DAY CARE CENTRES IN CONSTRUCTION SITES

(A multi-sectoral initiative for nutritional and development needs of the children of migrants)

Completion Report

bhavishya ALLIANCE

Integrated Child Development Services Scheme, Maharashtra

MUMBAI MOBILE CRECHES

SHIRKE GROUP OF COMPANIES

NIRMAN

- 1,459 children were supported by the three Anganwadi cum Day Care Centres(AWDCC) of which 1,006 children were below 6 years of age.
- On an average 162 children under the age of 6 were benefited from the AWDCC daily.
- 30-35 pregnant and lactating mothers benefited by SNP daily.
- 530 children were immunized by PHC and Private Practitioners.
- In Ganesh Nagar and Pratiksha Nagar, **88.5%** of children were mildly / moderately malnourished in Grade I & II, **11.5%** were severely malnourished in Grade III & IV in the beginning. Whereas by the completion period **32%** children became Normal and only **3.5%** remained severely malnourished.

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INTRODUCTION:

The Integrated Child Development Services (ICDS)[1] of Government of India has a mandate to cover all children less than six years of age in order to address their health, nutritional and stimulation needs. While the coverage of rural and urban slums populations is fairly wide, an important group that gets left out is the shifting or migrant populations. Children belonging to this group are particularly vulnerable since they are amongst the poorest rural families who are forced to constantly be on the move to find work, often in very demanding situations. As a result, very young children are often left unattended or in the care of a slightly older sibling, compromising on their health, nutrition and safety. We can find the groups of migrants employed in the construction industry - in nearly every city in India. And this number, because of the recent drought, and increasing urbanisation and development, is only likely to grow. As is well known, a large percentage of migrants live on and move between construction sites, with their children, as the building is underway. With millions employed in this sector, it is critical to see that the ICDS reaches these very vulnerable children with its essential support and services.

Bhavishya Alliance initiated a pilot project in three construction sites of Mumbai (viz., Pratiksha Nagar in Sion, Ganesh Nagar in Malad and Gharkul in Kharghar) which is a joint initiative of Mumbai Based NGOs - Mumbai Mobile Crèches (MMC) & Nirman, Government (ICDS) and Builder – BG Shirke Group of Companies.

This project is a unique attempt to support the ICDS to reach the children of migrant population "Temporary/Mobile Anganwadi Centres."

In less than a year, over 1,000 children under the age of six have been reached on three construction sites through this initiative. This pilot is therefore significant for three main reasons -- it establishes the critical need of these children, who are of significant number, it demonstrates several interesting innovations that create more comprehensive care and support for these children, given their special context, and finally it makes several recommendations on how this can be replicated in the future.

1. ICDS - The Integrated Child Development Scheme (ICDS) was launched in India by Government in 1975 seeking to provide an integrated package of services in a convergent manner for the holistic development of the child. Currently the program is covering entire country covering more than 27.1 million of children (3-6 yrs) and more than 65.4 lacks as SNP beneficiaries (including pregnant ant lactating mothers) , through approximately 250,000 AWCs.

A "Temporary/Mobile Anganwadi Centre" might only be in one location for two to three years, since it can only last as long as the construction is underway. But during that time, it will support thousands of children, who otherwise would have been completely invisible, and ensure that their health, nutrition and stimulation needs have been addressed at a very critical stage in their lives leading to positive lifelong consequences.

It is hoped that this pilot project will be the basis for establishing Anganwadi-cum-Day-Care Centres (AWDCC) across the state, and eventually across the country, so that the mandate of universalisation is ensured, and children of migrant workers, who are especially vulnerable, will receive the care and support that they so desperately need.

