

To Take-up or Not to Take-Up?
Government Early Years Services in India & Their
Utilization by Working Mothers in a Delhi Slum



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Abstract

This study of early years services in India explores the take-up of the government ICDS (Integrated Child Development Services Scheme) and RGNCS (Rajiv Gandhi National Crèche Scheme), and the factors affecting their uptake by working mothers in a Delhi slum. Policy cannot assess programme outcomes effectively without understanding how services are implemented. Existing literature indicates that programme impact is related to programme take-up, with non-take-up being a complex phenomenon affected by factors operating at multiple levels of the policy process.

The study makes original contributions by examining user perspectives on early childhood education and care (ECEC) in the Indian context; in being the first to research any aspect of the RGNCS; and in utilizing Critical Realism as the underlying philosophical, theoretical and methodological paradigm for studying programme uptake.

It poses five research questions that examine mothers' childcare arrangements and needs/expectations from services, their take-up of government programmes and component services, and the combination of factors affecting uptake. Study findings are based on surveys with 200 working mothers and 37 children's centre workers, and interviews with 15 policy experts.

Findings reveal childcare arrangements and needs/expectations to vary by family structure, child's age, and mother's age and employment. ICDS uptake is found to be higher (54.3% of all mothers), than RGNCS (18.6%). An explanatory framework for analysing take-up reveals that low take-up results from a combination of multiple factors, most significantly programme characteristics for the ICDS, and participant characteristics for the RGNCS. Two theoretical frameworks frame this analysis – Wolman's (1981) determinants of programme success and failure, and the 'barriers and bridges' to programme uptake. Critical policy analysis further identifies the effects of the policy meaning-making processes, and the role of local 'street-level bureaucrats' in take-up. Both programmes display 'conflicted policy success' vis-à-vis take-up when categorised using McConnell's (2010) criteria for programme 'success' and 'failure'. Policy implications include strategies for increasing programme uptake, and a policy focus upon service users and women in the informal economy, recognition of the dual role of ECEC, and the importance of evidence-creation for interactive governance.

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List of Abbreviations

AWC	<i>Anganwadi</i> (ICDS) Centre
ANM	Auxiliary Nurse Midwife (ICDS)
ASHA	Accredited Social Health Activist (ICDS)
AWH	<i>Anganwadi</i> Helper (ICDS)
AWW	<i>Anganwadi</i> Worker (ICDS)
BAJSS	<i>Bhartiya Adim Jati Sevak Sangh</i>
CDPO	Child Development Project Officer (ICDS)
CES	Centre for Equity Studies (India)
CMO	Context-mechanism-outcome pattern configurations (CMO theories)
CMOC	Context-Mechanism-Outcomes Configuration
COP	Community of Practice
CR	Critical Realism
CSWB	Central Social Welfare Board (India)
df	Degrees of freedom
DfE	Department for Education (UK)
DFID	Department for International Development (UK)
ECCD*	Early Childhood Care and Development
ECCE*	Early Childhood Care and Education
ECD*	Early Childhood Development
ECE*	Early Childhood Education
ECEC*	Early Childhood Education and Care
EFA	Education For All
ER	Emergent Realism
ERU	Educational Research Unit (India)
FFS	Fertility and Family Survey
GNP	Gross National Product
GOI	Government of India
ICCW	Indian Council for Child Welfare
ICDS	Integrated Child Development Services
IIPS	International Institute for Population Sciences (India)
INR	Indian Rupees
IWPR	Institute for Women's Policy Research (USA)
KSY	<i>Kishori Shakti Yojana</i> or Adolescent Empowerment Scheme (ICDS)
LPG	Liquefied Petroleum Gas
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MM design	Mixed Methods design
MoHFW	Ministry of Health and Family Welfare (India)
MoWCD	Ministry of Women and Child Development (India)
MPhil	Master of Philosophy
NatCen	National Centre for Social Research
NCAER	National Council of Applied Economic Research (India)
NCERT	National Council of Educational Research and Training (India)
NCF	National Crèche Fund (India)
NFE	Non Formal Education (NFE)

NFHS	National Family Health Survey (India)
NGO	Non Governmental Organisation
NHE	Nutrition and Health Education (NHE)
NIPCCD	National Institute of Public Cooperation and Child Development (India)
OECD	Organization for Economic Cooperation and Development
Ofsted	Office for Standards in Education, Children's Services and Skills (UK)
ORF	Official Recontextualising Field
P&LM	Pregnant and Lactating Mothers
PHC	Primary Health Centre
PIB	Press Information Bureau (India)
PNG	Piped Natural Gas
PPCT	Process-Person-Context-Time model (Bronfenbrenner, 2001; 2005)
PRF	Pedagogic Recontextualising Field
PSE	Preschool Education
PTI	Press Trust of India
QUAL	Qualitative strand
QUANT	Quantitative strand
RE	Realistic Evaluation
RGNCs	Rajiv Gandhi National Crèche Scheme
SCs	Scheduled Castes
SD	Standard Deviation
SHGs	Self Help Groups
SN	Supplementary Nutrition (ICDS)
STs	Scheduled Tribes
UN-Habitat	United Nations Human Settlements Programme
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNESCO	United Nations Educational Scientific and Cultural Organization
WCD	Women and Child Development
WIC	Special Supplemental Nutrition Programme for Women, Infants and Children (USA)
χ^2	Chi-square analysis

*These terms are used synonymously in this thesis, the primary term used being ECEC

1. Introduction

1.1 The Focus of this Study

For a description of a problem, based on the everyday experiences of people involved, to become a scientific problem, the description of the problem must be analytically resolved and theoretically defined (Danermark, Ekström, Jacobsen and Karlsson, 2002, p.144).

The present study focuses on the field of ECEC policy in India. The term ECEC i.e. Early Childhood Education and Care¹ refers to “all arrangements providing care and education for children under compulsory school age, regardless of setting, funding, opening hours, or programme content” (OECD, 2001, p.14). Formal preschool programmes and children’s care centres as well as informal, home-based care options and arrangements are thus under this broad umbrella of services. Early years policy provisions also often include related leave and benefits schemes for working parents (OECD, 2006), although these are not the focus of this thesis.

In undertaking a study of early years policy in the Indian context, this study focuses on two government programmes: the Integrated Child Development Services Scheme (ICDS) and the Rajiv Gandhi National Crèche Services (RGNCS). The ICDS is a 39 year-old² national level, flagship scheme of the country that provides a bundle of child development services to children up to the age of six; and health, nutrition and related educational awareness among women in the reproductive age group, including adolescent girls. The RGNCS, in comparison, is a fairly young scheme at eight years old³, and provides crèche and day-care facilities for working mothers from low-

¹ Other acronyms include ECCE (Early Childhood Care and Education), ECCD (Early Childhood Care and Development), ECE (Early Childhood Education) and ECD (Early Childhood Development). For the purpose of this thesis, these terms are interchangeable.

² Established in 1975

³ Established in 2005

income backgrounds⁴ at a nominal charge⁵. In addition to childcare, crèches under this scheme also aim to provide stimulation, preschool education, supplementary nutrition, and immunization and health services to enrolled children (these two programmes are discussed in greater detail in Chapter 2).

The principle objective of this research is to map the take-up of these two government programmes by working mothers in a low-income Delhi slum and understand the factors affecting the uptake of these services. The phenomenon of non-take-up is extremely complicated, with factors operating at not only the client-level but also at the levels of policymaking, legislation, administration, as well as implementation affecting whether services are utilized or not (van Oorschot, 1991). Existing literature indicates that programme impact is related to programme take-up (Gibson, 2003). Nonetheless, the study of non-take-up remains a largely neglected area, with limited academic research undertaken on the topic (van Oorschot, 1991)⁶.

In studying the take-up of services and the factors affecting it, this research does not aim to analyse children's outcomes as a result of attending/not attending early childhood services but how and why working mothers choose/not choose to use government early childhood services, what barriers they face in utilizing these services effectively, and the factors that contribute to service uptake. The idea here is not to undermine the importance of studying children's outcomes but to acknowledge that studying the take-up of services is an important first step towards mapping effectiveness of early years' programmes in addition to measuring children's outcomes

⁴ With a maximum monthly income not exceeding INR 12000 or GBP 120.

⁵ The monthly user fee ranges between INR 20 (20 pence) for families below the poverty line to INR 60 (60 pence) for all others.

⁶ Although a number of studies on programme take-up have been undertaken since, the statement still holds true in case of ECEC in India.

– an important second step (additional details on the study scope are discussed in Chapter 4).

The fundamental rationale driving the present work is that studies of ECEC programme outcomes should be matched with studies of programme implementation if they are to be robust – the evaluation of a service through the eyes of its users serving as one of the many means of analysing programme implementation. This has been lacking in case of the ICDS where an evaluation of performance from the point of view of users (e.g. families, children, parents, mothers) has seldom been undertaken. In case of the RGNCS, evaluation studies of any kind, let alone those looking at service user experiences, have rarely been undertaken. Further, policy cannot also assess and interpret programme outcomes effectively without first understanding the process of service implementation. The existing literature that has been studied for the purpose of this study (see Chapter 2) is deficient on these two counts and this work aims to fill this gap.

1.2 The Underlying Motivation for this Study

There are four driving factors that have motivated this study (Chapter 2 provides further details on these). The first factor justifies studies centred within the early years policy domain in general. The benefits of investing in ECEC move beyond the positive effects on children to reach both their mothers as well as society at large. The provision of such services enhances women's labour market participation and enables the balancing of work and family life. ECEC services also contribute to the emancipation and social betterment (see Chapter 4 for definitions) of children and mothers – a significant proportion of any nation's population. The influence of early

years policies also affects a nation's economic growth and progress, with services also impacting the social and cultural lives of families at large (e.g. see Heckman, 2011; OECD, 2011).

The second factor relates to the significant gaps in literature that this study aims to address. Policy cannot address the effectiveness of a programme until it first addresses what the programme is and how it is implemented from the viewpoint of its users.

The third factor relates to the rapidly shifting landscape of early years policy both globally and in India, aspects that make this study ever more timely. More and more countries are gradually establishing a national early childhood policy, with civil society petitioning to put early childhood development into the post-2015 development framework once the timeframe for the Millennium Development Goals has been achieved (Jowell, 2014). The central question driving the early years research agenda has evolved from 'do ECEC services work?' to 'how can ECEC services be improved?' – a paradigm shift representing a chronological progression as a result of programmes maturing. Projected changes in families and household structures over the next two decades and until 2030 indicate the weakening of family ties and decreased capacity for informal family-based care, but also reductions specifically in women's capacities to provide care as a result of their increased workforce participation (OECD, 2012). The ECEC policy landscape of India is also rapidly changing. There have already been moves towards drafting a national early childhood policy, which received the approval of the government in 2013. Taken together, the ICDS and RGNCS provide cover for about 93% of children enrolled in any kind of ECEC programme in India, making a user evaluation/feedback exercise significant for increasing the usefulness of both these services for children, mothers, and families.

This is especially so because such user evaluations have been rare (in case of the ICDS) or entirely missing (in case of the RGNCS) thus far, to the extent that even baseline needs assessments were not undertaken by the government before these two programmes were set in motion. The need to focus on working mothers and children becomes especially important in the context of the informal work sector of the Indian economy that includes 90% of all working women. There are also clear economic implications for undertaking such a study in the context of India, especially in light of increased investments in, and universalization of the ICDS programme in the country beginning 2008. A related aspect is whether poor take-up (established further on in this study) is reflective of inadequate (qualitative or quantitative) supply or weak demand. All these issues undoubtedly have policy implications that relate not just to children's satisfactory development⁷ but also seep into the domains of labour market and family policy.

Finally, the fourth factor motivating this work relates to the importance of evidence creation and knowledge construction in ECEC and related implications for the continued development of effective early years policies and programmes (e.g. see Fuchs, 2007; Hernanz, Malherbet and Pellizzari, 2004; Mark and Henry, 1998; Mark, Henry and Julnes, 1998; Riphahn, 2001) although one must be cautious as policymaking is both a technocratic and political exercise, these two forces influencing how evidence is ultimately created as well as used (see, e.g., Porter, 2010). According to Sanderson (2002), “ ... ‘reflexive social learning’ informed by policy and programme evaluation constitutes an increasingly important basis for ‘interactive governance’” (p.1). Among other studies, policy evaluation studies such as the present

⁷ Whether in the eyes of parents/families or children, the government, or early years experts

one can help generate knowledge about social problems for which it can then offer solutions (Donaldson and Lipsey, 2006) and contribute to better decision-making and public accountability vis-à-vis existing programmes (Chelimsky, 2006). Such studies can also add value and insight into programmatic functioning by documenting the experiences of various stakeholders (including users) engaged with programmes in various ways (Schwandt and Burgon, 2006). The present study can thus illustrate:

... *what* – which program services delivered how; *works* – influences diverse outcomes valued by different stakeholders and the public; *for whom* – with which types of the diverse individuals that programs serve; *under what circumstances* – in which of the contexts in which the program operates [and with what implications] (Mark and Henry, 1998, p.83) [emphasis in original].

In the context of specific integrated early childhood programmes, the present work on India can serve as a useful case study for other countries that are planning to, or have recently made the shift towards the provision of integrated services (e.g. the UK). This study can provide an example of a model-in-action, especially in terms of what the landscape of an integrated service looks like; and the advantages, disadvantages and challenges of utilizing this particular prototype for the delivery of early years programmes.

1.3 Anticipated Contributions of the Present Work

This study will advance the knowledge in the field by making four kinds of contributions. The first of these relates to the definite research gaps that it addresses and that have rarely been studied previously. This work is especially important as it examines the take-up and utilization of government-provided early years services in the Indian context, something that has not been documented in the domain of published works so far. As has been mentioned, studies on the RGNCS have not been

undertaken (a literature search elicited evidence in the form of media accounts at best), including those investigating user experiences. As far as the ICDS is concerned, although evaluations and other forms of research have been plentiful, user feedback/evaluation has been extremely rare.

The second contribution will consist in challenging two dominant discourses as a result of examining the aforementioned gaps. The dominant discourse around investing in the early years in India has been that it leads to improvements in children's health and nutritional status (particularly in the context of the under-5 child mortality, reducing which is a priority in the Millennium Development Goals framework) and that it impacts later educational achievement (in the primary years). This underlies the government's investment in the ICDS, particularly in the nutritional component of the programme (see Chapter 2 for more details). This also explains the nature of evaluations that have hitherto been undertaken; which focus on assessing the nutritional status and educational outcomes of children enrolled in this service. The present study challenges this dominant discourse by bringing to attention the need to focus on supporting the needs of the working woman by investing in early years services. In studying the take-up of government services and examining the alternative arrangements mothers make in the absence of their utilization, this study questions the assumption that the family can necessarily serve as the one-stop-shop for catering to the care needs of the child – this being the predominant socio-cultural discourse framing the argument for not investing in crèche and/or day-care services in India. This is in opposition to the prevailing understanding of the 'one-stop-shop' notion in the West, which usually refers to the provision of integrated services by the formal sector. A second dominant discourse that the present study challenges is

methodological in nature. Of the many perspectives through which programmes may be studied (see Katz, 1993) evaluation studies of early years programmes globally (as well as the ICDS and RGNCS in the Indian context) centre mostly on researcher/professional perspectives but ‘modestly’ on parental perspectives (Ceglowski and Bacigalupa, 2002). The present study fills this gap by examining government services through the eyes of one category of parents – working mothers.

The third contribution that this study makes is also methodological. The overarching philosophical position taken by this work is Critical Realism, which allows for a realist ontology and constructivist epistemology. It is this position that also percolates down to the choice of the broader theoretical approach and selection of specific theoretical frameworks, and drives the overall methodology for data collection and analysis (an overview of each of these elements is provided in Section 1.5 below and is discussed in greater detail in Chapters 3, 4 and 5). This study is based on a realist theory for programme evaluation that draws upon Pawson and Tilley’s (1997) ‘Realistic Evaluation’ and Henry, Julnes and Mark’s (1998) ‘Emergent Realism’. Further, the specific framework developed by Danermark et al (2002) – ‘explanatory research based on the principles of critical realism’ – used for analysing the results of this study is also based on the principles emanating from the above philosophical tradition. There are few published studies in Social Policy that use this approach, there are also none relating to ECEC or developing country contexts in particular based on this realist theory⁸.

⁸ The only examples of studies that used this approach were located within, e.g., the Information Sciences, Organizational Management, International Business and Management Sciences; although one-off studies from the Social Sciences that used this approach came from Public Health, Sociology, Nursing, Geographical Sciences and Development Studies.

The fourth and final contribution of the present work lies in its use of an alternative values inquiry approach for undertaking the study of service take-up. A values inquiry approach is useful for understanding whose values are served by certain sets of outcome patterns (Mark, Henry and Julnes, 1998; Mark, Henry and Julnes, 1999). In the case of ECEC, outcomes pattern evaluations of different kinds serve the values of different groups. For example, in documenting enrolment-related figures, evaluation serves the values of the government (that sees utility in, e.g., investing in a programme based on these results). Similarly in understanding the take-up and utilization of services the values inquiry approach seeks to understand and assess the extent to which users' values are served by such programmes. In this study it is specifically the working woman's values vis-à-vis work-family balance, say, or needs relating to childcare and preschool education that are evaluated with reference to the ICDS and RGNCS services. This work is interested in undertaking such a values inquiry to contribute towards the emancipation and social betterment of children and working mothers as service users, by documenting their perspectives and making policy recommendations that better serve their needs. A programme that may be labelled a 'success' by one group (e.g. professionals, or funding bodies) because it achieves the outcomes valued by them (say, children's educational achievement, high rates of; or universal enrolment) may not be successful for another (e.g. parents) that values a different set of outcomes (e.g. hours and quality of care available), which programmes may or may not meet. Evaluating a programme from the alternating values inquiry perspective is thus an important task, not only for developing a more rounded/balanced understanding of programme 'success' or 'failure' but also for learning important policy lessons on programme improvement that ultimately lead to

social betterment and welfare. It needs to be clarified that, in this study, the values inquiry approach is limited to serving as the underlying rationale for talking to mothers (rather than just policymakers or centre workers) about ECEC services. The active realisation of mothers' values for empowerment or emancipation is not a study objective (thus not within the scope or remit of this work), notwithstanding its significance in the larger scheme of things.

Approaching this work from a values inquiry perspective also means that the researcher did not take a value-free standpoint when conducting the study, and that her own personal values and socio-cultural background affected how the research was designed and implemented. Key among the researcher's personal beliefs (that were also research-based) were the significance of the family for children's development, but also the necessity for childcare support services for women in precarious jobs with no benefits. Further, despite her shared cultural proximity with participants (e.g. similar national and regional subculture, common language), stark differences in socio-economic class and educational background called for a reflective-reflexive approach to conducting fieldwork. A detailed discussion of these underlying values/beliefs and sociocultural characteristics, how they affected the research process and the measures to mitigate some of their potentially adverse effects is further discussed in Chapter 4 (Section 4.4).

1.4 Study Aims and Objectives

There are a number of design constructs that this study is based on (see Chapter 4 for details). This study is, first, idiographic⁹ in its approach and intensive¹⁰ in its research design, leading to the use of more qualitative than quantitative research methods. In undertaking analyses of early years service take-up, it takes on, consecutively and concurrently, exploratory, descriptive and explanatory characteristics, with some overlap between each of these. The exploratory element is reflected in **research questions 1** (*What are the childcare arrangements made by working mothers of 1.5-5 year olds in the sampled research neighbourhood?*) **and 3** (*What is the take-up of the ICDS and RGNCS schemes by working mothers in the study sample?*). The descriptive element is reflected in **research questions 2** (*What are working mothers' needs and expectations from early years' services?*) **and 4** (*What is their experience of using the different services offered under the ICDS and RGNCS schemes? Which of the component benefits do they take up and which do they not?*). The exploratory and descriptive characteristics together provide a well-grounded context for more explanatory analyses on why take-up manifests in a certain way. This explanatory element is reflected in **research question 5** (*What are the factors or combination of factors affecting the take-up of the ICDS and the RGNCS by working mothers in the study sample? How do these explain the (low) take-up of the two services under study?*).

The research questions formulated by this study are clearly spelt out and discussed vis-à-vis various elements of the research context across two chapters of this thesis: first, in Chapter 2, vis-à-vis the gaps in existing literature that the study aims to fill,

⁹ An idiographic study focuses on specific events/elements rather than looking for universal patterns.

¹⁰ An intensive study focuses on a smaller rather than a larger number of cases for analysis.

and second, in Chapter 4, with relation to the methodology of Critical Realism applied in this research study (Section 4.2), and the overall research design and methods deemed most appropriate for answering these questions effectively (Sections 4.3 and 4.6).

1.5 Research Overview

The notion of non-take-up has been substantially conceptualized in current literature. Warin (2010) for instance, theorizes it as existing in three forms: non-knowledge, non-claiming and non-reception. Hernanz et al (2004) distinguish between primary and secondary non-take-up (i.e. non-claiming and non-reception), total and partial non-take-up, and permanent and temporary non-take-up. The term ‘take-up’ in this study is operationalized to mean any eligible child’s enrolment in and utilisation of the government services under study (ICDS and RGNCS) at any point in time within a one-year period ending on the date of data collection. Key here is enrolment as well as utilisation, both of which are essential requirements for take-up to be documented (additional key constructs relating to this study are defined and operationalized in Chapter 4). Non-take-up in this study can take all the three forms delineated by Warin (2010) and can also include instances of take-up in part (i.e. of benefits that are deemed most useful), or of the permanent or temporary kind (as defined by Hernanz et al, 2004). As has been indicated, the overarching philosophical position within which the present study is situated is Critical Realism, with its theoretical underpinnings in Pawson and Tilley’s (1997) Realistic Evaluation and Henry, Julnes and Mark’s (1998) Emergent Realism. A large body of literature relating to ECEC – e.g. on the significance of ECEC, the various kinds of provisions within it, its effects in

terms of outcomes for children and families, etc. – was read in the process of narrowing down the focus of this research study. This study primarily refers to a body of work on the take-up or non-take-up of welfare services. It relates study findings to two broad theoretical frameworks in this regard. The first is Wolman's determinants of programme performance (1981), the second is a compilation of existing literature on the barriers and bridges to the uptake of services (these theoretical frameworks are discussed in greater detail in Chapter 3).

The sampled research neighbourhood for this study is an urban slum in New Delhi, India. There are three broad categories of participants that took part in this research: working mothers of 1½-5 year-olds (sampled from within the identified slum), children's centre workers from the ICDS and RGNCS services (sampled from across slum locations in Delhi), and policy experts/elites from the field of early years services in India. The tools for data collection ranged from semi-structured surveys (a main and follow-on survey for mothers, and two sets of instruments for children's centre workers at the ICDS and RGNCS) and semi-structured interviews with the policy experts. Data analysis followed Danermark et al's (2002) framework on 'explanatory research based on the principles of critical realism'. Analysis strategies ranged from quantitative summary statistics and some binary logistic regressions for the first-level analysis of mothers' surveys, followed by predominantly explanatory qualitative analyses; and qualitative analyses of expert/elite interviews. The data collected from children's centre workers was rendered unusable as a result of biases/problems creeping in during the data collection phase. Table 1 below (that also appears in Chapter 4) presents a comprehensive summary of the study research design (further details on the methodology and methods can be located in Chapter 4).

Table 1. Research Design

Research questions	Participants	Sampling Strategies	Methods	Tools	Analysis Strategies
What are the childcare arrangements made by working mothers of 1½-5 year-olds in the sampled research neighbourhood?	Working mothers of 1½-5 year-olds (n = 200 + 50)	Community-based Purposive (criterion) sampling	Parallel Mixed Design	Semi-structured surveys with mostly closed and some open-ended questions (administered through face-to-face interviews)	Stata (version 12) and MAXQda software packages used for analysis
What are working mothers' needs and expectations from early years' services?		Door-to-door and snowballing based recruitment	Mixed methods for data collection and analysis		Quantitative summary statistics and binary logistic regressions for detecting broad patterns + qualitative analyses for seeking explanations on explanatory mechanisms and their influence on take-up
What is the take-up of the ICDS and RGNCS schemes by working mothers in the study sample?					
What is their experience of using the different services offered under the ICDS and RGNCS schemes? Which of the component benefits do they take up and which do they not?					
What are the factors or combination of factors affecting the take-up of the ICDS and the RGNCS by working mothers in the study sample? How do these explain the (low) take-up of the two services under study?	Working mothers (n = 200 + 50) Children's centre workers* (n = 16 + 21)	<same as above> Purposive, criterion		<same as above> Semi-structured surveys with equal number of closed and open-ended questions (administered through face-to-face interviews)	<same as above> Not used for analysis due to data contamination in ICDS group
	Policy experts/elites** (n = 15)	Purposive, criterion sampling using snowballing		Semi-structured interviews using topic guide	Frameworks analysis using MAXQda
Total numbers	265 + 37[^]				

*Data not included in analysis

** Government officials, policy practitioners, academics etc.

[^]not used for analysis

1.6 Roadmap to the Thesis

Table 2 below presents a roadmap to this thesis. As is evident, this thesis is presented in three parts (besides the Introduction and Conclusion) and is spread over 11 chapters.

Table 2. Roadmap to the Thesis

Section	Chapter#	Title	Coverage
	1	Introduction	Introduction to the thesis, underlying motivation, anticipated contributions, and research and chapters overview.
Part I	2	Programmes but Not Policy: The Case of Early Childhood Education and Care in India	Introduction to the policy context, review of literature, identification of gaps, and formulation of research aims and objectives.
	3	Critical Realism and Take-up I: Ontology, Epistemology and Theoretical Frameworks	Philosophical and theoretical foundations of the study: ontology, epistemology, theoretical underpinning, and specific theoretical frameworks.
	4	Critical Realism and Take-up II: Methodology, Axiology and Tools for Data Collection	Methodology, Axiology, and Methods
Part II	5	Setting the Scene: Study Location and Participant Characteristics	Community and participant characteristics
	6	Configurations of Care: ECEC Arrangements and Needs/Expectations from Services	Analysis of research questions 1 and 2
	7	To take-up or not to take-up? Use and Non-use of Government Services	Analysis of research questions 3 and 4
	8	The Interplay of Contexts and Mechanisms to Produce Outcomes: An Explanatory Framework on Take-up	Analysis of research question 5
Part III	9	Concretizing and Contextualizing the Take-up Story: Linking Findings with Theoretical Frameworks	Discussion of findings in light of identified theoretical frameworks. Contribution of study findings in advancing existing literature.
	10	Early Years Service Take-up and the Policy Analysis Discourse	Additional conclusions regarding take-up and in relation to the policy analysis literature.
	11	Conclusion	Study conclusions and contributions, limitations and recommendations for future research.

It will be evident that Part I (Chapters 2-4) presents the background to the study including the gaps it intends to fill, its philosophical foundations as well as the theoretical frameworks underpinning this work, and the methodology driving the current investigation. Part II (Chapters 5-8) presents the findings and analyses, organised by each of the five research questions in turn. Part III (Chapters 9-10) returns to the literature by setting findings in context of the theoretical frameworks set out in Part I. Chapters 1 and 11 present the introductory and concluding overview of the thesis respectively.

1.6.1 Chapter summaries

Chapter 2 of this thesis sets the policy context of ECEC both globally and within India, and outlines the ECEC programmes and provisions in the country, concentrating specifically on the ICDS and RGNCS. It also outlines the key concerns for early years policy in India, and concludes by delineating the focus of the present study and the rationale underlying it.

Chapter 3 presents Critical or Neo-Realism as the paradigmatic lens through which early years service take-up is studied. It then presents a Realist Theory for programme evaluation, followed by a discussion of the two theoretical frameworks underpinning this study: Wolman's (1981) framework on determinants of programme success and failure, and the barriers and bridges to take-up of social programmes.

Chapter 4 covers three themes relating to the design and implementation of the present research study: 'Methodology' (the broader approach taken for the generation of knowledge in response to the research questions), 'Methods' (the instruments for data collection and a retrospective account of the process of study design and

implementation), and 'Axiology' (the nature and role of ethics and values in the study; considerations relating to validity, reliability and rigour; and the value leanings of the researcher directing this study). This is followed by a narrative account of the fieldwork, and the methods employed for data storage, organisation and analysis.

Chapter 5 presents a brief introduction to the sampled research neighbourhood and the participants of this research study. It then goes on to profiling the sampled research neighbourhood, and the various groups of study participants.

Chapter 6 analyses findings in response to the first two research questions posed in this thesis. In analysing the various childcare arrangements made by working mothers, it asks whether these arrangements vary among families based on different dimensions of diversity (e.g. demographic, social and economic characteristics) and if so, in what way. When examining needs and expectations from services, it asks whether different groups of mothers have different needs and expectations, and if so, what these are.

