

Vol 6 Issue 4 Jan 2017

ISSN No : 2249-894X

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*Monthly Multidisciplinary  
Research Journal*

*Review Of  
Research Journal*

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Review Of Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial Board readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

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## LIVING STANDARD, HEALTH PROBLEMS AND EDUCATIONAL NEEDS OF DEPRIVED URBAN SLUM CHILDREN OF KOLKATA

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### ABSTRACT:

**T**he social, economic and cultural development of a nation rests largely on the educational attainment of its people. A low level of literacy in a population retards the progress of a Nation. As such the outreach of education to every stratum of society is a subject of great concern. Indian literacy rate grew to 74.04% in 2011 from 12% at the time of independence in 1947. Although this is remarkable, but the level is well below the world average literacy rate of 84%, and India today has the largest number of illiterate population on earth and it is estimated that by the year 2020 over 50% of the illiterate population will live in India. Although West Bengal has made considerable progress in the field of literacy with the literacy rate 48.6% in 1981 to 68.64% in 2001 and 77.10% in 2011, there are large numbers of children 144,945 in the age group of 3-14 years in Kolkata who are not in school and 5-14 years who are 94,164 totally spend their time on streets (West Bengal Resource group 1999). As per 2011 Census report in India roughly 1.37 crore households or 17.4% of urban households live in slums. Kolkata has a total population of 4,486,679 persons, of which 2,362,662 are males and 2,124,017 are females. Among the total population, 1,457,273 are slum inhabitants which accounts for 32.48% of total population (Census of India 2011). This study tries to understand comprehensively the prevailing conditions in slums of Kolkata and assess the impact of living condition, home and surrounding environment, parental education, school condition on elementary education of slum children of Kolkata in 6-14 years age group. Education plays a pivotal role in laying a proper foundation for the overall socio-economic development of any region. Millennium Development Goals Goal No. 7 (Ensure Environmental Sustainability) focuses explicitly on urban area, where target No. 11 sets to achieve a significant improvement in the lives of at least 100 million slum dwellers by 2020. Standing at this juncture the researcher feels the need to understand and evaluate the present scenario of Deprived Urban Slum Children of 6-14 years age group of Kolkata in regard to access and retention of elementary education of satisfactory quality.



**KEYWORDS:** Slum Children, Migration, Literacy, Living Conditions, Deprived Urban Children.

## INTRODUCTION:

Urbanization accompanied by sustained population growth due to large scale migration has led to mushrooming of slum settlement. Slums are a universal phenomenon and exist in almost all the cities across the world. India's urban population has grown from 285 million in 2001 to 377 million in 2011. India's slum population during the same period has increased, from 52.4 million in 2001 to 93 million (projected) in 2011 and is projected to grow at 5% per year, according to the Census of India. In 1901 India had 11.4% urban population of total population, Level of urbanization has increased from 27.8% in 2001 to 31.1% in 2011 (Census of India 2001; 2011). Majority of slum dwellers settle in city with no intention of going back to their native place. Nearly 50% of the population is categorized as poor in terms of the World Bank Universal Poverty line. West Bengal stands fourth with 18011 lakh of people below poverty line. In urban areas the number of child laborers (official figure) is 1.2 crore, while according to NGO survey the figure is 6 crore (Source: India Development Report (1999-2000)). The Deprived Urban Children DUC residing in the slums is deprived of various basic amenities like education, nutrition, health care facilities and a safe living environment. It is in this context that we observe the growth of Slums that has forced large numbers of people to live in extremely squalid conditions, not having access to the basic amenities of life.

