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Preface & Acknowledgement

In the changing business and economic environment, women are entering the job market with increase employment opportunities and also gender inclusive policies. Economic liberalization, globalization and privatization have brought out significant changes in society, polity and economy. With the breaking of joint family system and the increased phenomena of nuclear families, working women need support in terms of care for their young children while they are at work. Effective day care for young children is essential for providing support to both mothers and young children. It is also a protective measure which addresses the issues of child labour, school drop outs, outreach for medical and health programme, female literacy, malnutrition, etc. Hence, there is imperative need to improve the quality and outreach of child day care services for working mothers and also achieving the Millennium Development Goals. Rajiv Gandhi National Crèche Scheme for Working Mothers has been implemented by Government of India under the Ministry of Women and Child Development and the responsibility of its effective implementation has been entrusted to Central Social Welfare Board along with two other nodal agencies viz., Indian Council for Child Welfare and Bhartiya Adim Jati Sewak Sangh. The programme is being implemented in partnership with civil society organizations and some of private and corporate agencies. Present study purports to examine the functioning and performance of the scheme and suggesting the measures for its effective implementation.

The study has been planned in nine chapters. Chapter 1st is introductory one which provides rationale, objectives, research methodology of the study. Chapter 2nd deals with care and protection of young children. It also provides theoretical, policy and legal perspective pertaining to child care, protection and development. Chapter 3rd is concerned with performance of Rajiv Gandhi National Crèche Scheme for Working Mothers. The chapter is based on secondary data and information obtained from observation of crèches in selected states during the field survey. Chapter 4th examines the role of Project Implementing Agencies in implementation of the scheme. Chapter 5th is concerned with infrastructural facilities existing in crèches of the selected states. Chapter 6th is related with analysis of socio-economic profile of beneficiaries (working mothers) and their participation in the scheme. Chapter 7th is concerned with analysis of view perception of people's representatives while Chapter 8th is related with analysis of view perception of state officials. Chapter 9th is concluding one which provides analysis of major research findings and policy recommendations.

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D.S. Sutaria
Project Director

Executive Summary

In the changing business and economic environment, women are entering the job market with increase employment opportunities and also gender inclusive policies. Economic liberalization, globalization and privatization have brought out significant changes in society, polity and economy. With the breaking of joint family system and the increased phenomena of nuclear families, working women need support in terms of care for their young children while they are at work. Effective day care for young children is essential for providing support to both mothers and young children. It is also a protective measure which addresses the issues of child labour, school drop outs, outreach for medical and health programme, female literacy, malnutrition, etc. Hence, there is imperative need to improve the quality and outreach of child day care services for working mothers and also achieving the Millennium Development Goals. Rajiv Gandhi National Crèche Scheme for Working Mothers has been implemented by Government of India under the Ministry of Women and Child Development and the responsibility of its effective implementation has been entrusted to Central Social Welfare Board along with two other nodal agencies viz., Indian Council for Child Welfare and *Bhartiya Adim Jati Sewak Sangh*. The programme is being implemented in partnership with civil society organizations and some of private and corporate agencies. Present study purports to examine the functioning and performance of the scheme and suggesting the measures for its effective implementation.

The study has the following main objectives:

- To study the relevance and need of the scheme for children of working mothers in the view of universalization of ICDS;
- To study the modus operandi of implementation of Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers in selected states;
- To examine the status of physical infrastructure and service deliveries at Crèche Centres and also to explore the possibility of upgrading Anganwadi Centres to full time crèches in selected states;
- To study the training facility for orientation of crèche workers and also to examine the impact of training to crèche workers in implementation of the scheme;
- To review the existing mechanism of the monitoring of crèche for effective functioning of the scheme and also to study the possibility of converting the scheme into a centrally sponsored scheme;
- To examine the problems in effective functioning of the Rajiv Gandhi National Crèche Scheme for children of working mothers; and also women inmates in their socio-economic rehabilitation;
- To suggest policy measures for effective and efficient functioning and performance of the scheme.

The study has been conducted keeping in view the following hypotheses:

- Rajiv Gandhi National Crèche Scheme has provided morale support to the working mothers in proper care of children.
- Rajiv Gandhi National Crèche Scheme has empowered working mothers for child care services.
- Rajiv Gandhi National Crèche Scheme has improved the child care services for children of working mothers.
- Rajiv Gandhi National Crèche Scheme has improved the health of children living in the crèche centres.
- Most of the crèche centres lack adequate infrastructure and amenities for children.

- The quality nutrition and food to the children living in crèche centres is not available in most of the cases.
- The quality of support services and convergence of services could not be ensured to the desired level.

Present study is empirical in nature based on mainly primary data collected through field survey in the states of Himachal Pradesh, Uttar Pradesh, Assam, Tripura, West Bengal, Maharashtra, Madhya Pradesh, Karnataka and Andhra Pradesh. The study covers about 4 per cent of existing crèches set up under Rajiv Gandhi National Crèche Scheme for Working Mothers. The study comprises of 9 states, covering the sample of 132 Project Implementing Agencies, 636 Crèches, 2544 Working Mothers, 94 Officials and 90 Non-officials. The survey was conducted with the help of structured interview schedules/questionnaires for PIAs, Crèche Observation, Crèche Workers, Working Mothers, People's Representatives and State Officials.

Major Research Findings:

- During the 2008-2009, there were 31718 crèche centres with the beneficiaries of 7.92 lakh only. Most of the crèche centres were reported to be implemented by Central Social Welfare Board (65.83 per cent) while the share of ICCW (16.77 per cent) and BAJSS (17.39 per cent) was reported low. There has been declining trend of crèche centres over the period of 2006-07 to 2011-12.
- Agency-wise budgetary allocations under the scheme also demonstrates that a lion's share goes to Central Social Welfare Board (74.99 per cent) while ICCW constituted only 13.34 per cent share in the budgetary allocations during 2006-07. Moreover, there has been fluctuating trend in the budgetary allocations under the scheme during the period of 2006-07 to 2012-13.
- The observation of crèche centres demonstrates that most of the crèche centres have two rooms however; the space under the crèche centre has been reported to be small.
- About 60 per cent children living in crèche centres were from BPL families while about 2/5th children were from APL families. Majority of the children living in crèche centres were found belonging to the age group of 0-4 years. About 10 per cent children were also from the age group of 6 years and above. More than half of the children living in crèche centres were female.
- Most of the projects implementing agencies were NGOs (76.5 per cent) however; about 20 per cent PIAs were functioning as Trusts. They were registered under Societies Registration Act. Only 1/3rd PIAs have setup crèche centres in the office premises of their organizations in order to minimize the administrative cost of crèche centres.
- Most of the PIAs are receiving assistance from Central Social Welfare Board for running the scheme. Only 17 per cent PIAs reported that they have imposed user charges for augmenting the centre's resources.
- Most of the PIAs reported that their crèche centres have been inspected by the organizations other than sponsoring agencies. They were also found satisfied with the quality and adequacy of training to their workers for providing better child care services to young children. They further reported that the trainings have been organized mainly by Central Social Welfare Board and other academic institutions.
- The infrastructural facilities were found to be poor in most of the crèche centres. About 16 per cent crèche centres do not have availability of electricity while 28 per cent crèche centres do not have clean toilets and sanitation facilities. Similarly, about 14 per cent crèche centres do not have clean and safe drinking water. Even 19 per cent crèche centres do not have ventilation for fresh

air. Moreover, more than 1/3rd crèche centres do not have safe playground. Similarly, about 18 per cent crèche centres do not have play materials and equipments.

- The sleeping facilities in the crèche centres were also reported to be poor. A large proportion of crèche centres do not have mattress, carts, pillows, blankets and quilts, bed and bed sheets.
- The cooking facilities in the crèche centres were also reported to be poor. A large proportion of crèche centres do not have separate kitchen, stove, gas cylinders, proper cooking utensils, etc.
- Most of the working mothers were found belonging to Hindu community however, the proportion of Muslim respondents was also found to be significant. About 2/5th respondents were from general castes while about 30 per cent respondents were from Scheduled Caste and Scheduled Tribes.
- Most of the beneficiaries were from labour class and their occupation was reported to be labour. Their family occupation was reported to be labour, agriculture and service. Most of the beneficiaries were found living to below poverty line. The average annual family income was reported to be Rs. 28210 while their average monthly income was reported to be Rs. 2592.
- Most of the beneficiaries were reported to be married. They mainly belong to middle age group i.e. 20-35 years. Their educational levels were found to be poor as about 2/5th of them were illiterates. They were mainly from rural background. About half of the respondents reported that their families have migrated for better socio-economic opportunities.
- Most of the beneficiaries reported that they are availing crèche services from 6 to 18 months. However, about 30 per cent respondents reported that they are availing crèche services for more than 2 years.
- Most of the beneficiaries reported that the age of their child is in between 1-4 years who is availing crèche services. The timings of availing crèche services were reported to be 4-8 hours. Most of the beneficiaries were found satisfied with the quality of crèche services however, about 2/5th beneficiaries were found dissatisfied with the adequacy of facilities in the crèche centres.
- Most of the people's representatives were found belonging to NGOs and local governments. They were members of their organizations. Most of them were found aware about the implementation of the crèche scheme. They have also visited crèche centres running in their areas. Most of the respondents were found satisfied with the adequacy and quality of crèche services.
- Most of the officials were found associated with the nodal agencies of the scheme. They reported that they have adequate staff and officials for regular monitoring of crèche centres. However, crèche centres are being monitored mainly on quarterly and annual basis.
- A large proportion of officials admitted that there is no annual training colander for training and capacity building of crèche workers. They have also not set up the linkages with academic institutions for conduct of the training to the crèche workers.
- Most of the crèche workers have received training however; the adequacy of training was reported to be low. The training to crèche workers requires on regular basis along with coverage of important areas such as community mobilization and empowerment, psychological care of young children, sanitation and hygiene, child health care, etc.
- Most of the officials admitted that there is no proper flow of funds from government to implementing agencies in time. This affects the functioning of the crèche centres. They further reported that the present assistance under the scheme is grossly inadequate to achieve the desired objectives and goals.

- The major constraints and challenges in effective implementation of the scheme include low budget, inadequate financial support under the scheme, no provision for honorarium of supervisory staff of the implementing agencies, no provision for house rent, no provision for administrative expenses, etc.

Policy Recommendations:

- As ICDS and Rajiv Gandhi National Crèche Scheme are national programmes to address the multiple health, nutrition and educational needs of children under 6 years, strategies should be adopted to universalize the programme with quality as a guiding principle. Greater convergence between the ICDS and National Rural Health Mission and Sarva Shiksha Abhiyan for prevention and management of malnutrition is imperative. Crèches and maternity entitlements along with focus on infant and young child feeding and outreach to children under the age of 3 years are to be ensured.
- Complementary strategies and other institutional arrangements including (1) maternity entitlements; (2) crèches and childcare arrangements; and (3) institutionalized support for infant and young child feeding will be required.
- Age specific interventions have to be paid to the varying requirements of different age groups. These interventions should involve the integration of related systems, focusing on food and nutrition; health services; and childcare.
- Decentralized approach is essential for fostering participatory planning, community ownership, responsiveness to local circumstances and the involvement of local governments in effective implementation of child-centred schemes such as ICDS and Rajiv Gandhi National Crèche Scheme.
- Community action should be encouraged with the active involvement of civil society organizations for community mobilization and participation in monitoring and evaluation of child-centred schemes. The existing network of community-based organizations such as Women SHGs, Community Development Societies, *Mahila Swasthya Sangh*, Women Associations, etc. should be involved in community mobilization and effective implementation of the scheme.
- Administrative reforms for capacity building and decentralization are essential. It is imperative to introduce central mechanism that sets standards, maintains quality, safeguards equity concerns, redresses uneven development and allocates resources in a transparent and equitable manner.
- The scheme should be restructured both in terms of budget and human resources. A crèche center should be provided a minimum budget of Rs. 2.5 lakhs along with minimum support of qualified, dedicated and experienced staff. A crèche center should have at least two staff, preferably females to provide child care services. The existing norms and guidelines of the scheme need to be revised with incorporation of the earmarking of judicious fund for infrastructure development, maintenance, health care services, food and nutrition etc. of the crèche.
- The present procedure for allotment of crèche centers to the Project Implementing Agencies is not judicious as a few NGOs or agencies are given the charge of running of 50-250 Crèche Centers while the average number of centers per PIA is 4-5 only. Thus, there is need of rethinking in allocation of crèche centers to PIAs.
- The location of the crèche centers is also found in favour of rural and semi urban areas where as job opportunities are found concentrated in urban centers and particularly in large cities. Thus, it also suggested that establishment of the crèche centers by PIAs should be reconsidered, accommodating major industrial and business clusters, construction sites, and work places.

- The concept of mobile crèche is becoming more popular and effective in delivery of services to working mothers and therefore, it should be further promoted and encouraged.
- Most of the PIAs, State Officials and People's Representatives are not in favour of the merger of the scheme with ICDS as the functionaries are already over stressed with the work and responsibilities and additional responsibility for implementing the crèche scheme will create work burden to them. The existing staff of ICDS is not qualified and well competent to perform the additional responsibility of implementing the crèche scheme. Therefore merger of the scheme with ICDS should be very limited in the initial stage and be confined to those areas where ICDS platform is strong enough to support the additional responsibility.
- The merger of Rajiv Gandhi National Creche Scheme and ICDS programme is practically not possible as ICDS programme is meant for providing supplementary nutrition to young children with a limited duration of 2-3 years child care services while creche centre is aimed at providing child day-care services to young children of working mothers for a period of minimum 8 hours.
- There should be more emphasis on convergence of resources, schemes, programmes, Departments and agencies for providing benefits of other social development schemes being implemented by other Departments and Ministries of Central and state government.
- The training and capacity building of crèche workers is very crucial for ensuring effective functioning of the scheme and therefore, it is imperative to provide quality training to crèche workers by reputed institutes. In this regard, public private partnership may be encouraged and Certificate should be issued after successful receiving of the training.
- Monitoring of crèche centers requires intensive and more frequently by a team of officials, peoples representatives, local development activists and subject experts. Thus, it is imperative to develop effective monitoring and supervision mechanism or effective monitoring and supervision of the crèche centers. State Social Welfare Boards may engage state level organizations for effective monitoring and evaluation of crèche centers on regular basis.
- There is a need to universalize crèches/day care centres. The universalization of crèches is likely to empower women to become economically productive, ensuring early child care and breast feeding, reducing infant and child mortality, prevention of malnutrition by facilitating continuing breast feeding and supplementary feeding, and proper care of young children.
- There is a need to adopt multiple strategies towards achieving universalization of crèches/ day care services in order to provide child care to young children as there is increasing demand of day care services to the young children. Presently the outreach of Rajiv Gandhi National Crèche Scheme is legible and therefore its coverage needs to be widened to provide benefits to the working women in the unorganized sector.
- A National Day Care Fund may be set up to provide resources for a range of models of day care services to young children of working mothers. Decentralized models of day care centres should be set up with the involvement of community based organizations such as SHGs, Women Associations, grassroots level voluntary organizations and civil societies etc. The norms for providing support for decentralized models of crèches may be separately evolved.
- There is need to encourage public private partnership to set up mobile crèches in the construction sites, brick kilns, slums, etc. so that the day care services to the children of migrant labours and workers may be addressed.
- It is imperative to improve the sanitary and hygienic conditions in the crèches through adopting improved practices, cleanliness and maintaining separate kitchen. The essential utensils should be made available in the crèches besides proper and adequate washing materials for cleaning of

utensils, toilets, etc. should be made available to the crèche workers in order to ensure sanitary hygienic conditions.

- In order to provide quality and nutritious food to the young children, proper arrangement of ration, fresh vegetables, seasonal fruits etc. should be made available to the crèches. However, it will require earmarking of significant amount on nutrition against the financial assistance provided to crèche under the scheme. The resource mobilization through imposing user charges (differentiated charges for children belonging to BPL, marginalized and APL families) is imperative in order to augment the resources in a crèche.
- In order to reduce the infrastructure cost of a crèche, the project implementing agencies should be encouraged to set up the mobile crèches besides mobilizing the individual households for facilitating in their own house for setting up temporary crèche. The PIAs may also set up crèches in their project sites and offices set up under other supported developmental programmes/schemes. Thus, there will be no need for additional charges as house rent.
- It is imperative to assign responsibility and accountability to only one national level organization to function as a nodal agency. The Central Social Welfare Board may be given this charge as it has wide national outreach from metropolitan cities to the remotest area of the country through its officials/non-officials member of state boards and also having a wide and required infrastructure in all the states and UTs to implement the Rajiv Gandhi National Creche Scheme for Working Mothers in a larger and broader perspective however it needs strengthening of its monitoring system by revitalizing its decentralized implementing committees.

Introduction

The initial six years of life have a great and lasting influence on the quality of life of a human being. The health, nutrition, education and development opportunities provided to a child in this stage determine the health and wellbeing for the entire life. However, there has been low priority in policies, programmes and budgets in India to cater the emerging needs of this age group of children for their proper care and protection. Integrated Child Development Services Scheme is focusing on convergence of basic services through community based workers and helpers to provide supplementary nutrition, non-formal pre-school education, immunization, health check-up, referral services and nutrition and health education while Rajiv Gandhi National Crèche Scheme for Working Mothers is providing comprehensive day-care services to young children (0-6 years) of working and other deserving women belonging to low income category.

Crèche is a French word which means infant bed. A crèche can also be defined as facilities that provide occasional care for children usually less than 8 years old, and these facilities are provided on particular premises. According to its French origin, crèche refers to crib. The crèche has been displayed in churches during the period from Christmas Eve since the Middle Age. It is a Christmas tradition in many homes and existed even before the custom of Christmas Trees. The crèche has become popular in modern days in several countries as it provides proper care and protection of young children. Crèche is the concept of providing supervised child care facilities to the children while their parents are away. The crèches are meant to provide a safe environment for young children, to ensure their healthy growth, sanitation, nutrition, play materials, cradles, beds and a supervisor who can provide a stimulating environment to the children in the absence of their parents. Crèches can serve the following purposes:

- To provide care when required especially for the children of working mothers;
- To facilitate working mothers at their work place;
- To allow parents to engage in activities knowing children are safe, well-cared for enjoying play opportunities;
- To help parents in bringing up their children with confidence in normal loving and caring environment;
- To control the problem of baby-sitting practices in the poor homes, where the mother has to go earn wages and the elder girl is left to care for her young siblings;
- To encourage female employment as the mothers leave their children knowing that they are well-cared for;
- To provide an opportunity for the children to socialize with other children in group situation.

There are several types of crèches. Permanent crèches are located in permanent premises such as a leisure centre or in localities and settlements. They can also be referred to as a full-day care crèches because they are usually open for all days. The temporary crèche is being established on a temporary basis to care for children while their parents are involved in time limited activities, e.g. conferences, short courses, exhibitions, meetings and even entertainment activities. Such crèches may also be attached to colleges, universities or shopping malls, etc. where children are left by their parents for short period of time. Mobile crèches have been setup to cater to the needs of children of migrant construction workers. These are built on the work site so that mothers can come to see their children and breast feed their babies, without affecting their work adversely. Health care, nutrition, and non-formal education are provided in these crèches. A government crèche is set up in hospitals, colleges, universities, government offices and even in shopping malls with the assistance of government. Collective crèches are public infant care centres for young children while family crèches are public child care centres run by licensed child care providers

from private homes. They can also be setup by individuals privately. Parental crèches provide full time infant care. These types of centres are more common in western countries. Mini crèches are small versions of collective crèches located in apartments or other places. Work place crèches are supplied by the employer. These are located in or near the work place and are open during all day time to provide child care for employees' children.

As crèches are to provide a warm, welcoming, safe and stimulating environment for young children, they must meet the required standards. The basic standard requirement is for suitable and trained staff. The manager or the supervisor of the crèche, the staff and the volunteers working in the crèche must have child care experience. They must possess suitable skills and abilities to care for children, including the First Aid training. Besides, adequately lighted, ventilated and clean area must be provided for the purpose of the child care. Clean toilets, availability of safe drinking water, indoor and outdoor play area, facilities for sleeping, playing, health care, nutrition and food should be ensured. The children stay in the crèche for long hours and thus they need to be served proper meals. It should be ensured that food is of good quality besides ensuring proper cleanliness, sanitation and hygiene practices. Sufficient play materials must be available in the crèche to provide activities and play opportunities for children. Staff qualification and specialization is very important for the success of a crèche as parents trust them for a care of their children. These people should be trained and experienced in child care. They must have adequate First Aid training to cope up with any emergency at the Crèche. Community involvement in the functioning of crèche scheme is imperative as community mobilization is important for availing the facilities of crèche centre and also paying user charges.

The history of crèche facility in India is not very old. The first mobile crèche was set up in 1969 at a construction site in Delhi. An Integrated Child Development Services programme was launched in 1975, seeking to provide an integrated package of services in a convergent manner for the holistic development of the poor family. The need for child care services has been emphasized in the National Policy for Children, 1994, National Policy for Education, 1986, National Policy for Empowerment of Women, 2001 and National Plan of Action for Children, 2005. Rajiv Gandhi National Crèche Scheme for Working Mothers was implemented during 2006. The scheme has been implemented throughout India, particularly in the backward and remote areas. It is especially designed for the children of working mothers and it caters to the needs of working mothers and their children. The centres working under the scheme provide good quality child care facilities. The Government in partnership with private sector organizations or NGOs is running these centres successfully. The new crèches are being sanctioned to the implementing agencies through Central Social Welfare Board, Indian Council for Child Welfare and Bhartiya Adim Jati Sewak Sangh. The crèches are allocated to a state/union territory on the basis of the proportion of child population. Uncovered districts/tribal areas under the scheme are being given highest priority while extending the scheme to ensure balanced regional coverage. Present scheme provides assistance to NGOs for running crèches for young children (0-6 years) to ensure sleeping facilities, health care, supplementary nutrition, immunization, etc. for running a crèche for 25 children for 8 hours i.e. 9 a.m. to 5 p.m.

Relevance of the Study:

Children are the future of the nation and backbone of economic development. However, a large number of children in India are homeless, exploited, neglected and abused. The destitution of children may be due to various factors such as backwardness, poverty, marginalization, social exclusion, developmental deprivation, etc. Millions of children are becoming destitute in India due to several socio-economic factors. This is cause of concern as children are the future of the nation. Although, a number of programmes and schemes have been implemented by the government and non-government agencies, however, the services and schemes are found to be grossly inadequate in the context of growing social problem of destitution.

India is home of almost 20 per cent of the world's children. More than one third of the country's population, around 400 million, is below 18 years. By 2016, India's child population below 14 years of age is expected to stabilize around 350 million. No other nation in the world including China is likely to enjoy the benefits of having such a large young population in the years to come. It is only by ensuring that

India's children are well cared for, well protected and well supported that India can attain the Millennium Development Goals by 2015 and be counted in the league of developed nations. The health and nutrition status of children has been an area of major concern for policy makers, health administrators, child development specialists and the public at large. However, about half of the all Indian children are undernourished, similar proportion escape full immunization. The survival of the child is dependent on maternal health and nutritional status, which is determined by factors such as age at marriage, fertility behaviour, use of antenatal and post natal care, and medical attention at the time of delivery. Importantly, malnutrition of children is one of the biggest public health problems facing the country. It adversely affects the growth and development of children including their learning ability and the capacity to cope with the problems of daily living. Similarly, prevention from abuse, neglect and exploitation of children has been universally recognized as essential for child's well being and for the growth and development of the family, the community, and the nation. However, millions of children are out of schools and engaged in economic activities for sustenance of their families. There are other disadvantaged children in especially difficult circumstances who need social services for their care, protection, and development.

Indian society has experienced dramatic changes in the last decade. The changes have been sweeping in impact and also have affected the children. The forces of globalization, economic liberalization and privatization have affected the social, economic, cultural and political value system. The growing urbanization has led to the congestion, overcrowding and stress on infrastructure and services. Thus, people are becoming more self-concerned and the breakdown of the traditional extended family support system and disappearing of the social values, the children are becoming the potential victims of exploitation, negligence, and abuse. Thus, the new environment is throwing up new needs and challenges for the children. Similarly, the combination of sexualization of society, sexual curiosity, lack of adequate sex education and access to technology has created a series of new problems for children. Children are also experiencing vulnerability of commercial sexual exploitation as trafficking of women and children is becoming most profitable trade. In India, especially in the tourism destinations, sex tourism is flourishing that promotes commercial sexual exploitation of children. Interestingly, the number of street children is growing gradually due to poverty, backwardness, negligence, abuse and exploitation of children.

A large number of disadvantaged children in especially difficult circumstances need protection, care and rehabilitation services for their growth and development. The enormity of the problems faced by the children cannot be doubted in a country like India where more than 1/4th of the population lives below the poverty line, natural calamities take their toll, unemployment exists on a large scale, the incidence of illiteracy, malnutrition, poor housing and poor health is large, the state of public social services is very poor and there is a little social security coverage for the masses. It cannot be denied that large number of children are deprived of opportunities for growth and development. The erosion of values, breakdown of joint family support system, abandonment due to death of parents, long illness of parents, maltreatment, acute poverty, etc. has made the present state and future of children placed in difficult circumstances, terrorism, insurgency, and communal conflicts as well as natural disasters have devastated families and traumatize the children.

Children need access to nutrition, basic social services, such as health, education, protection, and care to improve their welfare and their capacity. Delivery of social services requires increasing financial resources and particularly, the quality of public expenditure in these areas. The governance of social services, particularly care and protection of vulnerable, marginalized, and other disadvantaged children may be improved through public private partnership as well as ensuring administrative reforms and children's centric development approach.

The government of India is implementing about 120 schemes and programmes for the welfare and development of children and women through more than 13 government Ministries and Departments. The Integrated Child Development Services Programme (ICDS) represents one of the world's largest and most unique programme for early childhood development, an initiative unparalleled in history. A network of Anganwadi Centres, literally courtyard play Centres, provide basic health, nutrition and early childhood care

and development services to address the interrelated needs of children below the age of six, adolescent girls and expectant and nursing mothers from disadvantaged communities.

With increased opportunities for employment for women and the need to supplement household income more and more women are entering the job market. With the breaking up of joint family system and the increased phenomenon of nuclear families, working women need support in terms of quality, substitute, and care for their young children while they are at work. There has, however, been very slow growth of Crèche/ Daycare facilities, resulting in failure to meet the needs of working mothers in terms of extent, content and quality of services. Crèche and Daycare Services are not only required by working mothers but also women belonging to poor families, who require support and relief from childcare as they struggle to cope with burden of activities, within and outside the home. Effective day care for young children is essential and a cost effective investment as it provides support to both the mothers and young children. It is also a protection measure as it addresses issues such as child labour, school drop outs, child prostitution, outreach for medical and health programme female literacy etc., Hence, there is an urgent need for improved quality and reach of child day care services for working women among all socio-economic groups in both in the organized and unorganised sectors.

The need for child care services has been emphasized in the National Policy for Children, 1994, National Policy for Education, 1986 and National Policy for Empowerment of Women, 2001 and the National Plan of Action for Children, 2005. The Parliamentary Standing Committee on demand for grants for the year 2002-03 has also pointed out that all sections of the society should be allowed to avail the services of the crèches. Labour Legislations also contain provisions for child care facilities for women workers. The National Common Minimum Programme also emphasizes enhancement of child care and development services in the future. Thus there is need for an expanded and effective scheme for childcare facilities.

In view of the growing importance of crèche centres, government of India initiated Rajiv Gandhi National Crèche Scheme of Children for Working Mothers. The scheme envisages assisting implementing agencies for setting up and running crèche centres. The scheme has made provision that a crèche centre must have a minimum space of 6-8 sq. ft. per child to ensure that they can play, rest, and learn without any hindrance. The Centre should be clean, well lighted with adequate ventilation. A fan should also be installed in the Centre where electricity supply is available. The centre must have clean toilet and sanitation facility that caters to the needs of small children. There should be adequate safe play area outside the Centre also. Within the Centre, there should be sleeping facilities for children, i.e. mattresses, cradles, cots, pillows and basic infrastructure to meet the requirement of the children. Essential play material and teaching and learning material must be available to meet the needs of pre-school children. The cooking area must be located at the place which is away from the activity area of the children to avoid accidents. Basic cooking equipment like stove, gas cylinder or the traditional chulhas must be available and safely placed. Attendance Register must be maintained at every Centre, duly filled up. It should be available for inspection at any time during the working hours of the crèche centers.

It has been made provision that Implementing Agencies and the Crèche Workers must ensure linkages with the local Primary Health Centre or sub-Primary Health Centre in the area. They should also have a tie-up with the nearby ananganwadi centres and its workers for health care inputs like immunization, polio drops, basic health monitoring. Community support including support from Panchayati Raj Institutions is also envisaged in the Scheme to ensure their participation and to supplement the grant of the Government.

The provision of non-recurring grant has been made in the scheme to enable the implementing agencies to provide the basic minimum facilities to ensure that the children in the centre have a hygienic, healthy and child friendly environment for their proper growth and care.

The new crèches are being sanctioned to the present Implementing Agencies, viz, Central Social Welfare Board, Indian Council for Child Welfare and Bhartiya Adim Jati Sevak Sangh. The Crèches will be allocated to a State/UT on the basis of the proportion of child population. Uncovered districts/tribal

areas under the Scheme will be given highest priority while extending the scheme to ensure balanced regional coverage. Priority will be given to 87 uncovered districts, i.e. those districts that do not have even one crèche.

The component of Training has been added to the Scheme to orient the Crèche Workers as well as the Implementing Agencies to provide better services and to build up child friendly environment in the Centre. Short term training will be provided to every crèche worker and helper. The training module, which will be made with the help of NIPCCD will be provided through training agencies that will be identified with the help of State Governments.

In order to ensure effective functioning of the Scheme and also ensure that the beneficiaries get all the elements of the scheme, there should be regular monitoring of the crèches. Monitoring of the Crèches being run under the Scheme will be conducted through independent agencies, to be identified in each State, which will submit reports direct to the Central Government. It is expected that every crèche will be inspected at least once in period of two years. Schools of Social Work, Women's Studies Centers and other reputed agencies will be engaged to monitor crèche units. They will be regularly provided list of sanctioned units in their respective areas with complete address and details of the NGO. A lump sum one time grants of Rs. 10,000/- is being given to each nodal agencies and Rs. 700/- per crèche visited and inspected.

The present scheme provides assistance to NGOs for running crèches for babies (0-6 years) and would provide assistance to ensure sleeping facilities, health-care, supplementary nutrition, immunization etc. for running a crèche for 25 babies for eight hours i.e. from 9.00 A.M. to 5.00 P.M. The Government assistance can only be on a limited scale and should not induce too much dependence on the part of the voluntary institutions on such help and the efforts of the voluntary sector should be to utilize the Government assistance towards snowballing resources for widening the scope of the programme with increasing voluntary contributions. The government recognizes the need for more crèches and day care facilities and realizes that, as the scheme comes to be implemented not only would the children looked after properly, but their parents would have greater freedom to work without norms and that would lead to an increase in their efficiency. The Government assistance will be limited to 90% of the schematic pattern (except salary of crèche workers and helpers) or actual expenditure whichever is less and the remaining expenditure will have to be borne by the Institution/Organization concerned. If an institution has already received or is expecting to receive a grant from some other official source for a project for which application is being made under this scheme, the assessment of central grant will normally be made after taking into consideration the grant from such other official sources (Table 1.1).

Table-1.1: State-wise Number of Crèches and Beneficiaries under Rajiv Gandhi National Crèche Scheme

Sl. No.	Name of the State	No. of Crèches				
		CSWB	ICCW	BAJSS	Total	Beneficiaries
1.	Andhra Pradesh	2144	575	383	3102	77550
2.	Assam	418	290	275	983	24575
3.	Bihar	934	264	132	1330	33250
4.	Chhattisgarh	563	295	185	1043	26075
5.	Delhi	525	90	70	685	17125
6.	Gujarat	695	232	157	1354	33850
7.	Haryana	313	373	144	830	20750
8.	Himachal Pradesh	549	149	86	784	19600
9.	Jammu & Kashmir	556	130	177	863	21575

10.	Jharkhand	420	210	218	848	21200
11.	Karnataka	1179	205	208	1592	39800
12.	Kerala	811	222	133	1166	29150
13.	Madhya Pradesh	2133	363	319	2815	70375
14.	Maharashtra	1719	260	418	2397	59925
15.	Orissa	761	173	270	1204	30100
16.	Punjab	325	58	0	383	9575
17.	Rajasthan	723	146	320	1189	29725
18.	Sikkim	169	0	43	212	5300
19.	Tamil Nadu	1341	142	93	1576	39400
20.	Uttar Pradesh	1211	270	686	2167	54175
21.	Uttarakhand	265	140	241	646	16150
22.	West Bengal	1157	248	231	1636	40900
23.	Tripura	184	186	40	410	10250
	India	20893	5323	5522	31718	792950

Source: Ministry of Women & Child Development, Govt. of India.

Government of India, under the Ministry of Women & Child Development, has implemented Rajiv Gandhi National Creche Scheme for the Children of Working Mothers. The scheme envisages to support non-government organizations and for setting up and running crèche centres for working mothers. The assistance is being provided for the child care. In order to maintain the recurring cost of the crèche centre, user charge concept has been applied under the scheme. In order to effective implementation of the scheme, orientation training to the crèche workers is being provided with the help of state government and other academic institutions. Proper monitoring of the crèche centres is also being ensured. As on March 2008, 31373 crèche centres were found functioning under the Rajiv Gandhi National Crèche Scheme. The scheme for the children of working mothers was revamped on January 1st, 2006 and is being implemented by the Central Social Welfare Board with two national level voluntary organizations. The scheme provides crèche services to children in the age group of 0-6 years and includes supplementary nutrition, emergency medicines and contingencies. Though, the scheme has in-built monitoring component but no evaluation has been carried out at the national level. Mid-term appraisal of 11th Five Year Plan has also envisaged the imperative need of evaluation of the scheme to examine its relevance and need in view of the universalization of ICDS. It also envisaged to explore the possibility of using Anganwadi Centres as crèche centres and converting the scheme into a centrally sponsored scheme. Since the launch of the scheme, there has been no major study to assess the functioning and performance of the scheme as well as its impact on the children and working mothers. Therefore, it is imperative to conduct a national level study to examine the modus operandi of the implementation of the scheme and assess its performance so that effective implementation of the scheme may be ensured through action plan.

Objectives of the Study:

The study has the following main objectives:

- To study the relevance and need of the scheme for children of working mothers in the view of universalization of ICDS;
- To study the modus operandi of implementation of Rajiv Gandhi National Creche Scheme for the Children of Working Mothers in selected states;

- To examine the status of physical infrastructure and service deliveries at Crèche Centres and also to explore the possibility of upgrading Anganwadi Centres to full time crèches in selected states;
- To study the training facility for orientation of crèche workers and also to examine the impact of training to crèche workers in implementation of the scheme;
- To review the existing mechanism of the monitoring of crèche for effective functioning of the scheme and also to study the possibility of converting the scheme into a centrally sponsored scheme;
- To examine the problems in effective functioning of the Rajiv Gandhi National Crèche Scheme for children of working mothers; and also women inmates in their socio-economic rehabilitation;
- To suggest policy measures for effective and efficient functioning and performance of the scheme.

Hypothesis:

The study has been conducted keeping in view the following hypotheses:

- Rajiv Gandhi National Crèche Scheme has provided morale support to the working mothers in proper care of children.
- Rajiv Gandhi National Crèche Scheme has empowered working mothers for child care services.
- Rajiv Gandhi National Crèche Scheme has improved the child care services for children of working mothers.
- Rajiv Gandhi National Crèche Scheme has improved the health of children living in the crèche centres.
- Most of the crèche centres lack adequate infrastructure and amenities for children.
- The quality nutrition and food to the children living in crèche centres is not available in most of the cases.
- The quality of support services and convergence of services could not be ensured to the desired level.

Research Methodology:

The present study is mainly empirical in nature and based on primary data. Besides collection and analysis of primary data, secondary data and pertinent literature have been compiled from published and documented sources. The main sources of secondary data and pertinent literature include the publications and documents of state governments, Central Government and non-government organizations. Academic institutions such as universities, colleges, research institutes and various departments of government and non-government have been consulted for collection of secondary data and literature. Central Social Welfare Board, Directorate of Social Welfare, Directorate of Women and Child Development Department of Women and Child Development and other concerned departments have been approached for collection of relevant information pertaining to child welfare programmes in various states.

For the study, both dependent and independent variables have been identified for the analysis of data and information. Again, age, education, caste, religion, geographical background, income levels, occupation of family, ecological background, etc. have been selected for the analysis of data. The important indicators such as infrastructural facilities and services, living conditions, support services, training, convergence of schemes and programmes, have also been considered for assessing the functioning and performance of the scheme.

A multi stage stratified random sample method has been applied for the selection of the sample of the study. We have covered 9 states viz., *Uttar Pradesh, Andhra Pradesh, Karnataka, Madhya Pradesh,*

West Bengal, Assam, Tripura, Himachal Pradesh and Maharashtra. The selection of states is based on the criteria of geographical representation. We have identified the states from North, North-East, South, East, West, Central and North-West. Thus, the representation of whole country has been ensured in the sample study. The selection of districts within the selected states is based on the development indicators. We have identified the backward, moderate and developed districts in each state. The selection of these districts is based on random procedure; however, a list of districts has been prepared on the basis of development indicators and consultation of the officials of Central Social Welfare Board as well as concerned State Social Welfare Boards. We have selected about 4 per cent crèche centres in each selected state, however, representation of crèche centres from Central Social Welfare Board, Indian Council for Child Welfare and BAJSS has been ensured. Overall, we have selected 636 crèche centres in different states. In each selected crèche centre, 4 working mothers who have enrolled their children in crèche centre have been surveyed regarding the availability of services and child care. Besides the survey of working mothers, interview of crèche organizers and workers has been ensured. Thus, our sample size comprises of 636 crèche centers, 636 crèche workers, 132 crèche Implementing Agencies, 2544 working mothers and 90 people's representatives and 94 concerned government officials. State-wise selected number of crèche centres and beneficiaries are shown in Table 1.2.

Table-1.2: Sample of the Study

Region/State	No. of Crèches in Operation	No. of Selected Crèches/ No. of Crèche Workers	No. of Crèche Implementing Agencies	No. of Working Mothers	No. of Govt. Officials/ People's Representatives
North					
Uttar Pradesh	2167	86	18	347	22
North-East					
Assam	983	39	10	157	22
Tripura	410	16	3	64	21
South					
Andhra Pradesh	3102	125	25	503	23
Karnataka	1592	63	13	257	25
Central					
Madhya Pradesh	2815	114	23	453	17
West					
Maharashtra	2397	96	19	377	12
East					
West Bengal	1636	67	14	260	21
North-West					
Himachal Pradesh	784	30	7	126	21
Total	15886	636	132	2544	184

The field survey has been conducted with the help of structured interview schedules. We have developed a set of interview schedules for the interview of following persons:

- 1- Crèche Implementation Agencies
- 2- Crèche Workers

- 3- People's Representatives
- 4- Government Officials
- 5- Working Mothers
- 6- Crèche Observation

The research tools have been developed keeping in view the relevant research points, questions and scales of view perception pertaining to ecological background of inmates, infrastructure facilities, support services, food, training, convergence of schemes and programmes.

The filled in interview schedules have been thoroughly checked, edited and processed in computer with the application of SPSS for the analysis. Inferences, results and conclusions have been drawn out from the analysis of data. The data in tabular form have been analyzed, interpreted and discussed in the respective chapters. The policy recommendations are based on the analysis of research findings and critical appreciation of pertinent literature.

The study has its own limitations. Study covers only 9 states of India. The sample comprises about 4 per cent of the total existing crèche centres and their beneficiaries. We could not apply the statistical tools and techniques for drawing out inferences and results and thus, simple analysis and description of research findings has been ensured in the report. However, the study is national in character as it represents all the geographical regions of India. The study also covers crèche centres, working mothers, project implementing agencies, concerned officials and non-officials engaged in implementation of crèche centres. Thus, the study is of paramount importance for policy implications and operational view point as it provides a roadmap for the effective implementation of Rajiv Gandhi National Crèche Scheme.

Care and Protection of Young Children

India is home to almost 1/5th of the world's children. More than 1/3rd of the country's population comprising of about 440 million is below 18 years. It has been assumed that about 40 per cent of these children are in need of care and protection, which indicates the extent of the social problem. In a country like India with its multicultural, multi-ethnic and multi-religious population, the problems of socially marginalized, economically backward and disadvantaged groups are immense. Traditionally, the responsibility of care and protection of children has been the responsibility of families and the societies. However, due to poverty, backwardness and other socio-cultural factors, the problem of child abuse, destitution, neglect and exclusion is increasing gradually. The Constitution of India guarantees many fundamental rights to the children while the policies, legal provisions and enactment of Acts also provide right based approach for the care and protection of destitute and disadvantaged children.

Millennium Development Goals:

Ever since the launch of the Millennium Development Goals (MDG's) at the Millennium Summit in New York in September, 2000, the MDG's have become the most widely accepted yardstick of development efforts by governments, donors and NGO's. MDG's are a set of numerical and time bound targets related to key achievements in human development. They include halving income poverty and hunger, achieving universal primary education, and gender equality, reducing infant and child mortality by two thirds and maternal mortality by three quarters, reversing the spread of HIV/AIDS and other communicable diseases, and halving the proportion of people without access to safe water. These targets are to be achieved by 2015, from their levels in 1990 (Chart 2.1).

Chart-2.1: Millennium Development Goals

Factor	Goal	Targets 2015	Implications for Children
Poverty	Eradicate extreme poverty and hunger	Reduce half the proportion of people living on less than a day	Poverty deprives many children's rights – survival, health, nutrition, education, participation, exploitation etc.
Primary Education	Achieve Universal Primary Education	Ensure that all boys and girls complete a full course of primary schooling	Majority of the children are out of schools.
Gender Equality	Promote Gender Equality and Empower Women	Eliminate gender disparity and secondary education preferably by 2005 and at all levels by 2015	Gender parity in primary and secondary education
Child Survival	Reduce Child Mortality	Reduce by two thirds of mortality rate among children under five years	Child mortality is high in developing countries
Families and women	Improve Maternal Health	Reduce by three quarters of the maternal mortality ratio	Majority of the women face complications of pregnancy and are deprived of safe motherhood
Health	Combat HIV/AIDS, malaria and other diseases	Halt and begin reverse, the spread of HIV/AIDS	A large number of children are infected with HIV/AIDS, Children are also deprived of water care and are vulnerable to diseases
Water and Sanitation	Ensure Environmental Sustainability	Reduce by half the proportion of people with some sustainable access to safe drinking water and sanitation	Access to safe drinking water and sanitation is critical to child survival

Source: UNICEF, 2005

The attainment of MDG's will likely to remain challenging in the poor status of India. There are very large disparities across different states and regions of India in terms of their performance on Millennium Development indicators. Moreover, many of the millennium development indicators have high levels of geographical conceptualization in India. Progress is behind schedule for almost all the MDG's. Development agencies, donor agencies, and others have repeatedly voiced their concern that nearly all of the MDG's will not be met unless there is a concerted effort by donors and governments. Failure to achieve the MDG's will have tragic consequences for children particularly those in developing countries. Millions will witness their childhood violated through ill health, and death from preventable diseases. Millions more will see their future compromised because of government's failure to provide them education and number of children orphaned or made vulnerable by HIV/AIDs will continue to rise. There are positive links between child protection and the Millennium Development Goals in India too (Chart: 2.2).