PROJECT OBJECTIVES & DESIGN:

Main objectives of these pilot projects are:

1. Address the nutritional and development needs of the neglected children of the migrant construction workers by operationalising Anganwadi – cum – Day Care Centres in 3 construction sites in Mumbai with multi-sectoral partnership.
2. Share the learning's with the Government of Maharashtra for possible scaling up across Mumbai and in the State

The pilot projects are designed to work on the principles of partnership with stakeholders from different sectors joining and taking up varied roles and responsibilities in carrying out day-to-day activities that leads to the expected core results. The key activities taken up under this project are identifying constructions sites having migrant children living in the vicinity, then advocate starting of an Anganwadi Centre (AWC) with ICDS, motivate the builder to provide necessary infrastructure and take up few other responsibilities, extend the services of AWC into a Day-Care Centre (DCC), regularly support, monitor, supervise, problem solve and improvise, document the learnings, assess and evaluate the results, and advocate for replication. Bhavishya Alliance along with its many partners took up these activities together each taking up specific roles and responsibilities.

ROLES OF DIFFERENT PARTNERS:

Mumbai Mobile Crèches and Nirman carried out extensive surveys and identified locations meeting the defined criteria[2] and required intervention. Bhavishya Alliance worked with ICDS to get required started sanctions to start Anganwadi Centres at Construction Sites with all services as available in any Anganwadi Centre as per their mandate/norms; and ICDS giving special approval for the pilot Anganwadi Centres to operate beyond normal hours to serve as day-care centre and provided support in forming linkages with the health posts for necessary healthcare services. MMC and Nirman participated identification and selection of staff and provided necessary training and required expertise to the staff for managing Day Care Centres. Nirman and MMC along with ICDS carried out day-to-day monitoring of the activities and management of the AWC cum DCC. The Builder (B G Shirke Group of Companies) provided space, electricity, drinking water and toilet facility along with some monthly monetary contribution for each centre. Nirman working with construction workers mobilised the Self Help Group (SHG), registered them, got them formalised in ICDS so as to provide hot supplementary food in centres and organised the community for utilisation of the services. Bhavishya Alliance brought the partners together, facilitated development of the project, supported in fund raising, documented the processes and learnings, carried out an assessment of impact/ results for advocating policy changes.

PROJECT EVALUATION:

While conceptualising the pilot project, various indicators (process, output, outcome, and impact level) were defined in order to evaluate the effectiveness and accordingly suggest replication. Key indicators are:

Process: ICDS, MMC and the builder fully own and manage the Anganwadi-cum-Day-Care Centre and MMC continuously supports the capacity building and monitoring, Nirman supports the formation of Self help groups for providing nutrition and builder provides necessary agreed inputs.

Output: ICDS takes the necessary initiatives to make available its services in non-recognised settlements and incorporating Crèche component.

2. Site Selection Criteria: a. More than 150 children identified during survey at the site, b. Construction will go on for 2 years or more, c. All the construction sites were housing schemes for Low and Middle income groups as part of slum rehabilitation.

Outcome: Fully functional AWDCC covering all 0-6 year children of the construction workers and continuous tracking of their nutritional status.

Impact: Reduction in malnutrition among children of construction workers in the intervention sites. The monthly recordings of the weights as per age done by the AWW and crèche staff were analysed to assess the impact on under-nutrition among children.

RESULTS:

A. Process:

One of the greatest successes of the project can be attributed to the initiative taken by ICDS commissioner for the creating a provision for Anganwadi Centres in construction sites of Mumbai for the first time in India. The Commissioner issued orders to all Child Development Project Officers (CDPOs) to open AWCs in big construction sites of Mumbai where construction will last for 2 years or more with adequate number of children at the site.

The personal involvement of the Deputy Commissioners and CDPO's of ICDS from the beginning with visits the sites and participation in several discussions with partners from MMC and Nirman really helped in initiating the pilot.