Chapter 7 addresses research questions 3 and 4 of the thesis. It analyses the take-up of each of the ICDS and RGNCS and examines the main reasons why mothers used these programmes. It also analyses why those who didn't use them, or stopped using them did so. It then explores how accessible both these programmes are to mothers, which of the component benefits under each of these services mothers use and do not use (and why), the nature of their contact and interaction with centre workers, and their overall satisfaction with both services.

Chapter 8 addresses the fifth and final research question of this thesis. In doing so it formulates an explanatory framework on take-up (composed of programme, participant and contextual characteristics) that lists the factors contributing to the low

uptake of the ICDS and RGNCS. It examines the relative importance of constituent factors in affecting take-up, comparing between the mechanisms most important for each of the ICDS and RGNCS.

Chapter 9 examines the factors and sub-factors affecting the take-up of services in light of those emanating from two theoretical frameworks guiding this study. It then examines the ways in which the present study contributes to the literature in the field. It also identifies the factors that appear in the two theoretical frameworks but not in the present study, and utilizes these for expanding the explanatory framework developed in Chapter 8. This results in the creation of a potential heuristic device for future research studies to test, utilize and expand. The chapter also identifies key strategies for increasing the uptake of government services.

Chapter 10 considers whether low take-up is a problem of inadequate policy or operational failure, or indeed, both. It refers to existing literature in the field of Critical Policy Analysis to answer two questions. First: does how policy is enacted affect how it eventually performs? Second: How may one assess the ‘bundles of outcomes’ (often a mix of positive and negative) that are frequently achieved following policy implementation?

Chapter 11 pulls together the results of this research study by summarizing the findings relating to each research question in turn. This is followed by a discussion of the policy implications of this study, the contributions made by the present work, key limitations and, finally, the direction that future research can take.

Part I

2. Programmes but Not Policy: The Case of Early Childhood Education and Care in India

2.1 Where is Global Early Childhood Policy At?

The concept of Early Childhood Education and Care (ECEC) has been receiving the attention of policymakers and academics in all parts of the world, developed and developing. The 1959 UN Declaration on the Rights of the Child, for instance, reaffirms that the child “needs special safeguards and care, including appropriate legal protection, before as well as after birth” (UN General Assembly, 1959). The UN Convention on the Rights of the Child, ratified by 193 countries, recognizes that children (including young children) have a right to survival, protection, participation, and development (UN General Assembly, 1989). The 1990 World Conference on Education for All at Jomtien mandated for the expansion of ECEC services especially for the poor and disadvantaged based on the premise that “learning begins at birth” (UNESCO 1994, p.5), and these commitments were reconfirmed at The World Education Forum at Dakar in 2000 (UNESCO, 2000).

A large number of countries have comprehensive health, education, nutrition, or care programmes in place that have adapted and evolved over time to meet each nation’s contemporary needs. But why do countries invest in ECEC? Woodhead (2006) outlines four discourses that have framed the development of ECEC policies worldwide: (a) the developmental, (b) the political and economic, (c) the social and cultural, and (d) the human rights discourse. These discourses underlie nations’ ECEC policies, including whether their focus will be on parents (usually mothers), or children, or both. For instance, the OECD countries have prioritized ECEC in recent

years in order to “...increase women’s labour market participation; to reconcile work and family responsibilities on a basis more equitable for women; to confront the demographic challenges faced by OECD countries ... and ... to address issues of child poverty and educational disadvantage” (OECD, 2006, p.12). Sweden is an example of a country where the concern with increasing the labour market participation of women outweighs the concern for the importance of the early years in driving policies for ECEC. Head Start has been in existence in the USA since 1965, primarily to reduce educational disadvantage and childhood poverty (e.g. see Kamerman and Kahn, 1997). In the UK, a plethora of initiatives have been introduced to support disadvantaged families and enable early education and care including Sure Start (1997), Early Excellence Centres (late 1990s) and Children’s Centres (2006) (e.g. see HM Treasury, 2004; Smith, 2007; Sylva and Pugh, 2005). In India, the development of ECEC services is attributed to four factors (Pattnaik, 1996): “the growing participation of women in the workforce; the disintegration of the extended family system; the recognition that ECEC rids the older sibling¹¹ of caretaking duties enabling her to go to school; and the positive influence of such programmes on health, nutritional and educational outcomes of children” (p.12; also see Sharma, Sen and Gulati, 2008). Elements of each of the aforementioned discourses are visible in the examples outlined above. The role of the economic and social/cultural discourses is particularly significant in framing policy decisions around women, while the developmental and economic discourses primarily frame policies for children.

The benefits of investing in ECEC move beyond the positive effects on children to reach their mothers and society at large (Cleveland and Krashinsky, 2003; OECD,

¹¹ Usually female

2006). There exists sound ‘neurophysiological’ (Nelson, 2000) and ‘biophysical’ (Karoly et al., 1998) evidence for early years interventions among children. The early years of life affect a child’s development in later years (Halpern, 2000), and provide “the foundation for long-term physical and mental health as well as cognitive development” (Karoly et al. 1998, p. 2). Early interventions have been known to improve not only the life chances of disadvantaged children but also increase their educational achievement over time (Brooks-Gunn, 2003; Mathematica, 2002; Melhuish, 2004). The greatest improvements are reported for children from poorer backgrounds (Melhuish, 2004; Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, 2004; Waldfogel, 1999) and result from services that are high in quality (Sylva et al., 2004; Vandell, 2004). The provision of ECEC services enhances mothers’ labour market participation by helping them balance work and family life (OECD, 2006; Cleveland and Krashinsky, 2003). In addition, ECEC provisions lead to an increase in mothers’ working hours and earnings, resulting in overall occupational progress (Gunderson, 1986). According to Waldfogel (2006) such policies “ensur[e] [that] parents have the right to take time off to care for their children...by providing, or supporting, nonparental care for children while parents work; and by providing financial assistance with the costs of raising children” (pp.26-27)¹². Finally, investing in ECEC contributes to the social and economic good of society at large. According to the OECD (2006), “By establishing these services, significant employment is generated, tax revenues increased, and important savings made in later educational and social expenditure” (p.255) of the country.

¹² Nonetheless, research also indicates that parents should spend relatively more time at home in the first year of their children’s life and should invest in good quality care services to reduce the harmful effects of employment on children (ibid.).

Today, ECEC is an even bigger global priority, with many more countries in the world implementing national early childhood policies than ever before. Of the 196 countries of the world, there were, according to Vargas-Barón (2013), at least 40 countries in 2011 that had established forms of early childhood policies already in place, and 40 that were in the process of developing or adopting them. This is in contrast to 17 countries that had ECEC policies in 2002 (Britto, Ulkuer, Hodges and McCarthy, 2013). Besides their geographical spread, the scope of early childhood policies is also expanding beyond care and education to other areas such as health, nutrition, and parental support (Yoshikawa and Nieto, 2013).

The dynamic nature of international contexts has led to a number of paradigm shifts in contemporary global ECEC policy (Yoshikawa and Nieto, 2013). The effects of early childhood education are now recognized to be much broader than impacting not only children's learning and development, but influencing wider concepts such as equity and equality. A new definition of 'quality', now understood to mean 'effectiveness factors' is emerging, one that aims to "more specifically meet practice and policy needs, as well as focus research on key dimensions of quality" (ibid., p.489). The focus of policy has shifted from the first-generation question – "does ECD¹³ work?" – to the second-generation question – "how can ECD services and systems be improved?" (ibid., p.491). There is also a shift towards the provision of integrated early childhood programmes implemented through multisectoral collaborations with civil society, mid- and front-line staff, parents, children, and communities, along with the recognition that effective coordination remains a challenge in this context. Finally, the shifting policy landscape has also necessitated a broadening and strengthening of

¹³ Early Childhood Development, used synonymously with ECEC in this thesis

research capacities including the expansion of theoretical and methodological frameworks, multidisciplinary collaboration, and the inclusion of a wider set of actors in the policy examination process. In this context, “collaboration to improve knowledge production goes beyond alliances between researchers to include a more active role on the part of practitioners, families, and communities” (Yoshikawa and Nieto, 2013, p.496).

A key current concern of global early childhood policy is to work towards a more updated and nuanced understanding of ECEC (e.g. stressing its instrumental value) in global declarations and conventions such as the Millennium Development Goals, the Education for All framework, and the Convention on the Rights of the Child. “[B]ehind these global declarations and conventions is an ethical and financial authority that often profoundly influences national-level policies, budgets, and priorities” (Britto, Ulkuer, Hodges and McCarthy, 2013, p.65). Another global challenge today, as services become more integrated and multisectoral, is to strengthen both early childhood systems as well as procedures relating to their planning, implementation and coordination, especially in developing countries (O’Gara, Long and Vargas-Barón, 2008). Working with cultural and linguistic variation and with different governance structures and systems is another challenge, as is the need to compete with other social welfare sectors to procure financing for ECEC (Vargas-Barón, 2013).

2.2 India in the Context of the Global Early Childhood Movement

India is classified as a country with ‘medium’ human development, its position on the Human Development Index being 134 (of 182) and lower than that of Bhutan, Vietnam, Sri Lanka and China (UNDP, 2009). According to the 2011 Census, there are 164 million children between 0-6 years in India (Chandramouli, 2013a), which is a significant proportion at 13.6% of the population (ibid.). The sex ratio¹⁴ for the same age group stands at 914/1000¹⁵ (Census of India, 2011b). The child and maternal health and development indicators for the country are also poor (see Table 3) when compared with the industrialized world¹⁶. The total number of female workers in India is 150 million (Chandramouli, 2013b). About 90% of the total Indian workforce is employed by the informal economy (Government of India, 2012)¹⁷. Statistics indicate that only 7% of the country’s total workforce was employed by the organized sector in the year 2000 (Sakthivel and Joddar, 2006). Further, 90% of the women who work in India are employed with the unorganized sector (Census of India, 2001), and most of these are poor. Additionally, 2005 figures show that social security benefits (including provident funds¹⁸, pensions, gratuities¹⁹, healthcare, and maternity benefits) were *not available* to 965 of 1000 women casual labourers across rural and urban India (Indiastat, 2005), reflecting the bleak situation of women workers in the informal sector of the economy.

¹⁴ That is, the number of females per 1000 males in a population.

¹⁵ A result of preference for sons that leads to sex determination, and female foeticide and infanticide.

¹⁶ For instance, for the ‘industrialized countries’ as defined by Bellamy (2000), the Infant Mortality Rate and Under-5 Mortality Rate stand at 6 each, 99% births are attended by trained health personnel and approximately 90% of children below 1 are fully immunized.

¹⁷ Also known as the unorganized sector or that which is not regulated by the Government.

¹⁸ A savings fund to which an employer and employee contribute, which is given to the employee as a lump sum on retirement.

¹⁹ A lump sum ‘free’ amount given on retirement and based on the number of years of employment.

Table 3. Child and Maternal Health and Development: Select Indicators

Indicator	Value
Children under six:	
Infant Mortality Rate (per 1000 children)	57.0
Under-5 Mortality Rate (per 1000 children)	74.0
Children under three years who are underweight (%)	43.5
Children aged 12-23 months who received all recommended vaccines (%)	26.2
Not fully vaccinated (%)	56.0
Children aged 6 – 35 months who are anaemic (%)	79.2
Not breastfed within an hour of birth (%)	77.0
Mothers:	
No antenatal check-up (%)	23.0
No assistance from health professional at delivery (%)	52.0
Maternal Mortality Rate* (2004-06) (per 100000 live births)	254.0

Source: National Family Health Survey (NFHS-3) 2005-06 (IIPS, 2007), *Registrar General of India (2009)

The early years of life are considered to be fundamental in the Indian tradition, especially for the inculcation of social values and personal habits. The very first evidence of early education centres in India was documented in the nineteenth century, when kindergartens were established through missionary efforts and along the philosophies of world educationists such as Froebel, Gandhi and Montessori (Kamerman, 2006), as well as Badheka and Modak²⁰, who adapted the Montessori framework to the Indian context. Such initiatives, however, were piecemeal and specific to certain geographical pockets depending on parents' ability to pay (ibid.). During the pre-independence era, all efforts for ECEC were voluntary and received no support from the Government. In 1944, however, the Sargent Committee Report²¹ emphasized the importance of pre-primary education as an adjunct to primary education. The Central Social Welfare Board was set up by the government in 1953

²⁰ Prominent Indian educationists

²¹ On Post-war educational development

and it established the first grant-in-aid²² scheme for voluntary agencies to run balwadis (kindergartens) for children from disadvantaged areas (Kamerman, 2006; NIPCCD, 2006b; Swaminathan, 1992). In the fifth Five-Year Plan²³ a significant move towards ECEC was made when, following the National Policy of Education in 1974, the Integrated Child Development Services (ICDS) Scheme was launched in 1975 (Swaminathan, 1996; Verma, 1994). Since then a number of schemes and programmes have been launched by the Government. However, according to R. Govinda (2007, p.10):

Early childhood education in India continues to be in a state of flux. . . . partly due to the multiple agencies concerned with designing and implementing programmes for the young child. . . . [and] also due to continued ambivalence with regard to the role of the State in the area in contrast to provision of education in the age group 6-14.

More recently, the 86th constitutional amendment in 2009 made education for all children between 6-14 years a fundamental right (with the Right to Education Act enforced as of April 2010). Nonetheless, the nought to six year olds were left out of the purview of this framework. However, the period beginning 2010 saw the government of India proposing a national early childhood education policy (in many ways a response to the absence of the 0-6 age group in the Right to Education) that recommends restructuring the ICDS – the country's largest integrated early years programme – and strengthening preschool education to enable a smoother transition into the formal schooling stage. A draft ECEC policy has been formulated and approved as of 2013 by the Union Cabinet and awaits enforcement (Press Information Bureau, 2013).

²² Programmes receiving funds from the Government but operating with reasonable independence.

²³ A government document prepared, implemented and monitored by the Planning Commission in India that plans the focus of the economy for the coming five years. India is currently executing its twelfth five-year plan (2012-17).

2.3 Early Childhood Provisions and Programmes in India

There are broadly seven types of ECEC programmes available in India (Pattnaik, 1996) including services run by: (i) the government, (ii) voluntary organisations, (iii) private institutions, (iv) parochial schools operated by various religious groups, (v) preschools run by private sector companies for their employees, (vi) schools owned by residential communities, and (vii) laboratory nursery schools attached to universities. These programmes represent public, private and NGO services that altogether provide services to approximately 138 million children (note that a large proportion of this coverage has been achieved as a result of the expansion of the government ICDS programme in 2008). The breakdown of this coverage by sector is depicted in Table 4 below.

Table 4. Beneficiaries Under Various ECEC Initiatives

Programmes	Reference year	Number of Centres	Beneficiaries
ICDS	2012-13**	1.3 million	92.76 million (supplementary nutrition) 34.66 million (preschool education)
RGNCS for the Children of Working Mothers	2012-13**	23785	0.59 million (@25 children per centre)
Pre Primary School	2007*	38,533	(194000) approximately 0.2 million
NGO Services for ECCE	2007*	Varying from 3-20 million	
Private Initiatives	2005*	10 million approximately	

Source: *MoWCD, 2007 **MoWCD, 2013

Narrowing focus specifically to government-provided services, there are two modes through which ECEC is supported in the country. The first is child-focussed: provisions take the form of either integrated or parallel standalone services for early childhood education and care that children attend in an out-of-home, centre-based environment. The second mode (not studied in this thesis) is mother-focussed:

provisions take the form of maternity benefits for formal sector employees and also include a set of poorly implemented labour mandates and benefits schemes for the informal sector mother. The first of these modes outlined above is most relevant to the purpose of this study, although there exists an extensive body of literature on the second i.e. the types and nature of maternity and childcare benefits for the working woman (see, e.g., Employees' State Insurance Corporation, 2007; Fernandes, 2007a; Fernandes, 2007b; GOI, 1961; Gupta et al., 2007; Kamerman, 2006; NCERT, 2006; Sareen, 2004; Sinha, 2006b; Supreme Court Commissioners, 2008; The Consultative Group, 1992) This chapter does not touch upon this literature as it this does not relate directly to this study.

Public initiatives in the provision of early years services by the government (Table 5) are divided between those that come under the purview of the Ministry of Women and Child Development, and those that take the form of relatively smaller ECEC provisions under the primary and elementary education programmes of the country (NIPCCD, 2006b).

Table 5. Public/Government Programmes for ECEC

ECEC under Ministry of Women and Child Development	ECEC under Primary /Elementary Education Programs: Some Innovative Initiatives
ICDS, 1975 Early Childhood Education Scheme, 1982 (to reduce drop-out rates from primary school) RGNCS for Working Mothers, 2006 [a merger of: The Scheme of Assistance to Voluntary Organizations for running Crèches for Children of Working and Ailing Mothers, 1975, and National Crèche Fund, 1994]	District Primary Education Program (DPEP) Sarva Shiksha Abhiyan (SSA) (Education for All) Mahila Samakhya (for the education and empowerment of women in rural areas)

Source: Compiled using data from NIPCCD, 2006b

Of these two broad categories of programmes, this section focuses specifically on two national-level early childhood programmes under the Department of Women and

Child Development that are targeted at children in the early years. The first of these is an integrated-style programme offering a host of services relating to, among others, nutrition, health and preschool education – the ICDS. The second is an example of a crèche programme that is meant to provide 8 hours of childcare (and some preschool education) to the children of working mothers in need of care support – the RGNCS. These two programmes are discussed in detail in the sections to follow, as they form the core interest of this study around which the specific research questions (outlined at the end of this chapter) of this thesis are framed.

2.3.1 The Integrated Child Development Services scheme (1975)

The ICDS is a national level, flagship scheme launched by the Government of India in 1975 and targeted at three groups: young children (0-6 year olds), women in the reproductive age span (including pregnant and lactating women), and adolescent girls. According to the Ministry of Women and Child Development (MoWCD, 2012a),

ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. (p.1)

Its objectives, as set out in the scheme framework document are as follows:

- i. To improve the nutritional and health status of children in the age-group 0-6 years;
- ii. To lay the foundation for proper psychological, physical and social development of the child;
- iii. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- iv. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and

- v. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education (MoWCD, 2012a, p.1).

The programme provides a set of six services namely: supplementary nutrition (SN), immunization, health check-ups, preschool (PSE) and non-formal education (NFE), referral services, and nutrition and health education (NHE). These services are targeted at various sub-groups of potential beneficiaries (see Table 6). In addition to these services there is also a scheme for the nutritional and educational/personal development of adolescent girls (the *Kishori Shakti Yojana*²⁴) that runs as part of the broader ICDS umbrella of services.

Table 6. Services Under the ICDS

Service	Target Group
Supplementary Nutrition (SN)	Children below 6 years Pregnant and Lactating Mothers (P&LM)
Immunization	Children below 6 years Pregnant and Lactating Mothers (P&LM)
Health check-up	Children below 6 years Pregnant and Lactating Mothers (P&LM)
Referral services	Children below 6 years Pregnant and Lactating Mothers (P&LM)
Preschool education (PSE)	3-6 year old children
Nutrition and health education (NHE)	Women (15-45 years)

Adapted from: MoWCD, 2012a

The ICDS can be described as a ‘universal’ type of welfare programme that is free at the point of use, with services being universally available for all children to use (including those in urban and rural areas). In practice though, it is largely poor or disadvantaged families that use this service, with those who are able to afford the costs opting for private ECEC instead. The ICDS is staffed by the Central Government, with roles and responsibilities outlined jointly by the Ministry of Women and Child Development (MoWCD) and the Ministry of Health and Family Welfare (MoHFW)

²⁴ Adolescent Empowerment Scheme

(most health and nutrition related services are delivered through Health and Family Welfare). The scheme is monitored by a central ICDS monitoring unit in the national ministry. At the community-level it is the *Anganwadi*²⁵ Worker (AWW) and *Anganwadi* Helper (AWH) that run the centre on a day-to-day basis. These are usually identified by the community and are paid an 'honorarium'²⁶ on behalf of the Government. These two ICDS centre workers (AWW and AWH) work in liaison with the Auxiliary Nurse Midwife (ANM) and the Accredited Social Health Activist (ASHA) (both local level functionaries from the MoHFW) in delivering services to the community. ICDS centre workers report to their Supervisor (each Supervisor is responsible for 25 workers in urban areas) and each group of 4-5 Supervisors in turn reports to the Child Development Project Officer (CDPO) who has about 100 ICDS centres under him/her (NIPCCD, 2006a). All staff under the ICDS (not the ANM and ASHA) receive three types of training during their tenure: an initial induction training, one job/orientation training, and an intermittent refresher training once every two years (MoWCD, 2012a). The programme is monitored through the submission of periodic work reports by functionaries from one level of the hierarchy to the next, and by consolidating a set or a series of reports at the project level (each project catering to one Block within a District). The government has also introduced, in the year 2010, an annual scheme of awards for ICDS workers in recognition of their hard work and as a means of increasing their motivation. These have been awarded retrospectively since 2006 (MoWCD, 2010). At present, and since its universalization in 2008, this service is being rolled out nationally to reach all sections of the population, and expanded on a priority basis for the Scheduled Castes (SCs) and

²⁵ *Anganwadi* translates to courtyard shelter. The AWW refers to the centre worker and the AWH refers to her assistant.

²⁶ A token amount paid to appreciate the voluntary spirit of workers

Scheduled Tribes (STs)²⁷ across rural and tribal areas, urban slums, and remote or inaccessible geographical areas. There has been a steady increase in financial and budgetary allocations over recent years, with the introduction of cost sharing between the Centre and the State in the ratio of 90:10 since 2009-10 (MoWCD, 2012a). For the Supplementary Nutrition component, though, the funding pattern is 50:50 for all states except the North-eastern states where it is 90:10 (*ibid.*). There have also been periodic revisions in the population norms for the opening of new centres, as well as the feeding norms for children (with increased allocations per child under the component of supplementary nutrition). As of October 2012, the ICDS programme had 7025 functional projects, 1.3 million operational centres and 127.42 million beneficiaries enrolled across the country (MoWCD, 2013).

Outcomes evaluations of the ICDS indicate initial gains for indicators related to child and maternal health and education, but point towards implementation problems. A study by the National Council of Applied Economic Research (NCAER, 2001) showed that on an average only about 66% of eligible children and 75% of eligible women were registered at ICDS centres across India. Data from the National Family Health Survey round III (NFHS) (IIPS, 2007) paint a much bleaker picture that reflects poor outreach and low quality of services (see Table 7) (also World Bank, 2001). It is important to note here that evaluations of the ICDS should ideally include both outcomes and implementation, although the latter has seldom been undertaken.

²⁷ A specific list of low order castes and isolated tribes grouped as socially and economically disadvantaged groups.

Table 7. ICDS in the National Family Health Survey

Indicator	%
Percentage of children aged 0-71 months receiving any services from an AWC	32.9
Among children in an area covered by an AWC, frequency of receiving supplementary food:	
Not at all	73.5
Percentage of children aged 0-71 months who received any immunizations from an AWC	20
Frequency of receiving health check-ups at an AWC: not at all	82.2
Frequency of going to an AWC for early childhood care or preschool education for children aged 36-71 months: Not at all	76.7
Frequency of weighing of children aged 0-59 months: Not at all	80.1
Percentage whose mothers received counselling from an AWC after child was weighed	48.9
<i>Mother received from an AWC during pregnancy</i>	
No services	77.5
Supplementary Food	20.5
Health check-ups	12.3
Health and nutrition education	10.9
<i>Mother received from an AWC while breastfeeding</i>	
No services	82.6
Supplementary Food	16.5
Health check-ups	8.5
Health and nutrition education	8.3

(Note: AWC stands for Anganwadi Centre, the Hindi term for the ICDS centre)

Source: IIPS, 2007

Evidence suggests that urban slums are under-represented in the ICDS (Khullar, 1998; Planning Commission, 2008). In addition to uneven and poor coverage across the country (MoWCD and The World Bank, 2006; Saxena and Mander, 2007), problems relating to inadequate infrastructure, poor coordination at the project level and disruption of services have also been reported (NIPCCD, 2006c). In comparison to the range of benefits provided under the scheme, evidence indicates an (over)emphasis on the nutritional component at the expense of others (Ghosh, 1997; MoWCD and The World Bank, 2006). Other problems reported include lack of motivation of childcare workers, poor flow of funds from the Centre to the State authorities, corrupt practices, poor accountability etc. There is also evidence of minimal benefits (health and education) for children (Chandrasekhar and Ghosh, 2005; World Bank, 2001; NIPCCD, 1992; NIPCCD, 2006b; Saxena and Ravi, 2005).

Existing research literature makes a number of recommendations to address the considerable problems encountered with achieving ICDS objectives. For instance, convergence between various government programmes ²⁸ as well as better coordination between ministries is suggested (Gupta et al., 2007; MoWCD and the World Bank, 2006; Planning Commission, 2006 and 2008; Sinha, 2006a). Greater focus on the under-3s for a more integrated childcare service has also been recommended (Ghosh, 2006; Planning Commission, 2006a), as has greater community participation on the part of citizens and local village bodies (Drèze, 2006a; Garg, 2006; Ghosh, 1997; Gupta et al., 2007; NCAER, 2001; Singh, Drèze, Nayak and Prasad, 2006; Sinha, 2006a). Proposals for engaging local women's Self Help Groups (SHGs) in the preparation of meals (for the Supplementary Nutrition programme) and performance-based incentives for the AWW have also been made (Planning Commission, 2008). Chatterjee (2006) suggests locating the *anganwadi* within the premises of the primary school to strengthen preschool education. Improved monitoring mechanisms through social audits by Non Governmental Organisations (NGOs) and village committees as well as third party professionals are suggested to ensure effective implementation (Planning Commission, 2008). A stronger training component with clear inputs for specific services (Gupta et al., 2007; MoWCD and the World Bank, 2006), along with two *anganwadi* workers per centre instead of one is also recommended (Gupta et al., 2007; MoWCD and the World Bank, 2006; Sinha, 2006a).

²⁸ E.g. the ICDS and the Sarva Shiksha Abhiyan (Education For All) for the Preschool Education component, the ICDS and the National Rural Health Mission for the health and nutrition component, and, ICDS and childcare through crèches.

2.3.2 The Rajiv Gandhi National Crèche scheme (2006)

Sponsored by the Central Government and established in 2006, this scheme provides crèche and day-care services for working or ‘deserving’ (GOI, 2005) women whose combined monthly family wages do not exceed INR 12000²⁹. Deserving women are defined in the scheme framework as “...women belonging to poor families, who require support and relief from childcare as they struggle to cope with [the] burden of activities, within and outside the home” (ibid., p.2). This service is a paid one, with user charges ranging between INR 20 (or 20 pence) for families below the poverty line, to INR 60 (or 60 pence) for all others. In addition to crèche services the scheme also aims to provide the following: preschool education for 3-6 year-olds and stimulation of the under-3s, supplementary nutrition (food), immunization (including generation of awareness and liaisoning with health centres to simplify the procedure for mothers), and health check-ups (on a weekly basis by doctors or health workers). Health services are required to be delivered by linking with the local government health centres in the area. The RGNCS may be described as a ‘targeted’ welfare programme that provides low-cost crèche services to working mothers from poor families whose incomes fall below a certain threshold set by the government. Three implementing agencies have been identified to disburse funds to NGOs for setting up crèches. These include the Central Social Welfare Board (CSWB), Indian Council for Child Welfare (ICCW), and Bhartiya Adim Jati Sevak Sangh (BAJSS). However since 2008, crèches being run by the BAJSS have been transferred to the CSWB after complaints of irregularities (MoWCD, 2009b). More recently, there have

²⁹ Approximately 120 GBP

been additional complaints concerning not only the BAJSS, but also about crèches running under the ICCW (PTI, 2012).

At least 50% of the total number of places at a crèche has to be allocated to children from families with incomes below the poverty line. Each centre should, ideally, have about 25 children enrolled, with services expected to run for eight hours a day, from 9 AM to 5 PM. The scheme document also outlines the recommended physical infrastructure, e.g. the amount of space a centre must have (6-8 sq. feet per child of well-ventilated space), and other equipment that must be available – a first aid kit, cooking facilities, clean and safe drinking water, and cots and bedding (GOI, 2005). Crèche workers are expected to undergo a short training upon joining that is provided by the National Institute of Public Cooperation and Child Development (NIPCCD) – a specialized training institution for the ICDS and RGNCS running under the MoWCD. Crèches are sanctioned³⁰ to one of the three selected implementing agencies. These agencies, in turn, identify local NGOs for setting up and running new centres; although sometimes existing crèches being run by these local NGOs also automatically qualify for receiving funds. Although funding is managed by the Central Government, assistance is limited to 90%, the remaining cost borne by the implementing organization. Funding is based on a mix of recurring and non-recurring grants. The recurring grant covers the salary of two crèche workers per centre, all nutrition and food related expenditure, and a fixed amount for emergency medicine and contingencies. The non-recurring grant is further broken down into a lump sum given at the beginning of operations and a subsequent grant every five years.