Chart-2.2: Child Protection and the Millennium Development Goals

Millennium Development Goal	Child Protection Consideration
MDG 1: Eradicate extreme poverty and hunger	<ul style="list-style-type: none"> ▪ Child labour squanders a nation's human capital ▪ Armed conflict depletes a nation's physical, economic and human resources and leads to the displacement of populations ▪ Accurate and complete birth registration information is a prerequisite for all economic planning to address poverty and hunger issues. ▪ Legal systems that do not take into account the child's age and fail to promote reintegration into the community of children in conflict with the law increase the likelihood of their poverty and marginalization
MDG 2: Achieve universal primary Education	<ul style="list-style-type: none"> ▪ Armed conflict disrupts education ▪ Child labour prevents children from attending school ▪ Violence is an obstruction to a safe and protective learning environment ▪ Child marriage leads to the removal of girls from school ▪ Children without parental care must be placed in an appropriate family environment to increase the likelihood they will receive an education.
MDG 3: Promote gender equality and empower women	<ul style="list-style-type: none"> ▪ Girls are disproportionately engaged in domestic work, which compromises their school participation. ▪ Child marriage leads to the removal of girls from school and may limit their opportunities to participate in the public life of their communities. ▪ Violence and harassment in schools are obstacles to gender equality in education. Sexual violence, exploitation and abuse undermine efforts to empower women and girls
MDG 4: Reduce child mortality	<ul style="list-style-type: none"> ▪ Violence against children can lead to child mortality ▪ Child marriage and early childbearing lead to higher risks of maternal mortality and morbidity ▪ Children separated from their mothers at an early age, especially those who remain in institutional settings for long periods of time, are at greater risk of early death.
MDG 5: Improve maternal health	<ul style="list-style-type: none"> ▪ Child marriage jeopardizes both maternal and infant health ▪ Sexual violence can lead to unwanted pregnancies and puts women at risk of HIV/AIDs infection ▪ Female Genital Mutilation/Cutting increases the chance of maternal mortality during delivery and complications thereafter

MDG 6: Combat HIV/AIDS, malaria and other diseases	<ul style="list-style-type: none"> ▪ Many of the worst forms of child labour are a cause and consequence of the HIV/AIDS pandemic ▪ Sexual exploitation, abuse and violence can lead to the infection of girls and boys ▪ Children in HIV/AIDS affected families are particularly at risk of losing the care and protection of their families ▪ Children in detention are vulnerable to HIV infection, given the high rates of transmission in prisons
MDG 7: Ensure environmental sustainability	<ul style="list-style-type: none"> ▪ Armed conflict leads to population displacement and potential over-use of environmental resources ▪ Environmental disasters increase household vulnerability and increase the potential for child labour, as well as for sexual exploitation and child marriage
MDG 8 : Develop a global partnership for development	<ul style="list-style-type: none"> ▪ Child protection requires inter-sectoral cooperation at the national and international level to create a protective environment for children

Source: Planning Commission, Government of India, Delhi, January 2006

Poverty has its implications on child labour, child abuse, and deprivation of basic rights and entitlement of children. Child labour also prevents children from attending schools and millions of children are out of reach to schools. Child marriage also leads to removal of girls from schools as well as health consequences. Girls are discriminated and increasing incidence of trafficking in young women and girls has caused concern. Even, migration has increased the incidence of child abuse and sexual exploitation of girls. Violence against children may lead to child mortality while child marriage and early child bearing to higher risks of maternal and infant health. Sexual violence, exploitation and forced prostitution lead to unwanted pregnancies and put women at risk of HIV/AIDS infection. Ethnic tension, terrorism, violence, armed conflicts etc. lead to population displacement and violation of child rights.

Status of Children in India:

As per Working Group Report on Women & Children for the 11th Five Year Plan (2007-12) by the Ministry of Women & Child Development (2007), Government of India, New Delhi, 2.5 million children die in India every year, accounting for one in five deaths in the world, with girls being 50 percent more likely to die (Human Development Report, 2005). One out of 16 children die before they attain one year of age, and one out of 11 die before they attain five years of age. India accounts for 35 percent of the developing world's low birth weight babies and 40 percent of child malnutrition in developing countries, one of the highest levels in the world. Although India's neo-natal mortality rate declined in the 1990s from 69 per 1000 live births in 1980 to 53 per 1000 live births in 1990, it remained static, dropping only four points from 48 to 44 per 1000 live births between 1995 and 2000 (State of India's New Born, 2004, WHO).

The 2001 Census data and other studies illustrate the terrible impact of sex selection in India over the last few decades. The child sex ratio (0-6 years) declined from 945 girls to 1000 boys in 1991 to 927 in the 2001 Census. Around 80 percent of the total 577 districts in the country registered a decline in the child sex ratio between 1991 and 2001. About 35 percent of the districts registered child sex ratios below the national average of 927 females per 1000 males. In the 1991 Census, there was only one district with a sex ratio below 850, but in the 2001 Census, there were 49 such districts.

India has the second highest national total of persons living with HIV/AIDS after the Republic of South Africa. According to National Aids Control Organization (NACO), there were an estimated 0.55 lakh HIV infected 0-14 year old children in India in 2003. UNAIDS, however, puts this figure at 0.16 million children (UNAIDS, 2004). According to the 2001 Census report, amongst all persons living with disabilities, 35.9 percent were children and young adults in the 0-19 age group. Three out of five children in

the age group of 0-9 years have been reported to be visually impaired. Movement disability has the highest proportion (33.2 percent) in the age group of 10-19 years. This is largely true of mental disability also (Census, 2001).

The population of children aged 0-6 years is 16.4 crores as per the 2001 Census. According to a UNESCO report (2003), however, of the total child population, 2.07 crores (6 percent) are infants below one year; 4.17 crores (12 percent) are toddlers in the age group 1-2 years; 7.73 crores (22.2 percent) are pre-schoolers in the age group 3-5 years. The report highlights that only 29% of pre-primary age children are enrolled in educational institutions in India. Services under the ICDS scheme covered only 3.41 crore children in the age group 0-6 years as in March 2004, which is around 22 percent of the total children in that age group. Supplementary nutrition too was being provided to 3.4 crore children, as against 16 crore children. Of these, 53 percent were reported to be under-nourished (Rajya Sabha Starred Question, 5th July, 2004).

While on the one hand girls are being killed even before they are born, on the other hand children who are born and survive suffer from a number of violations. The world's highest number of working children is in India. To add to this, India has the world's largest number of sexually abused children; with a child below 16 years raped every 155th minute, a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time.

The National Crime Records Bureau (NCRB) reported 14,975 cases of various crimes against children in 2005. Most subtle forms of violence against children such as child marriage, economic exploitation, practices like the 'Devadasi' tradition of dedicating young girls to gods and goddesses, genital mutilation in some parts of the country are often rationalized on grounds of culture and tradition. Physical and psychological punishments take place in the name of disciplining children and are culturally accepted. Forced evictions, displacement due to development projects, war and conflict, communal riots, natural disasters - all of these take their own toll on children. Children also stand worst affected by HIV/AIDS. Even those who have remained within the protective, net stand at the risk of falling out of it.

Children in most sections of Indian society are traditionally and conventionally not consulted about matters and decisions affecting their lives. In the family and household, the neighbourhood and wider community, in school or in work place, and across the settings of social and cultural life, children's views are mostly not given much importance. If they do speak out, they are not normally heard. The imposition of restrictive norms is especially true for girl children. This limits children's access to information and to choice, and often to the possibility of seeking help outside their immediate circle.

Essential Components of Early Child Care:

Early childhood care assumes paramount importance for overall care and development of children. Strategies for children under six require three essential components:

1. A system of food entitlements, ensuring that every child receives adequate food, not only in terms of quantity but also in terms of quality, diversity and acceptability.
2. A system of child care that supplements care by the family and empowers women. Such care needs to be provided by informed, interested adult carers, with appropriate infrastructure
3. A system of health care that provides prompt locally available care for common but life threatening illnesses. Such a system needs to address both prevention and management of malnutrition and disease.

Early Initiation and Exclusive Breastfeeding (0 – 6 months):

According to most recent guidelines (WHO guidelines and National Guidelines for IYCF), breastfeeding must be initiated within one hour of birth and exclusive breastfeeding should be continued until six months of age. Studies have shown that exclusive breastfeeding alone provides the nutrition that meets all the infant's requirements in this age group. It is the only preventive and the best treatment for the

major diseases during the neonatal period (e.g. diarrhoea, pneumonia and sepsis). Initial breastfeeding within one hour of birth can help reduce the risk of neonatal mortality by almost a third. Universal coverage of exclusive breastfeeding upto six months of age can save 13 – 15 percent of all under five deaths, i.e. more than 3.5 lakh children each year for India. Continued breastfeeding for two years of age and beyond, along with the introduction of adequate and appropriate complementary feeding from the 7th month onwards, may further reduce the risk of death. Even though breastfeeding is a vital means of reducing infant mortality, and ensuring their best growth and development, little emphasis has been paid at the policy level to promoting and supporting mothers to breastfeed their babies adequately. The National Maternity Benefit Scheme (NMBS), which provides for a one-time payment of Rs. 500 to pregnant women below the poverty line, partially addresses maternity entitlements and the nutritional requirements of pregnant women and breast-feeding children. There is huge gap in maternity entitlements for the majority of women who work in the informal sector needs much more public attention as an important element of social security for the well being of women and children, and specifically for the food security of very young children.

Exclusive breastfeeding requires that mothers should stay close to their infants during this period. However, many breastfeeding women, especially poor women, often need to work outside the home, where they cannot take their infants with them. Crèches at nearby workplaces may support frequent breastfeeding. Crèches and maternity entitlements are not part of current strategy at all. Provisions need to be made for this by expanding and improving existing programmes such as the National Maternity Benefit Scheme, Rajiv Gandhi Crèche Scheme and ICDS. In the current strategy breastfeeding counselling and support depends entirely upon the skills, training and time of the Accredited Social Health Activist (ASHA), who has many other tasks. Significantly, while many of her other tasks are incentivized, there are no incentives for achieving Infant and Young Child Feeding (IYCF) targets.

Complementary Feeding and Day Care (6 months to 3 years):

Complementary foods are to be introduced from the seventh month onwards to children, along with continued breastfeeding for two years or beyond. Children can eat normal home food, however children at this age can eat only small quantities at a time and therefore need to be fed many times a day and need to be given food that has adequate calories, proteins and micronutrients. Thus it requires that frequent meals in adequate quantity are given to the children. This food has to have adequate nutrients in the form of animal proteins (milk, eggs, meat, fish), adequate in fats, fruit and vegetables. This requires nutrition counselling and nutrition and health education sessions for mothers and family members. Supplementary nutrition is required to children in this age group. Crèches must be provided, with trained workers, to ensure that these children are provided with adequate care and development opportunities, especially if there are no adult carers at home due to increased female work participation. Moreover, services such as regular immunization and growth monitoring, treatment for anaemia and worms, prompt care for fever, diarrhoea, coughs and colds and referral services for the sick and severely malnourished child are required.

Focus on Pre- school (3 to 6 years):

Pre-school education is very significant in helping children to prepare for formal schooling. Pre-school education assists children both to enter school and to remain in the system. A child cannot fully realize her/his right to education unless she/he has access to quality early childhood care and education. The interventions required for children in the age-group of 3 to 6 years include centre-based play-school facility with a teacher trained in conducting preschool activities. Again, this can be provided by the Anganwadi worker for children under 3 years, pregnant and lactating mothers. Besides, serving hot cooked meals, the as the Mid Day Meal Scheme in primary schools will be necessary for children. These include not only nutritional support but also enhancing child attendance, promoting social equity, providing income support to poor households, and acting as a form of nutrition education. Health interventions such as growth monitoring, de- worming, immunization, referral services etc. The focus should therefore must shift to quality pre-school education as the main task, with nutrition and health services playing roles similar to

the Mid Day Meal Scheme and the School Health Scheme in primary schools. The ICDS centre may also function as a proper pre-school activity. Many children in the 3-6 age groups will also continue to need day care services.

Chart-2.3: Essential Components of Early Child Care

	0-6 months	6 months to 3 years (until joining preschool)	3 years to 6 years (until joining school)
Food	Exclusive Breastfeeding – Counselling and Support for Breastfeeding; supplementary nutrition and maternity entitlements for lactating mother	Supplementary nutrition in the form of nutritious take home rations (THRs), nutrition counselling, nutrition and health education	Nutritious hot cooked meal at the centre
Child Care and Development	Crèches at worksites and maternity entitlements to ensure proximity of mother and child	Crèches; expanding existing crèche schemes and convert 10% Anganwadis into Anganwadi cum crèches	Pre-school at the Anganwadi centre, Crèches/ day care facilities for those who might need it
Health Care	Immunization, growth monitoring, home based neo-natal care, prompt referral when required	Immunization, growth monitoring, prompt care for childhood illnesses, referral care for sick and malnourished children, de-worming, iron supplementation	Immunization, growth monitoring, prompt care for childhood illnesses, referral care for sick and malnourished children, de-worming, iron supplementation

Children in Difficult Circumstances:

Nearly 29 percent of the India’s population lives in urban areas. An average of 50 percent of the urban population live in conditions of extreme deprivation - compounded by lack of access to basic services and legal housing and poor urban governance (Consortium for Street Children, 2004). The urban population is also rapidly expanding due to large-scale migration to cities for a possible better life. The cities and towns are also expanding but the sheer volume of people compromises the ability of the city to meet their basic needs. A large proportion of this migrating population ends up residing in slums in inhuman conditions. As a result, urban poverty and hunger are increasing (Nutritional Problems in Urban Slum Children, 2004). All this has lead to a huge number of homeless children, pavement dwellers, street and working children and child beggars, who are left alone to fend for them.

Homeless Children

Homelessness is not a condition unknown to children in India. Children live on the streets, in pipes and under bridges. Children along with their families are forcibly evicted from their homes in the name of development and urban beautification. Natural disasters and conflicts render many homeless or force them to live in unsafe housing conditions. As a result, whether by acts of commission or omission by the state, their right to adequate housing is constantly violated. The UN Convention of the Rights of the Child (UN CRC) has recognized adequate and safe housing as the right of every child (HAQ, 2005). In practice, adequate housing, or the lack of it, is rarely considered a children's issue. They are often not seen as a special category with special needs but merely as components that make up the family unit. Hence, the logic that follows is that if the right to adequate housing is protected, promoted and fulfilled for adults,

children will invariably enjoy the same benefits. Similarly, it is assumed that the impacts of housing rights violations, including forced evictions, displacement and the loss of housing due to natural disasters, are the same and have the same effects on adults and children alike. Experience, however, suggests otherwise. Violation and the non-fulfillment of a right have varying impacts on different sections of society. As children form one of the most vulnerable groups, their needs as well as the impacts of violations differ greatly from those of adults. And as children do not form a homogenous group and include a variety of sub-groups based on gender, race, caste, class, descent etc., the impacts of violation of their right to adequate housing differ accordingly. Increasing homelessness is a growing phenomenon in the wake of globalization. Global market forces continue to destabilize rural livelihoods. Pressures of globalization have led to policies and programmes supported by compliant laws and legal decisions that have systematically robbed the people of their right to adequate housing. For instance, the pressure for infrastructure development considered key for attracting foreign investment, has led to the mushrooming of dams, mines and highway projects. Laws like the Indian Forest Act or the Land Acquisition Act have been used to drive people off their otherwise secure and adequate homes and lands. Whether people lose their livelihoods in the villages or are driven off their homes and lands due to mega projects, or infrastructure development projects, they are forced to migrate to other areas, towns and cities, where they live on the streets and footpaths, or in the most appalling housing conditions, in overcrowded slum clusters. Lack of basic facilities and disease becomes a way of life.

Migrant Children

A major factor that contributes to rapid urbanization is the increased migration from rural areas to India's urban areas. Many of these migrants are landless agricultural laborers whose traditional occupations no longer exist or do not provide sufficient income, and who have come to the cities in search of employment. In Bangalore, many are migrant construction workers who were promised work by agents and subcontractors for construction companies, but who were abandoned by the construction companies and their agents once the work was completed. In general, rural-to-urban migration can be explained by India's policy of development, which has favored urban, industrial development over rural development. While this policy did create greater industrialization and less reliance on agriculture as the engine of economic development, it did not alleviate rural poverty. According to the UNDP, 49 percent of India's rural population lives at or below the poverty line. Some of these unemployed or underemployed people are forced to go to cities in search of economic opportunities. Cities provide a slightly better opportunity for these people. However, since the UNDP estimates that 38 percent of India's urban population is at or below the poverty line, this accounts for more than eighty-nine million people. A 1992 UNICEF study of street children in Bombay observed that the large-scale migration of families from rural to urban areas... has resulted in severe overcrowding, degrading work conditions, homelessness, deprivation of basic services and appalling living conditions in the city. Yet, to return to the village means starvation: to remain in the city means possible survival at least physically (Human Rights Watch, 1996). To a great extent the issue of street children is closely associated with the process of fast urbanization that has been taking place in the major cities of India since the sixties. Children come to the city with high expectations and full of hopes that they would easily get jobs there and are able to live comfortably with their families. But except for the fortunate ones the dream is shattered in the case of many. Finding it very hard to make both ends meet they are driven to a life of precarious survival. No place to live, no job to support their family with, they are forced to take to streets as their homes and live on the meager earnings that they somehow manage by doing various odd jobs. The railway stations and their surroundings, under flyovers (highway overpasses) and over-bridges, and in unoccupied spaces they live in large clusters constructing tiny little shanties with bamboo poles and plastic sheets or torn cloths. Often such children are displaced due to development projects and find their way on to the streets or fall prey to bonded labour. Co-mingled with the migrant population and contributing to the phenomenon of street children is the local population of urban poor who were born in the cities, the temporary migrant families, children who travel to cities daily for work and abandoned or orphaned children. All are subjected to the same economic and social problems that the poor throughout India face, including coping with significant increases in the cost of living. As an increasing number of children face severe economic hardship, more and more children become child laborers in

whatever occupations are available, including a practice that the Indian government described as, "decadent social practices like scavenging..." in the form of rag-picking, and increasingly, criminal activity.

Street Children

Street children or children living and working on the streets are a common phenomenon in urban India. Often treated as an eyesore and nuisance, their presence in everyday urban life is difficult to ignore. In spite of the relative high visibility of street children, there is very little information available on their exact numbers. UNICEF estimated 11 million street children in India in 1994, which is considered to be conservative. It also estimated 100,000 – 125,000 street children each in Mumbai, Kolkata and Delhi, with 45,000 in Bangalore (Human Rights Watch, 1996). Another official figure available from a 1997 report of the DWCD, Ministry of HRD, Government of India stated that 11 million children lived on the street at that time, of which 420,000 lived in the six metropolitan cities of the country. Even these figures are 8-12 years old and almost no effort has been made to update these figures (DWCD, 1997). While many of these children living on the streets come to urban centers in search of a livelihood, in an attempt to escape poverty and caste discrimination, others are lured with grand promises by child traffickers. There are also a significant number of children who find themselves on streets in an attempt to escape from violent and abusive home conditions. Many street children also belong to families who were forcibly evicted from their homes and lands without adequate rehabilitation as a result of large development projects. Among others there are also those children who come to cities with their families as seasonal migrants to escape the situation of dwindling livelihoods and increasing case of starvation in the rural areas. However, most of these children and their families are disappointed. In the absence of adequate housing in the cities, these children are often exposed to exploitation, variety of deprivation and harassment from the police. Such children are vulnerable to hunger and malnutrition, lack of health care, lack of education, physical and sexual abuse, substance abuse and STI/HIV/AIDS. These children too have right to adequate housing/shelter, proper nutrition, education, health care and above all protection from all forms of abuse and violence.

Children in Disaster Situations

India is one of the world's most vulnerable countries in terms of disasters both manmade and natural. Due to the geographic and demographic structure of the country, the people of India are vulnerable to floods, droughts, cyclones, earthquakes, communal riots, conflicts, epidemics, fires throughout its states and union territories. The physical loss and devastation caused by these disasters is often accompanied by emotional suffering. Survivors are left without near and dear ones, source of livelihood, their life's savings and assets and most severely, hope for the future. The December 26, 2004 tsunami, which struck the west coast of northern Sumatra and spread through the coastal areas in India, Indonesia, Sri Lanka, Thailand and Maldives, Myanmar, Seychelles and Somalia, killed more than 280,000 people in South and Southeast Asia, including more than 10,000 in India. The ravaging sea destroyed large sections of India's coastal areas. Some 200,000 homes were destroyed or damaged on India's mainland. According to an estimate made by the officials carrying out aid work at the venue, one in every three died during tsunami was a child. Thousands of children lost their lives in the disaster. In Karaikal region, Pondicherry, 251 out of 490 total casualties were children, of which 148 were girls. In Tamil Nadu, children account for 40 per cent of the casualties. According to a UNICEF official, an estimated 2.5 million children have lost their two safe havens - their homes and schools in Gujarat Earthquake 2001. The Gujarat earthquake in 2001 destroyed three hospitals, 21 primary health centres, and four community health centres (HAQ, 2005).

Children with Disabilities

Although the Ministry of Social Justice & Empowerment has been the Nodal Ministry dealing with subject of disability, and a major part of it is addressed through the Health Ministry, it is critical to see it as a protection issue also. In fact child disability has never really been a focus area of any Ministry and therefore calls for urgent attention. Even today, data related to disability among children varies from one source to another. Amongst all persons living with disability, 35.9% are children and young adults in the 0-19 age group. Three out of five children in the age group of 0-9 years have been reported to be visually

impaired. Movement disability has the highest proportion (33.2 per cent) in the age group of 10- 19. This is largely true of 'mental' disability also (Census of India).

Children affected by Substance Abuse

A survey reveals that of the children who came for treatment to various NGOs, 63.6 per cent were introduced to drugs at a young age below 15 years. Overall 0.4 per cent and 4.6 per cent of total treatment seekers in various states were children. According to recent data, among those involved in drug and substance abuse in India, 13.1 per cent are below 20 years. Heroin, Opium, Alcohol, Cannabis and Propoxyphene are the five most common drugs being abused by children in India. Recent available data points out that among the alcohol, cannabis and opium users about 21 per cent, 3 per cent and 0.1 per cent respectively were below 18 years. A new trend has emerged in drug and substance abuse with children now taking a cocktail of drugs through injection, and often sharing the same needle, which increases their vulnerability to HIV infection (HAQ, 2005).

Constitutional Provisions:

Indian people are entitled to the standards and rights guaranteed by the laws that govern our country and the international legal instruments we have accepted by ratifying them. We have an extremely strong legal regime vis-à-vis the rights and protection of children. Certain provisions relating to the protection of children spring from the Constitution itself, and there is a comprehensive umbrella of subsequent strong legislations protecting children's rights. India's accession to the Convention on the Rights of Child (CRC) is a further reiteration of its resolve and commitment towards the development, and well being of its children. The Indian Constitution offers all citizens, individually and collectively, certain basic freedoms in the form of six broad categories of Fundamental Rights which are justiciable. These include Right to Equality, Right to Freedom of Speech and Expression, Right against Exploitation, Right to Freedom of Religion, Right to Ensure Culture, and the Right to Constitutional Remedies for the Enforcement of Fundamental Rights. The Constitution also lays down certain Directive Principles that the state shall strive to promote the welfare of the people by securing and protecting a social order based on justice, social, economic and political (Chart 2.4).

Chart-2.4: Child Rights Guaranteed by Indian Constitution

Article	Provision
Article 21 (A)	Right to free and compulsory elementary education for all children in 6-14 years age group
Article 24	Right to be protected from any hazardous employment till the age of 14 years
Article 39 (E)	Right to be protected from being abused and forced by economic necessity to enter occupations unsuited to their age or strength
Article 39 (F)	Right to equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of childhood and youth against exploitation and against moral and material abandonment
Article 14	Right to equality
Article 15	Right against discrimination
Article 21	Right to personal liberty and due process of law
Article 23	Right to being protected from being trafficked and forced into bonded labour
Article 46	Right of weaker sections of the people to be protected from social injustice and all forms of exploitation
Article 15(3)	State must make special provisions for women and children
Article 46	State must protect educational interests of weaker sections of the people
Article 29	State must protect interests of minorities
Article 47	State must raise the level of nutrition and standards of living of its people and the improvement of public health

Source: Constitution of India.

They also lay down that the state shall provide opportunities and facilities for all children to develop up to the age of 14 years. There are several constitutional provisions for children, which, among others, Article 21(A) that directs the state to provide free and compulsory education to all children of the age of 6-14 years, Article 23 that prohibits trafficking of human beings and forced labour and Article 24 which prohibits employment of children below the age of 14 years in factories, mines, or any other hazardous occupations. Article (39) (F) diverts the states to ensure that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that the childhood and both are protected against exploitation.

UN Convention on Child Rights:

The UN convention on Rights of the Child (CRC) in 1989 provided a base for children's rights all over the world.

Universal Declaration of Human Rights (UDHR): On 10 December 1948, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights (UDHR). In incorporating Fundamental Rights in Part III of the Constitution of India and Directive Principles of State Policy in Part IV, the Constitution makers were influenced by the just adopted UDHR. Article I of the UDHR states "All human beings are born free and equal in dignity and rights." Article 3, the first cornerstone of the Declaration, proclaims the right to life, liberty and security of person - a right essential to the enjoyment of all other rights. However, the fact is that even these basic human rights are denied to the girl child and India has a long way to go before the human rights of the girl child are enforced.

Convention on the Rights of the Child (CRC): The Convention on the Rights of the Child (CRC) was adopted in 1989. It is one of the most ratified conventions in the world (191 countries). It provides an agenda for action in identifying enduring forms of inequality and discrimination against girls, abolishing practices and traditions detrimental to the fulfillment of their rights and defining an effective strategy to promote and protect those rights. India acceded to the CRC on 11 December 1992, with a declaration regarding the progressive implementation of Article 32 thereof on child labour, particularly with reference to paragraph 2(a) on the provision of a minimum employment age. However it is still far from effective implementation of its provisions. The Convention on the Rights of the Child recognizes that: "States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or status" (Art. 2, para. 1).

Yet in India girls continue to be treated as inferior and are socialized to put themselves last, thus undermining their self-esteem. Discrimination and neglect in childhood initiates a lifelong downward spiral of deprivation and exclusion from the social mainstream. Indicators show that the girl child is discriminated against from the earliest stages of life, through her childhood and into adulthood. The reasons for the discrepancy include, among other things, harmful attitudes and practices, such as preferences for sons - which results in female infanticide and prenatal sex selection - early marriage, including child marriage, violence against women, sexual exploitation, sexual abuse, discrimination against girls in food allocation and other practices related to health and well-being. It is important to note that Article 51(c) of the Constitution of India enjoins on the State to endeavour "to foster respect for international law and treaty obligations". Indian courts have endeavoured to interpret the Indian Constitution and laws in consonance with the provisions of the international instruments ratified by India. Article 253 of the Constitution empowers the Union to legislate with respect to its treaty obligations without reference to or being bound by the scheme of distribution of legislative powers under the Constitution. Overall, however, the situation that emerges is that India still has a long way to go before the human rights of the girl child are enforced. Certain social trends have in fact made the situation worse, as borne out by the fact that the girl child is discriminated even before her birth in the form of foeticide and after birth in the form of infanticide, and numerous other forms of violence and

parental neglect. The third article of the Universal Declaration of Human Rights says that everyone has the right to life, liberty and security of person. However, in India the girl child is denied these basic human rights every day in large measures.

Convention on the Elimination of all forms of Discrimination against Women: After the CRC, the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), ratified by 163 countries, is the most extensive and widely ratified international agreement promoting the rights of girls and women. This Convention, while drawing on international human rights treaties, is a separate and distinct convention addressing the rights of women. It clarifies the negative consequences of discrimination and seeks full equality between men and women regardless of marital status, in all fields of political, economic, social and cultural life. States that have ratified the convention must take concrete steps, such as enacting laws, establishing women's rights commissions and creating conditions to ensure that the human rights of girls and women are realized. It's progress is monitored by the UN Committee on the Elimination of Discrimination against Women. India was a signatory of CEDAW in 1980 and ratified it on 9 July 1993. India submitted a declaration regarding Articles 5(a) and 16(1) that reiterates India's commitment to abiding by the provisions "in conformity with its policy of non-interference in the personal affairs of any Community without its initiative and consent." India also registered a declaration regarding Article 16(2) on minimum marriage ages and compulsory registration; although India fully supports the principle, "it is not practical in a vast country like India with its variety of customs, religions and level of literacy."

In its report to the CEDAW the Government of India stated in its National Empowerment Policy for Women, 2001, that it was committed to encourage changes in personal laws such as those related to marriage, divorce, maintenance and guardianship so as to eliminate discrimination against women with the initiative of and with the full participation of all stake holders, including the community and religious leaders. The Government claims that it has undertaken various measures, through law, policies and programmes in the last 7-8 years to address gender inequality and to eliminate discrimination against women and girl children. Many laws and programmes are still being reviewed to repeal the discriminatory provisions. However the government admits that gender discrimination continues to be a daunting challenge and that it will continue to pursue all measures, in a concerted manner, to eliminate discrimination against women and to translate the de jure rights into de facto enjoyment of rights and equal results. The Government is committed to pursue the National Policy on Empowerment of Women, 2001 and the Plan of Action that is being adopted to give effect to this policy, strengthening gender budgeting and the Women's Component Plan and adopting planning strategies that enhance socio-economic gains for women, which in turn would lead to empowerment of women.

Chart-2.5: UN Convention on the Rights of the Child

Particulars	Rights
1. Survival	<ul style="list-style-type: none"> • Right to life • Highest attainable standard of health • Nutrition • Adequate standard of living • A name and a nationality
2. Development	<ul style="list-style-type: none"> • Right to education • Support for early childhood care and development • Social security • Right to leisure, recreation and cultural activities
3. Protection	<ul style="list-style-type: none"> • Exploitation

	<ul style="list-style-type: none"> • Abuse • Inhuman or degrading treatment • Neglect • Special protection in special circumstances
4. Participation	<ul style="list-style-type: none"> • Respect for views of the child • Freedom of expression • Access to appropriate information • Freedom of thought conscience and religion

Source: MoW&CD, Government of India.

The main principles of convention were reported to be survival, development, protection and participation. The rights included mainly provisions and government's commitment towards protecting children's rights, entitlements and interests. It is noteworthy that in the last three decades several major policies and actions plans have been announced for improving the status of children. The global milestones in child development include UN Convention on Rights of Children, UN Millennium Development Goals and special Session of UN on Children etc. (Chart 2.6).

Chart-2.6: Global Milestones in Child Protection

Year	Milestone
1919	International legal recognition of children's rights. Eglantine Jebb launched Save the Children Fund
1924	League of National Adopted Geneva Declaration of the Rights of the Child drafted by International Union of Child Welfare
1948	Universal Declaration of Human Rights, which referred 'entitlement to special care and assistance to children'
1959	UN General Assembly adopted the Declaration of the Rights of the Child
1979	UN Declares 1979 the International Year of the Child
1989	UN General Assembly approved the Convention on the Rights of the Child
1990	World Summit on Children held in New York. World Declaration on Survival, Protection and Development of Children
1994	International Year of the Family, including Nurture and Protection of Children
1999	Prohibition and Immediate Action for Elimination of Child Labour
2000	UN Millennium Development Goals, including child care and Protection
2002	UN General Assembly held Special Session on Children

Source: WCD, Ministry of Human Resource Development, Government of India, 2000.

The Indian milestones in child protection include National Policy for Children, National Policy on Child Labour, National Plan of Action for Children and Juvenile Justice Act etc (Chart 2.7).

Chart-2.7: Indian Milestones in Child Protection

Year	Milestone
1974	National Policy for Children
1983	National Health Policy
1986	National Policy on Education
1987	National Policy on Child Labour
1991-2000	National Plan for SAARC Decade of the Girl Child
1992	National Plan of Action for Children
1993	National Nutrition Policy
1995	National Plan of Action on Nutrition
1996	Communication Strategy for Child Development
1997	Implementation of Children's Rights Convention
2000	New Juvenile Justice Act
2005	National Plan of Action for Children

Source: WCD, Government of India, 2006.

It is to be noted that all the initiatives and programmes for the development of children have been backed by strong legislative support and political will. There are several legislations for children to ensure protection of their rights, which include the Child Marriage (Restraint) Act, 1929, the Child Labour (Prohibition and Regulation) Act, 1986, the Juvenile Justice (Protection and Care of Children) Act, 2000, Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, the Prenatal Diagnostic Technique (Regulation, Prevention and Misuse) Act, 1994, the Immoral Traffic (Prevention) Act, 1956 etc. Apart from these, there are provisions for children in other legislations, like Indian Penal Code, Factories Act, and Information Technology etc. India has also accepted the UN Convention on the Rights of the Child in December 1992 to reiterate its commitment to the cause of children. The National Plan of Action for Children, 2005 is the roadmap of improving the status of children and protecting their rights, entitlements and interests. The Action Plan includes provisions, targets, and strategies for achieving goals and objectives in the field of child survival, development, protection and participation. It is to be noted that National Plan of Action for Children has been drafted in accordance to UN Convention on Rights of Children, 1989 (Chart 2.8).

Chart-2.8: Legislative Support for Child Care and Protection

Year	Legislation
1890	The Guardian and Wards Act
1929	The Child Marriage Restraint Act
1948	The Factories Act
1956	Hindu Adoption and Maintenance Act
1958	Probation of Offenders Act
1960	The Orphanage and other Charitable Homes (Supervision and Control) Act
1986	Juvenile Justice Act
1986	The Child Labour (Prohibition and Regulation) Act
1992	Infant Milk Substitutes, Feeding, Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act
1994	Prenatal Diagnostic Technique (Regulation, Prevention and Misuse)
1996	The Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act
2000	New Juvenile Justice Act
2004	National Charter for Children
2005	National Plan of Action for Children

Source: WCD, Ministry of Human Resource Development, Government of India, Delhi, 2005.

Protective Environment for Children:

“Child Protection” means the creation of a protective environment in the home, school, community and society so that children are protected from all kinds of harm and harmful situations. It means providing a safety net for those children who are more vulnerable than others and who need special care and protection. It must be understood that a child’s right to protection is part of each and every other right and it is not possible to ensure the other rights without ensuring protection. The newly created Ministry of Women and Child Development is looking at protection holistically. First, the Ministry has looked at legislations and policies and enacted the National Commission for Protection of Child Rights Act, 2005, the National Plan of Action for Children, 2005 and has in the pipeline the Offences against Children Bill and Crèche and Day Care Bill. Second, the Ministry has launched a comprehensive child protection scheme that will set up the protection infrastructure for both preventive and reactive work as well as advocacy and capacity building of families and communities to deal with the protection needs of the children. The scheme has been titled “Integrated Child Protection Scheme (ICPS)” and would deal with children in conflict with law, adoption, foster care, sponsorship and children in need of care and protection including beggars, street children, working children, runaway and missing children, victims of child marriage, destitute children, children with HIV/AIDS, sexually exploited and abused children, and children affected by disaster (both man-made and natural) (WCD, 2006).

India’s National Policy for Children 1974 provides a framework for policy and planning for children. In 1992 India acceded to the United Nations Convention on the Rights of the Child (UNCRC), committing itself to take measures to ensure the survival, protection, participation and development of its children. At the World Summit for Children in 1990 India adopted the World Declaration for Survival, Protection and Development of children. Additionally, India adopted the Optional Protocols on the Involvement of Children in Armed Conflict and the Sale of Children, Child Prostitution, and Child Pornography. It also reaffirmed its commitment to children by adopting the Millennium Development Goals and the objectives of A World Fit for Children. Moving towards its commitments, the Government of India introduced the National Charter for Children 2004, which stipulates the duties for the State and community, followed by a National Plan of Action for Children in 2005, which ensures collective commitment and action for the survival, development, protection and participation of children by all sectors and levels of government and civil society.

Several major policies and legislations have been announced and implemented in the country so far to ensure children’s protection and improvement in their status including the Guardianship and Wards Act, 1890; Factories Act, 1954; Hindu Adoption and Maintenance Act, 1956; Probation of Offenders Act, 1958; Bombay Prevention of Begging Act, 1959; Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960; Bonded Labour System (Abolition) Act, 1976; Child Marriage Restraint Act, 1979; Immoral Traffic Prevention Act, 1986; Child Labour (Prohibition and Regulation) Act, 1986; Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1987; Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992; Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994; Persons with Disabilities (Equal Protection of Rights and Full Participation) Act, 2000; Juvenile Justice (Care and Protection of Children) Act, 2000; National Policy on Education, 1986; National Policy on Child Labour, 1987; National Nutrition Policy, 1993; National Health Policy, 2002; National Charter for Children, 2004; and National Plan of Action for Children, 2005.

Despite such clear commitments to child protection, children continue to remain vulnerable with the number of those needing care and protection ever increasing. Clearly, there is need to re-examine the understanding of ‘Child Protection’ itself. ‘Child Protection’ needs to be understood in terms of who are the children who need to be protected, from what, whom and how (Table 2.1).

Table-2.1: Child Protection Schemes and Nodal Ministries

Sl. No.	Schemes/Programmes	Implementing Ministry
1.	Improvement in Working Conditions of Child/Women Labour	Ministry of Labour
2.	Initiative to Develop Skills, ITIs and Elimination of Child Labour in 10th Plan	Ministry of Labour
3.	A Programme for Juvenile Justice	Ministry of Women and Child Development
4.	Integrated Programme for street children including CHILDLINE Service	Ministry of Women and Child Development
5.	Shishu Greha Scheme for promoting in-country and inter-country adoption through CARA	Ministry of Women and Child Development
6.	Scheme for welfare of working children and children in need for care and protection	Ministry of Women and Child Development
7.	Rajiv Gandhi National Crèche Scheme for Children of Working Mothers	Ministry of Women and Child Development
8.	Integrated Child Development Scheme (ICDS)	Ministry of Women and Child Development
9.	Three Pilot Projects on Trafficking in source areas, destination point and an area where traditional practices prevail	Ministry of Women and Child Development
10.	Kishori Shakti Yojana	Ministry of Women and Child Development
11.	Swadhar, Short Stay Home and Working Women's Hostel	Ministry of Women and Child Development

The poor status of women has a direct correlation with malnutrition not only through its effect on birth weight but also on child care. The 'care-giver' role of women is so steeped in invisibility, so poorly understood and so much taken for granted, that interventions to provide support are largely missing even as huge bodies of work now exist to show the relationships of women's work, time, energy and power to the health of children. It is this factor that gives rise to the so called South Asian Enigma, where populations of non-South Asian countries show a better status of child nutrition than South Asian countries even when the former are substantially poorer. This difference has been attributed to relatively high levels of gender inequity in the South Asian context. It is recognized that the overarching determinants of malnutrition include not only gender inequality, but also poverty. Poverty impacts malnutrition in multifarious ways – by reducing purchasing power for good quality calorie dense foods, by reducing access to health care, by giving rise to physical environments of lack of safe water and sanitation and by impact on education. If this is accepted as one of the main determinants of malnutrition, there must be strategies built in to create livelihoods, reduce poverty and empower the poor. Conversely, no strategy for better nutrition should have the opposite effect.

The Approach to Child Protection:

The Government's approach to child protection so far has addressed largely those children who have already missed the protective net and fallen into difficult circumstances. Unfortunately the current coverage falls short of reaching the most vulnerable because the interventions through the existing schemes do not cover all the categories of children in difficult circumstances. Even where the interventions exist, for instance, institutional care for children in difficult circumstances, there is much room for improving the

infrastructure and expanding the outreach. The quality of services needs up-gradation and regional imbalances need to be addressed. For building on a comprehensive understanding of children's right to protection, it becomes important to adopt both a *preventive and a protective approach* to child protection.

The preventive approach - In all these years, application of the preventive approach has been limited to programmes like awareness generation, media advocacy, training and capacity building of various stakeholders, legal literacy, sex education in schools etc. The need of the hour calls for a wider outlook that must go beyond the conventional prevention strategies and also take into account the link between child protection and other micro and macro development issues. Such a holistic understanding of prevention alone can help keep children within the protective net. Such a proactive approach includes mapping of areas to identify potentially vulnerable families and families with risky behaviour, where children are more vulnerable or likely to come into vulnerable situations. Strengthening the families and family environment must follow. Lateral linkages with different sectors viz. Education, Health, Rural Development Labour, Urban Affairs, Legal Affairs, Home Affairs etc. and different Departments and Ministries of Central and State Governments, including Local Self-Government, PRIs etc. need to be strengthened. A rights-based approach calls for addressing the root causes of any social problem. It is also important that partnership with civil society is strengthened for all stages of planning, implementation and monitoring child protection initiatives. Therefore, a proactive preventive approach as discussed above becomes inevitable.

The protective approach - The protective approach is to deal with situations post-harm and must include immediate as well as long-term protection strategies for all children who need it, including programmes for their physical and psychological recovery, rehabilitation and reintegration, legal aid and access to justice through child-friendly laws and procedures, and clear standards for protection of every individual/family/institution dealing with children. It is critical to invest in child protection as protection failures are not only human rights violations, but are also major, under-recognized, under-reported and under-acted upon barriers to child survival and development. In addition, the links between protection and other development targets accepted by the country need to be explicitly stated and understood in order to address appropriately the concerns for achieving these and to invest in accordance with the need and magnitude of the problem.

Child Protection during Plan Periods:

Child development has been a priority subject in the country's developmental planning right from the First Five Year Plan (1951-56). The First Five Year Plan recognized the importance of promoting social services for maintaining and consolidating the gains of economic development, attaining adequate living standards and social justice. Accordingly, a comprehensive Social Welfare Programme that was developed during the First Five Year Plan included welfare of Women and Children, Family Welfare, Welfare of the Physically and Mentally Disabled. In the initial years, the responsibility of child care services had primarily rested with voluntary organizations under the charge of a national apex body, viz., the Central Social Welfare Board which was set up in 1953 to promote voluntary action in the field of women and child development and disabled welfare. In September 1955, the Ministry of Education constituted a National Advisory Council for the education of the physically disabled. The functions of this Council were to advise Central Government on problems concerning the education, training and employment and the provision of social and cultural amenities for the physically and mentally disabled to formulate new schemes and to provide liaison with voluntary organizations working in the field. Subsequent reviews and assessments concluded that holistic development of the child requires integration with other developmental sectors and their services. Accordingly, during the Second to the Fourth Plan (1956-78), Child Welfare Services were linked to different sectors of the Plan such as Health, Family Welfare, Nutrition, Education, Rural and Urban Development. These Plans, besides according high priority to education for children, also introduced measures to improve maternal and child health services, supplementary feeding for children and expectant and nursing mothers.

In the Second and Third Plans (1956-61 and 1961-66) social welfare activities were extended to different sectors. States were involved in the sphere of statutory enactment and organization of basic services for education and rehabilitation of the disabled and the extension of welfare services for women and children in rural areas. The Central Bureau of Correctional Services (CBCS) was set up in 1961 for collection and compilation of national statistics and preparation of guide books and model schemes. Social Defence programmes under the Suppression of Immoral Traffic in Women and Girls Act, Probation of Offenders' Act and Children Acts were organized. The Central Institute of Research and Training in Public Cooperation was set up in 1966 for research and training on problems relating to popular participation.

