

# Making Social Development Programs Responsive and Accountable: Presenting Lessons from the Ground



Project Report  
2013-2018

*Implemented By*  
Center for Advocacy and Research (CFAR)



Centre for  
Advocacy and  
Research

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# **Making Social Development Programs Responsive and Accountable: Presenting Lessons from the Ground**

## **Executive Summary**

### **Background**

Since 2013, community leadership in Delhi, Jaipur, Pune, Kolkata, Bhubaneswar and Bangalore spearheaded an urban poor-centric intervention catalyzing community involvement across **six cities**. This intervention has been facilitated by Centre for Advocacy and Research (CFAR) with the support of Ford Foundation.

The intervention which began in 2005 gathered pace from 2013 and has contributed to significant processes and strengthened mechanisms for delivery to make it community responsive, giving the marginal communities across urban slums enhanced voice and agency.

To do this, the community leaders had to address and overcome many structural and systemic barriers, some successfully, and others remaining challenging. Across cities, the efforts ranged from understanding exclusion to mapping gaps to enabling increased quality access to various government programs, schemes and entitlements. These programs include basic services related to right to food, right to education, child care, and social security. The work ranged from legal and social protection, strengthening women's leadership, addressing domestic violence and child marriage

Having had such meaningful experiences in diverse geographies, it is now time to not only tell the story but also come together and understand the various issues that were engaged with, reflect on the scope of convergence and collaboration and how we can further scale up community engagement. It is equally important to revisit our own journey; build on the existing strength of community leadership, and collectively work to take this process forward.

### **Persisting Exclusion**

It is in this spirit and in keeping with the Social Development Goals that we conducted a Study to identify those who continued to be excluded due to the deeply entrenched structural and systemic barriers. The multi-dimensional study was conducted among 3000 households in 17 urban poor settlements spread across three districts of Delhi-North East, East and Shahadra.

A total sample size 14,339 comprising 3004 households were surveyed in January 2018 across 17 slums of Delhi

Of which 40.1% are from the SC, and 34.1% are OBC, 36.4% (1094) are female headed households (FHHH) and of them, 79% (860) are widows, 2% (21) had been abandoned and 3% (34) are single women. Among the widows, 40.3% (347) are SC, and 34.3% (295) are OBC.

There are 3914 school going children, 61% (2395) are attending Government schools

Of the 14, 339 surveyed, 444 (3%) are persons with disabilities (PWD)

2199 (15.3%) respondents are elderly persons

It is significant that of 3004 HH surveyed, 634 (21%) head of the households are illiterate, with 235 (8%) heads are women and 399 (13.2%) heads are men.

However as high as 1880 (63%) HHs wanted to educate their children

In terms of persons, of the 14339 respondents as high as 6777 (42.6 %) accorded education highest priority

In terms of health, it is significant of the 14339 respondents, 3927 (27.3%) and of these, there were 639 (4.4%) children from less than 1 to 17 years who reported varied illnesses

Another 2669 (18.6) reported repeated bouts of cough and cold

#### **Exclusion from Social Entitlements-Pension, Education**

Of the 860 widows, 269 (31%) are not getting widow pension.

Of the 3914 children, 1086 children or 28% (1086) are dropouts.

Of the 444 persons with disability, there are 64 children (14.4%) between the age group of 6 to 17 with disabilities, 24 (5.4%) have never been enrolled in schools.

Of the 444 persons with disabilities, 268 (60.3%) have disability certificate and are getting pension, 176 (39.6%) do not have disability certificate and not able to access any schemes.

Of the 2199 (15.3%) elderly respondents, while 821 (37.3%) are getting old age pension, a high of 1378 (62.6%) are not receiving pensions and other old age benefits

#### **Reason for Drop-out**

Of the 11.1% (121) had failed; 36.3% (395) were not interested; 11.6% (126) were not attending schools to take care of siblings and family; 5.2% (57) because they were often ill; and 2.3% (25) due to lack of proper facility.

This study was conducted by Institute for Human Development supported by Mahila Pragati Manch and CFAR

## **The Journey of Inclusion**

### **Key Learning**

Across the six cities, Women's Forums were facilitated by Centre for Advocacy and Research (CFAR) and some of them came together and set up Community Based Organizations (CBOs) –MahilaPragati Manch, Alor Disha, and Daksh Samooh. These collectives adopted various processes in order to bring about positive changes in the lives of the communities.

### **Theme I: Social Entitlements**

The Women's Forums from highly neglected and poorly serviced clusters worked intensively to strengthen rights to life-enhancing services such as ICDS, health, right to food and legal services.

In Bengaluru, they secured entitlements such as BPL ration cards, pension, housing, healthcare including immunization and quality services for pregnant women and newborn in various government hospitals. Across six settlements, the Forums reached 85,884 people to strengthen their access to services and social entitlements

### **Theme II: Right to Education**

In Delhi, Kolkata and Bhubaneswar, to ensure effective implementation of the Right to Education Act (RTE), the Women's Forum supported by the CBOs worked closely with all primary stakeholders-School Management Committees(SMCs), Parents-Teacher association(PTAs), Civil Society Organizations (CSO) networks and children as well as institutional stakeholders such as the Department of Education and State Commission Protection of Child Rights to make schooling truly inclusive and non-discriminatory for children from less privileged settlements, as mandated by the RTE.

They strengthened the School Management Committees comprising of community representatives, improving the functioning of Parents Teacher Associations and ensured that the community had a say making schooling non-discriminatory towards children from less privileged settlements. The Women's Forums both in Delhi and Bhubaneswar ensured that all children from the economically weaker section (EWS) - dropouts and those who never went to schools, secure age appropriate admissions in both government and private schools. In Bhubaneswar, 657 students (391 girls, 266 boys) were enrolled and re-enrolled in ten different Government schools. In Delhi, between June 2017-March 2018, across 17 slums in East and North East Delhi, of the 72 children, 19 children were re-admitted in schools and 38 students were newly enrolled after intensive efforts with schools, parents and children themselves. An innovative initiative to use Art as a pedagogic tool was piloted with 30 children to instill greater self-confidence and a spirit of questioning and enquiry.

### **Theme III: Integrated Child Development Schemes (ICDS)**

In Bhubaneswar, 184 preschool children were enrolled in 50 Anganwadi's. About 120 pregnant women were enrolled in Mamata scheme providing financial and nutritional supplements.

In Jaipur, a model Anganwadi center has been created in Soot Mill Colony with facilities for providing immunization, nutrition and other services. In Jaipur, of the 17 Anganwadi centers in 11 slums, we reached 4621 households and 27,496 populations and found that of 1662 girls, 387 were found to be non school going and of these, 31 girls were enrolled in the SABLA group under ICDS.

In Kolkata, between November 2015 and July 2016, 3640 families were reached out to with services for pregnant, lactating women, children and adolescents.

In Bengaluru, 302 households with children 3 to 6 years and pregnant and lactating women received Take Home Rations; 24 households with girls received benefits under Bhagyalakshmi Yojana;

### **Theme IV: Menstrual Health Management (MHM)**

Menstrual Hygiene Management (MHM) was the key focus of the Women's Forums in Kolkata where they worked with representatives of Adolescent Forums.

The Women's Forums worked with Department of Education, Government of West Bengal, Sarva Shiksha Mission (SSM), or Nirmal Vidyalay Abhiyan to strengthen the MHM intervention. Child Cabinet, as mandated under RTE, was revitalized in eight schools with one dedicated focal point person for MHM.

In Kolkata, 8300 students from 15 schools were reached out to with a MHM intervention. 412 Child Cabinet members as mandated by the Right to Education Act were trained across eight schools in Rajpur Sonarpur Municipality to anchor the MHM initiative in schools and addressed many myths and misconceptions associated with menstruation, and motivating everyone to normalize it. The intervention also reached out to 1700 parents and 120 teachers in 15 schools.

### **Theme V: Addressing Violence faced by Urban Poor**

In Jaipur, the Women's Forum organized 459 community interactions reaching out to 6824 women and 2415 girls across 17 centers to take collective action against child marriage and to stop and prevent violence against women. Twenty-eight cases of child marriage were stopped. Forty legal training workshops were held to orient the women on the various laws prohibiting child marriage and protecting women from domestic violence. Forty-five women and girls emerged as community champions and 356 women and their families got access to social development schemes.

In Kolkata, we reached out to 242 community members between November 2015 and July 2016 and supported 23 survivors to stop and take action. In Delhi, the Women's Forums linked up survivors with District Legal Services Authority or DLSA for legal aid. In Bangalore, the Women's Forum addressed 234 cases of domestic violence, prevented 15 child marriages.

### **Special Interventions**

In Pune, the Women's Forums focused on building their capacity to use mass media to integrate the concern of marginalized communities into mainstream discourse in India.