The Cities without Slums CWS Action Plan was developed in July 1999 and launched by Nelson Mandela at the inaugural meeting of the CA in December 1999. The CWS initiative has been endorsed internationally with specific targets to improve living conditions among the urban poor, the most vulnerable and marginalized of those living in towns and cities throughout the world. The Education for All movement put Literacy high on the agenda among the six Dakar goals (Jomtien, Thailand, 1990). The 'Right to Children to Free and Compulsory Education Bill' was drafted in 2005. The bill was revised and it became an Act in August 2009, and finally came into force from April 1, 2010. Growth and development, which is vital, is unimaginable if a large part of the society is bounded in illiteracy. The positive role of education and literacy may generate consciousness and make people aware about their own conditions and about the society in which they live. Enrolment in primary schools has increased nevertheless; it is estimated that at least 35 million, and possibly as many as 60 million, children aged 6–14 years are out of school.

## OBJECTIVES OF THE STUDY

1. To study the socio-economic condition of the slum dwellers.
2. To find out the problems of the Deprived Urban Children DUC in achieving elementary education.
3. To assess the role of NGOs in providing necessary services like education, nutrition, health care facilities to the DUC.

## BACKGROUND OF THE STUDY

The heavy influx of migration from rural areas to urban cities has contributed to urban growth which in turn has resulted in the development of squatter settlements and slums especially in metros and in large cities. The immigrants eventually forced to settle in the slum areas fail to secure proper safe living condition and housing for themselves. The slums in Kolkata can be divided into those which have been recognized by the Kolkata Municipal Corporation, known as Bastis and those which are not recognized are known as squatter settlements. Squatter settlements are found near canals, drains, railway tracks and roads around the city. Slums may be defined as a "compact settlement with a collection of poorly built tenements, mostly of temporary nature, crowded together usually with inadequate sanitation and drinking water facilities in unhygienic conditions" (NSSO 2003). Slums are usually a cluster of hutments with dilapidated and unstable structures having common toilet, lack of basic amenities, inadequate arrangement of drainage and disposal of solid waste and garbage (GOI report on Slum Population, 2005).

The United Nations has defined slums as 'buildings, groups of buildings or areas characterized by overcrowding, deterioration, unsanitary conditions or absence of facilities or amenities which, because of these conditions or any of them, endanger the health, safety or morals of its inhabitants or the community.' A definition provided by the Government of India describes slums as 'any area where such dwellings predominate



which by the reason of dilapidation, overcrowding, faulty arrangement of design of buildings, narrowness or faulty arrangement of streets, lack of ventilation, light or sanitary facilities, inadequacy of open spaces and community facilities or any combination of these factors, are detrimental to safety, health or morale' of the inhabitants.

From the related Literature on education of children it is observed that considerable studies have been conducted. A number of studies have been conducted on NFE and weaker sections of the society. In a study A Treatise on the Education of the Backward Classes in India since Independence with Special Reference to West Bengal Bandhopadhyay, K.L. (1992) identified the criteria for defining the backward classes in India, identified the nature and form of hurdle and constraints causing absenteeism, wastage and stagnation in the elementary stage of education among the back ward classes. The study also explored on the growth and development of elementary education among the backward classes, the impact of education on the backward classes. The findings of the study were: 1) UEE among the backward classes was yet to be attained 2) there has been difference in reasons for poor enrolment in different environmental situations 3) Parents' aspirations and motivation for the education of their children were related to the level of their age and education. An Evaluative Study of NFE Programme in Bihar, Jha Murti Kant (1992) conducted research on 1) the functioning of NFE centers and 2) their curriculum, 3) instructional materials and organizational package and 4) background of the learner. Some major findings of the study were 1) the instructional material and organizational packages were not supplied regularly. 2) instructors were poorly trained and 3) were dissatisfied with the honorarium they got 4) The overall suggestion was that NFE programme was almost ineffective and should be reorganized in order to be effective and meet the needs of the target group. This literature throws light on the functioning of the NFE centers, the findings are related to the current topic.