In the Fourth Plan (1966-71), all attempts were made to consolidate the initiatives taken in the previous plans. The activities of Central Social Welfare Board were further strengthened. In addition to the three National Institutes for the Blind, the Deaf and the Mentally Retarded, a National Institute of Orthopaedically Handicapped was set up. For the placement of Disabled persons in employment, special employment exchanges were set up.

The Fifth Plan (1974-78) proved to be the landmark in the field of child development through the adoption of a National Policy for Children (1974), and launching of the Integrated Child Development Services (ICDS) with a shift from welfare to development in the approach towards development of children. The programme of ICDS, launched in 33 experimental blocks in 1975, aimed to reach a package of 6 basic services, viz., health check-up, immunization, referral services, supplementary feeding, non-formal pre-school education and health and nutrition education for children below 6 years and expectant and nursing mothers living in the most backward areas through a single window delivery agency called 'Anganwadi Centre'. The Central and State Governments provided scholarships to the physically disabled. The State Governments extended institutional and non-institutional services for the socially and physically disabled. The Central Bureau of Correctional Services (CBCS) was raised to the status of an Apex agency and given the title of "National Institute of Social Defence (NISD)" to be a model organization at the national level with specialized services of training, research and developing alternative models for innovative experiments, field testing etc.

The Sixth Five Year Plan (1980-85), i.e., the early Eighties witnessed an effective consolidation and expansion of programmes started in the earlier Plans. The National Policy of Health adopted in 1983 set certain specific targets like bringing down the high rates of Infant and Child Mortality and take up universalisation of immunization etc. by the year 2002 A.D. The National Policy on Education of 1986 emphasized universal enrolment and retention of children in the schools especially the girl children. Non-formal education programmes were also promoted intensively. Vocationalisation of education was given priority. Pre-school education centres were supported in the educationally backward states by extending grants to voluntary organizations. The social welfare programmes received further momentum in the State Sector. The Children's Acts (the present JJ Act of 2000) were enacted in all the States except Nagaland. The Central Social Welfare Board continued to function as a focal and apex agency in the voluntary sector. The Voluntary Action Bureau was set up in 1982 to meet the challenge of crimes and atrocities against women and children and to create awakening among the masses towards their social responsibility. An Information and Mass Education Cell was established with the aim of creating awareness of various social welfare schemes to mobilize public opinion against social evils like atrocities against women, child marriage etc. and to promote positive social attitudes.

The Seventh Five Year Plan (1985-90) continued the major strategy of promoting early childhood survival and development through programmes in different sectors, important among these being ICDS, universal immunization, maternal and child care services, nutrition, pre-school education, protected drinking water, environmental sanitation and hygiene, and family planning. Under the maternal and child health services of the Ministry of Health and Family Welfare, the universal immunization programme to protect children from six major diseases which affect early childhood mortality and morbidity, viz. diphtheria, whooping cough, tetanus, polio, measles and childhood tuberculosis was strengthened for the development of children as a whole. ICDS continued to be the single nation-wide programme for early childhood survival and development during Seventh Plan. The Juvenile Justice Act (JJA) was enacted in

1986, to deal effectively with the problem of neglected or juvenile delinquents and provide for a standardized framework for dealing with such children. The Government of India enacted the Child Labour Prohibition and Regulation Act, 1986 and in 1987, the National policy on Child Labour was formulated. Projects were sanctioned to voluntary organizations for the welfare of working children to provide non-formal education, supplementary nutrition, health care and skill training. For children in need of care and protection, grants were given to voluntary organizations through the State Governments. During the Seventh Plan and Annual Plans 1990-92, a significant expansion of programmes and services for the welfare of the Disabled took place. For education of the Disabled almost all the States implemented programmes to provide stipends and other incentives to the Disabled at the elementary school stage. The Scheme to award scholarships to physically Disabled students to pursue general, technical and professional courses from Class IX onwards on the basis of means-cum-merit test, was continued. To provide technical support to 11 District Rehabilitation Centres for the disabled, 4 Regional Rehabilitation Training Centres (RRTC) were set up for developing the training material and the manuals and for providing material to create community awareness through the use of different media. In addition to four National Institutes for Disabled, two other organizations, viz., the Institute for the Physically Handicapped (Delhi) and the National Institute of Rehabilitation Training and Research (Cuttack) also offered a wide range of services for the rehabilitation of the Disabled and organized manpower training. The Science and Technology Project in the Mission Mode of Application of Technology for the Welfare and Rehabilitation of the Disabled were launched in 1988. Voluntary organizations were also assisted to provide services to the physically handicapped in the areas of education, training and rehabilitation.

Human Resources Development being the major focus of the Eighth Five Year Plan (1992-97), policies and programmes relating to 'child survival, protection and development' were accorded high priority with emphasis on family and community based preventive services to combat high infant and under-5 child mortality and morbidity. Following the ratification of the 'Convention on the Rights of the Child', in 1992 the Government of India formulated two National Plans of Action (NPA) - one for children and the other exclusively for the Girl-Child. While the NPA for Children sets out quantifiable goals to be achieved by 2000 AD in the priority areas of health, nutrition, education, water, sanitation and environment, the NPA for the Girl Child (1991-2000) aimed at removal of gender bias and enhances the status of girl child in the society, so as to provide them the equal opportunities for their survival, protection and development. Both the Plans of Action adopted an inter-sectoral approach in achieving sectoral goals laid down in the Action Plans in close uniformity with the major goals of 'Health For All', 'Education For All' etc. In view of the main thrust of the Eighth Plan policies and programmes relating to survival, protection and development of all sections of the population especially those of the Disabled and Disadvantaged were implemented. The major thrust was towards enabling the disabled to become active, self-dependent and productive members of the nation by extending opportunities for education, vocational training and economic rehabilitation etc. Efforts were made to integrate the services for the Disabled covering the entire range of activities from prevention to rehabilitation. Programmes under different sectors of the Plan, more particularly, health, nutrition, education, science and technology, employment and welfare were integrated in such a manner that effective inter-sectoral support was developed. The enactment of a comprehensive legislation, namely, The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, was a land mark achievement in the history of the welfare of the Disabled. The Rehabilitation Council Of India (RCI) was set up as a statutory body under the RCI Act of 1992., with the objective of upgrading and standardizing the syllabus and ensuring uniform standards of training of professionals for the welfare of the Disabled. A Scheme of "Assistance to Voluntary Organisations for the Establishment of Special Schools" was initiated in 1992-93.

In the field of Social Defence, greater thrust was laid on non-institutional care and rehabilitation of beggars. Efforts were made to tackle the evil of prostitution and its diverse manifestations through strict enforcement of law besides building strong public support, with police and community vigilance. For prevention and control of drug abuse and alcoholism, apart from strict enforcement of the legislation, the role of the media was enlarged through both electronic and print media. Services of counseling, de-addiction and after-care centers were also expanded. The special feature in the field of Social Defence was

launching in 1993 of a new programme of Welfare and Rehabilitation Services for the Street Children - an emerging problem. The revised guidelines and procedures laid down by the Supreme Court for regulating inter-country adoption was implemented by CARA. Voluntary Organizations, which have been playing a key role in the organization of services for the Disabled and Social Defence were encouraged with necessary financial support and technical guidance. Simultaneously, efforts were also made to make the services community-based. Wherever required, the training programmes were modified and diversified to make them relevant to the market demands and job opportunities. Special efforts were made to encourage the disabled to initiate various self-employment ventures through extending necessary financial support.

The Ninth Five Year Plan (1997-2002) re-affirmed its priority for the development of early childhood as an investment in the country's human resource development through interministerial strategies. The strategy aimed at placing the Young Child at the top of the Country's Developmental Agenda with a Special Focus on the Girl Child; instituting a National Charter for Children ensuring that no Child remains illiterate, hungry or lacks medical care; ensuring 'Survival, Protection and Development' through the effective implementation of the two National Plans of Action - one for the Children and the other for the Girl Child; acknowledging that the first six years as critical for the development of children, therefore, greater stress will be laid on reaching the younger children below 2 years; continuing to lay a special thrust on the 3 major areas of child development viz. health, nutrition and education; universalizing ICDS as the main-stay of the Ninth Plan for promoting the over-all development of the young children, especially the Girl Child and the mothers all over the country; arresting the declining sex ratio and curb its related problems of female foeticide and female infanticide; bringing down the IMR to less than 60 and the CMR to below 10 by 2002 AD through providing easy access to health care services including RCH services and 100% coverage of immunization in respect of all vaccine preventable diseases; universalizing the Nutrition Supplementary Feeding Programmes to fill the existing gaps in respect of both pre-school and school children and expectant and nursing mothers with a special focus on the Girl Child and the Adolescent Girl; promoting the nutritional status of the mother and the child by improving the dietary intake through a change in the feeding practices and intra-family food distribution; strengthening the early joyful period of play and learning in the young child's life and to ensure a harmonious transition from the family environment to the primary school; recognizing girl's education as a major intervention for breaking the vicious inter-generational cycle of gender and socio-economic disadvantages; expanding the support services of crèche / day-care services and to develop linkages between the primary schools and of the child care services to promote educational opportunities for the Girl Child; expanding the scheme of Adolescent Girls in preparation for their productive and reproductive roles as confident individuals not only in family building but also in nation building; and widening the scope and the spectrum of child development services with necessary interventions related to empowerment of women and children, families and communities through effective convergence and coordination of various sectoral efforts and services.

In order to achieve these commitments/strategies, efforts were being made during the Ninth Plan through various policy/programmatic interventions, in all child-related sectors through effective coordination and convergence of services and personnel. Efforts were made to strengthen the on-going approach of converging the basic services of health, nutrition and pre-school education towards promoting the holistic development of the young child through Integrated Child Development Scheme (ICDS), which continued to be the major intervention during the Ninth Plan for the overall development of children. It catered to the pre-school children below 6 years and expectant and nursing mothers with a package of services viz. immunization, health check-ups, referral services, supplementary nutrition, preschool education and health and nutrition education. Though universalisation of ICDS was contemplated by the end of 1995-96 through expanding its services in all the 5652 Blocks all over the country, yet only 4200 could become operational at the beginning of Ninth Plan, before the ban on further operationalisation of ICDS projects was imposed by the Ministry of Finance w.e.f. 16.5.97. However, the ban was finally lifted and now the Government has decided to universalize ICDS all over the country by the end of the Ninth Plan.

On completion of 25 years of its implementation in October 2000, the impact of ICDS was evaluated by a number of individual experts and various research organisations. Of these, the National Evaluation of ICDS conducted by the National Institute of Public Co-operation and Child Development (NIPCCD), New Delhi in 1992 and the Mid-term Evaluation of World Bank assisted ICDS need a special mention. The findings of the Study by NIPCCD indicated a very positive impact of ICDS on the health and nutrition status of pre-school children. Balika Samriddhi Yojana was launched to extend a special package to girl children belonging to families living below the poverty line to ensure that all girl children enter into schools. Special incentives, viz. Rs. 500 to the mother and annual scholarships ranging from Rs. 300 to Rs. 1000 for girl children in classes I to X. For this, the Government released an ad-hoc grant of Rs.60 crore to cover 12 lakh girl children in the financial year 1997-98. Kishori Shakti Yojana was introduced as an enriched version of the scheme for Adolescent Girls being implemented as part of ICDS to improve the nutritional and health status of girls in the age group of 11-18 years and to equip them with vocational skills so that they can be gainfully engaged. Additional Central Assistance of Rs.375 crore under the Pradhan Mantri Gramodaya Yojana was extended to fill the existing financial gaps for implementing the Special Nutrition Programme of ICDS, universalisation of ICDS by the end of the Ninth Plan to cover all the 5,652 blocks/wards over the country benefiting 54.3 million children and 10.9 million expectant and nursing mothers was also initiated during this period. Honorarium of Anganwadi Workers from Rs. 500 to Rs. 1,000 and to Anganwadi Helpers from Rs. 260 to Rs. 500 per month was revised in recognition of the services being extended by them.

UDISHA was launched to strengthen the on-going ICDS Training Programme into a dynamic, responsive and comprehensive training-cum-human resource development programme. For the implementation of UDISHA, World Bank extended financial assistance to the extent of Rs.600.55 crore. The National Institute of Public Cooperation and Child Development (NIPCCD), New Delhi with its nation-wide network of 3 Regional Centres, 18 Middle Level Training Centres (MLTCs) and 300 Anganwadi Workers Training Centres (AWTCs) were given the responsibility to implement UDISHA.

The scheme of Crèches and Day Care Centres for children of working/ailing mothers, being a non-expanding scheme, maintained the same level of 12470 crèches benefiting 3.12 lakh children. However, to meet the growing demand for more crèches, a National Creche Fund (NCF) was set up in 1994 with a corpus of Rs.19.90 crore received under Social Safety Net. A Bill for setting up of a National Commission for Children to safeguard the Rights of Children was also formulated during this period. The National Charter for Children was also drafted during this period, which delineated government commitments and resources for the child.

The Reproductive and Child Health (RCH) Programme, being operated by the Ministry of Health and Family Welfare since October 1997 aimed at integration and expansion of family welfare services, up-gradation of their quality and making them easily accessible to the people. The Scheme, *inter-alia*, focused on maternal health and child survival issues with giving full attention to all the components. Efforts were made to improve the health status of women and children so that, decline in population growth is achieved. A close convergence between the RCH and ICDS Programme was developed, as health check-up and nutrition education were the services being provided at the Anganwadi centres. Services of Anganwadi workers were utilized to impart health and nutritional education to the woman beneficiary. It was decided in consultation with the Department of Family Welfare that village health worker and Auxiliary Nurse Midwives (ANMs) have to work in close coordination with the Anganwadi Workers. Anganwadi Worker, as she comes from the grass-root level and normally from the same village, was found better placed to drive home the points about reproductive and child health and nutrition etc. to the rural people, especially women. Besides the RCH Programme, various other related activities namely, immunization, birth registration activity, pulse polio campaign were also undertaken by the ICDS functionaries, especially Anganwadi Worker at the grass-root level.

In line with the commitments of the National Nutrition Policy (NNP) of 1993, priority was accorded to promote the nutrition status of the mother and the child by improving the dietary intake and through a change in the feeding practices and intra-family food distribution and preventing the deficiency

diseases. Accordingly, efforts were made to improve/ensure the quality of effectiveness of the nutrition feeding programmes, viz., Special Nutrition Programme for Children below 6 years and expectant and nursing mothers through ICDS and Mid-Day Meals Programme for school going children implemented by the State Governments. Further, the nutrition component of Prime Minister's Gramodaya Yojana (PMGY) was specifically outlined with the objective of eradicating mal-nutrition amongst children under 3 years by increased nutritional coverage of supplementary feeding of these children through ICDS schemes. This Additional Central Assistance (ACA) for nutrition component under PMGY was additionality over and above the provision for the number funded under the State Plan for ICDS scheme.

CARE-India also extended food aid for supplementary nutrition to children below six years of age and to pregnant and nursing mothers in the ICDS programme. In accordance with the List of Provisions (LOP) approved for 1999-2000, CARE-India committed to supply food aid to 66.05 lakh beneficiaries distributed in the States of Andhra Pradesh, Bihar, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal. In addition to that, World Food Programme (WFP), a United Nations agency, under its Project 2206 extended food aid for supplementary nutrition to children below six years of age and to expectant and nursing mothers under the ICDS Scheme. There was a Country Programme (CPI) for India for a five-year period from 1st April 1997 to 31st March 2001. In addition to this, 3500 MTs. of food was also available from Canadian International Development Agency (CIDA) assistance for the State of Rajasthan to cover an additional 2.30 lakh beneficiaries.

Sarva Shiksha Abhiyan (SSA) was launched for universalisation of elementary education in a mission mode. The Scheme adopted a holistic and convergent approach for incorporating all existing programmes of elementary education in the central and centrally sponsored categories under its framework. Early childhood care and education constituted an integral part of Sarva Shiksha Abhiyan. This component of SSA was primarily implemented through the Anganwadi Centres of the ICDS. Keeping in view In view of the expected universalisation of ICDS Scheme during mid-Tenth Five Year Plan, enriching and strengthen the early learning aspect of the ICDS Scheme was recognized since it is the foundation for the child's cumulative lifelong learning.

The Department of Women and Child Development requested the Department of Elementary Education and Literacy to provide one part-time teacher in Anganwadi Centre for imparting pre-school education and providing for necessary teaching and learning materials and game kits for Anganwadi centres. This was critical for releasing the over-burdened AWW to focus on family and community based interventions for improved health, nutrition and development outcomes in younger children under 3 years, adolescent girls, pregnant and nursing mothers. It was envisaged that the part-time preschool teacher would also improve the quality of early learning activities for 3-6 year olds at the AWC, strengthening the early development and learning continuum across the young child's life. Coordinated action between the Sarva Shiksha Abhiyan and ICDS Scheme will go a long way in achieving the goal of universal retention by 2010 under the Sarva Shiksha Abhiyan Scheme.

The Ministry of Social Justice and Empowerment implemented many welfare programmes for children in difficult circumstances. A Child Line Foundation was set up to extend child line services in major cities to protect children facing abuse, exploitation and neglect etc. Under the Schemes of Assistance to Homes for Infants and Young Children for promoting in-country adoption institutional care to children who have lost parental support at a very early age (0-6 years) is provided till the time they are placed in adoption. Under this scheme, grant-in-aid was given to voluntary agencies for setting up homes (Shishu Griha) for Infants for promoting in country adoption. A Programme for Juvenile Justice aimed at strengthening the implementation of Juvenile Justice Act 1986 and to bring about a qualitative improvement in the services provided for both neglected as well as delinquent children. Under this Scheme, Children Homes, observation homes, juvenile homes, special homes and after-care institutions are established. Besides, juvenile courts and juvenile welfare boards are also operating in different parts of the country for implementation of the Juvenile Justice Act.

Similarly, under the Scheme of Pre-Matric Scholarships for Children of those engaged in unclean occupations, financial assistance is provided to enable the children of families involved in unclean occupation to pursue pre-matric education courses in recognized institutions. Central assistance is provided to the State Governments on a 50:50 basis and 100 UT administrations over and above their committed liabilities. The scheme has been extended to cover OBCs also. The scheme of Rehabilitation of Children of Sex Workers implemented by voluntary organisations, aims to rehabilitate the children of the sex workers who are one of the most disadvantaged segment among the neglected children through imparting vocational training, on formal education, health care and nutrition. Under this scheme, grants are also given for setting up of Day-Care Centre for children of fishermen, maintenance of orphan children etc. The Integrated Programme for Street Children aims to prevent destitution of children and facilitate their withdrawal from life on the streets. The programme provides for shelter, nutrition, health care, education, recreation facilities to street children and seeks to protect them against abuse and exploitation. The target group of this programme is children without homes and families such as street children, children of sex workers and children of pavement dwellers. Under this scheme, grants are given to voluntary organisations, state governments, UT administrations, local bodies and educational institutions.

In pursuance of the directions of the Hon'ble Supreme Court of India, a Central Adoption Resource Agency (CARA) was set up as one of the sections of the Ministry in 1990 and was registered as an autonomous body in 1999 with the objective of providing a detailed framework for regulating and expediting adoptions in India. Various efforts have been initiated to ensure promotion of adoptions as well as to streamline adoption services. CARA has been closely networking and coordinating with State Governments in monitoring and evaluating adoption agencies, Voluntary Coordinating Agencies (VCAs) and NGOs that are receiving grants under the Shishu Griha Scheme. CARA has also initiated various steps in promotion of in-country adoptions. These include strengthening the VCAs by enhancing their grant-in-aid. In order to enhance the capacity building of various agencies involved in adoption, a series of 17 training programmes were organised all over the country under the National Initiative for Child Adoption in collaboration with the National Institute of Social Defence.

In the Eleventh Plan (2007-2012), Child Protection will be viewed as an essential component of the country's strategy of placing '*Development of the child at the centre of the 11th Plan*'. Violations of the child's right to protection, in addition to being human rights violations, are massive, under-recognized and under-reported barriers or obstacles to child survival and development. Failure to protect children has serious consequences for the physical, mental, emotional, social development of the child; consequences for the loss in productivity and the loss in human capital for the nation.

The Government of India has adopted a National Plan of Action for Children (NPAC) in 2005, which has Cabinet approval. Time targets in the NPA extend to 2012, the end-year of the Eleventh Plan. The NPA for Children sets out a range of positive measures and declares its intent to secure them for all children aged up to 18 years. It identifies the Constitution and the CRC as the guiding framework for realizing the rights of children below 18 years. It clearly implies cross-sectoral thinking and planning, and inter-sectoral measures. The NPAC has identified twelve key priority areas for the utmost and sustained attention in terms of outreach, programme interventions and resource allocations. These are: (1) Reducing Infant Mortality Rate (2) Reducing Maternal Mortality Rate. (3) Reducing Malnutrition among children. (4) Achieving 100% civil registration of births. (5) Universalization of early childhood care and development and quality education for all children. (6) Achieving 100% access and retention in schools, including pre-schools. (7) Complete abolition of female foeticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child. (8) Improving Water and Sanitation coverage both in rural and urban areas. (9) Addressing and upholding the rights of Children in Difficult Circumstances. (10) Securing for all children all legal and social protection from all kinds of abuse, exploitation and neglect. (11) Complete abolition of child labour with the aim of progressively eliminating all forms of economic exploitation of children. (12) Monitoring, Review, and Reform of policies programmes and laws to ensure protection of children's interests and rights. The NPAC 2005 has articulated clearly the rights perspective and agenda for the development of children, and provides a robust framework within which to promote the

development and protection of children. It is therefore logical and imperative that the NPAC 2005 becomes the basis for planning for children in the Eleventh Plan in all sectors and the principles articulated in it guide the planning and investments for children. All budgets for child protection schemes and programmes should be in the plan category and not in the non-plan category.

The 11th Five Year Plan offers a unique opportunity for improving and accelerating the impact of all pre-existing strategies and programmes for children under six. The economy is growing at unprecedented rates, and so are the budgetary resources available for social programmes. There is also a renewal of public and judiciary concern for children's issues, making it easier to generate the political commitment required to make these programmes work. In several states, there have been interesting initiatives in this field (e.g. related to ICDS) during the last few years, and much more can be done in this direction. The care of young children cannot be left to the family alone – it is also a social responsibility. Social intervention is required, both in the form of enabling parents to take better care of their children at home, and in the form of direct provision of health, nutrition, pre-school education and related services. Interventions for children under six years (early childhood care and development, or ECCD for short) must broadly address at least three dimensions: child health, child development/education and child nutrition. These must necessarily be provided simultaneously in the same system of care. Further, while planning for provision of early childhood care and development, it must be kept in mind that different age groups require different strategies. The three crucial age groups are: (1) children 0 – 6 months of age – the period of recommended exclusive breastfeeding, (2) children 6 months to 3 years – until entry into pre-school, and (3) children 3 years to 6 years – the pre-school years, until entry into school.

It is imperative to adopt comprehensive strategies for these groups of children, with a special focus on their nutritional needs, even though there is a close relationship between health, growth, nutrition and development in this age group and these dimensions need to be considered holistically. In fact, it is with this understanding that the Integrated Child Development Services (ICDS) was conceived as an integrated and comprehensive programme addressing all these needs of children under six. It is well understood that the health and nutrition of a young child also get determined by the status of the mother's health. A malnourished mother often gives birth to an underweight child who grows up to be a malnourished adolescent, and in the case of girls perpetuates the cycle of malnutrition by giving birth to a low birth weight baby. It is also important that simultaneously there are interventions to ensure nutrition of adolescent girls and women, and for women's access to care during pregnancy, and this has been the rationale of the 'life-cycle approach'. Therefore the two aspects to addressing malnutrition i.e. prevention of malnutrition and management of malnutrition, are both linked and complementary, as management of the malnourished child contributes to prevention through its impact on future generations.

Policies, Programmes & Schemes:

The care and protection of children in need of special care had to be given the highest priority in the planning of programmes for social deviants and other disadvantaged groups. Though a comprehensive scheme for the prevention and control of juvenile social maladjustment had been implemented by the government since the VIIth Plan, there were wide gaps between cherished standards and actual practice. In view of existing gaps between the desired goals and achievements, Government of India has also drafted a policy for Integrated Child Protection Scheme to be launched in 2007. Child protection is about protecting children from or against any perceived or real danger or risk to their life, their identity and childhood. It is about reducing their vulnerability to any kind of harm and protecting them in harmful situations while protection is a right of every child. Some children are more vulnerable than others and need special attention (Chart 2.9).

Chart-2.9: Vulnerable and Disadvantaged Children

S. No.	Children
1.	Homeless children (Pavement dwellers, displaced, evicted refugees etc.)
2.	Migrant children
3.	Street children and runaway children
4.	Working children
5.	Orphaned or abandoned children
6.	Children of Prostitutes and Sex Workers
7.	Child Prostitutes
8.	Trafficked Children
9.	Children in jails/prisons
10.	Children of Prisoners
11.	Children affected by war and conflict, terrorism etc.
12.	Children affected by natural disasters
13.	Children affected by HIV/AIDS
14.	Children suffering from terminal diseases
15.	Children infected by HIV/AIDS
16.	Disabled children
17.	Children belonging to Scheduled Castes/Scheduled Tribes, OBC; and Other Backward Classes
18.	Abused (domestic violence, rape, sexual etc. children)
19.	Child delinquents
20.	Malnourished children

Source: MOWCD, Delhi, 2006

The Government recognizes these children as children in difficult circumstances, characterized by their specific social, economic, and geopolitical situations. The existing child protection mechanisms primarily flow from the provisions under the Juvenile Justice (care and Protection of Children) Act, 2000 and Plan of Action for Children, 2005. These comprised several programmes and schemes implemented by different ministries and departments addressing child protection issues. National Policy for Children, 1974 provides the conceptual basis for an integrated approach to address the whole child and commits the State to provide adequate services to children, both before and after birth and through the period of growth, to ensure their full physical, mental and social development. National Policy on Education, 1986 and its National Plan of Action has a full section on Early Childhood Care and Education. It clearly recognizes the holistic nature of child development, and that ECCE is the crucial foundation for human resource development and cumulative lifelong learning. It is viewed as a feeder and support programme for universal elementary education- especially for first generation learners, and an important support service for working mothers and girls.

National Health Policy, 2002 accords primacy to preventive and first line curative care at primary health level, and emphasizes convergence, and strategies to change care behaviours in families and communities. National Charter for Children, 2003 intends to secure for every child its inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the Nation. The

National Charter for Children affirms India's commitment to the child. However, it does not declare India's acceptance of children's entitlements as their rights. The National Policy for Children, 1974 still stands as the official policy commitment to children of India. With India's accession to the UNCRC and its two Optional Protocols rights based framework has been accepted as the guiding frame for policy measures and programming for children. This is clearly reflected in the National Plan of Action for Children, 2005.

Commission for the Protection of Child Rights Act, 2005 provides for the constitution of a National Commission and State Commissions for protection of child rights and children's courts for providing speedy trial of offences against children or of violation of child rights and for matters connected therewith or incidental thereto. Efforts should be made to set up the Commission for the Protection of Child Rights speedily and encourage State Governments to appoint State Commissions. National and State Commission should deal with all matters referred to them in a timely manner and should be accessible to children. National Plan of Action for Children, 2005 articulates clearly the rights perspective and agenda for the development of children. It provides a robust framework within which to promote the development and protection of children. The Guiding Principles of the NPA are:

- To regard the child as an asset and a person with human rights
- To address issues of discrimination emanating from biases of gender, class, caste, race, religion and legal status in order to ensure equality
- To accord utmost priority to the most disadvantaged, poorest of the poor and the least served child in all policy and programme interventions
- To recognize the diverse stages and settings of childhood, and address the needs of each, providing all children the entitlements that fulfill their rights and meet their needs in each situation.

These programmes includes (i) Juvenile Justice for Children in need of care and protection and children in conflict with law; (ii) integrated programme for street children without homes and family ties; (iii) child line service for children in distress, especially children in need of care and protection so as to provide them medical services, shelter, rescue from abuse, counseling and recreation; (iv) *Shishu Grih* Scheme for care and protection of orphans, abandoned and destitute infants or children up to 6 years and promote in country adoption for rehabilitating them; (v) scheme for working children in need of care and protection for children working as domestic help at roadsides *dhabas*, mechanic shops, etc.; (vi) Rajiv Gandhi National Scheme for children of working mothers in the age group of 0-6 years for providing comprehensive day care services like food, shelter, medical, recreation etc.; (vii) combating the trafficking of women and children for commercial sexual exploitation for providing care and protection to trafficked and sexually abused women and children; (viii) Central Adoption Resource Agency for providing in country and inter country adoption of destitute and orphan children; (ix) National Child Labour Project for rehabilitation of child labour. The Ministry of Women and Child Development has also launched schemes of *Swadhar*, Short Stay Homes, and scheme for Rescue of Victims of Trafficking; Relief and Rehabilitation of Rape Victims, and *Kishori Shakti Yojana*. There are some schemes for the disabled persons under the Ministry of Social Justice and Empowerment.

The following key principles of child protection approach are underlined by the government; (i) child protection is a shared responsibility; (ii) reducing child vulnerability; (iii) strengthening of family; (iv) promoting non-institutional care; (v) establishing inter-school linkages and responsibilities; (vi) creating a network of services at community level; (vii) establishing standards for care and protection; (viii) building capabilities; (ix) providing child protection professional services at all levels; (x) strengthening crisis management system at all levels; (xi) reintegration with family and community; (xii) addressing protection of children in urban poverty; (xiii) initiating child impact monitoring programmes.

The government of India is implementing about 120 schemes and programmes for the welfare and development of children and women through more than 13 government Ministries and Departments. The Integrated Child Development Services Programme (ICDS) represents one of the world's largest and most

unique programme for early childhood development, an initiative unparalleled in history. A network of Anganwadi Centres, literally courtyard play Centres, provide basic health, nutrition and early childhood care and development services to address the interrelated needs of children below the age of six, adolescent girls and expectant and nursing mothers from disadvantaged communities. From a modest beginning in 1975, the ICDS now reaches out to 64.52 million children and mothers through India. There are 5413 ICDS Projects while 692225 Anganwadi Centres are functional in India.

A Programme for Juvenile Justice is a scheme for ensuring implementation of the Juvenile Justice (Care and Protection of Children) Act, 2000. The objectives of the scheme are:

- To extend help to State Governments to bear the cost of infrastructure and services development under the Juvenile Justice Act.
- To ensure minimum quality standards in the juvenile justice services
- Ensure participation of community and other organizations into the care and protection of children in conflict with law

The setting up of a Juvenile Justice Board and a Child Welfare Committee in every district/group of districts as required in the JJ Act of 2000, has been so far, tardy. Many states do not have a home for children in need of care and protection and some states have no such facilities for girls. In many places observation home and special home and place of safety are situated in the same premises. Inadequate staff in the homes and lack of adequate number of probationary officers as well as child welfare officers hinders the process of protection and justice. In order to implement the existing provisions of this scheme and the juvenile justice legislation, a mechanism that is less bureaucratic and speedier needs to be created. Only 50% of the funds for implementing this scheme come from the Centre and the rest have to be raised by the States, which often does not happen. It is thus important that the Centre provides 100% assistance to States for implementing all such schemes. Instead of one or two schemes, there should be a full-fledged programme for implementation of juvenile justice and creation of a protective environment for children.

An Integrated Programme for Street Children aims at preventing destitution of children and facilitating their withdrawal from life on the streets. It provides for shelter, nutrition, health care, education, and recreation facilities to street children and seeks to protect them against abuse and exploitation. A project under this scheme includes:

- City level surveys;
- Documentation of existing facilities and preparation of city level plan of action;
- Contact programmes offering counseling, guidance and referral services;
- Establishment of 24 hours drop-in shelters;
- Non-formal education programmes;
- Programmes for reintegration of children with their families and placement of destitute children in foster care homes/hostels and residential schools;
- Programmes for enrollment in schools;
- Programme for vocational training;
- Programmes for occupational placement;
- Programmes for mobilizing preventive health services;
- Programmes aimed at reducing the incidence of drug and substance abuse, HIV/AIDS etc.;
- Post ICDS/Anganwadi programmes for children beyond six years of age;

Programmes for capacity building and for advocacy and awareness building on child rights Street children includes many other categories of children such as child beggars, children addicted to drugs, street children affected by HIV/AIDS, rag pickers etc., each of them requiring specialized attention. A more comprehensive and targeted approach is thus required to deal with the specific situations of all street children. Moreover, these children must be provided necessary care and protection under the juvenile justice legislation. Instead of conducting raids and treating them as criminals, the victimization of these children needs to be addressed and they need to be provided a protective environment. As a result the juvenile justice mechanism needs to be strengthened and the police and judiciary need to be trained and sensitized.

It is imperative to provide comprehensive early childhood care and development including maternity entitlements to ensure proximity of mother and child during the first six month; breastfeeding, nutrition and support services to families; community based day-care services/ crèches; pre-school centres; supplementary nutrition; and health care services. ICDS is the only national programme to address the health, nutrition and pre-school needs of children under six years. However it requires expansion to reach to all children and improvements in the quality. Thus, universalization and improvement of quality of services under the ICDS is of prime importance. It is also important to ensure convergence between the ICDS and the National Rural Health Mission for prevention and management of malnutrition. Treatment of severely malnourished children must be the joint responsibility of health department and ICDS. Infant and young child feeding, counseling and support may be ensured through improving the quality and outreach of ICDS programme. Rajiv Gandhi National Crèche Scheme may be expanded besides utilizing some of the ICDS centres as crèche centres to provide day-care services to young children. Apart from the creation of Anganwadi-cum-crèches on a pilot basis, there should also be a major expansion and improvement of crèche facilities under the Rajiv Gandhi National Crèche Scheme besides enhancement of budgetary allocations under the scheme is imperative to improve the quality and outreach of the scheme.

Performance of Rajiv Gandhi National Crèche Scheme in Selected States

Children need care, protection and welfare services as they are assets of the future. It is only by ensuring that India's children are well cared for, well protected and well supported that India can attain the Millennium Development Goals by 2015 and be counted in the league of developed nations. The health and nutrition status of children has been an area of major concern for policy makers, health administrators, child development specialists and the public at large. However, about half of the all Indian children are undernourished, similar proportion escape full immunization. The survival of the child is dependent on maternal health and nutritional status, which is determined by factors such as age at marriage, fertility behaviour, use of antenatal and post natal care, and medical attention at the time of delivery. Importantly, malnutrition of children is one of the biggest public health problems facing the country. It adversely affects the growth and development of children including their learning ability and the capacity to cope up with the problems of daily living. Similarly, prevention from abuse, neglect and exploitation of children has been universally recognized as essential for child's well being and for the growth and development of the family, the community, and the nation. However, millions of children are out of schools and engaged in economic activities for sustenance of their families. There are other disadvantaged children living in especially difficult circumstances who need social services for their care, protection, and development. India is the home to the largest child population in the world. Every year, an estimated 26 millions of children are born in India. The share of children (0-6 years) in the total population has showed a decline of 2.8 points in 2011, compared to Census 2001. In 2011, the total number of children in the age group of 0-6 years has been reported to be 158.79 million. The share of children (0-6 years), to the total population has been reported to be 13.1 per cent in 2011 whereas the corresponding figures for male and female children are 13.3 per cent and 12.9 per cent. Uttar Pradesh, Bihar, Maharashtra, Madhya Pradesh and Rajasthan constitute 52 per cent children in the age group of 0-6 years (Table 3.1).

Table-3.1: Child Population (0-6 Years) in India

Particulars	Census 2001	Census 2011
Children (0-6 years) in Millions		
Total	163.84	158.79
Male	85.01	82.95
Female	78.83	75.84
Total Population (in Millions)		
Total	1028.74	1210.19
Male	532.20	623.72
Female	496.50	586.47
Percentage of Child (0-6 years) against total population		
Total	15.93	13.10
Male	15.97	13.30
Female	15.88	12.90

Source: Office of the Registrar General of India.

During 2001-2011, the share of children to total population has been declined and the decline was sharper for female children than male children in the age group of 0-6 years. While the size of child population in the age group (0-6 years) is declining with decline in the share of children in the total

population, the share of girls in 0-6 years is declining faster than that of boys of 0-6 years. The process has led to missing of nearly 3 million girl children compared to 2 million missing boy children in 2011, compared to 2001. Though, the overall sex ratio of the country is showing a trend of improvement, the child sex ratio is showing a declining trend, which is a matter of concern (Table 3.2).

Table-3.2: Proportion of Children in the Age Group (0-6 Years) to Total Population

Census Years	Persons	Male	Female
1991	17.94	17.77	18.12
2001	15.93	15.97	15.88
2011	13.12	13.30	12.93

Source: Office of the Registrar General of India.

Data from 66th round of NSSO indicates that female work participation rate has increased during 2004-05 to 2008-10. The share of women in usual status workers declined from 28.7 per cent to 22.8 per cent. In rural areas, this has declined from 32.7 per cent to 26.1 per cent and in urban areas, from 16.6 per cent to 13.8 per cent (Table 3.3).

Table-3.3: Participation in the Labour Force

Indicators	Rural (%)			Urban (%)			Total Persons
	Male	Female	Total	Male	Female	Total	
Labour Force Participation Rate	55.6	26.5	41.4	55.9	14.6	36.2	40.0
Work Participation Rate	54.7	26.1	40.8	54.3	13.8	35.0	39.2
Proportion Unemployed	0.9	0.4	0.7	1.6	0.8	1.2	0.8
Unemployment Rate	1.6	1.6	1.6	2.8	5.7	3.4	2.0

Source: NSSO 2009-10

There has been significant decline in women self employment during 2004-05 to 2009-10 both in rural and urban sector however, women employment as regular wage employee has been showing an increasing trend in rural and urban sector over the corresponding period. Similarly, women employment as casual labour has significantly increased both in rural and urban sector during the corresponding period. Women employment in manufacturing and construction sector has shown fluctuating trend. Overall women employment has increased in urban sector however, women employment in agriculture sector has declined both in rural and urban sector during the period of 2004-05 to 2009-10 (Table 3.4).

Table-3.4: Women Employment in Different Sectors (Per 1000 Distribution of Usually Employed)

Sr. No.	Year	Agriculture		Manufacturing		Construction		Others	
		Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
1	2004-05	814	147	87	254	17	45	30	147
2	2007-08	816	129	76	252	23	48	28	150
3	2009-10	789	118	76	258	42	51	34	139

Source: 61st, 64th and 66th Rounds of NSSO Surveys.

Women in public and private sectors by industrial activity are shown in Table 3.5. Women employment in public sector was reported to be 2.89 million while women employment in private sector was reported to be 2.04 million during 2004. In public sector, a large share of women employment was reported in community, social and personnel services while women employment in financing, insurance, real estate, business services, transport, storage and communication sector was reported significant. However, women employment in private sector was reported significantly high in manufacturing sector, and community, social and personnel services.

Table-3.5: Women in Public and Private Sectors by Industrial Activity

Sl. No.	Industrial Activity	Women's Employment (in thousands)	
		Public Sector	Private Sector
1.	Agricultural Forestry, Fishing and Hunting	47.7	411.0
2.	Mining and quarrying	66.0	7.3
3.	Manufacturing	81.5	867.9
4.	Electricity, gas and water	49.7	2.4
5.	Construction	62.6	3.4
6.	Wholesale and Retail Trade, hotels and restaurants	14.0	32.0
7.	Transport, storage and communication	179.0	10.4
8.	Financing, Insurance, Real Estate and Business services	206.0	81.2
9.	Community, social and personal services	2183.6	628.8
	All Sectors (Total)	2890.0	2044.4

Source: India, Ministry of Statistics and Programme Implementation, Central Statistical Organisation, (2007), Women and Men in India 2007, New Delhi.

Women's employment in organized sector by industry divisions is shown in Table 3.6. During 2006, 5.06 million women were found employed in organized sector and out of them 2.96 million women were engaged in public sector while 2.1 million women were employed in private sector. Women employment in public sector was reported significant in public administration and defence, compulsory social security, education, health and social work, transport, storage and communication and financial intermediation sector. Similarly, women employment in private sector was reported significant in manufacturing, education, health and social work.

Table-3.6: Women's Employment in the Organized Sector by Major Industry Divisions

Sl. No.	Division & Industry	Women Employees (in Thousands) as on 31-03-2006		
		Public Sector	Private Sector	Total
1.	Agriculture, Hunting, Forestry & Fishing	56.92	438.03	494.95
2.	Fishing	1.26	0.45	1.71
3.	Mining and Quarrying	76.98	8.49	85.46
4.	Manufacturing	77.73	812.66	890.39
5.	Electricity, Gas & Water Supply	50.37	2.18	52.54
6.	Construction	61.37	4.16	65.53

7.	Wholesale & Retail Trade; Repair of Motor Vehicles Motorcycles and Personal and Household Goods	12.85	23.82	36.67
8.	Hotels and Restaurants	1.06	10.77	11.83
9.	Transport, Storage & Communications	180.42	10.24	190.67
10.	Financial Intermediation	168.62	47.09	215.71
11.	Real Estate, Renting and Business Activities	37.11	76.96	114.08
12.	Public Administration and Defence; Compulsory Social Security	729.08	0.22	729.30
13.	Education	798.05	557.69	1355.74
14.	Health and Social Work	650.50	106.14	756.64
15.	Other Community, Social & Personal Service Activities	54.08	10.66	64.73
16.	Private Households with Employed Persons	0.07	0.21	0.28
17.	Extra-Territorial Organisations and Bodies	0.00	0.07	0.07
	Total	2956.46	2109.83	5066.29

Source: India, Ministry of Labour, Directorate General Employment and Training, (2008). Employment Review 2005-2006, New Delhi.

State-wise employment of women in the organized sector is shown in Table 3.7. Women employment during 2006 in the selected states was reported higher in Maharashtra followed by Karnataka, Andhra Pradesh, Assam and West Bengal. There has been significant increase in employment of women during 2005-2006 in the Karnataka, Maharashtra and West Bengal while women employment has declined in the states of Andhra Pradesh and Madhya Pradesh.

Table-3.7: State-wise Employment of Women in the Organized Sector

Sl. No.	India/States	Employment of Women (in Thousands) as on 31.3.2005			Employment of Women (in Thousands) as on 31.3.2006		
		Public Sector	Private Sector	Total	Public Sector	Private Sector	Total
	India	2921.0	2095.2	5016.2	3002.82	2117.69	5120.501
1.	Andhra Pradesh	241.8	231.8	473.6	241.46	194.23	435.69
2.	Assam	81.7	284.9	366.6	83.58	295.59	379.17
3.	Himachal Pradesh	44.4	7.5	52.0	44.17	9.17	53.34
4.	Karnataka	268.4	309.9	578.3	267.69	323.61	591.29
5.	Madhya Pradesh	124.0	19.2	143.3	123.67	18.78	142.447
6.	Maharashtra	357.7	215.4	573.1	373.77	233.38	607.15
7.	Tripura	21.0	5.8	26.9	27.72	6.04	33.76
8.	Uttar Pradesh	171.1	50.1	221.2	173.01	53.03	226.043
9.	West Bengal	106.4	113.6	220.0	107.24	120.08	227.32

Source: India, Ministry of Labour, Directorate General of Employment and Training, (2008). Employment Review 2005-2006. New Delhi.

