in practice from public to voluntary to private sector. It is a laissez faire situation leading to developmentally inappropriate practices and undue pressures on children. The range is from almost negligible preschool activities seen, for instance,
in most of the ICDS centers, to academically-loaded primary-level curriculum being taught in preschool in the private sector.

Teachers and Training: As with other aspects of preschool education, the planning for human resource requirements for the preschool age group leaves much to be desired. There are multiple training courses for pre-school teachers, each with different eligibility norms - ranging from 8th pass to 12th pass, and duration of training ranging from 4 days to 2 years. This variability in courses not only affects the quality of teachers available for ECE, but also has implications for the remuneration they can command. There is a lower value placed on the people opting for ECE as opposed to primary teaching, despite the fact that it is well recognized that the years before six years are the foundational years for cognitive, physical, and psycho-social development.

Some recent developments: The Govt of Delhi needs to be applauded for doing away with the admission tests and interviews in line with the Yashpal Committee recommendations. The above committee has also provided for 25% quota for underprivileged children in private schools. This provision raises concerns as it does not address the issue of quality pre-school education for all children which requires a clear State Plan on universalising quality pre-schooling.

Recommendations

- Given the priority of this age group, ECCE must be provided for as a Fundamental Right of every child, since it will influence the capacity of the child at further levels of education. This will also ensure better returns for state investment on education.

- A focused effort should be initiated by Govt of Delhi to compile and maintain a reliable and efficient data base on children below 6 years of age, disaggregated into two sub stages – below 3 years and 3-6 years so that the interventions required and the budget can be focussed.

- The Govt of Delhi needs to develop basic quality standards for ECE and an age-appropriate curriculum for all preschools in Delhi across public, private and voluntary sectors, with flexibility built in for contextual variations. This should be developed with the help of experts, and representation of practitioners from all three sectors.

- A policy decision to bring uniformity in age of entry and duration of pre-school is required.

- A good communication strategy and audio visual materials need to be widely used to reach parents and orient them regarding developmentally appropriate ECCE, which will help to regulate the demand and ensure quality.

- The Govt of Delhi /Directorate of Education should hold consultations on both curriculum and training, involving all stakeholders and draw up a training strategy-cum-framework for both pre-service and in-service training and on site support for ECCE.
Right to Identity

Findings and Issues

Issues

- Many children are left without birth registration (38% for Delhi and 74% of the non-institutional births, most of them from urban poor settlements).

- The births in Delhi that remain unregistered are particularly from families living in slums, footpaths, roadsides, shanties/makeshift tents, unauthorized jhuggis/slums colonies, etc., and also for people coming from other states without any papers. Absence of supportive documents required for birth registration, like legitimate address proof, often demanded by the local registration authorities, deter even the most aware parents of urban poor children from registration.

- Micro studies referred to in this report indicate that the urban poor felt that the civil registration system was time-consuming and inefficient, as a result of which most slum dwellers generally preferred not to get their children’s birth registered.

- Awareness on the importance of the issue is still low despite the special drives undertaken by Delhi Government to increase birth registration.

Recommendations

- The Birth Registration system must be made more pro-active, easily accessible and corruption free.

- State needs to come up with a proactive solution for children in unauthorised slums, street children and those who do not possess proper address proof so that they are not deprived of their Right to Identity.

Right to Non discrimination and ‘Best Interest of the Child’

- The issue of basic services for the urban poor: 31% of the people in notified slums have no sanitation facilities, none of them have underground sewage facilities. Water supply, sanitation and waste disposal norms for the slums are far lower than the norms for the economically privileged groups in the city and the actual provision is far below those norms.

- Inadequate shelter: There are at least 6 lakh families in slums and another 7 lakh were in unauthorised colonies in 2001 – indicating that half the families in Delhi were in “illegal” housing, open to demolition at any time.

- Frequent dislocation and inadequate resettlement: The years 2002-07 were very disruptive for families and children living in the slums. The urban re-development policies of the government from the 1990s onwards reveal very disturbing trends. There were large scale demolitions of Jhuggi settlements - the peak period being in 06-07.