A1. Agreement on Roles and Budget:

All the partners shared their roles quite well with certain challenges faced from ICDS and Builder on the basic services that they were supposed to provide. While in Pratiksha Nagar and Ganesh Nagar, the builder did provide a proper space, electricity, toilet and water as agreed upon, In Kharghar, this was the problem. The toilet was not provided till almost a year in close vicinity which was very much needed as there were close to 130 children in the centre at any point of time. ICDS has been very supportive in all respects considering the fact that they have their own systemic limitations. The budget was shared by all five partners. The annual budget for the project came to approximately 13 Lakhs for all the three sites put together of which ICDS shared 16% taking into consideration the cost conversion of ICDS services, Builder shared 18%, MMC and BA shared the remaining 44% and 22% respectively. Nirman provided its staff to work on these projects on voluntary / pro-bono basis. MMC and Nirman did

perform their role very well in day-to-day management of centre, formation and constant handholding of the SHG with support from the Anganwadi Workers (AWW) posted at the site.

A2. Starting the Anganwadi and DCC (AWDCC):

There was a delay in signing formal MOU even after reaching consensus and orally agreeing to roles and responsibilities. In the meanwhile MMC & Nirman started the day care centres which were later integrated into the ICDS system after the Anganwadi Centres were sanctioned.

A3. Selection and Capacity building of Staff:

A Project Officer appointed by MMC to look after all centres for managing the overall activities of the centre. In each centre an AWW and a Helper were been posted by ICDS with recommendation from MMC. In addition to this MMC recruited its own team of Crèche teachers, Balwadi and primary teachers for each of the DCC. All AWWs were included in the monthly training sessions and lesson plans conducted by MMC. They were also provided with curriculum support, teaching aids and a detailed timetable. Impact of the training was immediately seen in the AWW at Ganesh Nagar and Pratiksha Nagar.

A4. Formation of Self Help Group (SHG) and its inclusion in ICDS:

Commendable effort by Nirman and Special provision created by ICDS helped form two new Self Help Groups in Pratiksha Nagar and Ganesh Nagar.

Though the people in construction site are mobile population, it made sense to form an SHG from among the mothers of children coming to the centres to ensure their involvement. Formation of the SHG in an unrecognised site was a completely different experience in comparison to one in the recognised settlement and was quite challenging (shared in latter part of report). Two out of three SHGs were newly formed where as in Kharghar supplementary nutrition was provided by the existing SHG of ICDS for comparison. Commendable effort by Nirman and

Special provision created by ICDS helped form two new Self Help Groups in Pratiksha Nagar and Ganesh Nagar. They have been formally accepted by ICDS under their special projects for supplying food to children at these centres. Nirman has been instrumental in organizing the SHG, opening their bank account and keeping up their motivation.

A5. Monitoring & Supervision:

Detailed records were kept for every child which included an admission form (with all socioeconomic details of children including family members and parent's income), health case papers and record including immunization record, growth monitoring charts, vitamin supplements and medications given to each child. Worksheets were provided for growth & development of children and regularly checked and shared with parents to show progress. Project Officer from MMC & Supervisor of ICDS in tandem monitored the work done at the Centres.

B. Output & Outcome

B1. Extension of AWC into AWDCC:

This is the first time ICDS services reached such non-recognized sites through the Anganwadi Centres and the ICDS made provisions for extending the normal Anganwadi hours so as to function as DCC. A provision for additional honorarium was made for the AWW and helper for working for additional hours from the shared budget by partners so as to keep up their motivation.

B2- Beneficiaries from the AWDCC:

A total of 1,459 children were supported by these centres of which 1,006 children were below 6 years of age. Highlighted box- 1,459 children were supported by these centres during the span of 1 year of which 1,006 children were below 6 years of age.Most of them stayed for at least 3 months before their parents were transferred to another site or the family shifted

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to their hometowns. At any given point of time on an average 162 children under the age of 6 were present in the centres and benefited from the AWDCCHigh; lighted box- At any given point of time on an average 162 children under the age of 6 were benefited from the AWDCC daily.. Every day around 30-35 pregnant and lactating mothers were also benefited by Supplementary Nutrition (double the ration given to children) in these three sitesHighlighted box- 30-35 pregnant and lactating mothers benfits by Supplementary Nutrition daily in these three sites.