³⁰ That is, are permitted to be opened by and receive funding from the government.

As of March 2009 there were a total of 31718 crèches sanctioned nation-wide under this scheme (MoWCD, 2009b). This figure is much lower than that reported for the ICDS, and indicates the limited spread of the programme within the country. Figures after 2008-09 are not available on the Ministry website, although another web source reports the number of operational crèches to have somewhat reduced in the last few years, from 26785 in 2009-10, to 22599 in 2010-11, and 23785 in 2011-12, with no new crèches sanctioned in the last three years (Press Information Bureau, 2012). As is evident from these statistics, the RGNCS for working mothers has limited capacity. The scheme in its present form has evolved from the *Scheme of Assistance to Voluntary Organizations for running Crèches for Children of Working and Ailing Mothers*, 1975 and the *National Crèche Fund (NCF)*, 1994, which were merged in 2006. According to one report there was an under-utilization of funds in these schemes (Parliament of India Rajya Sabha, 2005). The quality of care was reported to be poor because of low wages, poor training, insufficient material, and lack of monitoring (Gopal and Khan, 1998).

The existing scheme is reported to operate on inflexible patterns and norms, and is limited in availability to a subset of working mothers that fulfil certain criteria (Sinha, 2006a). Although there should be a number of agencies monitoring the scheme – the National Institute of Public Cooperation and Child Development (NIPCCD), the State Women's Development Corporation, and women's study centres in universities and schools of social work – evaluation reports are rare, and where present, publicly inaccessible. More recently a 'scam' involving 3.5 billion Rupees has been reported in the RGNCS, under which money is being misappropriated and crèches are running only on paper (Banerjee, 2009). In contrast to this limited empirical data, there is a

growing (although piecemeal) body of evidence reported by the media that suggests a greater number of parents are choosing private over public childcare services (e.g. Anantharaman, 2005; George, 2008), reflecting either a lack of sufficient public care services or parents' dissatisfaction with public provision (hence their shift to private alternatives).

Based on the fact that there are minimal options in terms of maternity leave or affordable childcare for women in the informal sector³¹, Gupta et al. (2007) recommend that "tripartite boards and funds must be set up to implement for all sectors of informal work, so that employers contribute" (p.13). In addition to mechanisms that mandate the implementation of statutory provisions under labour laws, there should also be a need-based expansion of the RGNCS (ibid.). The Planning Commission (2008) proposes the following: widening of eligibility criteria so that more NGOs can operate crèches, improvements in infrastructure, enhancement of the training component of the programme, a revised pattern of funding, and improved monitoring and evaluation through output and outcome indicators (also see Parliament of India, 2005; The Hindu, 2007).

³¹ In fact mothers often leave their children unattended or in the care of older siblings (see Bageshree, 2009; D'Souza, 1979; Government of India, 1985; Sriram and Ganapathy, 1997).

2.4 Key Concerns for Early Years' Policy in India

It is now possible to reflect on some of the key concerns for early years policy in India, and how these relate to those confronting the global early childhood community at large. Of the challenges that have been discussed in Section 2.1, there are three that seem directly relevant. Like the international context, the first challenge for the Indian context, particularly in light of the integrated nature of both the ICDS and RGNCS services, is to strengthen programme systems and procedures relating to planning, implementation, and coordination. It is key to balance and/or prioritize between the benefits offered as part of the bundle of services under each of these programmes. A second challenge that is relevant at both the global and national level is to be able to work alongside the prevailing cultural and linguistic variation, and within a complex three-layered hierarchy of government provision running from the Centre to the State to the Local community level. A third financial challenge for India relates to justifying investments in the ICDS particularly in the context of the classic 'quantity versus quality' predicament being faced by the country since the move to universalize the service since 2008. The challenge here is not only to understand how to best utilize funds to increase outreach while maintaining the quality of services within the ICDS (as is evident above, this has remained problematic), but also whether and how to position the RGNCS crèches within this system; the choice being to integrate all services under one umbrella or to continue running them in parallel with each other.

These challenges are exacerbated in light of the current circumstances facing working women and young children in India, statistics relating to which have been presented in Section 2.2. For instance, it is particularly critical to note that of the 164 million children aged 0-6 years in India, even though 138 million are enrolled in some form of

early years programme, almost all of these (or at least 128 million i.e. nearly 93%) are covered by the ICDS or RGNCS services, which have been performing extremely poorly on quality (as seen in Section 2.3). In addition, approximately 90% of the 150 million working women in India are part of the unorganized sector that does not provide social security benefits of any kind (including maternity leave or childcare).

A crucial challenge therefore also remains to focus (or refocus) on working mothers and childcare especially in the context of the informal work sector of the economy. At some level, this also requires a re-examination of the increasingly dominant discourse for investing in ECEC in India ever since the advent of the Millennium Development Goals, i.e. to combat malnutrition or achieve a targeted health and nutrition status. As well as consideration of alternative discourses for investing in the early years, e.g., to support working mothers in realisation of the fact that families may not always be able to organise childcare, or to minimize the damage of an increasingly over-emphasis on reading, writing and formal schooling at an age when a child may not be developmentally equipped to do so. Finally, the existence of early years programmes but no policy³² (as in the title of this chapter) further aggravates the situation – there are no guidelines for preschool education, or for licensing and regulation of early years centres.

³² To clarify, 'no policy' in this context refers to the absence of an overt policy framework underlying programmes and not the absence of an overall policy environment within which programme decisions are taken per se.

2.5 The Focus of this Study

The focus of this study has been determined by two considerations. First: the current challenges facing early years policy in India – of these this study focuses on a select few identified as key by the researcher. And second: gaps in existing literature in relation to the identified key challenges – this study will address some of these.

Among the key policy challenges confronting early years programmes in India, the focus of this study is located primarily in the concern for balancing between services offered as part of the ICDS and the RGNCS, particularly in light of recently increased investments but decreased quality of services. This concern becomes particularly significant in the context of the growing global priority of ECEC and the changing nature of the dominant discourses around investing in the early years. This study is also especially timely in terms of the changing policy landscape and the development of the national ECEC policy movement in India, which has run in parallel with the timeline of this study, i.e. 2010 to 2014.

The drafting of the overall research question of this study is in line with the current paradigm shift from the first- to the second-generation question currently being addressed by contemporary early years research – ‘how can ECEC services be improved’, rather than – ‘do ECEC services work (i.e. impact children’s outcomes)?’ This paradigm shift represents a chronological progression that is a result of programmes maturing, and thereby requiring a study not simply of whether services are being delivered (and what their impacts are), but how they can be improved. The research question is also framed in the context of the distinction between studies that examine child (and often, maternal) *outcomes* – not the focus here – versus those that

look at the process of *implementation* in order to understand how services may be improved.

The focus of this work is further articulated based on the identification of gaps in existing literature. The key aspect that a review reflects is that policy cannot address whether a programme is effective until it first addresses what the programme is and how it is being implemented from the viewpoint of its users – there being a dearth of research on the implementation of services. Existing evaluation studies on both the ICDS and RGNCS provide evidence of the poor outreach and implementation of services and low enrolment levels (discussed in Section 2.3 previously). Despite basic descriptive evidence of poor implementation and flaws therein, there has been little research exploring parents' perception of schemes and reasons behind take-up/non-take-up. Moreover, where it exists, such research is piecemeal and in many cases, based on media reports rather than empirical data. The entirety of mothers' ECEC experiences, particularly the childcare arrangements they make and whether and how the ICDS and RGNCS services fit in, has seldom been explored. Although mothers' surveys vis-à-vis the ICDS have been conducted, the focus has usually been on evaluating programme components with the aim of understanding the implications for child development, rather than on parental needs and expectations, service take-up, and factors explaining uptake. The RGNCS, on the other hand, has been subject to no evaluations and there is scant information on implementation, with the exception of figures on budgetary allocations and expenditure. The need for childcare facilities for mothers whilst they go out to work is expressed in media reports, but there is a lack of empirical research in this area. Research on parental experiences of using this scheme is also rare. In determining this focus, the present study challenges yet another

dominant discourse. It does not rely on evaluations conducted solely through the eyes of experts or professionals but also seeks to engage users in assessing services. The questions that it asks are:

1. What are the childcare arrangements made by working mothers of 1.5-5 year-olds in the sampled research neighbourhood?
2. What are working mothers' needs and expectations from early years' services?
3. What is the take-up of the ICDS and RGNCS schemes by working mothers in the study sample?
4. What is their experience of using the different services offered under the ICDS and RGNCS schemes? Which of the component benefits do they take up and which do they not?
5. What are the factors or combination of factors affecting the take-up of the ICDS and the RGNCS by these mothers? How do these explain the (low) take-up of the two services under study?

As set out in Chapter 1, the phenomenon of non-take-up is extremely complicated, with factors at the level of the client, policymaking, legislation, administration, as well as implementation affecting whether services are utilized or not (van Oorschot, 1991). Existing literature indicates that programme impact is related to programme take-up (Gibson, 2003), although there remains limited academic research undertaken on the topic (van Oorschot, 1991). Non-take-up can mean non-knowledge, non-claiming and non-reception (Warin, 2010) and can be distinguished between primary or secondary non-take-up, total or partial non-take-up, and permanent or temporary non-take-up (Hernanz et al, 2004).

In studying the take-up and utilization of early years services, this research does not aim to analyse children's outcomes (e.g. cognitive or learning, physical/motor or health related) as a result of attending/not attending early childhood services, but how and why working mothers choose/not choose to use government early childhood services, what are the barriers they face in utilizing these services effectively³³, and the factors that contribute to service uptake. The idea here is not to undermine the importance of studying children's outcomes but to acknowledge that studying the take-up of services is an important first step in mapping effectiveness of early years' programmes, in addition to measuring children's outcomes – an important second step. Conversely, policy cannot also assess and interpret programme outcomes effectively without first understanding the process of service implementation. The existing literature that has been studied for the purpose of this study lacks on this account and this work aims to fill this gap.

The policy context and research questions have now been articulated. Chapter 3 discusses the philosophical foundations of the present study and the theoretical frameworks underpinning the analysis of service take-up in this thesis.

³³ Assuming that they do face some barriers as is indicated in existing literature (see Chapter 3)

3. Critical Realism and Take-up I: Ontology, Epistemology and Theoretical Frameworks

3.1 Introduction

A *paradigm* is the lens through which a researcher views the world (Maxwell and Mittapalli, 2010). It offers a broad set of guiding principles for establishing a clearly bounded framework within which research discourse can take shape. At the same time, a paradigm also allows for the recognition of alternative viewpoints on, or approaches to, the same topic (Grix, 2002). Initially conceptualized by Thomas Kuhn in 1962 as something “scientific communities share” (Kuhn, 1996, p.176), contemporary writing has expanded the term to include four notions: (i) paradigms as worldviews: all-encompassing beliefs on morals, values, and aesthetics; (ii) paradigms as epistemological stances: ontological, epistemological and methodological considerations within the theory of knowledge; (iii) paradigms as shared beliefs/perspectives within a group of practitioners/speciality area with an established agreement on the questions to be asked and the methods to be utilised to answer them; and, (iv) paradigms as models of research, i.e. ideal, typical solutions to problems (Morgan 2007). Of these, the present study uses (ii), comprised by the ontology, epistemology and methodology triad, later extended to also include axiology, (Lincoln and Guba, 2000; Guba and Lincoln, 2005) to offer an interconnected understanding of the underlying philosophical assumptions framing the given social inquiry on early years take-up. It is the first two of these concepts – ontology and epistemology³⁴ – that form the focus of this chapter.

³⁴ And Theory/Theoretical Frameworks, introduced later on in this chapter

Ontology (derived from ‘existence’) can be described as a theory of ‘being’ that examines the question: “what is the form and nature of reality and, consequently, what is there that can be known about it?” (Furlong and Marsh, 2010, p.185). Thus: does reality exist independently of our knowledge of it (i.e. the *objectivist* view), or is reality a social construction, produced through the process of social interaction (i.e. the *constructivist* view)?

Epistemology, on the other hand, is the theory of knowledge. It studies “the nature of the relationship between the knower and what can be known” (ibid.). The central duality posited by it is whether this relationship is real and objective, that is, directly observable (the *positivist* view) or if it is subjectively constructed/experienced by each individual and therefore not directly observable (the *interpretivist* view).

It is possible however, to understand ontology and epistemology as standing along a continuum of *multiple perspectives* (e.g. Guba and Lincoln, 2005; Patton, 2002; Teddlie and Tashakkori, 2009) rather than split into simplistic *dualities* (e.g. Guba, 1978; Lincoln and Guba, 1985). It is in such a mid-ranging paradigm – Critical Realism (CR)³⁵, a realist ontology with constructivist epistemology – that the present work on the study of early years take-up is situated.

In addition to contrasting philosophical standpoints, a paradigm also includes the methodological and theoretical positions that, together with “inquirer predispositions and responses to context” (Greene and Hall, 2010, p.122), offer a “mental model” (Phillips, 1996; Smith, 1997) using which the researcher approaches a social inquiry. The theoretical stance/framework (i.e. ‘Theory’) both derives from and is independent of an inquiry’s epistemological position: while the latter centers on philosophical

³⁵ Also termed Neo-realism

discourse relating to the source of knowledge and how it can be studied, the former serves as the predominant academic body of work/disciplinary perspective framing a given research study.

In addition to ontology and epistemology, the present chapter also focuses on *Theory*, under which a Realist Theory for programme evaluation - Realistic Evaluation – based on the work of Pawson and Tilley (1997), and Henry, Julnes and Mark (1998) is outlined, following which two theoretical frameworks for analysing programme take-up are presented: (i) Wolman’s (1981) framework on determinants of programme success and failure, and (ii) ‘barriers and bridges’ to service uptake (see Section 3.4.2).

The interlinked Ontology-Epistemology-Methodology-Axiology chain (Lincoln and Guba, 2000; Guba and Lincoln, 2005) that shapes how researchers go about their research praxis can thus be expanded to include ‘Theory’ as follows:

Ontology – Epistemology – [Theory³⁶] – Methodology³⁷ – Axiology³⁸

Critical Realism thus reflects the philosophical position taken by this study on the nature of the world and how one can know about it, while the theoretical frameworks represent the predominant lens of inquiry through which the analysis of early years service take-up is approached in this thesis.

³⁶ The concept of ‘Theory’ is elaborated upon prior to detailing the theoretical frameworks in Section 3.4.

³⁷ The broad approach to the generation of knowledge.

³⁸ The nature and role of ethics/values in research.

3.2 Critical Realism and Take-up: Ontological and Epistemological

Considerations

Philosophical realism may be defined as “the view that entities [in the real world] exist independently of being perceived, or independently of our theories about them” (Phillips, 1987b, p.205). We perceive the world and form independent concepts and theories about ‘reality’ by being in constant interaction with these entities (Maxwell, 2012a).

Critical Realism, the most predominantly used and developed version of philosophical realism in the Social Sciences, may be understood as a paradigm that lies somewhat in the middle of the objectivist/positivist view on the one hand, and the constructivist/interpretivist position on the other. This approach has developed extensively through the work of Bhaskar (1978; 1989), Campbell (e.g. Campbell and Overman, 1988), Putnam (1990, 1999), Sayer (2000) and more recently, Maxwell and Mittapalli (2010) and Maxwell (2012a, 2012b). Theoretical approaches resting within this tradition in the field of evaluation research have been advanced by Pawson and Tilley (1997); Henry, Julnes and Mark (1998); and Mark, Henry and Julnes (2000), these are returned to when Realistic Evaluation is discussed as the theoretical lens for studying take-up in the next section of this chapter.

CR consists in a realist ontology, and a constructivist epistemology: “our *understanding* of this world is inevitably a construction from our own perspectives and standpoint...that is independent of any particular viewpoint” (Maxwell and Mittapalli, 2010, p.146). Even though Critical Realism posits a ‘real’ world, this ‘reality’ cannot be completely known or uncovered. Rather there are multiple ‘perspectives’ on reality that do not necessarily contend with each other and therefore

may be equally acceptable (Maxwell, 2012a). Reality comprises both physical as well as mental artefacts, including the socially constructed meanings, theories, and concepts through which individuals perceive the world. The mind is, as a consequence, part of reality (Maxwell and Mittapalli, 2010).

Critical Realism separates *reality* into three distinct layers – the real, the actual and the empirical (Sayer, 2000). The ‘real’ refers to the physical and social artefacts, their structures and causal powers or capacities. The real is in this sense all encompassing and ‘dormant’, but once activated, becomes the ‘actual’. Once the ‘real’ or the ‘actual’ is experienced, observed or studied, it becomes the ‘empirical’ (ibid.). In the context of this thesis, early years services within the government administrative setup can be understood as comprising the ‘real’. Once implemented at the local, community level, they become the ‘actual’. And the study of early years service provision – whether the study of the administrative structure of the service, or of its implementation at the local level (or indeed, both), comprises the ‘empirical’. What exists, thus, is a layered social reality that is based on a “stratified ontology” (Sayer, 2000, p.12).

This stratified reality functions on an alternative understanding of ‘causality’³⁹, what some [e.g. Bhaskar (1978, 1989), Mohr (1982) and Salmon (1984, 1998)] have called a “generative” or “process” approach (Maxwell, 2012b; Sayer, 2000). This approach focuses on analysing the processes that lead to the achievement of a certain outcome (being studied) within a *specific* context that need not necessarily require validation or be manifest in other contexts (Salmon, 1998).

This process of moving from making observations to discerning underlying mechanisms aids in the formation of ‘explanatory theories’ that utilize the logic of

³⁹ Alternative to the objectivist notion, that is

retroduction for drawing inferences (Lawson, 1989; McEvoy and Richards, 2006). According to Julnes and Mark (1998) *retroduction* is a process of “causal pattern matching” (p.42) where one starts with broad, speculative hypotheses that are refined and strengthened through the collection and analysis of relevant data into confirmed results (the use of *retroduction* for conducting exploratory analyses in this study is discussed further in Chapter 4). Such explanatory theories emphasize the significance of local contexts, including the socio-cultural milieu and prevailing values/beliefs, in affecting the outcomes being studied (Anderson and Scott, 2012; Pawson and Tilley, 1997; Sayer, 1992). The existing social structures and institutions also impact human behaviour, and therefore the social phenomenon under study. However, individuals also exercise their agency in choosing to respond to social structures in novel ways. Outcomes are thus an interaction between both *structure* and *agency* (Houston, 2010; McEvoy and Richards, 2006). A critical realist takes all of these factors into consideration when conducting an inquiry. Reality is both dynamic and ‘emergent’ (Pawson and Tilley, 1997) and includes diversity of all kinds – “individual variation, unique contextual influences, diverse meanings, and idiosyncratic phenomena” (Maxwell and Mittapalli, 2010, p.159). A ‘realist’ ontology thus becomes commensurate with a ‘constructivist’ epistemology (Maxwell, 2012b).

Because reality is context-specific, and there can be multiple, alternative explanations for a given phenomenon, knowledge, in CR, is always incomplete, or, at best, “imperfectly apprehensible” (Healy and Perry, 2000, p.120). Related to this is the realist notion of *fallibility*: any instance of knowledge (or explanatory account) is open to challenge and is held only until additional accounts or explanatory mechanisms are

discerned, making researcher reflexivity an important part of the research endeavour (Sousa, 2010).

Before going any further, it is important to clarify how the Critical Realism approach has been applied in the context of this study: what CR is and isn't, how it is defined in this thesis, and why it is the preferred philosophical paradigm for locating this work within (including what it does not offer to the study of take-up). Critical Realism is an elided form of 'transcendental realism' and 'critical naturalism' (Collier, 1994; Hartwig, 2007). Both of these are existing philosophical positions developed by Roy Bhaskar: transcendental realism refers to "the general ontology...derive[d] from his analysis of *scientific practices*" (Collier, 1994, p.xi), and critical naturalism refers to Bhaskar's work on "the possible implications of transcendental realism for the *human sciences*" (ibid.) [emphasis added]. What is also important to state is that CR is not a social theory, but a *philosophical* position – "Bhaskar's conclusions belong for the most part to *ontology*, the study of being, its varieties and their articulation (Collier, 1994, p.x)". Its primary utility lies in "provid[ing] guidelines for researchers grounded in ontological and epistemological arguments that avoid the pitfalls of positivism on one side and idealism and relativism on the other" (Sayer, 2004, p.16).

The 'critical' in CR has come to take on different meanings based on how various sub-schools of thought have chosen to define it (Pawson, 2006). In a historical sense, it represents the development of a new philosophical position that in being 'critical' of the realism of the natural sciences overcame its shortcomings to become more relevant to the social sciences. CR did so by factoring in social forces such as the context, institutional structures and personal agency in the study of a given phenomenon, thereby rejecting "any reduction of the social to the natural" (Gorski,

2013, p.665). ‘Critical’ also implies a questioning approach to the study of both social practices and the explanatory theories formulated around them (Pawson, 2006; Sayer, 2000). Researchers thus undertake a more critical approach to social ontology (the reality of the ‘social’ world studied by social scientists) and in doing so account for the effects of, and interaction between social structures and individual agency (Cruishank, 2003) rather than focussing on only one, often at the expense of the other. They also consider explanatory accounts as fallible and open to critique, refinement and/or replacement by alternate accounts (Scott, 2010). In this sense, “criticism is something that scientists apply to each other, and this ‘competitive cross-validation’ is the means by which they get closer to the truth” (Pawson, 2006, p.20). Finally, ‘critical’ for some represents a “cognitive inquiry...powered by the concern for human emancipation” (Collier, 1994, p.x). Human emancipation is not an explicit aim in CR unlike, say, Critical Theory, which is situated in an ontology where reality is historically constructed and explicitly related to the construct of power. Nonetheless, the emancipatory objective is sometimes *implicit*, specifically in the version of CR developed by Roy Bhaskar, and achieved through the identification, explanation and criticism of social structures and/or practices that can help remove suffering (Bhaskar, 1998). Although individuals are agentive in engaging with social structures, these structures may not always be amenable to the free expression of agency. In acknowledging this, a critical realist approach can capture imbalances relating to power, voice and expression (for instance) and then question the status quo (Cruishank, 2003).

What follows from the above is that CR may be amenable to the utilization of more critical methods for data collection. This becomes especially clear when one looks at a

more recent form – dialectical critical realism (DCR), which has a more explicit emancipatory objective⁴⁰, and sets out a philosophical framework for transforming negative/oppressive forms of power to more positive/helpful ones (Bhaskar, 1993; Maxwell, 2012a; Norrie, 2010) through the exercise of individual agency in interaction with the social and physical world⁴¹. Its applicability becomes clearer when one looks at some examples. Houston (2001) applies these principles to study oppressive mechanisms within societies characterised by social exclusion and racism. Egbo (2005) uses the philosophy to apply methods such as ethnography, philo-ethnography, discourse analysis, participant observation and participatory action research for conducting a transformative study of educational administration. Shipway (2011) utilizes the paradigm to frame and challenge the dominant discourses relating to pedagogy and practice in educational theory, and proposes the democratic use of power for the educational emancipation of both students and teachers.

It will now be evident that Critical Realism is a philosophical position that has been applied by its proponents in different ways. It has historically developed in three ‘waves’ – from ‘basic’ critical realism: BCR (transcendental realism + critical naturalism), to dialectical critical realism: DCR, and more recently transcendental dialectical critical realism: TDCR (which has not been discussed here) (Gorski, 2013; also Vandenberghe, 2014 for a more detailed outline). The underlying commonality between each of these is the acceptance of a realist ontology and constructivist epistemology, and the offer of a distinct philosophical position for the study of social

⁴⁰ That “human beings inevitably desire and move towards freedom and justice, and that this is or should be the central concern of social science” (Alderson, 2013, p.137)

⁴¹ For a detailed and quick-to-read overview of DCR and its application to the field of childhood studies see Alderson (2013).

phenomena. Of the three, this thesis uses ‘first wave’ or ‘basic’ critical realism to frame the study of ECEC programme take-up.

Basic CR is the preferred philosophical paradigm for this study because it provides a clear ontological and epistemological position that is most compatible, firstly, with my own views of reality as a researcher undertaking research, and secondly, with the theoretical frameworks applied to this thesis (see Section 3.4 below), which look at the interaction between individual, programmatic and contextual factors in effecting service uptake. This is in essence an analysis of elements relating to both *agency* as well as (social) *structures* (as well those at the interface between them) that are analytical concepts within the first wave approach.

It is this form of CR that also then becomes more useful for answering the central research question of this study (‘What are the factors affecting take-up of the ICDS and RGNCS’?) than, say, DCR, which could have been more useful a framework for examining questions that more directly address the interaction between ‘power’ and programme uptake⁴². It follows that the application of DCR principles, specifically the addition of the ‘power’, ‘inequality’ and/or ‘representation’ lens could have led to a more nuanced analysis of programme take-up and offered valuable insights into how

⁴² Thus, e.g., if take-up was established as varying between different sub-groups of users, the research question could have been: ‘How strong a barrier do factors such as a child’s gender, religion and mother tongue pose to their access and take-up of government ECEC services’? Or: ‘How does users’ minority status relate to their use of services? How may under-represented groups be empowered to better participate in their community’s ECEC programmes’? More recent work has advanced the compatibility between CR as a philosophical position and complementary social theories. DCR and Critical Theory have, e.g., been established as being concordant with each other based on their common liberatory intent (Hartwig, 2007). Applying DCR to the present study could have then offered a robust, previously-established and -tested philosophical-theoretical framework for locating the study within, as opposed to working through and establishing, first, a philosophical position, then a compatible theoretical framework, and finally, a suitable methodological-analytical framework – the robustness of which would be put to test only once the actual study was implemented. Having said that, the ‘perils’ involved in building the framework from constituent compatible parts as in this study has offered a valuable learning experience and an opportunity to engage with the process of knowledge construction.

government services can be made more relevant for a country that is fragmented along multiple lines e.g. gender, religion, language and caste. Such an analysis would, however, follow logically from a first-level examination of programme uptake – how high or low it is, and whether the factors previously mentioned even pose significant barriers to take-up. Because such a first-level examination has not been undertaken thus far (as far as the researcher's review has indicated – see Chapter 2), it is premature to ask these second-level questions, notwithstanding their overall significance.

Coming back to the choice of basic CR over others, it is also within the remit of this first type that evaluation researchers such as Pawson and Tilley (1997) and Henry, Julnes and Mark (1998) have proposed their analytical frameworks for undertaking policy and programme evaluation, both of which have been applied to the present study. This includes, more specifically, notions about the fallibility of knowledge, the existence of a stratified reality, the interaction between structure and agency, and the existence of the world as an open system with the influence of contextual forces on phenomena of interest (see details above, and Section 3.3 below). These principles offer a very specific application of the term 'critical', which is similarly employed in this thesis – a critical and questioning approach to the analysis of programme take-up and the existing explanatory theories around it.

Having discussed how basic CR offers the most appropriate philosophical position for framing the present study, it is also important to state some of the limitations of applying this specific, somewhat partial form of the larger CR paradigm to the study of ECEC take-up.

The most significant of these relates to the emancipatory objective being more *implicit* than explicit in basic CR and as applied to this thesis. Although issues of power did not form part of the research question (as has been stated above), they could have been taken into consideration when planning the study methodology. DCR and its emancipatory objective, e.g., could have provided a more expansive frame for the study by signposting towards the potentially asymmetrical power relationship between the researcher and participants, as well as between participants and others in their immediate environment, and offering strategies for resolving these during the data collection stage. DCR principles could have also fed into the tool design stage through the development of methods most amenable to capturing the uninhibited voice of mothers. As will be seen in Chapter 4, in-depth surveys administered as face-to-face interviews were considered most suitable for collecting data with mothers after a pilot exercise using semi-structured interviews was unsuccessful in eliciting detailed responses (see Section 4.3). Besides these two tools, and based on the additional guiding principle relating to power/emancipation offered by DCR, the usefulness of non-traditional, possibly longitudinal participatory methods such as storytelling and role-playing that may have elicited in-depth narratives around children, work and childcare could have been considered when selecting study methods. Using these would have perhaps entailed planning the fieldwork differently (for a longer duration, and with lower participant numbers, for instance), and assessing the feasibility of these methods considering the time and resource constraints posed by the doctorate. Such an alternative set of methods was, however, not considered when working within the tenets of basic CR – partly because this version does not employ power differentials as an explicit variable, and partly because the researcher herself did not

consider these methods independent of whether they formed part of the selected philosophical paradigm or not.