City Level Programme of Action (CLPOA); State Resource Group for Education of Deprived Urban Children (SRGEDUC) carried out a survey on Calcutta's Deprived Urban Children in 1999. It was found that more than 130 million children worldwide do not attend school and more than half of those children are Indians. Designed to develop useful educational methodologies for rural areas, it helped to focus attention on the plight of rural children. In doing so, the needs of the deprived urban child became clear. All over the country, many initiatives have been undertaken in favor of the basic right to education. A National Programme that began with the National Core Group in Delhi, and was initiated in Calcutta to serve West Bengal region when a Regional Workshop was held there in January, 1999, organized under the aegis of the West Bengal District Primary Education Programme. The outcome of that workshop was a plan for the city of Calcutta and for other urban areas of W.B., and the formation of a West Bengal State Resource Group for Education of Deprived Urban Children (WB-SRGEDUC) that will implement the plan. The plan was intended to provide educational facilities to urban children in the Calcutta Municipal Area (CMC). The objectives of this survey was: a) to ascertain the number of children not enrolled in school in the age groups 3-4 years, 5-9 years and 10-14 years, by area in each CMC ward; b) to provide accurate information about the location of such children to enable planning for educational facilities suited to their needs; c) to assess the existing educational accommodation available for each age group; d) to investigate reasons why children do not attend school; e) to analyze the data to identify those wards which require help on a priority basis; f) to build up strong community support and create an "ALL children to school movement"; g) to bring about an awareness at all levels of society that children should attend school. An essential finding of the survey of the street and slum settlements in all the wards of the city revealed that there are 144,945 children aged 3-14 not attending school and 5-14 years who are 94,164 totally spend their time on streets.. It recommended that there was an urgent need to provide quality primary schooling to every child in India. In this context, the creation of the District Primary Education Programme (DPEP) was particularly significant.

### **Importance of Basic services provided to the Deprived Urban Children DUC**

Slums have now become inescapable, vulnerable and devastated part of the Indian urban landscape. There are two kinds of slums: notified and non-notified. Areas notified as slums by the respective municipalities, corporations, local bodies or development authorities are treated as notified slums. A slum is considered as a non-notified slum if it has a compact area of at least 300 people or about 60-70 households of poorly built

congested tenements, in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities (Chandrasekhar, 2006). Interestingly, the size of the urban notified slum population in the city of Kolkata (Kolkata Municipal Corporation) alone is 1.5 million, and it is roughly 33% of the population in the city, (Census, 2001).

The World Development Report (1990) defines poverty as the “inability to attain a minimal standard of Living.” There is a close correlation between the characteristics that define slum settlements and those defining poverty, especially the lack of security and access to basic infrastructure and services. Therefore slum areas remain the domain of the poor and represent a constant struggle on the part of the poor to provide for themselves what government is otherwise unwilling or unable to provide. In 2004-05, 80.8 million people out of an estimated urban population of 309.5 million were below the poverty line with consumption per month being less than Rupees. 538.6. Poor people defined in 2000 ‘as those living on less as than \$1 per day’. The slum dwellers are at constant risk of health hazards due to ‘inadequate services particularly water supply, sanitation, clogged drainage, inadequate health care facilities; unhealthy site location; living and working in unhygienic environmental conditions and are bearing the brunt of increasing urban environmental problems (Karn et al., 2003; Parkinson, 2007). The concept of healthy cities project evolved by World Health Organization (WHO) as a strategy to improve health status of urban poor and slum dwellers was launched worldwide. This project was introduced in India in 1999. The main aim of this project was to focus on public health, its environmental, social and economic determinants and to improve living conditions of poor communities (WHO, 1995; Harpham, 2001; Goli, 2011).

### **Social and Economic Conditions**

About one third of the population under the Kolkata Municipal Corporation lives in slums and there are 2,011 registered and 3500 unregistered slums in Kolkata. These slums are often demolished and occupants are quite often evicted by the municipal authorities. The socio-economic profile of households in Kolkata Metropolitan Area KMA undertaken in urban slum reports, the case of Kolkata by Dr. NitaiKundu, Institute of wetland management and ecological design, Kolkata, 2003, revealed that about 45% of the households lived in slum like settlements. The living condition in slums is found to be deplorable with inhabitants facing extreme deprivation of basic civic services. Large family size, poor nutrition, little or no medical care, and high percentage of dropouts and large proportion of children working, Irregular employment, Low income, and Poor economic conditions have deteriorated the standard of living, quality of life and overall well-being of slum dwellers.