The Women's Forums collaborated with the community radio initiative of the Film and Television Institute of India (FTII) to highlight the predicaments and challenges women face in achieving self-worth and ensuring a basic quality of life they are entitled to. They produced 365 features on radio and reached out to 1000 listeners. Twelve Women's Forum members were trained as radio jockeys by FTII team and they anchored the episodes.

With the support of Pune Municipal Corporation (PMC), a Monitoring of Maternal & Newborn Status Committee (MoMs) was formed to monitor the quality healthcare being provided to children in Anganwadi.

### **Project Highlight-Main outcomes across location**



<b>ICDS</b>	3640 families reached servicing young mothers and adolescents. Addressed the functioning of Integrated Child Development programme at 91 AWCs (26 intensive + 65 extensive) (November'15 to July'16)	Take Home Ration-302, Bhagyalakshmi Yojana-24, New Anganwadi Centres-2, 3 maternity homes catered to women across 6 slums servicing a population of 85884 people. 24 MAS members work with 3 maternity homes that actively participated in NHM	Preschool children enrolled at 50 operational AWC 184 (girl-99 & boy-85), Pregnant women enrolled in Mamata scheme-120, Govt. sanctioned 2-AWC/building with the initiative of monitoring body (JC & MC), 6-lactative mothers were facilitated to get fund under Mamata scheme, 1-AWC( Sikharchandi cluster-II) received assets(almery, chair, table playing item etc) from an agency by active lisoning of Monitoring bodies,	MOMs committee to ensure quality service at ICDS center	
<b>MHM</b>	Outreached 8300 students in 15 schools through MHM intervention. Supported 412 Child Cabinet members of eight schools through MHM intervention. Awareness campaign on MHM among community dwellers (25 women's and adolescent forum formed with 250 members at RSM). Reached 1700 parents through parents meeting. Interacted with 120 teachers in 15 schools.				
<b>Violence and urban poor</b>	Addressed 23 Domestic Violence case and outreached 242 community members. (November'15 to July'16)	Domestic Violence-234 Prevention of Child Marriage-15, Arrangements for beat police in Ambedkar Nagar		Media advocacy and community radio to address various issues affecting women including violence against women	Organized 459 community interactions reaching out to 6824 women and 2415 girls across 17 centers were educated about challenges of <b>child marriage</b> , reproductive and sexual health, and cleanliness during menstruation, life skill training and the prevention of <b>violence against women</b> . 28 cases of child marriage were redressed. 40 capacity building exercise were organized on provisions of child marriage prevention Act and 45 women and girls emerged as community champions. 356 community members got access to social development schemes.

**Growth Trajectory: Making Social Development Programs Responsive and Accountable**

<b>Growth Trajectory</b>		
<b>Themes</b>	<b>Phase I:Year 2005-2010</b>	<b>Phase II: Year 2012-2017</b>
<b>Social Entitlements</b>	Exploration, Networking and Conducting Needs Assessment and Feedback from the Community	Enhancing Social Inclusion of Socially Marginalized and Urban Poor through Single Window
	Setting up women-led forums in 30settlements and initiating local action	Partnering with mission convergence in Delhi and strengthening and expanding women led empowerment strategies.
	Creation of participatory structures and ensuring grievance redress	Catalyzing community involvement for social accountability process by mainstreaming communities with the help of an innovative tool of social inclusion- Single window.
	Strengthening of Collective Bargaining and demonstrate workability with the government	
<b>Right To Education (RTE)</b>	Women's forum engaged in long term advocacy with schools and community for creating an enabling environment for children of the marginalized community to learn	RTE platform to integrate children of economically weaker section category to the mainstream education model.
<b>Integrated Child Development Schemes (ICDS)</b>	Capacitating women's collectives to address corruption in PDS and ICDS.	Formation of MOMs committee, JC &MC committee for regularized monitoring. Stakeholders committed to improve the quality of service in ICDS center.
	Institutionalizing community-led process	
<b>Theme</b>	<b>Phase I :Year 2005-2010</b>	<b>Phase II Year 2012-2017</b>
<b>Menstrual Health Management (MHM)</b>		Campaigning for upholding the rights of girls Addressing concerns of design and management and operational challenges in sanitation.
		Young adolescentsopen to learn and discuss Menstruation and move beyond the cultural barrier to talk about MHM as a health and rights issue. Formation of child cabinet in schools for sustainable dialogue with peers and stakeholders.

<b>Addressing Violence faced by Urban Poor</b>	Creating and intensifying coordinated response on sex determination of girl child in Rajasthan.	Addressing Gender Based Violence through Composite Intervention by Young People from Campus and Slums
	Addressing the violence faced by women in sex work.	Addressing and seeking solution to gender violence.
<b>Media Advocacy</b>	Developing a media engagement framework for MSM and Trans gender persons.	Using media advocacy to build supportive environment to address HIV/AIDS.
		Supporting Advocacy and Communication Initiatives on Maternal and child health
		Addressing and seeking solution to gender violence.
		Strengthening media engagement to build a supportive environment for addressing HIV/ IDS

## **Chapter I**

### **Outline of the Project**

The current project has grown out CFAR's work with the urban poor since 2005. Supported by the Ford Foundation, the project has enabled the women in urban slums to collectivize, draw the attention of the administration to the problems of the urban poor, and shape processes of urban governance relating to the delivery of schemes and programmes for some of the most vulnerable women and their households.

### **Project Goal**

The goal of the project is to make Social Development programmes responsive and accountable towards urban poor and excluded communities across six locations.

### **Project Objectives**

1. **Social Entitlements:** to leverage the scope and access to available social entitlements for the urban poor and the marginalized, mainly the most vulnerable population such as the elderly, single women, persons with disability and sexual minorities.
2. **Right to Education:** to ensure effective implementation of the Right to Education Act by strengthening the participation and involvement of Parents Teacher Associations (PTAs) and School Management Committees (SMCs)
3. **Child Development (ICDS):** to strengthen and streamline the functioning of the ICDS Anganwadi centers to ensure children in the 0 to 6 years of age group from vulnerable communities are not deprived of facilities like supplementary nutrition.
4. **Menstrual Health Management (MHM):** to initiate menstrual health and hygiene programmes among school going adolescent girls, addressing various myths and stereotypes and instilling a sense of confidence.
5. **Addressing Violence faced by Urban Poor:** Address and prevent issues of domestic violence and strengthen women to voice for their own rights.
6. **Women's Forums** focused on building their capacity to use mass media to integrate the concern of marginalized communities into mainstream discourse in Pune

### **Detailed Thematic Objectives**

#### **I. Social Entitlements:**

1. To empower and facilitate representatives of women from vulnerable households and habitats to have a voice and to participate and be represented at various levels so that the intent behind policies and program not only recognizes and seeks to address their concerns but also spells out how the intent would be translated into deeds.

#### **II. Right to Education:**

1. To identify and list enrolled and non-enrolled girls and boys in schools across operational areas in order to assess the reasons for dropout and low enrollment rates
2. Undertake a situational assessment of the quality of schooling (Infrastructural facilities, attendance rate and status of existing monitoring committees as per SSA (Sarva Shiksha Bahaman) in schools
3. Conduct a situational assessment on the community's involvement in education to outline, parental attitudes to girl child education and children's perception about schooling (teachers/facilities/education)
4. Collaborate with parents and other stakeholders (as a part of the SMC) in developing tools for effective school management and for taking up relevant issues on a larger scale
5. Strengthen the capacity of SMC members to enable them to monitor and increase cooperation from stakeholders for effective implementation of RTE Provisions
6. III. Child Development Schemes (ICDS):
  1. Work in unison with the specified AWCs with regard to facilitating monthly mothers' meetings to enhance the participation of the community, observance of important weeks/Days e.g. Nutrition day, Breastfeeding week etc.
  2. Ensure spot feeding at AWC.
  3. Participation in community mobilization activities.
  4. Convergence of various stake holders.
  5. Formation of adolescence girls' group at the AWC level.
  6. Organize sensitization programme/meetings for ICDS workers/ACDPO and supervisors to improve the service system of ICDS at the AWC level.

#### IV. Menstrual Health Management (MHM): Kolkata

1. Provide accurate knowledge on menstrual & personal hygiene management and create an atmosphere of support in schools.
2. Make the girls capable of managing their menstruation hygienically without fear or shame and embarrassment.
3. To help the girls to speak freely about menstrual issues with their peers and teachers
4. Strengthen the capacities of Child Cabinet and Resource Group for adolescents.

#### V. Addressing Violence faced by Urban Poor:

1. To leverage the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG), also known as SABALA program to address the issue of child marriage in the city.
2. Awareness building and advocacy initiatives aimed at improving community response, directing public attention to this issue, informing victims of the options available to them and thereby reducing domestic violence.

