



BERNARD VAN LEER FOUNDATION

INDIA STRATEGY SUMMARY

APPROVED MARCH 2011

Eisenhowerlaan 156
2517 KP The Hague
The Netherlands
31-70-331-2200
www.bernardvanleer.org

Programme Officer: Huub Schreurs

Overview

The India strategy of the Bernard van Leer Foundation (BvLF) consists of two main parts. The first part focuses on the situation of the 1.4 million tribal children under 6 years old growing up in the state of Orissaⁱ. The second part concerns more than 8 million young children under the age of 8 growing up in urban slums across the countryⁱⁱ. These two populations are the main target groups of the BvLF strategy in India, although our work will concentrate on smaller geographical areas within these very large populations. The two goals in India are:

1. Increased access to quality multilingual pre-school education services for tribal children aged 3–5 years in Orissa
2. Reduced rates of malnutrition and morbidity among young children growing up in urban slums.

We have decided that in India, for the time being, we will not programme around the third strategic goal of BvLF, that of reducing violence in young children's livesⁱⁱⁱ. This summary gives an overview of the goal choices, key outcomes and strategies, and the assessment and evaluation metrics for each goal.

Goal 1: Increased access to quality multilingual pre-school education services for tribal children aged 3–5 years in Orissa

The third-largest concentration of tribal population in India lives in Orissa. Of the 8 million tribal people in the state, 1.4 million are children 0–6 years old. This is 26% of all children in this age group growing up in Orissa^{iv}. Among this population, literacy rates are 37% compared to 63% for the state (65% for the country) and primary school drop-out rates are 20 percentage points higher than the state average (24 points for tribal girls)^v. This educational disadvantage starts before children get to first grade.

Although 77% of tribal children attend a centre run by the government's Integrated Child Development Services (ICDS), 4184 more centres are needed to meet the demand^{vi}. Where centres do operate, there are problems with poorly trained teachers who are regularly absent, unsafe physical infrastructure, and discriminatory attitudes towards tribal children and their parents. The absence of tribal languages in ICDS centres is also one of the main barriers to improving learning outcomes. In districts with a larger than average tribal population, only 4–5% of centres use the children's mother tongue as a language of instruction.

Outcomes and strategies

The work under this goal builds on prior activities of the BvLF that were conducted as part of a strategy focused on transitions that was approved in 2009. The current strategy concentrates more intensively on pre-school (rather than having a dual focus with primary school) and includes new approaches. The major areas addressed include improving the

quality of pre-school services, including the integration of children's mother tongue as a language of instruction, the development of policies that recognise multilingual pre-school education as a legal right for tribal children, and the financing of the pre-school system in Orissa.

Increased quality of education in pre-schools. This outcome can be achieved via support to Committee for Legal Aid to the Poor (CLAP), Centre for Youth and Social Development (CYSD) and People's Rural Education Movement (PREM) operating in Orissa and the transfer of the pre-school centres they set up to government supervision. Strategies to be implemented are as follows:

- 1. Fund pre-school centres and train teachers within existing pre-school services.** This strategy helps reach those not reached by ICDS centres and supports teachers with training and learning resource materials. Materials will seek to integrate the tribal context and language. Mothers and grandmothers will help to run the centres. Fathers will be involved through village committees.
- 2. Set up prototype pre-schools to act as resource centres for multilingual pre-school education.** Five model centres will be set up, combining pre-school and resource provision. The centres will demonstrate the value of multilingual pre-school provision and become resources for nearby villages and teachers employed by the government in ICDS centres. This will increase the reach of training.
- 3. Develop curricula in tribal languages.** Learning materials derived from the tribal context, including songs, stories, games, music etc., will be developed and distributed in three selected tribal languages: Saura, Kui and Munda.

Progress in Orissa towards this outcome has been made under the BvLF strategy that focused on transitions, approved in 2009. It consolidated activities in 570 centres in remote, hitherto unserved tribal villages and reached 11,200 children. Forty-eight fully functional centres previously operating under the aegis of the NGOs have been transferred to government supervision. In 143 centres a first batch of ICDS workers has been trained. In the period up to 2013, we expect to reach 35,000 children through 909 centres. A longitudinal study is being conducted by the Zakir Husain Centre at Jawaharlal Nehru University in Delhi to demonstrate the positive impact of multilingual provisions.