Inadequate resettlement - The exact number of families that were dislocated is not easy to estimate as the available data is contradictory. According to the MCD list entitled “Status
of relocated/ resettled jhuggi families, year-wise and cluster-wise’, 217 JJ Colonies were demolished between 1990-2007. However, as per the Slum and Jhuggi Jhopri department, around 48,000 families were relocated. Hazard Centre, however, estimates that 27,000 families (1, 35, 00 people) were evicted, “of which 6000 were resettled and rest were left to fend for themselves.” According to an EPW paper by Veronica Dupont, the number of relocated families accounts for only 12%. 88% were not eligible for resettlement.

Decreasing allocation of land for resettlement: The allocation of land for resettlement has been steadily decreasing. 80 sq. meter plots were reduced to 40 sq. meters, then further to 25 sq. meters in JJ clusters, and now the allocation is 12.5 sq. meters.

Recommendation

- There is need for fresh assessment of the current urban resettlement policy and its implications for the health and livelihood of citizens, and particularly, on the needs and rights of children.

- There should be uniform norms on per capita for basic services for all economic groups

- Definite allocation of land for AWCs, pre-schools and crèches is required. The area recommended is: 12 to 15 square feet per child for 0-3 year olds and 15 to 20 sq feet per child for 3-6 year olds, along with additional space for kitchen and toilet, on the basis of 25%, and 5% of the covered area respectively.

Disability Findings

- Lack of data - The extent of the prevalence of Disability amongst children under six in Delhi is unknown. Data available from Census 2001 indicates that 2.2 % of population in India has various disabling conditions. Experts think this is a gross underestimation and, certainly, age-disaggregated data is not available

- Invisible groups - The World Bank in its “Report on People with Disabilities”, identified some groups excluded by gender and caste, as very severely disadvantaged. It infers that groups where disability is likely to be invisible, are amongst those who are disabled from birth, women with disability, those with little education, and those of SC/ST/OBC Status. The prevalence of disability amongst urban poor is thus likely to be high.

- Absence of Planning, Tracking and Programmes for Young Children with Disabilities - Children with disabilities come under the Ministry of Health and the Ministry of Social Justice and Empowerment. Neither have any Plan or Programme for Early Intervention nor a tracking system for children who have been identified with impairments. It is very rare to encounter a child with disabilities in an ICDS anganwadi centre.

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1 Swept Off the Map - Kalyani Menon Sen and Gautam Bhan
2 EPW, July 12, 2008 - Slum Demolitions in Delhi since the 1990s, an Appraisal
Recommendations

Data and Tracking children with Disability – The Ministry to develop a system of tracking children with disability. The database needs to be maintained to ensure that there is planning and they are included in State programmes.

Detection and Early intervention for Disability – This is a critical area needing intervention and therefore, clears guidelines, training and accountability of health functionaries, ASHA and ICDS have to be put in place.

Migrant Construction Worker’s Children

Findings and Issues

- There are 8 lakh construction workers in Delhi. The women workers have no access to ICDS. Crèches on worksites run by NGOs are few and far between. 67% children and 69% women construction workers were found undernourished in a micro study on construction workers in NCR by Mobile Creches.

- Children of construction workers in Delhi, despite the existence of protective legislation (Building and Other Construction Workers Act, 1996) are unreach by welfare provisions of the Act and the social security net provided by the Welfare Board and Cess Funds.

- On site and off site, the shelter available to construction workers is poor. In a micro study it was found that, 58% of the workers who lived in bastis were living in rented accommodation; 13.98% were living on work sites and, only 14.69% owned their own house. The accommodation in basti areas and on worksites is cramped. They are temporary structures and have minimal facilities.

- The mobility factor and its impact on the status of the young child - The mobility of the migrant workers interferes with exclusive breast feeding of infants, affects complementary feeding; and interrupts the possibility of complete immunisation. Learning opportunities for young children are missed and so is the chance of preparation for entry into school. As for older children, their schooling gets interrupted. Mobility also snaps social relationships for children and families, breeding insecurity and causing emotional stress. Away from the village, there are no family support systems – this effects both the emotional stability of children and the availability of support to women for childcare

Recommendations

- The Builders and Other Construction Worker’s Act, 1996, needs to be implemented and systems for registration, identity and access to entitlements put in place along with attention to living and working conditions of workers both on and off site.