3. Incorporate Prevention of Women against Domestic Violence (PWDVA) Act 2006 in the capacity building programs of the communities, to ensure that services under this Law to protect prevent and seek legal redress for physical, mental and economic violence against women and children are being accessed and availed by the most vulnerable of urban poor communities.

#### VI. Media advocacy

1. To expand women's forum model using media strategies to develop leadership skills and facilitate innovation among poor women in urban communities.

#### **Key Activities of the Project**

The focus of the project was to Strengthen Social Accountability process and to evolve a transparent and accountable system of governance and delivery of social development programs and schemes by catalyzing community-involvement across six cities. Multi-level, multi-pronged activities were initiated to take forward our goal of mainstreaming marginalized, vulnerable and hidden populations in slum settlements, small towns, cities and states across the country. Each city adopted different strategies to enhance social accountability. With support from Ford Foundation, the project also focused on capacitating Women's Forums in Delhi, Bengaluru, Bhubaneswar, Jaipur, Pune and Kolkata. The principal aim of this Project was to enable better and increased access to social entitlements, right to education, improved access of ICDS services, and addressing issues of domestic violence and imparting knowledge related to menstrual health and hygiene.

The outline of the major activities is as follows:

##### I. Social Entitlements:

1. Single Window- Single Window played a critical role in creating an enabling environment for community members to access schemes.
2. Stakeholder liaison: Regular interface with the social welfare department, health department and local Municipal Corporation.
3. Vigilance committee: Vigilance committees were formed to ensure proper distribution of subsidized ration.

##### II. Right to Education

1. Identification of children of school going age who were not enrolled in schools, across intervention areas.
2. Effective implementation of the RTE Act and in Bhubaneswar strengthening the participation and involvement of community collectives to fulfill the mandate of the Odisha State Commission of Protection of Child Rights.

### III. Child Development Schemes (ICDS):

1. Community engagement for effective implementation of ICDS schemes.
2. Regular liaison with Child Development Project Officers (CDPO), Department of Integrated Child Development (ICDS) and the Health Department, ASHA workers to ensure effective implementation of the program.
3. Worked closely with MOMS committee –Monitoring of Maternal and Newborn Status Committee.

### IV. Menstrual Health Management (MHM):

1. Developed communication kits and module on MHM, reached out to the Sarva Siksha Mission (SSM), Department of Education and adopted a holistic approach to discuss issues of MHM.
2. Leveraging the scope provided by legislation such as of Right to Education Act and programmatic commitments such as Sarva Shiksha Mission (SSM), or Nirmal Vidyalay Abhiyan to intensify MHM interventions in schools.
3. Formation of child cabinet for peer conversation on MHM.

### V. Addressing Violence faced by Urban Poor:

1. Worked closely with District legal authorities to address issues of violence
2. Members of women's forums trained to counsel victims of domestic violence
3. Livelihood training by different organizations to help the victim to become financially independent.

### VI. Media advocacy

1. Use of community radio with support from Film and Television Institute of India (FTII) to reach out to urban and marginalized groups addressing various issues.

## **Chapter II:**

### **Major Learning: Theme wise Detailed Activity Reports**

In each city, women's forums spearheaded the urban poor-centric social accountability program to strengthen social accountability by catalyzing community involvement. Various strategies like stakeholder liaison, single window, media advocacy, networking with likeminded CBOs and NGOs were adopted to enhance voice, agency and involvement of marginal communities across urban slums. The women across region made sustained and diligent efforts to partner with all stakeholders, in particular all city entities and authorities, to ensure that delivery of services becomes more community responsive and respectful of community priorities.

While in cities like Delhi and Bhubaneswar, we used the Right to Education Act 2006 and leveraged directly the landmark legislation to ensure that education becomes an empowerment tool for the urban poor, in particular the hitherto excluded and socially marginalized communities. In Jaipur, our thrust was on SABALA programme to address the issue of child marriages in urban slums.

In Bangalore, we worked closely with Bruhat Bangaluru Mahanagara Palike (BBMP) or Greater Bangalore Municipal Corporation to ensure proper functioning of the maternity homes and that the urban poor gets their due share of social entitlements. Similarly, in Kolkata, we utilized Prevention of Women against Domestic Violence (PWDVA) Act 2006, to ensure that services to protect, prevent and seek legal redress for physical, mental violence and economic violence against women and children are being accessed and availed by the most vulnerable and the urban poor communities.

In addition, we addressed various myths and superstitions related to menstrual health and hygiene of young adolescence and initiated intense interventions in government schools in Kolkata. In the cities of Kolkata and Bhubaneswar, we aimed to address the functioning of Integrated Child Development Centers (ICDS) run under the aegis of Department of Women and Child Development.

#### **Theme I: Social Entitlement**

With the objective to leverage the scope and access to available social entitlements for the urban poor and the marginalized, CFAR has been focusing mostly on the most vulnerable population like the elderly, single women, persons with disability and sexual minorities. Since 2006, we have been implementing urban poor project in Bengaluru with the objective of building community leadership in urban poor settlements thus empowering the community leaders to advocate for their rights. Over the past 11 years, the community advocates have used several strategies to ensure various social entitlements- right to food under the public distribution system, housing and basic amenities to name a few.



Various activities were undertaken during the process involving beneficiaries, stakeholders, CBOs and likeminded NGOs. The main approach adapted was building community platforms, stakeholder liaison, and networking.

Following are some of the major activities that were undertaken during the implementation phase.

### **Major Activities with Communities**

Since the beginning of the intervention, focus was on empowering urban poor and capacitating women's collective to strengthen social accountability.

The women's forums conducted a base line survey to estimate and identify who the real urban poor are so as to develop strategies to address, recognize and respond to their needs.

### **Major Activities with the Stakeholder**

In 2007, the women's forums presented the ground realities of the urban poor in Bengaluru to the policy planners while formulating the Eleventh Five Year Plan; conducting public hearings and involving the planners.

From 2007 to 2012, efforts were made to enhance access to social entitlement and service, scaling up state's response on urban malnutrition, gaining due representation in various forums and platforms and address issues of the most marginalized households.

Women's Forums ensured their representation in many bodies such as grievance redress, development and monitoring committees to ensure quality of service and gain acceptance for participatory and consultative planning.

### **Key Outputs**

#### **Single Window**

- Daksh Samooh was registered as a community-based organization. The first collective steps of the women led to water supply to DJ Halli. In November 2006, the members filed an application and sought information under RTI on water supply to the area and the reasons why there was no water supply. By January 2007, water supply was restored in the settlement.
- A single window system was set up in Bengaluru as a one-stop solution centre for addressing a range of issues.
- In another example of addressing the need of the most vulnerable, women's forums negotiated with BBMP and got "Noon Meal for Senior Citizens." This took place in 2009-10, in association with Jana Arogya Andolana Karnataka- Bangalore Unit

(JAAK-BU), At least, 550 senior citizens from five settlements to benefit from this Scheme; 101 community members were given housing plots in between 2011-2012. Between year 2008-12, 312 pensions were given to senior citizens, persons with disability and widows in the intervention areas. As many as 115 cases of domestic violence were addressed and given legal support between 2007 and 2012.

- The women's forums in Bengaluru also started computer training centers for community children and these have been running successfully since 2007. Tailoring courses were started for women across settlements in 2009. From 2012, those who are able to complete the course are given central government approved certificates with support from Janata Shikshana Samsthe (JSS)
- During 2017-18, we trained 72 ASHA workers from five maternity homes on various determinants of health and their importance, understanding vulnerability, objectives, composition and process of forming of Mahila Aarogya Samiti, the major activities of the Samiti as well as the structure of local self government and various government schemes.
- During 2016-2017, 282 pregnant women were enrolled under Thaiy scheme for free and comprehensive mother and child care.

There was emergence of strong forum leaderships across 11 settlements in which the interventions were carried out. In the process 28 trained community advocates emerged to carry forward the work of forums.

#### **Stakeholder Accountability**

- Concerns of slum dwellers about basic civic services such as drains, water supply, electricity, were addressed. In Hawadigara colony in Bangalore city, for instance, installation of a bore well brought relief to residents of 319 households. Water supply to anganwadi centers was of immense benefit to the 120 odd children visiting the anganwadi centers.
- A survey was conducted to identify people with no access to ration card. This resulted in 1758 of 2000 respondents to get a ration card with the help of Department of Karnataka Food and Civil Supplies (KFCS).
- Daksha Samooh, the women's forums undertook a survey with support of government hospital and WCD on identifying malnourished children in two slums in Bengaluru in 2011. They also filed a PIL in High Court and the court issued a directive in June 2012 to conduct a universal health check-up of all children; initiate growth monitoring of all children inside and outside ICDS centers and conduct fortnightly health camps across Karnataka.