Integrated Child Development Services scheme launched in October, 1975 represents one of the world's largest programme for early childhood development. The scheme is foremost symbol of India's

commitment to children. India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. It is an inter-sectoral programme which seeks to directly reach out to children, below 6 years, especially from vulnerable and remote areas and give them a head start by providing and integrated programme of early childhood education, health and nutrition. The coverage of ICDS scheme is shown in Table 3.8. As on December, 2009, there were 6506 projects in operation with 1.08 million ICDS centres. The numbers of ICDS centres in selected states were reported to be higher in Uttar Pradesh, Maharashtra, Andhra Pradesh, Madhya Pradesh and West Bengal.

Table-3.8: ICDS Scheme Projects and Beneficiaries

Sl. No.	India/States	No. of Projects Fully Operational	No. of Pre-School Education Beneficiaries	No. of Supplementary Nutrition Beneficiaries		No. of AWCS Operational (As on 30.09.2009)
				Children	Mother	
	India	6506	33571734	71845264	15686517	1078973
1.	Andhra Pradesh	385	1790632	3950207	1029184	79546
2.	Assam	223	1364617	24479586	575441	36849
3.	Himachal Pradesh	76	148222	405002	95490	18248
4.	Karnataka	185	1475487	3159484	798654	54665
5.	Madhya Pradesh	453	2793717	5629985	1191317	69155
6.	Maharashtra	492	3028780	5770417	1126309	83694
7.	Tripura	56	144943	251754	67717	7377
8.	Uttar Pradesh	897	9077201	19344623	4264030	150926
9.	West Bengal	414	2122208	5155299	813193	89091

Source: India, Ministry of Women and Child Development, (2010). Status Report of the ICDS as on 31st December 2009, New Delhi.

Rajiv Gandhi National Crèche scheme for the children of working mothers was introduced by Government of India under the Ministry of Women and Child Development in 2006. The scheme is being implemented by civil society organizations and Central Social Welfare Board as National Nodal Resource Institute. The programme focuses on crèche services to the children (0-6 years) of working mothers, mainly from vulnerable and disadvantaged sections of society. The crèche should be clean, well-lighted with adequate ventilation and have a minimum space of 6-8 square fit per child to ensure that they can play, rest, and learn without any hindrance. The crèche centre should also have proper and adequate facilities such as mattresses, cradles, pots, pillows and basic infrastructure to meet the requirements of children. Essential play materials, teaching and learning materials must be available to meet the needs of pre-school children. The crèche centres should have the basic facilities of cooking meals for children. The implementing agencies and the crèche workers must ensure linkages with local primary health centres in the area for health care inputs like immunization, vaccination, basic health monitoring, etc. Presently, Central Social Welfare Board, Indian Council for Child Welfare and Bhartiya Adim Jati Sewak Sangh are the implementing agencies who implement the crèche centres in collaboration with local civil society organizations. The crèche workers are being provided training by academic and government institutions

such as NIPCCD. Assistance is being provided for developing comprehensive day care services for the children (0-6 years) of working and other deserving women provided the monthly income of both the parents does not exceed Rs. 12,000. NGOs for running crèches for children (0-6 years) are being provided assistance to ensure sleeping facilities, health care, supplementary nutrition, immunization, etc. for running a crèche for 25 children for 8 hours. NGOs are provided recurring grant at the rate of Rs. 2,000 per crèche worker (two workers), Rs. 1,217 supplementary nutrition per crèche, Rs. 315 for emergency medicines and contingencies per crèche besides Rs. 13,000 as non-recurring grant for the period of 5 years per crèche.

Total number of crèches and beneficiaries in the selected states are shown in Table 3.9. Number of crèches was reported higher in the states of Andhra Pradesh, Madhya Pradesh, Maharashtra and Uttar Pradesh while number of crèches was reported to be low in Tripura and Himachal Pradesh.

Table-3.9: Total Number of Crèches

State	Crèches	Beneficiaries
Andhra Pradesh	3102	77550
Assam	983	24575
Himachal Pradesh	784	19600
Karnataka	1592	39800
Madhya Pradesh	2815	70375
Maharashtra	2397	59925
Tripura	410	10250
Uttar Pradesh	2167	54175
West Bengal	1636	40900

Source: Field Survey, 2012.

Year-wise crèche centres in selected states are shown in Table 3.10. There has been decline in the number of crèche centres in the selected states. The decline was reported higher in Tripura, Assam, Karnataka, West Bengal and Uttar Pradesh. The decline in the number of crèche centres is due to low financial assistance for running successfully crèche centres and timely release of funds to the project implementing agencies. Some of the centres were closed down due to non-availability of desired number of children of working mothers.

Table-3.10: Year-wise Crèche Centres in Selected States

State	2008-09	2009-10	2010-11	2011-12	Change (2008-09 to 2011-12)
Himachal Pradesh	784	708	661	661	- 15.69
Uttar Pradesh	2167	1966	1689	1687	- 22.15
Assam	983	746	584	625	- 36.42
Tripura	410	397	329	247	- 39.76
West Bengal	1636	1390	1149	1209	- 26.10
Maharashtra	2397	1669	1704	2090	- 12.81
Madhya Pradesh	2815	2494	2044	2296	- 18.44
Karnataka	1592	1384	1084	1084	- 31.91
Andhra Pradesh	3102	2694	2247	2247	- 27.56
Total	31718	26785	22699	23785	- 25.01

Source: Field Survey, 2012.

Agency-wise number of PIAs and Crèches are shown in Table 3.11. The allocation of crèches to the PIAs simply demonstrates that there is no judicious allotment of the crèche units, the average number of units per PIAs was reported significantly high in Maharashtra, Uttar Pradesh, Madhya Pradesh and Andhra Pradesh under BAJSS while average number of crèches per PIAs under Central Social Welfare Board has been reported to be very low (2-4). This is because of the fact that Central Government issued the instructions to BAJSS to allot the crèche units to the agencies which were associated with the organization by the time. State-wise number of PIAs and allotted crèche units is not available in case of ICCW however, it has been reported that even individuals have been allotted crèche unites for providing day-care services under the scheme.

Table-3.11: Agency-wise Number of PIAs & Crèches in Selected States

State	CSWB		BAJSS		ICCW Crèches
	PIAs	Crèches	PIAs	Crèches	
Himachal Pradesh	46	432	1	5	149
Uttar Pradesh	255	863	12	505	303
Assam	124	285	2	48	275
Tripura	82	138	--	--	105
West Bengal	463	918	2	85	227
Maharashtra	347	1296	7	416	330
Madhya Pradesh	427	1677	8	379	234
Karnataka	235	856	--	--	165
Andhra Pradesh	456	1311	13	275	613

Source: www.cswb.govt.in and www.iccw.org.

Agency-wise budgetary allocations under Rajiv Gandhi National Crèche scheme are shown in Table 3.12. During 2006-07 to 2008-09, the highest share of budgetary allocations was received by Central Social Welfare Board for implementation of the National Crèche Scheme. About 3/4th amount of the scheme was received by Central Social Welfare Board in 2006-07 while its share drastically decline in 2007-08. The share for Bhartiya Adim Jati Sewak Sangh was reported 22.59 per cent in budgetary allocations during 2007-08.

Table-3.12: Agency-wise Budgetary Allocations Under Rajiv Gandhi National Crèche Scheme

(Rs. in Crores)

Agency	2006-2007	2007-2008	2008-2009
CSWB	71.84	58.84	67.85
ICCW	12.78	18.35	19.46
BAJSS	10.87	22.59	--
Monitoring Agencies	0.28	0.21	0.18
Total	95.79	100.00	87.50

Source: Ministry of Women and Child Development, Government of India.

Budgetary allocations under Rajiv Gandhi National Creche Scheme are shown in Table 3.13. There has been fluctuating trend of the budgetary allocations under the scheme. During 2006-07, Rs. 95.79

crores was allocated under the scheme while during 2012-13, Rs. 110.00 crores was allocated under the scheme.

Table-3.13: Budgetary Allocations under Rajiv Gandhi National Crèche Scheme

Years	Budgetary Allocation (Rs. Crores)
2006-2007	95.79
2007-2008	100.00
2008-2009	91.88
2009-2010	90.05
2010-2011	63.00
2011-2012	76.50
2012-2013 (BE)	110.00

Source: Union Budgets, Ministry of Finance, Government of India.

Average number of rooms in selected crèche centres is shown in Table 3.14. Average number of rooms per crèche centre was reported high in the state of Karnataka, Andhra Pradesh, Madhya Pradesh and Uttar Pradesh while less number of rooms per crèche centre was reported in Himachal Pradesh and Tripura.

Table-3.14: Average Number of Rooms in Crèche Centres

State	No. of Rooms	Total Rooms
Himachal Pradesh	1.03	31
Uttar Pradesh	1.56	134
Assam	1.13	44
Tripura	1.06	17
West Bengal	1.13	76
Maharashtra	1.49	143
Madhya Pradesh	2.31	263
Karnataka	2.63	166
Andhra Pradesh	2.58	322
Total	1.88	1196

Source: Field Survey, 2012.

Number of children in selected crèche centres is shown in Table 3.15. Average number of children per crèche centre was reported to be more than 27. However, average number of children per crèche was reported to be high in the state of Maharashtra followed by Karnataka, Andhra Pradesh, Madhya Pradesh and Uttar Pradesh. It is to be noted that average number of children per crèche was reported to be high against the prescribed norms in some of the states. Out of total children living in crèche centres, about 60 per cent children were found belonging to BPL families while about 40 per cent children were from APL families. The proportion of children from marginal communities was reported to be about 27 per cent. It was found more pronouncing in Madhya Pradesh (39.89 per cent), Andhra Pradesh (39.93 per cent) and Tripura (30.00 per cent). The proportion of children from BPL families was recorded high in Assam (78.14 per cent), Uttar Pradesh (78.09 per cent) and West Bengal (69.16 per cent)

Table-3.15: Number of Children in Crèche Centres

State	No. of Children from BPL Families	No. of Children from APL Families	Total No. of Children	Average No. of Children per Crèche	No. of Children from Marginal Group Families
Himachal Pradesh	320	306	626	20.86	137
	51.12%	48.88%	100.00%		21.88%
Uttar Pradesh	1701	477	2178	25.32	250
	78.09%	21.91%	100.00%		11.48%
Assam	747	209	956	24.51	33
	78.14%	21.86%	100.00%		3.45%
Tripura	137	163	300	18.75	90
	45.67%	54.33%	100.00%		30.00%
West Bengal	1130	504	1634	24.39	428
	69.16%	30.84%	100.00%		26.19%
Maharashtra	1747	1384	3131	32.61	357
	55.79%	44.21%	100.00%		11.40%
Madhya Pradesh	1674	1590	3264	28.63	1302
	51.29%	48.71%	100.00%		39.89%
Karnataka	1008	803	1811	28.75	672
	55.66%	44.34%	100.00%		37.11%
Andhra Pradesh	1970	1614	3384	28.67	1431
	54.97%	45.03%	100.00%		39.93%
Total	10434	7050	17484	27.49	4700
	59.67%	40.33%	100.00%		26.88%

Source: Field Survey, 2012.

Age-wise distribution of crèche children is shown in Table 3.16. About 27 per cent children were found belonging to the age group of 1-2 years. This was found more pronouncing in Madhya Pradesh (35.91 per cent) followed by Andhra Pradesh (31.53 per cent) and Himachal Pradesh (29.39 per cent). About 25 per cent children were from the age group of 2-4 years. This was found more pronouncing in Tripura (42.00 per cent) followed by Assam (40.89 per cent), West Bengal (36.29 per cent) and Uttar Pradesh (30.99 per cent). Less than 1/4th children were from the age group of 0-1 year. This was found more pronouncing in Madhya Pradesh, Karnataka and Andhra Pradesh. Significantly, about 10 per cent children living in crèche centres were from the age group of above 6 years. This was found significant in Maharashtra (28.29 per cent) followed by West Bengal (17.19 per cent).

Table-3.16: Age-wise Distribution of Crèche Children

State	0-1 year	1-2 years	2-4 years	4-6 years	6+ years	Total
Himachal Pradesh	81	184	161	143	57	626
	12.94%	29.39%	25.73%	22.44%	9.10%	100.0%
Uttar Pradesh	170	429	675	561	343	2178
	7.80%	19.69%	30.99%	9.1%	0.0%	100.0%
Assam	54	183	391	259	69	956
	5.65%	19.14%	40.89%	27.09%	7.22%	100.0%
Tripura	18	60	126	78	18	300
	6.0%	20.00%	42.00%	26.00%	6.00%	100.0%
West Bengal	44	203	593	513	281	1634
	2.69%	12.42%	36.29%	31.39%	17.19%	100.0%
Maharashtra	295	741	805	430	860	3131
	9.42%	23.67%	25.71%	13.74%	28.29%	100.0%
Madhya Pradesh	1312	1172	551	229	-	3264
	40.19%	35.91%	16.88%	7.01%	-	100.0%
Karnataka	720	578	347	166	-	1811
	39.75%	21.92%	19.16%	9.17%	-	100.0%
Andhra Pradesh	1401	1130	672	332	49	3384
	39.09%	31.53%	18.75%	9.26%	1.37%	100.0%
Total	4095	4680	4321	2711	1677	17484
	23.42%	26.77%	24.71%	15.50%	9.59%	100.0%

Source: Field Survey, 2012.

Gender-wise distribution of crèche children is shown in Table 3.17. Slightly more than half of the children living in crèche centres were girl children. This was found more pronouncing in Maharashtra (59.08 per cent) and West Bengal (52.80 per cent). The proportion of male children was found significant in Tripura (62.00 per cent) and Himachal Pradesh (60.54 per cent).

Table-3.17: Gender-wise Distribution of Crèche Children

State	Male Children	Female Children	Total
Himachal Pradesh	379	247	626
	60.54%	39.46%	100.0%
Uttar Pradesh	1055	1123	2178
	48.44%	51.56%	100.0%
Assam	547	409	956
	57.22%	42.78%	100.0%
Tripura	189	111	300
	62.00%	37.00%	100.0%

West Bengal	770	864	1634
	47.12%	52.80%	100.0%
Maharashtra	1281	1850	3131
	40.91%	59.08%	100.0%
Madhya Pradesh	1722	1542	3264
	52.76%	47.24%	100.0%
Karnataka	857	954	1811
	47.32%	52.68%	100.0%
Andhra Pradesh	1758	1826	3584
	49.05%	50.95%	100.0%
Total	8558	8926	17484
	48.95%	51.05%	100.0%

Source: Field Survey, 2012.

Gender-wise distribution of staff engaged in crèche centres is shown in Table 3.18. Most of the staff engaged in crèche centres is found to be female. However, about 20 per cent staff in the crèche centres was reported to be male in Assam and West Bengal. Average number of staff engaged in crèche centres has been reported to be 2. However, average number of staff per crèche centre was reported significantly high in Maharashtra (more than 4 persons).

Table-3.18: Gender-wise Distribution of Staff Engaged in Crèche Centres

State	Male	Female	Total	Average
Himachal Pradesh	9	59	68	2.26
	12.23%	86.76%	100.0%	
Uttar Pradesh	--	172	172	2.0
	--	100.0%	100.0%	
Assam	21	84	105	2.69
	20.00%	80.00%	100.0%	
Tripura	--	32	32	2.0
	--	100.0%	100.0%	
West Bengal	37	139	176	2.62
	21.00%	78.98%	100.0%	
Maharashtra	28	374	402	4.19
	6.96%	93.63%	100.0%	
Madhya Pradesh	--	228	228	2.0
	--	100.0%	100.0%	
Karnataka	--	126	126	2.0
	--	100.0%	100.0%	
Andhra Pradesh	--	250	250	2.0
	--	100.0%	100.0%	
Total	95	1464	1554	2.45
	6.09%	93.91%	100.0%	

Source: Field Survey, 2012.

The observation of selected crèche centres reveals interesting facts which demonstrate the actual functioning of crèche centres in the selected states. In this part of the report, an attempt has been made to analyze the information obtained through observation schedules surveyed by the research team during the field survey. About 1/3rd crèche centres had pucca building while slightly less than half of the crèche centres had semi-pucca building. Even about 18 per cent crèche centres were other types of building. The proportion of pucca building in crèche centres was reported significant in Uttar Pradesh (64 per cent) followed by Maharashtra (51.00 per cent) and West Bengal (46.30 per cent). A large proportion of crèche centres had semi-pucca building in Andhra Pradesh (83.20 per cent), Himachal Pradesh (83.30 per cent), Karnataka (63.50 per cent) and Madhya Pradesh (50.00 per cent) (Table 3.19).

Table-3.19: Type of Buildings of Crèche

State	Pucca	Semi-Pucca	Others	Total
Himachal Pradesh	2	25	3	30
	6.7%	83.3%	10.0%	100.0%
Uttar Pradesh	55	22	9	86
	64.0%	25.6%	10.5%	100.0%
Assam	14	14	11	39
	35.9%	35.9%	28.2%	100.0%
Tripura	3	3	10	16
	18.8%	18.8%	62.5%	100.0%
West Bengal	31	16	20	67
	46.3%	23.9%	29.9%	100.0%
Maharashtra	49	24	23	96
	51.0%	25.0%	24.0%	100.0%
Madhya Pradesh	22	57	35	114
	19.3%	50.0%	30.7%	100.0%
Karnataka	18	40	5	63
	28.6%	63.5%	7.9%	100.0%
Andhra Pradesh	21	104	0	125
	16.8%	83.2%	0.0%	100.0%
Total	215	305	116	636
	33.8%	48.0%	18.2%	100.0%

Source: Field Survey, 2012.

Type of floor of selected crèche is shown in Table 3.20. Slightly more than half of the crèche centres had cemented floor. This was found more pronouncing in Karnataka (85.70 per cent) followed Andhra Pradesh (74.40 per cent), Assam (71.80 per cent) and West Bengal (70.10 per cent). More than 1/4th selected centres had tile floors. This was reported high in Himachal Pradesh (73.30 per cent), Maharashtra (59.40 per cent) and Madhya Pradesh (31.60 per cent). Interestingly, about 20 per cent centres had no floor. This was reported significantly high in Tripura (75.00 per cent), Madhya Pradesh (30.70 per cent), West Bengal (29.90 per cent) and Assam (28.20 per cent).

Table-3.20: Type of Floor of Crèche

State	Cemented	Tiles	None	Total
Himachal Pradesh	5	22	3	30
	16.7%	73.3%	10.0%	100.0%
Uttar Pradesh	49	22	15	86
	57.0%	25.6%	17.4%	100.0%
Assam	28	0	11	39
	71.8%	0.0%	28.2%	100.0%
Tripura	1	3	12	16
	6.2%	18.8%	75.0%	100.0%
West Bengal	47	0	20	67
	70.1%	0.0%	29.9%	100.0%
Maharashtra	16	57	23	96
	16.7%	59.4%	24.0%	100.0%
Madhya Pradesh	43	36	35	114
	37.7%	31.6%	30.7%	100.0%
Karnataka	54	4	5	63
	85.7%	6.3%	7.9%	100.0%
Andhra Pradesh	93	31	1	125
	74.4%	24.8%	0.8%	100.0%
Total	336	175	125	636
	52.8%	27.5%	19.7%	100.0%

Source: Field Survey, 2012.

Infrastructure and details of inmates in the selected crèche centres is shown in Table 3.21. Average number of rooms per crèche centre was reported to be low (1.47 only). However, the average number of rooms per crèche centre was reported significant in Maharashtra, Madhya Pradesh and Karnataka. Average number of staff in per crèche centre was reported to be more than 2 persons. However, in the state of Maharashtra and West Bengal, average number of staff was reported to be high. Most of the children living in crèche centres were reported to be belonging to BPL families. Similarly, the proportion of girl children living in the crèche centres was reported to be slightly low as compared to male children.

Table-3.21: Infrastructure and Details of Inmates in Crèche Centres

State		Number Of Rooms In The Crèche Centre	Male Staff Members Present In The Crèche	Female Staff Members Present In The Crèche	Total Staff Members Present In The Crèche	Children from BPL families In The Crèche	Children from APL families Present In The Crèche	Male Children Present In Crèche	Female Children Present In Crèche
Himachal Pradesh	Mean	1.00	0.00	2.00	2.00	22.80	2.40	12.31	13.93
	N	30	30	30	30	30	30	29	29
Uttar Pradesh	Mean	1.24	.00	2.00	2.00	20.52	4.29	10.53	11.58
	N	86	86	86	86	86	86	81	81
Assam	Mean	1.08	.00	2.00	2.00	20.85	3.92	12.33	12.33
	N	39	39	39	39	39	39	39	39
Tripura	Mean	1.00	.00	2.00	2.00	12.75	9.44	11.31	11.62
	N	16	16	16	16	16	16	16	16
West Bengal	Mean	1.24	2.61	2.73	5.34	16.16	3.43	11.64	13.01
	N	67	67	67	67	67	67	67	67
Maharashtra	Mean	1.86	.00	2.67	2.67	29.10	10.72	17.90	20.50
	N	96	96	96	96	96	96	84	84
Madhya Pradesh	Mean	1.96	.00	2.00	2.00	20.02	8.11	15.70	11.72
	N	114	114	114	114	114	114	109	109
Karnataka	Mean	1.78	.00	2.00	2.00	21.27	5.98	15.48	12.44
	N	63	63	63	63	63	63	63	63
Andhra Pradesh	Mean	1.16	.00	2.00	2.00	21.74	5.88	13.62	13.58
	N	125	125	125	125	125	125	125	125
Total	Mean	1.47	.28	2.18	2.45	21.51	6.35	13.94	13.64
	N	636	636	636	636	636	636	613	613

Source: Field Survey, 2012.

Availability of infrastructural facilities in the selected crèche centres is shown in Table 3.22. Most of the crèche centres had proper and adequate infrastructural facilities such as clean and safe drinking water, mattress, cooking utensils, stove, gas cylinders or chulah, play materials and equipments, electricity supply, clean toilets and sanitation, safe playground, etc. However, infrastructural facilities were found to be low in case of pillows, blankets and quilts because of the fact that the project implementing agencies are unable to make avail such infrastructural facilities due to non-availability of adequate funds under the scheme.

Table-3.22: Does the Crèche Centre Have Proper and Adequate Infrastructural Facilities

State	Electricity Supply	Clean Toilets & Sanitation	Clean & Safe Drinking Water	Ventilation	Safe Play Ground	Play Materials & Equipments	Matress	Carts	Pillows	Blankets & Quits	Bed, Bed Sheets Etc.	Teaching & Learning Materials	Seperate Kitchen	Stove, Gas Cylinders Or Chullah	Cooking Utensils
Himachal Pradesh	13	12	27	27	0	14	30	13	10	10	13	24	2	27	30
	43.3%	40.0%	90.0%	90.0%	0.0%	46.7%	100.0%	43.3%	33.3%	33.3%	43.3%	80.0%	6.7%	90.0%	100.0%
Uttar Pradesh	48	44	77	67	33	49	69	29	31	23	44	50	34	64	70
	55.8%	51.2%	89.5%	77.9%	38.4%	57.0%	80.2%	33.7%	36.0%	26.7%	51.2%	58.1%	39.5%	74.4%	81.4%
Assam	33	33	35	35	30	34	35	37	30	23	34	39	31	35	35
	84.6%	84.6%	89.7%	89.7%	76.9%	87.2%	89.7%	94.9%	76.9%	59.0%	87.2%	100.0%	79.5%	89.7%	89.7%
Tripura	9	6	13	2	5	11	11	0	6	0	1	14	5	14	13
	56.2%	37.5%	81.2%	12.5%	31.2%	68.8%	68.8%	0.0%	37.5%	0.0%	6.2%	87.5%	31.2%	87.5%	81.2%
West Bengal	46	46	64	22	18	49	38	22	19	20	23	41	21	38	40
	68.7%	68.7%	95.5%	32.8%	26.9%	73.1%	56.7%	32.8%	28.4%	29.9%	34.3%	61.2%	31.3%	56.7%	59.7%
Maharashtra	80	49	87	41	69	88	90	45	14	27	46	94	78	75	94
	83.3%	51.0%	90.6%	42.7%	71.9%	91.7%	93.8%	46.9%	14.6%	28.1%	47.9%	97.9%	81.2%	78.1%	97.9%
Madhya Pradesh	102	90	110	51	105	95	104	90	27	28	35	107	107	101	101
	89.5%	78.9%	96.5%	44.7%	92.1%	83.3%	91.2%	78.9%	23.7%	24.6%	30.7%	93.9%	93.9%	88.6%	88.6%
Karnataka	61	61	50	27	61	61	61	61	39	39	17	61	62	41	60
	96.8%	96.8%	79.4%	42.9%	96.8%	96.8%	96.8%	96.8%	61.9%	61.9%	27.0%	96.8%	98.4%	65.1%	95.2%
Andhra Pradesh	103	107	125	124	123	121	121	95	56	38	80	90	121	95	122
	82.4%	85.6%	100.0%	99.2%	98.4%	96.8%	96.8%	76.0%	44.8%	30.4%	64.0%	72.0%	96.8%	76.0%	97.6%
Total	495	448	588	396	444	522	559	392	232	208	293	520	461	490	565
	77.8%	70.4%	92.5%	62.3%	69.8%	82.1%	87.9%	61.6%	36.5%	32.7%	46.1%	81.8%	72.5%	77.0%	88.8%

Source: Field Survey, 2012.

Most of the centres had medical facility in the crèche centres or its adjoining areas as they have strong linkages with existing health centres located nearby crèche centres. However, availability of medical facility was found poor in Tripura and West Bengal as a significant proportion of crèche centres was located in remote areas (Table 3.23).

Table-3.23: Whether Medical Facility Available in the Crèche or Its Adjoining Areas

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	81	5	86

	94.2%	5.8%	100.0%
Assam	39	0	39
	100.0%	0.0%	100.0%
Tripura	8	8	16
	50.0%	50.0%	100.0%
West Bengal	49	18	67
	73.1%	26.9%	100.0%
Maharashtra	90	6	96
	93.8%	6.2%	100.0%
Madhya Pradesh	109	5	114
	95.6%	4.4%	100.0%
Karnataka	61	2	63
	96.8%	3.2%	100.0%
Andhra Pradesh	122	3	125
	97.6%	2.4%	100.0%
Total	589	47	636
	92.6%	7.4%	100.0%

Source: Field Survey, 2012.

Most of the crèche centres had First Aid Kit, however, about 29 per cent crèche centres in Andhra Pradesh and 27 per cent crèche centres in West Bengal had no First Aid Kit. Thus, non-availability of First Aid Kit in the centres shows health risk to the inmates (Table 3.24).

Table-3.24: Whether the Crèche Has First Aid Kit

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	84	2	86
	97.7%	2.3%	100.0%
Assam	39	0	39
	100.0%	0.0%	100.0%
Tripura	13	3	16
	81.2%	18.8%	100.0%
West Bengal	49	18	67
	73.1%	26.9%	100.0%
Maharashtra	94	2	96
	97.9%	2.1%	100.0%
Madhya Pradesh	107	7	114
	93.9%	6.1%	100.0%
Karnataka	62	1	63
	98.4%	1.6%	100.0%
Andhra Pradesh	89	36	125
	71.2%	28.8%	100.0%
Total	567	69	636
	89.2%	10.8%	100.0%

Source: Field Survey, 2012.

Most of the crèche centres had adequate facilities for cooking. However, only 31 per cent centres in West Bengal reported that they have adequate facility for cooking. Most of the centres had adequate cooking utensils and they are regularly cleaning them before and after use. However, cleaning of utensils was reported low in West Bengal, Maharashtra and Uttar Pradesh. A significant proportion of crèche centres in West Bengal and Tripura had no adequate utensils for the feeding of young children (Table 3.25).

Table-3.25: Whether the Crèche Has Adequate Kitchen Facilities

State	Adequate Facility For Cooking	Adequate Cooking Utensils	Adequate Utensils For The Feeding The Children	Adequate Proper And Regular Cleaning Of Utensils Before And After Use	Adequate Keeping Of Utensils In Identified Space
Himachal Pradesh	27	30	30	27	27
	90.0%	100.0%	100.0%	90.0%	90.0%
Uttar Pradesh	76	82	82	77	76
	88.4%	95.3%	95.3%	89.5%	88.4%
Assam	39	37	32	37	33
	100.0%	94.9%	82.1%	94.9%	84.6%
Tripura	11	13	12	13	11
	68.8%	81.2%	75.0%	81.2%	68.8%
West Bengal	21	64	41	21	21
	31.3%	95.5%	61.2%	31.3%	31.3%
Maharashtra	87	96	78	68	66
	90.6%	100.0%	81.2%	70.8%	68.8%
Madhya Pradesh	113	110	108	106	107
	99.1%	96.5%	94.7%	93.0%	93.9%
Karnataka	63	63	63	63	63
	100.0%	100.0%	100.0%	100.0%	100.0%
Andhra Pradesh	109	124	121	105	119
	87.2%	99.2%	96.8%	84.0%	95.2%
Total	546	619	567	517	523
	85.8%	97.3%	89.2%	81.3%	82.2%

Source: Field Survey, 2012.

About 70 per cent crèche centres had facilities of proper and regular chlorination or boiling of drinking water. However, a large proportion of crèche centres reported that they do not have facility for proper and regular chlorination or boiling of drinking water. This was found significantly high in Tripura

(81.20 per cent), Himachal Pradesh (73.30 per cent), Madhya Pradesh (44.70 per cent) and Karnataka (38.10 per cent) (Table 3.26).

Table-3.26: Whether the Crèche Has Facility of Proper and Regular Chlorination or Boiling of Drinking Water

State	Yes	No	Total
Himachal Pradesh	8	22	30
	26.7%	73.3%	100.0%
Uttar Pradesh	52	34	86
	60.5%	39.5%	100.0%
Assam	39	0	39
	100.0%	0.0%	100.0%
Tripura	3	13	16
	18.8%	81.2%	100.0%
West Bengal	47	20	67
	70.1%	29.9%	100.0%
Maharashtra	89	7	96
	92.7%	7.3%	100.0%
Madhya Pradesh	63	51	114
	55.3%	44.7%	100.0%
Karnataka	39	24	63
	61.9%	38.1%	100.0%
Andhra Pradesh	107	18	125
	85.6%	14.4%	100.0%
Total	447	189	636
	70.3%	29.7%	100.0%

Source: Field Survey, 2012.

Most of the centres reported that food is acceptable to young children. However, it is difficult to manage food and nutrition as there is very low and nominal budgetary allocations for food and nutrition under the crèche scheme (Table 3.27).

Table-3.27: Whether the Food is Acceptable to Babies and Children in the Crèche

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	83	3	86
	96.5%	3.5%	100.0%
Assam	39	0	39
	100.0%	0.0%	100.0%

Tripura	15	1	16
	93.8%	6.2%	100.0%
West Bengal	66	1	67
	98.5%	1.5%	100.0%
Maharashtra	96	0	96
	100.0%	0.0%	100.0%
Madhya Pradesh	112	2	114
	98.2%	1.8%	100.0%
Karnataka	63	0	63
	100.0%	0.0%	100.0%
Andhra Pradesh	122	3	125
	97.6%	2.4%	100.0%
Total	626	10	636
	98.4%	1.6%	100.0%

Source: Field Survey, 2012.

Most of the crèche centres reported that food being provided to young children in the crèche centres is adequate. However, a large proportion of crèche centres in Himachal Pradesh (46.70 per cent), Assam (30.80 per cent) and Andhra Pradesh (21.60 per cent) had no adequate food for young children (Table 3.28).

Table-3.28: Whether the Food is Adequate Being Provided to Babies and Children in the Crèche

State	Yes	No	Total
Himachal Pradesh	16	14	30
	53.3%	46.7%	100.0%
Uttar Pradesh	81	5	86
	94.2%	5.8%	100.0%
Assam	27	12	39
	69.2%	30.8%	100.0%
Tripura	14	2	16
	87.5%	12.5%	100.0%
West Bengal	65	2	67
	97.0%	3.0%	100.0%
Maharashtra	93	3	96
	96.9%	3.1%	100.0%
Madhya Pradesh	109	5	114
	95.6%	4.4%	100.0%
Karnataka	63	0	63
	100.0%	0.0%	100.0%
Andhra Pradesh	98	27	125
	78.4%	21.6%	100.0%
Total	566	70	636
	89.0%	11.0%	100.0%

Source: Field Survey, 2012.

Most of the centres reported that present food preparation is suitable for maintaining nutritional value, cleanliness and taste. However, a large proportion of crèche centres reported that present preparation of food is not suitable for maintaining cleanliness. This was found significantly high in West Bengal and Assam (Table 3.29).

Table-3.29: Whether Present Food Preparation is Suitable for Health

State	Maintaining Nutritional Value	Cleanliness	Taste	Total
Himachal Pradesh	27	14	14	30
	90.0%	46.7%	46.7%	100.0%
Uttar Pradesh	80	55	54	86
	93.0%	64.0%	62.8%	100.0%
Assam	39	12	12	39
	100.0%	30.8%	30.8%	100.0%
Tripura	15	14	14	16
	93.8%	87.5%	87.5%	100.0%
West Bengal	36	10	31	67
	53.7%	14.9%	46.3%	100.0%
Maharashtra	89	80	84	96
	92.7%	83.3%	87.5%	100.0%
Madhya Pradesh	62	107	107	114
	54.4%	93.9%	93.9%	100.0%
Karnataka	39	63	63	63
	61.9%	100.0%	100.0%	100.0%
Andhra Pradesh	122	86	96	125
	97.6%	68.8%	76.8%	100.0%
Total	509	441	475	636
	80.0%	69.3%	74.7%	100.0%

Source: Field Survey, 2012.

Most of the centres reported that they are maintaining and upkeeping of records. However, a large proportion of centres in Uttar Pradesh, West Bengal, Maharashtra and Tripura are not maintaining and upkeeping of records (Table 3.30).

Table-3.30: Maintaining and Upkeeping of Records

State	Attendance Register	Stock Register	Others	All	Total
Himachal Pradesh	1	0	0	29	30
	3.3%	0.0%	0.0%	96.7%	100.0%
Uttar Pradesh	3	31	0	52	86

	3.5%	36.0%	0.0%	60.5%	100.0%
Assam	0	0	0	39	39
	0.0%	0.0%	0.0%	100.0%	100.0%
Tripura	16	0	0	0	16
	100.0%	0.0%	0.0%	0.0%	100.0%
West Bengal	19	0	0	48	67
	28.4%	0.0%	0.0%	71.6%	100.0%
Maharashtra	11	0	14	71	96
	11.5%	0.0%	14.6%	74.0%	100.0%
Madhya Pradesh	0	0	5	109	114
	0.0%	0.0%	4.4%	95.6%	100.0%
Karnataka	0	0	0	63	63
	0.0%	0.0%	0.0%	100.0%	100.0%
Andhra Pradesh	0	0	0	125	125
	0.0%	0.0%	0.0%	100.0%	100.0%
Total	50	31	19	536	636
	7.9%	4.9%	3.0%	84.3%	100.0%

Source: Field Survey, 2012.

Care and protection of young children particularly belonging to vulnerable and marginalized communities is important development agenda of government in India. Rajiv Gandhi National Crèche Scheme for working mothers is being implemented in collaboration with civil society organizations. The budgetary support under the scheme is low in view of the increasing demand for institutional care and protection of young children. There has been declining trend in the number of crèche centres over the period besides declining quality of infrastructural facilities in crèche centres as budgetary provision under the scheme is found to be meager. It is really difficult to create and maintain infrastructural facilities and providing food and nutrition to the young children. Most of the selected centres reported that the infrastructural facilities available are adequate and proper for the young children. However, in some of the states infrastructural facilities for sleeping, playing, medical and health care as well as food and nutrition is found to be poor. These states are Tripura, Assam, Andhra Pradesh and Karnataka.

Role of Implementing Agencies

Rajiv Gandhi National Creche Scheme for Working Mothers is being implemented by civil society organizations under the supervision and control of Central Social Welfare Board, Indian Council for Child Welfare and Bhartiya Adim Jati Sewak Sangh. The civil society organizations as Project Implementing Agencies are receiving financial assistance under the scheme for setting up and running of crèche centres for working mothers. Location of the offices of project implementing agencies is shown in Table 4.1. About 1/3rd organizations reported that their head office is located at district headquarter. This was found significantly high in case of Maharashtra (84.2 per cent) and Andhra Pradesh (48.0 per cent). This shows that most of the organizations are small and grass root level NGOs. About 23 per cent organizations reported that their head office is located at state capital. This was found more pronouncing in Madhya Pradesh (47.8 per cent) followed by Tripura (33.3 per cent), Karnataka (30.8 per cent) and Assam (30 per cent).

Table-4.1: Location of Head Office of PIAs

State	State Capital	District Headquarter	Semi-Urban Area	Rural	Total
Himachal Pradesh	1	2	1	3	7
	14.3%	28.6%	14.3%	42.9%	100.0%
Uttar Pradesh	1	4	3	10	18
	5.6%	22.2%	16.7%	55.6%	100.0%
Assam	3	1	0	6	10
	30.0%	10.0%	0.0%	60.0%	100.0%
Tripura	1	0	1	1	3
	33.3%	0.0%	33.3%	33.3%	100.0%
West Bengal	2	0	5	7	14
	14.3%	0.0%	35.7%	50.0%	100.0%
Maharashtra	0	16	3	0	19
	0.0%	84.2%	15.8%	0.0%	100.0%
Madhya Pradesh	11	5	5	2	23
	47.8%	21.7%	21.7%	8.7%	100.0%
Karnataka	4	3	4	2	13
	30.8%	23.1%	30.8%	15.4%	100.0%
Andhra Pradesh	7	12	3	3	25
	28.0%	48.0%	12.0%	12.0%	100.0%
Total	30	43	25	34	132
	22.7%	32.6%	18.9%	25.8%	100.0%

Source: Field Survey, 2012.

More than 3/4th organizations were reported to be NGOs. However, about 21 per cent organizations reported that they are Trusts. This was found more pronouncing in Maharashtra (84.2 per

cent), Andhra Pradesh (28 per cent) and Karnataka (23.1 per cent). About 23 per cent organizations in Karnataka were other type of organizations viz., private and corporate agencies (Table 4.2).

Table-4.2: Type of Organizations

State	NGO	Trust	Others	Total
Himachal Pradesh	7	0	0	7
	100.0%	0.0%	0.0%	100.0%
Uttar Pradesh	18	0	0	18
	100.0%	0.0%	0.0%	100.0%
Assam	9	1	0	10
	90.0%	10.0%	0.0%	100.0%
Tripura	3	0	0	3
	100.0%	0.0%	0.0%	100.0%
West Bengal	14	0	0	14
	100.0%	0.0%	0.0%	100.0%
Maharashtra	3	16	0	19
	15.8%	84.2%	0.0%	100.0%
Madhya Pradesh	23	0	0	23
	100.0%	0.0%	0.0%	100.0%
Karnataka	7	3	3	13
	53.8%	23.1%	23.1%	100.0%
Andhra Pradesh	17	7	1	25
	68.0%	28.0%	4.0%	100.0%
Total	101	27	4	132
	76.5%	20.5%	3.0%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether they have registration of their organizations under Societies' Registration Act. Most of the respondents reported that their organizations are registered under Societies' Registration Act. However, a large proportion of respondents in Andhra Pradesh (32 per cent) and Karnataka (15.4 per cent) reported that their organizations are registered under other Acts (Table 4.3).

Table- 4.3: Whether Registered Under Societies' Registration Act, 1860

State	Yes	No	Total
Himachal Pradesh	7	0	7
	100.0%	0.0%	100.0%
Uttar Pradesh	18	0	18
	100.0%	0.0%	100.0%
Assam	10	0	10
	100.0%	0.0%	100.0%
Tripura	3	0	3
	100.0%	0.0%	100.0%
West Bengal	14	0	14
	100.0%	0.0%	100.0%
Maharashtra	18	1	19
	94.7%	5.3%	100.0%

Madhya Pradesh	23	0	23
	100.0%	0.0%	100.0%
Karnataka	11	2	13
	84.6%	15.4%	100.0%
Andhra Pradesh	17	8	25
	68.0%	32.0%	100.0%
Total	121	11	132
	91.7%	8.3%	100.0%

Source: Field Survey, 2012.

The designation of respondents is shown in Table 4.4. Most of the respondents were secretaries and presidents of their organizations. However, a significant proportion of respondents were managers, directors and chairpersons. The proportion of respondents as chairpersons and presidents of the organizations were reported to be high in Maharashtra, Andhra Pradesh, Uttar Pradesh and Tripura while the proportion of respondents as secretaries was reported high in West Bengal, Assam, Karnataka and Andhra Pradesh.

Table-4.4: Designation of Respondents

State	Administrator	Chairman	Chief Trustee	Clerk	Coordinator	Director	Joint Director	Manager	President	Representative	Secretary	Supervisor	Total
Himachal Pradesh	0	0	0	0	0	4	0	0	2	0	1	0	7
	0.0%	0.0%	0.0%	0.0%	0.0%	57.1%	0.0%	0.0%	28.6%	0.0%	14.3%	0.0%	100.0%
Uttar Pradesh	0	2	0	0	0	0	0	3	8	0	5	0	18
	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	44.4%	0.0%	27.8%	0.0%	100.0%
Assam	0	0	0	0	0	0	0	0	1	1	8	0	10
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	10.0%	80.0%	0.0%	100.0%
Tripura	0	0	0	1	0	0	0	0	1	0	1	0	3
	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	100.0%
West Bengal	0	0	0	0	0	0	1	0	1	0	12	0	14
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	7.1%	0.0%	85.7%	0.0%	100.0%
Maharashtra	0	0	1	0	0	0	0	0	16	0	2	0	19
	0.0%	0.0%	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	84.2%	0.0%	10.5%	0.0%	100.0%
Madhya Pradesh	0	1	0	0	0	0	0	7	1	0	13	1	23
	0.0%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	30.4%	4.3%	0.0%	56.5%	4.3%	100.0%
Karnataka	2	0	0	0	1	0	0	0	0	0	10	0	13
	15.4%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	76.9%	0.0%	100.0%
Andhra Pradesh	0	2	0	0	0	1	0	0	11	0	11	0	25
	0.0%	8.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	44.0%	0.0%	44.0%	0.0%	100.0%
Total	2	5	1	1	1	5	1	10	41	1	63	1	132
	1.5%	3.8%	0.8%	0.8%	0.8%	3.8%	0.8%	7.6%	31.1%	0.8%	47.7%	0.8%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether they have setup crèche centres in the premises of their own organizations as it ensures cost effectiveness in terms of infrastructure development and monitoring of centres. About 1/3rd respondents reported that they have set up crèche centres in the premises of their own organizations. This was found more pronouncing in Karnataka (69.2 per cent) followed by Andhra Pradesh (52 per cent) and Assam (40 per cent) (Table 4.5).

Table-4.5: Whether Creches Has Been Setup in the Premise of Organizations

State	Yes	No	Total
Himachal Pradesh	1	6	7
	14.3%	85.7%	100.0%
Uttar Pradesh	2	16	18
	11.1%	88.9%	100.0%
Assam	4	6	10
	40.0%	60.0%	100.0%
Tripura	0	3	3
	0.0%	100.0%	100.0%
West Bengal	4	10	14
	28.6%	71.4%	100.0%
Maharashtra	2	17	19
	10.5%	89.5%	100.0%
Madhya Pradesh	11	12	23
	47.8%	52.2%	100.0%
Karnataka	9	4	13
	69.2%	30.8%	100.0%
Andhra Pradesh	13	12	25
	52.0%	48.0%	100.0%
Total	46	86	132
	34.8%	65.2%	100.0%

Source: Field Survey, 2012.