### **Availability of Water Supply, Sanitation and Bathroom Facility in Slums**

Adequate supply of potable water, proper drainage system and sanitation are essential prerequisite to good hygiene and health of a population group. It was observed that a large majority of urban poor lived in overcrowded and poorly constructed ‘semi-concrete’ houses both in terms of structure and ventilation. These households usually had a tap connected with KMC, with water supply on ground floor, in case of pucca building or in a centrally located common place in case of clustered rooms used by inhabitants for washing, cleaning, bathing and other purposes, however they had to stand in long queues for water supply. Furthermore water kept in open buckets or containers sometimes for days became breeding ground for various insects and mosquitoes. It was found that basic amenities like toilet facilities, sewage facilities and garbage disposal were absent and had adverse effect on health of inhabitants living in the slums. Majority of households used common toilets, railway track or public toilets. Heaps of uncollected garbage were found lying open everywhere. In addition majority households used environment polluting bio-fuels coal, wood and kerosene for cooking thereby causing environmental pollution. Thus lack of sanitation in bathing, toilets, and water also contributed to poor health

### **Health Condition**

India has the largest number of malnourished children in the world (11th 5 Year Plan 2007-12). India ranks 67 on Global Hunger Index among 88 nations (The International Food Policy Research Institute 2010). Most of DUC were found to be under nourished and suffered from various diseases due to malnutrition. They showed poor health conditions with large number of them suffering from ailments especially because of poor calorie and

protein intake per meal. It was found that anemia; low pressure, tuberculosis, skin disease, lung infection and various other diseases due to deficiency of different vitamins and minerals were very common among children and even adults living in slums. According to Mehrotra, S. & Mander, H. (2009), even if all members of a household eat two meals per day there may be serious problem with quality of the meal, as reflected in the calorie and protein intake per meal. Parental awareness regarding health care facilities, importance of health and hygiene and importance of vaccination was an essential condition for improving the health status of DUC. National Urban Health Mission (NUHM) launched by the Government of India is said to have effective influence on living standards and health conditions of "Less Fortunate Slum Dwellers".

### Education

Education is considered as one of the principal means to foster deeper and more harmonious form of human development and thereby to reduce poverty, exclusion, ignorance, oppression and war (Dellor Commission, 1996). In India since Independence (1947) several initiatives have been taken for qualitative and quantitative expansion of elementary education. Every child whatever group or community he belongs to has equal right to the facilities and opportunities provided by the state in respect of the education. According to the Convention on the Rights of the Child, rights of children are to be asserted on the basis of Equal Opportunities and "there shall be no discrimination from one child to another in respect of status, power and economic condition, so far as the facilities of education are concerned. According to the Tenth Five Year Plan, Education of children is important "Development of Children is the first priority on the country's development agenda not because they are the most vulnerable, but because they are our supreme assets and also the future human resources of the country." "Therefore, the foundations for life-long learning and human development are necessarily to be laid in the very crucial years of childhood." (Source: <http://www.planningcommission.nic.in>)

Non Formal Education, an alternative strategy for formal education has been accorded an important place in the scheme of UEE since 1964-66 and especially by NPE 1986. Its role is to provide Education to all children (school dropouts, working children, out of schools children,) in the age group 6-14 years. It has been adopted to cover urban slums and areas with higher concentrations of working and disadvantaged children. It promotes a child-centered and environment-oriented curriculum to meet the educational needs of all deprived children, including street children, dropouts, girls, and children employed as skilled or unskilled labor. Informal education is a project-based strategy. There are several reasons for not attending schools. Some are out of school because they are employed in various occupations (rag picking, battery recycling, rubber cutting, shoe making, house maids, and house cleaning). Others are out of school because they take care of their younger siblings when both parents go out to work. And there are many others who are out of school simply because of parental neglect.