- The project aimed at making governance responsive and engaged with the concerns of the urban poor; this became evident when in 2008 the Delhi Government initiated Mission Convergence to improve access to services to the city's poor

### **Vigilance committees**

- Women's forums worked very closely with eight Anganwadi centers spread across nine slums in the city to monitor the severely malnourished children. Four of these Anganwadi centers turned into model ICDS centers- today these are functioning smoothly, with close to 70% of children enrolled.
- In the process, the women's forums made the government accountable using diverse instruments of law - 350 RTIs were filed with regard to Public Distribution System- six for ICDS; 237 for welfare schemes; five RTI applications were filed with regard to job reservation for the Disabled; 95 with regard to sanitation services. The women's forums organized and participated in 37 public hearings on PDS, ICDS, sanitation services and domestic violence during 2011-2012.
- The women's forums participated in various city and state level networks such as Rights to Food Campaign, Campaign against Corruption, Jana Arogya Andolan, thereby increasing the visibility of the forums.
- Seven Daksha Samooh members from Sanjay Gandhi Nagar and Lakshmi Devi Nagar, in Bengaluru received Civil Defense training by Police Department and now they are working as Home Guards at traffic signals and take part in public programs.
- In Bengaluru the project focused on the functioning of the Maternity Homes under Bruhat Bengaluru Mahanagara Palike (BBMP) or Greater Bangalore Municipal Corporation. The area of intervention was spread across five Maternity Hospitals that catered to women across 24 slums with a population size of 57,345.
- In 2014-15, Arogya Raksha Samithi (ARS) was formed under the National Health Mission (NHM) by the Department of Family Health and Welfare at Magahi road PHC, CFAR was one of the eight members in the Samithi. . So far, 30 Mahila Arogya Samithy(MAS) have been facilitated under National Urban Health Mission
- In 2014-15, based on the Community Score Card recommendations, two MHMC were formed in Magahi Road and Nandini Layout Maternity Homes. This has created a platform for community members to constructively engage with the maternity home administration to ensure better quality of maternal health services.

### **Theme II: Right to Education**

The Right to Education Act, 2009 was a landmark moment in the history of India as it guaranteed free and compulsory education to every child between 6 to 14 years of age. It rekindled hope and aspiration of those who could never go to schools but who wanted to

curve out a better future for their children. The free and compulsory education as a legal entitlement reaffirmed the state's commitment to fulfilling its fundamental duties towards its children. Almost eight years since the enactment of the law, one would expect that by now the Act would address all existing barriers--of class, caste and gender and create an enabling and equal environment for all to access quality education. This unfortunately is not the case.

CFAR has worked towards effective implementation of the Right to Education Act by strengthening the participation and involvement of Parents Teacher Associations (PTAs) and School Management Committees (SMCs). The women's forums and community collective played a major role in the implementation of the Act and worked closely with the education department, primary schools and parents. In Bhubaneswar, Delhi and Kolkata women's forums have worked towards ensuring adequate representation of the marginalized communities in the school management communities. Apart from community representation, the women's forums worked towards ensuring admission of students belonging to the economically weaker sections, creating alternate spaces for children who cannot access regular schooling and linking dropout and never-enrolled students for age appropriate education in nearby schools.

A major component in our intervention revolved around issues of Gender. This enabled us to have repeated interactions with the women in the community, specifically with young girls who had just attained puberty. The issue of menstruation was a recurring theme as girls and women expressing discomfort, their inability to comprehend the process and the related physiological and psychological insecurities. This prompted us to delve into the aspect of menstrual health management and its links with school sanitation.

**Approach:**

The thrust of the intervention in education has been to ensure effective implementation of the RTE Act by strengthening the participation and involvement of Parents Teacher Associations and School Management Committees. The focus has therefore been on preparing the community to tackle the issue of education in collaboration with other stakeholders by actively participating in the shaping and running of schools and make schooling truly inclusive.

**Major activities- Identification of non-enrolled school going children:**

- As part of the Right to Education Campaign, Delhi Mahila Pragati Manch, with technical support from CFAR, organized a camp to help in filling supporting documents for admission in private schools of children of economically weak and deprived sections (Schedule caste/ Schedule Tribe) of society under the Right of Children to Free and

Compulsory Education Act, 2009. CFAR reached out to 280 people through four camps held for the purpose.

- Among the 88 who uploaded applications for enrollment in private schools 30 were admitted. Camps were also held on the rights of the economically weaker sections under Right to Education Act, 2009 and early child care under the banner of Neev Delhi Forces. As many as 152 meetings were held during which CFAR reached out to 1710 people.
- An assessment was done of the School Management Committees (SMCs) of the five schools and presented at the convention organized by the Odisha RTE Forum.
- Capacity building was done of the SMCs of the five schools in order to strengthen the links between the schools and the community and sensitize SMC members on their roles and responsibilities within the Right to Education Act 2009.
- Steps were taken to strengthen and foster the roles and responsibilities of the school cabinet including an orientation programme that was attended by 103 boys and 121 girls.
- As regard to the outreach, community and the women's forums ensured enrolment of 234 schools going children between the age group of 6-14 years in five schools within the intervention area. This included 30 dropout children. 61 boys and girls across these five schools were selected as child cabinet members.
- During year 2015-2016, 48 SMC members across eight settlements were trained and sensitized; 219 new enrollments were facilitated by the forums and 20 children were re-enrolled in Government schools of project intervention areas. Child cabinet members increased from mere 61 to 224.
- In the year 2016-2017, the number of new enrolments stood at 175 while 29 children re-enrolled in Government schools. With active participation of SMC/PTA members a series of infrastructural work were taken up in various schools to provide an enabling environment for learning.
- In the last phase of the work, between October 2017 and March 2018, the intervention expanded to 10 schools in Bhubaneswar, catering to 27 settlements and reaching out to 19,565 households and a population size of 91,955 approximately.

- The primary focus of the intervention was to address low enrollment and school dropouts. During this phase, 15 students were re-enrolled in schools; 16 community meetings were held on RTE provisions. Three PTA/SMS meetings were conducted reaching out to 103 participants across 10 schools. A number of city level consultations were held to leverage the scope of RTE.
- In Delhi, the intervention focused on ten schools that cater to a population of 18,425 in five areas - Sunlight Colony, Old Seemapuri, Kalyanpuri, Saboli Khadda, Janta Mazdoor Colony and Nangal Raya. Initially, a baseline survey was conducted in five clusters that documented critical cases which needed urgent attention. The survey highlighted some of the key concerns related to accessing education. Of the total sample surveyed, 73% of the respondents (parents & guardians) said that they had never gone to schools to check the status of their children and submitted any complaint whatsoever on any issues. 95% of the respondents had not even heard about the School Management Committee; 85% did not know about compulsory enrollment for children between 6 to 14 years of age in a school; 26% respondents believed that school sanitation was the first priority that they needed to address in the school followed by 15% respondents who prioritized the quality of education and 15% focused on teacher attendance; 15% wanted the issue of MDM (Midday Meal) to be addressed and 14% felt that the school infrastructure issues needed to be addressed. Overall, the survey revealed severe unmet needs and lack of awareness regarding right to education.

**Effective implementation of the RTE Act- Highlighting major Activities with the Stakeholder:**

- The women's forums participated in a public hearing on Right to Education, headed by the DCPCR and the Right to Education Forum to discuss the gaps identified in the baseline survey for quick redressal.
- On January 10, 2014, MPM responded to the Delhi Government request to CBOs and NGOs to monitor the functioning of government schools in their areas. Since then, women's forums have been working directly with the Deputy Director (District level) of East and North East Delhi.
- Since 2015, women's forums have been working very closely with the Department of Education, social welfare department and school management committees to ensure that no child is deprived of education.
- The Delhi Child Welfare Committee has officially asked MPM, to be a monitoring partner on the status of sanitation management for schools in East and North East Delhi. The forum was given the responsibility for taking up cases related to denial of RTE in the slums and to bring it to the notice of the Deputy Director's Office and the Child Welfare Committee.

- The women's forums facilitated admissions for the children across 17 slums, especially for EWS students. Further they carried out a detailed assessment of the schools, using RTE provisions as reference points.
- In Bhubaneswar, during the course of work it was decided that given the fact that SMC could play the most critical role in reaching out to the parents it was essential to mobilize the SMC. As part of this a brief assessment was undertaken of SMCs, across five schools. The results were presented, along with recommendation at the State level RTE Convention organized by Odessa RTE forum. At the conclusion of the convention, recommendations were made by the participants such as: (A) Provisioning of unique ID for child tracking (B) SMC empowerment (C) Teacher's motivation (D) Development of school infrastructural facilities and (E) Regularizing school enrolment.
- During the year 2013-2014, a number of activities were organized for the effective implementation of RTE Act. The most important of them were tracking school dropouts, formation of child cabinet in schools, SMC formation and monitoring the functioning of the committee, regular mothers' meeting to monitor the quality of the outreach, arranging stakeholder meeting and awareness camps throughout for increased participation of the community.