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B3: Growth monitoring and preventive health care:

The weights of the children in these sites were recorded regularly by the AWW and the Crèche staff. The children at the Kharghar DCC could not be monitored due to the absence of an AWW. Community in the construction site is a floating population with the stay ranging from a few days to a year or two. This makes it difficult to keep a track on the nutrition status of the child once they are out of the centre, however all efforts have been made to track the weights and provide care to improve the child's nutritional status while the child is at the centre. In Kharghar, children identified with Micronutrient Deficiency Disorders were recommended vitamin supplements by a private doctor. Around 530 children were immunized with BCG, DPT, Booster 1, Booster 2, Measles, MMR and TT during a span of one year during health camps conducted by the Primary Health Centre (PHC) or Private Practitioners in these three centres and others were referred to PHC for the same. In all the three sites, pulse polio immunizations were being conducted regularly

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in the community. Micronutrient supplementation (Multivitamins, B-Complex, Calcium and Iron) is provided to all children in all these centres regularly. The ICDS has also provided medical kits (KIT A) at one of the centres.

B4. Nutrition

Two new SHGs from among the mothers of the construction sites were formed at Ganesh Nagar and Pratiksha Nagar to provide food to the children for the whole day. In Kharghar a different model was tried out where the existing SHG of ICDS was involved to provide supplementary food along with additional food provided by Mumbai Mobile Crèche. At the Ganesh Nagar and Pratiksha Nagar centres, food cooked by the SHG was as per the nutrition timetable and standards agreed upon by MMC and ICDS. Here, Rs. 3 was provided per day for each child below 6 for Lunch and evening snack – Rs. 1.98 was provided by ICDS and Rs. 1.02 was provided by MMC. For the children in the primary age group, MMC bore the entire Rs. 3 cost. Besides this MMC provided Milk, Bananas and Chikki raised through donations.

B5. Addressing other Development Needs

The space for the centres provided by the builders and the crèche and the play school run by Mobile Crèches has led to the overall development of the children and most of the children have reached the Primary classes in municipal schools.

A stimulating and nurturing environment is being provided to the children at the centre and such activities are conducted that triggers physical, sensory, motor, emotional, social, language and overall personality development of the child.

C. Impact

Change in Nutritional status of children:

The AWDCC at the construction sites mainly caters to the children of the migrant labourers in the age group of 0-6 years. On an average 160 children (below the age of 6 years) benefited by these AWDCC. The population is a floating population with a minimum of 15 days and a maximum of 18 months stay. Some of the children who still continue to avail the facilities of the DCC migrate for a short-while to their villages due to reasons like child birth, events in the family or better job opportunities. Some of them return and join the AWDCC, whereas some others could not be tracked for follow up. Involvement of the ICDS in terms of nutrient provision and growth monitoring has considerably helped in improving the health status of the malnourished children.

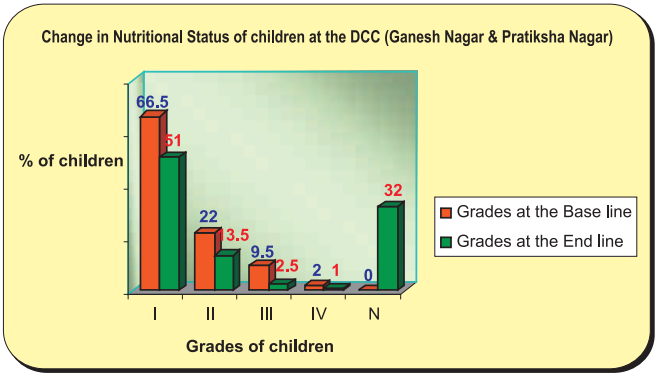
GANESH NAGAR and PRATIKSHA NAGAR DCCs

In Ganesh Nagar and Pratiksha Nagar, 88.5% of children were mildly / moderately malnourished in Grade I & II, 9.5% were in Grade III and 2% were in Grade IV in the beginning . Whereas by the completion period 32% children became Normal and only 2.5% remained in Grade III, and 1 % remained in grade IV