Despite these limitations, using basic CR as the broader paradigm for studying ECEC programme take-up has certainly allowed for an implicit or partial application of the emancipatory objective, much along the lines envisioned by Roy Bhaskar in his conceptualisation of first-wave CR, and as has been outlined in Chapter 1 (Section 1.3). To summarise: in looking at programme take-up by users that have hitherto remained largely ‘unheard’ in programme evaluation, the thesis aims to capture an additional perspective that it is hoped, will add to and refine existing explanatory theories around low take-up. It is anticipated that this will eventually make programmes more useful to the users it seeks to reach, and in contributing to their satisfaction through their own feedback, could contribute to their empowerment as service users.

The application of Critical Realist principles to the study of take-up can be summarised as follows. Early years’ programmes and services form part of a stratified ‘reality’ as described above. The form and shape they take, and their relative ‘success’ or ‘failure’ is context-dependent and affected by a complex set of factors operating within the macro- and microenvironments and embedded within prevailing value/belief systems. The study of programme uptake, and the research questions therein, align well with CR. In order to understand the ‘reality’ of take-up, one must study the underlying mechanisms and processes that explain ‘actual’ uptake rates within the sampled context. The reality discerned is unique and specific to that context, but also offers evidence about possible mechanisms and processes that may

manifest in additional contexts, including the same setting at another point in time. The application of Critical Realism both as a philosophical (discussed above) and methodological (see Chapter 4) paradigm for studying early years take-up in India, and in the subject domain of Social Policy, is original as it has not been attempted previously.

3.3 A Realist Theory for Programme Evaluation

This section presents a Realist Theory for programme evaluation based on the ontological and epistemological principles discussed so far. This links with the selection of the theoretical frameworks and methodology (both for data collection and analysis) for this thesis, which are discussed in Section 3.4 and Chapter 4 respectively.

The field of evaluation research has seen much advancement in its adaptation of the Critical Realist paradigm. Pawson and Tilley (1997) and Henry, Julnes and Mark (1998) (also Mark, Henry and Julnes, 2000) are the prominent authors that have developed much of the theory in this area. Pawson and Tilley's (1997) *Realistic Evaluation* (RE) incorporates elements of evaluation theory (it outlines how a programme should be evaluated), programme theory (it is interested in studying how a specific programme is implemented) and social science theory (it seeks to link findings with existing empirically generated knowledge about social phenomena). This three-way approach has been termed 'program theory-driven evaluation science' by Donaldson and Liseye (2006). Henry et al.'s (1998) *Emergent Realism* (ER), also based on a threefold view, approaches programme evaluation through a methodological focus (an elaboration of the methods to be employed in conducting evaluations), a utilization focus (the utility of evaluations in affecting programme change), and a valuation focus (promotion of a values inquiry approach to evaluation). Both of these approaches are rooted within the Critical Realist tradition, thus allowing for ontological and epistemological continuity when studying take-up. Instead of presenting them as individual bodies of work, these are presented as an overall theoretical paradigm guiding the study of early years service take-up: a *Realist Theory for Programme Evaluation*.

A realist approach to programme evaluation recognizes a number of factors/processes that impact how programmes are implemented (Mark and Henry, 1998). It acknowledges, first, the *individual and organizational complexities* affecting the implementation of social programmes. It recognizes, second, the *political influences* – exerted by political agents and appointments within the bureaucracy, and local level political activities – on social programmes. A realist approach assumes, third, that all of the external forces influencing programmes (i.e. social organizations and the political and cultural climate affecting them) are *dynamic* in nature and change constantly in their structure and functioning. Finally, a realist approach also considers it vitally important to study the *internal structure and functioning* of programmes, i.e. how they are implemented, and how this varies as a result of, e.g., staff and local delivery styles; how robust implementation and its effects are; and how these effects vary for different individuals, social settings, and categories of outcomes (ibid.). Instead of establishing generalizations that are applicable to all contexts, a realist, in summary, critically examines “*what works for whom in what circumstances*” (Pawson and Tilley, 1997, p.210).

Keeping in mind the complex set of factors and processes at play during a programme’s implementation, a Realist theory is able to offer three stances for analytical engagement. These are: (i) the values probing stance (Henry et al., 1998; Mark et al., 2000), (ii) the underlying mechanisms stance (Pawson and Tilley, 1997; also Henry et al., 1998), and, (iii) the sense making through classification stance (Henry et al., 1998; Mark et al., 2000). Each of these is able to frame as well as augment the analysis of take-up.

3.3.1 The values probing stance

If one considers social welfare to be the aim of social policies, it becomes important to study programme effects in terms of the sets of outcomes valued by the different stakeholder groups that are engaged with a given programme (Mark, Henry and Julnes, 1998). A programme that may be labelled a ‘success’ by one group (say, early years professionals or funding bodies) because it achieves the outcomes valued by them (e.g. high enrolment rates) may be a ‘failure’ for another group (say, parents) that values a different set of outcomes (e.g. quality or hours of care/preschool education). The ‘values probing stance’ aims to “inform policy processes by addressing such questions as “What sort of outcome pattern satisfies whose values?”” (Mark, Henry and Julnes, 1998, p.9).

As may already be evident from the introductory chapter of this thesis (Chapter 1), it is precisely the ‘values probing stance’ that motivates and frames this inquiry. In analysing the take-up and utilization of early years services by working mothers, this thesis examines the extent to which these users’ values are served by the programmes that are made available to them. This alternative approach to values probing, which seeks to evaluate early years programmes from the point of view of service users rather than service providers, is expected to provide an additional, critical perspective that affords a more rounded understanding of programme ‘success’, while offering important policy lessons for its improvement.

3.3.2 The underlying mechanisms stance

As has been mentioned in Section 3.2 above, the Realist's understanding of 'causality' is based on a generative or process approach that seeks to identify the underlying mechanisms that can explain a given set of outcomes relating to, in this thesis, service take-up. Mechanisms leading to programme effects (or lack thereof) can be discerned through the development of a 'programme theory': "a systematic configuration of stakeholders' prescriptive...and descriptive assumptions...underlying programs [sic], whether explicit or implicit" (Chen, 2004, p.136). Such an individualized statement of the actions and processes to be undertaken for achieving programme goals, when compared with how a programme is actually implemented, serves as a useful instrument for the identification of programme shortcomings/inadequacies. This thesis engages in such a comparison by analysing the take-up of the ICDS and RGNCS (the services under study) in the context of government aims/objectives (as reflected in scheme policy documents) in Chapter 7.

Programme theories may also be developed during or after implementation, to understand or explain whether objectives are being/have been met. Pawson and Tilley's (1997) version of such programme theories utilizes *context-mechanism-outcome pattern configurations* (shortened to 'CMO configurations' or 'CMOC theories') to generate speculative explanatory hypotheses about programme effects. CMOC theories are developed on the principle that diversity of contexts triggers distinct sets of mechanisms that can explain the outcome of interest (e.g. low take-up) vis-à-vis social programmes. Such "conjectured CMO configurations" (ibid., p.77), once established, are proved or disproved through empirical analyses utilizing one of two strategies: either *competitive elaboration* or *principled discovery* (Mark, Henry and

Julnes, 1998, p.11). Competitive elaboration involves the identification of clear alternative generative mechanisms that are then put to test and compared so that, finally, there is one confirmed explanatory mechanism for a given context, all others being ruled out. Where the programme theory is underdeveloped, or alternative generative mechanisms are not clearly identifiable, one might use the principled discovery approach. This utilizes exploratory analyses to move from speculation to the elaboration and confirmation of explanatory mechanisms using both evidence and existing theory. It is the latter of these (i.e. principled discovery) that will be employed in this thesis to analyse the factors affecting programme uptake (see below, also Chapter 8). Because reality is stratified, there can be two levels at which explanatory mechanisms may be discerned: the “holistic” *molar level* [e.g., low take-up may be related to dissatisfaction with services]; and the “reductionistic” (ibid., p.4) *molecular level* that explores the generative mechanisms underlying the molar-level explanation [dissatisfaction with services may be a result of poor quality of care and/or preschool education, or the non-availability of services for the hours required etc.].

Utilizing the ‘underlying mechanisms stance’, this section develops molar theories on the factors affecting the take-up of early years services by working mothers. These will then be examined using both evidence (see Part II of this thesis) and existing theory (see Section 3.4 below), and the application of ‘principled discovery’ to generate molecular explanatory accounts of the observed programme take-up. There are three such theories advanced here, as follows:

- i. Programme characteristics, such as resource and infrastructure availability, implementation mechanisms, and so on may influence programme quality, and as a result, programme take-up.

- ii. The extent to which the programme is able to offer services that are valued by users (mothers), such as hours of care, quality of preschool education, and so on, may affect whether they find these services important or worthy and, consequently, utilize them.
- iii. Contextual forces, such as the financing of early years programmes by the government, the political discourse surrounding such programmes, and the socio-cultural norms and value positions around the issue of childcare and preschool education, may influence the policy context within which these programmes are conceptualised, how they are implemented, and subsequently, whether they are taken up and utilized.

3.3.3 The sense making through classification stance

The sense making through classification stance is based on the premise that realist evaluations can promote the construction of knowledge by utilizing descriptive analyses to classify social programmes into typologies (Julnes, Mark and Henry, 1998). Data-driven empirical categories may then be compared with theory-driven conceptual categories to aid sense-making and knowledge construction. For instance, because programmes are sometimes only successful in meeting a limited set of outcomes, classification activities could position them into typologies ranging from 'success' to 'failure'. Such an analysis is undertaken in Chapter 10 by referring to Marsh and McConnell's (2010) framework for locating the analysis of service take-up within existing measures of policy 'success' and 'failure' (also see McConnell, 2010).

3.4 Theoretical Frameworks for Studying Take-up

Following the programme theories that were developed as part of the ‘underlying mechanisms stance’ in Section 3.3.2, the intention of this thesis is to utilize the principled discovery approach and generate molecular (i.e. detailed) explanations for low programme take-up, as will be established in Chapter 7, by using both the evidence collected as part of this study and the theoretical frameworks identified for analysing this evidence. Two theoretical frameworks for guiding the analysis on the factors affecting programme uptake are outlined in this section. These are identified from existing literature by utilizing the preliminary molar theories generated previously, and offer a nuanced understanding of the factors/mechanisms that may affect the take-up of early years services in the sampled community. The theoretical frameworks outlined in this section are also instrumental in guiding the choice of methods utilized for collecting data, and shape the themes and issues to be explored with the various groups of respondents participating in this study. These methodological issues, along with some others, will be discussed in the next chapter. Chapter 9 will link study findings with these frameworks, thereby completing the circle.

Before outlining these frameworks, a clarification of the use of the term *Theory* in this study is in order. A theory can be defined as “a set of concepts and ideas and the proposed relationships among these, a structure that is intended to capture or model something about the world” (Maxwell, 2013, p.48). Maxwell offers two metaphors with regards ‘theory’: the first considers theory as a ‘coat closet’, the ‘hooks’ being the theoretical concepts on which one must hang the ‘coats’ of data (leaving some data cluttered/unutilized) such that there is a connection between both existing theory and

new data, and each of the constituent hooks and coats lined up within the larger theory closet itself. The second looks at theory in terms of a ‘spotlight’ shedding light on some aspects that may have been previously hidden or only partially visible, while leaving others in darkness (Maxwell, 2013). “Realists view theory as a cognitive support that enables us to see patterns otherwise unavailable to us” (Julnes and Mark, 1998, p.37). The present work, like these analogies, perceives theory (and theoretical frameworks) as heuristic devices for drawing attention to, and guiding the analysis of, the phenomenon of interest - programme take-up. This is in contrast to the conceptualisation of theory as a set of relationships among variables (dependent and independent) around which hypotheses are constructed, tested, verified and then accepted or rejected such that they result in generalizations with high predictive power.

There are two frameworks used to analyse the factors/mechanisms affecting the take-up of government services in this thesis. The first, developed by Wolman (1981), assesses *programme ‘success’ and ‘failure’* based on factors operating at the two stages of programme formulation and implementation. As will be evident, Wolman’s framework elaborates on molar programme theories 1 and 3 – that there is a relationship between service uptake and factors operating at the programme and contextual (in Wolman’s framework – the macro-policy environment) levels respectively.

The second theoretical framework is based on existing literature on the *‘barriers’ and ‘bridges’ to the take-up of welfare services*. It details three kinds of factors: (i) individual level, ‘extra-policy’ factors, (ii) factors located at the ‘User-Programme’ interface, and, (iii) factors operating within the ‘User-Programme-Policy’ mix. This framework is in

part an elaboration of molar theory 2 – that individual user preferences may influence their take-up of services. At the same time it also introduces some additional factors that can affect programme take-up, but have not been accounted for by the molar programme theories developed so far, thus providing added ‘spotlights’ for analysis.

Each of these frameworks is discussed in the sections to follow. It may be worthwhile to note that there were some other frameworks considered but not finally included in this study. One of these was Bronfenbrenner’s Ecological Systems Theory (later termed the ‘Bioecological Model’) with its construction of the different systemic ‘layers’ affecting the ‘core’ (in this case the individual mother who decides whether to use or not use an early years service) and its focus on person-context relatedness, updated in recent years to the ‘Process-Person-Context-Time’ (PPCT) model (Bronfenbrenner, 1979; 2001; 2005). Although it provided a very useful framework for visualising how different kinds of factors may affect service take-up, Bronfenbrenner’s theory in itself centers on the development of an individual from childhood to adulthood and in this sense is not directly relevant to the subject under study in this thesis. Another body of work that was considered related to the concepts of historical institutionalism (March and Olsen, 1995; Thelen and Steinmo, 1992) and path dependency (Pierson, 2000). These highlight the importance of political and bureaucratic structures, ideologies and customs in impacting the form and shape of policies and how they may be implemented, also bringing in the notion of historical causation and the temporal progression of policy development. While these approaches draw attention to the substantial impact exerted by both formal institutional structures as well as informal customs/traditions on policy, their focus remains on the more macro social, political and economic processes that trigger larger

policy transformations, within a mostly comparative dimension. This has limited utility for the themes under study in this thesis. The theoretical frameworks that have eventually been selected are, in comparison, more comprehensive/detailed, respond more directly to the molar programme theories developed in this study, and are deemed to better fit the Critical Realist paradigm that shapes the broader approach to this work.

3.4.1 Theoretical framework 1: Determinants of programme performance

The first theoretical framework used this study was developed by Harold Wolman in 1981. Attempted as a “comprehensive framework for explaining and understanding program [sic] performance” (Wolman, 1981, p.434), the framework construes success and failure as being affected by two stages of programme development – (i) the formulating phase and (ii) the carrying-out phase. Wolman’s framework elaborates on molar programme theories 1 and 3 proposed above.

There are three kinds of overarching conceptual models that were considered when identifying this framework: the ‘streams’ type, the ‘networks’ type and the ‘stages’ type (Exworthy, 2008). Under the *streams models*, “social policy outcomes are ... seen as the end-product of ... three streams of interacting policies” (Exworthy and Powell, 2004, p.265). Kingdon (1995) develops such a ‘streams’ model – composed of the problem, policy and politics streams – that looks at how public issues get on to the policy agenda through open ‘windows’ of opportunity. What this model primarily looks at is aspects of the policy process that preclude implementation: it is in this sense that it seems inappropriate for use in the present study. Wolman’s framework,

on the other hand, considers mechanisms/factors that operate during both policy formation as well as implementation, and in this sense, seems a more appropriate tool for analysis. A second ‘streams’ model – the ‘policy-process-resource’ model – developed by Powell and Exworthy (2001) and adapted from the work of Webb and Wistow (1986) and Challis, Fuller, Henwood et al (1988)⁴³ takes a more holistic view of policy – its aims and objectives (the ‘policy’ stream), the means of achieving these (the ‘process’ stream) and the resources required to realize them, e.g., financial, human and others (the ‘resource’ stream) – in explaining social outcomes. The primary shortcoming of this model in comparison to Wolman’s framework is that it lacks the detail and structure that is otherwise required for a framework to function effectively as a heuristic device, thus making it unsuitable for the analyses at hand.

The second category of conceptual model that might have been used here, but wasn’t, are the *networks* type. Such models analyse the policy process in terms of “networks of stakeholders, each with their own interests and motivation” (Exworthy, 2008, p.323) that, through the process of mutual interaction, assist in the development of policy. While the present study analyses the views of different sets of stakeholders involved in early years policy actualization, the primary question is not how these groups work together in impacting, say, policy decisions or outcomes, but what some of the issues vis-à-vis policy take-up and utilization that they bring to fore are. The ‘networks’ streams models therefore are not deemed to be suitable for this study.

Finally, the third category of conceptual models which was eventually used in this study, is the *stages* type. In “identify[ing] a linear progression through [the various] stages of policy development” (Exworthy, 2008, p.324), such models add “heuristic

⁴³ Although in a later paper (Exworthy and Powell, 2004) the authors refer to this framework as adapted from the work of Wolman (1981), Kingdon (1995) and Challis et al (1988)

value to understanding the evolution of policy, and may help identify ... potential points at which policy may falter through the use of (negative) feedback loops (such as implementation failure, leading to a re-formulation of the ‘problem’)” [parentheses and quotes in original] (ibid.). Wolman’s framework, based on this description, is classified as a ‘stages’ model. Once this is done, it is evident that Wolman’s work functions as a heuristic device that fulfils the analytical requirements of this study. It firstly provides a detailed and well-structured outline of the determinants of programme success and failure (this will be apparent in the description of the framework in the pages to follow), making it very conducive to the analytical purposes outlined in this thesis. The other models outlined above that could be considered a useful alternative (e.g. Powell and Exworthy, 2001) are unable to afford such utility. Secondly, the framework in itself considers, in detail, the mechanisms/factors operating at both the policy formation and implementation stages, thereby providing the researcher with a robust list of factors to situate the analysis of take-up in (this is not to say that the framework does not leave room for criticism or the addition of new elements). Kingdon’s model (1995) does not provide this holism. Powell and Exworthy’s model (2001) although holistic in this sense, lacks the detailing that is expected of an effective analytic device. Third, Wolman’s framework serves as an even more valuable analytical tool by providing clean categories set well apart from each other that, although not existing in such organized forms in the ‘real’ policy world, lend effectively to exploratory analyses. In other words, although the policy process may at best be described as “disjointed and ‘messy’ [quotes in original]” (Exworthy, 2008, p.319), Wolman’s policy performance framework, in separating policy formation processes from the implementation processes, presents an oversimplified

view of the policy process that allows for analytical parsimony and the ability to identify points at which the policy may have faltered, and, as a result, those at which solutions might lie.

Wolman (1981) describes two types of audiences that might benefit from engaging with the ‘why do programmes succeed or fail’ question addressed by his framework: first, social science researchers who might utilize the framework as a set of questions for guiding their analyses of programme performance, and second, policymakers who could use the framework as a checklist of potential “action questions” (p.433) to be asked while formulating and implementing social welfare programmes. Each of the two components of Wolman’s framework (i.e. the policy formulating process, and, the policy carrying-out process) is further sub-divided into five sub-parts summarized in Figure 1 below:

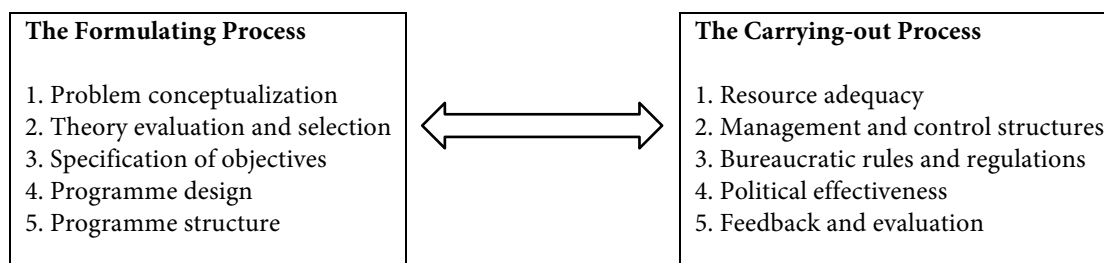


Figure 1. Two Components of Wolman's Programme Performance Framework (1981)

Programme success or failure, according to the author, can be the result of factors operating at one or both of the above-mentioned levels. Further, success or failure, as situated within the identified level/s, may well be the result of one or more types of combinations of sub-factors – each of these working differently within the context of the various programmes/components of a single programme being studied. The

framework, thus, by no means implies “that each part of [a] component [or sub-component] is of equal importance” (ibid., p.435).

Policy formulation and its effects on performance. As indicated by Figure 1 there are five factors within the policy formulating process that can impact programme performance. The first of these relates to *problem (or issue) conceptualization*, the main distinction being between problems that are clearly conceptualized versus those that are rhetorical formulations. The latter, often based on political demands rather than rational needs assessments, for instance, result in “vagueness and lack of direction throughout the entire formulation and carrying out process” (Wolman, 1981, p.436), and, as a result, programme failure. So for example, an early years policy that is conceptualized based on an understanding of the needs of children and parents vis-à-vis child care, education, and development is more likely to be successful than one that is not.

The second factor relates to *theory evaluation and selection*, or the development of a sufficiently useful understanding of the causes of the problem being tackled by policy. The selection of theory is based on the utilization of existing data and the generation of hypotheses on the underlying problems, which then determine the mechanisms to be applied for achieving desired outcomes. If an improvement in children’s nutritional status is what an early years policy aims at, then the mechanisms for achieving these must, for instance, be based on an assessment of the aetiology of malnutrition, the prevailing extent of malnutrition among children of the country, and the environmental contexts within which opportunities for best addressing it might exist.

The third factor that affects programme performance is the *specification of objectives*. According to Wolman, objectives need to be both *specific* and *clear* in order for programmes to function effectively. The absence of either or both of these is likely to lead to problems at all stages – design, implementation, administration, and assessment. Going back to the early years example above, programmes need to go beyond stating objectives in terms of, e.g., ‘the reduction of child malnutrition’ or, ‘the provision of early childhood education’, to more specific/clear goals – e.g. ‘the reduction of child malnutrition among 3-5 year olds by 50% in the next 10 years through the provision of 100 grams of hot food of a calorific value equivalent to the nutritional standards provided by the WHO’ and so on.

The fourth factor that can affect performance relates to a *programme’s design*. The question that Wolman poses is: “is the program [sic] design able to accomplish the objectives?” (1981, p.440). There are six aspects that he discusses in relation to successful designs. A programme must be designed to achieve *causal efficacy* – this is contingent upon the generation of an adequate theory of causation (factor 2 above) and the formation of clear and specific objectives (factor 3 above). Programme designs must also be *politically feasible* i.e. competent enough to be adopted and implemented as planned. In addition, a programme design should also be *technically feasible* – taking into consideration, e.g., realistic time estimates, the availability of the requisite data, technology, and organizational capacity required for implementation. Designs must also take into consideration some of the *secondary consequences* or adverse impacts resulting from implementation that may create problems, such as political or social opposition, leading to ‘failure’. Further, designs should incorporate a mix of both *regulations and incentives* for achieving outcomes and be wary that

incentives that are not motivating enough may be unable to accomplish the kind of success that is intended. Finally, programmes, while at the design stage, should keep in mind *implementation considerations* as well – the latter is never independent of the former, according to Wolman. Simpler programme designs requiring routine administration are more likely to succeed than others (Wolman, 1981).

Finally, the fifth factor that is part of the policy formulating process and may affect performance relates to the *administrative structure of programmes*. Wolman claims that administrative structures either “facilitate or frustrate the accomplishment of programme objectives” (1981, p.446). He cites two circumstances as particularly challenging: those requiring coordination between departments and those relying on intergovernmental administration. Coordination may be a problem because “agencies have different objectives, interests, and clienteles; they view the same issues from different perspectives” (p.448). Intergovernmental administration may require executive structures at different levels in the hierarchy (from the national to the local level) to function in tandem with each other, which may tend to make implementation an extremely complicated task. In case of the research question at hand, intergovernmental administrative flaws may well be one of the factors that contribute to poor implementation and take-up, since both the ICDS and RGNCS are administered through a complex government hierarchy.

Policy ‘carrying-out’ and its effects on performance. There are five factors operating as part of the policy implementation or “carrying out process” (p.449) that may affect programme performance. The first of these is *resource adequacy*, referring to both the sufficiency and efficiency of resources. The sufficiency question asks: “are the resources adequate to carry out the program [sic] design and to meet objectives?”

(p.449), while the efficiency question posits: “how can resources be used more efficiently”? (ibid.). Resource adequacy concerns both *programme funding* and *staff funding*. Inadequate programme funding may result in only partial fulfilment of a given objective, or for a more limited section of the targeted population than was originally aimed. Inadequate staff resources may mean that the balance between staff and workload is skewed, or that staff quality (i.e. morale, training, competence) is adversely affected, influencing programme performance negatively.

Second, the *management and control structures* in operation during implementation make a difference to programme performance. ‘Authority leakage’ along the hierarchical chain of administration as it moves from the top to the bottom may be a common problem resulting from two kinds of inadequacies – *lack of knowledge* and *lack of will*. Lack of knowledge can result when programme objectives miss out on specificity and clarity either by themselves (an important aspect emanating from the policy formulating stage above), or because top line administrators do not communicate them effectively. It can also occur when the guidance that trickles down the hierarchy is conflicting or overly complex or if the communication channels are poorly constructed. Lack of will, on the other hand, can result if there is a difference between the motivations and values of individuals located at different levels of the hierarchy, if officials at the local level are committed to different sets of goals (based on their own local observations), or if they do not believe in the competence and authority of their superiors.

Bureaucratic rules and regulations can also impact programme performance negatively. The question here, akin to what was asked with respect to the administrative structures of programmes (factor 5 in the formulating stage), is

whether bureaucracy serves to facilitate or frustrate the achievement of objectives. An over-reliance on rules and regulations can be problematic if it increases the technical complexity of administration, leads to counter-productivity, increases unnecessary red tape, discourages adaptability to varying contexts, and, as a result of being overly rule- and regulation-driven, ends up being indifferent to, or detached from, the reality of the context.

The fourth factor that affects programme performance is *political effectiveness* during implementation. Political feasibility, one may recall, is also an important consideration at the programme design stage (part of the policy formulation phase – factor 4 above). Political effectiveness, in the context of programme implementation, is of two types – political cooperation and support within the various departments of the government administering a programme, and political resources and skills of those within the administering authority (both government and others).

Finally, the fifth and final factor at play during the implementation or carrying out phase relates to the *feedback and evaluation* mechanisms in place with reference to programmes. The primary question here, according to Wolman, is: “Does it [the administering agency] have the flexibility and responsiveness to change on the basis of what it learns”? (Wolman, 1981, p.458). Because policy problems themselves change and evolve over time, programmes need to do so as well. *Substantive feedback* and *agency response* are the two tools that Wolman proposes for effecting such changes. Substantive feedback can be based on both anecdotal and empirical evidence. Empirical evidence is especially important, although it might not lead to the desired feedback if it is incomprehensible, untimely, or if it doesn’t discuss the implications of findings for policymakers. Substantive feedback may also be blocked if research

findings and implications do not reach policy decision-makers, or if policymakers are unwilling to listen because they believe evaluations to be negative. Finally, “feedback is useful only if it can be acted upon” (Wolman, 1981, p.461). Agencies must therefore respond to feedback. This may not always be possible if policymakers are unable to effect a change (because of factors beyond their control), or if they are unwilling to change (if the suggested changes, even if within their control, are not politically feasible, for instance).

Wolman’s framework on the determinants of programme success and failure thus provides a detailed outline of the factors in operation during the policy formulation and implementation stages that can affect programme performance. These are summarized in Figure 2. The framework presented in this form functions as a valuable heuristic device for exploring the factors influencing the take-up of the two early years services (i.e. the ICDS and RGNCS) studied in this thesis. Although it provides a comprehensive outline of the possible mechanisms in operation at the programme and larger macro-policy context level, it does not yield much in terms of the factors relating to the individual user that impact her decision to take-up services. The second theoretical framework that is now presented covers these factors, in addition to some others.