#### **A Study Conducted in 17 Urban Poor Settlements, Delhi to Assess Level of Exclusion/ Inclusion of Marginal Communities**

Education, or more specifically, the lack of it seemed to be an important factor leading to exclusion that affected the overall quality of life of the urban poor despite the, despite the numerous steps that have been taken by the government to improve the overall quality of life of people living in urban slums. CFAR conducted an action research survey among school going children between the age group of 6-17 years of age between October 2017 and March 2018. The survey aimed to assess the multidimensional challenges that urban slum dwellers, especially the school dropout, elderly, single, disabled, widowed and separated women, experience while accessing various schemes and provisions and also to identify the potential within the existing system, for the creation of an equitable ecosystem. The survey was carried out in 17 urban slum settlements spread across three districts of Delhi - North-East, East and Sahara

## **Key Findings: Level of Exclusion/ Inclusion of Marginal Communities**

### *Vulnerability status of the surveyed Population*

The total sample size of 14,339 comprising 3004 households across 17 slums were surveyed in January 2018. Of these 40.1% belonged to the Scheduled Castes, and 34.1% were Other Backward Castes. Of the 3004 household (HH) surveyed, 36.4% (1094) were female headed households (FHHH). Of them, 79% (860) were widows, 2% (21) had been abandoned and 3% (34) were single women. Among the widows, 40.3% (347) belonged to Scheduled Castes, and 34.3% (295) were from Other Backward Caste communities. Of the 860 widows or single women, as many as 269 were either not enrolled or were not getting their pensions, even while enrolled as widows.

### *Vulnerability in terms of marital status of women respondents in the settlements:*

As mentioned earlier, 1094 (36.4%) of the 3004 households were headed by women. As many as 860 (79%) of these women were widows, while 21 (2%) had been abandoned and 34 (3%) were single women. Literacy level was very low among these women. Of the 860 widows who were heading the households, 800(93%) were illiterate; all abandoned and single women under study were illiterate.

### *Vulnerability in terms of level of education:*

Of 860 widows, 800(93%) of them were found to be illiterate, all 20 (100%) of the abandoned women, were illiterate and all 34 single women (100%) too were illiterate. Though 70 respondents reported undergoing some informal education, it was restricted to their own efforts of learning tailoring and cooking and not of being enrolled in any institute.

### *Importance of education for these FHHH:*

It is significant that of 3004 HH surveyed, 634 (21%) head of the households are illiterate, with 235 (8%) heads are women and 399 (13.2%) heads are men. However as high as 1880 (63%) HHs wanted to educate their children. This revealed that although the parents were illiterate, they wanted their children to be educated.

### *Vulnerability among children between 6-17 years of age – both able and disabled:*

Of the 3914 school going children surveyed 2395 were attending Government schools and 1086 are dropouts. Among the dropout, 121 students had failed and therefore never went back to school, 395 reported of having no interest in continuing study; 126 were not attending schools as they needed to help at home; 57 students were not attending schools as they were often ill.; 25 are not continuing schools because of lack of infrastructures. Among a total of 64 disabled children of the same age group, 24 were not attending or had been never enrolled to schools and 31 of 64 had disability certificates and were receiving disability pension every three months.



### **Theme III: Integrated Child Development Schemes (ICDS)**

CFAR has worked with the objective to strengthen and streamline the functioning of the ICDS Anganwadi centers to ensure children in the 0 to 6 years age group from vulnerable communities are not deprived of facilities like supplementary nutrition. In Bhubaneswar, women and the community forums aimed towards improving the quality of services in the ICDS centers to cater to the needs of the marginal communities and improve the overall growth of children in the 0-6 age group.

#### **Community Engagement for Effective Implementation of ICDS schemes:**

- An assessment of ICDS services among mothers in eight settlements revealed that attendance of children was decreasing because parents were unhappy with the quality of services. A survey of 27 randomly selected Anganwadi Centres of three ICDS projects revealed that services were below par. None had drinking water sources, only five had toilets, the food served was of poor quality, only 20 had electricity connections but lacked lights and fans and most centers did not open or close on time. Many were also unaware of the role the Anganwadi's played in the growth and development of their children. The findings of the assessment was shared with the Commissioner-cum-Secretary of the Department of Women and Child Development, Government of Odessa and other stakeholders at a city level Consultation meeting and also at a consultation of ICDS stakeholders that was organized in eight centers.
- Regular awareness campaign on importance of nutrition was given to 106 adolescent girls across six AWCs in Bhubaneswar. Programs on early childhood care and education (ECCE) were also conducted periodically. Information on pre-school services at Anganwadi centers was given to 185 participants from 16 Anganwadi centers to increase enrollment. The meetings also tried to motivate the ICDS team to adopt a new curriculum with interactive educational programs.
- A study or survey was undertaken from randomly selected 27 AWCs of 3 ICDS projects to assess the existing infrastructure, facilities and services of AWCs. The study revealed very poor infrastructural facilities and services in AWCs. The study covered 27 AWCs, 7012 Households and 1427 children in the age group of 3 to 6 years.

#### **StakeholderLiaison:**

- The Child Development Project Officer ensured that anganwadi centers would open and close on time in the implementation area in Bhubaneswar. No beneficiary would be denied ICDS services and entitlements and Anganwadi workers would focus on ICDS related activities.
- The survey results were presented to officials like DSWO, Dy. Commissioner, CDPOs, Supervisors, AWWs and members from Mothers Committee & Ranch

Committee (MC&JC) including city-based NGOs and the State Advisor to the Commissioners of the Supreme Court in Bhubaneswar, a consultation was organized to present the data and the consultation proceeding was shared with Commissioner cum Secretary, W&CD, Govt. of Odessa and Chairperson, Odessa State Commission for Protection of Child Right (OSCPCR).

**Monitoring of Maternal and Newborn Status Committee (MOMs committee):**

- As regards to ICDS-AWC services in Bhubaneswar, 105 pregnant women were enrolled under the Magmata Scheme; 157 preschool children were enrolled at Anganwadi Centers ;JC & MC key stakeholders of MaitreeVihar and Sikharchandi cluster-1 submitted the resolution copies and fund has been sanctioned for constructing anganwadi centers. Apart from several consultations, Development of Monitoring tools and Field Assessment /Surveys on ICDS was carried out for proper utilization of ICDS services.
- In Kolkata, between April 2016 and September 2016, 18 Mothers' Meetings reached out to 197 women. In all 16 workshops were held where information was provided on ICDS and personal and community hygiene.
- Bahujan Hitay an NGO, implementing the Sure Start project under Pune Municipal Corporation in both Bhimnagar and Shramik Vasahat have been focusing on issues of health. As part of the programme, they had to create MOM's committees in the Anganwadi. Bhimnagar and ShramikVasahat our advocates have become MOM's committee members.

**Theme IV: Menstrual Health Management (MHM)**

With the objective to initiate menstrual health and hygiene programmes among school going adolescent girls, CFAR worked to address various myths and stereotypes and instilling a sense of confidence. The MHM intervention was intensified in schools in Kolkata by leveraging the scope provided by the Right to Education Act and programmatic commitments, Sarva Shiksha Mission (SSM), or Nirmal Vidyalaya Abhiyan (as has been adopted and named by the School Education Department, Government of West Bengal). .

**Communication kit on MHM:**

- To convey the messages about menstruation we decided to conduct a workshop with adolescents from our working area as well as school students.
- We developed a MHM booklet with suggestions and ideas from adolescent girls of the community. We also developed a questionnaire to assess the ideas and opinion of adolescent girls. After preparing ourselves to conduct MHM session we interacted with school authorities personally for piloting the session in their schools.

- Scaling up the intervention, till date 19 Forums (12 girls' and 7 boys' forum) with 229 adolescent and youth have been formed in 12 settlements under three wards of two urban local bodies viz. Rajpur-Sonarapur Municipality and the Kolkata Municipal Corporation. Initially most of the girls had no idea about the physical changes during puberty. To make them aware, several focused group discussions and workshops were conducted. The process led to one to one interaction and its source group of 12 adolescent girls were formed who took the responsibility to convey messages on menstruation in various schools in Kolkata.