These AWDCCs could reach out to One Hundred and Thirty one (131) malnourished kids during the year September 2008 – September 2009. Seventy two (72) of them were girls and Fifty Nine (59) were boys. The grades of malnutrition were about the same in both the genders and both of them showed considerable improvement in

During this intervention period in both the DCCs the percentage of severely malnourished children was brought down from 11.5% to 3.5 %

the end. Out of these 131 malnourished children, 20 children could not be tracked for follow up as they stayed in the centre for only less than a month and thus only 111 children could be tracked till the end. When the project began, of these 111 children, 6 children were normal and remaining 105 were undernourished (88.5% of them were mildly / moderately malnourished in Grade I & II, 9.5% were in Grade III and 2% were in Grade IV)[3]. Whereas by the completion period, 32% children became Normal and only 2.5% remained in Grade III, and 1 % remained in grade IV.



The duration of stay at the DCC has been the main factor impacting on improvement in malnutrition. The improvement of grades is seen to be directly proportional to the duration of stay in most of the cases especially in those who were in Grade III.

KHARGHAR

Regular presence of the existing AWW and Helper has been a major challenge in the centre at Kharghar though supplementary nutrition was regularly supplied at the centre. At one point there was no presence of ICDS staff at the centre for around 5-6 months due to delay in replacement of the previous staff, thus tracking of nutritional status of children has not been consistent in this centre. However, a private doctor was appointed on a weekly basis by MMC who identified micronutrient deficiency disorders in 44 children during the period along with other illnesses. These children were followed up with special diets and vitamin supplements. As per the case records maintained by the doctor, all these children showed considerable improvement in the health status.

3. As per the norms children in Grade I are mildly malnourished, Grade II moderately malnourished and Grade III & IV children are considered severely malnourished

INNOVATIONS:

- ☞ Multi Sectoral Partnership between Government (ICDS), NGOs (MMC and Nirman) and Corporate (B G Shirke Group of Companies)
- ☞ ICDS services reached the non recognized migrant construction workers for the first time.
- ☞ Anganwadi Centres functioned as Day care Centres beyond normal Anganwadi hours of working.
- ☞ SHGs formed by the mothers of the children in the AWDCCs to ensure their involvement in providing nutrition supplementation to the children for them to sustain and learning for the future sustenance of their children.
- ☞ Combined Supplementary Nutrition by MMC and ICDS for the children.

LEARNINGS & CHALLENGES

A. Learnings

- Signing an agreement (MOU) clearly articulating the roles of each stakeholder helped in ensuring fulfilment of commitments by the partners. Good coordination among the partners is the most critical factor towards making any project successful. For this a conscious effort to work together towards the common objectives is essential.
- Involvement and cooperation of state government (ICDS Commissioner's Office) and also the CDPO's from the very beginning were crucial for the success of the project.
- Presence of strong NGOs with understanding the needs of migrant construction workers for implementation support is very essential. Networks/Linkages of NGO with the builder/contractors and banks were very useful for smooth implementation of project.
- Issuing of a government order from the ICDS Commissioner for opening Anganwadi Centres in the big construction sites, it being first time, resulted in

a significant acceptance and thus implementation of the project by the concerned CDPO's. Also creating provision for formal approval of SHG at ICDS under special projects helped.

- The duration of stay at the AWDCC had been the main factor for monitoring growth and assessing impact on improving grades of malnutrition. The improvement of grades is seen to be directly proportional to the duration of stay in most of the cases.
- In Mumbai since there are many livelihood options, getting the agreement of existing AWW to work for full day with additional salary is not easy. It is better to appoint fresh AWW for such projects.
- Formation and sustenance of SHGs in construction sites with mobile population and in absence of permanent address proof is a time taking and difficult. Support from the contractor on providing recommendation letter really helped in getting the accounts opened with the bank.