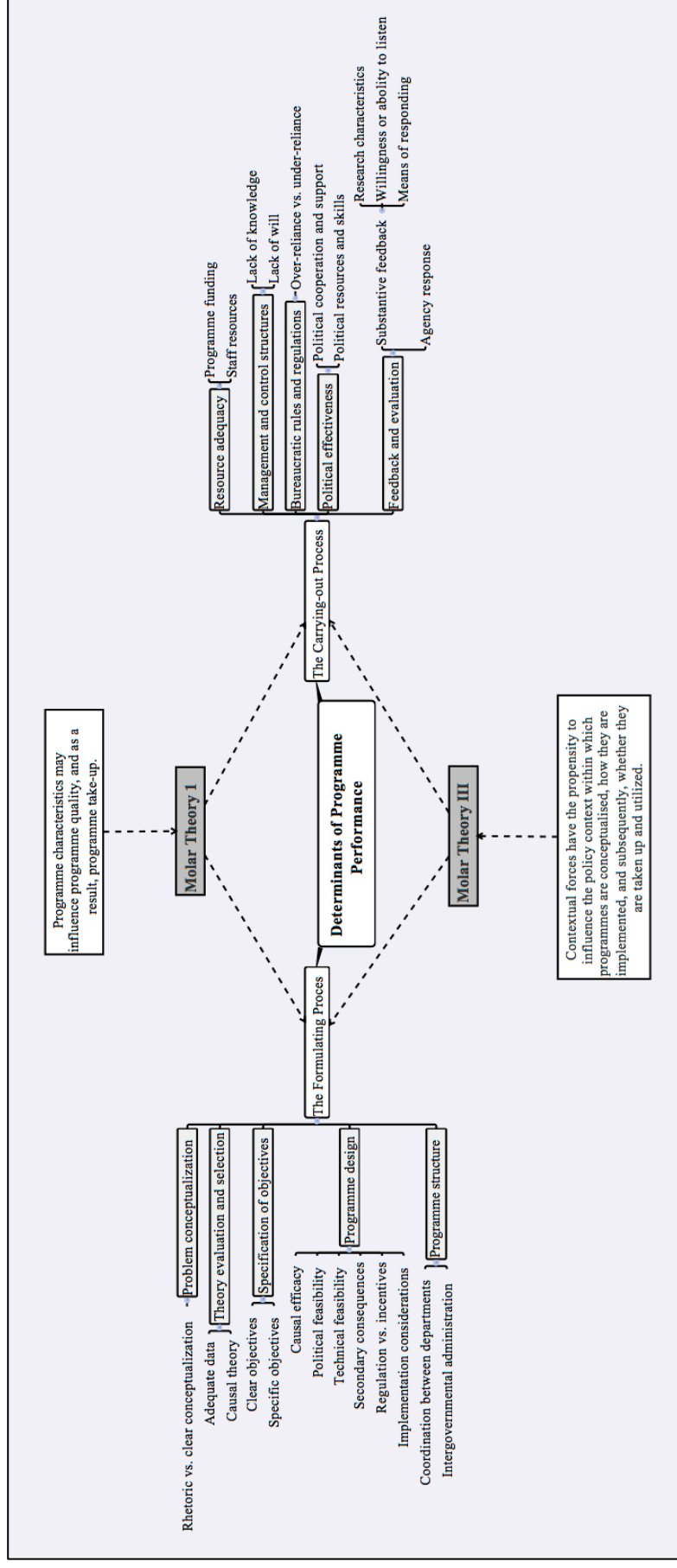


Figure 2. Determinants of Programme Performance (based on Wolman, 1981)

3.4.2 Theoretical framework 2: Barriers and bridges to take-up

The second framework that is applied to this study is created using existing literature on ‘barriers’ and ‘bridges’ to the take-up of a variety of welfare programmes. This framework builds, in part, upon molar theory 2, which proposes that individual user values may affect the take-up of services. It also introduces additional factors that may affect take-up but have not been accounted for by the molar theories so far. In doing so, the framework is able to provide added ‘spotlights’ for strengthening data analysis.

There are three categories of factors that are constructed within this framework, as affecting the take-up of services: (i) individual level, ‘extra-policy’ factors, (ii) factors located at the ‘User-Programme’ interface, and, (iii) factors operating within the ‘User-Programme-Policy’ mix (see Figure 3 for a summary of these factors). The data within these typologies is drawn from across a variety of programme and geographical contexts, and welfare service types, summarised in Table 8 below.

Table 8. Nature of Programmes Covered by the Barriers and Bridges Framework

Benefit/service type	Conditional
	Means-tested
	Non means-tested
	Universal
	Targeted (e.g. high-risk, anti-poverty)
Countries represented	Developed countries: Australia, Canada, France, Germany, Netherlands, UK, USA
	Developing countries: Cambodia, Chile, China, Indonesia, Papua New Guinea, Philippines, Vietnam
	OECD countries overall
	Anti-poverty (mix of services)
Welfare services type	Childcare, Child health care
	Family support (e.g. health, education, social services, youth justice, leisure)
	Health including health insurance (adults), health insurance (children)
	Housing
	Social assistance, social security
	Unemployment compensation, wage subsidies

Source: compiled by author using various sources (see Section 3.4.2)

Individual level, extra-policy factors. Programme take-up (or non-take-up) is affected by a large number of factors that, although possible to separate into

typologies for the purpose of analytical simplicity, taken together, formulate a complex whole. Some of these factors, operating within the programme and macro-policy context, have already been detailed in Section 3.4.1. Evidence however indicates that there are a number of factors operating at the ‘client-level’ (van Oorschot, 1991) that have the propensity to affect service take-up. Kerr’s threshold model of the decision-making process followed by potential claimants, in fact, presents a set of six concepts, each of which must be sequentially encountered by clients when claiming a service (e.g. need, knowledge, eligibility, utility, etc.) (Kerr, 1982). This, and similar models (e.g. Van Oorschot’s ‘three-t-model’, see van Oorschot, 1991), although studying the aetiology of decision-making, reveals valuable information about individual-level factors that can impact service take-up.

The first of these relates to the *demographic and sociocultural characteristics* of targeted users. Evidence indicates, e.g., that perceptions of early childhood education and care (and as a consequence, their utilization) can vary by family education and income levels (Browne-Miller, 1990; Cryer and Burchinal, 1997; Noble, 2007). Evidence from Germany indicates that unemployed households with poor income have been found to be more likely to claim social assistance, whereas those with an educated head of household incur lower costs when applying for benefits (Kayser and Frick, 2000). Socioeconomic characteristics such as sex, education and income have also been found to affect take-up of welfare programmes across the developed world (Daigneault, Jacob and Tereraho, 2012). Language may also often pose a barrier to take-up: it has, e.g., been known to impact the take-up of family support and ECEC services by immigrant and refugee parents in the USA (Illinois State Board of Education, 2003; Sandstrom, Giesen and Chaudry, 2012), of health insurance

programmes by Hispanic and Asian children in the USA (Aizer, 2007), and to make the claiming of social benefits more costly in Germany (Kayser and Frick, 2000). Ethnic minorities in Vietnam have also been known to under-utilize healthcare services when compared to other groups because of limited knowledge of the local language (WHO, 2007). Gender-related barriers have been reported to constrain women from knowing about, seeking, or accessing services such as healthcare in China (WHO 2007); and other mainstream services such as education or childcare in the UK (Katz, La Placa and Hunter, 2007). Inter-ethnic differences have also been known to lead to differences in the take-up of welfare services (Andersen and Newman, 1973; Daigneault, Jacob and Tereraho, 2012) – Black and Minority Ethnic, the disabled and poverty-stricken families, for instance, are less likely to utilize mainstream social services such as health and education in the UK (Katz, La Placa and Hunter, 2007). Ethnicity has also been known to impact the take-up of healthcare programmes in Vietnam because of high financial transaction costs or insensitivity of services to user needs (WHO, 2007). Culture and ethnicity have also been known to pose barriers in the take-up of early childhood services (Sandstrom, Giesen and Chaudry, 2012) – differences in perceptions of quality have been reported between, e.g., middle class versus ethnic minority parents (Powell, 1994), and Native American versus other parents (Williams, 1994). Immigrant versus non-immigrant status has been documented to affect the take-up of child health insurance among Asian and Hispanic communities (Aizer, 2007), and the use of educational support services in the United States (Illinois State Board of Education, 2003). With relation to early years services in the UK, “[t]ake-up varie[s] significantly by work-status and family type, annual family income, and ethnicity: receipt was highest among couple families where

both parents were working, among families with higher incomes, and among families with children from White British backgrounds” (Huskinson, Pye et al, 2013, p.13). On the other hand, children from larger or lower income families; those whose mothers have no academic qualifications; and those of Black African, Pakistani, and Bangladeshi descent (as compared with White British) are less likely to receive early years provision than others (Speight, Smith, Coshall and Lloyd, 2010). A strong association has also been reported between take-up and families facing multiple disadvantage (a combination of a number of the abovementioned factors) (ibid.). Royston and Rodrigues (2013), for example, report how service outreach is particularly poor for disadvantaged families, with children’s centres finding it most difficult to engage with fathers and teenage parents, those with mental health problems, and those with children at risk of abuse and neglect.

Related to culture are also the *values, beliefs and needs of parents* as a group. These factors affect how parents perceive early childhood education and care, and shape their experiences with and expectations from related services (Bernhard and Gonzalez-Mena 2000; Dahlberg, Moss and Pence 1999; Moss 1994). Personal preferences, for example, were cited by 47% of UK parents as reasons for not using early years services despite their awareness (Speight, Smith, Coshall and Lloyd, 2010). A more recent study indicated that 74% of those parents not using childcare in the UK did so because of an individual choice (to take care of children themselves) rather than as a result of any other service-related constraints (Huskinson, Pye et al, 2013).

The *age of a child* may also affect the take-up of childcare services. Lack of uptake of free nursery spaces was, in a UK study, attributed to the concern that 3-4 year-olds were considered too young to be sent to such long-duration services (Devon County

Council, 2008). Similar findings have also been reported by another early years survey for the UK, where 24% of three-year-olds from disadvantaged families did not receive any early years care/education in comparison to 5% of four-year-olds (Speight, Smith, Coshall and Lloyd, 2010).

Personal circumstances, including how an individual perceives his/her socio-economic situation (i.e. its stability or instability) may impact his/her need for, and take-up of services. Kerr's threshold model of decision-making vis-à-vis claim making considered this an important construct for the pensioner considering taking up supplementary benefits in the UK (Kerr, 1982). The "unstable situation of potential claimants" was also a significant factor, fifth among a list of 13 factors rated as significantly affecting the take-up of public programmes in a study synthesising data from six developed countries (Australia, Canada, France, the Netherlands, UK and USA) (Daigneault, Jacob and Tereraho, 2012, p.46). Personal circumstances also include individuals' hopes from services and whether they consider them worthy enough to use them. For instance, according to Cryer and Burchinal (1997), American parents were likely to rate the quality of childcare programmes as low based on idealised hopes and desires, rather than realistic judgments – something that would certainly affect their use of these services.

Finally, the take-up of services is known to be affected by the *social structures and informal guidance* available to those individuals eligible for/wishing to benefit from a given programme. Social networks and social interactions, for instance, have been deemed important predisposing factors affecting utilization of healthcare services in the developed and developing world alike (Andersen, 1995; Kroeger, 1983). Similarly, the social ties of individuals within their communities have been known to affect the

claiming of social assistance in Germany (Kayser and Frick, 2000). Positive support and help from the community has shown to increase take-up of public programmes overall in developed countries (Daigneault, Jacob and Tereraho, 2012), in the specific case of the USA (Aizer, 2007; Bertrand, Mullainathan and Shafir, 2006), as well as for anti-poverty programmes in a developing country context like Chile (Amior, Carneiro, Galasso and Ginja, 2010).

Factors located at the User-Programme interface. While the factors detailed above may be understood as operating at the individual-level, there are some others that, although also pertaining to the ‘user’, operate at the interface between the individual and the programme, that is, the barriers/bridges created as a result of the interaction between users’ beliefs/circumstances and aspects emanating from and operating at the programme-level. This section discusses five such factors.

The first of these relates to the *nature and amount of information* about services both sought by users as well as made available to them by programmes (Sandstrom, Giesen and Chaudry, 2012). With regard to the childcare market, for instance, Walker (1991, p.95) writes:

The lack of perfect information is the most striking difference between the child care market and the idealized perfect market.... Information is obtained informally and consumers must actively search to find a provider.... [Further,] consumers do not know the quality of care offered by providers once identified.

Evidence that knowledge of services is a factor determining programme take-up is found across social policy literature – whether in healthcare in the USA (Andersen, 1995), vis-à-vis pensions benefits in the UK (Kerr, 1982), social entitlements in Chile

(Clert, 2000), or social security in general (van Oorschot, 1991). In a literature review of the take-up of means tested programmes in the United States, Currie (2006) found lack of information on services to be one among the top three reasons cited for low take-up. Another study of an anti-poverty programme in the United States that provided childcare subsidies (among other services) found 27% of respondents unable to fully utilize services as a result of lack of information/misinformation (Gibson and Weisner, 2002). Low levels of knowledge/awareness of health services among the poor and marginalized have led to poor uptake in developing countries (WHO, 2007). Lack of access to information/benefits entitlements and the related inability to make informed choices is also widely reported as a significant barrier affecting take-up of early years services (Bryson, Kazimirski and Southwood, 2006a; DfE and DH, 2011; Royston and Rodrigues, 2013; Speight, Smith, Coshall and Lloyd, 2010). This has been seen especially among the disadvantaged, 50% among whom, according to a 2010 study in the UK, did not use services because of a lack of information, as compared to 26% of their less disadvantaged counterparts (Speight, Smith, Coshall and Lloyd, 2010). ‘Knowledge’ (or lack thereof) of programmes and their rules forms not only the top factor affecting programme take-up but is also one of the pillars of the theoretical framework developed by Daigneault, Jacob and Tereraho (2012) in their review of public programmes in six developed countries. Such a lack of information/knowledge may result from users being less aware of services, providers making less effort to disseminate information about themselves, or, indeed, both.

The second factor located at the user-programme interface relates to the *needs of individual or groups of service users*. Such need factors are identified as including two categories in studies on uptake of health services: ‘perceived needs’ – or how users

experience and define need for themselves – and ‘evaluated needs’ – or how professionals, experts etc. judge the needs of individuals (Aday and Andersen, 1981; Andersen, 1995). Perceived needs also form the first threshold in the model on the take-up of UK pensions benefits (Kerr, 1982) that must be crossed by an individual before he/she is able to make a claim (also see van Oorschot, 1991). Where there is a mismatch between perceived and evaluated needs take-up may be expected to be low.

The third factor, also reflecting an interaction between features operating at the individual- and programme-levels, is to do with the *relative costs versus benefits, or the perceived positive net value* that users assign to services. The theory of transaction or compliance costs builds around these ‘cost—benefit’ issues and receives much support in existing literature on, e.g., public health insurance, food stamp programmes, nutrition schemes and anti-poverty programmes (Amior, Carneiro, Galasso and Ginja, 2010; Currie, 2000; Currie, 2006; Currie and Grogger 2001; Bitler, Currie and Scholz, 2003). Parallel to the concept of costs versus benefits is the ‘total positive net value’ of services for users – a crucial consideration for making any take-up related decision. This construct, part of the theoretical framework developed by Daigneault, Jacob and Tereraho (2012), comprises both the explicit monetary costs and benefits of claiming, as well as the more implicit aspects such as characteristics of the claiming process and the felt need for the programme. An assessment of the explicit costs and benefits by potential claimants, e.g., formed the fourth most-cited factor affecting take-up in a literature review of programmes from six developed countries – Australia, Canada, France, the Netherlands, UK and USA (Daigneault, Jacob and Tereraho, 2012, p.45). The results of another study mapping the take-up of the Special Supplemental Nutrition Programme for Women, Infants and Children (WIC) in the

United States suggested that participation was affected based on the estimated value of the programme, with infants dropping out soon after their first birthday as a result of the package no longer including infant formula (Bitler, Currie and Scholz, 2003). There are broadly four types of ‘costs’ affecting programme uptake outlined in existing literature. First: *information costs* reflect the effort required to gain information about existing programmes and applications procedures, likely to be low if individuals have prior experience of claiming benefits (Aizer, 2007; Amior, Carneiro, Galasso and Ginja, 2010, Hernanz, Malherbet and Pellizzari, 2004). Information costs also comprise the actual time spent by individuals in getting benefits, once enrolled (Davies and Ritchie, 1988; Stafford, 2003; WHO, 2007), including the time spent complying with obligations and learning about and fulfilling requirements (Bennett, Brewer and Shaw, 2009). Second: *administrative costs* include the cost of learning about, and applying for programmes. Barriers here include delays, low expected duration and/or the uncertainty of getting benefits (Currie, 2006; Daigneault, Jacob and Tereraho, 2012; Hernanz, Malherbet and Pellizzari, 2004; Sandstrom, Giesen and Chaudry, 2012). Administrative costs are also the result of inherent design mechanisms (e.g. asset tests, discontinuous coverage, unconsolidated programmes) that if eliminated, may increase take-up (Bansak and Raphael, 2007). Third: *social and psychological costs* include the adverse cultural attitudes and overall social stigma attached to claims recipients. These may be observed more in case of programmes that are targeted at a specific groups/sub-groups or that require means-testing of participants (Currie, 2006; Hernanz, Malherbet and Pellizzari, 2004; Riphahn, 2001). Psychological costs include the stress and frustration associated with applying for programmes/benefits (Bennett, Brewer and Shaw, 2009) or the notion

that using services reflects individual inability (Katz, La Placa and Hunter, 2007; Kayser and Frick, 2000). The probability that an individual will apply for a social programme therefore tends to reduce where stigma and other associated psychological costs are high. Finally, ‘costs’ also include the *financial expenditures/overheads* incurred by individuals when applying for social services (Daigneault, Jacob and Tereraho, 2012; Gibson and Weisner, 2002; Sandstrom, Giesen and Chaudry, 2012; WHO, 2007). Money spent on phone calls, postage and travel are some of the examples of such costs (Bennett, Brewer and Shaw, 2009). These have been classified elsewhere as direct costs (e.g. user fees), indirect costs (transport, phone calls etc.) and opportunity costs (e.g. lost wages) (WHO, 2007).

The fourth category of factors within the user-programme interface that may affect service take-up is *convenience factors*. Included herein are three types of conveniences. First: factors such as the price of services, their location etc. – these have been reported as higher in importance than quality indicators or positive interactions by parents in their rating of the most important features of child care settings (Kisker and Maynard, 1991). Transport problems, for instance, were among the most commonly reported reasons why parents found it difficult to use their local children’s centre in the UK (Royston and Rodrigues, 2013) as well as the US (Chaudry et al, 2011). This first set of convenience factors are in part impacted by the second: other competing choices available to users (Cryer, Tietze and Wessels, 2002). Finally, the third factor includes the extent to which services are available during atypical hours/times such as weekends and evenings (Bryson, Kazimirski and Southwood, 2006a; Chaudry et al, 2011).

The fifth and last factor that operates at the user-programme interface relates to individuals' *personal attitudes towards the state and its programmes*. In a literature synthesis by Daigneault, Jacob and Tereraho (2012), such attitudes were seventh in a list of 13 factors affecting programme uptake. Such attitudes or 'beliefs' also form an important component of the Andersen and Newman framework of health services utilization – one of the predisposing factors that affect an individual's access to and use of health care services (Aday and Andersen, 1981; Andersen, 1995).

Factors operating within the User-Programme-Policy mix. The last set of factors within the Barriers and Bridges framework that may affect take-up operate at the level of the 'user-programme-policy' mix. In other words, these factors relate simultaneously to each of the three aforementioned 'levels' under discussion here. The first of these include the *characteristics of the welfare system* as a whole that impacts the overall design and implementation of programmes, with corresponding affects on how they are utilized/not utilized by participants. These include, e.g., established norms and standards vis-à-vis service location and geographical coverage (Katz, La Placa and Hunter, 2007), accessibility (Cryer, Tietze and Wessels, 2002), availability of places (in some cases, perceived shortfalls in the number of places as experienced by parents) (Bryson, Kazimirski and Southwood, 2006a; Speight, Smith, Coshall and Lloyd, 2010), and costs/affordability (Bryson, Kazimirski and Southwood, 2006a; Chaudry et al, 2011; Devon County Council, 2008; Huskinson, Pye et al, 2013; Waldegrave and Lee, 2013). A 2007 study by the World Health Organization revealed the utilization of health services in the Philippines and Papua New Guinea to be low because health facilities were located a long distance away. The cost model for services

(i.e. whether services should be ‘free’ or priced) and the forms of support available to cover these (e.g. tax credits, contributions-based coverage, or contribution of a ‘token’ cost) is also likely to affect programme take-up - costs of childcare have, e.g., been cited as the most common barrier to the use of services in a UK county-level assessment (Devon County Council, 2008). Other factors operating within the broader welfare system also include the pecuniary determinants or the levels of benefits and their expected duration (Hernanz, Malherbet and Pellizzari, 2004). According to Riphahn (2001) the probability of an individual taking up social assistance increases when the benefit amount and duration is expected to be high.

The second factor operating within the user-programme-policy mix relates to the prevailing *societal philosophies regarding children and childcare* and their impact on the existing policy setup (with implications for service uptake). Carlson and Stenmalm-Sjöblom (1989) compare Sweden and the United States and conclude that both of these countries function very differently in terms of their philosophies and prevailing parental perceptions of early childhood services. The Swedish context is characterised by a clearly defined child-centred philosophy, with programmes being centrally structured government responsibilities, which directly impacts parents’ expectations from services. The United States, on the other hand, is marked by decentralized services, a mix of public and private options that lead, perhaps, to greater diversity and a social pressure on parents when setting expectations from services (ibid.). Cryer, Tietze and Wessels (2002) undertake a similar comparison of parental perceptions of early childhood service quality in the culturally contrasting contexts of the United States and Germany and find that it plays an important role in determining perceptions. These examples are useful in illustrating how services

function differently between various contexts, and, as a result, how their take-up and utilization might vary.

The barriers and bridges framework described above thus details three types of factors (viz. individual user-related, factors at the user-programme interface, and those emanating from the user-programme-policy mix) that may affect and help explain programme take-up. These, and the sub-factors within each of these, are mapped out in Figure 3 below. It is important to note that these factors are derived from a review that spans a number of substantive policy areas, service provision models and country contexts. The attempt here is not to construct a robust model for the present study to test, but to generate a number of factors/mechanisms that have been known to underlie previous analyses, and that provide a useful framework within which to conduct an exploratory analyses of the data collected in this thesis.

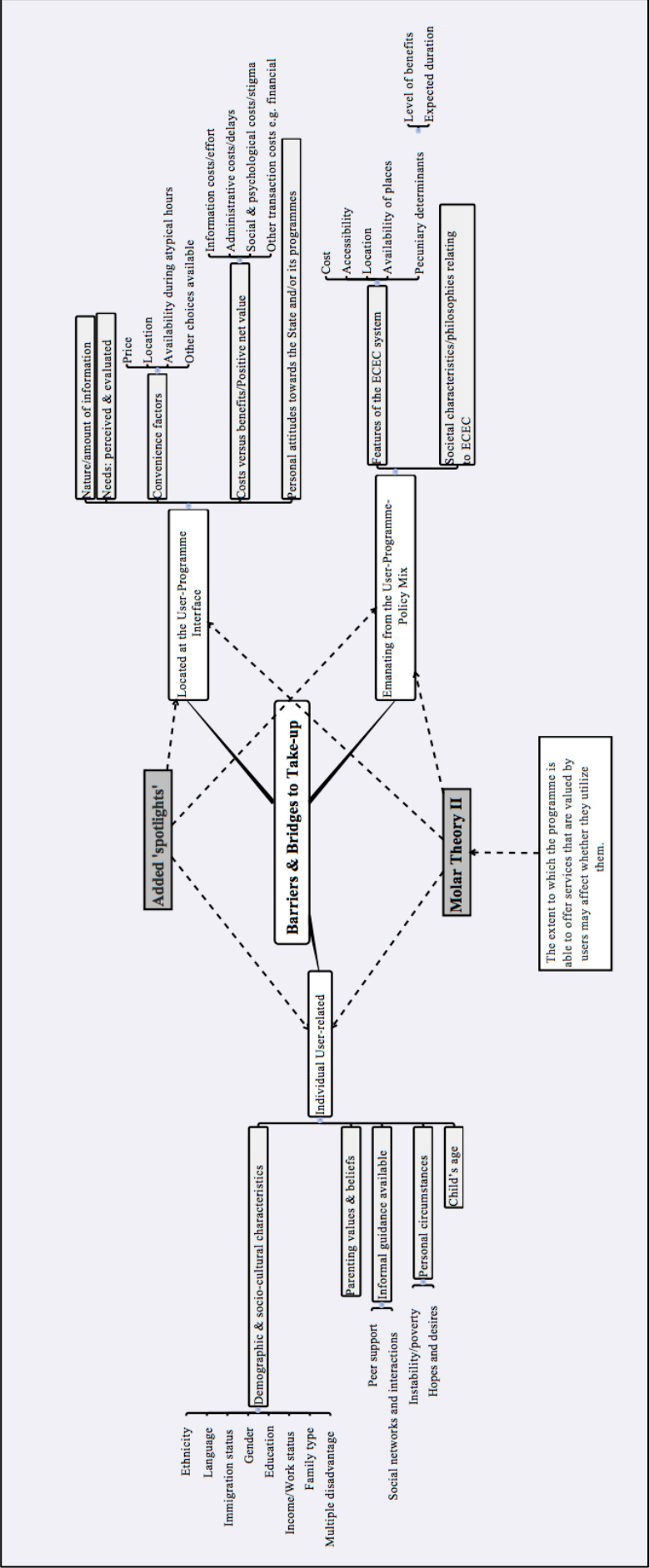


Figure 3. Theoretical Framework II: Barriers and Bridges to Take-up

3.5 Conclusion

This chapter has focussed on describing a 'Paradigm', or the interlinked Ontology-Epistemology-Methodology-Axiology chain that shapes how researchers go about their research praxis. In recognizing the theoretical framework as an additional important constituent element of a research paradigm, one that derives from its epistemological stance and frames a given body of work, 'Theory' is added to the existing chain to expand it thus:

Ontology – Epistemology – [Theory] – Methodology – Axiology

The first three elements of this chain have been covered in the present chapter, located within the broader paradigmatic approach of Critical Realism, which, among other things, allows for the continuity of intellectual thought between each of these, one that is not afforded by Pragmatism – the only other 'competing' approach that this study could be situated in (the term 'paradigm' is not used here as Pragmatism is not usually understood to comprise a paradigm in its own).

The rationale for situating this work in the field of Critical Realism can be summarised as follows:

First, it allows for a realist ontology and a constructivist epistemology. Reality comprises both physical and mental artefacts and the mind is as much a part of reality as the physical world.

Second, the world is understood as an open system with fuzzy boundaries, one in which values, beliefs, social structures and institutions are important in impacting individual behaviour under any given set of circumstances.

Third, Critical Realism allows for the description of a stratified reality and understands causality based on a generative or process approach. The process approach focuses on establishing 'causality' differently (from the traditional positivist notion) based on an analysis of the underlying processes that lead to the achievement of certain outcomes within a given context.

Fourth, Critical Realism utilizes the logic of retrodution for drawing inferences; where one starts with broad, speculative hypotheses that then, through the process of data collection and analysis, are refined and strengthened into confirmed results.

Finally, Critical Realism posits knowledge as being incomplete and fallible. It accepts the notion of theoretical multiplism, any form of explanation 'true' until additional competing accounts are available.

The ontological and epistemological positions established, a Realist theory for the study of programme take-up is then presented in Section 3.3, and refers to Pawson and Tilley (1997), and Henry, Mark and Julnes' (1998) work on realist evaluations. A Realist theory arising from their work is able to offer three stances for analytical engagement that are discussed in turn: (i) the values probing stance (defining the overarching approach to the study of take-up in this research study), (ii) the underlying mechanisms stance (utilized to develop speculative molar programme theories on the factors affecting the take-up of early years services by working mothers), and, (iii) the sense making through classification stance (that will be utilized in Chapter 10 to locate study findings and ICDS/RGNCS performance within existing conceptual typologies of policy 'success' and 'failure'.

There are three molar programme theories that have been developed to identify the theoretical frameworks and analyse study data to generate explanatory accounts of observed programme take-up. These theories are based around the effects of programme-, context- and individual user-related factors on service take-up.

The two theoretical frameworks guiding the analysis of factors explaining programme uptake include (i) Wolman's (1981) framework on programme success and failure, and, (ii) the barriers and bridges to the take-up of social programmes. The first framework is able to offer a detailed list of factors in operation during programme formulation and implementation and the relating macro-policy environment in which policies are implemented. The second framework outlines factors related to individual users; those operating at the user-programme interface; and those within the user-policy-programme intermix that can affect take-up. These frameworks are used not as theories to be tested within the confines of the present research, but as heuristic devices for framing and contextualising study findings, and as a potential body of work to which this research will contribute.

The next chapter focusses on the remaining components (i.e. Methodology and Axiology) of the Ontology – Epistemology – (Theory) – Methodology – Axiology continuum.

4. Critical Realism and Take-up II: Methodology, Axiology and Tools for Data Collection

4.1 Introduction: Methodology, Method and Axiology

Methodology refers to the discipline or body of knowledge that directs the overall approach to research design and implementation. *Methods*, on the other hand include the tools or techniques within a given methodological tradition that are applied to collect data. Finally, *Axiology* “tells people what to pay attention to, what is important to them, and it helps clarify their prejudices and biases” (McGregor, 2011, p.2) and revolves around the role played by the researcher and her values in the knowledge-creation process.