- ICDS and healthcare systems need to plan for inclusion of migrant construction worker’s children and devise systems and flexible models to bring them under their purview.
Shelter, water and sanitation in labour camps, sites and bastis are issues that cannot be neglected any longer.

Performance of Programmes
Issues

- ICDS covers only 35% of children and has severe quality and implementation issues: The large gaps in coverage of children are serious lacunae. As regards quality of services, the main issues are: a) poor infrastructure; b) quality and quantity of food; c) inadequate growth monitoring, d) poor quality pre school services, e) irregular fund-flow for salaries, rent etc.; and, f) diversion of AWWs for non-ICDS tasks. All, the above, including training, need urgent attention.

- Crèches - Schemes for the safety and protection of young children are limited in coverage. Only 11,960 children are covered by the RGCS and NDMC crèches. It is estimated there is need for 8 lac children (~50% of 19 lac =9.5 lac - guesstimate that about 8 lac) for women in the unorganized sector in Delhi. Lack of day care arrangements has severe implications for the education of older siblings, who miss out on schooling.\(^3\) The quality of care available to young children is also compromised. The elder siblings, taking care of their younger children, have said that they sometimes, out of irritation, abuse or even beat their younger siblings if they disturb them during play and work. As for systematic feeding or care of the young, that is not in evidence anywhere. Due to lack of adequate day care services, families, specially mothers working in the unorganized sectors, are forced to compromise on the basic care required by children.

- Maternity Entitlements - Only 20 women in Delhi in 2006 accessed the Janani Suraksha Yojana (the Scheme provides Rs. 600 for two living birth for women in BPL category) as Maternity Entitlement. This reveals a serious lacuna in the State’s recognition of the importance of this period in a child’s life and the rights of both mother and child during this critical period. Low access to the Scheme, points to both its inadequacy and poor implementation mechanisms.*

Implementation of Laws

- The PNDT Act (see the section on sex ratio, page 3)and the IMS Act have been poorly implemented, as can be seen from the disturbed sex ratio of 848 girls per 1000 boys.

- As regards the IMS Act, the fact that only one case has been filed for violations, in so many years, and that there have been no convictions, points to weakness of the implementation machinery. The objective of this Act was to intervene in the situation of malnutrition and promote breastfeeding. This objective remains compromised as the health indicators reveal.

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3 Studies done by Mobile Creches on Child Care Practices (2003) and Sibling Care (2004) carried out in Delhi slums reveal severe limitation of the childcare support services and serves as one of the major reasons for girls dropping out of schools.
Supreme Court orders regarding universalization of ICDS, **implementation of all five services**, special focus on SC/STs and Minority populations etc. need to be implemented.

**Recommendations**

The implementation of the Acts and an overhaul of the implementation machinery requires prioritization.

**Governance and Budget Issues**

- No Child Policy in place - The Delhi Government does not have a State Plan of Action for Children. Hence there is no clear framework within which departments are mandated to fill the gaps in quality of services and coverage of children. The lack of a policy framework, results in lack of attention to the important issues of coordination, human resource planning, budgets etc which impact the implementation of schemes.

- The issue of multiple authorities and departments in charge of the young child – The presence of multiple authorities in NCT Delhi (listed in the matrix Table 5.1) is responsible for the fragmented handling of child rights. Such a governance structure necessitates a very strong convergence mechanism to enable it to reach children across schemes, programmes and basic services. However, wherever there is some space for interdepartmental dialogue (e.g in the coordination meetings between Secretaries of all departments, Chaired by the Chief Secretary or Coordination between WCD, Finance and Health for ICDS), the space remains largely under utilised and its impact is felt all along line.