B. Challenges-

- Floating and instability of the population is the major constraint where in the child who has improved in Nutritional status slips back into its previous grades once the healthy environment changes.

The exact age of child is not known in construction sites while in slums 80% will have birth date known, thus gradation of nutritional status becomes difficult.- Varsha Pathre, AWW, Pratiksha Nagar, Sion

- Sustaining the SHG with construction workers being a floating population has been a challenge, which was overcome to certain extent by selecting those women who will be consistent for some time. Changes in the members are required to be intimated to the bank from time to time.
- Delay in the payments by 3-4 months from ICDS affects the motivation in the AWW, Helper and the SHGs.
- Negotiation of space with the builder is also quite challenging. While, in Pratiksha Nagar, this was much easier, since three rooms were given in an already constructed building, in Ganesh Nagar and Kharghar the process took

more time. In Kharghar, the builder didn't provide a toilet for the centre until one year. In fact, Kharghar is part supported by CIDCO (who had invited MMC to this site). So the major challenge from the builder was to convince them to give a decent space with proper access, and which is close to the community so that children can walk. This required adequate pressure and follow up to happen.

- Coordination with other staff and regularity of the existing AWW and Helper has been a major challenge in the centre at Kharghar. Also there has been delay in replacement of the AWW in the said centre by 5 months, thus tracking of nutritional status of children have not been consistent in this centre.

C. Some Recommendations:

i. *Making "Temporary / Mobile Anganwadi Centres" accessible to migrant worker's children.*

As this report reiterates, the construction industry is one of the country's largest, and with increased development and urbanization, one that continues to grow. And it is a fact that children accompany their parents to cities and live on construction sites. In fact there are more numbers of younger children on the sites since parents are more likely to leave the older ones to continue their schooling in the village. The numbers are estimated to be over 15 million children under the age of six.

Since AWCs are currently not set up on construction sites, clearly an enormous number of children are currently being left out. Moreover, considering that they spend their time on demanding and dangerous construction site while their parents are at work makes them even more vulnerable as their need for safety, nutrition, health services and stimulation is absolutely essential.

This pilot project also indicates that while there is an average of nearly 200 children under six across big construction sites, in reality, more than 1000

young children lived on the sites and used the centres from time to time. This level of migration poses a considerable challenge. The tradition model of setting up an Anganwadi Centre that is permanent has to be revised for this group. Construction sites continue for several years, but when the building work is completed, the children move on. Therefore it is recommended that "Temporary / Mobile Anganwadi-cum-Day-Care Centres" be established on sites; which are shifted to another location once the work is complete.

ii. *Support from ICDS for Issue of GR for provision of AWC in construction sites*

Support from ICDS Commissioner for issue of a Government Order from Department of Women and Child for initiating Anganwadi Centre with extended hours in big construction sites that can work for 2 years or more having adequate number of children has proved very important in the State of Maharashtra. Also support for approval of new SHGs to be formed from among the construction workers for providing food to the children with some flexibility on mandate of bank accounts for such temporary AWCs was very helpful. Other states across the country must also take similar steps.

iii. *Making the municipality as well as builders more accountable*

All construction permissions are handled by the Building Proposal Department of the municipality. Officials here are always aware of large construction projects, which are typically where many families are employed. Moreover, the Building and Construction Workers Act 1998 clearly includes a clause for crèches for young children for their health, safety and education. Unfortunately there is no linkage between this department and the ICDS. It is recommended that it be mandated that whenever there is construction above a certain size, the Building Proposal Department immediately contact the local CDPO to organize a survey and consequently set up a Temporary / Mobile Anganwadi-cum-Day-Care Centre.

An interesting precedent comes from the Pune Municipal Corporation which has made crèches for children a pre-requisite to a builder receiving permission from the department to commence work. Such forward thinking initiatives should be lauded and replicated.

It is important to note that the space issue that typically plagues the opening of an Anganwadi in a slum is not major problem on the construction site, where there is also ample space and the centre can easily be accommodated.