According to the findings of the present study, the Deprived Urban Children DUC in the age group of 6-14 years, experience a number of constraints and problems in achieving elementary education. A large family size implies higher dependency ratio, with father/mother the only earning member, working in an unorganized sector with poor and unstable income and all other members being economically dependent on him. Meeting the basic necessities and providing quality education to their children becomes quite challenging. The higher the birth order, the lower is the percentage of children not being enrolled or being drop out as also reflected in the study conducted by Debi (2001). The members in families (usually consisting of more than six people) were found to be occupying a small single dark, damp, room without proper ventilation. Different activities like living, dining, sleeping, storing, bathing, washing, cleaning chatting, cooking, listening to music, watching television, cutting vegetables, grinding spices and so on were carried on simultaneously in the room. Thus a peaceful environment for concentrating and studying at home was almost absent.

Besides the problems cited above poor living condition, unfavorable home environment, migration, medium of instruction, poor health of children, poor parental educational background and school environment were cited as reasons for poor attendance, high dropout rate, lack of interest in studies Among all children who were drop-out, non-enrolled or irregular in attending school many were engaged in any economic activities to supplement family income.

### Role and Contributions of NGOs

The research study places special emphasis on the specific educational needs of the DUC in the city of Kolkata and initiatives taken by various Govt. NGOs to bring all children to primary schools both in state funded regular schools and in alternative schools run by NGOs. Sikshalaya Prakalpa A School for Every Child, Every Child in School, Project was taken up by City Level Programme of Action (CLPOA) and State Resource Group for Education of Deprived Urban Children (SRGEDUC) to meet the educational needs of children who do not go to school in Kolkata in 2001. A survey was launched in all the 141 wards of Kolkata involving 50 NGOs to identify out-of-school children. The survey findings indicated that 44,646 children in the age group 5-9 years do not attend school. 600 Sikshalaya were established, each Sikshalaya had a maximum of 50 children; there were 10 Resource Centers (1 per 60 Sikshalaya); each Resource Centre had one Centre Coordinator and 3 Resource Teachers; Calcutta Municipal Council, community involvement was essential. In addition 300 Bridge Course centres were established to cater to the needs of those children whose age exceeded that of the target group. The project aimed at providing primary education as well as other essential services for the child's mental and physical development. UNICEF.IRC. International Secretariat for Child Friendly Cities Sikshalaya Prakalpa, Education for ALL Calcutta's Children, India Project 2003 a joint effort by both government and non-government agencies was taken up to coordinate programmes for urban poor children and promote child-rights oriented policies.

**Table 1: Nature of the 10 Non-Government Organizations**

	NGOs	LDS	IPER	CAL SAM	VIKRAM SHILA	FOCUS	UBDA	T.SHED	TMA	SSV	CSP	TOTAL
Projects managed by	Self Managed	1(10%)	1(10%)	1(10%)								3(30%)
	Govt. of India*		1(10%)			1(10%)	1(10%)	1(10%)				4(40%)
	CLPOA (KMC)	1(10%)	1(10%)			1(10%)		1(10%)	1(10%)	1(10%)	1(10%)	7(70%)
	CRY				1(10%)							1(10%)

According to the findings of the study, 30% NGOs are located in central Kolkata, 20% NGOs are located in south Kolkata, 40% NGOs are located in East Kolkata and 10% NGO is located in North Kolkata. The Table-1 revealed that 70% had projects running with the City Level Programme of Action with Kolkata Municipal Corporation (KMC) a member of the entire programme. 40% had Integrated Programme for Deprived Urban Children (IPSC) project running under the Govt. of India, Controller of Vagrancy with the Social Welfare Officer as the coordinator of the project. There were a total of 22 NGOs under the Controller of Vagrancy having altogether 200 projects running all over India, with 40 in West Bengal. 10% NGO had project with Child's Rights and You. It has almost 200 programmes across 18 states.