#### **Leveraging scope provided by the RTE Act:**

- In order to implement the intervention, work was done in close coordination with Sarva Siksha Abhiyan (SSA), Department of Education, the government schools in West Bengal and the National Commission on Protection of Child Rights (NCPCR).
- We also partnered with Sarva Shiksha Abhiyan across the three cities of Delhi, Bhubaneswar and Kolkata, School Education Department Government of West Bengal, Department of Education in Delhi and Bhubaneswar, NCPCR, and OSCPCR (Odessa State Protection Commission on Child Rights).
- There was varied stakeholder involvement on ground, involvement and participation of governance bodies such as School Management Committee (SMC) and Parent-Teacher Association (PTA)

#### **Formation of Child Cabinet:**

- To ensure sustainability of MHM intervention we used the platform of Child Cabinet mandated by RTE. We reformed, oriented and strengthened Child Cabinet members on MHM and general hygiene issues with support of school authorities and School Management Committees.
- CFAR has so far supported 412 Child Cabinet members of eight schools through MHM intervention. These members developed IECs on MHM to facilitate their discussion with students.
- In Kolkata, we carefully planned and initiated the processes to introduce the young girls to the concept of menstrual hygiene management (MHM). This also called for a lot of preparation of the team that sought to address the issue. The team underwent trainings, created communication kits and module on MHM and reached out to not only the girls, but also institutions that socialized them such as the family, the larger community and the schools.

#### **Theme V: Addressing Violence faced by Urban Poor**

CFAR initiated programmes in Rajasthan (Jaipur) and West Bengal (Kolkata) to support implementation of key laws related to reducing domestic violence.

In Jaipur, an intervention to address child marriages was rolled out in October 2013 with the permission of the Department of Women and Child, Government of Rajasthan in 25 ICDS centers that cater to about 4621 households and 1665 adolescent girls in 11 slum settlements.

**Women's Forums as counselors for victims of violence:**

- Repeated discussions and deliberation were organized and facilitated on the issue of child marriage among the larger community. During the group discussions the need for the community to take up an active role in stopping child marriage was repeatedly emphasized. The interactions reached out to 3231 community members. SABALA platform in Jaipur held 119 meetings and reached out to 1637 adolescent girls, 3065 women and 254 men. In Jaipur, 150 Anganwadi workers were sensitized on the laws against child marriage and have been trained on ways to stop child marriages from taking place. Two legal literacy camps were held in January and March 2014 in collaboration with the Family Counseling Association for Social Health in India to create awareness on the issue of violence against women and make the women aware of their legal rights.
- All together 62 meetings were organized at different levels to discuss the issue of child marriage. Adolescent girls, Anganwadi workers, Anganwadi helpers, ASHA workers and teachers have participated in these discussions. These meetings reached out to 3231 community members (1952 women and 1297 adolescent girls) across 11 slums.
- In Kolkata, the women's forum used the Protection of Women from Domestic Violence Act 2006, to ensure that services available under the Act were being accessed and availed by women and children of urban poor communities. In Kolkata a range of awareness and advocacy campaigns were initiated to address issues of domestic violence and to inform victims of the options available to them thereby reducing incidence of domestic violence. Because of these camps and workshops, women's forums members are in a better position to assist victims in their community and serve as first stop crises intervention support and counseling and a link to legal services.

**Stakeholder accountability and close coordination with DALSA:**

- CFAR in collaboration with Department of Women and Child Development and the Department of Women's Empowerment which implements the SABALA program, has developed a joint work procedure/strategy to address the issue of child marriages. .
- In order to sensitize all concerned stakeholders on the issue of child marriage, Supervisors of Department of Women and Child Welfare, CDPO, social workers in slums and the community were trained on the Child Marriage Act and various

provisions under it. The training was attended by 28 women who in turn shared the information with 135 women of the community. These women have evolved as active volunteers who stop child marriage.

- In Jaipur, Legal Literacy and Aid camps were organized on women's rights, legal aid and financial aid for women at the district level. Judges from the Legal Authority and other legal experts were present and they discussed the child marriage abolition Act and also emphasized on the need for such camps at the community level. Regular consultation with the various legal professionals and district legal service departments ensured that incidences of domestic violence are also addressed in time.
- Meetings, legal awareness camps and capacity building exercises have been undertaken for members of women's forums to enable them to create community networks. Similar initiatives were simultaneously undertaken to empower adolescent girls to take care of themselves physically and psychologically.
- Meetings were held with ICDS supervisors, community women and DWCD representatives to discuss the Child Marriage Act. Direct meetings were also held between community members and District Legal Authorities so that concerns could be addressed on the spot.
- Legal camps and public hearings organized by the State Legal Services Authorities reached out to a large number of women.
- As many as 44 meetings were held in four clusters of Rampur- Sonarpur Municipality on the issue of domestic violence.
- Three legal awareness and counseling camps reaching out to 141 residents were organized in Wards 15 and 27, in Mahayamatala Municipal building in collaboration with Association for Social Health in India (ASHI) and Jyotirmoy School of Law, Sonarpur to create awareness on the prevention of domestic violence in the community and awareness about legal rights and accessing redress.

**Livelihood training for victims of domestic violence:**

- In its efforts to address the issue of child marriages CFAR is actively partnering with the AWCs. In doing it is facilitating and holding regular meetings with the adolescent girls' groups in these centers. In fact, Anganwadi Centre has been made the focal point in order to reach out to the adolescent girls in the larger community on the issue of child marriage.
- As part of this programme, Women and Child department is addressing issues related to reproductive and sexual health of adolescent girls, cleanliness during menstruation, life skill training and prevention of violence against women. SWAYAM with support of CFAR conducted training sessions for 30 members of the women's forum on definition and types of violence, why women were abused and the impact of violence on children. The training helped women to better address and counsel victims.

## **VI: Media Advocacy**

CFAR worked with Women's Forums in building their capacity to use mass media to integrate the concern of the marginalized communities into mainstream discourse in Pune.

### **Use of Community Radio:**

In Pune, members of Dash Samoa collaborated with the Film and Television Institute of India, Pune, to reach out to a large number of people in the city on issues pertaining to various social entitlements, health, issues of violence and other family issues. Community radio was used as an innovative tool to improve awareness and knowledge of solutions for problems ranging from local governance, rights and entitlements, education, housing and dealing with various challenges faced by the urban marginalized community. The forum members were facilitated by various stakeholders for highlighting contemporary and relevant content.

- CFAR provided media support to the networks like Asmita Manch and Stree Mukti Andolan.
- We facilitated media coverage for the stone quarry workers rally organized by Santulan to demand housing, water, electricity, road and education.
- We mobilized journalists, prepared a media kit and press release for an event hosted by Shelter Associates related to the completion of public and individual toilet projects in Sangli.
- The media was mobilized to cover the public consultations on Right to Food Campaign organized in Paud district. Marginalized communities and Tribal's from 11 taluks spoke about their experience of the Public Distribution System
- Daksha Samooh members in Pune have been regularly using the FTII community radio, which is being run in collaboration Film and Television Institute of India to reach out to larger number of people on the various issues that it is addressing.
- Till date, more than 20 members have participated in these radio programmes, and have broadcast at least 38 programmes speaking on issues of water, sanitation, pension schemes, ration card, individual family problem, housing, domestic violence etc..

## Chapter III

### **Key Outcomes- Strengthening social accountability and enhancing community responsiveness**

In the process of strengthening social accountability by catalyzing community involvement across six cities, we have been able to strengthen mechanisms for community responsive delivery, enhance voice, agency and involvement of marginal communities across urban slums.

To do this, the community leaders had to address and overcome many structural and systemic barriers, some successfully, and others remaining challenging. They made sustained and diligent efforts to partner with all stakeholders, in particular all city entities and authorities, to ensure that delivery of services becomes more community responsive and respectful of community priorities. This has also meant intensive efforts to build their own collective understanding and capacities about the complex, multi-dimensional issues. Across cities, the efforts ranged from understanding exclusion to mapping gaps to enabling increased quality access to various government programs, schemes and entitlements.

Various strategies were adapted to take forward our goal of mainstreaming marginalized, vulnerable and hidden populations in slum settlements, small towns, cities and states across the country. These programmes include basic services related to right to food, right to education, child care, and social security. The work ranged from legal and social protection, strengthening women's leadership, addressing domestic violence and child marriage, and building purposeful relationships with various stakeholders to ensure better implementation of programmes. Alongside, we focused on building capacities of Women's Forums in Delhi, Bengaluru, Bhubaneswar, Jaipur, Pune and Kolkata with support from Ford Foundation and used the Single Window mechanism to reach out to vulnerable households across six cities where the intervention was carried out.

We hereby put forth some of the major outcomes of the proposed work done across geographies.

#### **Strengthening Community Based Organizations**

In **Delhi**, the major outcome was ensuring utilization of the 25% quota for the Economically Weaker Sections children and securing their admission into private schools under the scheme and also ensuring increased enrollment of girl children across city.

One of the major breakthroughs for the women's forums was the fact that the Delhi Child Welfare Committee had officially asked MahilaPragati Manch (MPM), the CBO which is supported by CFAR to be a monitoring partner on the status of sanitation

management for schools in East and North East Delhi. The Manch has also been given the responsibility for taking up any case related to denial of RTE in the slums and bring it to the notice of the Deputy Director's Office and Child Welfare Committee. This is an important step towards creating an enabling environment for quality access.