Most of the respondents reported that they have affiliation with Central Social Welfare Board for receiving financial assistance to increment the crèche scheme. However, a significant proportion of respondents in West Bengal (14.3 per cent) and Madhya Pradesh (13 per cent) reported that they are receiving financial assistance from Indian Council for Child Welfare for implementation of Creche scheme. Similarly, about 7 per cent respondents in West Bengal reported that they are receiving financial assistance from Bhartiya Adim Jati Sewak Sangh for implementation of scheme (Table 4.6).

Table-4.6: Affiliation of Agency for Implementation of Crèche Scheme

State	Central Social Welfare Board	Indian Council For Child Welfare	Bhartiya Adim Jati Sewak Sangh	Total
Himachal Pradesh	7	0	0	7
	100.0%	0.0%	0.0%	100.0%
Uttar Pradesh	18	0	0	18
	100.0%	0.0%	0.0%	100.0%
Assam	10	0	0	10
	100.0%	0.0%	0.0%	100.0%
Tripura	3	0	0	3
	100.0%	0.0%	0.0%	100.0%
West Bengal	11	2	1	14
	78.6%	14.3%	7.1%	100.0%
Maharashtra	19	0	0	19
	100.0%	0.0%	0.0%	100.0%
Madhya Pradesh	20	3	0	23
	87.0%	13.0%	0.0%	100.0%
Karnataka	13	0	0	13
	100.0%	0.0%	0.0%	100.0%
Andhra Pradesh	25	0	0	25
	100.0%	0.0%	0.0%	100.0%
Total	126	5	1	132
	95.5%	3.8%	0.8%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether they have imposed user charges for mobilizing resources. Only 17 per cent respondents reported that they have imposed user charges to augment the financial resources of crèche centres. This was found significant in Himachal Pradesh (57.1 per cent) followed by West Bengal (50 per cent) and Karnataka (30.8 per cent). Thus, there is a vast scope for imposing user charges to augment the financial resources for effective delivery of child care services (Table 4.7).

Table-4.7: Whether You Have Imposed User Charges for Increasing Centre's Resources

State	Yes	No	Total
Himachal Pradesh	4	3	7
	57.1%	42.9%	100.0%
Uttar Pradesh	3	15	18
	16.7%	83.3%	100.0%
Assam	0	10	10
	0.0%	100.0%	100.0%
Tripura	0	3	3
	0.0%	100.0%	100.0%
West Bengal	7	7	14

	50.0%	50.0%	100.0%
Maharashtra	0	19	19
	0.0%	100.0%	100.0%
Madhya Pradesh	1	22	23
	4.3%	95.7%	100.0%
Karnataka	4	9	13
	30.8%	69.2%	100.0%
Andhra Pradesh	4	21	25
	16.0%	84.0%	100.0%
Total	23	109	132
	17.4%	82.6%	100.0%

Source: Field Survey, 2012.

Most of the respondents reported that their crèches have been inspected by the organizations other than sponsoring / collaborating agencies. However, a large proportion of respondents in Uttar Pradesh (38.9 per cent), West Bengal (38.5 per cent) and Assam (30 per cent) reported that their crèche centres have not been inspected by any organizations. This shows that there is no proper institution arrangement for monitoring the crèche centers (Table 4.8).

Table-4.8: Whether Crèches Have Been Inspected by the Organizations Other than Sponsoring Agencies

State	Yes	No	Total
Himachal Pradesh	7	0	7
	100.0%	0.0%	100.0%
Uttar Pradesh	11	7	18
	61.1%	38.9%	100.0%
Assam	7	3	10
	70.0%	30.0%	100.0%
Tripura	3	0	3
	100.0%	0.0%	100.0%
West Bengal	8	5	13
	61.5%	38.5%	100.0%
Maharashtra	19	0	19
	100.0%	0.0%	100.0%
Madhya Pradesh	23	0	23
	100.0%	0.0%	100.0%
Karnataka	13	0	13
	100.0%	0.0%	100.0%
Andhra Pradesh	25	0	25
	100.0%	0.0%	100.0%
Total	116	15	131
	88.5%	11.5%	100.0%

Source: Field Survey, 2012.

More than half of the respondents reported that staff engaged in crèche scheme has been trained. However, about 48 per cent respondents revealed that staff engaged in crèche scheme has not been trained

so far. This was found more pronouncing in Maharashtra (89.5 per cent), Uttar Pradesh (77.8 per cent) and West Bengal (57.1 per cent). This is really a cause of concern as untrained crèche workers are not able to provide quality child care services to the young children (Table 4.9).

Table-4.9: Whether Staff Engaged in Creche Scheme Has Been Trained

State	Yes	No	Total
Himachal Pradesh	4	3	7
	57.1%	42.9%	100.0%
Uttar Pradesh	4	14	18
	22.2%	77.8%	100.0%
Assam	5	5	10
	50.0%	50.0%	100.0%
Tripura	2	1	3
	66.7%	33.3%	100.0%
West Bengal	6	8	14
	42.9%	57.1%	100.0%
Maharashtra	2	17	19
	10.5%	89.5%	100.0%
Madhya Pradesh	19	4	23
	82.6%	17.4%	100.0%
Karnataka	10	3	13
	76.9%	23.1%	100.0%
Andhra Pradesh	17	8	25
	68.0%	32.0%	100.0%
Total	69	63	132
	52.3%	47.7%	100.0%

Source: Field Survey, 2012.

More than half of the respondents reported that Central Social Welfare Board has organized training for crèche workers. Similarly, about 1/3rd respondents in Tripura reported that Indian Council for Child Welfare has organized training for crèche workers. About 1/3rd respondents in Karnataka reported that NIPCCD has organized training for crèche workers. Academic institutions such as Department of Social Work/ School of Social Worker has been instrumental for organizing training to crèche workers in the states of Karnataka, Madhya Pradesh and Andhra Pradesh (Table 4.10).

Table-4.10: Organizations Engaged in Training of the Crèche Workers

State	Central Social Welfare Board	Indian Council For Child Welfare	Adim Jati Sewak Sangh	Department Of Social Work/School Of Social Work	NIPCCD	Other	Total
Himachal Pradesh	7	0	0	0	0	0	7
	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Uttar Pradesh	1	0	2	0	1	14	18
	5.6%	0.0%	11.1%	0.0%	5.6%	77.8%	100.0%

Assam	7	0	0	0	0	3	10
	70.0%	0.0%	0.0%	0.0%	0.0%	30.0%	100.0%
Tripura	2	1	0	0	0	0	3
	66.7%	33.3%	0.0%	0.0%	0.0%	0.0%	100.0%
West Bengal	4	0	0	1	0	9	14
	28.6%	0.0%	0.0%	7.1%	0.0%	64.3%	100.0%
Maharashtra	19	0	0	0	0	0	19
	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Madhya Pradesh	14	1	0	7	0	1	23
	60.9%	4.3%	0.0%	30.4%	0.0%	4.3%	100.0%
Karnataka	4	2	0	2	3	2	13
	30.8%	15.4%	0.0%	15.4%	23.1%	15.4%	100.0%
Andra Pradesh	15	3	0	2	2	3	25
	60.0%	12.0%	0.0%	8.0%	8.0%	12.0%	100.0%
Total	73	7	2	12	6	32	132
	55.3%	5.3%	1.5%	9.1%	4.5%	24.2%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether training imparted to the workers is adequate to provide better services and build up child friendly environment in the crèche centres. Most of the respondents were found agree (60.6 per cent) and strongly agree (34.8 per cent) on this view point. However, a large proportion of respondents in Tripura, Assam and Maharashtra were not in favour of this view point (Table 4.11).

Table-4.11: Whether Training Imparted to the Workers is Adequate

State	Strongly Agree	Agree	Somewhat Agree	Do Not Agree	Total
Himachal Pradesh	7	0	0	0	7
	100.0%	0.0%	0.0%	0.0%	100.0%
Uttar Pradesh	1	16	1	0	18
	5.6%	88.9%	5.6%	0.0%	100.0%
Assam	1	8	1	0	10
	10.0%	80.0%	10.0%	0.0%	100.0%
Tripura	1	1	0	1	3
	33.3%	33.3%	0.0%	33.3%	100.0%
West Bengal	7	7	0	0	14
	50.0%	50.0%	0.0%	0.0%	100.0%
Maharashtra	2	15	2	0	19
	10.5%	78.9%	10.5%	0.0%	100.0%
Madhya Pradesh	13	10	0	0	23
	56.5%	43.5%	0.0%	0.0%	100.0%

Karnataka	3	10	0	0	13
	23.1%	76.9%	0.0%	0.0%	100.0%
Andhra Pradesh	11	13	1	0	25
	44.0%	52.0%	4.0%	0.0%	100.0%
Total	46	80	5	1	132
	34.8%	60.6%	3.8%	0.8%	100.0%

Source: Field Survey, 2012.

Rajiv Gandhi National Creche Scheme is being implemented mainly by civil society organizations however; they are facing constraints and challenges in its effective implementation and delivery of child care services. It is because of the fact that the budgetary provisions under the scheme are quite low and even there is no timely release of funds under the scheme to the concerned organizations. It is really difficult to get the qualified, competent and trained crèche workers in a very meager amount to run the crèche scheme by the civil society organizations. There is also lack of proper and adequate institutional arrangement for regular training and capacity building of the crèche workers for effective delivery of child care services. Most of the project implementing agencies was found against the view point that crèche centres should be set up in Anganwadi Centres as a pilot basis as the ICDS workers are over stressed with the work responsibilities besides poor infrastructural facilities in most of the Anganwadi Centres. Thus, it is imperative to revise the budgetary norms for providing assistance under the scheme for effective functioning of crèche centres and delivery of child care services to the working mothers belonging to weaker sections of the society.

Infrastructural Facilities in Crèches

Infrastructural facilities are crucial for successful delivery of services and achieving the desired goals of a project/scheme. Infrastructural facilities have direct bearing on social environment and affect the functioning of scheme. Required infrastructural facilities in a crèche centre are necessary to ensure the effective delivery of child care services. In this part of the report, an attempt has been made to examine the infrastructural facilities in selected crèches. Type of building of crèches is shown in Table 5.1. More than half of the crèches had semi-pucca building while slightly more than 1/3rd crèches had pucca building. The proportion of pucca building of crèches was reported significantly high in Uttar Pradesh (68.6 per cent), Maharashtra (60.4 per cent) and West Bengal (52.2 per cent). The proportion of semi-pucca building was reported significantly high in Andhra Pradesh (84 per cent) followed by Himachal Pradesh (83.3 per cent), Karnataka (76.2 per cent) and Madhya Pradesh (61.4 per cent). A large proportion of crèches had other type of buildings in Tripura and Assam.

Table-5.1: Type of Building of Crèches

State	Pucca	Semi Pucca	Others	Total
Himachal Pradesh	2	25	3	30
	6.7%	83.3%	10.0%	100.0%
Uttar Pradesh	59	19	8	86
	68.6%	22.1%	9.3%	100.0%
Assam	14	14	11	39
	35.9%	35.9%	28.2%	100.0%
Tripura	3	3	10	16
	18.8%	18.8%	62.5%	100.0%
West Bengal	35	18	14	67
	52.2%	26.9%	20.9%	100.0%
Maharashtra	58	34	4	96
	60.4%	35.4%	4.2%	100.0%
Madhya Pradesh	21	70	23	114
	18.4%	61.4%	20.2%	100.0%
Karnataka	11	48	4	63
	17.5%	76.2%	6.3%	100.0%
Andhra Pradesh	20	105	0	125
	16.0%	84.0%	0.0%	100.0%
Total	223	336	77	636
	35.1%	52.8%	12.1%	100.0%

Source: Field Survey, 2012.

Type of floor of crèches is shown in Table 5.2. Slightly less than 1/3rd crèches had no floor. It was reported significantly high in Tripura (68.8 per cent) followed by Andhra Pradesh (40.8 per cent), Karnataka (36.5 per cent), Uttar Pradesh (36 per cent) and West Bengal (32.8 per cent). About half of the

crèche centres had cemented floor. This was found more pronouncing in Himachal Pradesh (73.3 per cent) followed by West Bengal (64.2 per cent), Karnataka (60.3 per cent), Assam (59 per cent) and Andhra Pradesh (68.4 per cent).

Table-5.2: Type of Floor of Crèches

State	Marble	Cemented	Tiles	None	Total
Himachal Pradesh	0	22	0	8	30
	0.0%	73.3%	0.0%	26.7%	100.0%
Uttar Pradesh	3	46	6	31	86
	3.5%	53.5%	7.0%	36.0%	100.0%
Assam	0	23	0	16	39
	0.0%	59.0%	0.0%	41.0%	100.0%
Tripura	0	5	0	11	16
	0.0%	31.2%	0.0%	68.8%	100.0%
West Bengal	1	43	1	22	67
	1.5%	64.2%	1.5%	32.8%	100.0%
Maharashtra	0	21	63	12	96
	0.0%	21.9%	65.6%	12.5%	100.0%
Madhya Pradesh	3	57	19	35	114
	2.6%	50.0%	16.7%	30.7%	100.0%
Karnataka	0	38	2	23	63
	0.0%	60.3%	3.2%	36.5%	100.0%
Andhra Pradesh	1	73	0	51	125
	0.8%	58.4%	0.0%	40.8%	100.0%
Total	8	328	91	209	636
	1.3%	51.6%	14.3%	32.9%	100.0%

Source: Field Survey, 2012.

Most of the crèche centres had 1-2 rooms. Majority of the crèches in Himachal Pradesh, Tripura, Assam, Uttar Pradesh and West Bengal had only one room in the crèche centre. The proportion of crèche centres having 2 rooms was reported significantly high in Madhya Pradesh (67.5 per cent), Andhra Pradesh (42.4 per cent) and Maharashtra (45.8 per cent). In the state of Karnataka, about 2/3rd selected crèches had 3 rooms while in Andhra Pradesh, about 58 per cent crèches had 3 rooms. A significant proportion of crèches in West Bengal, Maharashtra and Assam had no rooms at all and thus, the centres were running in Varanda and other open space (Table 5.3).

Table-5.3: Number of Rooms in the Crèche Centre

State	0	1	2	3	4	5	6	7	Total
Himachal Pradesh	0	29	1	0	0	0	0	0	30
	0.0%	96.7%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Uttar Pradesh	0	64	20	0	0	1	0	1	86
	0.0%	74.4%	23.3%	0.0%	0.0%	1.2%	0.0%	1.2%	100.0%
Assam	1	32	6	0	0	0	0	0	39
	2.6%	82.1%	15.4%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Tripura	0	15	1	0	0	0	0	0	16
	0.0%	93.8%	6.2%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
West Bengal	6	48	12	0	1	0	0	0	67
	9.0%	71.6%	17.9%	0.0%	1.5%	0.0%	0.0%	0.0%	100.0%
Maharashtra	3	48	44	0	0	0	1	0	96
	3.1%	50.0%	45.8%	0.0%	0.0%	0.0%	1.0%	0.0%	100.0%
Madhya Pradesh	0	1	77	36	0	0	0	0	114
	0.0%	0.9%	67.5%	31.6%	0.0%	0.0%	0.0%	0.0%	100.0%
Karnataka	0	1	21	41	0	0	0	0	63
	0.0%	1.6%	33.3%	65.1%	0.0%	0.0%	0.0%	0.0%	100.0%
Andhra Pradesh	0	0	53	72	0	0	0	0	125
	0.0%	0.0%	42.4%	57.6%	0.0%	0.0%	0.0%	0.0%	100.0%
Total	10	238	235	149	1	1	1	1	636
	1.6%	37.4%	36.9%	23.4%	0.2%	0.2%	0.2%	0.2%	100.0%

Source: Field Survey, 2012.

Availability of electricity facility in crèches is shown in Table 5.4. Most of the selected crèches had electricity facility however; a large proportion of crèches in Tripura (56.2 per cent), Assam (43.6 per cent), West Bengal (29.9 per cent) and Uttar Pradesh (23.3 per cent) had no electricity facility. It shows that these centres are located in remote and backward areas where basic facility of electricity is not available.

Table-5.4: Facility of Electricity Available in the Centre

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	66	20	86
	76.7%	23.3%	100.0%
Assam	22	17	39
	56.4%	43.6%	100.0%
Tripura	7	9	16
	43.8%	56.2%	100.0%

West Bengal	47	20	67
	70.1%	29.9%	100.0%
Maharashtra	84	12	96
	87.5%	12.5%	100.0%
Madhya Pradesh	99	15	114
	86.8%	13.2%	100.0%
Karnataka	61	2	63
	96.8%	3.2%	100.0%
Andhra Pradesh	118	7	125
	94.4%	5.6%	100.0%
Total	534	102	636
	84.0%	16.0%	100.0%

Source: Field Survey, 2012.

About 2/5th respondents were found very satisfied with the supply of electricity. This was found more pronouncing in Andhra Pradesh (79.2 per cent), Karnataka (66.7 per cent) and Madhya Pradesh (63.2 per cent). About 41 per cent respondents were found satisfied with the supply of electricity in crèches. This was found significantly high in Maharashtra (70.8 per cent), Assam (61.5 per cent), Himachal Pradesh (56.7 per cent) and West Bengal (52.2 per cent). About 3/4th respondents in Uttar Pradesh and about 62 per cent respondents in Tripura were found dissatisfied with the supply of electricity in crèches (Table 5.5).

Table-5.5: Satisfaction Regarding Electricity Supply in Crèches

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	17	0	0	30
	43.3%	56.7%	0.0%	0.0%	100.0%
Uttar Pradesh	2	20	63	1	86
	2.3%	23.3%	73.3%	1.2%	100.0%
Assam	2	24	13	0	39
	5.1%	61.5%	33.3%	0.0%	100.0%
Tripura	0	6	10	0	16
	0.0%	37.5%	62.5%	0.0%	100.0%
West Bengal	13	35	14	5	67
	19.4%	52.2%	20.9%	7.5%	100.0%
Maharashtra	17	68	9	2	96
	17.7%	70.8%	9.4%	2.1%	100.0%
Madhya Pradesh	72	42	0	0	114
	63.2%	36.8%	0.0%	0.0%	100.0%
Karnataka	42	21	0	0	63
	66.7%	33.3%	0.0%	0.0%	100.0%
Andhra Pradesh	99	26	0	0	125
	79.2%	20.8%	0.0%	0.0%	100.0%
Total	260	259	109	8	636

	40.9%	40.7%	17.1%	1.3%	100.0%
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Source: Field Survey, 2012.

Clean toilet and sanitation is imperative for sound health of young children. About 72 per cent respondents reported that crèches had clean toilets and sanitation. This was found more pronouncing in Himachal Pradesh (96.7 per cent) followed by Andhra Pradesh (90.4 per cent) and Maharashtra (80.2 per cent). Thus, large proportion of respondents in Tripura (68.8 per cent), Assam (48.7 per cent), Madhya Pradesh (37.7 per cent), Karnataka (36.5 per cent) and Uttar Pradesh (32.6 per cent) reported that crèches do not have clean toilets and sanitation (Table 5.6).

Table-5.6: Clean Toilets & Sanitation in Crèches

State	Yes	No	Total
Himachal Pradesh	29	1	30
	96.7%	3.3%	100.0%
Uttar Pradesh	58	28	86
	67.4%	32.6%	100.0%
Assam	20	19	39
	51.3%	48.7%	100.0%
Tripura	5	11	16
	31.2%	68.8%	100.0%
West Bengal	43	24	67
	64.2%	35.8%	100.0%
Maharashtra	77	19	96
	80.2%	19.8%	100.0%
Madhya Pradesh	71	43	114
	62.3%	37.7%	100.0%
Karnataka	40	23	63
	63.5%	36.5%	100.0%
Andhra Pradesh	113	12	125
	90.4%	9.6%	100.0%
Total	456	180	636
	71.7%	28.3%	100.0%

Source: Field Survey, 2012.

More than 2/5th respondents were found very satisfied with the clean toilets and sanitation facility in the crèches while slightly less than 2/5th respondents were found satisfied with the cleaning of toilets and sanitation facility in the crèches. However, a large proportion of respondents in Tripura, Uttar Pradesh, Assam and West Bengal were found dissatisfied with the cleaning of toilets and sanitation facility in the crèches (Table 5.7).

Table-5.7: Satisfaction Regarding Clean Toilets & Sanitation in Crèches

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	15	2	0	30
	43.3%	50.0%	6.7%	0.0%	100.0%
Uttar Pradesh	4	51	31	0	86

	4.7%	59.3%	36.0%	0.0%	100.0%
Assam	2	24	13	0	39
	5.1%	61.5%	33.3%	0.0%	100.0%
Tripura	0	4	12	0	16
	0.0%	25.0%	75.0%	0.0%	100.0%
West Bengal	11	30	23	3	67
	16.4%	44.8%	34.3%	4.5%	100.0%
Maharashtra	24	64	6	2	96
	25.0%	66.7%	6.2%	2.1%	100.0%
Madhya Pradesh	102	12	0	0	114
	89.5%	10.5%	0.0%	0.0%	100.0%
Karnataka	47	16	0	0	63
	74.6%	25.4%	0.0%	0.0%	100.0%
Andhra Pradesh	88	37	0	0	125
	70.4%	29.6%	0.0%	0.0%	100.0%
Total	291	253	87	5	636
	45.8%	39.8%	13.7%	0.8%	100.0%

Source: Field Survey, 2012.

Availability of clean and safe drinking water in crèches is shown in Table 5.8. Most of the respondents reported that crèches have availability of clean and safe drinking water. However, a large proportion of respondents in Tripura (31.2 per cent), Madhya Pradesh (30.7 per cent), Assam (25.6 per cent) and Andhra Pradesh (21.6 per cent) reported that the crèches do not have clean and safe drinking water facility.

Table-5.8: Availability of Clean & Safe Drinking Water

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	84	2	86
	97.7%	2.3%	100.0%
Assam	29	10	39
	74.4%	25.6%	100.0%
Tripura	11	5	16
	68.8%	31.2%	100.0%
West Bengal	63	4	67
	94.0%	6.0%	100.0%
Maharashtra	96	0	96
	100.0%	0.0%	100.0%
Madhya Pradesh	79	35	114
	69.3%	30.7%	100.0%
Karnataka	57	6	63
	90.5%	9.5%	100.0%
Andhra Pradesh	98	27	125
	78.4%	21.6%	100.0%

Total	547	89	636
	86.0%	14.0%	100.0%

Source: Field Survey, 2012.

About half of the respondents were found very satisfied and about 2/5th respondents were found satisfied with availability of clean and safe drinking water in crèches. However, about half of the respondents in Tripura were found dissatisfied with the availability of clean and safe drinking water in crèches (Table 5.9).

Table-5.9: Satisfaction Regarding Clean & Safe Drinking Water

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	17	0	0	30
	43.3%	56.7%	0.0%	0.0%	100.0%
Uttar Pradesh	10	69	7	0	86
	11.6%	80.2%	8.1%	0.0%	100.0%
Assam	2	31	6	0	39
	5.1%	79.5%	15.4%	0.0%	100.0%
Tripura	1	7	8	0	16
	6.2%	43.8%	50.0%	0.0%	100.0%
West Bengal	26	30	11	0	67
	38.8%	44.8%	16.4%	0.0%	100.0%
Maharashtra	25	63	6	2	96
	26.0%	65.6%	6.2%	2.1%	100.0%
Madhya Pradesh	96	18	0	0	114
	84.2%	15.8%	0.0%	0.0%	100.0%
Karnataka	46	17	0	0	63
	73.0%	27.0%	0.0%	0.0%	100.0%
Andhra Pradesh	99	26	0	0	125
	79.2%	20.8%	0.0%	0.0%	100.0%
Total	318	278	38	2	636
	50.0%	43.7%	6.0%	0.3%	100.0%

Source: Field Survey, 2012.

Most of the crèches had ventilation facilities for availing fresh air. However, a large proportion of crèches in Tripura (56.2 per cent), Assam (48.7 per cent), Madhya Pradesh (27.2 per cent) had no ventilation facility in the crèches (Table 5.10).

Table-5.10: Availability of Ventilation in the Crèches

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	74	12	86
	86.0%	14.0%	100.0%
Assam	20	19	39
	51.3%	48.7%	100.0%

Tripura	7	9	16
	43.8%	56.2%	100.0%
West Bengal	52	15	67
	77.6%	22.4%	100.0%
Maharashtra	84	12	96
	87.5%	12.5%	100.0%
Madhya Pradesh	83	31	114
	72.8%	27.2%	100.0%
Karnataka	60	3	63
	95.2%	4.8%	100.0%
Andhra Pradesh	105	20	125
	84.0%	16.0%	100.0%
Total	515	121	636
	81.0%	19.0%	100.0%

Source: Field Survey, 2012.

More than half of the respondents were found very satisfied and about 38 per cent respondents were found satisfied with ventilation in the crèches. However, a large proportion of respondents in Tripura (56.2 per cent) and Assam (41.0 per cent) were found dissatisfied with ventilation in the crèches (Table 5.11).

Table-5.11: Satisfaction Regarding Ventilation

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	17	0	0	30
	43.3%	56.7%	0.0%	0.0%	100.0%
Uttar Pradesh	7	71	8	0	86
	8.1%	82.6%	9.3%	0.0%	100.0%
Assam	2	21	16	0	39
	5.1%	53.8%	41.0%	0.0%	100.0%
Tripura	0	7	9	0	16
	0.0%	43.8%	56.2%	0.0%	100.0%
West Bengal	25	30	6	6	67
	37.3%	44.8%	9.0%	9.0%	100.0%
Maharashtra	16	70	2	8	96
	16.7%	72.9%	2.1%	8.3%	100.0%
Madhya Pradesh	110	4	0	0	114
	96.5%	3.5%	0.0%	0.0%	100.0%
Karnataka	57	6	0	0	63
	90.5%	9.5%	0.0%	0.0%	100.0%
Andhra Pradesh	111	14	0	0	125
	88.8%	11.2%	0.0%	0.0%	100.0%
Total	341	240	41	14	636
	53.6%	37.7%	6.4%	2.2%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether there is any safe playground nearby crèche centres for playing to the children. About 64 per cent respondents reported that there is safe playground in or nearby crèches for playing. However, a large proportion of respondents in Tripura (56.2 per cent), West Bengal (53.7 per cent), Madhya Pradesh (53.5 per cent), Uttar Pradesh (46.5 per cent), Karnataka (44.4 per cent) and Assam (28.2 per cent) reported that there is no safe playground in or nearby crèches (Table 5.12).

Table-5.12: Existing of Safe Playground in the Crèches

State	Yes	No	Total
Himachal Pradesh	29	1	30
	96.7%	3.3%	100.0%
Uttar Pradesh	46	40	86
	53.5%	46.5%	100.0%
Assam	28	11	39
	71.8%	28.2%	100.0%
Tripura	7	9	16
	43.8%	56.2%	100.0%
West Bengal	31	36	67
	46.3%	53.7%	100.0%
Maharashtra	72	24	96
	75.0%	25.0%	100.0%
Madhya Pradesh	53	61	114
	46.5%	53.5%	100.0%
Karnataka	35	28	63
	55.6%	44.4%	100.0%
Andhra Pradesh	108	17	125
	86.4%	13.6%	100.0%
Total	409	227	636
	64.3%	35.7%	100.0%

Source: Field Survey, 2012.

Majority of the respondents were found very satisfied and satisfied with the existence of safe playground in or nearby crèches. However, a large proportion of respondents in Tripura, West Bengal, Uttar Pradesh and Assam were found dissatisfied regarding existence of safe playground. Thus, the children living in crèches are being deprived of playing to a large extent in these states (Table 5.13).

Table-5.13: Satisfaction Regarding Safe Playground

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	16	1	0	30
	43.3%	53.3%	3.3%	0.0%	100.0%
Uttar Pradesh	9	42	34	1	86
	10.5%	48.8%	39.5%	1.2%	100.0%
Assam	2	29	8	0	39
	5.1%	74.4%	20.5%	0.0%	100.0%

Tripura	0	7	9	0	16
	0.0%	43.8%	56.2%	0.0%	100.0%
West Bengal	14	17	29	7	67
	20.9%	25.4%	43.3%	10.4%	100.0%
Maharashtra	7	84	3	2	96
	7.3%	87.5%	3.1%	2.1%	100.0%
Madhya Pradesh	109	5	0	0	114
	95.6%	4.4%	0.0%	0.0%	100.0%
Karnataka	59	4	0	0	63
	93.7%	6.3%	0.0%	0.0%	100.0%
Andhra Pradesh	113	12	0	0	125
	90.4%	9.6%	0.0%	0.0%	100.0%
Total	326	216	84	10	636
	51.3%	34.0%	13.2%	1.6%	100.0%

Source: Field Survey, 2012.

Most of the respondents reported that crèches have play materials and equipments. However, a large proportion of respondents in Tripura (43.8 per cent), Andhra Pradesh (30.4 per cent), Uttar Pradesh (23.3 per cent), Assam (23.1 per cent) and Madhya Pradesh (21.1 per cent) reported that the crèches do not have play materials and equipments (Table 5.14).

Table-5.14: Availability of Play Materials & Equipments

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	66	20	86
	76.7%	23.3%	100.0%
Assam	30	9	39
	76.9%	23.1%	100.0%
Tripura	9	7	16
	56.2%	43.8%	100.0%
West Bengal	58	9	67
	86.6%	13.4%	100.0%
Maharashtra	96	0	96
	100.0%	0.0%	100.0%
Madhya Pradesh	90	24	114
	78.9%	21.1%	100.0%
Karnataka	53	10	63
	84.1%	15.9%	100.0%
Andhra Pradesh	87	38	125
	69.6%	30.4%	100.0%
Total	519	117	636
	81.6%	18.4%	100.0%

Source: Field Survey, 2012.

Though, most of the respondents reported that they are very satisfied and satisfied with the availability of play materials and equipments in the crèches, however, a large proportion of respondents in Tripura (68.8 per cent), Uttar Pradesh (40.7 per cent) and West Bengal (37.3 per cent) were found dissatisfied with the quality and availability of play materials and equipments in the crèches (Table 5.15).

Table-5.15: Satisfaction Regarding Play Materials & Equipments

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	16	1	0	30
	43.3%	53.3%	3.3%	0.0%	100.0%
Uttar Pradesh	11	40	35	0	86
	12.8%	46.5%	40.7%	0.0%	100.0%
Assam	2	31	6	0	39
	5.1%	79.5%	15.4%	0.0%	100.0%
Tripura	0	5	11	0	16
	0.0%	31.2%	68.8%	0.0%	100.0%
West Bengal	14	28	25	0	67
	20.9%	41.8%	37.3%	0.0%	100.0%
Maharashtra	31	63	0	2	96
	32.3%	65.6%	0.0%	2.1%	100.0%
Madhya Pradesh	101	13	0	0	114
	88.6%	11.4%	0.0%	0.0%	100.0%
Karnataka	60	3	0	0	63
	95.2%	4.8%	0.0%	0.0%	100.0%
Andhra Pradesh	116	9	0	0	125
	92.8%	7.2%	0.0%	0.0%	100.0%
Total	348	208	78	2	636
	54.7%	32.7%	12.3%	0.3%	100.0%

Source: Field Survey, 2012.

Availability of mattress in the crèches is shown in Table 5.16. Slightly more than 3/4th crèches had mattress for sleeping of young children. However, a large number of crèches in West Bengal (43.3 per cent), Madhya Pradesh (35.1 per cent), Karnataka (27 per cent), Tripura (25 per cent) and Andhra Pradesh (21.6 per cent) had no mattress for sleeping of children.

Table-5.16: Availability of Mattress in Crèches

State	Yes	No	Total
Himachal Pradesh	28	2	30
	93.3%	6.7%	100.0%
Uttar Pradesh	75	11	86
	87.2%	12.8%	100.0%
Assam	32	7	39
	82.1%	17.9%	100.0%
Tripura	12	4	16
	75.0%	25.0%	100.0%

West Bengal	38	29	67
	56.7%	43.3%	100.0%
Maharashtra	96	0	96
	100.0%	0.0%	100.0%
Madhya Pradesh	74	40	114
	64.9%	35.1%	100.0%
Karnataka	46	17	63
	73.0%	27.0%	100.0%
Andhra Pradesh	98	27	125
	78.4%	21.6%	100.0%
Total	499	137	636
	78.5%	21.5%	100.0%

Source: Field Survey, 2012.

Most of the respondents were found very satisfied and satisfied with the quality of mattress in the crèches. However, a large proportion of respondents in Tripura (43.8 per cent), Assam (28.2 per cent), Uttar Pradesh (26.7 per cent) and West Bengal (25.4 per cent) were found dissatisfied with the quality and availability of mattress in the crèches (Table 5.17).

Table-5.17: Satisfaction Regarding Mattress in the Crèches

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	12	5	0	30
	43.3%	40.0%	16.7%	0.0%	100.0%
Uttar Pradesh	8	55	23	0	86
	9.3%	64.0%	26.7%	0.0%	100.0%
Assam	2	26	11	0	39
	5.1%	66.7%	28.2%	0.0%	100.0%
Tripura	0	9	7	0	16
	0.0%	56.2%	43.8%	0.0%	100.0%
West Bengal	9	38	17	3	67
	13.4%	56.7%	25.4%	4.5%	100.0%
Maharashtra	19	73	2	2	96
	19.8%	76.0%	2.1%	2.1%	100.0%
Madhya Pradesh	95	19	0	0	114
	83.3%	16.7%	0.0%	0.0%	100.0%
Karnataka	53	10	0	0	63
	84.1%	15.9%	0.0%	0.0%	100.0%
Andhra Pradesh	98	27	0	0	125
	78.4%	21.6%	0.0%	0.0%	100.0%
Total	297	269	65	5	636
	46.7%	42.3%	10.2%	0.8%	100.0%

Source: Field Survey, 2012.

Availability of carts in the crèches is shown in Table 5.18. About 69 per cent respondents reported that crèches have carts for sleeping of children. However, a large proportion of crèches in Tripura (100 per cent), West Bengal (88.1 per cent), Uttar Pradesh (38.4 per cent), Assam (28.2 per cent), Andhra Pradesh (24 per cent) had no carts for children. It is to be noted here that in Tripura, West Bengal, Assam and Uttar Pradesh, people prefer mattress for rest and sleeping of children rather than using carts. Carts also require a large space while mattress may be folded and kept in a small place after they use.

Table-5.18: Availability of Carts in the Crèches

State	Yes	No	Total
Himachal Pradesh	24	6	30
	80.0%	20.0%	100.0%
Uttar Pradesh	53	33	86
	61.6%	38.4%	100.0%
Assam	28	11	39
	71.8%	28.2%	100.0%
Tripura	0	16	16
	0.0%	100.0%	100.0%
West Bengal	8	59	67
	11.9%	88.1%	100.0%
Maharashtra	81	15	96
	84.4%	15.6%	100.0%
Madhya Pradesh	88	26	114
	77.2%	22.8%	100.0%
Karnataka	61	2	63
	96.8%	3.2%	100.0%
Andhra Pradesh	95	30	125
	76.0%	24.0%	100.0%
Total	438	198	636
	68.9%	31.1%	100.0%

Source: Field Survey, 2012.

Though, a large proportion of respondents were found very satisfied and satisfied with the availability and quality carts in the crèches however, a large proportion of respondents in Tripura, Uttar Pradesh, West Bengal and Himachal Pradesh were found dissatisfied with the availability and quality of carts in the crèches (Table 5.19).

Table-5.19: Satisfaction Regarding Availability of Carts

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	7	10	0	30
	43.3%	23.3%	33.3%	0.0%	100.0%
Uttar Pradesh	13	33	40	0	86
	15.1%	38.4%	46.5%	0.0%	100.0%
Assam	2	21	16	0	39
	5.1%	53.8%	41.0%	0.0%	100.0%
Tripura	0	0	16	0	16

	0.0%	0.0%	100.0%	0.0%	100.0%
West Bengal	4	25	23	15	67
	6.0%	37.3%	34.3%	22.4%	100.0%
Maharashtra	19	74	1	2	96
	19.8%	77.1%	1.0%	2.1%	100.0%
Madhya Pradesh	89	25	0	0	114
	78.1%	21.9%	0.0%	0.0%	100.0%
Karnataka	50	13	0	0	63
	79.4%	20.6%	0.0%	0.0%	100.0%
Andhra Pradesh	90	35	0	0	125
	72.0%	28.0%	0.0%	0.0%	100.0%
Total	280	233	106	17	636
	44.0%	36.6%	16.7%	2.7%	100.0%

Source: Field Survey, 2012.

Availability of pillows in the crèches is shown in Table 5.20. About 63 per cent respondents reported that crèches have pillows for children. However, a large proportion of respondents in Tripura (75 per cent), West Bengal (67.2 per cent), Maharashtra (59.4 per cent), Uttar Pradesh (54.7 per cent) and Assam (38.5 per cent) reported that pillows are not available in crèches. It is because of the fact that infants do not require pillows. However, children from the age group of 3 years and above may require pillows during their sound sleep.

Table-5.20: Availability of Pillows in the Creches

State	Yes	No	Total
Himachal Pradesh	22	8	30
	73.3%	26.7%	100.0%
Uttar Pradesh	39	47	86
	45.3%	54.7%	100.0%
Assam	24	15	39
	61.5%	38.5%	100.0%
Tripura	4	12	16
	25.0%	75.0%	100.0%
West Bengal	22	45	67
	32.8%	67.2%	100.0%
Maharashtra	39	57	96
	40.6%	59.4%	100.0%
Madhya Pradesh	83	31	114
	72.8%	27.2%	100.0%
Karnataka	59	4	63
	93.7%	6.3%	100.0%
Andhra Pradesh	108	17	125
	86.4%	13.6%	100.0%
Total	400	236	636
	62.9%	37.1%	100.0%

Source: Field Survey, 2012.

Satisfaction regarding availability and quality of pillows is shown in Table 5.21. About 3/4th respondents were found very satisfied and satisfied with the availability and quality of pillows in crèches. However, a large proportion of respondents in Tripura (81.2 per cent), Uttar Pradesh (72.1 per cent), Assam (43.6 per cent) and West Bengal (43.3 per cent) were found dissatisfied with the availability and quality of pillows in crèches.

Table-5.21: Satisfaction Regarding Pillows in the Crèches

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	8	9	0	30
	43.3%	26.7%	30.0%	0.0%	100.0%
Uttar Pradesh	11	13	62	0	86
	12.8%	15.1%	72.1%	0.0%	100.0%
Assam	2	20	17	0	39
	5.1%	51.3%	43.6%	0.0%	100.0%
Tripura	0	3	13	0	16
	0.0%	18.8%	81.2%	0.0%	100.0%
West Bengal	9	21	29	8	67
	13.4%	31.3%	43.3%	11.9%	100.0%
Maharashtra	11	67	16	2	96
	11.5%	69.8%	16.7%	2.1%	100.0%
Madhya Pradesh	98	16	0	0	114
	86.0%	14.0%	0.0%	0.0%	100.0%
Karnataka	59	4	0	0	63
	93.7%	6.3%	0.0%	0.0%	100.0%
Andhra Pradesh	117	8	0	0	125
	93.6%	6.4%	0.0%	0.0%	100.0%
Total	320	160	146	10	636
	50.3%	25.2%	23.0%	1.6%	100.0%

Source: Field Survey, 2012.

Availability of blankets and quilts is shown in Table 5.22. About 57 per cent respondents reported that crèches have blankets and quilts for children. However, majority of the respondents in Tripura (93.8 per cent), West Bengal (67.2 per cent), Maharashtra (60.4 per cent) and Uttar Pradesh (59.3 per cent) reported that crèches do not have blankets and quilts for young children. It is to be noted that blankets and quilts are required during winter season to keep warm the young children during their rest and sleeping. Thus, a large proportion of children living in crèches do not have the basic facility of blankets and quilts and thus, they are bearing high risk of flue, cold and fever during winter season.

Table-5.22: Availability of Blankets & Quilts

State	Yes	No	Total
Himachal Pradesh	23	7	30
	76.7%	23.3%	100.0%
Uttar Pradesh	35	51	86
	40.7%	59.3%	100.0%

Assam	17	22	39
	43.6%	56.4%	100.0%
Tripura	1	15	16
	6.2%	93.8%	100.0%
West Bengal	22	45	67
	32.8%	67.2%	100.0%
Maharashtra	38	58	96
	39.6%	60.4%	100.0%
Madhya Pradesh	84	30	114
	73.7%	26.3%	100.0%
Karnataka	42	21	63
	66.7%	33.3%	100.0%
Andhra Pradesh	99	26	125
	79.2%	20.8%	100.0%
Total	361	275	636
	56.8%	43.2%	100.0%

Source: Field Survey, 2012.

Satisfaction regarding blankets and quilts is shown in Table 5.23. Though, majority of the respondents were found very satisfied and satisfied with the availability and quality of blankets and quilts. However, the dissatisfaction regarding the availability and quality of blankets and quilts was reported very high in the state of Tripura (100 per cent), Uttar Pradesh (72.1 per cent), Assam (59 per cent) and West Bengal (43.3 per cent).

Table-5.23: Satisfaction Regarding Blankets & Quilts

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	9	8	0	30
	43.3%	30.0%	26.7%	0.0%	100.0%
Uttar Pradesh	8	16	62	0	86
	9.3%	18.6%	72.1%	0.0%	100.0%
Assam	2	14	23	0	39
	5.1%	35.9%	59.0%	0.0%	100.0%
Tripura	0	0	16	0	16
	0.0%	0.0%	100.0%	0.0%	100.0%
West Bengal	15	16	29	7	67
	22.4%	23.9%	43.3%	10.4%	100.0%
Maharashtra	12	73	9	2	96
	12.5%	76.0%	9.4%	2.1%	100.0%
Madhya Pradesh	97	17	0	0	114
	85.1%	14.9%	0.0%	0.0%	100.0%
Karnataka	63	0	0	0	63
	100.0%	0.0%	0.0%	0.0%	100.0%
Andhra Pradesh	125	0	0	0	125
	100.0%	0.0%	0.0%	0.0%	100.0%
Total	335	145	147	9	636
	52.7%	22.8%	23.1%	1.4%	100.0%

Source: Field Survey, 2012.

Availability of bed and bed sheets in the crèches is shown in Table 5.24. Only 65 per cent centres had bed and bed sheets for children. This was found significantly high in Karnataka (88.9 per cent), Himachal Pradesh (80 per cent), Madhya Pradesh (78.9 per cent), Uttar Pradesh (65.1 per cent), Assam (64.1 per cent) and Andhra Pradesh (63.2 per cent).

Table-5.24: Availability of Bed and Bed Sheets in the Creches

State	Yes	No	Total
Himachal Pradesh	24	6	30
	80.0%	20.0%	100.0%
Uttar Pradesh	56	30	86
	65.1%	34.9%	100.0%
Assam	25	14	39
	64.1%	35.9%	100.0%
Tripura	4	12	16
	25.0%	75.0%	100.0%
West Bengal	32	35	67
	47.8%	52.2%	100.0%
Maharashtra	49	47	96
	51.0%	49.0%	100.0%
Madhya Pradesh	90	24	114
	78.9%	21.1%	100.0%
Karnataka	56	7	63
	88.9%	11.1%	100.0%
Andhra Pradesh	79	46	125
	63.2%	36.8%	100.0%
Total	415	221	636
	65.3%	34.7%	100.0%

Source: Field Survey, 2012.