Policies on early childhood and multilingual education in pre-schools are developed and placed within the government. Demonstration cases and training are not enough to guarantee multilingual pre-school provision in a context where this is not a legal right or supported by a clear government policy. Strategies to enable appropriate policy making are given below. This outcome was also a focus of the transitions strategy of BvLF approved in 2009.

- 1. Create demand for pre-school education.** Village councils will be strengthened in their governance, knowledge on child rights and early childhood education. A mobile

vehicle campaign will be launched in the tribal pockets of Orissa reaching 50 districts in which community sensitisation meetings will be organised. A state-level civil society convention will be organised to provide a platform for social activists, academicians, policy analysts, lawyers, journalists and tribal leaders including village council members in each of the 12 districts of Orissa where we work.

2. **Influence policymakers, legislators, political parties** and other constitutional and statutory bodies, and the judiciary with evidence-based findings to devise a policy on early childhood and pre-school education. As a prelude to dialogue with policymakers, existing policies will be reviewed creating space to bring to bear our own impact research on multilingual pre-school education. In consultation with policy analysts, pre-school and legal experts, a draft policy will be submitted to the government. Legal entitlement to multilingual pre-school will be sought.
3. **Mobilise the media to cover the issue of multilingual pre-schools.** Views of experts on issues such as the right to language in education, quality pre-school, the importance of pre-schools for school readiness, etc. will be documented in the form of audio-visual recordings and shared with the media.

Increased financing and resources allocated to pre-schools. Even with a strong model for quality, legal rights and an official policy for multilingual pre-schools in place, there is still a need for sufficient resources to reach pre-schools. This requires a civil society that is capable of tracking the funding behind the pre-school system in Orissa. This is an outcome that was not a focus in the strategy on transitions that was approved in 2009. Strategies to achieve it include:

1. **Conduct budget analysis and cost analysis** to estimate financial requirements to provide quality pre-school services. This analysis will create space for future budget advocacy related to better utilisation of existing funds and increased allocation.
2. **Track allocation and use of financial resources for the implementation of the pre-school.** Spending patterns will be analysed in terms of their effectiveness and adequacy. The findings will be used to underpin claims to increase the level of funding and/or to make more efficient use of already available funds for the pre-school.
3. **Disseminate relevant findings on resource allocation to advocates, politicians and media.** Reports will be widely shared and used during community sensitisation and policy advocacy. Collaboration will be sought with a range of potential national and local allies.

Goal 2: Reduced rates of malnutrition and morbidity among young children growing up in urban slums

More than 150 million children in India are at risk of becoming malnourished due to the current global food crisis and corresponding escalation in prices^{vii}. This is compounded by high levels of child morbidity stemming from lack of access to safe drinking water, poor sanitation and lack of awareness among primary caregivers about appropriate health and hygiene practices. The very young children are the first to bear the brunt of these developments: 46% of children under 3 are underweight, 38% are stunted, and 19% are wasted; 80% of 3–6 year olds and 56% of married Indian women aged between 15 and 49 were found to be anaemic in 2006^{viii}.

These kinds of statistics conjure up an image of rural poverty and simple urban–rural comparisons will confirm that notion. However, dry statistics hide the reality of at least 8 million young children growing up in urban slums. A USAID study in 2002^{ix} found that infant mortality rates were twice as high in slums as the national rural average and that slum children under 5 years old suffer more and are more likely to die from diarrhoea and acute respiratory infection than rural children. Our own research, in a sample of five major cities, found that up to 65% of urban poor children were underweight and 77% were anaemic.

There is a strong effort in India to change conditions in slums. Two of the most significant programmes are Jawaharlal Nehru National Urban Renewal Mission (JNNURM) and Rajiv Awas Yojana (RAY) –Federal Indian Government funded urban renewal and slum upgrading initiatives investing EUR 3 billion per year in cities where urbanisation and urban poverty are most dramatic. The chance to channel these resources towards better environmental health for slum children represents an enormous opportunity for impact.