Interlinking the ontology, epistemology, methodology and axiology, as is done in the present study, results in “coherent congruency” (DeForge and Shaw, 2012, p.84) and provides a sense of clarity vis-à-vis research – to the phenomenon under study, the research questions investigating it, how questions are posed and answered, and results communicated. Making this link also strengthens the quality, rigour, and validity of a research project.

4.2 The Methodology of Critical Realism

CR “... accepts the interpretive epistemology, but insists that our object of study exists in a layered reality. This layered ontology ... is the methodological foundation of Critical Realism, focusing on the interplay of events, structures and mechanisms” (Bygstad and Munkvold, 2011, p.12). The field of policy studies (and Social Science in general) documents few examples of empirical research (including that on methodology) drawing on the principles of Critical Realism. The primary source remains Danermark, Ekström, Jakobsen and Karlsson (2002), in which the authors integrate two models developed by Roy Bhaskar (1978, 1998) to propose a framework describing the analytical stages for research based on CR. The concepts of abduction and retroduction⁴⁴ (a description of how these shall be applied will follow) play central roles in this framework that enables a researcher to relate the concrete aspects of a research study with the abstract (or theoretical) aspects of the discipline in which it is situated. The framework is broken down into six stages (Danermark et al, 2002, pp.109-11); following these strictly chronologically or focusing on all stages equally is not vital.

The first stage – *Description* – uses the quantitative or qualitative data collected to detail the “often complex and composite event or situation we intend to study” (ibid., p.109). This thesis utilizes the first stage to document mothers’ childcare arrangements and their ECEC needs as a prerequisite to better understanding their take-up and utilization of government services (see Chapter 6). Take-up figures, as

⁴⁴ Both ‘abduction’ and ‘retroduction’ are terms introduced by Charles Peirce and refer to forms of inference different from deduction and induction. Abduction involves the redescription/recontextualization of a phenomenon – framing it in a different context (theoretical, in case of research) in order to understand it better (Danermark et al, 2002). Retroduction utilizes systematic conjecture to come up with explanatory hypotheses once recontextualization is completed, these are then analysed within the context of the observations made in relation to the phenomenon under study.

observed for each of the ICDS and RGNCS services, are also calculated at this stage (see Chapter 7).

The second stage – *Analytical Resolution* - breaks down the phenomenon under study into constituent factors/aspects, focusing on a select few rather than studying all of them, as this may not be practically feasible⁴⁵. In line with this stage, the present study distinguishes ‘take-up’ along two lines (see Chapter 7): (i) that of different component benefits offered by each of the ICDS and RGNCS (e.g. preschool, nutrition, and health and referral services), and, (ii) that of different groups of users (e.g. children of varying ages, mothers doing various hours of work, and families of different sizes).

The third stage – *Abduction/Theoretical Redescription* – considers, compares, and integrates several theoretical references in an effort to “interpret and redescribe the different components/ aspects [of data] from hypothetical conceptual frameworks and theories about structures and relations” (ibid., p.110). The present study does this by analysing take-up using two frameworks viz. Wolman’s ‘Determinants of Programme Performance’, and ‘Barriers and Bridges to Take-up’ (see Chapter 9). Note that these have already been presented in Chapter 3 although the thinking-through and identification of these frameworks was an iterative process that lasted through much of the total duration of the study and drew upon the principles from stages 2 and 3 above, and 5 below.

The fourth stage - *Retroduction* – addresses analytical questions such as: “How is X possible? What causal mechanisms are related to X?” (Danermark et al, 2002, p.110). Focusing on the different aspects/patterns relating to service take-up, the

⁴⁵ This is a subjective enterprise based on, e.g., the researcher’s interests, values and leanings; the gaps in existing literature; the research questions posed; the available timeframe within which the research needs to be conducted etc.

present study utilizes these principles to analyse the rates of observed take-up and the factors/mechanisms explaining these (see Chapter 8).

The fifth stage – *Comparison between Different Theories and Abstractions* – “elaborates and estimates the relative explanatory power of the mechanisms and structures which have been described by means of abduction and retroduction within the frame of stages 3 and 4” (ibid.). An extension of stages 3 and 4, in this study, stage 5 is used to identify the key factors/mechanisms relating to low take-up (see Chapter 8) and then examine the findings in light of the theoretical frameworks identified at stage 3 (see Chapter 9).

The last stage – *Concretization and Contextualization* – goes deeper into the identified study context in order to understand how individual generative mechanisms interact with each other, as well as others, in the sampled context to affect the phenomenon under study. The present study utilizes this stage to analyse and present the overall ‘story’ vis-à-vis take-up for each of the ICDS and RGNCS (see Chapter 8).

An additional final step that is not included by Danermark et al but concludes the present analysis moves beyond the theoretical frameworks to situate study results within the broader social policy analysis discourse on policy success and failure (see Chapter 10).

Table 9 below presents a summary view of the stages discussed above, their analytical focus and how they relate to different elements of this thesis, e.g., the research questions and relating analysis corresponding to each stage. The table also reflects how the development of the research questions is rooted within the philosophical and methodological underpinnings of Critical Realism.

Table 9. The Stages in an Explanatory Research Project Based in Critical Realism (Danermark et al, 2002) and their Application to this Thesis

Stage	Explanation	Analytical focus	Research Question in Thesis	Coverage in Thesis
1. Description	Observations about the phenomenon being studied.	Concrete – descriptive	What are the childcare arrangements made by working mothers of 1½-5 year-olds in the sampled research neighbourhood? What are working mothers' needs and expectations from early years' services? What is the take-up of the ICDS and RGNCS schemes by working mothers in the study sample?	Chapter 6 Chapter 6 Chapter 7
2. Analytical resolution	The probable components (e.g. persons, organizations, systems and structures) with causal influences as emerging from the data.	Concrete – descriptive	What is their experience of using the different services offered under the ICDS and RGNCS schemes? Which of the component benefits do they take up and which do they not?	Chapter 7
3. Abduction/theoretical re-description	Identification of significant theory/theories, their elaboration and integration to frame observations made.	Abstract – theoretical		Chapter 3
4. Retrodution	The interplay between different factors/key components and their collective influence (from the micro to macro level and vice-versa) on the phenomenon being studied.	Abstract – theoretical	What are the factors or combination of factors affecting the take-up of the ICDS and the RGNCS by working mothers in the study sample? How do these explain the (low) take-up of the two services under study?	Chapter 8
5. Comparison between different theories and abstractions	Detailed analysis of context-mechanism-outcome configurations and additional influences (both mechanisms and contexts) on the phenomenon being studied, assessing the relative importance of identified mechanisms based on data and comparisons with theory (i.e. stages 3 and 4). Identification of key mechanisms with the strongest explanatory power based on data analysis.	Concrete and abstract – analytical		Chapter 8 Chapter 9
6. Concretization and contextualization	Contextualizing results within the broader disciplinary discourse to draw further conclusions (Note: this is not part of the original framework and is included here by the author of the present study).	Concrete and Abstract – analytical		Chapter 8 Chapter 10

A Critical Realist methodology offers the advantages of ontological depth (going beyond analysing events to probing underlying explanatory factors/mechanisms), creative thinking (abstraction and retroduction), and in-depth, contextual explanations of phenomena (Bygstad and Munkvold, 2011). The challenges to using this methodology lie in developing explanatory mechanisms that can risk being too generic (the researcher must thus be cautious when conducting analysis) and using subjective judgment effectively, both when assessing the evidence collected to identify key mechanisms, and selecting appropriate theoretical frameworks within which to situate study findings (Bygstad and Munkvold, 2011).

In addition to Danermark et al (2002), there are others (from Information Sciences) who have published similar frameworks/principles outlining the methodological considerations for undertaking critical realist research (e.g. Bygstad and Munkvold, 2011; Wynn and Williams, 2012; Zachariadis, Scott and Barrett, 2013). There are two additional methodological principles that these reveal. The first is *triangulation and multimethods* (Wynn and Williams, 2012) or *critical methodological pluralism* (Danermark et al, 2002; Zachariadis, Scott and Barrett, 2013, p.864). The selection of methods is driven by the ontological claims of the chosen philosophical paradigm (Danermark et al, 2002). In case of CR, these relate to the existence of a stratified reality comprising events that may or may not be directly observable, and the complexity of contexts in which social phenomena operate. “The choice of methodology depends on the capability and complementarity of different methods to convey different kinds of knowledge about generative mechanisms” (Zachariadis et al, 2013, p.864). Mixed methods may thus be employed: more descriptive and quantitative (i.e. *extensive*) methods may be used to establish *demi-regularities* or

preliminary patterns, following which a more analytical and qualitative (*intensive*) investigation of the precise factors/mechanisms at play is undertaken (ibid.). This is why the present study uses mixed methods for the collection and analysis of data from three groups of participants (see Section 4.3 below).

The second principle is *quasi-closure*. While social phenomena exist largely within open systems that are in constant interaction with the surrounding context (Bhaskar, 1978; Sayer, 2002), their study entails both a definition of scope and restriction of attention to a set of focal areas/issues. Systems that display ‘quasi-closure’⁴⁶ (Zachariadis et al, 2013) “produc[e] regularities that are only approximate and spatially and temporally restricted” (Sayer, 2002, p.124). They can be achieved either intrinsically – by placing limitations on the object of study, or extrinsically – by limiting the external setting/context of the study (Zachariadis et al, 2013).

The present study applies the two principles outlined above to understand the factors affecting the take-up of early years services in India as follows: first, a ‘quasi-closed’ study context is generated intrinsically, by focusing on take-up as it is manifested at a given point in time rather than longitudinally over an extended period of time, allowing for a methodical examination of underlying factors. Intrinsic closure is also imposed by limiting the study of take-up to working mothers from an urban slum (see Chapter 5). Second, quasi-closure is also imposed extrinsically, by narrowing down the context of the study and looking exclusively at the ICDS and RGNCS services within the same slum community in one Indian city: Delhi (see Chapter 5 for the study context).

⁴⁶ As opposed to being completely closed as is common in the Natural/Experimental Sciences.

Establishing these two forms of closure will facilitate the identification of demi-regularities relating to take-up, using quantitative measures (primarily summary statistics) to compute the uptake of each of the ICDS and RGNCS, also broken down by uptake of constituent services under each of these programmes. Patterns relating to the reasons why mothers use each of these services will also be identified (see Chapter 7). Once this is done, an in-depth analysis of the underlying factors/mechanisms explaining take-up will be undertaken using primarily qualitative analyses (see Chapter 8). These two steps will apply the principle of critical methodological pluralism.

4.3 Research Design and Methods

This study is based upon four design constructs that lead to the use of both qualitative and quantitative methods of data collection, but primarily quantitative analyses. Each of these is discussed in turn.

First, this study is more *idiographic* than nomothetic in its research design. The latter typically focuses on seeking universal or generic patterns while the former studies “specific elements, individuals, events, entities and situations ... [and] what is particular to these” (Wharton, 2006, p.142). This study examines the take-up of the ICDS and RGNCS in the context of a single slum community (elaborated further in Section 4.3.4) to undertake an in-depth analysis of the factors/combinations of factors affecting programme uptake, as opposed to utilizing a larger sample comprising multiple contexts but fewer factors as is done in nomothetic studies (de Vaus, 2001, p.233).

Second, and related to the first: this study is *intensive* in its design rather than extensive. Such studies, in line with CR, examine the processes/mechanisms at work in a single context (in this case one slum) or for a small number of cases (i.e. working mothers) as opposed to establishing generic patterns across a larger, more representative sample of the population (Sayer, 2002), and are thus more conducive to the study of complex subjects within the social sciences (Danermark et al, 2002). Intensively designed studies apply primarily qualitative methods (Sayer, 2002), although the present study utilizes a selection of mixed data collection methods and chiefly quantitative techniques for analysis (except when analysing research question 5 on the combination of factors affecting uptake, which is a more extensive and detailed qualitative analysis). Such studies also work with groups of individuals that are

structurally or causally related to the broader context (in this case the urban slum) in which they are situated (ibid.), as it is factors operating within these that come together in affecting the outcomes observed. Finally, intensively designed studies test results based on the corroboration of findings between multiple groups of participants from the same rather than additional studies (Sayer, 2002). The present study intends to replicate this by conducting inter-group analyses of the responses provided by mothers, centre workers⁴⁷ and elites/experts (see study sample in Section 4.3.2 and triangulation strategies in Section 4.3.3 below).

Third, in analysing early years service take-up, the present study takes on, consecutively and concurrently, *exploratory*, *descriptive* and *explanatory* characteristics, with some overlap between each of these. It is exploratory in seeking to learn more about a hitherto understudied subject (Davies, 2006): this element is reflected in **research questions 1** (*What are the childcare arrangements made by working mothers of 1.5-5 year olds in the study sample?*) **and 3** (*What is the take-up of the ICDS and RGNCS schemes by working mothers in the study sample?*). It is descriptive in documenting the details of the phenomenon of interest and the context within which it operates. This element is reflected in **research questions 2** (*What are working mothers' needs and expectations from early years' services?*) **and 4** (*What is their experience of using the different services offered under the ICDS and RGNCS schemes? Which of the component benefits do they take up and which do they not?*). The exploratory and descriptive characteristics together provide a well-grounded context for more explanatory analyses on why take-up manifests in a certain way. This explanatory element is reflected in **research question 5** (*What are the factors or*

⁴⁷ Although the data from this group was not eventually used for the analysis (see Section 4.5 below).

combination of factors affecting the take-up of the ICDS and the RGNCS by working mothers in the study sample? How do these explain the (low) take-up of the two services under study?).

Finally, the study approaches data collection and analysis from a *mixed methods* perspective, in which: “a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration” (Johnson, Onwuegbuzie and Turner, 2007, p.123). Mixed methods are applied at two points in the study: during the tool design/data collection stage and, subsequently, during data analysis. The selection of the specific methods to be employed is driven by the nature of the research questions and participants (see Section 4.3.2 below); such *methodological eclecticism* (Teddlie and Tashakkori, 2011) is in line with the Critical Realist tradition. Making use of both quantitative and qualitative tools (surveys and semi-structured interviews in this case) is more likely to enhance the analysis of factors/mechanisms affecting service take-up, both those that are and are not directly observable. This study employs a ‘parallel mixed design’ (Teddlie and Tashakkori, 2009), also known as ‘concurrent’ or ‘simultaneous design’: a “family of MM designs in which mixing occurs in an independent manner either simultaneously or with some time lapse. The QUAL and QUAN *strands* are planned and implemented to answer related aspects of the same questions” (p.341, italics in original). The ‘mixing’ of methods and analysis in this study on early years service take-up occurs in parallel. Thus, e.g., the three groups of study participants (see Section 4.3.2 below) respond to separate sets of tools, constructed keeping in mind each group’s area of

experience/expertise and the method most suitable to elicit responses to the central question: ‘What are the factors or combination of factors affecting the take-up of the ICDS and the RGNCS by working mothers? How do these explain the (low) take-up of the two services under study?’ It is important to clarify, however, that although it employs mixed methods for data collection and analysis, the present study is not a balanced qualitative-quantitative study. The first four research questions are analysed quantitatively (i.e. primarily through summary statistics and some regression analyses); the fifth (and most significant) question on factors affecting uptake undertakes a more elaborate and in-depth qualitative analysis.

4.3.1 Study scope and key constructs

This study examines the take-up of two government programmes (the ICDS and the RGNCS) by working mothers in a low-income Delhi slum and analyses the factors affecting the uptake of these services. This broad objective is specifically examined through the articulation of five research questions, as outlined above.

In studying the take-up of services and the factors affecting this, this research does not aim to analyse children’s outcomes as a result of attending/not attending early childhood services, but how and why working mothers choose/not choose to use government early childhood services, what barriers they face in utilizing these services effectively⁴⁸, and the factors that contribute to service uptake. The idea here is not to undermine the importance of studying children’s outcomes, but to acknowledge that studying the take-up of services is an important first step towards mapping effectiveness of early years’ programmes in addition to measuring children’s outcomes

⁴⁸ Assuming that they do face some barriers, as is indicated by existing literature (see Chapter 3).

– an important second step. A second premise on which this research study rests is that policy cannot assess programme outcomes effectively without first understanding the process of service implementation, especially from the viewpoint of its users. This is what the present study aims to achieve, and it is a novel contribution to the literature in the field.

As the research questions indicate, the scope of this research is limited to the study of service uptake by working mothers of children aged 1½–5 years, from low-income slums of Delhi, India. The rationale for this choice is as follows: the focus on working mothers is derived from an interest in the area of work-family reconciliation in the Indian context that is characterised by low rates of women's employment, participation primarily in the informal economy, and limited state policy provision (see Chapter 1). The limited discourse on the Indian working woman's childcare experiences in general, and in relation to the ICDS and RGNCS programmes in specific, makes for an interesting case worthy of further exploration.

The motivation behind interviewing specifically *mothers* (rather than fathers, for instance) is two-fold: first, leave provisions and mandates for crèches exist only in relation to mothers in India; second, childcare in India continues to be the mother's responsibility (Gupta, 2001; Khalakdina, 1979), making her the best candidate for talking about the child's early childhood experiences. Instead of including the nought to eight early years age span in its entirety, mothers of children aged specifically between 1½ to 5 are chosen because, in the Indian context, children usually begin formal school between the age of 4-5, while those aged 1½ or below are usually not sent out of the home environment for ECEC. Mothers from low-income areas were chosen for this study because the government programmes under study are either

universal (but utilized primarily by the poor) – the ICDS, or targeted at families earning below a fixed ceiling level – the RGNCS. Studying low-income slum families is based on an interest in examining urban setups; the RGNCS being a scheme that runs in urban areas only⁴⁹. Also, as the rural-urban diversity in the country is very high, studying a single (urban) context was considered more suitable than undertaking a comparison. The choice of Delhi as the study location is based on entirely purposive and convenience-based criteria, although it needs acknowledging that designing a study at the national level would not have been possible. Finally, a single location is selected to keep the context as uniform as possible in order to keep the identification of underlying mechanisms unequivocal. It is important to note that the research design of this study is based on the lessons learnt from a pilot study conducted previously (as part of MPhil research), the results of which were utilized for determining the scope and scale of the present work (e.g. research questions, locale and design), the content of tools/instruments, and the overall approach towards data collection.

The key constructs in this study are defined below:

Take-up is defined as any eligible child's *enrolment and utilization* of the services (ICDS and RGNCS) at any point in time *within a one-year period* ending on the date of data collection. Key here is enrolment and utilization, both of which are essential for take-up to be documented.

The early childhood period, although understood to include children from birth to eight, is narrowed down in this study to include children between 1½ and 5.

⁴⁹ Although the programme is limited in its scale and no new crèches have been sanctioned since 2009 (see Chapter 2).

Early childhood services in this study include out-of-home, integrated or stand-alone preschool education or crèche and day-care services for children in the early childhood age span, i.e. between 0-8 years.

Working mothers in this study include mothers of 1½-5 year-olds that are engaged in paid work, part or full time, in the informal sector (not governed by any labour or social security laws). They may work either inside or outside of the home.

The informal economy is the unrecognized and unregulated employment sector that is neither controlled by the government nor governed by labour laws or social security provisions. The informal economy does not contribute to the country's GNP (Gross National Product)⁵⁰. Examples of occupations in the informal Indian economy include domestic helpers, self-owned small-scale businesses (e.g. tailoring, beauty services), and any other jobs in a private enterprise (e.g. local shops and stores, and educational establishments such as neighbourhood crèches, schools etc.).

4.3.2 Matching research questions, research participants and methods

The selection of study respondents was based on one key criterion: that they be most appropriate for responding to the research questions posed (Creswell, 2009; Kuper, Lingard and Levinson, 2008; Kvale and Brinkmann, 2009; Sargeant, 2012; Saunders, 2012).

Both the participants and the study location were selected because they “inform important facets and perspectives related to the phenomenon being studied”

⁵⁰ To clarify, the government collects data on the extent of the informal economy, but because it is not technically covered by tax, the informal economy does not contribute towards the country's GNP.

(Sargeant, 2012, p.1). Because the first four research questions of this study relate directly to working mothers' experiences (regarding childcare arrangements, needs/expectations from government services, take-up and use of the ICDS and RGNCS), their participation in this study was central. The fifth question, on the factors or combination of factors affecting take-up, was approached from three positions: that of the working mother herself (who would provide more personal, individual explanations), the elites (who would offer more macro programme-related, policy-oriented or discourse-driven insights), and ICDS and RGNCS centre workers (who would be able to comment on everyday experiences relating to centre operations or parent-centre interactions, e.g.)⁵¹. The selection of these groups of respondents also falls in line with critical realist principles on the selection of potential interviewees (Pawson and Tilley, 1997): The *subjects* of social programmes (i.e. working mothers) are likely to be most sensitive to and motivated by programme operations – they are excellent candidates for gathering information on how personal choices are made on a day-to-day basis while interacting with programmes. The *practitioners* group (i.e. children's centre workers), based on their daily presence at centres, are best for learning about what works for whom within specific programme contexts, although they may be unable to reflect on the more abstract, context-mechanism-outcome configurations investigated by Realistic Evaluations. It is the third group of respondents – *policymakers* (i.e. policy experts/elites) that is able to engage with such abstractions as a result of their experience with drafting, running, or evaluating multiple programmes in the field. Policymakers also provide testable theories on how and why programmes work or fail (although it is important to remember that

⁵¹ Although this data was not eventually used for the analysis (See Section 4.5).

policymakers often create definitions of ‘success’ and ‘failure’ in the first place). According to Bogner, Littig and Menz (2009) interviews with such experts/elites have various benefits: they are a relatively quick way of gathering detailed information, help produce concise and focussed data, and enable the researcher to gain access to extended networks of experts in the field of interest.

Devising appropriate methods for collecting data was a two-part process. The first revolved around thinking through what method would be most appropriate for which research question (Teddlie and Tashakkori, 2010). For research questions 1 (on childcare arrangements – exploratory and descriptive elements), 2 (needs and expectations from services – exploratory and descriptive element), and 4 (experiences with government services – primarily descriptive element), a mix of open and close-ended questions was considered more suitable. For research question 3 on the take-up of services (exploratory element) a more quantitative approach (establishing a numerical value for take-up) was deemed to be fitting. Finally, for research question 5 (factors affecting take-up – primarily explanatory element), a more in-depth analysis drawing on the qualitative tradition was considered most appropriate.

The decision making on the selection of methods included a second part: to select tools that were expected to be most appropriate in eliciting responses from the different groups of participants. The decision on the method to use should be based on the creation of “a meaningful type of communication which maximizes the information flow” (Sayer, 2002, p.245) by focusing on the research product generated as a result of using a given set of methods rather than selecting one based on familiarity, simplicity or speediness (Carter and Little, 2007). The pilot exercise was valuable in this regard: whereas semi-structured interviews were initially deemed

appropriate for collecting data from mothers, the pilot study led to the discovery of the problem of *limited expression*, where mothers provided responses that were extremely terse (often a few words rather than a full sentence) and lacking in detail despite substantial probing. This may have been a result of the general, everyday nature of the topic of discussion (childcare arrangements) on the one hand; and the limited confidence and/or articulatory ability of mothers on the other (the more educated or aware mothers, and those working longer hours outside the homes, e.g., were found to be more expressive than others). There were no language/communication barriers faced that could have led to these results. Because the maximization of information flow was the primary aim, a semi-structured survey comprising closed and open-ended questions (constructed using pilot study findings and existing tools in the field – see Section 4.3.5 below) was devised.

For similar reasons, a semi-structured survey with closed and open-ended questions was devised for the participating children’s centre workers. The choice of tool for the participating elites was quite straightforward in comparison: a semi-structured interview was deemed most appropriate based on the diversity of their profiles (e.g. academics, policy practitioners, government officials etc.). More details on the structure and content of tools can be found in Section 4.3.5 below.

4.3.3 A note on triangulation

Creswell and Miller (2000) define *triangulation* as the process by which “researchers search for convergence among multiple and different sources of information to form themes or categories in a study” (p. 126). In addition to data *convergence*, triangulation can also be a means for assessing data *divergence*, which is considered

valuable when studying complex phenomena requiring further in-depth investigation (Teddle and Tashakkori, 2010). Often used as a method for establishing validity and rigour in the research project, or for limiting biases in the research process (Wynn and Williams, 2012) (see Section 4.4), triangulation, according to Denzin (1978), goes beyond the combination of data, to mixing investigators (i.e. more than one researcher/observer), theories (or theoretical frameworks/hypotheses), and methods (combinations within- as well as between-methods/methodologies). From a Critical Realist point of view, triangulation serves two purposes (Wynn and Williams, 2012): first, the researcher is able to tackle any existing perceptual deficiencies by approaching a phenomenon from different standpoints. Second, the differential nature of underlying structures and mechanisms calls for the utilization of multiple means for identifying them thoroughly. Of the four types of triangulation outlined here, three have been applied to the present study:

Data Triangulation is realised by collecting data from working mothers, children's centre workers (both ICDS and RGNCS)⁵², and experts/elites (government officials, policy practitioners, academics etc.).

Methodological Triangulation is achieved by utilising multiple methods for data collection (semi-structured interviews and surveys), and techniques for data analysis (quantitative summary statistics and qualitative syntheses).

Theoretical Triangulation is accomplished by utilizing two theoretical frameworks for situating the analysis: (i) determinants of programme performance, and (ii) barriers and bridges to take-up (see Chapter 3).

⁵² Although children's centre workers were part of the planned study sample, there were complications during data collection that prevented this data from being used for analysis (see Section 4.5).

4.3.4 Sample and sampling strategies

The population of interest for the study comprised working mothers from low-income urban slums with children aged between 1½ and 5. Non-probability purposive strategies were used for sample selection, achieved through multi-stage sampling. The city of Delhi was selected as the location for this study based on the dual criteria of practicality and feasibility, particularly, familiarity with the local language and context, compared to the relatively higher costs (financial and time-related) of conducting research in an unknown city. Three sets of respondents were identified from each location – working mothers from low-income areas with children aged between 1½ and 5, children’s centre workers (from both the ICDS and RGNCS), and policy experts/elites (ECEC specialists, e.g. academics, policy practitioners, government officials, those working in research organisations etc.). The total number of participants (proposed and actual) within each group and the corresponding tool for data collection is presented in Table 10.

Table 10. Study Participants and Tools for Data Collection

Sample	Tool for data collection	Number (proposed)	Number (actual)
Working mothers (mix of users and non-users of ICDS and RGNCS programmes)		200	200
Working mothers (subset of the above and users of ICDS and RGNCS programmes only)	Semi-structured survey (mix of closed and open-ended questions)	50	50
Children’s centre workers – ICDS		20	21
Children’s centre workers – RGNCS		20	16
Policy experts/elites – academics, policy practitioners, govt. and non govt.	Semi-structured interview (based on a topic guide)	15	15
Total		305	302

The sample size for each group was determined by utilizing qualitative rather than quantitative strategies. Sample size in qualitative research “depends on what you want to know, the purpose of the inquiry, what’s at stake, what will be useful, what will have

credibility, and what can be done with available time and resources” (Patton, 1990, p.184). In accordance with these criteria, a sample size of 200 mothers (+50 that were part of a follow-on survey), 40 children’s centre workers (20 each from the ICDS and RGNCS programmes) and 15 elite participants was generated.

Even though numbers were fixed prior to beginning data collection, sample saturation i.e. reaching the point at which collecting data from additional participants does not lead to acquiring any new information (Kuper, Lingard and Levinson, 2008; Morse, 1994) for the participating mothers was achieved long before 200 interviews were completed. The concept of saturation was not applied when conducting expert/elite interviews, the rationale being that the information collected via these would be supplementary (albeit valuable) to that collected from the working mothers. It was expected that data-intensive exchanges with a select group of such experts would provide sufficient information to work with in comparison to the relatively greater effort and time taken in collecting additional amounts of data. A similar rationale was utilized for capping the number of semi-structured surveys with children’s centre workers. When these figures are compared to those consolidated from existing literature by Guest, Bunce and Johnson (2006), the indicative sample size ranges from a minimum of 4 (if coming from a homogenous population) to a maximum of 36 interview respondents (for an ethnographic study).

Sampling the study location. The primary criterion for selecting the study location was to locate one that offered abundant ECEC choice including government, NGO, private, and any other services for childcare and/or preschool education. The aim was to collect in-depth information on childcare arrangements and assess the relative utility of the two government programmes with respect to other available options, in

order to identify the barriers and bridges to uptake most effectively. A list of potential study locations was created by gathering and merging data from three sources: (i) the 2001 Census data⁵³ on the number and locations of slums across Delhi, (ii) lists of ICDS and RGNCS locations in Delhi released by the MoWCD (readily available online), and (iii) lists of slum intervention areas for two NGOs working on ECEC in Delhi. Lists (i) and (ii) were merged to generate a list of all slum locations in Delhi with both ICDS and RGNCS centres. This list was compared with (iii) above, at which stage one NGO was eliminated because there were no common locations. The second NGO was then contacted to seek support for data collection with a list of suitable slum locations. The final location was selected based on the choices provided by the NGO and the most practical location (for the researcher) out of these. Figure 4 below summarizes this sampling procedure.