Less than half of the respondents were found very satisfied and 1/3rd respondents were found satisfied with availability and quality of bed and bed sheets in the crèches. However, a large proportion of respondents in Tripura (87.5 per cent), Uttar Pradesh (51.2 per cent), West Bengal (38.8 per cent) and Assam (33.3 per cent) were found dissatisfied with availability and quality of bed and bed sheets in the crèches (Table 5.25).

Table-5.25: Satisfaction Regarding Bed and Bed Sheets in the Crèches

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	10	7	0	30
	43.3%	33.3%	23.3%	0.0%	100.0%
Uttar Pradesh	9	33	44	0	86
	10.5%	38.4%	51.2%	0.0%	100.0%
Assam	2	24	13	0	39
	5.1%	61.5%	33.3%	0.0%	100.0%

Tripura	0	2	14	0	16
	0.0%	12.5%	87.5%	0.0%	100.0%
West Bengal	8	26	26	7	67
	11.9%	38.8%	38.8%	10.4%	100.0%
Maharashtra	12	77	5	2	96
	12.5%	80.2%	5.2%	2.1%	100.0%
Madhya Pradesh	96	18	0	0	114
	84.2%	15.8%	0.0%	0.0%	100.0%
Karnataka	59	4	0	0	63
	93.7%	6.3%	0.0%	0.0%	100.0%
Andhra Pradesh	109	16	0	0	125
	87.2%	12.8%	0.0%	0.0%	100.0%
Total	308	210	109	9	636
	48.4%	33.0%	17.1%	1.4%	100.0%

Source: Field Survey, 2012.

Availability of teaching and learning materials is shown in Table 5.26. Most of the crèche centres had teaching and learning materials however, a significant proportion of crèches in Tripura (31.2 per cent), Assam (15.4 per cent), Uttar Pradesh (15.1 per cent) and Madhya Pradesh (13.2 per cent) had no teaching and learning materials.

Table-5.26: Availability of Teaching & Learning Materials

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	73	13	86
	84.9%	15.1%	100.0%
Assam	33	6	39
	84.6%	15.4%	100.0%
Tripura	11	5	16
	68.8%	31.2%	100.0%
West Bengal	67	0	67
	100.0%	0.0%	100.0%
Maharashtra	94	2	96
	97.9%	2.1%	100.0%
Madhya Pradesh	99	15	114
	86.8%	13.2%	100.0%
Karnataka	61	2	63
	96.8%	3.2%	100.0%
Andhra Pradesh	125	0	125
	100.0%	0.0%	100.0%
Total	593	43	636
	93.2%	6.8%	100.0%

Source: Field Survey, 2012.

About 56 per cent respondents were found very satisfied and 37 per cent respondents were satisfied with the availability and quality of teaching and learning materials in the crèches. However, a large proportion of respondents in Tripura (37.5 per cent), Assam (30.3 per cent) and Uttar Pradesh (20.9 per cent) were found dissatisfied with the availability and quality of teaching and learning materials in the crèches (Table 5.27).

Table-5.27: Satisfaction Regarding Teaching & Learning Materials

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	17	0	0	30
	43.3%	56.7%	0.0%	0.0%	100.0%
Uttar Pradesh	16	52	18	0	86
	18.6%	60.5%	20.9%	0.0%	100.0%
Assam	2	24	13	0	39
	5.1%	61.5%	33.3%	0.0%	100.0%
Tripura	0	10	6	0	16
	0.0%	62.5%	37.5%	0.0%	100.0%
West Bengal	22	39	6	0	67
	32.8%	58.2%	9.0%	0.0%	100.0%
Maharashtra	31	62	1	2	96
	32.3%	64.6%	1.0%	2.1%	100.0%
Madhya Pradesh	104	10	0	0	114
	91.2%	8.8%	0.0%	0.0%	100.0%
Karnataka	59	4	0	0	63
	93.7%	6.3%	0.0%	0.0%	100.0%
Andhra Pradesh	109	16	0	0	125
	87.2%	12.8%	0.0%	0.0%	100.0%
Total	356	234	44	2	636
	56.0%	36.8%	6.9%	0.3%	100.0%

Source: Field Survey, 2012.

Most of the respondents reported that crèches are being running for 6-8 hours. However, a significant proportion of respondents in Tripura, Himachal Pradesh and West Bengal reported that crèches are running for 4-6 hours (Table 5.28).

Table-5.28: Timings of Crèche Centres

State	Less Than 4 Hours	4-6 Hours	6-8 Hours	More Than 8 Hours	Total
Himachal Pradesh	0	9	21	0	30
	0.0%	30.0%	70.0%	0.0%	100.0%
Uttar Pradesh	1	5	80	0	86
	1.2%	5.8%	93.0%	0.0%	100.0%
Assam	0	3	36	0	39
	0.0%	7.7%	92.3%	0.0%	100.0%
Tripura	0	15	1	0	16

	0.0%	93.8%	6.2%	0.0%	100.0%
West Bengal	1	25	34	7	67
	1.5%	37.3%	50.7%	10.4%	100.0%
Maharashtra	0	1	87	8	96
	0.0%	1.0%	90.6%	8.3%	100.0%
Madhya Pradesh	0	1	113	0	114
	0.0%	0.9%	99.1%	0.0%	100.0%
Karnataka	0	0	63	0	63
	0.0%	0.0%	100.0%	0.0%	100.0%
Andhra Pradesh	0	0	125	0	125
	0.0%	0.0%	100.0%	0.0%	100.0%
Total	2	59	560	15	636
	0.3%	9.3%	88.1%	2.4%	100.0%

Source: Field Survey, 2012.

Availability of separate kitchen in the crèches is shown in Table 5.29. About 3/4th respondents reported that crèches have separate kitchen. However, a large proportion of respondents in Tripura (75 per cent), Assam (64.1 per cent), Uttar Pradesh (45.3 per cent) and West Bengal (22.4 per cent) had no separate kitchen in crèches.

Table-5.29: Availability of Separate Kitchen in the Creches

State	Yes	No	Total
Himachal Pradesh	24	6	30
	80.0%	20.0%	100.0%
Uttar Pradesh	47	39	86
	54.7%	45.3%	100.0%
Assam	14	25	39
	35.9%	64.1%	100.0%
Tripura	4	12	16
	25.0%	75.0%	100.0%
West Bengal	52	15	67
	77.6%	22.4%	100.0%
Maharashtra	79	17	96
	82.3%	17.7%	100.0%
Madhya Pradesh	97	17	114
	85.1%	14.9%	100.0%
Karnataka	56	7	63
	88.9%	11.1%	100.0%
Andhra Pradesh	105	20	125
	84.0%	16.0%	100.0%
Total	478	158	636
	75.2%	24.8%	100.0%

Source: Field Survey, 2012.

Through, majority of the respondents were found very satisfied and satisfied with the availability and quality of kitchen in the crèches however, a large proportion of respondents in Tripura (75 per cent), Assam (59 per cent), Uttar Pradesh (34.9 per cent), West Bengal (23.9 per cent) and Himachal Pradesh (16.7 per cent) were found dissatisfied with the availability and quality of kitchen in crèches (Table 5.30).

Table-5.30: Satisfaction Regarding Kitchen in the Crèches

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	9	16	5	0	30
	30.0%	53.3%	16.7%	0.0%	100.0%
Uttar Pradesh	13	42	30	1	86
	15.1%	48.8%	34.9%	1.2%	100.0%
Assam	2	14	23	0	39
	5.1%	35.9%	59.0%	0.0%	100.0%
Tripura	0	4	12	0	16
	0.0%	25.0%	75.0%	0.0%	100.0%
West Bengal	23	27	16	1	67
	34.3%	40.3%	23.9%	1.5%	100.0%
Maharashtra	25	69	0	2	96
	26.0%	71.9%	0.0%	2.1%	100.0%
Madhya Pradesh	105	9	0	0	114
	92.1%	7.9%	0.0%	0.0%	100.0%
Karnataka	63	0	0	0	63
	100.0%	0.0%	0.0%	0.0%	100.0%
Andhra Pradesh	125	0	0	0	125
	100.0%	0.0%	0.0%	0.0%	100.0%
Total	365	181	86	4	636
	57.4%	28.5%	13.5%	0.6%	100.0%

Source: Field Survey, 2012.

Availability of stove, gas cylinders or chulah in crèches is shown in Table 5.31. Though, most of the respondents reported that crèches have stove, gas cylinders or chulah for the cooking of meals for children. However, a significant proportion of respondents in Assam (48.7 per cent), Karnataka (14.2 per cent), Andhra Pradesh (12.8 per cent) and Tripura (12.5 per cent) reported that crèches do not have stove, gas cylinders or chulah.

Table-5.31: Availability of Stove, Gas Cylinders or Chulah

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	86	0	86
	100.0%	0.0%	100.0%
Assam	20	19	39
	51.3%	48.7%	100.0%
Tripura	14	2	16

	87.5%	12.5%	100.0%
West Bengal	64	3	67
	95.5%	4.5%	100.0%
Maharashtra	94	2	96
	97.9%	2.1%	100.0%
Madhya Pradesh	99	15	114
	86.8%	13.2%	100.0%
Karnataka	54	9	63
	85.7%	14.3%	100.0%
Andhra Pradesh	109	16	125
	87.2%	12.8%	100.0%
Total	570	66	636
	89.6%	10.4%	100.0%

Source: Field Survey, 2012.

Most of the respondents were found very satisfied and satisfied with the availability and quality of cooking devices however, more than half of the respondents in Assam were found dissatisfied with the availability and quality of cooking devices (Table 5.32).

Table-5.32: Satisfaction Regarding Stove, Gas Cylinders or Chulah

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	17	0	0	30
	43.3%	56.7%	0.0%	0.0%	100.0%
Uttar Pradesh	14	61	11	0	86
	16.3%	70.9%	12.8%	0.0%	100.0%
Assam	2	17	20	0	39
	5.1%	43.6%	51.3%	0.0%	100.0%
Tripura	0	14	2	0	16
	0.0%	87.5%	12.5%	0.0%	100.0%
West Bengal	29	31	7	0	67
	43.3%	46.3%	10.4%	0.0%	100.0%
Maharashtra	26	68	0	2	96
	27.1%	70.8%	0.0%	2.1%	100.0%
Madhya Pradesh	105	9	0	0	114
	92.1%	7.9%	0.0%	0.0%	100.0%
Karnataka	63	0	0	0	63
	100.0%	0.0%	0.0%	0.0%	100.0%
Andhra Pradesh	125	0	0	0	125
	100.0%	0.0%	0.0%	0.0%	100.0%
Total	377	217	40	2	636
	59.3%	34.1%	6.3%	0.3%	100.0%

Source: Field Survey, 2012.

Availability of cooking utensils is shown in Table 5.33. Most of the respondents reported that crèches have cooking utensils. However, a significant proportion of respondents in Tripura, Andhra Pradesh, Assam, Karnataka and Madhya Pradesh reported that crèches do not have cooking utensils.

Table-5.33: Availability of Cooking Utensils in Crèches

State	Yes	No	Total
Himachal Pradesh	29	1	30
	96.7%	3.3%	100.0%
Uttar Pradesh	86	0	86
	100.0%	0.0%	100.0%
Assam	34	5	39
	87.2%	12.8%	100.0%
Tripura	13	3	16
	81.2%	18.8%	100.0%
West Bengal	66	1	67
	98.5%	1.5%	100.0%
Maharashtra	96	0	96
	100.0%	0.0%	100.0%
Madhya Pradesh	102	12	114
	89.5%	10.5%	100.0%
Karnataka	56	7	63
	88.9%	11.1%	100.0%
Andhra Pradesh	108	17	125
	86.4%	13.6%	100.0%
Total	590	46	636
	92.8%	7.2%	100.0%

Source: Field Survey, 2012.

Most of the respondents were found very satisfied and satisfied with the availability and quality of cooking utensils in the crèches. However, a significant proportion of respondents in Assam (28.2 per cent), Tripura (18.8 per cent), Himachal Pradesh (16.7 per cent) and West Bengal (7.5 per cent) were found dissatisfied with the availability and quality of cooking utensils in the crèches (Table 5.34).

Table-5.34: Satisfaction Regarding Cooking Utensils

State	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Himachal Pradesh	13	12	5	0	30
	43.3%	40.0%	16.7%	0.0%	100.0%
Uttar Pradesh	14	66	6	0	86
	16.3%	76.7%	7.0%	0.0%	100.0%
Assam	2	26	11	0	39

	5.1%	66.7%	28.2%	0.0%	100.0%
Tripura	0	13	3	0	16
	0.0%	81.2%	18.8%	0.0%	100.0%
West Bengal	31	31	5	0	67
	46.3%	46.3%	7.5%	0.0%	100.0%
Maharashtra	26	68	0	2	96
	27.1%	70.8%	0.0%	2.1%	100.0%
Madhya Pradesh	96	18	0	0	114
	84.2%	15.8%	0.0%	0.0%	100.0%
Karnataka	63	0	0	0	63
	100.0%	0.0%	0.0%	0.0%	100.0%
Andhra Pradesh	125	0	0	0	125
	100.0%	0.0%	0.0%	0.0%	100.0%
Total	370	234	30	2	636
	58.2%	36.8%	4.7%	0.3%	100.0%

Source: Field Survey, 2012.

Availability of medical facility in the crèches or its adjoining areas is shown in the Table 5.35. Most of the respondents reported that crèches have medical facility in or its adjoining areas however, a large proportion of respondents in Andhra Pradesh, Tripura, Madhya Pradesh, Uttar Pradesh and Karnataka reported that medical facility is not available in the crèche centre or its adjoining areas.

Table-5.35: Availability of Medical Facility in the Crèches or its Adjoining Areas

State	Yes	No	Total
Himachal Pradesh	30	0	30
	100.0%	0.0%	100.0%
Uttar Pradesh	67	18	85
	78.8%	21.2%	100.0%
Assam	34	5	39
	87.2%	12.8%	100.0%
Tripura	12	4	16
	75.0%	25.0%	100.0%
West Bengal	54	13	67
	80.6%	19.4%	100.0%
Maharashtra	95	1	96
	99.0%	1.0%	100.0%
Madhya Pradesh	88	26	114
	77.2%	22.8%	100.0%
Karnataka	51	12	63
	81.0%	19.0%	100.0%
Andhra Pradesh	92	33	125
	73.6%	26.4%	100.0%
Total	523	112	635
	82.4%	17.6%	100.0%

Source: Field Survey, 2012.

It may be concluded that infrastructural facilities are not upto the mark for effective delivery of child care services under the scheme. There have been marked variations in the availability and quality of infrastructural facilities in India. However, the states like Tripura, Assam, West Bengal, Madhya Pradesh were found somewhat backward in terms of availability and quality of infrastructural facilities. Even in the states of Uttar Pradesh, Andhra Pradesh and Karnataka, the availability and quality of infrastructural facilities is not very satisfactory. This is because of the fact that in these states, a significant proportion of crèches have been setup in backward and remote areas where availability of infrastructural facilities is a challenging task.

Profile of Beneficiaries and their Participation in Crèche Scheme

Rajiv Gandhi National Crèche Scheme for Working Mothers has been implemented to delivery child care services. Though, the outreach of the scheme is reported to be very low against the increasing demand for day-care services to the children. Hence, effective functioning of the scheme is imperative. In this part of the report, an attempt has been made to examine the profile of working mothers and their participation in the crèche scheme.

Religion of respondents is shown in Table 6.1. About 79 per cent respondents were found belonging to Hindu community. The proportion of Muslim respondents was reported to be high in Assam (53.5 per cent), West Bengal (40.4 per cent), Maharashtra (17.8 per cent) and Madhya Pradesh (17.7 per cent). The proportion of respondents belonging to other minority communities was reported significant in Maharashtra, Uttar Pradesh and Andhra Pradesh.

Table-6.1: Religion of Respondents

State	Hindu	Muslim	Christian	Sikh	Jain	Buddhist	Others	Total
Himachal Pradesh	123	2	0	0	0	1	0	126
	97.6%	1.6%	0.0%	0.0%	0.0%	0.8%	0.0%	100.0%
Uttar Pradesh	305	26	0	5	0	0	11	347
	87.9%	7.5%	0.0%	1.4%	0.0%	0.0%	3.2%	100.0%
Assam	73	84	0	0	0	0	0	157
	46.5%	53.5%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Tripura	54	10	0	0	0	0	0	64
	84.4%	15.6%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
West Bengal	155	105	0	0	0	0	0	260
	59.6%	40.4%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Maharashtra	262	67	0	2	1	39	6	377
	69.5%	17.8%	0.0%	0.5%	0.3%	10.3%	1.6%	100.0%
Madhya Pradesh	350	80	6	2	2	0	13	453
	77.3%	17.7%	1.3%	0.4%	0.4%	0.0%	2.9%	100.0%
Karnataka	256	1	0	0	0	0	0	257
	99.6%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Andhra Pradesh	423	70	7	2	0	0	1	503
	84.1%	13.9%	1.4%	0.4%	0.0%	0.0%	0.2%	100.0%
Total	2001	445	13	11	3	40	31	2544
	78.7%	17.5%	0.5%	0.4%	0.1%	1.6%	1.2%	100.0%

Source: Field Survey, 2012.

The caste of respondents is shown in Table 6.2. About 2/5th respondents were found belonging to General communities while 31 per cent respondents were from OBC communities. About 20 per cent respondents were from Scheduled Caste while about 10 per cent respondents were from Scheduled Tribes. The proportion of respondents was Scheduled Tribes was reported significantly high in Madhya Pradesh (19.6 per cent), Karnataka (18.7 per cent) and Himachal Pradesh (13.5 per cent). Similarly the proportion of respondents belonging from Scheduled Caste was reported high in Tripura (46.9 per cent), Himachal Pradesh (39.7 per cent), Maharashtra (31.8 per cent) and Uttar Pradesh (29.1 per cent).

Table-6.2: Caste of Respondents

State	General	OBC	SC	ST	Total
Himachal Pradesh	31	28	50	17	126
	24.6%	22.2%	39.7%	13.5%	100.0%
Uttar Pradesh	65	163	101	18	347
	18.7%	47.0%	29.1%	5.2%	100.0%
Assam	88	40	16	13	157
	56.1%	25.5%	10.2%	8.3%	100.0%
Tripura	18	12	30	4	64
	28.1%	18.8%	46.9%	6.2%	100.0%
West Bengal	152	19	72	17	260
	58.5%	7.3%	27.7%	6.5%	100.0%
Maharashtra	98	138	120	21	377
	26.0%	36.6%	31.8%	5.6%	100.0%
Madhya Pradesh	72	206	86	89	453
	15.9%	45.5%	19.0%	19.6%	100.0%
Karnataka	123	73	13	48	257
	47.9%	28.4%	5.1%	18.7%	100.0%
Andhra Pradesh	355	109	17	22	503
	70.6%	21.7%	3.4%	4.4%	100.0%
Total	1002	788	505	249	2544
	39.4%	31.0%	19.9%	9.8%	100.0%

Source: Field Survey, 2012.

Class of respondents is shown in Table 6.3. About 58 per cent respondents reported that they belong to labour class. This was found significantly high in Uttar Pradesh (82.1 per cent) followed by West Bengal (81.9 per cent), Assam (75.2 per cent), Maharashtra (65 per cent) and Madhya Pradesh (61.8 per cent). About 16 per cent respondents were from Landlord class. This was reported high in Andhra Pradesh and Karnataka. Only 8 per cent respondents were from service class. This was found significant in Himachal Pradesh (16.7 per cent), Maharashtra (13.5 per cent), Tripura (10.9 per cent) and Assam (10.8 per cent).

Table-6.3: Class of Respondents

State	Feudal	Landlord	Peasant	Labour	Service	Others	Total
Himachal Pradesh	0	15	9	69	21	12	126
	0.0%	11.9%	7.1%	54.8%	16.7%	9.5%	100.0%
Uttar Pradesh	2	4	18	285	22	16	347
	0.6%	1.2%	5.2%	82.1%	6.3%	4.6%	100.0%
Assam	1	1	11	118	17	9	157
	0.6%	0.6%	7.0%	75.2%	10.8%	5.7%	100.0%
Tripura	0	0	0	18	7	39	64
	0.0%	0.0%	0.0%	28.1%	10.9%	60.9%	100.0%
West Bengal	2	3	3	213	2	37	260
	0.8%	1.2%	1.2%	81.9%	0.8%	14.2%	100.0%

Maharashtra	8	8	9	245	51	56	377
	2.1%	2.1%	2.4%	65.0%	13.5%	14.9%	100.0%
Madhya Pradesh	1	69	65	280	31	7	453
	0.2%	15.2%	14.3%	61.8%	6.8%	1.5%	100.0%
Karnataka	9	91	35	98	24	0	257
	3.5%	35.4%	13.6%	38.1%	9.3%	0.0%	100.0%
Andhra Pradesh	47	220	53	146	37	0	503
	9.3%	43.7%	10.5%	29.0%	7.4%	0.0%	100.0%
Total	70	411	203	1472	212	176	2544
	2.8%	16.2%	8.0%	57.9%	8.3%	6.9%	100.0%

Source: Field Survey, 2012.

Marital status of respondents is shown in Table 6.4. Most of the respondents were found married. Only a negligible proportion of respondents was reported to be divorced and widows. This was found significant in Maharashtra, Uttar Pradesh and West Bengal.

Table-6.4: Marital Status of Respondents

State	Married	Separated	Divorced	Widow	Total
Himachal Pradesh	125	1	0	0	126
	99.2%	0.8%	0.0%	0.0%	100.0%
Uttar Pradesh	342	1	3	1	347
	98.6%	0.3%	0.9%	0.3%	100.0%
Assam	156	0	0	1	157
	99.4%	0.0%	0.0%	0.6%	100.0%
Tripura	63	0	0	1	64
	98.4%	0.0%	0.0%	1.6%	100.0%
West Bengal	254	4	2	0	260
	97.7%	1.5%	0.8%	0.0%	100.0%
Maharashtra	360	0	10	7	377
	95.5%	0.0%	2.7%	1.9%	100.0%
Madhya Pradesh	452	1	0	0	453
	99.8%	0.2%	0.0%	0.0%	100.0%
Karnataka	257	0	0	0	257
	100.0%	0.0%	0.0%	0.0%	100.0%
Andhra Pradesh	503	0	0	0	503
	100.0%	0.0%	0.0%	0.0%	100.0%
Total	2512	7	15	10	2544
	98.7%	0.3%	0.6%	0.4%	100.0%

Source: Field Survey, 2012.

Age of respondents is shown in Table 6.5. Most of the respondents were from the middle age group. About 31 per cent respondents were from the age group of 25-30 years while about 28 per cent respondents were from the age group of 20-25 years. Similarly, about 27 per cent respondents were from

the age group of 30-35 years. The respondents from higher age group were reported significant in Assam, West Bengal and Maharashtra.

Table-6.5: Age of Respondents

State	Less Than 20 Years	20-25 Years	25-30 Years	30-35 Years	35-40 Years	40-45 Years	45-50 Years	50+ Years	Total
Himachal Pradesh	0	32	61	23	6	2	0	2	126
	0.0%	25.4%	48.4%	18.3%	4.8%	1.6%	0.0%	1.6%	100.0%
Uttar Pradesh	1	67	123	107	39	6	2	2	347
	0.3%	19.3%	35.4%	30.8%	11.2%	1.7%	0.6%	0.6%	100.0%
Assam	1	22	60	33	40	0	1	0	157
	0.6%	14.0%	38.2%	21.0%	25.5%	0.0%	0.6%	0.0%	100.0%
Tripura	0	18	24	17	3	2	0	0	64
	0.0%	28.1%	37.5%	26.6%	4.7%	3.1%	0.0%	0.0%	100.0%
West Bengal	10	92	78	44	36	0	0	0	260
	3.8%	35.4%	30.0%	16.9%	13.8%	0.0%	0.0%	0.0%	100.0%
Maharashtra	3	103	139	47	35	5	37	8	377
	0.8%	27.3%	36.9%	12.5%	9.3%	1.3%	9.8%	2.1%	100.0%
Madhya Pradesh	56	149	117	116	15	0	0	0	453
	12.4%	32.9%	25.8%	25.6%	3.3%	0.0%	0.0%	0.0%	100.0%
Karnataka	13	92	65	87	0	0	0	0	257
	5.1%	35.8%	25.3%	33.9%	0.0%	0.0%	0.0%	0.0%	100.0%
Andhra Pradesh	35	134	121	212	1	0	0	0	503
	7.0%	26.6%	24.1%	42.1%	0.2%	0.0%	0.0%	0.0%	100.0%
Total	119	709	788	686	175	15	40	12	2544
	4.7%	27.9%	31.0%	27.0%	6.9%	0.6%	1.6%	0.5%	100.0%

Source: Field Survey, 2012.

Educational level of respondents is shown in Table 6.6. Most of the respondents reported that their educational levels are poor. About 31 per cent respondents revealed that they are illiterate. This was found more pronouncing in Madhya Pradesh, Andhra Pradesh, Karnataka and Uttar Pradesh. Slightly less than 1/4th respondents reported that they are high school pass while slightly more than 1/4th respondents had middle level education. The proportion of respondents having graduation or above was found significant in Maharashtra, Tripura and Assam.

Table-6.6: Educational Level of Respondents

State	Illiterate	High School	Middle School	High School	Intermediate	Graduate	Postgraduate	Other(Specify)	Total
Himachal Pradesh	19	42	34	6	17	8	0	0	126
	15.1%	33.3%	27.0%	4.8%	13.5%	6.3%	0.0%	0.0%	100.0%
Uttar Pradesh	139	71	75	17	25	13	1	6	347
	40.1%	20.5%	21.6%	4.9%	7.2%	3.7%	0.3%	1.7%	100.0%

Assam	44	21	62	7	7	10	0	6	157
	28.0%	13.4%	39.5%	4.5%	4.5%	6.4%	0.0%	3.8%	100.0%
Tripura	15	16	21	3	1	4	3	1	64
	23.4%	25.0%	32.8%	4.7%	1.6%	6.2%	4.7%	1.6%	100.0%
West Bengal	47	67	102	10	3	3	0	28	260
	18.1%	25.8%	39.2%	3.8%	1.2%	1.2%	0.0%	10.8%	100.0%
Maharashtra	44	143	76	36	5	24	39	10	377
	11.7%	37.9%	20.2%	9.5%	1.3%	6.4%	10.3%	2.7%	100.0%
Madhya Pradesh	307	30	111	0	0	5	0	0	453
	67.8%	6.6%	24.5%	0.0%	0.0%	1.1%	0.0%	0.0%	100.0%
Karnataka	121	61	73	0	2	0	0	0	257
	47.1%	23.7%	28.4%	0.0%	0.8%	0.0%	0.0%	0.0%	100.0%
Andhra Pradesh	250	140	113	0	0	0	0	0	503
	49.7%	27.8%	22.5%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Total	986	591	667	79	60	67	43	51	2544
	38.8%	23.2%	26.2%	3.1%	2.4%	2.6%	1.7%	2.0%	100.0%

Source: Field Survey, 2012.

Occupation of respondents is shown in Table 6.7. About 60 per cent respondents reported that their main occupation is labour. This was found more pronouncing in Madhya Pradesh (70.9 per cent), Andhra Pradesh (70.2 per cent), Uttar Pradesh (65.7 per cent) and Karnataka (64.2 per cent). About 17 per cent respondents reported that they are farm labour. This was found significant in Karnataka (24.5 per cent), Madhya Pradesh (21.9 per cent) and Himachal Pradesh (21.4 per cent). About 11 per cent respondents in West Bengal reported that they are maid servants. Thus, about 10 per cent respondents in Tripura and Maharashtra reported that they are from government service.

Table-6.7: Occupation of Respondents

State	Govt. Service	Private Service	Labour	Farm Labour	Maid Servant	Petty Business	Others (Specify)	Total
Himachal Pradesh	9	14	44	27	2	1	29	126
	7.1%	11.1%	34.9%	21.4%	1.6%	0.8%	23.0%	100.0%
Uttar Pradesh	3	33	228	40	16	8	19	347
	0.9%	9.5%	65.7%	11.5%	4.6%	2.3%	5.5%	100.0%
Assam	0	32	88	15	10	3	9	157
	0.0%	20.4%	56.1%	9.6%	6.4%	1.9%	5.7%	100.0%
Tripura	7	1	9	0	0	0	47	64
	10.9%	1.6%	14.1%	0.0%	0.0%	0.0%	73.4%	100.0%
West Bengal	0	19	122	32	29	9	49	260
	0.0%	7.3%	46.9%	12.3%	11.2%	3.5%	18.8%	100.0%
Maharashtra	37	13	199	52	26	12	38	377
	9.8%	3.4%	52.8%	13.8%	6.9%	3.2%	10.1%	100.0%
Madhya Pradesh	2	8	321	99	2	0	21	453
	0.4%	1.8%	70.9%	21.9%	0.4%	0.0%	4.6%	100.0%

Karnataka	0	8	165	63	0	0	21	257
	0.0%	3.1%	64.2%	24.5%	0.0%	0.0%	8.2%	100.0%
Andhra Pradesh	0	5	353	98	0	0	47	503
	0.0%	1.0%	70.2%	19.5%	0.0%	0.0%	9.3%	100.0%
Total	58	133	1529	426	85	33	280	2544
	2.3%	5.2%	60.1%	16.7%	3.3%	1.3%	11.0%	100.0%

Source: Field Survey, 2012.

Ecological background of respondents is shown in Table 6.8. The overwhelming majority of the respondents was reported from rural background. This was found more pronouncing in Himachal Pradesh, Karnataka, Andhra Pradesh, Madhya Pradesh, Assam and West Bengal. About 17 per cent respondents were from urban background. This was found significant in Maharashtra (56.5 per cent), Tripura (25 per cent) and Uttar Pradesh (24.5 per cent).

Table-6.8: Ecological Background of Respondents

State	Urban	Semi-Urban	Rural	Total
Himachal Pradesh	10	0	116	126
	7.9%	0.0%	92.1%	100.0%
Uttar Pradesh	85	0	262	347
	24.5%	0.0%	75.5%	100.0%
Assam	17	14	126	157
	10.8%	8.9%	80.3%	100.0%
Tripura	16	16	32	64
	25.0%	25.0%	50.0%	100.0%
West Bengal	45	7	208	260
	17.3%	2.7%	80.0%	100.0%
Maharashtra	213	34	130	377
	56.5%	9.0%	34.5%	100.0%
Madhya Pradesh	35	49	369	453
	7.7%	10.8%	81.5%	100.0%
Karnataka	5	28	224	257
	1.9%	10.9%	87.2%	100.0%
Andhra Pradesh	0	65	438	503
	0.0%	12.9%	87.1%	100.0%
Total	426	213	1905	2544
	16.7%	8.4%	74.9%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether they have rural contacts. About 82 per cent respondents reported that they have rural contacts. However, large proportion of respondents in Maharashtra (65.5 per cent), Tripura (50 per cent) and Uttar Pradesh (24.5 per cent) reported that they do not have rural contacts (Table 6.9),.

Table-6.9: Rural Contacts of Respondents

State	Yes	No	Total
Himachal Pradesh	116	10	126
	92.1%	7.9%	100.0%
Uttar Pradesh	262	85	347
	75.5%	24.5%	100.0%
Assam	126	31	157
	80.3%	19.7%	100.0%
Tripura	32	32	64
	50.0%	50.0%	100.0%
West Bengal	208	52	260
	80.0%	20.0%	100.0%
Maharashtra	130	247	377
	34.5%	65.5%	100.0%
Madhya Pradesh	451	2	453
	99.6%	0.4%	100.0%
Karnataka	256	1	257
	99.6%	0.4%	100.0%
Andhra Pradesh	503	0	503
	100.0%	0.0%	100.0%
Total	2084	460	2544
	81.9%	18.1%	100.0%

Source: Field Survey, 2012.

The respondents were further asked that whether they have regular contacts with their native places. Majority of the respondents reported that they have regular contacts with their native places. However, a large proportion of respondents in Uttar Pradesh and Tripura reported that they have irregular contacts with their native places (Table 6.10).

Table-6.10: Regularity of Rural Contacts of Respondents

State	No Response	Regular	Irregular	Total
Himachal Pradesh	10	71	45	126
	7.9%	56.3%	35.7%	100.0%
Uttar Pradesh	85	107	155	347
	24.5%	30.8%	44.7%	100.0%
Assam	31	125	1	157
	19.7%	79.6%	0.6%	100.0%
Tripura	32	5	27	64
	50.0%	7.8%	42.2%	100.0%
West Bengal	52	188	20	260
	20.0%	72.3%	7.7%	100.0%
Maharashtra	247	71	59	377
	65.5%	18.8%	15.6%	100.0%

Madhya Pradesh	0	431	22	453
	0.0%	95.1%	4.9%	100.0%
Karnataka	1	256	0	257
	0.4%	99.6%	0.0%	100.0%
Andhra Pradesh	0	500	3	503
	0.0%	99.4%	0.6%	100.0%
Total	458	1754	332	2544
	18.0%	68.9%	13.1%	100.0%

Source: Field Survey, 2012.

More than half of the respondents reported that they are getting monetary support from their native places. However, a large proportion of respondents from Uttar Pradesh (99.7 per cent), Tripura (87.5 per cent), Assam (86 per cent), Maharashtra (83 per cent) and Himachal Pradesh (81 per cent) reported that they are not getting monetary support from their native places (Table 6.11).

Table-6.11: Whether Getting Monetary Support from Native Place

State	Yes	No	Total
Himachal Pradesh	24	102	126
	19.0%	81.0%	100.0%
Uttar Pradesh	1	346	347
	0.3%	99.7%	100.0%
Assam	22	135	157
	14.0%	86.0%	100.0%
Tripura	8	56	64
	12.5%	87.5%	100.0%
West Bengal	78	182	260
	30.0%	70.0%	100.0%
Maharashtra	64	313	377
	17.0%	83.0%	100.0%
Madhya Pradesh	420	33	453
	92.7%	7.3%	100.0%
Karnataka	246	11	257
	95.7%	4.3%	100.0%
Andhra Pradesh	486	17	503
	96.6%	3.4%	100.0%
Total	1349	1195	2544
	53.0%	47.0%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether their families have migrated. More than half of the respondents reported that their families have migrated. This was found more pronouncing in Madhya Pradesh, Karnataka, Andhra Pradesh and Maharashtra (Table 6.12).

Table-6.12: Whether Your Family Has Migrated

State	Yes	No	Total
Himachal Pradesh	30	96	126
	23.8%	76.2%	100.0%
Uttar Pradesh	7	340	347
	2.0%	98.0%	100.0%
Assam	12	145	157
	7.6%	92.4%	100.0%
Tripura	4	60	64
	6.2%	93.8%	100.0%
West Bengal	4	256	260
	1.5%	98.5%	100.0%
Maharashtra	104	273	377
	27.6%	72.4%	100.0%
Madhya Pradesh	453	0	453
	100.0%	0.0%	100.0%
Karnataka	251	6	257
	97.7%	2.3%	100.0%
Andhra Pradesh	469	34	503
	93.2%	6.8%	100.0%
Total	1334	1210	2544
	52.4%	47.6%	100.0%

Source: Field Survey, 2012.

More than 1/3rd respondents revealed that their families have migrated from other cities/towns. This was found more pronouncing in Madhya Pradesh (41.7 per cent) and Andhra Pradesh (37.5 per cent). About 21 per cent respondents reported that their families have migrated from other states. This was found more pronouncing in West Bengal, Uttar Pradesh, Himachal Pradesh, Karnataka and Andhra Pradesh. About 1/4th respondents reported that their families have migrated from other districts of the state. This was found more pronouncing in Assam (83.3 per cent), Maharashtra (66.3 per cent) and Uttar Pradesh (42.9 per cent). Rural to urban migration was found significant in Tripura, Madhya Pradesh and Karnataka (Table 6.13).

Table-6.13: Place of Migration of Respondents' Families

State	From Other State	From Other District	From Other City/Town	From Rural Areas	Total
Himachal Pradesh	11	9	5	5	30
	36.7%	30.0%	16.7%	16.7%	100.0%
Uttar Pradesh	3	3	0	1	7
	42.9%	42.9%	0.0%	14.3%	100.0%
Assam	0	10	2	0	12
	0.0%	83.3%	16.7%	0.0%	100.0%
Tripura	0	1	0	3	4
	0.0%	25.0%	0.0%	75.0%	100.0%

West Bengal	4	0	0	0	4
	100.0%	0.0%	0.0%	0.0%	100.0%
Maharashtra	8	69	8	19	104
	7.7%	66.3%	7.7%	18.3%	100.0%
Madhya Pradesh	62	79	189	123	453
	13.7%	17.4%	41.7%	27.2%	100.0%
Karnataka	73	33	84	61	251
	29.1%	13.1%	33.5%	24.3%	100.0%
Andhra Pradesh	116	113	176	64	469
	24.7%	24.1%	37.5%	13.6%	100.0%
Total	277	317	464	276	1334
	20.8%	23.8%	34.8%	20.7%	100.0%

Source: Field Survey, 2012.

Reasons for migration are shown in Table 6.14. About 2/5th respondents reported that their families have migrated for search of employment opportunities. This was found more pronouncing in Maharashtra (97.1 per cent), Himachal Pradesh (86.7 per cent) and Uttar Pradesh (57.1 per cent). Transfers and postings are other important reasons for migration. This was found more pronouncing in Assam, Karnataka, Andhra Pradesh and Tripura.

Table-6.14: Reasons for Migration

State	Transfer	Positing	Search Of Employment	Others	Total
Himachal Pradesh	0	2	26	2	30
	0.0%	6.7%	86.7%	6.7%	100.0%
Uttar Pradesh	0	3	4	0	7
	0.0%	42.9%	57.1%	0.0%	100.0%
Assam	12	0	0	0	12
	100.0%	0.0%	0.0%	0.0%	100.0%
Tripura	1	0	2	1	4
	25.0%	0.0%	50.0%	25.0%	100.0%
West Bengal	0	0	0	4	4
	0.0%	0.0%	0.0%	100.0%	100.0%
Maharashtra	1	2	101	0	104
	1.0%	1.9%	97.1%	0.0%	100.0%
Madhya Pradesh	10	169	125	149	453
	2.2%	37.3%	27.6%	32.9%	100.0%
Karnataka	0	105	84	62	251
	0.0%	41.8%	33.5%	24.7%	100.0%
Andhra Pradesh	0	123	231	115	469
	0.0%	26.2%	49.3%	24.5%	100.0%
Total	24	404	573	333	1334
	1.8%	30.3%	43.0%	25.0%	100.0%

Source: Field Survey, 2012.

Type of family of respondents is shown in Table 6.15. About half of the respondents reported that they belong to joint families. This was found more pronouncing Karnataka (66.9 per cent) followed by Andhra Pradesh (64.4 per cent) and Madhya Pradesh (55.4 per cent). About 47 per cent respondents further reported that they belong to nuclear families. This was found more pronouncing in Tripura (79.7 per cent), Assam (56.7 per cent), Uttar Pradesh (56.2 per cent) and Himachal Pradesh (50 per cent).

Table-6.15: Type of Family of Respondents

State	Joint	Nuclear	Extended	Total
Himachal Pradesh	58	63	5	126
	46.0%	50.0%	4.0%	100.0%
Uttar Pradesh	126	195	26	347
	36.3%	56.2%	7.5%	100.0%
Assam	68	89	0	157
	43.3%	56.7%	0.0%	100.0%
Tripura	13	51	0	64
	20.3%	79.7%	0.0%	100.0%
West Bengal	92	163	5	260
	35.4%	62.7%	1.9%	100.0%
Maharashtra	164	183	30	377
	43.5%	48.5%	8.0%	100.0%
Madhya Pradesh	251	196	6	453
	55.4%	43.3%	1.3%	100.0%
Karnataka	172	78	7	257
	66.9%	30.4%	2.7%	100.0%
Andhra Pradesh	324	172	7	503
	64.4%	34.2%	1.4%	100.0%
Total	1268	1190	86	2544
	49.8%	46.8%	3.4%	100.0%

Source: Field Survey, 2012.

Family occupation of respondents is shown in Table 6.16. About 62 per cent respondents reported that the main occupation of their families is labour. This was found more pronouncing in Andhra Pradesh, Assam, Uttar Pradesh, West Bengal and Karnataka. About 21 per cent respondents reported that the main occupation of their families is agriculture. This was found more pronouncing in Himachal Pradesh, Madhya Pradesh and Karnataka. Services as main occupation were found significant in Tripura, Karnataka and Himachal Pradesh.

Table-6.16: Family Occupation of Respondents

State	Business	Self Employment	Service	Labour	Agriculture	Nonfarm Sector	Others	Total
Himachal Pradesh	1	2	14	36	65	3	5	126
	0.8%	1.6%	11.1%	28.6%	51.6%	2.4%	4.0%	100.0%
Uttar Pradesh	7	0	23	257	49	2	9	347
	2.0%	0.0%	6.6%	74.1%	14.1%	0.6%	2.6%	100.0%
Assam	7	2	5	120	17	1	5	157
	4.5%	1.3%	3.2%	76.4%	10.8%	0.6%	3.2%	100.0%
Tripura	17	6	11	29	1	0	0	64
	26.6%	9.4%	17.2%	45.3%	1.6%	0.0%	0.0%	100.0%
West Bengal	18	17	5	182	18	15	5	260
	6.9%	6.5%	1.9%	70.0%	6.9%	5.8%	1.9%	100.0%
Maharashtra	3	9	26	217	64	4	54	377
	0.8%	2.4%	6.9%	57.6%	17.0%	1.1%	14.3%	100.0%
Madhya Pradesh	5	7	37	205	169	27	3	453
	1.1%	1.5%	8.2%	45.3%	37.3%	6.0%	0.7%	100.0%
Karnataka	0	0	34	156	67	0	0	257
	0.0%	0.0%	13.2%	60.7%	26.1%	0.0%	0.0%	100.0%
Andhra Pradesh	5	0	36	378	84	0	0	503
	1.0%	0.0%	7.2%	75.1%	16.7%	0.0%	0.0%	100.0%
Total	63	43	191	1580	534	52	81	2544
	2.5%	1.7%	7.5%	62.1%	21.0%	2.0%	3.2%	100.0%

Source: Field Survey, 2012.

Average annual family income of respondents is shown in Table 6.17. Average annual family income was reported to be Rs. 28210. This was found more pronouncing in West Bengal, Karnataka, Andhra Pradesh and Himachal Pradesh. The average annual income was reported low in Madhya Pradesh.

Table-6.17: Average Annual Family Income of Respondents

State	Rupees
Himachal Pradesh	28095.24
Uttar Pradesh	21921.61
Assam	25597.45
Tripura	22337.50
West Bengal	40795.38
Maharashtra	24493.37
Madhy Pradesh	21810.60
Karnataka	36223.33
Andhra Pradesh	32089.07
Total	28210.06

Source: Field Survey, 2012.

Average monthly income of respondents is shown in Table 6.18. Average monthly income of respondents was reported to be Rs. 2593. This was found more pronouncing in Maharashtra followed by Tripura, Assam and Himachal Pradesh. It was found low in the state of West Bengal.

Table-6.18: Average Monthly Income of Respondents

State	Rupees
Himachal Pradesh	2601.19
Uttar Pradesh	1802.80
Assam	2799.36
Tripura	2809.38
West Bengal	1578.65
Maharashtra	3206.10
Madhy Pradesh	1317.66
Karnataka	1470.82
Andhra Pradesh	1340.76
Total	2592.87

Source: Field Survey, 2012.