The creation of a well ventilated and adequate space must be the responsibility of the builder, and, wherever possible, contribute to the running of the centre.

iv. *Trying out the model in another city*

The success of the partnership for an AWDCC on the construction site relies heavily on Mumbai Mobile Crèches, which has been working in this area for several decades. The next step is to demonstrate this similar model in another city; initially with the help of a local NGO, to test how it will be received and can be replicated. Both Bhavishya Alliance and Mumbai Mobile Crèches are eager to support in this endeavour and training of the NGO.

v. *Day care*

A large number of women are working on construction sites – either on the site itself or as domestic workers outside the site. The infants of these babies are typically left in the care of their older siblings who are often under ten years old. Providing sufficient nutrition to these children at their homes is not always adequate and relies on the older sibling to feed them and keeps those siblings too out of primary school. Therefore this report recommends that for such infants (and this is the case in slums as well) day care services should be available at the Anganwadi Centres and an extra trained worker must be assigned to care for their needs. The helper, if interested, can be trained for this work.

SOME EXPERIENCES :

Bachhon me badlaav to aata hi hai. Din bhar bacche inhi ke paas rahte hai. 1-2 baje tak jab hamara chuti hota hai tab dudh pilane wali ma bache ko apne saath lekar jate hai. Phir kaam par jaate samay chod jaate hai."
–Preeti, Community woman living in Ganesh Nagar site since 3 yrs

I feel cooking should be done by the women in the site so as to ensure that it is good food that our children eat.
- Asha Bajgude, SHG women, 25 yrs, Pratiksha Nagar, Sion.

Main first time ICDS me join hui hun. Time pe salary nahi milta tha pehle, ghar ka kharcha chalana mushkil hota tha. Abhi time pe salary mil jata hai. Additional salary bhi pura din ka milta hai. Abhi Ek saal se kaam kar rahi hun aur khush hun , Sab staff idhar milkar kaam karte hai

– Geeta Korde, AWW, Ganesh Nagar

Three of my children aged 12,9 and 6 attend the DCC from morning to 12.30 pm. They are now admitted to the municipal school and attend the school in the afternoon. Prior to this they used to roam about or watch TV at home, but now they learn a lot in the morning hour too and there is no need for tuitions. I am also a member of the SHG at Pratiksha Nagar. If pregnant and lactating mothers do not come to the DCC, I deliver their food (SNP) at their residence. It is better if ICDS pays on time. Earlier my husband and family members used to keep asking me about when I shall be paid for my services at the DCC. But I felt that the work I was doing was good work. Now I received my payment from ICDS for 5 months. I could fill in ration at home.

– Sangita Sanjay Shinde, SHG member, Pratiksha Nagar, Sion.

Inka Itna Acha Kaam hai, aisa ICDS centres me ho jaye to kitna Accha hoga-
said Varsha Pathre, AWW, Pratiksha Nagar, Sion (referring to the work of MMC)

We have reached out to three construction sites with ICDS and we want to replicate this in all sites, only then can the issues affecting construction workers can be sorted. Additionally we want the builders to provide education to the children as they are not able to get into mainstream education due to the floating nature of the population. We, thus, want the process to continue and are willing to put in the effort required.

- Asha Ashok Phulsunder, Coordinator, Nirman

Bhavishya's value addition to the project has been excellent. Without BA's support the project would never have happened or worked at all! It played an absolutely crucial coordination role. It is essential to continue to support this process for further scaling, which will come with new challenges

- Devika Mahadevan, CEO, Mumbai Mobile Creches

bhavishya
ALLIANCE

Bhavishya Alliance
Plot 131, J Lane, Sagar Vihar,
Sector - 8, Vashi,
Navi Mumbai - 400 703
Tel: 91-22-27821657,27823202
Fax: 91-22-27824629
Website: www.bhavishya.org.in
Email: contact@bhavishyaalliance.org.in