Outcomes and strategies

The strategies will focus on a selection of cities eligible for the JNNURM and RAY funds. They will tackle the environmental health problems leading to child morbidity and malnutrition, as well as the poverty behind child hunger. Three main sets of strategies will be pursued in a staggered approach:

- community organising and demonstration projects designed to strengthen the civic engagement of slum dwellers in issues of slum upgrading, urban renewal and child welfare
- advocacy and technical assistance designed to move existing government resources towards the environmental health of slum children, and
- dissemination designed to scale up successful experiences to other cities over time

Increased visibility of young children’s and women’s needs in slum communities; increased levels of collective self-efficacy among slum dwellers; decreased levels of income poverty among slum families with young children. This first set of outcomes is intended to kick-start a process of community organising that brings young children’s needs to the forefront of the community agenda. We emphasise the role of women’s groups because our vetting process has shown they are well-organised and they are seeking shifts in stereotypical

gender roles and social norms, making them natural agents of change. Strategies to achieve these outcomes are:

- 1. Institution building at the community level.** In order to ensure a solid foundation for community organising and future civic engagement, existing community-based organisations (CBOs), especially those run by women, will be supported to formalise their status and receive training that allows them to manage their organisations.
- 2. Strengthen savings and loan schemes for women and children.** Besides offering a ready source of funding at the community level, these schemes augment the development of grassroots institutions. The power to handle finances empowers women and children generally. Women's groups have also shown the potential to gear savings toward education (school fees), health and housing (piped water).
- 3. Promote children's voices as agents of change within slum communities.** A variety of tactics will be tested to help children put their concerns on the community agenda. For example: children's groups will undertake awareness campaigns within slums on issues of environmental health and child rights; a volunteer fellowship programme for young people living in slums will help mentor children's groups, work as slum reporters and engage in community theatre projects to raise awareness about environmental health problems; local children's councils will create a formal structure for children to join in the decisions about community affairs.

Increased utilisation of statutory entitlements among slum dwellers including food rations, girl child subsidies and ICDS centres. While the activities above help to build a sense that slum dwellers can change their situation through self-help, this block of strategies orients their voice towards government. This is done by helping them access existing schemes like ration cards, girl child subsidies and ICDS childcare centres – entitlements they do not already use, either because they do not know how or because they do not feel empowered enough to request them.

- 1. Using the Right to Information Act and other negotiating tools to increase access to local entitlement schemes (ration cards, girl child subsidies, etc.).** Slum dwellers will be empowered to access information about and use these entitlements.
- 2. Soliciting 'Anganwadi on Demand'.** This refers to the national ICDS childcare programme and the provision for all communities who request the service to have one provided. Responsible government officers and advocacy groups will be invited to explain and assist in ways to access services. Anganwadi's are early childhood development centres which provide services to poor families in need of immunization, healthy food, and a learning environment for infants, toddlers and preschoolers.

Increased level of collective civic engagement among slum dwellers in relation to slum upgrading and urban renewal programmes. This block of strategies builds on strengthened social capital and knowledge of citizens' rights. It tries to bring the community organising process to a higher level of engagement with city officials and policymakers to negotiate plans to improve the environmental health of slum children.

- 1. Federate CBOs at the ward level.** Existing CBOs will be linked to the major women's groups, brought together in federations and registered as NGOs. This organisational structure will provide a basis from which slum dwellers can engage city authorities on larger structural plans for slum upgrading and urban renewal.
- 2. Raise awareness about the potential to access resources through urban renewal and slum upgrading programmes.** Responsible government officers and advocacy groups will be invited to explain to federations about the potential to use available funds, especially those associated with federal initiatives such as JNNURM and RAY.
- 3. Support slum dwellers to engage in community vulnerability mapping.** Slum dwellers and urban planners cannot rely on available data since the information usually does not exist. Mapping will identify environmental health and children's needs. Expert planners and architects will be invited to work with slum dwellers.
- 4. Invest in leadership programmes.** With data to make their case and knowledge about the available funding sources, slum communities will need leaders to take their case to ward-level consultations and negotiations. Training, coaching and mentoring will help prepare slum dwellers to fulfill this role for their communities.