Family status of respondents is shown in Table 6.19. Majority of the respondents reported that they belong to lower class. However, a large proportion of respondents in Tripura, Karnataka, Madhya Pradesh, West Bengal and Assam were found belonging to middle class and lower middle class.

Table-6.19: Family Status of Respondents

State	Upper Class	Higher Middle Class	Middle Class	Lower Middle Class	Lower Class	Others	Total
Himachal Pradesh	0	0	26	23	55	22	126
	0.0%	0.0%	20.6%	18.3%	43.7%	17.5%	100.0%
Uttar Pradesh	0	5	34	14	293	1	347
	0.0%	1.4%	9.8%	4.0%	84.4%	0.3%	100.0%
Assam	0	1	32	31	87	6	157
	0.0%	0.6%	20.4%	19.7%	55.4%	3.8%	100.0%
Tripura	4	1	33	14	12	0	64
	6.2%	1.6%	51.6%	21.9%	18.8%	0.0%	100.0%
West Bengal	0	0	26	93	135	6	260
	0.0%	0.0%	10.0%	35.8%	51.9%	2.3%	100.0%
Maharashtra	1	1	87	19	267	2	377
	0.3%	0.3%	23.1%	5.0%	70.8%	0.5%	100.0%
Madhya Pradesh	10	2	47	168	211	15	453
	2.2%	0.4%	10.4%	37.1%	46.6%	3.3%	100.0%
Karnataka	0	10	55	71	121	0	257
	0.0%	3.9%	21.4%	27.6%	47.1%	0.0%	100.0%
Andhra Pradesh	0	5	26	57	415	0	503
	0.0%	1.0%	5.2%	11.3%	82.5%	0.0%	100.0%
Total	15	25	366	490	1596	52	2544
	0.6%	1.0%	14.4%	19.3%	62.7%	2.0%	100.0%

Source: Field Survey, 2012.

About 31 per cent respondents reported that they are availing crèches services for a period of 6-12 months while about 30 per cent respondents reported that they are availing crèche services for more than 24 months. This was found more pronouncing in Assam (63.7 per cent) followed by Tripura (60.9 per cent), West Bengal (46.2 per cent) and Himachal Pradesh (43.7 per cent). About 22 per cent respondents further reported that they are availing crèche services for a period of 12-18 months. This was reported significant in Karnataka, Madhya Pradesh, Tripura and Andhra Pradesh (Table 6.20).

Table-6.20: Period of Availing Crèche Services by Respondents

State	Less Than 6 Months	6-12 Months	12 -18 Months	18 -24 Months	More Than 24 Months	Total
Himachal Pradesh	1	30	22	18	55	126
	0.8%	23.8%	17.5%	14.3%	43.7%	100.0%
Uttar Pradesh	8	63	70	90	116	347
	2.3%	18.2%	20.2%	25.9%	33.4%	100.0%
Assam	2	9	21	25	100	157
	1.3%	5.7%	13.4%	15.9%	63.7%	100.0%
Tripura	0	7	16	2	39	64
	0.0%	10.9%	25.0%	3.1%	60.9%	100.0%
West Bengal	30	52	36	22	120	260
	11.5%	20.0%	13.8%	8.5%	46.2%	100.0%
Maharashtra	48	37	76	155	61	377
	12.7%	9.8%	20.2%	41.1%	16.2%	100.0%
Madhya Pradesh	8	235	122	3	85	453
	1.8%	51.9%	26.9%	0.7%	18.8%	100.0%
Karnataka	0	101	81	17	58	257
	0.0%	39.3%	31.5%	6.6%	22.6%	100.0%
Andhra Pradesh	2	255	119	0	127	503
	0.4%	50.7%	23.7%	0.0%	25.2%	100.0%
Total	99	789	563	332	761	2544
	3.9%	31.0%	22.1%	13.1%	29.9%	100.0%

Source: Field Survey, 2012.

Ave of child availing crèche services is shown in Table 6.21. More than 2/5th respondents reported that the age of their child availing crèche services is 2-4 years. Similarly, about 40 per cent respondents reported that their children availing crèche services belong to the age group of 1-2 years. This was found significantly high in Andhra Pradesh (73 per cent) followed by Karnataka (63.4 per cent), Tripura (45.3 per cent) and Madhya Pradesh (42.8 per cent).

Table-6.21: Age of Child Availing Crèche Services

State	0-1 Year	1-2 Years	2-4 Years	4-6 Years	6 Years And Above	Total
Himachal Pradesh	4	33	73	15	1	126
	3.2%	26.2%	57.9%	11.9%	0.8%	100.0%
Uttar Pradesh	20	58	210	51	8	347
	5.8%	16.7%	60.5%	14.7%	2.3%	100.0%
Assam	3	38	95	17	4	157

	1.9%	24.2%	60.5%	10.8%	2.5%	100.0%
Tripura	1	29	31	1	2	64
	1.6%	45.3%	48.4%	1.6%	3.1%	100.0%
West Bengal	8	24	143	83	2	260
	3.1%	9.2%	55.0%	31.9%	0.8%	100.0%
Maharashtra	15	118	163	81	0	377
	4.0%	31.3%	43.2%	21.5%	0.0%	100.0%
Madhya Pradesh	7	194	193	20	39	453
	1.5%	42.8%	42.6%	4.4%	8.6%	100.0%
Karnataka	0	163	82	0	12	257
	0.0%	63.4%	31.9%	0.0%	4.7%	100.0%
Andhra Pradesh	17	367	118	0	1	503
	3.4%	73.0%	23.5%	0.0%	0.2%	100.0%
Total	75	1024	1108	268	69	2544
	2.9%	40.3%	43.6%	10.5%	2.7%	100.0%

Source: Field Survey, 2012.

Gender of child living in crèche centre is shown in Table 6.22. About half of the respondents reported that their children availing crèche services are male. This was found more pronouncing in Maharashtra, Karnataka and Himachal Pradesh. About 7 per cent respondents reported that both male and female children are availing crèche services. This was found more pronouncing in Assam (47.8 per cent) and Uttar Pradesh (24.8 per cent).

Table-6.22: Gender of Child Living in Crèche Centre

State	Male	Female	Both	Total
Himachal Pradesh	66	60	0	126
	52.4%	47.6%	0.0%	100.0%
Uttar Pradesh	143	118	86	347
	41.2%	34.0%	24.8%	100.0%
Assam	31	51	75	157
	19.7%	32.5%	47.8%	100.0%
Tripura	28	31	5	64
	43.8%	48.4%	7.8%	100.0%
West Bengal	109	149	2	260
	41.9%	57.3%	0.8%	100.0%
Maharashtra	245	131	1	377
	65.0%	34.7%	0.3%	100.0%
Madhya Pradesh	243	210	0	453
	53.6%	46.4%	0.0%	100.0%
Karnataka	139	118	0	257
	54.1%	45.9%	0.0%	100.0%
Andhra Pradesh	256	247	0	503
	50.9%	49.1%	0.0%	100.0%
Total	1260	1115	169	2544

	49.5%	43.8%	6.6%	100.0%
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Source: Field Survey, 2012.

Timings of availing crèche services are shown in Table 6.23. About 54 per cent respondents reported that they are availing crèche services for a period of 6-8 hours. This was found more pronouncing in Uttar Pradesh (85.6 per cent), Maharashtra (85.4 per cent) and Assam (84.7 per cent). About 2/5th respondents reported that they are availing crèche services for 4-6 hours. This was significantly high in Tripura, Andhra Pradesh and Madhya Pradesh.

Table-6.23: Timings of Availing Crèche Services

State	Less Than 4 Hours	4-6 Hours	6-8 Hours	More Than 8 Hours	Total
Himachal Pradesh	1	61	64	0	126
	0.8%	48.4%	50.8%	0.0%	100.0%
Uttar Pradesh	3	46	297	1	347
	0.9%	13.3%	85.6%	0.3%	100.0%
Assam	6	17	133	1	157
	3.8%	10.8%	84.7%	0.6%	100.0%
Tripura	3	59	2	0	64
	4.7%	92.2%	3.1%	0.0%	100.0%
West Bengal	30	146	59	25	260
	11.5%	56.2%	22.7%	9.6%	100.0%
Maharashtra	11	44	322	0	377
	2.9%	11.7%	85.4%	0.0%	100.0%
Madhya Pradesh	5	245	203	0	453
	1.1%	54.1%	44.8%	0.0%	100.0%
Karnataka	0	125	132	0	257
	0.0%	48.6%	51.4%	0.0%	100.0%
Andhra Pradesh	3	326	173	1	503
	0.6%	64.8%	34.4%	0.2%	100.0%
Total	62	1069	1385	28	2544
	2.4%	42.0%	54.4%	1.1%	100.0%

Source: Field Survey, 2012.

Quality of crèche services are shown in Table 6.24. Majority of the respondents reported that the quality of crèche services is good. Moreover, 22 per cent respondents reported that the quality of crèche services is very good. This was found more pronouncing in case of care and protection of children, medical facilities and behaviour of staff. The quality of services such as playground, availability of electricity, medical facility and clean toilets was reported to be bad to some extent.

Table-6.24: Quality of Crèche Services

Quality of Creche Services	Very Good	Good	Bad	Very Bad	Total
Drinking Water	404	2099	35	6	2544
	15.9%	82.5%	1.4%	0.2%	100.0%

Toilets	259	2034	226	25	2544
	10.2%	80.0%	8.9%	1.0%	100.0%
Electricity	357	1674	484	29	2544
	14.0%	65.8%	19.0%	1.1%	100.0%
Play Equipments/ Materials	471	1758	301	14	2544
	18.5%	69.1%	11.8%	0.6%	100.0%
Play Ground	444	1476	573	51	2544
	17.5%	58.0%	22.5%	2.0%	100.0%
Medical Facility	611	1555	369	9	2544
	24.0%	61.1%	14.5%	0.4%	100.0%
Care & Protection	709	1615	215	5	2544
	27.9%	63.5%	8.5%	0.2%	100.0%
Food & Nutrition	516	1881	141	6	2544
	20.3%	73.9%	5.5%	0.2%	100.0%
Behaviour Of Staff	685	1775	83	1	2544
	26.9%	69.8%	3.3%	0.0%	100.0%
Overall Creche Infrastructure	566	1826	148	4	2544
	22.2%	71.8%	5.8%	0.2%	100.0%

Source: Field Survey, 2012.

Adequacy of facilities in the crèche centres is shown in Table 6.25. The adequacy of facilities was found significant in case of clean and safe drinking water, stove, gas cylinders and chullah, cooking utensils, quantity of food and snacks, teaching and learning materials, mattress, clean toilets and sanitation etc. However, inadequacy of facilities was reported high in case of pillows, blankets and quilts, bed and bed sheets, separate kitchen, carts, etc.

Table-6.25: Adequacy of Facilities in the Crèche Centres

Facilities	Adequate	Inadequate	Can't Say	Total
Electricity Supply	991	1256	297	2544
	39.0%	49.4%	11.7%	100.0%
Clean Toilets & Sanitation	1441	894	209	2544
	56.6%	35.1%	8.2%	100.0%
Clean & Safe Drinking Water	1750	602	192	2544
	68.8%	23.7%	7.5%	100.0%
Ventilation	1594	664	286	2544
	62.7%	26.1%	11.2%	100.0%
Safe Play Ground	1274	1152	118	2544
	50.1%	45.3%	4.6%	100.0%
Play Materials & Equipments	1276	1213	55	2544
	50.2%	47.7%	2.2%	100.0%
Mattress	1334	1047	163	2544
	52.4%	41.2%	6.4%	100.0%
Carts	788	1310	446	2544

	31.0%	51.5%	17.5%	100.0%
Pillows	690	1531	323	2544
	27.1%	60.2%	12.7%	100.0%
Blankets & Quilts	724	1545	275	2544
	28.5%	60.7%	10.8%	100.0%
Bed ,Bed Sheets Etc.	831	1589	124	2544
	32.7%	62.5%	4.9%	100.0%
Teaching & Learning Materials	1460	1035	49	2544
	57.4%	40.7%	1.9%	100.0%
Separate Kitchen	1168	1275	101	2544
	45.9%	50.1%	4.0%	100.0%
Stove , Gas Cylinders Or Chulah	1522	969	53	2544
	59.8%	38.1%	2.1%	100.0%
Cooking Utensils	1758	764	22	2544
	69.1%	30.0%	0.9%	100.0%
Quantity Of Food And Snacks	1436	1072	36	2544
	56.4%	42.1%	1.4%	100.0%

Source: Field Survey, 2012.

Satisfaction with the facilities in crèches is shown in Table 6.26. Most of the respondents were found satisfied and very satisfied with the availability and quality of crèche facilities however, a large proportion of respondents were found dissatisfied with the services and facilities of blanks and quilts, bed and bed sheets, separate kitchen, pillows, safe playground, clean and safe drinking water, electricity supply and clean toilets and sanitation.

Table-6.26: Satisfaction with the Facilities in Crèches

Quality Of Facilities	Very Satisfied	Satisfied	Do Not Satisfied	Can't Say	Total
Electricity Supply	433	1583	399	129	2544
	17.0%	62.2%	15.7%	5.1%	100.0%
Clean Toilets & Sanitation	293	1785	331	135	2544
	11.5%	70.2%	13.0%	5.3%	100.0%
Clean & Safe Drinking Water	405	1438	612	89	2544
	15.9%	56.5%	24.1%	3.5%	100.0%
Ventilation	343	1934	148	119	2544
	13.5%	76.0%	5.8%	4.7%	100.0%
Safe Play Ground	241	1810	391	102	2544
	9.5%	71.1%	15.4%	4.0%	100.0%
Play Materials & Equipments	278	1911	323	32	2544
	10.9%	75.1%	12.7%	1.3%	100.0%
Mattress	306	1784	317	137	2544
	12.0%	70.1%	12.5%	5.4%	100.0%

Carts	345	1573	447	179	2544
	13.6%	61.8%	17.6%	7.0%	100.0%
Pillows	313	1495	518	218	2544
	12.3%	58.8%	20.4%	8.6%	100.0%
Blankets & Quilts	222	1217	964	141	2544
	8.7%	47.8%	37.9%	5.5%	100.0%
Bed, Bed Sheets Etc.	167	1519	736	122	2544
	6.6%	59.7%	28.9%	4.8%	100.0%
Teaching & Learning Materials	310	1746	452	36	2544
	12.2%	68.6%	17.8%	1.4%	100.0%
Separate Kitchen	318	1507	672	47	2544
	12.5%	59.2%	26.4%	1.8%	100.0%
Stove ,Gas Cylinders Or Chulah	409	2013	89	33	2544
	16.1%	79.1%	3.5%	1.3%	100.0%
Cooking Utensils	491	1962	77	14	2544
	19.3%	77.1%	3.0%	0.6%	100.0%
Quality Of Foods And Snacks	294	2136	88	26	2544
	11.6%	84.0%	3.5%	1.0%	100.0%

Source: Field Survey, 2012.

Satisfaction with availability of medical facility is shown in Table 6.27. Most of the respondents were found satisfied with the availability of medical facility however, significant proportion of respondents in Tripura (35.9 per cent), Uttar Pradesh (35.7 per cent), Himachal Pradesh (12.7 per cent) and Assam (12.1 per cent) were found dissatisfied with the availability of medical facilities in crèches and its nearby areas.

Table-6.27: Satisfaction with Availability of Medical Facility

State	Yes	No	Total
Himachal Pradesh	110	16	126
	87.3%	12.7%	100.0%
Uttar Pradesh	223	124	347
	64.3%	35.7%	100.0%
Assam	138	19	157
	87.9%	12.1%	100.0%
Tripura	41	23	64
	64.1%	35.9%	100.0%
West Bengal	237	23	260
	91.2%	8.8%	100.0%
Maharashtra	375	2	377
	99.5%	0.5%	100.0%
Madhya Pradesh	441	12	453
	97.4%	2.6%	100.0%

Karnataka	257	0	257
	100.0%	0.0%	100.0%
Andhra Pradesh	492	11	503
	97.8%	2.2%	100.0%
Total	2314	230	2544
	91.0%	9.0%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether their child got ill in the crèche. About 56 per cent respondents reported that their child got ill in the crèche. This was reported significantly high in Madhya Pradesh, Karnataka and Andhra Pradesh. Due to lack of proper sanitation and hygienic conditions including availability of safe drinking water, clean toilets and sanitation as well as availability of blankets, quilts, bed and bed sheets, children living in crèche centres are bearing the health risk (Table 6.28).

Table-6.28: Whether Child Got Ill in the Crèche

State	Yes	No	Total
Himachal Pradesh	26	100	126
	20.6%	79.4%	100.0%
Uttar Pradesh	31	316	347
	8.9%	91.1%	100.0%
Assam	12	145	157
	7.6%	92.4%	100.0%
Tripura	9	55	64
	14.1%	85.9%	100.0%
West Bengal	4	256	260
	1.5%	98.5%	100.0%
Maharashtra	181	196	377
	48.0%	52.0%	100.0%
Madhya Pradesh	441	12	453
	97.4%	2.6%	100.0%
Karnataka	247	10	257
	96.1%	3.9%	100.0%
Andhra Pradesh	485	18	503
	96.4%	3.6%	100.0%
Total	1436	1108	2544
	56.4%	43.6%	100.0%

Source: Field Survey, 2012.

The profile of beneficiaries simply demonstrates that most of the beneficiaries are from lower communities, class and poor families. Their main occupation is labour and live below poverty line. Majority of the respondents reported that they are from rural background. Most of the beneficiaries reported that they are availing crèche services for more than 4 hours. They were found satisfied with the adequacy and quality of crèche services however, a large proportion of respondents was found dissatisfied with the adequacy and quality of services and facilities such as sleeping, cooking meals, clean toilets, sanitation and availability of drinking water, etc.

View Perceptions of People's Representatives

Involvement of people's representatives in the functioning of any programme is essential as it ensures community mobilization, their participation and active role in implementation of the development scheme and programme. Representatives of NGOs and civil society organizations are also engaged in successful implementation of government programmes and schemes. In this part of the report, an attempt has been made to examine the view perception of representatives of local governments, NGOs and civil society organizations regarding the functioning of Rajiv Gandhi National Creche Scheme.

Gender of respondents is shown in Table 7.1. About 58 per cent respondents were males. This was found more pronouncing in Maharashtra, Assam, Uttar Pradesh, West Bengal and Himachal Pradesh.

Table-7.1: Gender of Respondents

State	Male	Female	Total
Himachal Pradesh	7	5	12
	58.3%	41.7%	100.0%
Uttar Pradesh	8	3	11
	72.7%	27.3%	100.0%
Assam	9	2	11
	81.8%	18.2%	100.0%
Tripura	4	7	11
	36.4%	63.6%	100.0%
West Bengal	8	3	11
	72.7%	27.3%	100.0%
Maharashtra	1	0	1
	100.0%	0.0%	100.0%
Madhya Pradesh	6	5	11
	54.5%	45.5%	100.0%
Karnataka	4	7	11
	36.4%	63.6%	100.0%
Andhra Pradesh	5	6	11
	45.5%	54.5%	100.0%
Total	52	38	90
	57.8%	42.2%	100.0%

Source: Field Survey, 2012.

Educational level of respondents is shown in Table 7.2. About 46 per cent respondents were undergraduates while about 29 per cent respondents were graduates and postgraduates. The proportion of graduates and postgraduates respondents was reported significantly high in Himachal Pradesh, Uttar Pradesh, Assam, Karnataka and Andhra Pradesh.

Table-7.2: Educational Level of Respondents

State	Under Graduate	Graduate	Post Graduate	Others	Total
Himachal Pradesh	2	5	0	5	12
	16.7%	41.7%	0.0%	41.7%	100.0%
Uttar Pradesh	5	3	2	1	11
	45.5%	27.3%	18.2%	9.1%	100.0%
Assam	5	3	0	3	11
	45.5%	27.3%	0.0%	27.3%	100.0%
Tripura	6	2	0	3	11
	54.5%	18.2%	0.0%	27.3%	100.0%
West Bengal	6	2	0	3	11
	54.5%	18.2%	0.0%	27.3%	100.0%
Maharashtra	0	0	0	1	1
	0.0%	0.0%	0.0%	100.0%	100.0%
Madhya Pradesh	5	2	1	3	11
	45.5%	18.2%	9.1%	27.3%	100.0%
Karnataka	6	3	0	2	11
	54.5%	27.3%	0.0%	18.2%	100.0%
Andhra Pradesh	6	3	0	2	11
	54.5%	27.3%	0.0%	18.2%	100.0%
Total	41	23	3	23	90
	45.6%	25.6%	3.3%	25.6%	100.0%

Source: Field Survey, 2012.

Profession of respondents is shown in Table 7.3. About 22 per cent respondents were found engaged in private job while 14 per cent respondents were engaged in business. This was found more pronouncing in West Bengal, Assam, Madhya Pradesh and Karnataka. Only 13 per cent respondents were government employees. This was found significant in Tripura. About half of the respondents were engaged in social profession and representing the civil society organizations, NGOs and other voluntary organizations.

Table-7.3: Profession of Respondents

State	Govt. Job	Private Job	Business	Others	Total
Himachal Pradesh	0	0	3	9	12
	0.0%	0.0%	25.0%	75.0%	100.0%
Uttar Pradesh	2	3	1	5	11
	18.2%	27.3%	9.1%	45.5%	100.0%
Assam	2	5	3	1	11
	18.2%	45.5%	27.3%	9.1%	100.0%
Tripura	3	2	0	6	11
	27.3%	18.2%	0.0%	54.5%	100.0%

West Bengal	0	1	6	4	11
	0.0%	9.1%	54.5%	36.4%	100.0%
Maharashtra	0	0	0	1	1
	0.0%	0.0%	0.0%	100.0%	100.0%
Madhya Pradesh	2	4	0	5	11
	18.2%	36.4%	0.0%	45.5%	100.0%
Karnataka	1	4	0	6	11
	9.1%	36.4%	0.0%	54.5%	100.0%
Andhra Pradesh	2	1	0	8	11
	18.2%	9.1%	0.0%	72.7%	100.0%
Total	12	20	13	45	90
	13.3%	22.2%	14.4%	50.0%	100.0%

Source: Field Survey, 2012.

Majority of the respondents were found affiliated with NGOs. This was found more pronouncing in Andhra Pradesh, Karnataka, Maharashtra, Assam and Uttar Pradesh. About 18 per cent respondents were affiliated with political parties. This was found more pronouncing in West Bengal (63.6 per cent) and Tripura (36.4 per cent). Only 14 per cent respondents were found affiliated with PRIs. This was found more pronouncing in Himachal Pradesh (58.3 per cent) and West Bengal (27.3 per cent).

Table-7.4: Affiliation with Organizations

State	Political Party	PRI's	NGO	Others	Total
Himachal Pradesh	4	7	0	1	12
	33.3%	58.3%	0.0%	8.3%	100.0%
Uttar Pradesh	0	1	8	2	11
	0.0%	9.1%	72.7%	18.2%	100.0%
Assam	1	0	10	0	11
	9.1%	0.0%	90.9%	0.0%	100.0%
Tripura	4	1	6	0	11
	36.4%	9.1%	54.5%	0.0%	100.0%
West Bengal	7	3	1	0	11
	63.6%	27.3%	9.1%	0.0%	100.0%
Maharashtra	0	0	1	0	1
	0.0%	0.0%	100.0%	0.0%	100.0%
Madhya Pradesh	0	1	10	0	11
	0.0%	9.1%	90.9%	0.0%	100.0%
Karnataka	0	0	11	0	11
	0.0%	0.0%	100.0%	0.0%	100.0%
Andhra Pradesh	0	0	11	0	11
	0.0%	0.0%	100.0%	0.0%	100.0%
Total	16	13	58	3	90
	17.8%	14.4%	64.4%	3.3%	100.0%

Source: Field Survey, 2012.

Nature of affiliation with organizations is shown in Table 7.5. Most of the respondents reported that they are members of the organizations. However, a large proportion of respondents in Uttar Pradesh (45.5 per cent), Himachal Pradesh (41.7 per cent) and Assam (36.4 per cent) were found social development activists.

Table-7.5: Nature of Affiliation with Organizations

State	Member	Activist	Total
Himachal Pradesh	7	5	12
	58.3%	41.7%	100.0%
Uttar Pradesh	6	5	11
	54.5%	45.5%	100.0%
Assam	7	4	11
	63.6%	36.4%	100.0%
Tripura	8	3	11
	72.7%	27.3%	100.0%
West Bengal	11	0	11
	100.0%	0.0%	100.0%
Maharashtra	1	0	1
	100.0%	0.0%	100.0%
Madhya Pradesh	10	1	11
	90.9%	9.1%	100.0%
Karnataka	11	0	11
	100.0%	0.0%	100.0%
Andhra Pradesh	11	0	11
	100.0%	0.0%	100.0%
Total	72	18	90
	80.0%	20.0%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether crèche scheme has been implemented in their areas. Most of the respondents admitted that crèche scheme has been implemented in their areas. However, a significant proportion of respondents in Himachal Pradesh (33.3 per cent) and Uttar Pradesh (18.2 per cent) reported that crèche scheme has not been implemented in their areas (Table 7.6).

Table-7.6: Whether Crèche Scheme is Being Implemented in Your Area

State	Yes	No	Total
Himachal Pradesh	8	4	12
	66.7%	33.3%	100.0%
Uttar Pradesh	9	2	11
	81.8%	18.2%	100.0%
Assam	11	0	11
	100.0%	0.0%	100.0%

Tripura	11	0	11
	100.0%	0.0%	100.0%
West Bengal	11	0	11
	100.0%	0.0%	100.0%
Maharashtra	1	0	1
	100.0%	0.0%	100.0%
Madhya Pradesh	11	0	11
	100.0%	0.0%	100.0%
Karnataka	11	0	11
	100.0%	0.0%	100.0%
Andhra Pradesh	11	0	11
	100.0%	0.0%	100.0%
Total	84	6	90
	93.3%	6.7%	100.0%

Source: Field Survey, 2012.

Most of the respondents were found aware that Project Implementing Agencies are running crèche centres. However, the awareness level was reported low in Maharashtra and Assam (Table 7.7).

Table-7.7: Do You Know That PIAs are Running Crèche Centres

State	Yes	No	Total
Himachal Pradesh	12	0	12
	100.0%	0.0%	100.0%
Uttar Pradesh	11	0	11
	100.0%	0.0%	100.0%
Assam	9	2	11
	81.8%	18.2%	100.0%
Tripura	10	1	11
	90.9%	9.1%	100.0%
West Bengal	10	1	11
	90.9%	9.1%	100.0%
Maharashtra	0	1	1
	0.0%	100.0%	100.0%
Madhya Pradesh	11	0	11
	100.0%	0.0%	100.0%
Karnataka	11	0	11
	100.0%	0.0%	100.0%
Andhra Pradesh	11	0	11
	100.0%	0.0%	100.0%
Total	85	5	90
	94.4%	5.6%	100.0%

Source: Field Survey, 2012.

Most of the respondents reported that they have visited crèche centres in their areas. However, a large proportion of respondents in Maharashtra, Assam and Andhra Pradesh have not visited any crèche centres (Table 7.8).

Table-7.8: Whether Visited any Crèche Centre in Your Area

State	Yes	No	Total
Himachal Pradesh	12	0	12
	100.0%	0.0%	100.0%
Uttar Pradesh	11	0	11
	100.0%	0.0%	100.0%
Assam	10	1	11
	90.9%	9.1%	100.0%
Tripura	11	0	11
	100.0%	0.0%	100.0%
West Bengal	11	0	11
	100.0%	0.0%	100.0%
Maharashtra	0	1	1
	0.0%	100.0%	100.0%
Madhya Pradesh	11	0	11
	100.0%	0.0%	100.0%
Karnataka	11	0	11
	100.0%	0.0%	100.0%
Andhra Pradesh	10	1	11
	90.9%	9.1%	100.0%
Total	87	3	90
	96.7%	3.3%	100.0%

Source: Field Survey, 2012.

Most of the respondents were found satisfied with the adequacy and quality of crèche services. However, satisfaction regarding adequacy and quality of crèche services was reported slightly low in Andhra Pradesh and Assam (Table 7.9).

Table-7.9: Satisfaction with the Adequacy and Quality of Crèche Services

State	Drinking Water (Yes)	Toilets (Yes)	Electricity (Yes)	Play Equipments (Yes)	Play Ground (Yes)	Medical Facility (Yes)	Care & Protection (Yes)	Food & Nutrition (Yes)	Overall Creche Infrastructure (Yes)	Total
Himachal Pradesh	12	12	12	12	12	12	12	12	12	12
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Uttar Pradesh	11	11	11	11	11	11	11	11	11	11
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Assam	10	10	10	10	10	10	10	10	10	11
	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	100.0%
Tripura	11	11	11	11	11	11	11	11	11	11
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
West Bengal	11	11	11	11	11	11	11	11	11	11
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Maharashtra	0	0	0	0	0	0	0	0	0	1
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Madhya Pradesh	11	11	11	11	11	11	11	11	11	11
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Karnataka	11	11	11	11	11	11	11	11	11	11
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Andhra Pradesh	10	10	10	10	10	10	10	10	10	11
	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	100.0%
Total	87	87	87	87	87	87	87	87	87	90
	96.7%	96.7%	96.7%	96.7%	96.7%	96.7%	96.7%	96.7%	96.7%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether community mobilization, involvement and participation in implementation of crèche scheme is imperative. About half of the respondents were found agreed on this view point while about 47 per cent respondents expressed their view point as strongly agree. Only a small proportion of respondents in Madhya Pradesh and West Bengal were found somewhat agree on this view point (Table 7.10).

Table-7.10: Whether Community Mobilization and Participation in Implementation of Crèche Scheme is Imperative

State	Strongly Agree	Agree	Somewhat Agree	Total
Himachal Pradesh	7	5	0	12
	58.3%	41.7%	0.0%	100.0%
Uttar Pradesh	3	8	0	11
	27.3%	72.7%	0.0%	100.0%
Assam	2	9	0	11
	18.2%	81.8%	0.0%	100.0%
Tripura	1	10	0	11
	9.1%	90.9%	0.0%	100.0%
West Bengal	6	4	1	11
	54.5%	36.4%	9.1%	100.0%
Maharashtra	0	1	0	1
	0.0%	100.0%	0.0%	100.0%
Madhya Pradesh	5	5	1	11
	45.5%	45.5%	9.1%	100.0%
Karnataka	9	2	0	11
	81.8%	18.2%	0.0%	100.0%
Andhra Pradesh	9	2	0	11
	81.8%	18.2%	0.0%	100.0%
Total	42	46	2	90
	46.7%	51.1%	2.2%	100.0%

Source: Field Survey, 2012.

The involvement of people's representatives and social activists in the successful implementation of Rajiv Gandhi National Crèche Scheme is imperative. Most of the respondents were found aware about the scheme and its implementation. They have also visited crèche centres and were found satisfied with the adequacy and quality of crèche services.

View Perceptions of State Officials

Rajiv Gandhi National Crèche Scheme has been implemented by Central Social Welfare Board, Indian Council for Child Welfare and Bhartiya Adim Jati Sewak Sang in collaboration with civil society organizations and private organizations engaged in social development. The view point of concerned officials is important as they are actively engaged in selection of the project implementing agencies, providing training and capacity building to the crèche workers and monitoring of the scheme. In this part of the report, an attempt has been made to analyze the view perception of concerned officials regarding the implementation of National Crèche Scheme.

More than half of the respondents were Assistant Project Officers while about 1/3rd respondents were Project Officers. The proportion of respondents as Project Officers was reported high in Uttar Pradesh, Assam and Maharashtra. About 13 per cent respondents were the Office Bearers of State Social Welfare Board and other concerned organizations (Table 8.1).

Table-8.1: Designation of the Respondent

State	Project Officer	Assistant Project Officer	Chairperson	President	Secretary	UDC	Total
Himachal Pradesh	0	9	0	0	0	0	9
	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Uttar Pradesh	10	0	0	0	1	0	11
	90.9%	0.0%	0.0%	0.0%	9.1%	0.0%	100.0%
Assam	9	2	0	0	0	0	11
	81.8%	18.2%	0.0%	0.0%	0.0%	0.0%	100.0%
Tripura	0	6	1	1	1	1	10
	0.0%	60.0%	10.0%	10.0%	10.0%	10.0%	100.0%
West Bengal	0	10	0	0	0	0	10
	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Maharashtra	4	3	2	1	1	0	11
	36.4%	27.3%	18.2%	9.1%	9.1%	0.0%	100.0%
Madhya Pradesh	0	6	0	0	0	0	6
	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Karnataka	4	7	1	1	1	0	14
	28.6%	50.0%	7.1%	7.1%	7.1%	0.0%	100.0%
Andhra Pradesh	4	7	1	0	0	0	12
	33.3%	58.3%	8.3%	0.0%	0.0%	0.0%	100.0%
Total	31	50	5	3	4	1	94
	33.0%	53.2%	5.3%	3.2%	4.3%	1.1%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether they have adequate staff and officials for regular monitoring of crèche centres. Most of the respondents were reported that they have adequate staff and officials for regular monitoring of crèche centres. However, significant proportion of respondents in Uttar Pradesh (36.4 per cent), Maharashtra (27.3 per cent), Tripura (20 per cent) and West Bengal (20 per cent) reported that they do not have adequate staff and officials for regular monitoring crèche centres. The respondents further reported that they have qualified and experienced staff and officials for monitoring of crèche centres (Table 8.2).

Table-8.2: Do You Have Adequate Staff and Officials for Regular Monitoring of Crèche Centres

State	Yes	No	Total
Himachal Pradesh	9	0	9
	100.0%	0.0%	100.0%
Uttar Pradesh	7	4	11
	63.6%	36.4%	100.0%
Assam	9	2	11
	81.8%	18.2%	100.0%
Tripura	8	2	10
	80.0%	20.0%	100.0%
West Bengal	8	2	10
	80.0%	20.0%	100.0%
Maharashtra	8	3	11
	72.7%	27.3%	100.0%
Madhya Pradesh	6	0	6
	100.0%	0.0%	100.0%
Karnataka	13	1	14
	92.9%	7.1%	100.0%
Andhra Pradesh	10	2	12
	83.3%	16.7%	100.0%
Total	78	16	94
	83.0%	17.0%	100.0%

Source: Field Survey, 2012.

The respondents were further asked regarding the periodicity of visit to crèche centres by their staff/officials. About 2/5th respondents reported that the crèche centres are being visited on quarterly basis. This was found significantly high in Himachal Pradesh (100 per cent), Madhya Pradesh (83.3 per cent), West Bengal (70 per cent) and Andhra Pradesh (50 per cent). More than 1/4th respondents revealed that crèche centres are being visited on annual basis. This was found significantly high in Maharashtra (54.5 per cent), Uttar Pradesh (36.4 per cent) and Karnataka (28.6 per cent). Thus, only 1/4th respondents reported that crèche centres are being visited by officials and staff on weekly basis. This was found significant in Assam (54.5 per cent), Karnataka (42.9 per cent) and Uttar Pradesh (36.4 per cent) (Table 8.3).

Table-8.3: Periodicity of Visit to the Crèche Centre by Staff/Officials

State	Weekly	Monthly	Quarterly	Annually	Total
Himachal Pradesh	0	0	9	0	9
	0.0%	0.0%	100.0%	0.0%	100.0%
Uttar Pradesh	4	0	3	4	11
	36.4%	0.0%	27.3%	36.4%	100.0%
Assam	6	2	1	2	11
	54.5%	18.2%	9.1%	18.2%	100.0%
Tripura	1	1	3	5	10
	10.0%	10.0%	30.0%	50.0%	100.0%
West Bengal	1	0	7	2	10
	10.0%	0.0%	70.0%	20.0%	100.0%
Maharashtra	3	0	2	6	11
	27.3%	0.0%	18.2%	54.5%	100.0%
Madhya Pradesh	1	0	5	0	6
	16.7%	0.0%	83.3%	0.0%	100.0%
Karnataka	6	0	4	4	14
	42.9%	0.0%	28.6%	28.6%	100.0%
Andhra Pradesh	2	1	6	3	12
	16.7%	8.3%	50.0%	25.0%	100.0%
Total	24	4	40	26	94
	25.5%	4.3%	42.6%	27.7%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether they have annual training calendar for training and capacity building for NGO workers and crèche workers. About 71 per cent respondents reported that they have developed annual training calendar for training and capacity building of human resources engaged in implementation of scheme. However, a large proportion of respondents in Maharashtra (54.5 per cent), Uttar Pradesh (45.5 per cent), Tripura (40 per cent) and Andhra Pradesh (33.3 per cent) revealed that they have not developed annual training calendar for training and capacity building of human resources (Table 8.4).

Table-8.4: Annual Calendar for Training and Capacity Building

State	Yes	No	Total
Himachal Pradesh	9	0	9
	100.0%	0.0%	100.0%
Uttar Pradesh	6	5	11
	54.5%	45.5%	100.0%
Assam	10	1	11
	90.9%	9.1%	100.0%
Tripura	6	4	10
	60.0%	40.0%	100.0%
West Bengal	7	3	10
	70.0%	30.0%	100.0%

Maharashtra	5	6	11
	45.5%	54.5%	100.0%
Madhya Pradesh	5	1	6
	83.3%	16.7%	100.0%
Karnataka	11	3	14
	78.6%	21.4%	100.0%
Andhra Pradesh	8	4	12
	66.7%	33.3%	100.0%
Total	67	27	94
	71.3%	28.7%	100.0%

Source: Field Survey, 2012.

Most of the respondents reported that they have setup linkages with academic institutions for conduct of training to crèche workers. However, a significant proportion of respondents in Maharashtra (45.5 per cent), Karnataka (21.4 per cent) and Tripura (20 per cent) reported that there is no linkage with academic institutions for conducting of training to crèche workers (Table 8.5).

Table-8.5: Linkages with Academic Institutions for Conduct of the Training to Crèche Workers

State	Yes	No	Total
Himachal Pradesh	9	0	9
	100.0%	0.0%	100.0%
Uttar Pradesh	11	0	11
	100.0%	0.0%	100.0%
Assam	10	1	11
	90.9%	9.1%	100.0%
Tripura	8	2	10
	80.0%	20.0%	100.0%
West Bengal	10	0	10
	100.0%	0.0%	100.0%
Maharashtra	6	5	11
	54.5%	45.5%	100.0%
Madhya Pradesh	6	0	6
	100.0%	0.0%	100.0%
Karnataka	11	3	14
	78.6%	21.4%	100.0%
Andhra Pradesh	11	1	12
	91.7%	8.3%	100.0%
Total	82	12	94
	87.2%	12.8%	100.0%

Source: Field Survey, 2012.

Academic institutions engaged in training and capacity building of crèche workers are shown in Table 8.6. Department of Social Work or School of Social Work, Indian Council for Child Welfare and NIPCCD are some of the major academic institutions engaged in training and capacity building of crèche

workers. State Social Welfare Board has also been found engaged in training and capacity building of crèche workers in the states of Madhya Pradesh, Karnataka, Andhra Pradesh, West Bengal and Uttar Pradesh. A large proportion of respondents reported that ICDS platform is also being used for training and capacity building of crèche workers mainly in Andhra Pradesh, Tripura and Assam.

Table-8.6: Academic Institutions Engaged in Training to Crèche Workers

State	NIPCCD	Department Of Social Work/School Of Social Work	ICDS	Indian Council For Child Welfare	SSWB	Total
Himachal Pradesh	0	0	0	9	0	9
	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
Uttar Pradesh	1	7	1	1	1	11
	9.1%	63.6%	9.1%	9.1%	9.1%	100.0%
Assam	1	7	2	0	0	10
	10.0%	70.0%	20.0%	0.0%	0.0%	100.0%
Tripura	0	6	2	0	0	8
	0.0%	75.0%	25.0%	0.0%	0.0%	100.0%
West Bengal	2	2	1	4	1	10
	20.0%	20.0%	10.0%	40.0%	10.0%	100.0%
Maharashtra	1	5	0	0	0	6
	16.7%	83.3%	0.0%	0.0%	0.0%	100.0%
Madhya Pradesh	2	0	0	3	1	6
	33.3%	0.0%	0.0%	50.0%	16.7%	100.0%
Karnataka	2	7	1	0	1	11
	18.2%	63.6%	9.1%	0.0%	9.1%	100.0%
Andhra Pradesh	1	3	3	3	1	11
	9.1%	27.3%	27.3%	27.3%	9.1%	100.0%
Total	10	37	10	20	5	82
	12.2%	45.1%	12.2%	24.4%	6.1%	100.0%

Source: Field Survey, 2012.

Majority of the crèche centres have received training in the field of pre-school education, nutrition and cooking nutritious food, early childhood education, emergency and disaster management. More than half of the crèches were provided training on child care, child health care, sanitation and hygiene, child development and psychological care of young children. The level of training was reported significantly high in Karnataka, Andhra Pradesh, Madhya Pradesh, Himachal Pradesh, Maharashtra while it was reported low in Uttar Pradesh, Assam, West Bengal and Tripura (Table 8.7).

Table-8.7: Subject-wise Number of Crèches Receiving Training

State	Child Care	Child Health Care	Emergency and Disaster Management	Sanitation and Hygiene	Pre-School Education	Early Childhood Education	Nutrition and Cooking of Nutrious Food	Child Development	Psychological Care of Young Children	Community Mobilization and Emppowerment
Himachal Pradesh	26	26	16	22	25	22	26	22	16	16
	86.7	86.7	53.3	73.3	83.3	73.3	86.7	73.3	53.3	53.3
Uttar Pradesh	25	25	20	25	21	22	24	12	15	7
	29.1	29.1	23.3	29.1	24.4	25.6	27.9	14.0	17.4	8.1
Assam	18	17	10	13	10	17	12	17	3	5
	46.2	43.6	25.6	33.3	25.6	43.6	30.8	43.6	7.7	12.8
Tripura	11	11	6	8	6	4	6	7	5	1
	68.8	68.8	37.5	50.0	37.5	25.0	37.5	43.6	31.2	6.1
West Bengal	21	19	10	18	18	21	21	18	11	17
	31.3	28.4	14.9	26.9	26.9	31.3	31.3	26.9	16.4	25.4
Maharashtra	64	64	60	61	62	59	58	59	50	11
	66.7	66.7	62.5	63.5	64.6	61.5	60.4	61.5	52.1	11.5
Madhya Pradesh	85	82	93	72	96	89	94	79	74	76
	74.6	71.9	81.5	63.2	84.2	78.1	82.5	69.3	64.9	66.7
Karnataka	41	43	54	40	52	40	51	45	47	48
	65.1	68.3	85.7	63.5	82.5	63.5	81.0	71.4	74.6	76.2
Andhra Pradesh	64	72	113	81	118	112	101	100	100	93
	57.2	57.6	90.4	64.8	94.4	89.6	80.8	80.0	80.0	74.4
Total	355	359	382	340	408	386	393	359	321	274
	55.8	56.4	60.1	53.5	64.2	60.7	61.8	56.4	50.5	43.1

Source: Field Survey, 2012.

Most of the respondents were of the view that project implementing agencies do not get funds in time for running of the crèche centres. However, flow of funds was reported timely to some extent in the state of Madhya Pradesh, West Bengal and Karnataka (Table 8.8).