- Under-utilisation of funds for development – There is an under utilization of funds noted in all departments, be it funds for ICDS or fund allocated to health and education. A factor which contributes to under utilization has been identified as the system which requires that utilisation reports are submitted before funds are released to the projects. In ICDS, this procedure leaves functionaries without funds for two three months at a time. This impacts programme, demoralizes staff and leads to implementation problems, and to the underutilization of funds.

As regards, the utilisation of MLA Area Development Funds, the Department of Urban Development showed only a 48% utilization of the same.

- Impact on Governance due to Central Policies – The implementation of the Centrally Sponsored Schemes rests on the State government and the State government is also required to supplement the budget. This imposes a financial burden on the State, and at the same time, the State remains dependent on disbursement of funds by the Central Government.

- Secondly, the targeted nature of some schemes (e.g. JSY, PDS), confining it to only BPL families, leaves out a large number of urban poor who do not qualify as BPL due to the faulty eligibility criteria, which is now under the scanners of experts for revision.
Recommendations

- The State needs to examine the status of children under six in Delhi, as has been revealed in this Report. For this purpose, it is recommended that a Task Force be constituted to review all aspects of the situation, the programmes, quality issues, coverage gaps and draw up a Plan of Action with a definite time frame.

- Some of the overarching issues which will require critical attention of the Task Force are:
  
  - The children of the urban poor, as a large subset of children within Delhi, requiring urgent attention
  - Neglect of the under threes in current programme planning and the need to address this through building up support and outreach services to them by way of counselling and crèches
  - The poor quality and low provision of preschool opportunities
  - The need for Human Resource Planning for the entire ECCD sector
  - The collection of disaggregated data on the under sixes to enable proper planning and monitoring

- Governance issues, coordination, budgets and financial planning and monitoring have to be taken up and the bottlenecks and problem areas addressed to ensure that the Plan of Action can deliver a better deal to Delhi’s Young Children.

- Urban Policies and provision of basic services need to be reviewed and the necessary course corrections made.

Conclusion

The Report and its findings highlight the urgency of addressing the situation of Young Child in Delhi and calls for action on multiple fronts. It is hoped that the Report and its recommendations will provide the basis for a dialogue between concerned citizens and the State and lead to a policy framework, action plan and budget within a defined timeframe so that we can look forward to a healthy, caring and just future for Delhi’s Young citizens.

Contributing Members of the Citizen’s Report

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Background Note on FORCES

FORCES (Forum for Crèches and Childcare Services), is a national network, with Chapters in 10 states of India. It was formed in 1989 to focus attention on the period 0-6 years when the needs and rights of women and young children are closely intertwined. Neenv, an informal group of voluntary agencies working in the slums and resettlements of Delhi, become a Chapter of the national network FORCES in 2001.

FORCES was set up in response to the problem of widespread poverty in the country, which compels women to work. Children suffer neglect, not only because families lack understanding about the critical importance of these early years, but also because women have little time, are poor, and there is a lack of childcare support services. The State response to this situation, till now, has been inadequate in terms of programme, policy and investments.

FORCES sees a close connection between neglect in Early Childhood and perpetuation of poverty in the country. One of the major tasks of the Network has been to spell out the link between the absence of childcare support arrangements and women’s low earning and learning capacity and their low participation in decision making. Another major task has been to communicate the link between good early childhood care and development and its importance for laying the foundations for health, capacity and confidence for children.

FORCES is committed to advocating for holistic childcare and development, through supportive measures which are appropriate for each age group - for the youngest below 6 months, for the under threes, and for the three to sixes.

FORCES believes that, in the context of poverty, rapid urbanization and with the breakdown of traditional support systems, the family alone can no longer be expected to fully provide all that is needed for the development of the young child and the State and larger society have a big role to play in the survival and development of children.

Key objectives of the Network:

- Creation of awareness about the Importance of the Early Years and the implications of neglect on the child, the family and on the national development goals of health, education, women’s empowerment and poverty alleviation.
- Development of a strong policy framework and investment of State resources for young Children under Six.
- Support to women through Maternity Entitlements and counseling for infant care and breastfeeding
- Universalizing ICDS with quality
- Multiple strategies and flexible models to reach Daycare to children whose mothers work in diverse circumstances.