In **Kolkata**, Alor Disha succeeded in registering 18 cases of domestic violence in the area of intervention, resolved one case and referred the rest of the cases to DALSA, Family Counseling Center (FCC), police station and the Legal Services Authority.

### **Convergence with Government stakeholders**

The Department of Education, West Bengal Government has requested CFAR to replicate the MHM model in all schools in West Bengal and reach out to not only students but people in general for mass awareness on menstrual health and hygiene.

In **Bengaluru**, in partnership with Jaan Arogya Andolana Karnataka (JAAK -BU) CFAR collected information on budget, construction, staffing, drugs, diagnostics and referrals using Right to Information. The information was then collated and a status report presented to BBMP with suggestions for improving services. We shared our project concerns and activities with the Commissioner of BBMP and the Chief Health Officer (CHO) and got permission to implement the same in three Maternity homes in Bengaluru.

In **Bhubaneswar**, strong SMCs were formed to strengthen the links between the schools and the community and sensitize SMC members on their roles and responsibilities within the Right to Education Act 2009. Steps were taken to strengthen and foster the roles and responsibilities of the school cabinet. A number of model schools emerged as a result of women's forums initiative supported by CFAR. We worked towards improving the functioning of Integrated Child Development Centers (ICDS), Department of Women and Child Development, Bhubaneswar. The Child Development Project Officer assured the women's forums that no beneficiary would be denied ICDS services and entitlements sanctioned for women and children.

In **Jaipur**, with support of Department of Women and Child, Government of Rajasthan, the women's forums intervened to address issues of child marriages and were able to touch lives of 1665 adolescent girls across 4621 household, in 11 slum settlements during year 2013. Intense knowledge and awareness campaign were organized to inform a cross section of the society people of the ill effect of child marriage.

An information kiosk has been set up in Jhalana Kunda through which eleven (11) cases of child marriage were addressed. These kiosks have also 356 community members to access social development schemes. CFAR has been able to sensitize 150 anganwadi workers on the laws against child marriage.



A team of 28 master trainers have created awareness among 135 women in the community on the ill effects of child marriage and the importance of taking the lead in curbing the practice.

### **Improving Urban Governance**

In **Pune** as per the regulation of the Public Distribution System, Vigilance Committee was formed with support of the women's forums to ensure proper distribution of ration for the most marginalized and transform six ration shops into a model ration shop.

Across the cities of Delhi, Bhubaneswar and Bangalore, Jaipur, Pune, we have been able to ensure community representatives as part of government mandated monitoring bodies such as the School Management Committees in Bhubaneswar and Delhi, and Aragua Raksha Smithy in Bangalore.

We have been able to provide increased access to the most marginalized section of the society. During 2016-2017, 134 pregnant women were linked with National Health Mission and 376 women from 24 settlements enrolled for Take Home Ration of ICDS. Two anganwadi centers were constructed and 120 pregnant women enrolled in Magmata Scheme under ICDS. Many school dropouts were re-enrolled.

Across the cities CFAR has witnessed enormous support, for instance in Bhubaneswar across the 10 schools there is improvement in school infrastructure as boundary walls are being built, electricity connections provided and additional class rooms and toilets constructed. Similarly, we are also observing active support from the government in the construction of individual toilets, ensuring access to proper health care services. There has also been a noticeable shift in the approach of the government towards the urban marginal sections of society.

It has been a long and an eventful journey so far- from the time of making strategies to actually implementing various innovative models for reaching out to the most marginalized. What we have witnessed is the fact that a real change is only possible when we can strengthen accountability and this is possible when the excluded and the marginalized demand for their rights and entitlements in a concerted way. The community forums have repeatedly showed us that when the system becomes accountable and there is universal access to rights and privileges and deep seated inequalities are addressed, only can we truly build onto the principle of 'living no one behind' as envisaged in the sustainable development goals.

We at CFAR are happy to be part of this journey and feel good to be able to touch many lives in the process. As we celebrate a sense of accomplishment, we are also ready to look beyond and ask ourselves how we can scale up our work, transition it far more effectively to the natural owners of all this process-government and community- and

what are all the steps we need to take to ensure sustainability and the same spirit of resilience and determination to ensure that no one is left behind.

### **Looking back – Looking forward**

#### **People, events and memories**

It is next to impossible bringing in all images, memories and people who were part of the journey. In the attempt of looking back we present few images here but let us not think that this is all. As a lot of efforts, a lot many moments have gone by in these past many years which could not be captured in frames.

#### **Theme I: Social Entitlements**

##### **National Nutrition Week Celebration officials**



##### **Release of Health Chart by NUHM**



##### **Training of ASHA workers Settlement level meeting**



**Theme II: Right to Education**

**School Cabinet members PTA meeting- Gandamunda High School, Bhubaneswar**



**Art Workshop- New Delhi**



**Theme III: Integrated Child Development Schemes (ICDS)**

**Pre School Education, Bhubaneswar**

**Training of JC and MC -**



**Anganwadi Activities- Shikharchandi Slum- Bhubaneswar**



## Theme IV: Menstrual Health Management (MHM)

### Alor Disha- Kishori Group- Health Champions



### Communitytalks on Menstruation

### Menstrual Cycle Nutrition requirements during Menstruation



**Theme V: Addressing Violence faced by Urban Poor**

**Meeting with Women's Forum on Domestic Violence, Pune Ralley – Violence against women, Pune**



**Single Window- Pune**

**Women's Forums members**

**On Liquor ban, Pune**



**Miscellaneous**

**Knowledge Camp- Delhi Public Hearing- Janta Majdoor Colony, Delhi**



**City Level Consultation on RTE**

**Pravesh Utsav- Celebrating Enrolment Day,**

**Bhubaneswar**



## **ACKNOWLEDGEMENT**

### **BANGALORE:**

#### **Elected representatives**

1. ShriKrishnappa, MLA, RR Nagar
2. Shri Muniraju, MLA, Dasarahalli
3. Shri. Dinesh Gundu Rao, MLA, Gandhi Nagar
4. Shri. Ashwathnarayana, MLA, Yeshwanthpura
5. Shri. Muniraju, Councilor
6. Shri.Nagaraju, Councilor
7. Shri. Lakshmi Kanth Reddy, Councilor
8. Shri.Velu Nayak, Councilor
9. Dr.Shantha, Councilor
10. Ms. Gayathri Gagesh, Councilor
11. Ms. Deepa Nagesh
12. Shri. Dasegouda
13. Ms. Mahadevamma Nagaraj, Councilor

#### **Officials**

1. Dr.Raksha,NationalUrbanHealth Mission (NUHM)
2. Dr.NimalaBuggi, Department of Health and Family Welfare
3. Dr.Lalitha, Department of Health and Family Welfare
4. Dr. Usha, Department of Health and Family Welfare
5. Dr.Shruthi, National Urban Health Mission (NUHM)
6. Dr.Rashmi,National Urban Health Mission (NUHM)
7. Dr.Subbhulakshmi, Department of Health and Family Welfare
8. Dr.Jayanthi, Department of Health and Family Welfare
9. Dr.Sulochana, Department of Health and Family Welfare
10. Dr.Nalina, Department of Health and Family Welfare
11. Dr. Malathi, National Urban Health Mission (NUHM)
12. Dr.Hemalatha,Natioanl Urban Health Mission (NUHM)
13. Dr.Thyagaraj,Natioanl Urban Health Mission (NUHM)
14. Dr.Balasundar,Natioanl Urban Health Mission (NUHM)
15. Dr.Pavithra, Department of Health and Family Welfare
16. Dr.Suresh,Natioanl Urban Health Mission (NUHM)
17. Dr.Sharfaraz Khan, Department of Health and Family Welfare
18. ANMs and ASHA workers



## **ICDS**

1. Ms.Shivamma, Anganwadi worker
2. Ms. Nagavalli, Anganwadi worker
3. Ms.Prema, Anganwadi worker
4. Ms. Indira, Anganwadi worker
5. Ms.Sujatha, Anganwadi worker
6. Ms.Deviramma, Anganwadi worker
7. Ms.Rajalakshmi, Anganwadi worker
8. Ms.Soumya, Anganwadi worker
9. Ms.Gaythri, Anganwadi worker
10. Ms.Shivakumari, Anganwadi worker
11. Ms. Mamtha, Anganwadi worker
12. Shri.Chowdappa, Child Development Programme officer (CDPO)
13. Shri.Shivamegouda, Child Development Programme officer (CDPO)
14. Ms.Pali,Programme officer
15. Shri.Siddramanna, Child Development Programme officer (CDPO)
16. Ms.Aniyamma, Supervisor
17. Ms.Bharathi, Supervisor
18. Ms.Sridevi , Supervisor
19. Ms.SarojaBai, Supervisor
20. Ms.Manjula, Supervisor