30% had projects that were self-managed receiving funds and donation from different funding agencies. 70% had more than one project for the benefit of Deprived Urban Children 30% had single project. Loreto Sealdah runs a 'Rainbow', programme a non-formal system of education within the regular school, an innovative programme to address the educational needs of the children, reintegrating underprivileged children into the mainstream. CLPOA dealt with the administrative aspect of the Sikhalaya Prakalpa scheme while Loreto Day Sealdah School LDS supervised the academic aspect of the scheme, that is the administration carrying out the process, selecting centers, selection and appointment of teachers was in the hands of the CLPOA but the academic part- making home visits, selection and training of teachers, preparing work plans and question papers, conducting examinations and evaluation were carried out by LDS. Findings revealed that there were a total of 65 NGOs under the CLPOA and as many as 457 centers with 50 students and 2 teachers in each center in 80 KMC wards. There were a total of 20,000 students and 793 teachers in all. It was mandatory for the NGOs under the CLPOA to have their centers in KMC wards. Some NGOs got the responsibility of 500 children and some got less than 350 children according to their financial capacity.



Figure 1: Nature of the NGOs

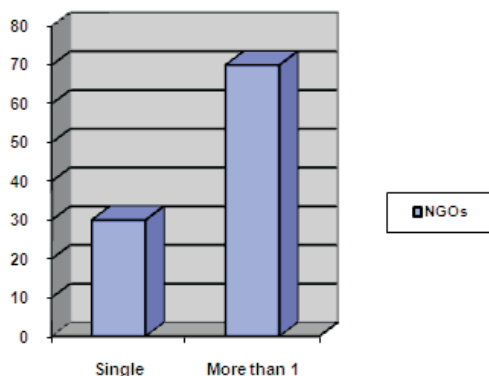


Figure 2: Services provided by the NGOs

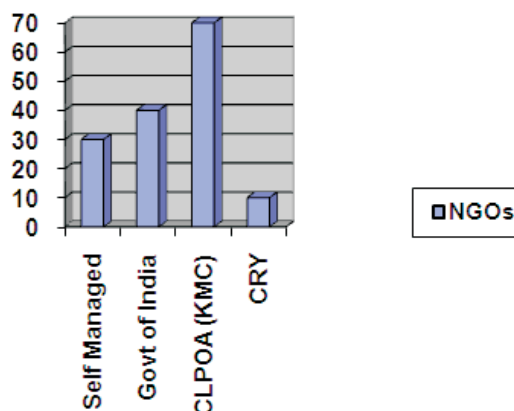


Table 2: Services provided by the NGOs

	NGOs	LDS	IPER	CAL SAM	VIKRAM SHILA	FOCUS	UBDA	T.SHED	TMA	SSV	CSP	TOTAL
No. of Projects	Single Only Education										1(10%)	1(10%)
	More than 1*	1(10%)	1(10%)	1(10%)	1(10%)	1(10%)	1(10%)	1(10%)	1(10%)	1(10%)		9(90%)

\* Shelter, food, clothing, recreation, medical care along with education

An analysis made by the researcher, of services for Urban Deprived Children provided by NGOs revealed that education was never offered as a single, unconnected service, but it was always offered as a part of several other services like Shelter, food, clothing, recreation, medical care along with education. Therefore, most of the organizations had a multi-pronged approach wherein the intervention strategy consisted of different types of services offered simultaneously. Almost all the centers offered only nutritious meals, medical care, and recreation along with education.