Delhi FORCES – Highlights of Activities in recent years:

1. Bacchon ko Sambhalte Bacche: A Study of Sibling Care in the bastis of Delhi
2. ICDS – A Reality Check: A Study of 242 AWCs in 27 projects in Delhi

3. Awareness Programmes: Bal Adhikar Yatra and Diwas 2007

4. Community level meetings, street plays and workshops to discuss Needs and Rights of children, provisions of ICDS, importance of children accessing Anganwadis and providing community support to Anganwadi workers.

5. Organizing community participation in conventions on Strategies for Children under Six along with Right to Food Campaign and Jan Swasthya Abhiyan and articulation of recommendations for the Eleventh Five Year Plan.

6. Community education and discussions around young children’s issues for inclusion in the State and National Elections manifestos.

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<td>15.</td>
<td>Dr. A. Shahin Sultana</td>
<td>Dept. of Social Work, Delhi University</td>
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<td>16.</td>
<td>Dr. S.K Dwivedi</td>
<td>Social Awareness through Health &amp; Essential Education (SATHEE)</td>
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<td>17.</td>
<td>D. S. Mehra</td>
<td>Joint Effort for Empowerment through Training (JEET)</td>
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<td>18.</td>
<td>Dr. Ashok Kumar Chauhan</td>
<td>Janta Welfare &amp; Education Society (JWES)</td>
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<td>19.</td>
<td>Devika Singh</td>
<td>Mobile Creches, Delhi FORCES</td>
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<td>20.</td>
<td>Dr. Gyanender</td>
<td>Mahila Vikas Sansthan</td>
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<td>21.</td>
<td>Dr. Venita Kaul</td>
<td>Centre for Early Childhood Care &amp; Education (ECCD), Ambedkar University</td>
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<td>22.</td>
<td>Dr. Sunanda Reddy</td>
<td>CARE NIDHI</td>
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<td>Dunu Roy</td>
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<td>24.</td>
<td>Dr. Monika Das</td>
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<td>Farah</td>
<td>Centre for Advocacy &amp; Research (CFAR)</td>
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<td>28.</td>
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<td>33.</td>
<td>Jaya Shrivastava</td>
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<td>53.</td>
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<td>Ruchika</td>
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<td>Sandhya Gupta</td>
<td>Suakriti Educational and Welfare Society</td>
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<td>69.</td>
<td>Subhash Bhatnagar</td>
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<td>Surender Singh</td>
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<td>Tijo Thomas</td>
<td>Chetanalaya</td>
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<td>74.</td>
<td>Thaneshwar Adigaur</td>
<td>Sneh Bandan Society (SBS)</td>
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<td>Vijayalaxmi Puri</td>
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<td>Yatender Barthwal</td>
<td>CASP-PLAN</td>
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**Panelists**

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<th></th>
<th>Name</th>
<th>Organization/Role</th>
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<tr>
<td>78.</td>
<td>Mr. Amod Kanth</td>
<td>Chairperson, Delhi State Commission for Protection of Child Rights</td>
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<tr>
<td>79.</td>
<td>Ms. Dipa Sinha</td>
<td>Advisor, Supreme Court Commissioners’ Office, Right to Food</td>
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<td>80.</td>
<td>Dr. Renu Khosla</td>
<td>Director, Center for Urban and Regional Excellence (CURE)</td>
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<td>81.</td>
<td>Dr. Shanta Sinha</td>
<td>Chairperson, National Commission for Protection of Child Rights (NCPCR)</td>
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<tr>
<td>82.</td>
<td>Dr. T. Sundararaman</td>
<td>Executive Director, National Health Systems Resource Centre (NHSRC)</td>
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</tbody>
</table>
Delhi Forces Survey

Objectives of the Study

a) Generate hard facts from ground on the status of young child in Delhi with special focus on the availability of services/schemes for children under six, the awareness of these services among the families and the level of usage.

b) Generate hard fact on basic services (for eg. shelter, water etc) in the slums that directly or indirectly impact the status of young children.

c) Assess the need of disability as a special group within the community and their neglect by services.