Table-8.8: Whether Flow of Funds from Government to Implementing Agencies is in Time

State	Yes	No	Total
Himachal Pradesh	0	9	9
	0.0%	100.0%	100.0%
Uttar Pradesh	1	10	11
	9.1%	90.9%	100.0%
Assam	0	11	11
	0.0%	100.0%	100.0%
Tripura	1	9	10
	10.0%	90.0%	100.0%
West Bengal	2	8	10
	20.0%	80.0%	100.0%
Maharashtra	0	11	11
	0.0%	100.0%	100.0%
Madhya Pradesh	2	4	6
	33.3%	66.7%	100.0%
Karnataka	2	12	14
	14.3%	85.7%	100.0%
Andhra Pradesh	0	12	12
	0.0%	100.0%	100.0%
Total	8	86	94
	8.5%	91.5%	100.0%

Source: Field Survey, 2012.

Most of the respondents were of the view that present funds available under the scheme are not adequate for successful running of crèche centres. However, a large proportion of respondents mainly in Maharashtra, Karnataka and Tripura could not express their view point on this question (Table 8.9).

Table-8.9: Whether Available Fund is Adequate for Running Creche Scheme

State	Yes	No	Can't Say	Total
Himachal Pradesh	5	4	0	9
	55.6%	44.4%	0.0%	100.0%
Uttar Pradesh	0	11	0	11
	0.0%	100.0%	0.0%	100.0%
Assam	0	11	0	11
	0.0%	100.0%	0.0%	100.0%
Tripura	0	5	5	10
	0.0%	50.0%	50.0%	100.0%

West Bengal	0	10	0	10
	0.0%	100.0%	0.0%	100.0%
Maharashtra	0	0	11	11
	0.0%	0.0%	100.0%	100.0%
Madhya Pradesh	0	6	0	6
	0.0%	100.0%	0.0%	100.0%
Karnataka	0	8	6	14
	0.0%	57.1%	42.9%	100.0%
Andhra Pradesh	0	9	3	12
	0.0%	75.0%	25.0%	100.0%
Total	5	64	25	94
	5.3%	68.1%	26.6%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether they encouraged imposing of user charges for increasing centre's resources. About 2/5th respondents revealed that they have never encouraged for imposing of user charges however, 37 per cent respondents reported that they regularly encouraged for imposing of user charges. This was found significant in Himachal Pradesh, Madhya Pradesh, Andhra Pradesh and West Bengal (Table 8.10).

Table-8.10: Do You Encourage Imposing of User Charges

State	Regularly	Sometimes	Never	Total
Himachal Pradesh	9	0	0	9
	100.0%	0.0%	0.0%	100.0%
Uttar Pradesh	2	5	4	11
	18.2%	45.5%	36.4%	100.0%
Assam	4	1	6	11
	36.4%	9.1%	54.5%	100.0%
Tripura	2	2	6	10
	20.0%	20.0%	60.0%	100.0%
West Bengal	5	4	1	10
	50.0%	40.0%	10.0%	100.0%
Maharashtra	0	0	11	11
	0.0%	0.0%	100.0%	100.0%
Madhya Pradesh	4	2	0	6
	66.7%	33.3%	0.0%	100.0%
Karnataka	2	2	10	14
	14.3%	14.3%	71.4%	100.0%
Andhra Pradesh	7	2	3	12
	58.3%	16.7%	25.0%	100.0%
Total	35	18	41	94
	37.2%	19.1%	43.6%	100.0%

Source: Field Survey, 2012.

The respondents were asked that whether they are in favour of merger of the scheme with ICDS scheme. All the respondents were found against the view point as they reported that ICDS scheme is entirely different and catering the different target population besides over stressed human resources and infrastructure. The effective implementation of crèche scheme is not possible with the merger of scheme with ICDS (Table 8.11).

Table-8.11: Are You in Favour of Merger of Scheme with ICDS Scheme

State	Do Not Agree	Total
Himachal Pradesh	9	9
	100.0%	100.0%
Uttar Pradesh	11	11
	100.0%	100.0%
Assam	11	11
	100.0%	100.0%
Tripura	10	10
	100.0%	100.0%
West Bengal	10	10
	100.0%	100.0%
Maharashtra	11	11
	100.0%	100.0%
Madhya Pradesh	6	6
	100.0%	100.0%
Karnataka	14	14
	100.0%	100.0%
Andhra Pradesh	12	12
	100.0%	100.0%
Total	94	94
	100.0%	100.0%

Source: Field Survey, 2012.

Most of the officials were found affiliated with State Social Welfare Boards and were office bearers as well as officers engaged in implementation of the scheme. Most of the respondents further reported that they have adequate staff and official for monitoring of the crèche centres however, crèche centres are being visited on quarterly and annual basis mainly. The officials further reported that they have developed academic calendar for training and capacity building of the human resources engaged in training and capacity building. They have also setup linkages with academic institutions such as NIPCCD, Indian Council for Child Welfare, School of Social Work/Department of Social Work and other academic institutions. Most of the training provided to the crèche workers was also reported to be significant and dealing with the issues directly related with delivery of the day-care services to young children such as child care, child health care, sanitation and hygiene, pre-school education, nutrition and cooking of nutritious food, early childhood education, etc. All the respondents were found against the view point for the merger of scheme with ICDS.

Conclusion and Policy Recommendations

The early life of children has a great and lasting influence on the quality of life of a human being. The health, nutrition, education and development opportunities provided to a child in this stage determine the well being of children. The care of young children should not be the responsibility of family alone and therefore social intervention is required to provide child care services to the young children belonging to weaker sections of society. Rajiv Gandhi National Crèche Scheme for Working Mothers has been implemented with the support of civil society organizations in India. Central Social Welfare Board in association with State Social Welfare Boards, Indian Council for Child Welfare in association with State Council for Child Welfare, and Bhartiya Adim Jati Sewak Sangh as nodal agencies are engaged in implementation of the scheme. Present study purports to examine the functioning and performance of the scheme in the selected states of India.

Major Findings:

- During the 2008-2009, there were 31718 crèche centres with the beneficiaries of 7.92 lakh only. Most of the crèche centres were reported to be implemented by Central Social Welfare Board (65.83 per cent) while the share of ICCW (16.77 per cent) and BAJSS (17.39 per cent) was reported to be low. There has been declining trend of crèche centres over the period of 2006-07 to 2011-12.
- Agency-wise budgetary allocations under the scheme also demonstrates that a lion's share goes to Central Social Welfare Board (74.99 per cent) while ICCW constituted only 13.34 per cent share in the budgetary allocations during 2006-07. Moreover, there has been fluctuating trend in the budgetary allocations under the scheme during the period of 2006-07 to 2012-13.
- The observation of crèche centres demonstrates that most of the crèche centres have two rooms however; the space under the crèche centre has been reported to be small.
- About 60 per cent children living in crèche centres were from BPL families while about 2/5th children were from APL families. Majority of the children living in crèche centres were found belonging to the age group of 0-4 years. About 10 per cent children were also from the age group of 6 years and above. More than half of the children living in crèche centres were female.
- Most of the projects implementing agencies were NGOs (76.5 per cent) however; about 20 per cent PIAs were functioning as Trusts. They were registered under Societies Registration Act. Only 1/3rd PIAs have setup crèche centres in the office premises of their organizations in order to minimize the administrative cost of crèche centres.
- Most of the PIAs are receiving assistance from Central Social Welfare Board for running the scheme. Only 17 per cent PIAs reported that they have imposed user charges for augmenting the centre's resources.
- Most of the PIAs reported that their crèche centres have been inspected by the organizations other than sponsoring agencies. They were also found satisfied with the quality and adequacy of training to their workers for providing better child care services to young children. They further reported that the trainings have been organized mainly by Central Social Welfare Board and other academic institutions.
- The infrastructural facilities were found to be poor in most of the crèche centres. About 16 per cent crèche centres do not have availability of electricity while 28 per cent crèche centres do not have clean toilets and sanitation facilities. Similarly, about 14 per cent crèche centres do not have clean and safe drinking water. Even 19 per cent crèche centres do not have ventilation for fresh

air. Moreover, more than 1/3rd crèche centres do not have safe playground. Similarly, about 18 per cent crèche centres do not have play materials and equipments.

- The sleeping facilities in the crèche centres were also reported to be poor. A large proportion of crèche centres do not have mattress, carts, pillows, blankets and quilts, bed and bed sheets.
- The cooking facilities in the crèche centres were also reported to be poor. A large proportion of crèche centres do not have separate kitchen, stove, gas cylinders, proper cooking utensils, etc.
- Most of the working mothers were found belonging to Hindu community however, the proportion of Muslim respondents was also found to be significant. About 2/5th respondents were from general castes while about 30 per cent respondents were from Scheduled Caste and Scheduled Tribes.
- Most of the beneficiaries were from labour class and their occupation was reported to be labour. Their family occupation was reported to be labour, agriculture and service. Most of the beneficiaries were found living below poverty line. The average annual family income was reported to be Rs. 28210 while their average monthly income was reported to be Rs. 2592.
- Most of the beneficiaries were reported to be married. They mainly belong to middle age group i.e. 20-35 years. Their educational levels were found to be poor as about 2/5th of them were illiterate. They were mainly from rural background. About half of the respondents reported that their families have migrated for better socio-economic opportunities.
- Most of the beneficiaries reported that they are availing crèche services from 6 to 18 months. However, about 30 per cent respondents reported that they are availing crèche services for more than 2 years.
- Most of the beneficiaries reported that the age of their child is in between 1-4 years who is availing crèche services. The timings of availing crèche services were reported to be 4-8 hours. Most of the beneficiaries were found satisfied with the quality of crèche services however, about 2/5th beneficiaries were found dissatisfied with the adequacy of facilities in the crèche centres.
- Most of the people's representatives were found belonging to NGOs and local governments. They were members of their organizations. Most of them were found aware about the implementation of the crèche scheme. They have also visited crèche centres running in their areas. Most of the respondents were found satisfied with the adequacy and quality of crèche services.
- Most of the officials were found associated with the nodal agencies of the scheme. They reported that they have adequate staff and officials for regular monitoring of crèche centres. However, crèche centres are being monitored mainly on quarterly and annual basis.
- A large proportion of officials admitted that there is no annual training colander for training and capacity building of crèche workers. They have also not set up the linkages with academic institutions for conduct of the training to the crèche workers.
- Most of the crèche workers have received training however; the adequacy of training was reported to be low. The training to crèche workers requires on regular basis along with coverage of important areas such as community mobilization and empowerment, psychological care of young children, sanitation and hygiene, child health care, etc.
- Most of the officials admitted that there is no flow of funds from government to implementing agencies in time. This affects the functioning of the crèche centres. They further reported that the present assistance under the scheme is grossly inadequate to achieve the desired objectives and goals.

- The major constraints and challenges in effective implementation of the scheme include low budget, inadequate financial support under the scheme, no provision for honorarium of supervisory staff of the implementing agencies, no provision for house rent, no provision for administrative expenses, etc.

Recommendations:

- As ICDS and Rajiv Gandhi National Crèche Scheme are national programmes to address the multiple health, nutrition and educational needs of children under 6 years, strategies should be adopted to universalize the programme with quality as a guiding principle. Greater convergence between the ICDS and National Rural Health Mission and Sarva Shiksha Abhiyan for prevention and management of malnutrition is imperative. Crèches and maternity entitlements along with focus on infant and young child feeding and outreach to children under the age of 3 years are to be ensured.
- Complementary strategies and other institutional arrangements including (1) maternity entitlements; (2) crèches and childcare arrangements; and (3) institutionalized support for infant and young child feeding will be required.
- Age specific interventions have to be paid to the varying requirements of different age groups. These interventions should involve the integration of related systems, focusing on food and nutrition; health services; and childcare.
- Decentralized approach is essential for fostering participatory planning, community ownership, responsiveness to local circumstances and the involvement of local governments in effective implementation of child-centred schemes such as ICDS and Rajiv Gandhi National Crèche Scheme.
- Community action should be encouraged with the active involvement of civil society organizations for community mobilization and participation in monitoring and evaluation of child-centred schemes. The existing network of community-based organizations such as Women SHGs, Community Development Societies, Mahila Swasthya Sangh, Women Associations, etc. should be involved in community mobilization and effective implementation of the scheme.
- Administrative reforms for capacity building and decentralization are essential. It is imperative to introduce central mechanism that sets standards, maintains quality, safeguards equity concerns, redresses uneven development and allocates resources in a transparent and equitable manner.
- The scheme should be restructured both in terms of budget and human resources. A crèche center should be provided a minimum budget of Rs. 2.5 lakhs along with minimum support of qualified, dedicated and experienced staff. A crèche center should have at least two staff, preferably females to provide child care services. The existing norms and guidelines of the scheme need to be revised with incorporation of the earmarking of judicious fund for infrastructure development, maintenance, health care services, food and nutrition etc. of the crèche.
- The present procedure for allotment of crèche centers to the Project Implementing Agencies is not judicious as a few NGOs or agencies are given the charge of running of 50-250 Crèche Centers while the average number of centers per PIA is 4-5 only. Thus, there is need of rethinking in allocation of crèche centers to PIAs.
- The location of the crèche centers is also found in favour of rural and semi urban areas where as job opportunities are found concentrated in urban centers and particularly in large cities. Thus, it also suggested that establishment of the crèche centers by PIAs should be reconsidered, accommodating major industrial and business clusters, construction sites, and work places.

- The concept of mobile crèche is becoming more popular and effective in delivery of services to working mothers and therefore, it should be further promoted and encouraged.
- Most of the PIAs, State Officials and People's Representatives are not in favour of the merger of the scheme with ICDS as the functionaries are already over stressed with the work and responsibilities and additional responsibility for implementing the crèche scheme will create work burden to them. The existing staff of ICDS is not qualified and well competent to perform the additional responsibility of implementing the crèche scheme. Therefore merger of the scheme with ICDS should be very limited in the initial stage and be confined to those areas where ICDS platform is strong enough to support the additional responsibility.
- The merger of Rajiv Gandhi National Creche Scheme and ICDS programme is practically not possible as ICDS programme is meant for providing supplementary nutrition to young children with a limited duration of 2-3 years child care services while creche centre is aimed at providing child day-care services to young children of working mothers for a period of minimum 8 hours.
- There should be more emphasis on convergence of resources, schemes, programmes, Departments and agencies for providing benefits of other social development schemes being implemented by other Departments and Ministries of Central and state government.
- The training and capacity building of crèche workers is very crucial for ensuring effective functioning of the scheme and therefore, it is imperative to provide quality training to crèche workers by reputed institutes. In this regard, public private partnership may be encouraged and Certificate should be issued after successful receiving of the training.
- Monitoring of crèche centers requires intensive and more frequently by a team of officials, peoples representatives, local development activists and subject experts. Thus, it is imperative to develop effective monitoring and supervision mechanism or effective monitoring and supervision of the crèche centers. State Social Welfare Boards may engage state level organizations for effective monitoring and evaluation of crèche centers on regular basis.
- There is a need to universalize crèches/day care centres. The universalization of crèches is likely to empower women to become economically productive, ensuring early child care and breast feeding, reducing infant and child mortality, prevention of malnutrition by facilitating continuing breast feeding and supplementary feeding, and proper care of young children.
- There is a need to adopt multiple strategies towards achieving universalization of crèches/ day care services in order to provide child care to young children as there is increasing demand of day care services to the young children. Presently the outreach of Rajiv Gandhi National Crèche Scheme is negligible and therefore its coverage needs to be widened to provide benefits to the working women in the unorganized sector.
- A National Day Care Fund may be set up to provide resources for a range of models of day care services to young children of working mothers. Decentralized models of day care centres should be set up with the involvement of community based organizations such as SHGs, Women Associations, grassroots level voluntary organizations and civil societies etc. The norms for providing support for decentralized models of crèches may be separately evolved.
- There is need to encourage public private partnership to set up mobile crèches in the construction sites, brick kilns, slums, etc. so that the day care services to the children of migrant labours and workers may be addressed.
- It is imperative to improve the sanitary and hygienic conditions in the crèches through adopting improved practices, cleanliness and maintaining separate kitchen. The essential utensils should be made available in the crèches besides proper and adequate washing materials for cleaning of

utensils, toilets, etc. should be made available to the crèche workers in order to ensure sanitary hygienic conditions.

- In order to provide quality and nutritious food to the young children, proper arrangement of ration, fresh vegetables, seasonal fruits etc. should be made available to the crèches. However, it will require earmarking of significant amount on nutrition against the financial assistance provided to crèche under the scheme. The resource mobilization through imposing user charges (differentiated charges for children belonging to BPL, marginalized and APL families) is imperative in order to augment the resources in a crèche.
- In order to reduce the infrastructure cost of a crèche, the project implementing agencies should be encouraged to set up the mobile crèches besides mobilizing the individual households for facilitating in their own house for setting up temporary crèche. The PIAs may also set up crèches in their project sites and offices set up under other supported developmental programmes/schemes. Thus, there will be no need for additional charges as house rent.
- It is imperative to assign responsibility and accountability to only one national level organization to function as a nodal agency. The Central Social Welfare Board may be given this charge as it has wide national outreach from metropolitan cities to the remotest area of the country through its officials/non-officials member of state boards and also having a wide and required infrastructure in all the states and UTs to implement the Rajiv Gandhi National Crèche Scheme for Working Mothers in a larger and broader perspective however it needs strengthening of its monitoring system by revitalizing its decentralized implementing committees.

An Evaluation Study on Rajiv Gandhi National Crèche Scheme for Children of Working Mothers

Sponsored by
Planning Commission, Government of India

Observation Schedule

1.0	General Information	
	1.1	State:
	1.2	City:.....
	1.3	Name of Creche Centre.....
	1.4	Date of Visit:.....
2.0	Infrastructure	
	2.1	Type of Building: (1) Pucca.....(2) Semi-Pucca..... (3) Others.....
	2.2	Type of Floor: (1) Marble.....(2) Cemented..... (3) Tiles.....(4) None.....
	2.3	Total Area Used for Creche Centre (in Sqft.).....:
	2.4	Number of Rooms in the Creche Centre:.....
	2.5	Staff members present in the Creche Scheme: (1) Male(2) Female (3) Total.....
	2.6	Details of Children present in Creche Centres: 1. No. Children from BPL families..... 2. No. of Children from APL families.....
	2.7	Gender of children present in Creche Centre: (1) Male (2) Female

3.0	Facilities	
	3.1	Does the Creche Centre have proper and adequate the following facilities:
		1. Electricity Supply (1) Yes (2) No
		2. Clean Toilets & Sanitation (1) Yes (2) No
		3. Clean & Safe Drinking Water (1) Yes (2) No
		4. Ventilation (1) Yes (2) No
		5. Safe Play Ground (1) Yes (2) No
		6. Play Materials & Equipments (1) Yes (2) No
		7. Mattress (1) Yes (2) No
		8. Carts (1) Yes (2) No
		9. Pillows (1) Yes (2) No
		10. Blankets & Quits (1) Yes (2) No
		11. Bed, Bed sheets, etc. (1) Yes (2) No
		12, Teaching & Learning Materials (1) Yes (2) No
		13. Separate Kitchen (1) Yes (2) No
		14. Stove, Gas Cylinders or Chulah (1) Yes (2) No
		15. Cooking Utensils (1) Yes (2) No
	3.3	Medical facility available in the Creche Centre or its adjoining areas: (1) Yes (2) No
4.0	Food & Other Essentials	
	4.1	Whether the Centre has First-Aid Kit: (1) Yes (2) No
	4.2	Whether the First-Aid Kit contains the required equipments and medicines all the time: (1) Yes (2) No
	4.3	Whether the Centre has adequate facility for - (1) Cooking (2) Cooking Utensils (3) Utensils for the feeding the children (4) Proper and regular cleaning of utensils before and after use (5) Keeping of utensils in identified space

	4.4	Whether the Centre has facility of proper and regular chlorination or boiling of drinking water: (1) Yes (2) No
	4.5	Whether the food is acceptable to babies and children in the Centre: (1) Yes (2) No
	4.6	Whether the food is adequate being provided to babies and children in the Centre: 1) Yes (2) No
	4.7	Whether the present food preparation is suitable for : (1) Maintaining nutritional value (2) Cleanliness (3) Taste
5.0	Monitoring of Centre	
	5.1	Maintaining and upkeeping of records: 1- Attendance Register 2- Stock Register 3- Others

Conducted by
Supath Gramodhyog Sansthan
Unit-B, 4th Floor, Aviskar Complex, Motipura Circle
Himmat Nagar-383001, Gujarat
Ph: 02772-229513, 228730, 09825986099

An Evaluation Study on Rajiv Gandhi National Crèche Scheme for Children of Working Mothers

Sponsored by
Planning Commission, Government of India

Questionnaire for Creche Centre

1.0	General Information	
	1.1	State:
	1.2	District:.....
	1.3	City:.....
	1.4	Location of Creche Centre: (1) Main City (2) Outskirt of City
	1.5	Name of Implementing Institution/Organization:.....
	1.6	Name of Respondent:.....
	1.7	Designation of Respondent:.....
2.0	Infrastructure	
	2.1	Year of Establishment of Creche Centre:.....
	2.2	Type of Building: (1) Pucca.....(2) Semi-Pucca..... (3) Others.....
	2.3	Type of Floor: (1) Marble.....(2) Cemented..... (3) Tiles.....(4) None.....
	2.4	Total Area Used for Creche Centre (in Sqft.).....:
	2.5	Number of Rooms in the Creche Centre:.....
	2.6	Staff members engaged in Creche Scheme: (1) Male(2) Female (3) Total.....
	2.7	Timings of Creche Centres: (1) Less than 4 hours (2) 4-6 hours (3) 6-8 hours (4) More than 8hours
	2.8	Details of Children in Creche Centres:
		1. No. Children from BPL families... 2. No. of Children from APL families..... 3. No. of Children from marginalized/tribal communities.....

	2.9	Age-wise Details of Children: (1) 0-1 Year (2) 1-2 Years (3) 2-4 Years (4) 4-6 Years (5) 6 years and above	
	2.10	Gender of children in Creche Centre: (1) Male (2) Female	
3.0	Facilities		
	3.1	Does the Creche Centre have the following facilities:	
		1. Electricity Supply	(1) Yes (2) No
		2. Clean Toilets & Sanitation	(1) Yes (2) No
		3. Clean & Safe Drinking Water	(1) Yes (2) No
		4. Ventilation	(1) Yes (2) No
		5. Safe Play Ground	(1) Yes (2) No
		6. Play Materials & Equipments	(1) Yes (2) No
		7. Mattress	(1) Yes (2) No
		8. Carts	(1) Yes (2) No
		9. Pillows	(1) Yes (2) No
		10. Blankets & Quits	(1) Yes (2) No
		11. Bed, Bed sheets, etc.	(1) Yes (2) No
		12. Teaching & Learning Materials	(1) Yes (2) No
		13. Separate Kitchen	(1) Yes (2) No
		14. Stove, Gas Cylinders Or Chulah	(1) Yes (2) No
		15. Cooking Utensils	(1) Yes (2) No

	3.2	Are you satisfied with the quality and adequacy of following facilities for children: (1) Very Satisfied (2) Satisfied (3) Do Not Satisfied (4) Can't say
		1. Electricity Supply
		2. Clean Toilets & Sanitation
		3. Clean & Safe Drinking Water
		4. Ventilation
		5. Safe Play Ground
		6. Play Materials & Equipments
		7. Mattress
		8. Carts
		9. Pillows
		10. Blankets & Quits
		11. Bed, Bed sheets, etc.
		12, Teaching & Learning Materials
		13. Separate Kitchen
		14. Stove, Gas Cylinders or Chulah
		15. Cooking Utensils
	3.3	Is there medical facility available in the Creche Centre or its adjoining areas: (1) Yes (2) No
	3.4	Whether the Centre has linkages with the following centres and services:
		(1) Sub-Health Centre (2) Primary Health Centre (3) Community Health Centre (4) District Hospital (5) ICDS (6) Primary School (7) Panchayat/ULB (7) Immunization and Vaccination Services
4.0	Food & Other Essentials	
	4.1	Whether the Centre has First-Aid Kit: (1) Yes (2) No (3) Can't Say
	4.2	Whether the First-Aid Kit contains the required equipments and medicines all the time: (1) Yes (2) No (3) Can't Say

4.3	Whether the Centre has adequate facility for - (1) Cooking (2) Cooking Utensils (3) Utensils for the feeding the children (4) Proper and regular cleaning of utensils before and after use (5) Keeping of utensils in identified space
4.4	Whether the Centre has facility of proper and regular chlorination or boiling of drinking water: (1) Yes (2) No
4.5	Are you satisfied with the quality and nutritional value of food given to children every day: (1) Very Satisfied (2) Satisfied (3) Do Not Satisfied (4) Can't say
4.6	Whether the variety of food is being changed regularly: (1) Yes (2) No
4.7	Whether the food is acceptable to babies and children in the Centre: (1) Yes (2) No (3) Can't Say
4.8	Whether the food is adequate being provided to babies and children in the Centre: 1) Yes (2) No (3) Can't Say
4.9	Whether the present food preparation is suitable for : (1) Maintaining nutritional value (2) Cleanliness (3) Taste
4.10	Whether doctors have regular visit to check up children and treatment in the Centre: 1) Yes (2) No (3) Can't Say
5.0	Creche Workers Training
5.1	Whether all the staff engaged in crèche scheme has been trained: (1) Yes (2) No (3) Can't Say
5.2	Do you think that training imparted to the workers is adequate to provide better services and build up child friendly environment in the centre: (1) Strongly Agree (2) Agree (3) Somewhat agree (4) Do not agree

5.3	Who organize the training for the crèche workers: (1) Centreal Social Welfare Board (2) Indian Council for Child Welfare (3) Adim Jati Sewak Sangh (4) Department of Social Work/School of Social Work (5) Any other department of college/university (6) NIPCCD (7) Other
5.4	Duration of Training: (1) Less than 3 days (2) 3 – 5 days (3) 5 – 7 days (4) 15 days (5) More than 15 days
5.5	Type of Training provided to crèche workers: (1) Child Care (2) Child Health Care (3) Emergency and Disastrous (4) Sanitation and Hygiene (5) Pre-school Education (6) Early Childhood Education (7) Nutrition and Cooking of Nutritious Food (8) Child Development (9) Psycho-Social Care of Young Children (10) Community Mobilization and Empowerment (11) Others
5.6	Whether the training provided to Creche Workers has been useful for effective delivery of services and functioning of Creche Centre: (1) Highly Useful (2) Useful (3) Somewhat Useful (4) Not Useful
6.0	Teaching and Learning to Children
6.1	Whether you organized stimulation activities for children below : (1) Yes (2) No (3) Can't Say
6.2	Whether you are engaged in preparing low cost teaching-learning aids: (1) Yes (2) No
6.3	Are you teaching personal hygiene habits to the children: (1) Regularly (2) Sometimes (3) Occasionally (4) Never
6.4	Do you prepare nutritious food for children attending the Creche Centre: (1) Regularly (2) Sometimes (3) Occasionally (4) Never
6.5	Are you engaged in keeping the Centre and surrounding neat and clean: (1) Regularly (2) Sometimes (3) Occasionally (4) Never
6.6	Do you motivate parents for immunization and vaccination of children: (1) Regularly (2) Sometimes (3) Occasionally (4) Never
6.7	Do you organize mother's meetings to elicit community participation: (1) Regularly (2) Sometimes (3) Occasionally (4) Never

	6.8	Do you create awareness about better child care in the community: (1) Regularly (2) Sometimes (3) Occasionally (4) Never
	6.9	Do you maintain records and registers updated in the Centre: (1) Regularly (2) Sometimes (3) Occasionally (4) Never
7.0	Monitoring of Centre	
	7.1	Whether your crèche centre has been inspected by the organizations other than sponsoring/collaborating agencies: (1) Yes (2) No If yes, (1) Department of Social Work/School of Social Work (2) Institute/Centre of Women Studies (3) Others
	7.2	What is the periodicity of visit to the crèche centre by the officials other than crèche staff of organization: (1) Daily (2) Weekly (3) Fortnightly (4) Monthly (5) Quarterly
	7.3	What is the periodicity of visit to the crèche centre by the officials of sponsoring/collaborating agencies : (1) Fortnightly (2) Monthly (3) Quarterly (4) Half Yearly (5) Annual
8.0	Problems and Challenges in Successful Running of the Creche Centres:	
9.0	Suggestions	
	1	
	2	
	3	
	4	

Conducted by
Supath Gramodhyog Sansthan
 Unit-B, 4th Floor, Aviskar Complex, Motipura Circle
 Himmat Nagar-383001, Gujarat
 Ph: 02772-229513, 228730, 09825986099

An Evaluation Study on Rajiv Gandhi National Crèche Scheme for Children of Working Mothers

Sponsored by
Planning Commission, Government of India

Questionnaire for State Officials

1.0	General Information				
	1.1	State:			
	1.2	City:.....			
	1.3	Name of Respondent:.....			
	1.4	Designation of Respondent:.....			
2.0	Details of Creche Centres				
	Year	Total No. of Creche Centres	No. of Creche Centres setup during the year	No. of Children in Creche Centres	No. of Children aided in Creche Centres setup during the year
	2010-11				
	2009-10				
	2008-09				
3.0	Geographical Coverage of Creche Centres:				
	(1) No. of Districts :		(2) No. of Cities/Towns : :		
	(3) No. of NGOs engaged in Creche Centres :				
	(4) No. of Creche Centres in backward/tribal areas :				
4.0	Monitoring				
	4.1	Do you have adequate staff and officials for regular monitoring of Creche Centres: (1) Yes (2) No (3) Can't Say			
	4.2	Do you have qualified and experienced staff/officials for monitoring of Creche Centres: (1) Yes (2) No			
	4.3	What is the periodicity of visit to the Creche Centres by your staff/officials: (1) Weekly (2) Fortnightly (3) Monthly (4) Quarterly (5) Annually			
5.0	Training				
	5.1	Do you have annual training calendar for training and capacity building of NGO Workers/Creche Workers: (1) Yes (2) No			

	5.2	Do you have linkages with academic institutions/departments for conduct of the training of Creche Workers: (1) Yes (2) No If yes, 1- NIPCCD 2- Department of Social Work/School of Social Work 3- Others
	5.3	How many training programmes were organized during last year: (1) Number of training (2) Number of participants
	5.4	What kind of trainings are provided to Creche Workers and Staff of implementing agencies: (1) Child Care (2) Child Health Care (3) Emergency and Disastrous (4) Sanitation and Hygiene (5) Pre-school Education (6) Early Childhood Education (7) Nutrition and Cooking of Nutritious Food (8) Child Development (9) Psycho-Social Care of Young Children (10) Community Mobilization and Empowerment (11) Others
6.0	Funding	
	6.1	Is the flow of funds from government to implementing agencies in time : (1) Yes (2) No (3) Can't Say
	6.2	Do you feel that the present funds available to implementing agencies for running the Creche scheme is adequate: (1) Yes (2) No (3) Can't Say
	6.3	Do you encourage imposing of user charges for increasing centre's resources: (1) Regularly (2) Sometimes (3) Occasionally (4) Never
	6.4	Are you in favour of merger of scheme with ICDS scheme: (1) Strongly Agreed (2) Agreed (3) Do Not Agreed
7.0	What are the constraints and challenges in implementation of crèche scheme:	
	(i)	(ii)
8.0	Your valuable suggestions for effective implementation of Creche Scheme:	
	(i)	(ii)

Conducted by
Supath Gramodhyog Sansthan

Unit-B, 4th Floor, Aviskar Complex, Motipura Circle
Himmat Nagar-383001, Gujarat

Ph: 02772-229513, 228730, 09825986099

An Evaluation Study on Rajiv Gandhi National Crèche Scheme for Children of Working Mothers

Sponsored by
Planning Commission, Government of India
Questionnaire for Implementing Agency

1.0	General Information	
	1.1	State:
	1.2	District:.....
	1.3	City:.....
	1.4	Name of Institution/Organization:.....
	1.5	Name of Respondent:.....
	1.6	Designation of Respondent:.....
2.0	Infrastructure	
	2.1	Year of Establishment of Organization/Institution:.....
	2.2	Whether registered under Societies' Registration Act, 1860: (1) Yes (2) No
	2.3	Nature of Organization: (1) NGO (2) Trust (3) Others
	2.4	Location of Head Office: (1) State Capital (2) District Headquarter (3) Semi-urban Area (4) Rural
	2.5	Ownership of Building: (1) Own (2) Rental
	2.6	Staff Position: (1) Administration and Supervision..... (2) Project Staff..... (3) Field Staff..... (4) Staff engaged in Crèche Scheme
	2.7	Details of staff members engaged in Creche Scheme: (1) Male(2) Female
	2.8	Annual Turnover of organization: Rs.....
	2.9	Please provide the approximate proportion of grant details: (1) International Agencies..... (2) Central Government..... (3) State Government
		(4) Creche Scheme..... (5) Others.....

	2.10	Whether setup crèche centre in the premise of organization: (1) Yes (2) No				
3.0	Details of Creche Scheme					
	3.1	Which is the sponsoring/collaborating agency for implementation of crèche scheme: (1) Central Social Welfare Board (2) Indian Council for Child Welfare (3) Bhartiya Adim Jati Sewak Sangh (4) Others				
	3.2	Please provide the details of crèche centres:				
		Year	Number of Centre	Number of Children	Total Budget Under Creche Scheme	Staff Members Engaged in Creche Scheme
		2010-11				
		2009-10				
		2008-09				
		2007-08				
		2006-07				
	3.3	Whether you have imposed user charges for increasing centre's resources: (1) Yes (2) No. If yes,				
		Year	No. of BPL Families	Amount (Rs.)	No. of Other Families	Amount (Rs.)
		2010-11				
		2009-10				
		2008-09				
		2007-08				

	3.4	Whether your crèche centres have been inspected by the organizations other than sponsoring/collaborating agencies: (1) Yes (2) No If yes, (1) Department of Social Work/School of Social Work (2) Institute/Centre of Women Studies (3) Others
	3.5	What is the periodicity of visit to the crèche centres by the officials other than crèche staff of organization: (1) Daily (2) Weekly (3) Fortnightly (4) Monthly (5) Quarterly
	3.6	What is the periodicity of visit to the crèche centres by the officials of sponsoring/collaborating agencies : (1) Fortnightly (2) Monthly (3) Quarterly (4) Half Yearly (5) Annual
4.0	Creche Workers Training	
	4.1	Whether all the staff engaged in crèche scheme has been trained: (1) Yes (2) No
	4.2	Do you think that training imparted to the workers is adequate to provide better services and build up child friendly environment in the centre: (1) Strongly Agree (2) Agree (3) Somewhat agree (4) Do not agree
	4.3	Who organize the training for the crèche workers: (1) Centreal Social Welfare Board (2) Indian Council for Child Welfare (3) Adim Jati Sewak Sangh (4) Department of Social Work/School of Social Work (5) Any other department of college/university (6) NIPCCD (7) Other
	4.4	Duration of Training: (1) Less than 3 days (2) 3 – 5 days (3) 5 – 7 days (4) 15 days (5) More than 15 days
	4.5	Type of Training provided to crèche workers: (1) Child Care (2) Child Health Care (3) Emergency and Disastrous (4) Sanitation and Hygiene (5) Pre-school Education (6) Early Childhood Education (7) Nutrition and Cooking of Nutritious Food (8) Child Development (9) Psycho-Social Care of Young Children (10) Community Mobilization and Empowerment (11) Others

5.0	Problems and Challenges in Successful Running of the Creche Centres:	
	(1) Inadequate funding	
	(2) Irregular release of fund	
	(3) Non-availability of suitable place for running crèche centre	
	(4) Non-availability of suitable staff/workers for creche scheme	
	(5) Low-level of community mobilization and involvement	
	(6) Resistance by working mother for imposing user charges	
	(7) Irregular supply of electricity	
	(8) Interference from district level and other officials	
	(9) Others	
6.0	Suggestions	
	6.1	Are you in favour of merger of the scheme with ICDS Scheme: (1) Strongly agree (2) Somewhat agree (3) Do not agree (4) Cannot say
	6.2	Are you in favour of increasing the amount of grant under the scheme: (1) Strongly agree (2) Somewhat agree (3) Do not agree (4) Cannot say
	6.3	Your valuable suggestions for effective functioning of National Creche Scheme
		1.
		2.
		3.
		4.

Conducted by
Supath Gramodhyog Sansthan
 Unit-B, 4th Floor, Aviskar Complex, Motipura Circle
 Himmat Nagar-383001, Gujarat
 Ph: 02772-229513, 228730, 09825986099

An Evaluation Study on Rajiv Gandhi National Crèche Scheme for Children of Working Mothers

Sponsored by
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Questionnaire for People's Representatives

1.0	General Information	
	1.1	State:
	1.2	City:.....
	1.3	Name of Respondent:.....
	1.4	Designation of Respondent:.....
2.0	Personal Profile	
	2.1	Age of Respondent: (1) Below 25 years (2) 25-35 years (3) 35-45 years (4) 45-55 years (5) 55+ years
	2.2	Gender of Respondent: (1) Male (2) Female
	2.3	Education of Respondent: (1) Under Graduate (2) Graduate (3) Post Graduate (4) Others
	2.4	Profession of Respondent: (1) Govt. Job (2) Private Job (3) Business (4) Others
	2.5	Affiliation with : (1) Political Party (2) PRIs (3) ULBs (4) Parliament/State Assembly (5) NGO (5) Others
	2.6	Nature of Affiliation with: (1) Member (2) Counsellor (3) Activist
3.0	Details of Creche Service	
	3.1	Do you know that Creche scheme is being implemented in your area: (1) Yes (2) No
	3.2	Do you know that project implementing agencies running Creche Centres: (1) Yes (2) No If Yes How many NGOs/organizations are running Creche Schemes.....
	3.3	Do you know the number of crèche centres in the area: (1) Yes (2) No If yes How many crèche centres are running in the area.....

	3.4	<p>Have you ever visited any crèche centre of your area: (1) Yes (2) No</p> <p>If yes</p> <p>Are you satisfied with the adequacy and quality of the following crèche services:</p> <ol style="list-style-type: none"> 1. Drinking Water 2. Toilets 3. Electricity 4. Play Equipments/ Materials 5. Play Ground 6. Medical Facility 7. Care & Protection 8. Food & Nutrition 9. Behaviour of Staff 10. Overall Creche Infrastructure
	3.5	<p>Do you think that community mobilization, involvement and participation in implementation of Creche Scheme is imperative:</p> <p>(1) Strongly Agree (2) Agree (3) Somewhat Agree (4) Do Not Agree</p>
	3.6	<p>Do you interact with working mothers and recommend the availing of crèche services:</p> <p>(1) Always (2) Sometimes (3) Occasionally (4) Never</p>
4.0	What are the constraints and challenges in implementation of crèche scheme:	
	(i)	
	(ii)	
5.0	Your valuable suggestions for effective implementation of Creche Scheme:	
	(i)	
	(ii)	

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Himmat Nagar-383001, Gujarat
Ph: 02772-229513, 228730, 09825986099

3.2	Whether your family/yourself migrated: (1) Yes (2) No If yes (1) From other state (2) From other district (3) From other city/town (4) From rural areas
3.3	Reason for migration: (1) Transfer (2) Posting (3) Search of employment (4) Others
3.4	Religion/Sect: (1) Hindu (2) Muslim (3) Christian (4) Sikh (5) Jain (6) Buddhist (7) Others
3.5	Caste: (1) General (2) OBC (3) SC (4) ST
3.6	Class: (1) Feudal (2) Landlord (3) Peasant (4) Labour (5) Service (6) Others
3.7	Type of Family: (1) Joint (2) Nuclear (3) Extended
3.8	Size of Family: (1) Adults : Male Female (2) Working: Male Female (3) School Going Children: Male Female (4) Kids Male Female
3.9	Family Occupation: (1) Business (2) Self Employment (3) Service (4) Labour (5) Agriculture (6) Non-farm Sector (7) Others
3.10	Family Status: (1) Upper Class (2) Higher Middle Class (3) Middle Class (4) Lower Middle Class (5) Lower Class (6) Others
3.11	Annual Family Income from all sources: Rs.....
4.0	Availing of Creche Service
4.1	Since how long you have been availing crèche service: (1) Less than 6 months (2) 6-12 months (3) 12-18 months (4) 18-24 months (5) More than 24 months

4.2	Age of your child availing crèche service: (1) 0-1 Year (2) 1-2 Years (3) 2-4 Years (4) 4-6 Years (5) 6 years and above				
4.3	Gender of child in Creche Centre: (1) Male (2) Female				
4.4	Timings of availing Creche services: (1) Less than 4 hours (2) 4-6 hours (3) 6-8 hours (4) More than 8hours				
4.5	Please rate the quality of creche services:				
	Facility	Very Good	Good	Bad	Very Bad
	Drinking Water				
	Toilets				
	Electricity				
	Play Equipments/ Materials				
	Play Ground				
	Medical Facility				
	Care & Protection				
	Food & Nutrition				
	Behaviour of Staff				
	Overall Creche Infrastructure				
4.6	Does the Creche Centre has the adequate following facilities: (1) Adequate (2) Inadequate (3) Can't Say				
	1. Electricity Supply				
	2. Clean Toilets & Sanitation				
	3. Clean & Safe Drinking Water				
	4. Ventilation				
	5. Safe Play Ground				
	6. Play Materials & Equipments				
	7. Mattress				
	8. Carts				
	9. Pillows				
	10. Blankets & Quits				
	11. Bed, Bed sheets, etc.				
	12, Teaching & Learning Materials				
	13. Separate Kitchen				
	14. Stove, Gas Cylinders or Chulah				
	15. Cooking Utensils				
	16. Quantity of food and snacks				

4.7	<p>Are you satisfied with the quality of following facilities for children:</p> <p>(1) Very Satisfied (2) Satisfied</p> <p>(3) Do Not Satisfied (4) Can't say</p>
	1. Electricity Supply
	2. Clean Toilets & Sanitation
	3. Clean & Safe Drinking Water
	4. Ventilation
	5. Safe Play Ground
	6. Play Materials & Equipments
	7. Mattress
	8. Carts
	9. Pillows
	10. Blankets & Quits
	11. Bed, Bed sheets, etc.
	12, Teaching & Learning Materials
	13. Separate Kitchen
	14. Stove, Gas Cylinders Or Chulah
	15. Cooking Utensils
	16. Quality of food & snacks
4.8	<p>Are you satisfied with the medical facility available in the crèche centre:</p> <p>(1) Yes (2) No</p>
4.9	<p>Have your child got ill any time recently after sending in Creche:</p> <p>(1) Yes (2) No</p> <p>If Yes</p> <p>Give reason.....</p>
4.10	<p>Have you made any change after falling your child ill:</p> <p>(1) Yes (2) No</p> <p>If yes,</p> <p>What change you made.....</p>

	4.11	Do you think that crèche service has given you morale support in proper care and protection of children: (1) Yes (2) No
	4.12	Do you think that the crèche service has empowered you for child care services: (1) Yes (2) No
	4.13	Do you think that the crèche service has improved the health and nutritional status of child: (1) Yes (2) No
5.0	What major constraints do you encounter in sending your child in Creche	
	(i)	
	(ii)	
	(iii)	
6.0	Your valuable suggestions to improve the services of Creche Centre:	
	(i)	
	(ii)	
	(iii)	

Conducted by
Supath Gramodhyog Sansthan
 Unit-B, 4th Floor, Aviskar Complex, Motipura Circle
 Himmat Nagar-383001, Gujarat
 Ph: 02772-229513, 228730, 09825986099

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