Table 3: Procedure for Enrolment in the Centers of the NGOs

Number of NGOs		LDS	IPER	CAL SAM	VIKRAM SHILA	FOCUS	UBDA	T.SHED	TMA	SSV	CSP	TOTAL
Procedure for Enrolment	Ward wise	1(10%)						1(10%)	1(10%)	1(10%)	1(10%)	5(50%)
	Locality wise		1(10%)	1(10%)	1(10%)	1(10%)	1(10%)					5(50%)
	Admission at the age of 5					1(10%)			1(10%)	1(10%)	1(10%)	4(40%)
	AGE no bar	1(10%)	1(10%)	1(10%)	1(10%)		1(10%)	1(10%)				6(60%)

Table-3 revealed, out of 10 NGOs 50% made ward wise inspection to enroll all the children. And 50% made locality wise study to enroll all the children. Out of all the NGOs under study 40% got children admitted at the age 5, and for 60% age did not play any role in matter of admission.

Assistance to the Deprived Urban Children also came in the form of direct admission to formal schools. Children of 5-6 years old could be admitted directly to formal schools. Children of 7-9 years old received education as a preparation for admission to formal schools. This was done in LDS and other NGOs under CLPOA where teaching support formed an essential aspect of the curriculum. Additional academic support was provided to the school-going children for retention in formal schools. This as a part of rehabilitation service was intended to control withdrawal of children from schools thereby depriving them of basic education. Poor

performance of students was immediately reported by the respective teachers in formal schools to the Principal Sister S.M. Cyril and was immediately taken care of by the teacher-in-charge.

Figure 3: Procedures for Enrolment Figure 4: Procedure for Enrolment

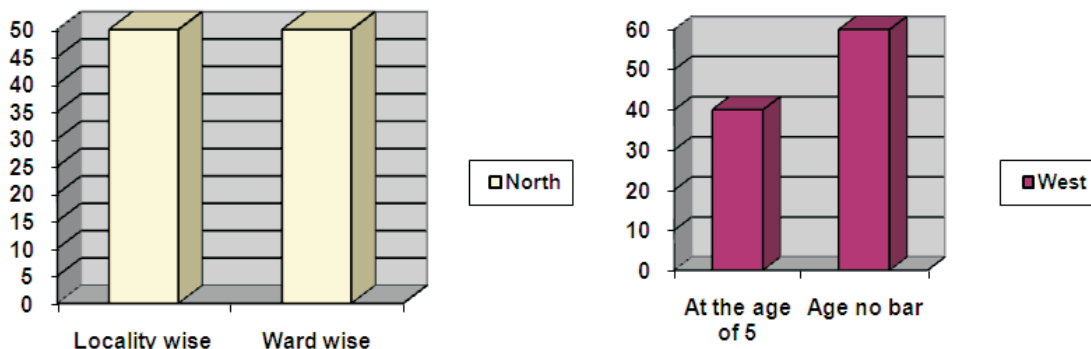
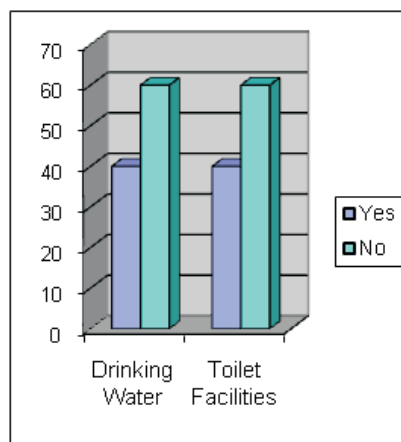


Table 4: Toilet and Drinking Water Facilities in the Centers of the NGOs

	NGOs	LDS	IPER	CAL SAM	VIKRAM SHILA	FOCUS	UBDA	T. SHED	TMA	SSV	CSP	TOTAL
Drinking Water	Yes	1(10%)	1(10%)	1(10%)							1(10%)	4 (40%)
Drinking Water	No				1(10%)	1(10%)	1(10%)	1(10%)	1(10%)	1(10%)		6 (60%)
Toilet Facilities	Yes	1(10%)	1(10%)	1(10%)							1(10%)	4(40%)
Toilet Facilities	No				1(10%)	1(10%)	1(10%)	1(10%)	1(10%)	1(10%)		6(60%)

As regards safe drinking water facility only 40% had drinking water facility and rest of the 60% NGOs had no drinking water facility. It was found 40% had proper provision for toilet and sanitation and 60% had no provision for toilet and sanitation. It was found that basic amenities like drinking water facility, toilet facilities, sewage facilities and garbage disposal were absent and had adverse effect on health of inhabitants living in the slums. So every effort was made by the centers to make provision for drinking water and toilet facilities.