Increased amounts of government funding for urban renewal and slum upgrading assigned to child-friendly infrastructure development such as improvements in housing, water, sanitation, drainage and spaces for play. All of the above strategies will develop demand for better infrastructure, but our vetting process has suggested that decision makers need help themselves in the technical aspects of planning and also need incentives if sustained changes are to be achieved for children. Key funding streams to be targeted are the EUR 3 billion available annually through JNNURM and RAY. Strategies to achieve this outcome are:

- 1. Provide technical assistance to city officials in the process of designing alternative plans for slum improvements.** We will facilitate training of city agencies by government and non-government institutions. This will involve experts in housing, water, sanitation, child welfare, architecture and participatory planning.
- 2. Monitor and backchannel lobby to make sure that plans receive funding and young children benefit from the improvements.** By working with NGOs we can track and monitor individual slum improvement plans and encourage sympathetic insiders (bureaucrats) to support communities from within the government system. Where necessary, we can pursue public monitoring strategies as well.

3. **Advocate for child impact statements as a legally binding requirement in processes of urban renewal and slum upgrading.** This vehicle requires infrastructure development to go through a process by which the impacts on young children's health are assessed before they can proceed. This has been effectively used by environmental advocates and has support from funding agencies such as the World Bank. This would involve partnership with child advocacy agencies.
4. **Set legal precedents.** Based on documented experiences, we may want to support child advocacy groups to challenge poor urban planning and management policies as seen from a children's health perspective.

Scaling approaches to using JNNURM and RAY funds to benefit young children's health and welfare. This outcome reflects a desire to make sure that the experience of cities where we work intensively acts as a catalyst for other cities in the country facing similar issues. While we will explore the following strategies now, they will only begin in earnest in a later phase once we have demonstrated the potential in specific cities.

1. **Review and monitor JNNURM/RAY implementation and funding policies and practices to assess their impact on children.** Commissioning a study of JNNURM/RAY from the perspective of children can provide a national view of the scope for improvement, thereby creating a market space in which good practice is more widely sought.
2. **Document and disseminate model processes demonstrating how to access JNNURM and RAY funds to benefit slum children.** Audio-visual and written documentation can be repackaged and shared with other well-resourced stakeholders.
3. **Twinning cities and slum leadership,** where one city is a demonstration site and another city is not, will help inspire the non-demonstration city. The offer of technical assistance to the non-demonstration city will be an added incentive.
4. **Build a cadre of child-friendly designers and planners.** These are the people who will design the child-friendly cities of India. We can help sensitise the next generation of builders through partnerships with architects, urban planners and academia.

Evaluation

Evaluations will be conducted on the programme as a whole, as well as on individual projects. The purpose of evaluation will be both to measure our impact, but also to consistently learn from programming in order to make mid-course corrections where needed. Some of the key impact data we will track (all of which will be disaggregated by socio-economic and ethnic groups) are included in the table below.

Multilingual pre-school Orissa	Child health in urban slums
<ul style="list-style-type: none"> • School readiness and learning outcomes in early primary school • Access to pre-school services where mother tongue is used • Quality of pre-school services • Policies and available funding 	<ul style="list-style-type: none"> • Prevalence of diarrhoea, respiratory infection and malnutrition • Coverage of improved housing, water, sanitation and play space • Child poverty • Funding streams for slum children

i State of Children in Orissa, CLAP 2010

ii In 2001 there were roughly 8 million children aged 0–8 in slums in India. It is likely that this number has increased substantially in the last 10 years, but we do not have accurate figures to estimate the magnitude of growth. 2001, Census of India

iii For the time being, we have chosen not to programme directly on the goal of reducing violence in young children’s lives due to our resource limitations. However, we do know that domestic violence and child abuse are serious issues in urban slums so we will further research possibilities to integrate that issue in some way, potentially with another funder like the Oak Foundation. Regardless of whether we choose to do so, however, we believe that improving environmental health, reducing poverty and organising communities are measures likely to have impacts on violence reduction. We will test this hypothesis in our evaluation strategy for the urban slum component of the programme.

iv 2001, Census of India

v 2001, Census of India

vi State of Children in Orissa, CLAP 2010

vii The State of the World’s Children, UNICEF, 2008

viii National Family Health Survey-3 (2005-2006)

ix Health of Children Living in Urban Slums in Asia and the Near East, S. Fry, B. Cousins and K. Olivola, USAID, 2002