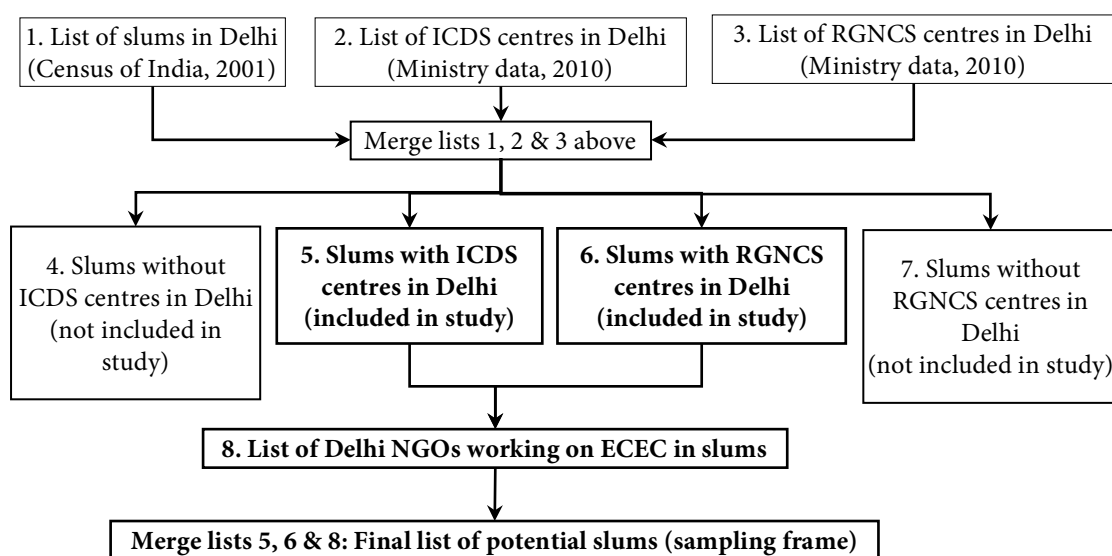


Figure 4. Sampling the Study Location

The sample of working mothers. A *multi-level purposive sampling strategy* was employed to identify the sample of mothers for this study, who were located from a

⁵³ Note that the 2011 census data was not released at this point in the study.

single slum to maintain the uniformity of context in line with the principles of CR. Such community-based sampling was undertaken with the aid of a local NGO (as mentioned above). Once identified, NGO gatekeepers enabled access to potential participants within the study location, promoting icebreaking, and facilitating trust building that not only saved time but also increased the reliability of mothers' responses. It was anticipated that the existing children's centres (ICDS, RGNCS or NGO) within the identified slum would provide population lists of 0-8 year-olds in the community that could then be utilized as the sampling frame for mothers; however this did not work. While the NGO only had lists of children enrolled as part of its programme, the ICDS, which is meant to conduct periodic population surveys of the 0-6 year-olds in a community, furnished either incomplete or out-dated lists⁵⁴. The final sampling strategy was therefore *purposive*, with respondents recruited based on: (i) whether they had child between 1½ and 5 years, and (ii) whether the mother was employed (both part/full time, and at home/outside). The specific strategy applied was thus *criterion sampling* (Patton, 1990, p.176). In the first round, 200 working mothers with eligible children (but not necessarily users of either the ICDS and RGNCS) were sampled via *door-to-door recruitment* and, occasionally, *snowballing*. This group was surveyed on their childcare arrangements and take-up of government (or other) services (see Section 4.3.5 below), the intention being to sample a mix of users (potential and actual) and non-users of government services (but users of other services, e.g. private or NGO) to be able to assess overall levels of ICDS and RGNCS take-up. In the second round, 50 long-term users (those regularly using either of the two government services for at least one year from the date of data collection) – 25

⁵⁴ The RGNCS did not have population lists either.

each of the ICDS and RGNCS – were sampled for follow-on surveys capturing government service usage experiences. These participants were identified in the first instance at the end of the round 1 survey, and based on whether they consented to a second follow-up survey, were re-interviewed on a second occasion. Data collection during this second round was stopped once a total of 25 users of each service had been covered (see Figure 5).

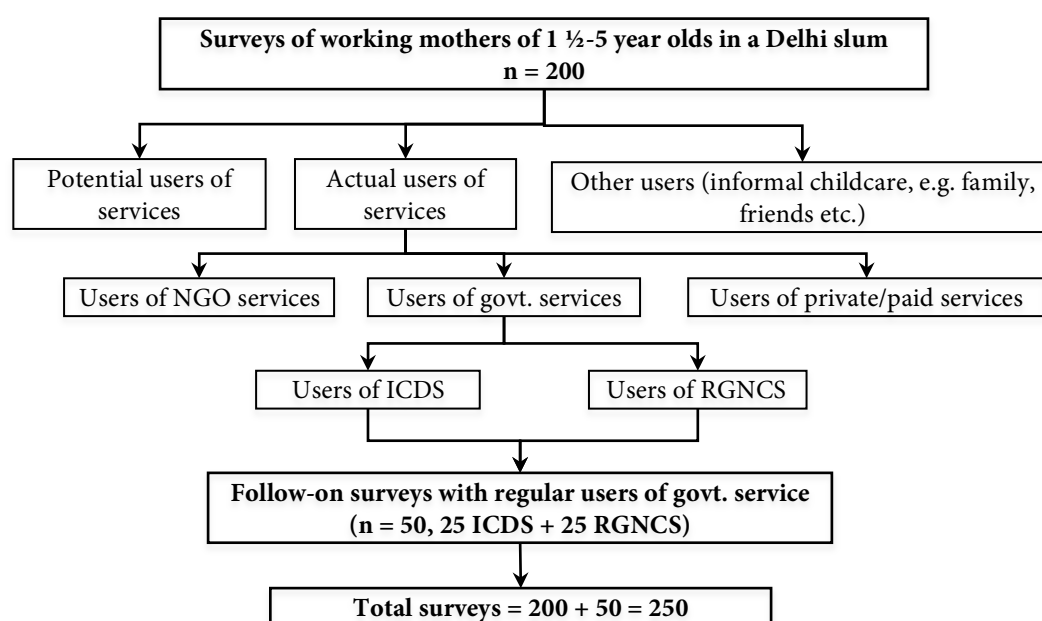


Figure 5. Working Mothers: Sampling Procedure

The sample of children’s centre workers. Children’s centre workers from the ICDS and RGNCS were also sampled *purposively* using *criterion sampling* (see Figure 6). The lists of slum locations across Delhi with both ICDS and RGNCS centres mentioned previously were used to identify potential locations for drawing this sample. Once the necessary permission from the related state government department (for the ICDS) and state-level crèche implementing agency (for the RGNCS) was received, both lists were sub-divided into clusters of geographic locations, each of which was visited in turn, until data collection with the total number of targeted

participants was achieved. This strategy worked slightly differently between the ICDS and RGNCS. In case of the ICDS, based on the relatively higher presence of centres in general, 3 slum communities from which 7 centre workers each were surveyed brought the total number of interviewees to 21. The seven workers from each location were selected based on the ICDS block supervisor's discretion, who functioned as a gatekeeper limiting access to the larger pool of potential participants⁵⁵. The number of crèches within each slum was much smaller in comparison in the case of the RGNCS⁵⁶. This group of participants was recruited by arriving at communities and approaching centre workers (if found) for an interview (based on the permission received from the implementing agency financing these crèches): seven such slum locations were visited from which a sample of 16 centre workers was drawn and subsequently surveyed⁵⁷. Data collection for this group of participants was a much more time-consuming process considering the relative scarcity of functional centres. Data collection was stopped at 16 participants when several further visits did not elicit any results (see Section 4.5).

⁵⁵ Data collection was heavily biased as a result of this interference (and additional reasons), because of which this dataset was rendered unusable (see Section 4.5).

⁵⁶ There is no population based government directive on the number of crèche centres, neither is this scheme as wide in its geographical scope as the ICDS (see Chapter 2).

⁵⁷ Note that the sample drawn from each of these 7 locations was not uniform by any means, and was dependent, primarily, on finding a functional crèche centre.

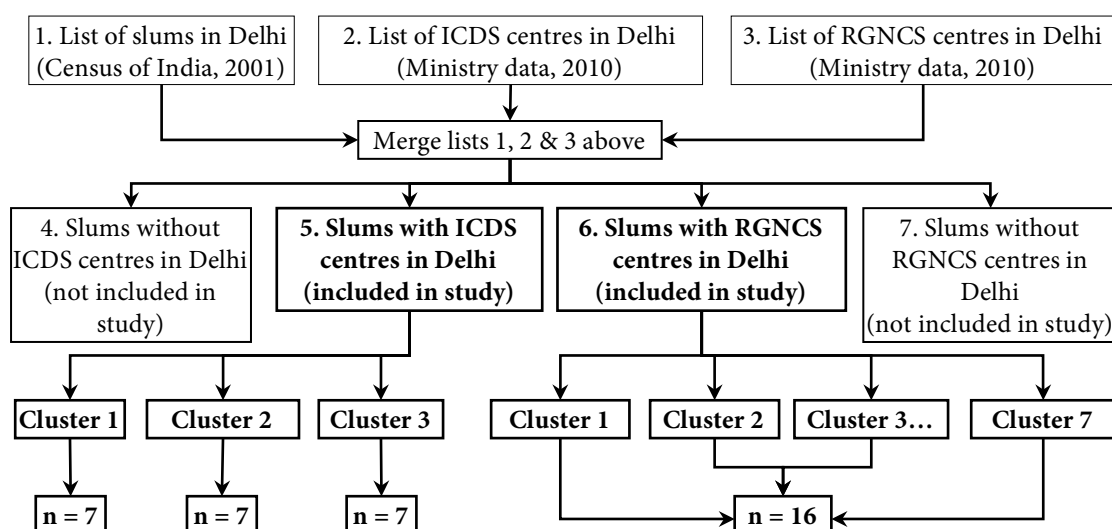


Figure 6. Sampling Strategy: Children's Centre Workers

The sample of expert/elite interviewees. This group of academics, policy practitioners, government and non-government officials, and early years policy researchers was identified using *purposive (criterion) sampling* and *snowballing* techniques. There were two strategies applied for identifying participants: first, a list of experts in the field of ECEC was extracted using an online directory of resource persons in social sciences and health (NIPCCD, 2008). From this, another list of resource persons located in the Delhi area was created, and email invitations sent. Those that responded favourably were included in the final sample. A second strategy utilized social and professional networks to contact potential participants, or to follow up on those contacted already (e.g. through strategy 1 above). Those who were interviewed sometimes provided leads into other potential interviewees, leading to the recruitment of further participants. The total sample size achieved at the end of this exercise was 15 (see Figure 7).

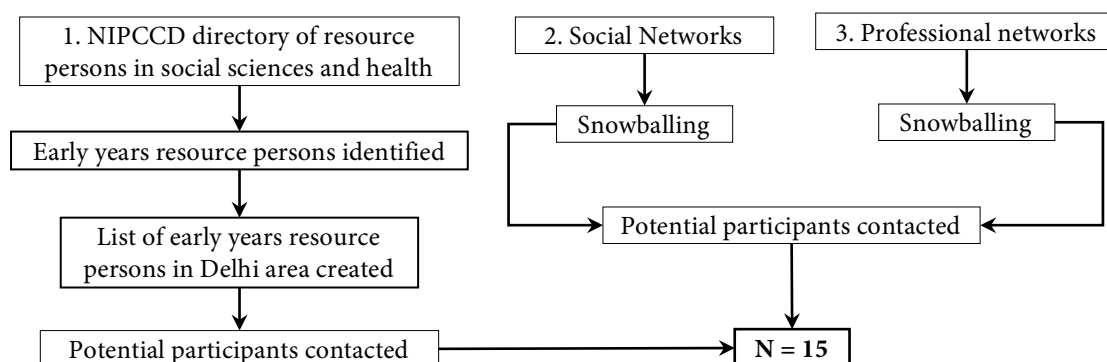


Figure 7. Sampling Strategy: Expert/elite Interviewees

4.3.5 Tool content and design

There were two broad categories of tools devised for this study. Semi-structured surveys comprising a mix of closed and open-ended questions were devised to collect data from working mothers and children's centre workers. Administered through face-to-face interviews, these tools were developed in English but conducted in Hindi. Topic guides were developed to conduct semi-structured interviews in English for the participating experts/elites. The broad approach taken in drafting both tools derives from *theory-driven interviewing* where "the researcher's theory is the subject matter of the interview, and the subject is there to confirm or falsify and, above all, to refine that theory" (Pawson, 1996, p.299). The content of study instruments was thus designed based on the programme theories and theoretical frameworks selected for the study (see Chapter 3) that were then discussed by each group of respondents.

Tools for mothers. The rationale for selecting semi-structured surveys as the tool of choice for mothers has already been described in Section 4.3.2. This tool was structured in terms of the number of questions covered and the order in which these were asked. It was semi-structured in that the wording of each question varied based on the interaction with each mother being interviewed. The tool thus devised is

different from a typical survey primarily in that while surveys may be filled-in by participants, these semi-structured tools were administered to each participant through face-to-face interviews by the researcher (see Section 4.5 below). The decision not to use semi-structured interviews with mothers depended largely on the data collection experience of the MPhil pilot, as has been explained previously. Another possibility included using focus groups, usually conducted with batches of 5-7 participants. These were deemed unsuitable primarily because the data collection exercise did not seek the joint construction of meaning and/or experiences, but to capture each participant's individual experiential context vis-à-vis work, childcare, and the use of government ECEC.

The tools thus devised (i.e. main and follow-on surveys) were constructed by utilizing a number of reference tools, questions from which were either used directly or adapted based on the study context. The main tool was constructed using the following:

1. Fertility and Family Survey (FFS) model questionnaire for women, 1992 (UNECE – United Nations Economic Commission for Europe)
2. Flash Eurobarometer 247 survey: Family life and the needs of an ageing population, September 2008 (European Commission)
3. Early childhood education: program evaluation package, 2009 (World Bank)
4. Siskiyou county childcare and preschool survey for parents (Siskiyou County, California, USA)
5. NatCen 2009-10 childcare main stage questionnaire (NatCen Social Research, UK)
6. National Family Health Survey, India (NFHS) round 3 women's questionnaire (IIPS, India)

7. Parents' Demand for Childcare, 2001 (UK Department for Education and Employment and NatCen Social Research)
8. Ofsted questionnaire for parents of children attending childcare settings, 2008 (Ofsted, UK)
9. Today's parent childcare survey, September 2006 (Todaysparent.com, Canada)
10. Young Lives round 1 India schedule for children <1 year, 2002 (DFID, UK)

The final survey instrument developed was divided into four sections: (i) background information relating to mothers, their child aged 1½-5, and their families, (ii) work and childcare, (iii) childcare arrangements and use of ECEC (including government services), and (iv) opinions and attitudes regarding children/childcare. A copy of this instrument is included in Appendix 12.1.

The tools used to construct the follow-on surveys with users of the ICDS (constructed first) and RGNCS (adapted from the ICDS) were:

1. Early childhood education: program evaluation package, 2009 (World Bank)
2. ICDS evaluation study, 2004 instrument for users and non-users (Centre for Equity Studies - CES, India)
3. Parents' Demand for Childcare, 2001 (UK Department for Education and Employment and NatCen Social Research)
4. National Family Health Survey, India (NFHS) round 3 women's questionnaire (IIPS, India)
5. NatCen 2009-10 childcare main stage questionnaire (NatCen Social Research, UK)

Focusing on the use of the ICDS and RGNCS, the themes covered in these surveys included: (i) enrolment details and reasons for use, (ii) access to and regularity of

services, (iii) contact/experiences with centre workers, (iv) levels of satisfaction, problems faced, and (v) utilization of component benefits (e.g. nutrition, preschool education, health services etc.). Copies of each of these instruments are included in Appendices 12.2 and 12.3.

Tools for centre workers. Two separate surveys instruments, one each for the ICDS and RGNCS, were developed for this group of respondents. As with the mothers' surveys, these instruments were constructed using a pre-existing tool (the 2004 ICDS evaluation study schedule for centre workers, CES, India), but also drew heavily on the interview guide devised for the same group during the MPhil pilot study. This tool was also first constructed for the ICDS and then modified for RGNCS centre workers. The themes covered included: (i) a demographic and work profile of the centre worker, (ii) the everyday functioning of centres, (iii) services/benefits available and their details, (iv) the enrolment and attendance of children at centres, (v) levels of community awareness/engagement, (vi) funding mechanisms and training provisions, and (vii) workers' perceptions of ECEC and their programmes. Copies of each of these two instruments can be located in Appendices 12.4 and 12.5.

Tools for expert/elite interviewees. The use of semi-structured interviews for this group allowed the "grouping of topics and questions that the interviewer can ask in different ways for different participants" (Lindlof and Taylor, 2002, p.195). The interviews were face-to-face, free-flowing discussions guided by a set of topics with a list of pre-formulated questions for guidance. The order and wording of questions was based upon the natural course of interaction with respondents (Corbetta, 2003). Not all the topics were covered during each interview, the focus being driven and limited by the experience/expertise of each participant. Two versions of the interview guide

were developed (their content varying slightly): one for government officials and another for all other experts/elites. The themes covered in the guide for government officials included: (i) government ECEC programmes in the country, (ii) their implementation and effectiveness, (iii) constraints to policy formulation and/or delivery, and (iv) recommendations/future vision regarding policies. The themes covered by the guide for policy experts/elites included: (i) definition/s of ECEC, (ii) government provision for ECEC, (iii) take-up and non-take-up, (iv) the ICDS and RGNCS (current status, reforms, performance), and (v) future vision/policy recommendations. Copies of each of these two interview guides can be located in Appendices 12.6 and 12.7.

All tools constructed for this study underwent 2 to 4 iterations in total before being finalised. Although constructed using the lessons learnt from the initial pilot exercise, these tools were tested in the field with 3 mothers, 2 centre workers (only RGNCS) and 1 expert/elite, following which actual data collection began.

4.4 Axiological and Ethical Considerations

Axiology may be defined as “the science of inquiry into human values ... [that] enables people to identify the internal valuing systems that influence their perceptions, decisions and actions” (McGregor, 2011, p.2). Values play an important role at all stages of the research process. The choice, however, is between taking a value-neutral/value-free versus a value-laden position in research (Giuculescu, 1998). There are three ways in which taking a value-laden position affects this study.

The first is by influencing the *purpose* of research. The motivation for this study lies in an interest in social betterment⁵⁸ and welfare through an alternative values inquiry approach that proposes to view success or failure in terms of what is valued by the users of a programme. This is in line with Critical Realism (the values-probing stance, see Chapter 3) that promotes an emancipatory axiology (DeForge and Shaw, 2012). The present work seeks to achieve axiological coherence by analysing, and subsequently, aligning, service provision with the needs of young children and their working mothers, thereby contributing to their ‘emancipation’⁵⁹ and social betterment as a consequence of being more satisfied service users.

The second is by shaping and determining the *researcher’s role* in research (Bryman, 2012; Schulze, 2003). The principles of Critical Realism impact the overall approach taken by the researcher in conducting this study (see Chapter 3). The principle of contextual manifestation of phenomena, e.g., led to the selection of one study location rather than many for uncovering underlying factors/mechanisms affecting take-up

⁵⁸ Defined as “the alleviation of social problems and the meeting of human needs” (Mark, Henry and Julnes, 1999, p.190). Also see Henry and Julnes (1998).

⁵⁹ Emancipation in CR is defined as: “the transformation from unwanted, unneeded and/or oppressive sources of determination to wanted, needed and/or liberating ones” (Hartwig, 2007, p.155).

most effectively. Similarly, because underlying mechanisms may or may not be directly observable, mixed methods (i.e. both qualitative and quantitative) were considered most suitable for undertaking explanatory analysis.

The third is by affecting the *nature of knowledge* created as a result of undertaking research (Carter and Little, 2007), which in this case comprises in-depth, contextual explanations of how combinations of factors work together in affecting the take-up of the ICDS and RGNCS. Trustworthiness, validity, rigour, and reliability of methods and processes are relatedly established through the notions of credibility, transferability, dependability, and confirmability (Licoln and Guba, 1985), rather than those of replicability or repeatability (traditional positivist notions).

As has been mentioned in the opening to this chapter, Axiology is primarily concerned with the role of the researcher in the knowledge-making process; and recognizes that researcher values, biases and prejudices impinge upon how an inquiry is framed, and research conducted. Related to this is the socio-cultural positionality of the researcher vis-à-vis the research topic, which is described next. There were four research-based personal beliefs that impacted how this study was conducted. First: a belief in the significant role played by early childhood services in the development of young children. Second: a belief in the need for state-provided childcare services for supporting the needs of working women, especially those in precarious jobs with no government benefits. Third: a belief in the salience of the family as a prerequisite to children's healthy development. And fourth: a belief in the evaluation of service performance from a user perspective, both as a tool for effective policy implementation as well as a means for the social betterment of children and mothers.

In the context of these personal beliefs, a conscious attempt was made to engage in reflective-reflexive (Jones, 2001) thinking, and, periodically, taking two steps back from the research process (Jenkins, 1992) in order to review progress. This was done particularly when conducting surveys with mothers, who, for instance, often held views different from the researcher's own, when it came to childrearing and/or childcare.

Alongside the personal values of the researcher, her own social and cultural characteristics also tended to affect data collection. These factors were recognized and accounted for when planning and adapting strategies before and during the fieldwork phase to ensure the trustworthiness and validity of data. Ganga and Scott (2006) posit that having 'cultural proximity' as an insider conducting research may paradoxically lead to an increased awareness of the finer social differences between researcher and participant. The researcher's experience in the context of this study may be described as composed of multiple shared dualities comprising both similarities and differences, leading her to constantly switch between the 'insider' and 'outsider' role, as appropriate, when conducting research. Being an Indian woman from Delhi (thus sharing both the national and subnational culture) and speaking the same language (Hindi) were some of the shared features that facilitated access to and trust building with mothers. However, coupled with these were starker differences relating to socio-economic class and educational background, as well as the classic 'researcher-subject' positioning; augmented further in the presence of these existing divergences. The mother versus non-mother (and, relatedly, married-unmarried) distinction between the researcher and participating women was additionally significant in the context of the present study, as much of the interview time was spent in discussing affairs

relating to the marital family and children. A final (although false) distinction – government representative vs. ‘the poor public’ – was also discovered during fieldwork when mothers perceived the researcher to be a government representative conducting a benefits-related census, and thus able to take away something, which made them feel both insecure yet also pressured to participate. The researcher, of course, constantly clarified her role and purpose for visiting the community. The presence of NGO facilitators was especially beneficial in this regard.

A number of measures were subsequently taken to reduce the distortion of data as a result of these differences. A considerable effort to open up the personal self, as a means of developing a shared sense of intimacy between researcher and participant, was made. Details about the educational and family background of the researcher, area of residence and the interest in the research topic were provided. The analogy of a college student doing holiday homework/a school project worked extremely well in explaining to potential participants why the researcher was spending her days in their slum at the peak of the summer season. A conscious effort was also made to act in accordance with the prevailing slum subculture in order to mitigate the social and class differences between the researcher and participants. This was attempted by, e.g., adapting personal appearance (tied up hair, traditional Indian clothing, and no jewellery or make-up), sharing sitting space inside homes (instead of the traditional chair versus floor seating arrangement common among people of different classes), taking up on offers to eat together by mothers, and accepting any other acts of kindness or help offered by the community folk (to drink refrigerated water or take some rest inside the home, e.g.). Coupled with the presence of NGO workers that were familiar faces in the community, these measures helped gain access and

considerable acceptance into an otherwise closed community and form a healthy rapport with mothers.

4.4.1 Ethical considerations

Related to axiology is *ethics*, two aspects of which are now discussed. The first relates specifically to the ethics of researching vulnerable participants, while the second discusses a set of standard procedures to be followed when conducting research ethically.

When conducting research with vulnerable participants, one needs to take into account both those who are innately vulnerable as a result of their position in society (e.g. the poor), and those who become vulnerable as a result of their participation in the research process. Tisdale (2008) uses the terms ‘a priori’ and ‘a posteriori’ vulnerability to describe these two categories respectively. Engaging with the ethics of vulnerability also requires reflecting upon the issues of “power and consent, confidentiality and trust, risks to researchers and potential harm to participants, as well as the broader cross-cutting issues of gender, culture, human rights and social justice” (Pittaway, Bartolomei and Hugman, 2010). The three-fold principles of ‘autonomy’ (to agree to, or decline participation), ‘beneficence’ (doing good and preventing harm to participants) and ‘justice’ (fair treatment and recognition of the contributions made by participants) (Orb, Eisenhauer and Wynaden, 2000) are considered the cornerstones of ethical research in this regard. Drawing upon the principle of reflexivity further helps in dealing with difficult and/or unexpected ethical

challenges in the field that necessitate swift and timely resolution (Guillemin and Gillam, 2004).

The application of the above principles to the present study led to a number of considerations and challenges. An attempt was made, first, to be sensitive to the rhythms and schedules of both participants and gatekeepers who agreed to devote their personal time to this study. A related effort to understand and reflect sensitivity towards the prevailing subculture was also made. It was recognized, further, that cultural norms might force participation – some mothers would, for instance, participate out of an obligation to be nice or an inability to refuse. It was especially important, therefore, to be alert to any sign of unwillingness to participate – e.g. stiff and/or awkward body language, a lack of cooperation once consent was given, and the application of pressure by others (e.g. family members) to compel participation. Vulnerability also manifested in terms of a limited understanding among mothers of what participation entailed. This sourced, sometimes, from their limited linguistic competence, and at other times unfamiliarity with how research works in general, or suspicion relating to what it might entail (or take away). It was also realised, over time, that mothers sometimes gave consent in the false hope that the researcher was in the community to offer permanent employment. Where recognized, clarifications were formally provided and concerns, if any, were addressed. Conscious efforts to avoid any misunderstandings with potential participants were also made – e.g., the use of jargon was avoided when describing the study, and mothers were encouraged to ask questions unabashedly to confirm complete willingness to participate. However on other occasions, and once established that participation was not going to be entirely voluntary, any subsequent attempts to seek consent were no longer made.

A vulnerability that was experienced during the fieldwork stage, already discussed in Section 4.3.2 above, relates to the problem of ‘limited expression’ among mothers. This was addressed by adapting the tool and method of data collection; through the use of survey instruments administered as face-to-face interviews that, because of their structure, provided greater scope for both probing and prompting when compared with semi-structured interviews that had been (unsuccessfully) used during the pilot study. Mothers were also often noted as trying to give either socially desirable answers, or responses that were respectful of, or in line with prevailing cultural values (particularly with relation to views on the gendered division of care responsibilities, and home versus centre-based childcare). Such situations were resolved by either repeating the question, or confirming whether opinions and responses remained consistent when similar questions were asked differently at other points in the interview session (see sample surveys in Appendices 12.1-12.3). Conducting interviews in isolation, such that answers were not moderated or affected by the presence of other family members, reduced a further potential for biased responses.

There was an entirely different set of vulnerabilities when collecting data with centre workers. It was important, first and foremost, to be aware of potential conflicts of interest faced by government centre workers when participating in this study and to acknowledge that participation could increase the vulnerability of centre staff. Workers may have been under pressure, e.g., to present a positive image of government centres in an attempt to reflect success or based on a fear of backlash by senior administration in case any perceivably negative feedback was provided. This understanding very significantly impacted the content of the centre worker tool – questions, for instance, were framed using more factual-neutral rather than

judgmental language, revolved around the workers' views on parent perceptions rather than a direct assessment of the programme in their own views, and drew upon internationally validated tools from the field rather than an entirely self-created survey (see Appendices 12.4-12.5).