Figure 5: Toilet and Drinking Water Facilities



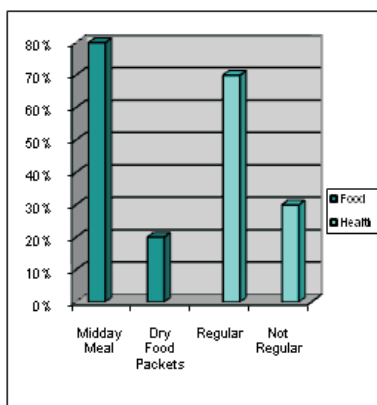
**Table 5: Availability of Ancillary Facilities in the Centers of the NGOs**

	Food	Health Service For 2-5 years	Health Checkup for all	Vaccination Immunization
<b>Available</b>	Midday Meal8 (80%)	2(20%)	7(70%)	7(70%)
<b>Not Available</b>	Food Packets*2 (20%)	8(80%)	3(30%)	3(30%)

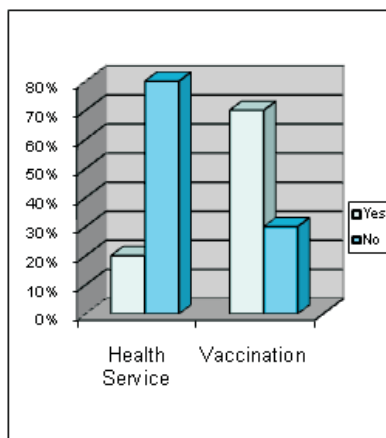
\* of high nutritional value like banana, egg, bread

Regarding the availability of ancillary facilities Table-5 reveal that all the NGOs 100% provided either midday meal or dry food packets to all the children. 8(80%) had provision for midday meal under Govt. midday meal scheme, and 20% could not provide meal because of insufficiency of fund but provided dry food packet of high nutritional value like banana, egg, bread. It was found 70% had arrangements for regular (either weekly or monthly) health checkups of all the enrolled children. 30% had arrangements for health checkups, but not on a regular basis. It was found 20 % had provision for health service for the age group 2-5years but 80% had no package of health service for the age group 2-5years. It was found 70% had provision for vaccination and immunization. And 30% had no provision for vaccination and immunization.

**Figure: 7 Availability of Ancillary Facilities**



**Figure: 8 Availability of Health related Facilities**



**CONCLUSION**

Education is an important form of human capital that improves productivity, health and nutrition of the people of a country and checks population growth. Education plays a pivotal role in laying a proper foundation for the over-all socioeconomic development of any population group. The magnitude of educational deprivation

should be studied in the light of urbanization, poverty, rampant child labor, absence of home environment conducive to learning along with inadequate schools in terms of availability and accessibility. As an intervention strategy, problem of acute shortage of urban houses, lack of adequate infra-structure and unavailability of basic services should be taken into consideration. Parents should be made aware about the causes, prevention and treatment of common diseases. Awareness camps on health and hygiene, regular health check-up for the children should be conducted on a regular basis. For sustainable urban development the improvement of essential urban facilities, must be integrated with provision of good quality elementary education for the achievement of the goal of enhancement of the quality of life. Programmes like Jawaharlal Nehru Urban Renewal Mission (JNNURM), Basic Infrastructure to Urban Poor (BSUP), the National Slum Development Programme, 1996 (NSDP), Valmiki Ambedkar Awas Yojana, 2001 (VAAY) etc. should be implemented adequately in slums. Income Generation and Poverty Alleviation programmes should be properly implemented under strict monitoring system by the Govt. so that the economic condition of these vulnerable sections of the society could be improved.

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