## **Karnataka Slum Development Board**

1. Shri.Tippeswamy, Commissioner, Karnataka Slum Development Board
2. Shri.Nagabushan, Assistant Engineer, Karnataka Slum Development Board
3. Shri.Srinivas, Karnataka Slum Development Board
4. Shri.Gangadhar, Deputy Director, Department of Food and Civil Supplies

## **Associations and Networks**

1. Karnataka State Right to Information Federation
2. Karnataka Right to Food Campaign
3. Bangalore HIV/AIDS Forum
4. Janarogya Andolana
5. Public Affair Centre
6. CIVIC
7. Vimochana

## **BHUBANESHWAR**

### **Officials:**

1. Mr. Raju Mohapatra, Secretary to Mrs. Snigdha Mishra, Block Education Officer (BEO), BBSR block
2. Mrs. Majunrani Nayak, Child Development Project Officer (CDPO)-urban-III
3. Mrs. Kajalrani Mohapatra, ICDS-Supervisor
4. Mrs. K. S. Dei, ICDS- Supervisor
5. Mrs. Basanti Singh, Corporator-Ward No-20, Bhubaneswar Municipal Committee, (BMC)
6. Mr. Harish Chandra Murmu, Corporator- Ward No -2, Bhubaneswar Municipal Committee, (BMC)
7. Mr. Shubhransu Mishra, Dy-commissioner-North Zone, Bhubaneswar Municipal Committee, (BMC)
8. Mrs. Rajalaxmi Mohanty, Ex-member, Orissa State Commission for Protection of Child Rights (OSCPCR)
9. Mr. P.K. Mishra, Demonstration officer, Community Food and Extension Nutrition Unit (CFENU), Women & Child Development Department.
10. Mr. Vidhyadhar Sahoo, Block Research Cluster Coordinator (BRCC), RTE-Sarva Siksha Abhiyan (SSA), Bhubaneswar
11. Mrs. Kabita Kanungoo, Teacher, Gandamunda UG School
12. Mr. Gauranga Mohapatra, Consultant to Bharati Gyan Vikash Samiti (BGVS)
13. Mr. Anil Pradhan, Orissa Right To Education (ORTE) Forum Convener & Secretary to Shikhyasandha-NGO

## **PUNE**

1. Mr. Mahendra Gaikwad, District Women and Child Development Officer
2. Mr. Pradeep Patil, Additional Collector
3. Mr. Sanjay Chandekar, In-Charge, Radio, FTII 90.4 MHz, FM , Film & Television Institute of India
4. Mr. Sanjay Ranjane, Chief Social Development Officer, Pune Municipal Corporation

## **KOLKATA**

1. Mr. Najrul Ali Mondal, Chairman In Council, Rajpur Sonarpur Municipality
2. Mr. Shred Das, CDPO, Integrated Child Development Schemes, (ICDS) Sonarpur, South 24 Parganas
3. Mr. Badal Kumar Patra, District Inspector, Education Department South 24 Parganas
4. Mr. Mrinal Kanti Rano, ADM (LA), South 24 Parganas

5. Mrs. Sharmistha Bhattacharya, Retired School Headmistress, Ananda Ashram BalikaVidyapith
6. Dr. Parveen Banu, Gynecologist& Obstetrician, National Medical College
7. Dr. Devi Sen Naskar, Consultant Gynecologist
8. Dr. Minakshi Ganguly, Gynecologist& Obstetrician, Founder Maya Foundation
9. Dr. Kasturi Bakshi, Gynecologist& Obstetrician
10. Ms. Bina Majumder, Pedagogy Coordinator, Sarba Siksha Mission, South 24 Parganas
11. Mr. Anupam Roy, Principal, Subhasgram NabataraVidyalya (H.S.)
12. Ms. Alokanda Ghosh, Principal, Kamrabad Girls High School
13. Ms. Shukla Roy, Principal, Kalikapur Basanti Devi School
14. Ms. Mita Pain, ICDS Supervisor
15. Ms. Bandana Mukherjee, Family Counselor
16. Mr. Kalipada Majumder, Magistrate, Baruipur Fast Track Court

**NGO and CSR partner**

1. SEED
2. Bentley Pvt. Ltd

**Health Champions, Kolkata:**

1. Ms. Anisha Khatun, Stadiumpara Ward no 27, Rajpur Sonarpur Municipality
2. Ms. Muskan Khatun, Rathtala ward no 27, Rajpur Sonarpur Municipality
3. Ms. Ruksar Khatun, UttorKumrokhali, ward no 27 Rajpur Sonarpur Municipality Ms. SusmitaSarkar, Purbapara, ward no 27 Rajpur Sonarpur Municipality
4. Ms. Rubina Mollah, Purbapara, ward no 27 Rajpur Sonarpur Municipality
5. Ms. Komal Khatun, Mallikpur ward no 21 Rajpur Sonarpur Municipality
6. Ms. Jeba Khatun, Mallikpur ward no 21 Rajpur Sonarpur Municipality
7. Ms. Simran Khatun, Mallikpur ward no 21 Rajpur Sonarpur Municipality
8. Ms. Anjira Khatun, Kandarpapur, Rajpur Sonarpur Municipality
9. Ms. NargeesKhatun, Stadiumpara Ward no 27, Rajpur Sonarpur Municipality
10. Ms. Parveena Khatun, Stadiumpara Ward no 27, Rajpur Sonarpur Municipality
11. Mr. Aadil Sheikh, DakshinKumrokhali, ward no 27 Rajpur Sonarpur Municipality
12. Mr. Samir Mondal,UttorKumrokhali, ward no 27 Rajpur Sonarpur Municipality
13. Mr. Aidul Haq, Uttor Kumrokhali, ward no 27, Rajpur Sonarpur Municipality

**JAIPUR**

**Officials**

1. Sh. M.P. Swami, Director ICDS, Rajasthan Jaipur
2. Smt. Mukta Arora, Additional Director, Department of Women Empowerment, Jaipur
3. Smt. Jayshree Thagriya, Joint Director, Department of women Empowerment, Jaipur
4. Mr.Parag Shrivatava, Assistant Statistical Officer, ICDS, Jaipur
5. Mr. Umesh Sharma, Assistant Statistical Officer, ICDS, Jaipur.

**CFAR STAFF:**

**DELHI**

1. Akash
2. Akhila Sivadas
3. Akshay
4. Anita
5. Anjali
6. Ashokawanti
7. Chanchal
8. Chandani
9. Davinder
10. Farah
11. Geeta
12. Girija Kumari Sahu
13. Jyoti Sharma
14. Manisha
15. Muskan
16. Neelam
17. Nirmala Raturi
18. Nobahar
19. Pankaj
20. Pooja
21. Pratibha Dubey
22. Preeti
23. Rehman
24. Rajrani
25. Rajesh Kumar
26. Ratna Mathur
27. Ravinder
28. Rishiraj
29. Sabha Tamanna
30. Shabnam
31. Shehnaaj Malik
32. Sonia
33. Sonika
34. Suchita
35. Sunita
36. Sutapa Majumdar
37. Ujnesh

38. Vicky
39. Vimala
40. Yugal

**JAIPUR:**

1. Hemalata Pareek
2. Manju Soni,
3. Poonam Kulshrestha,
4. Rakhee Badhwar

**BHUBANESHWAR:**

1. AnupamaPradhan
2. Bhaskar Sethy
3. Jayashree Das
4. Jugal Nayak
5. Rajalaxmi Mohanty
6. Rita Patra
7. Samir Ranjan Das
8. Sanjukta Das
9. Santilata Pradhan
10. Uttama Digal
11. Bhudevi
12. Jnanedndra Pradhan
13. K. Laxmi
14. Laxmipriya Rana
15. Parilata Mohapatra
16. R. Dhanlaxmi
17. Sukanta Sahoo

**KOLKATA:**

1. Mohini Khatun
2. Priyanka Das
3. Ranjita Dey
4. Rehana Khatun
5. Ruksana Bibi Khatun
6. Rime Chakra borty (Ghost)
7. Shramana Majumder
8. Serina Gazi
9. Sudipa Samanta Bhunia
10. Sutirtha Ghosal

**PUNE:**

1. Amina Nadaf
2. Pramod Gogawale
3. Rajani Dhende
4. Sanyogita Dhamdhere

**BANGALORE:**

1. Chandrakala
2. Kadarbee
3. Nelamma
4. Parimala
5. Roshini
6. Salina Mary
7. Shahataz
8. ShriSaifuddeen
9. Shareef Mahammed
10. Sudha K
11. Sumithramma
12. Vijaya Kumari
13. Amaravathi
14. Haseena Banu
15. Majula MV
16. Mallamma
17. Chitra
18. Prathima
19. Naveenavathi
20. Radha V
21. Rathna G
22. Vanishri
23. Vidhyashri