The ultimate aim is to use this data along with the secondary data to initiate advocacy with the government to strengthen the supply side as well as to generate awareness in the community to build up voices from the ground for provision of services.

Size of the Study

The Survey was conducted by Delhi FORCES on 4600 households, in 22 bastis from 7 districts of Delhi.

The areas surveyed were:

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<thead>
<tr>
<th>S. No</th>
<th>District</th>
<th>Cluster</th>
<th>Type of Area</th>
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<td>West</td>
<td>Bindapur, Rama Road, Shadipur</td>
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<td>Resettlement</td>
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<td>3</td>
<td>Central</td>
<td>Gayatri Colony, Baljeetnagar, Bapanagar</td>
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<td>4</td>
<td>New Delhi</td>
<td>Sanjay Gandhi Camp, Vivekanand Camp, Shastri Market</td>
<td>J.J Cluster</td>
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<td>5</td>
<td>South West</td>
<td>Kirbi Place, Jhadela, Dwarka Sector-16</td>
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<td>6</td>
<td>South</td>
<td>Sangam Vihar, Govindpuri, Lal Kuan</td>
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<td>North West</td>
<td>Mangolpuri, Lal Quarter, Bhimnagar</td>
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<td>8</td>
<td>North East</td>
<td>Seelampur</td>
<td>Resettlement</td>
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Methodology

1. Questionnaires were used in 4600 households to collect primary data from the field to capture the following:
   - Socio-economic profile
   - The number of under sixes in the families and their access to services provided to the under sixes by the State
   - Awareness of Health and Childcare Services provided by the State
   - Access to basic services like water and sanitation
2. Focused Group Discussions (FGDs) were carried out in all 22 clusters to capture qualitative inputs on the status of the young child in slums and the status of services influencing them

List of Organizations who participated in the Survey

1. Basti Vikas Samiti
2. Alamb
3. Navshristi
4. Humanity & Peace Society
5. Manav Jagriti Mission
6. Ehsas
7. JEET
8. AARTH-ASHTHA
9. SATHEE
10. Colepra
11. LEDS
12. Janta Welfare & Education Society
13. Dadi of India
14. Nirmana
15. Bhartiya Navdeep Samiti
16. Disa
17. Jhuggi Jhopri Ekta Manch
18. Paropkar
19. Matri Sudha
20. Prasar
21. Savera
22. Suakriti
23. Dalit Adhikar & Shod Sandharb Kendre

Analysis & Collation of Data
Mobile Creches Information Dissemination Team
Programme Schedule

9:30 a.m. to 10:00 a.m:  Registration and Tea

10:00 am to 10:15 a.m:  Welcome and Introduction to the Consultation

10:15 a.m to 10:30 a.m:  Voices from the ground: Documentary Film

10:30 a.m to 11:00 a.m:  Sharing of the Findings of the Survey
                         Mridula Bajaj, Convenor, Delhi FORCES (Neenv)

11:00 a.m to 11:15 a.m:  Questions from the panelist

11:15 a.m to 11:30 a.m:  Experiences from the Bastis - Neeve Partners

11:30 am to 12:15 p.m:  Responses from the Panel

Chair: Dr. Shanta Sinha, National Commission for Protection of Child Rights (NCPCR)

- Ms. Rashmi Singh, Director, Mission Convergence
- Dr. Renu Khosla, Director, Center for Urban and Regional Excellence (CURE)
- Mr. Amod Kanth, Chairperson, Delhi State Commission for Protection of Child Rights
- Dr. T. Sundararaman, Executive Director, National Health Systems Resource Centre (NHSRC)
- Ms. Dipa Sinha, Advisor, Supreme Court Commissioners’ Office, Right to Food

12:15 a.m to 1:00 p.m:  Open Discussions: Q & A

Concluding Remarks
Anjali Alexander, Chairperson, Mobile Creches

Vote of Thanks
Dr. S. K. Dwivedi, Sathee (Neenv partner)

Lunch