A second set of ethical issues relating specifically to ICDS centre worker interviews was the realisation that key informants (block supervisors) were in a position of power when it came to making decisions about which centre workers would participate, and, perhaps more implicitly, what they could and could not discuss when being interviewed. This was primarily due to the government procedure relating to consent seeking that was imposed on the study, where permission from the ministry was granted subject to block supervisors 'helping' with participant recruitment. These key informants thus blocked access to participants on the one hand, while giving no real choice to centre workers to independently consent to participate on the other. Although not much could be done to contest this recruitment strategy, an attempt to minimize any further bias was made by asking for interviews to be held in isolation. To the researcher's surprise (and dismay), however, interviews were authorized to run only as focus group discussions between handpicked centre workers in the presence of block supervisors. The combined effect of these scenarios not only compromised data trustworthiness, but also placed centre workers in an environment of heightened vulnerability. It had already been established that centre workers would be likely to provide positively biased feedback about government services, but the possibility of this happening multiplied manifold within the group discussion configuration and in the presence of block supervisors for the duration of data collection. It was also difficult to assess when centre workers might have been unwilling to participate, but

unable to express it because of pressures from the block supervisor. This imposed a number of constraints on the research process and compromised data quality. Centre workers were observed as engaging in 'guarded disclosure' – answering questions with caution, displaying closed body language, communicating using measured words, often providing seemingly rehearsed or duplicated answers, and avoiding criticising the programme in any way. There was, in fact, also one occasion where a statement about food poisoning at a centre because of a dead rat was retracted after the block supervisor intervened, rubbishing it as a rumour and reprimanding the participants for misrepresenting the programme in front of the researcher. The handpicking of research participants who had no real opportunity to give consent freely, the conducting of the interviews as group discussions, and the overpowering presence of the block supervisor that increased centre workers' vulnerability contributed to inaccurate descriptions and the possibility that data was being fabricated – leading to the decision to not use it for analysis. Because a comparative analysis of ICDS and RGNCS take-up was intended in addition to an independent analysis (because both programmes are located within the same broad policy and cultural context), the RGNCS practitioner dataset was also excluded from analysis.

A final instance of ethical vulnerability – in this case of the researcher herself – was experienced when sampling RGNCS centres for practitioners' interviews, when, some crèche centres that were visited based on a centralised (up-to-date) list available online, were found to be non-functional, or, in some cases, even non-existent (e.g. the listed address being a home location). The decision to use a centralised list on the government website rather than what was custom-created by one of the implementing agencies that had been receiving funds to run centres was based on a rationale around

reducing bias and increasing data trustworthiness – as it may have well been that the implementing agency only included ‘star’ centres when populating the list handed over to the researcher. The ‘vulnerability’ in this context stemmed from one visit during which the centre was found to be non-existent and the researcher’s presence there was challenged. Under these circumstances, it was considered best to go away rather than question the ‘owner’ within what was transforming into a potentially aggressive environment, as it posed a considerable safety risk to the researcher who was making an unaccompanied visit. Realising when to not take risks in vulnerable situations was thus an important lesson learned in this case.

The vulnerabilities discussed thus far bring to light a number of power relations at play during data collection, with at least five types of identifiable imbalances:

- A first type was the researcher-mother imbalance – the result of social and cultural differences despite a shared cultural proximity that led to the insider versus outsider perception, as well as of the classic researcher-participant distinction characteristic to any research project.
- A second type existed between the government ministry and the somewhat ‘disempowered’ researcher, with the balance tipped towards the ministry that had the power to determine the terms and conditions based on which permission to study its centres was granted.
- A third, similar imbalance existed between the researcher and ICDS block supervisor, the power lying in the hands of the supervisor who, once permission from the government was received, determined the terms around which centre worker interviews were conducted – specifically their sampling and method of engagement, as has been outlined above.

- A fourth, extremely skewed power imbalance existed between the block supervisor and centre workers, who, as a result of the pressure exerted by their hierarchical relationship, were neither in a position to give independent, free consent nor completely voluntary responses that weren't externally mediated.
- The fifth and final type was a 'reverse' power imbalance between the researcher and study participants in general. In this case, the researcher's affiliation to the prestigious University of Oxford while being an Indian national granted her considerable power to approach and receive cooperation from the various categories of study participants – mothers, NGO facilitators, government officials (especially), and policy experts alike.

The strategies developed to diminish the 'opposing' effects of the power imbalances outlined above were varied (as has been described previously) but also constrained by the limited timeframe and resources within which the research was to be conducted. One of the measures for increasing expressibility of mothers could have been, for instance, the investment of a greater amount of time in the field through the researcher's immersion in community affairs through, e.g., volunteering with the local NGO, or by engaging mothers through the utilization of more non-traditional methods of data collection such as storytelling and role-playing that, although, more time- and resource-intensive, may have encouraged them to be more open and free in expressing themselves.

Besides these special considerations, there were additional standard protocols followed throughout the study to ensure the ethical collection of data. The informed consent of participants was sought before data collection, in line with expected ethical considerations. A participant information sheet was drafted separately for each group

of respondents, and translated into Hindi for mothers and children's centre workers to familiarize them with the study purpose and aims. Participants were assured of suffering no harm as a result of their involvement and given the option to withdraw from the study at any point of time without any questions being asked. Data confidentiality and respondent anonymity were both assured and maintained throughout the duration of the study. Permission to audiotape interviews was sought prior to beginning the interview process with the participating experts/elites. The research project was sufficiently introduced to potential respondents when seeking participation, with time given to respond to questions or concerns, while respecting any decisions to not participate. Participating mothers' time was particularly respected. Consent-taking was slightly modified after it was observed that reading out and signing forms was more of a deterrent than a promoter of relaxed and trusting participation: most of the mothers, who had extremely limited literacy skills felt uncomfortable signing because of the added responsibility/pressure. Consent was instead sought more informally and verbally, and once received, documented on the survey form by noting down the name and house number of the participating mother. For centre worker surveys, consent was first sought from the state MoWCD (for the ICDS) and the state-level programme-implementing agency (for the RGNCS). All collected data was stored according to the data protection requirements, while making back-up copies of all electronic files. Voluntary work was undertaken for the NGO that helped facilitate data collection to reflect ethical reciprocity.

There was a final ethical aspect that was taken into consideration once the writing up of results began. This had to do with the anonymization of the research context, i.e. the specific slum neighbourhood where the study was conducted, while writing about

it. The challenge here was to balance between retaining the details of the context while protecting the identity of the location (and its residents) (Thomson, Bzdel, Golden-Biddle, Reay and Estabrooks, 2005). The process of anonymization has the potential to remove key identifying information and reduce the situatedness of data from within its context (ibid.). In recognizing that the context may indeed be important for understanding how a given phenomenon is manifested, the name of the slum has been anonymized but information on its relative location on the city map and some key characteristics is provided (see Chapter 5).

4.4.2 Rigour, credibility, validity and trustworthiness

Gaining familiarity with the philosophical underpinnings of an approach, and relating it to the methodology of choice is more likely to lead to richer, robust results displaying *rigour* (Appleton and King, 2002). This was achieved by situating the overall approach within the principles of CR. Rigour was further achieved by undertaking sampling, data collection, analysis, and reporting iteratively (Carter and Little, 2007). *Credibility* and validity relate to the ‘adequacy and appropriateness of data’ (Morse, 1994). *Adequacy*, which is achieved by collecting data until saturation is reached, was attained much before reaching the 200 count for mothers’ interviews. *Appropriateness* is reflected by sampling purposively and using methods that best address the theoretical needs of the study: thus the match between research questions, participants, and methods described in Section 4.3.2. *Validity* is more about the data collection skills of the researcher than the estimation and achievement of *exact* sample numbers, although sample *sufficiency* is important (Patton, 1990). Validity, *reliability* and *trustworthiness* were ensured in a number of ways: building a trustworthy

relationship with research participants, important for obtaining authentic responses, was achieved by approaching them through a familiar community-based NGO worker. Time was also spent in icebreaking by, e.g., accepting invitations to eat and drink with participants before/while administering surveys; and by introducing the researcher and explaining the purpose of the research, while answering questions and clarifying any doubts that were raised during the process. A conscious attempt was also made to respect each participant's time by agreeing, e.g., to return to their homes on another occasion if they were not immediately available to interview.

A number of measures were undertaken for checking the robustness of data collected. This began with the researcher taking, firstly, an iterative approach to conducting the overall research study – thus the research questions determining data collection tools/techniques; the emerging analytical patterns being checked against the programme theories devised around take-up; and all of these aspects emanating from, and tying back to the broader literature that this study was located within. Also, all key concepts for the study (such as ECEC and take-up) were clearly defined and operationalized based on existing literature, but also validated and checked against the understanding of the respondent groups – e.g. that take-up should be relevant when parents not only enrolled their child but also used part/all of the services on a regular basis. Further, the process of tool construction was also iterative – the research questions determined the tool type, content and structure; the instrument being based upon existing, internationally validated questions/instruments; and the tool thus constructed was put to test via a pilot exercise to ensure applicability and reliability. A 'bonus' check was also possible when a staff member of the facilitating NGO offered to try out the survey on the field and gave valuable feedback on its overall structure,

the ordering and content of questions and whether the tool had an overall, smooth ‘flow/feel’.

A second category of measures checked the robustness of participant perspectives during fieldwork. Because mothers were interviewed from within the same slum community that offered a handful of government ECEC services, it was possible, once approximately half the data was collected, to organise visits to each of the government centres they discussed to cross-check some of the findings. Although there was no formal tool that was specifically devised for undertaking such a cross-validation, it was possible to verify/compare information by, e.g., chatting with centre workers; sitting through a full day and observing centre functions, infrastructure, or food preparation; and talking to some parents who came to collect their children at the end of the day (mostly in case of the RGNCS). Doing this also provided more context to some of the information collected previously from mothers. Another strategy that checked the reliability of data reported by mothers lay in the design of the survey, through the use of repeat questions at various intervals that discussed the same issue but addressed it differently, or gathered further information on a topic by building upon it (see Appendices 12.1-12.3). In the mothers’ survey, these included, for instance, questions on work and employment (e.g. open-ended questions on what type of work followed by specific questions on part- or full-time, formal or informal type), the target child’s age and gender (mostly repeat questions posed in different contexts e.g. when discussing family composition, or childcare service use), the various dimensions of care arrangements (beginning from an overall – ‘what arrangement’, to, specifically – government versus non-government, or formal versus informal, or single versus multiple types of arrangements), and mothers’ opinions and attitudes around the role

of the family and government in childcare. A third strategy to ensure data trustworthiness was to watch out for unwillingness to participate and dissipate related pressures, and address (to the best extent possible) issues of power imbalances or unequal relationships between the researcher and participants, and government officers and centre workers. These measures, already discussed in Section 4.4.1 above, included, e.g., clarifications on the researcher's affiliation and interest in conducting the research, potential benefits to participants, emphasising the control by respondents to decide whether to participate or not, respecting participants' work rhythms and availability, taking up on offers of meals and drinks, and ensuring that interviews took place in a secure and isolated environment. In this regard, and as has also been described in Section 4.4.1 above, the perspectives of ICDS centre workers were found to be lacking in rigour and accuracy and thus excluded from the final analysis.

A third and final set of measures checked for robustness by examining and reviewing how data was coded and interpreted during the analysis phase of the study. As has been mentioned above, this was already incorporated into the study design through the inclusion of repeat questions at various intervals on the survey instruments. Once collected, some time was spent reading through each completed survey at the end of each work day to ensure that it had been administered as intended (e.g. the logical order was followed especially in terms of skip and/or contingent questions), and once again, prior to coding, to get an overall sense of an individual's account. Codes were also checked when data was being digitized and fed into STATA through a process of repetitive coding to ensure that they had been accurately recorded, but also in case of open-ended responses that required devising new categories for organising

information. In this regard, a greater amount of time was spent coding the initial few surveys (about 10) by coding them multiple times over, and revisiting them when comparisons between codes and themes were made across surveys and interviews respectively. Verification was especially important in cases where an existing multiple-response question with many categories was collapsed into fewer categories, or used to devise a binary variable, for instance. Finally, data analysis and interpretations were made using a strategy well-established in literature (Danermark et al's 2002 framework on conducting explanatory research based on the principles of CR – see Table 9 above) and in line with the overall ontological and epistemological framework of the present work, were checked against and interpreted iteratively within the theoretical frameworks established for this study, and both recognized and acknowledged the researcher's personal values and approach in the meaning-making process (as has been outlined in the introduction to Section 4.4 above).

Despite these considerations there were some factors that directly impacted the rigour and quality of data. Bias may have crept in as a result of respondents being recruited with the aid of NGO workers from the local area, even though safety and access issues were equally important. Whereas most interviews were privately conducted, there were some in which others were present and could have influenced participant responses. For instance, and as has been mentioned above, ICDS worker surveys were biased because of the presence of the block supervisor who intervened heavily in the interviewing process (also see Section 4.5 below), rendering this dataset unusable. There was also some discomfort when mothers spoke of the government in relation to the children's centres. Some assumed (despite clarification) that the research was

commissioned by the government, which may have impacted the nature of responses obtained.

4.5 Planning and conducting field work

Following the principles of theory-led interviewing (Tilley, 1996), the nature of interaction between interviewer and interviewee was as follows: both were assumed to have individual expertise that was put together in a process of mutual interaction and negotiation to uncover the factors/mechanisms explaining programme take-up, “the understanding of contexts and outcomes ... led by the researcher's conceptualizations” (p.303). The interviewee was expected to draw upon personal experience to accept, reject, or add to the range of potential explanatory mechanisms conceptualized by the researcher, who answered questions and clarified conceptual categories wherever needed, while explaining to the interviewee her contribution in fulfilling the aims and objectives of the research study. An extended amount of time was spent in explaining the purpose of the study and the value of participating for a small section of the sample, with at least one occasion on which a potential participant lingered around to watch an interview in progress before deciding to participate in the study. Doctoral fieldwork was conducted over a six-month period in Delhi between January and June 2011, and divided into three phases (see Table 11): (i) contacting participants and gaining consent (discussed previously), (ii) data collection, and (iii) data organisation/storage.

The first step was to have all the sampling lists generated, following which the selected NGO was contacted and potential locations for conducting the study identified. Community insiders/NGO workers accompanying the researcher on data collection trips were contacted once the study location was fixed. A day was then spent in getting familiar with the sampled slum: understanding the physical distribution of blocks and households, meeting NGO workers and noting office locations, fixing appropriate

timings for data collection, and dealing with any health and safety concerns. The day was also spent in trying out tools with three mothers.

Table 11. Phases of Doctoral Fieldwork

Phase	Timeline: January – June 2010	Task
I. Initial contact and consent	Contact made via phone/email prior to fieldwork travel wherever possible.	Sampling frame generation Selection of study location Contact/consent: with NGO facilitating field work; with elites via phone and email; with MoWCD for ICDS, and ICCW and CSWB for RGNCS worker surveys; with mothers through direct contact Testing of field tools
II. Data collection	Monday to Saturday: 9 AM – 6 PM.	Mothers Additional contact/consent Sampling (door-to-door and snowballing) Face-to-face surveys: main and follow-on (separate visits) Conducted in parallel with mothers' surveys based on interviewee availability. Conducted at the end of mothers' data collection cycle. Elites/expert Additional contact/consent Sampling (purposive and snowballing) Conducting of interviews Centre workers Additional contact/consent Fixing interview dates with local administration Face-to-face surveys
III. Data organisation	Completed in parallel with data collection.	Daily log of data collection progress Storage and transcription of elite interview audio files Storage and transport of hard copies of data to Oxford

The second phase of the study began with the collection of data from 36 blocks of 500 families each (see Chapter 5). Door-to-door recruitment of mothers was conducted by systematically moving from block to block while occasionally using snowballing to identify additional participants through existing respondents. The process of seeking consent from the government for conducting children's centre interviews, and expert/elite interviewees was started via phone/email before the fieldwork trip was made, and continued while data was being collected from mothers. Expert/elite interviews were conducted in parallel with working mothers' interviews based on their availability and convenience. Centre worker interviews were conducted at the end of the mothers' data collection cycle; this was a practical decision taken keeping in mind

the time commitments made with the NGO, as well as a result of the extended delays in getting approvals from government departments. The final phase was reached when all the data was sorted, organised and stored. A log tracking the numbers and sources of data as it was being collected aided this process. Audio files from expert interviews were transferred, backed up and transcribed, while all forms from mothers and centre workers were collected in boxes and transferred safely back to Oxford.

Data collection with mothers. Each semi-structured survey that was conducted with the group of 200 participating mothers lasted for about 45 minutes, with the follow-up survey with 50 users of the ICDS and RGNCS lasting about 20 minutes. Both surveys were administered through face-to-face interviews, with the researcher rather than the participant completing survey forms. One reason for this related to the fact that most participating mothers possessed limited literacy skills, making a self-administered paper-pencil tool impossible to use. The second and more important reason related to how the tool was administered by the researcher: although there was a pre-populated list of answers available to the researcher, these options were not called out after a question was posed, and until a response was first received. They were instead utilized as potential probes, readily available for the researcher to use, for participants who were unable to provide a full or detailed response to questions. Once obtained, all responses were coded into pre-populated boxes or written alongside by hand as required, facilitating the collation of responses at the end of the data collection cycle as well as rendering the data more versatile for both descriptive summary statistics as well as more in-depth analyses. Note that these semi-structured surveys were not audio recorded. There were a few difficulties and challenges faced while conducting these. The problem of limited expression faced during the pilot study has already been

discussed in Section 4.3.2. Related to this is the inability to interview mothers who were unable to speak in Hindi. A second difficulty relating to participant anxiety was also faced when participants assumed that the research was being commissioned and conducted by a government representative, or that it was offering some benefit, e.g., employment. Detailed information on the purpose of the research and the student status of the researcher was provided in order to mitigate this difficulty, as were efforts made to build trust among participants (see Section 4.4). A final constraint, because of health and safety concerns, and the practical constraints of not being able to work with the NGO facilitator on Sundays, was that data collection was limited to six days a week from 9 AM – 6 PM, which meant that some mothers (e.g. those working longer hours and away from the home) were precluded from participating in the study.

Data collection with children's centre workers. A total of 16 centre workers were interviewed from across seven locations with functional RGNCS crèches in the city. Of the list of functional crèches available on the ministry website, very few were found to be running when visited. Data collection was thus capped at 16 respondents because of the extended amount of time taken in finding these centres. Crèches were reportedly closed for 'summer vacations' on many occasions (although there is no such provision in the policy document), while on at least one other, found to be non-existent, the location being a home address. Interviews generally proceeded smoothly after potential participants were presented with the permission letter issued by the implementing agency, based on which the consent of individual centre workers was then sought. The interviews lasted about 30 minutes each.

Twenty-one ICDS centre workers were surveyed from 3 slums in Delhi, 7 from each location. The block supervisor for each ICDS cluster was instructed to arrange

interviews by the ministry, and as a result there was not much flexibility in participant selection, including the seeking of individual consent. The block supervisor for each cluster insisted on running focus groups with seven centre workers at a time instead of one-on-one interviews, and forcibly participated in these. These group interviews/discussions took longer at approximately 60 minutes. The block supervisors for each location sampled firmly intervened in both sampling and data collection (by moderating and filtering the responses of participants). This led to data contamination as a result of *guarded disclosure* thereby rendering it unusable. The data collected from the RGNCS workers was also not finally used for analysis as a result of problems with the ICDS dataset.

Data collection with experts/elites. The recruitment and interviews with experts/elites went hand-in-hand. This was in part because much of the sampling was achieved through snowballing, but also because of the generally large delays in receiving the consent of, and appointments with, experts. This meant that the data collection of experts and mothers was interspersed with each other. A total of 15 audio-recorded interviews that lasted from 45 min – 1 hour each were conducted. A topic guide was followed for conducting these interviews, used slightly differently for each individual depending on their experience/expertise and the focus of ensuing discussions, thus allowing for flexibility in terms of the nature of questions and the order in which they were asked (see above). The primary difficulty that was faced in conducting this set of interviews was that no government official consented to participating in the study except for one consulting expert at the MoWCD, who was interviewed but did not have any experience of administering either the ICDS or the RGNCS.

4.6 Techniques for data analysis

The first step in analysing data involved scanning and digitizing the information collected. This was discontinued because of practical constraints – there was about 30 kg of data in paper form. The data was instead converted into electronic format by creating a data (.dta) file using the statistical software Stata (version 12). Separate original, backup, and working versions of data files were created for the purpose of storage/analysis, with different files for the two mothers' surveys (main and follow-on) conducted. Although 200 mothers were surveyed, the total number of cases for which the results have been reported is 199; one survey was incorrectly completed and thus excluded from the analysis. Working copies of data files also included additional, new variables collated from existing variables as and when required. The data from centre workers was also converted likewise; although contamination of one set (ICDS) meant that this entire group (including the RGNCS) was not included in the analysis. The audio files from the expert/elite interviews were transferred and backed up before being transcribed and stored as word documents (see Appendix 12.8 for a sample).

Data analysis began once data processing was completed, with findings for each research question being analysed in turn. The process of data analysis and the identification and refinement of the two theoretical frameworks (see Chapter 3) went hand-in-hand. It was possible to use data from mothers' surveys in two ways: first, in the form of *quantitative* data points that were helpful in uncovering broad patterns, established through the computation of summary statistics. This is well justified within the critical realist approach. Summary statistics provide a “quantitative measure of the numbers of objects belonging to some class or a statement about certain common properties of objects” (Sayer, 2002, p.100). The dataset was also used

to run a set of binary logistic regressions (the dependent variables under study being categorical) to further analyse findings relating to the first two research questions of the thesis. For the first (*what are the childcare arrangements made by working mothers of 1.5-5 year-olds in the sampled research neighbourhood*), initial summary statistics helped establish broad patterns relating to the most common childcare arrangements, after which regressions were run to establish whether arrangements (specifically, the decision to use (i) government versus non-government, or (ii) formal versus informal services) varied along different dimensions of diversity, e.g., family size, religion, nature of mothers' employment etc. (see Chapter 6). For the second (*what are working mothers' needs and expectations from early years' services*) summary statistics were used descriptively to report the most commonly reported needs and expectations, following which regressions were run to examine whether identified needs/expectations varied based on contextual diversity, including the child's age, nature of mothers' work, family composition etc. The role of quantitative methods in this study is thus mostly descriptive rather than predictive.

The second way in which data from the mothers' surveys is used is *qualitatively*: where the patterns emerging from summary statistics were used for presenting descriptive analyses of mothers' experiences with government services (see Chapter 7). Explanatory analyses were also conducted for uncovering the underlying factors/mechanisms influencing the take-up and non-take-up of the ICDS and RGNCS (see Chapter 8).

The semi-structured elite interviews were coded using the qualitative software package MAXQda. The analysis was a "continuous and iterative process" (Ritchie, Spencer and O'Conner, 2003) and utilised the *Framework Analysis* approach, under

which a “thematic framework is used to classify and organise data according to key themes, concepts and emergent categories...[eventually producing] a series of main themes, subdivided by a succession of related subtopics” (ibid., p.220). The process involved the researcher familiarizing herself with data in order to create initial analytical categories that were further developed into a framework as each transcript was read. Because this was an iterative process, it was possible to “reconsider and rework ideas” (Ritchie and Spencer, 1994, p.177) to make new connections as they emerged from the data. This data, along with that collected from mothers, was utilized for analysing the last research question on factors affecting take-up (see Chapter 8).

The analysis presented across Chapters 6-10 is organised by each research question. It follows the steps outlined by Danermark et al (2002) described in Section 4.2, beginning with ‘description’ and ending with ‘concretization and contextualization’. The reader is advised to revisit this section, as well as Table 9, to understand how each of the chapters to follow cover one or more of the outlined stages in undertaking analyses. Findings are accompanied by a presentation of (mostly) summary tables and (some) graphs; information on the source of each of these (i.e. the participant group, dataset/tool, and question number from which the data is derived) is given at the bottom of each table/graph to leave an audit trail. A set of sample tools/transcripts with primary data (i.e. 1 each of the mothers’ main, follow-on ICDS, and follow-on RGNCS surveys; 1 each of the ICDS and RGNCS centre worker tools; a policy expert interview transcript) is also provided in the Appendices (12.1-12.8) to situate specific questions within the larger survey/interview instrument. More detailed notes that illustrate how the raw data was utilised as relevant evidence for analysing a specific question/theme are periodically dovetailed with the findings that are presented in

subsequent chapters (e.g. see Sections 6.2 & 6.3 in Chapter 6, and Section 7.2 in Chapter 7). It is hoped that these descriptions will bring to light the link between evidence, analysis, and conclusions.

4.7 Conclusion

This chapter concludes by presenting two summary tables: the first (Table 12) traces the ontology, epistemology, theoretical frameworks, and methodological and axiological orientation of the present study and related keywords; and brings together concepts from both chapters 3 and 4. The second (a replication of Table 1) presents a summary of the overall research design – the research questions, methods/tools, participants, sampling strategies, and data analysis techniques.

The next chapter, the first in part II of this thesis, provides an introductory overview of the sampled slum community and each group of study participants.

Table 12. Tracing the Critical Realist Interlinkages in this Thesis

Construct	Description/Key words
Philosophical paradigm	Critical Realism
Ontological position	Realist: a real world exists independently of our perceptions, theories, and constructions (Maxwell and Mittapalli, 2010, p.146)
Epistemological position	Interpretivist: understanding of this world is a construction from our own perspectives and standpoint, independent of any specific viewpoint (Maxwell and Mittapalli, 2010, p.146)
Overarching theory	A Realist theory for programme evaluation (drawing on ‘Realistic Evaluation’ by Pawson and Tilley, 1997; and ‘Emergent Realism’ by Henry, Julnes and Mark, 1998). Three stances of engagement offered by this theory: (i) the values probing stance, (ii) the underlying mechanisms stance, and (iii) the sense making through classification stance
Theoretical frameworks	Determinants of programme performance (Wolman, 1981), Barriers and bridges to take-up (see Chapter 3, Section 3.4.2)
Methodological position	Overall approach to research design and implementation based on Critical Realism
Axiological position	Analytical stages: description, analytical resolution, abduction/theoretical redistribution, retroduction, comparison between different theories and abstractions, concretization and contextualization
	Two methodological principles: multimethods, quasi-closure
	Internal valuing systems influencing perceptions, decisions and actions (McGregor, 2011)
Interlinkages between constructs	Three influences on research study: influencing the purpose of research, shaping the researcher’s role, affecting the nature of knowledge created
	Achievement of coherent congruency (DeForge and Shaw, 2002), quality, validity and rigour

Table 1. Research Design

Research questions	Participants	Sampling Strategies	Methods	Tools	Analysis Strategies
What are the childcare arrangements made by working mothers of 1½-5 year-olds in the sampled research neighbourhood?	Working mothers of 1½-5 year-olds (n = 200 + 50)	Community-based Purposive (criterion) sampling	Parallel Mixed Design	Semi-structured surveys with mostly closed and some open-ended questions (administered through face-to-face interviews)	Stata (version 12) and MAXQda software packages used for analysis
What are working mothers' needs and expectations from early years' services? What is the take-up of the ICDS and RGNCS schemes by working mothers in the study sample?		Door-to-door and snowballing based recruitment	Mixed methods for data collection and analysis		Quantitative summary statistics and binary logistic regressions for detecting broad patterns + qualitative analyses for seeking explanations on explanatory mechanisms and their influence on take-up
What is their experience of using the different services offered under the ICDS and RGNCS schemes? Which of the component benefits do they take up and which do they not?					
What are the factors or combination of factors affecting the take-up of the ICDS and the RGNCS by working mothers in the study sample? How do these explain the (low) take-up of the two services under study?	Working mothers (n = 200 + 50) Children's centre workers* (n = 16 + 21)	<same as above> Purposive, criterion		<same as above> Semi-structured surveys with equal no. of closed and open-ended questions (administered through face-to-face interviews) Semi-structured interviews using topic guide	<same as above> Not used for analysis due to data contamination in ICDS group
	Policy experts/elites** (n = 15)	Purposive, criterion sampling using snowballing			Frameworks analysis using MAXQda
Total numbers	265 + 37[^]				
*Data not included in analysis	** Government officials, policy practitioners, academics etc.				
	[^] not used for analysis				

Part II

5. Setting the Scene: Study Location and Participant Characteristics

5.1 Study Locale: Urban Slums

UN-HABITAT (2006) defines a slum as: “a group of individuals living under the same roof in an urban area who lack *one or more* of the following five conditions: durable housing ... sufficient living area ... access to improved water ... access to sanitation ... [and] secure tenure” (p.21). The degree of deprivation experienced by inhabitants usually varies and depends upon the relative co-occurrence of the features mentioned above. Of the total urban population in developing countries (2.7 billion people), 32.7% (863 million) resided in slums in 2012 (UN-HABITAT, 2013): with this in mind, goal 7d of the MDGs aims to achieve “a significant improvement in the lives of at least 100 million slum dwellers” by 2020 (United Nations, 2000).

There are three historically related factors explaining the proliferation of slums: (i) rapid urban growth, (ii) colonial legacies of governance, and (iii) political fractionalisation (Fox, 2008). Sites of extreme deprivation, urban slums can be contrasted from generally poverty-stricken areas as follows: the former are often conglomerates of illegal construction with/without legal status while the latter may well possess this status. Slum homes range from temporary shacks/shelters to semi-permanent/permanent structures with problematic public hygiene/sanitation (some rich households may own private facilities), while poor neighbourhoods are not necessarily characterised by such inadequacies. Finally, slums are often disorganized (e.g., haphazardly located dirt roads lacking overall planning) while poor neighbourhoods may not always be the same.

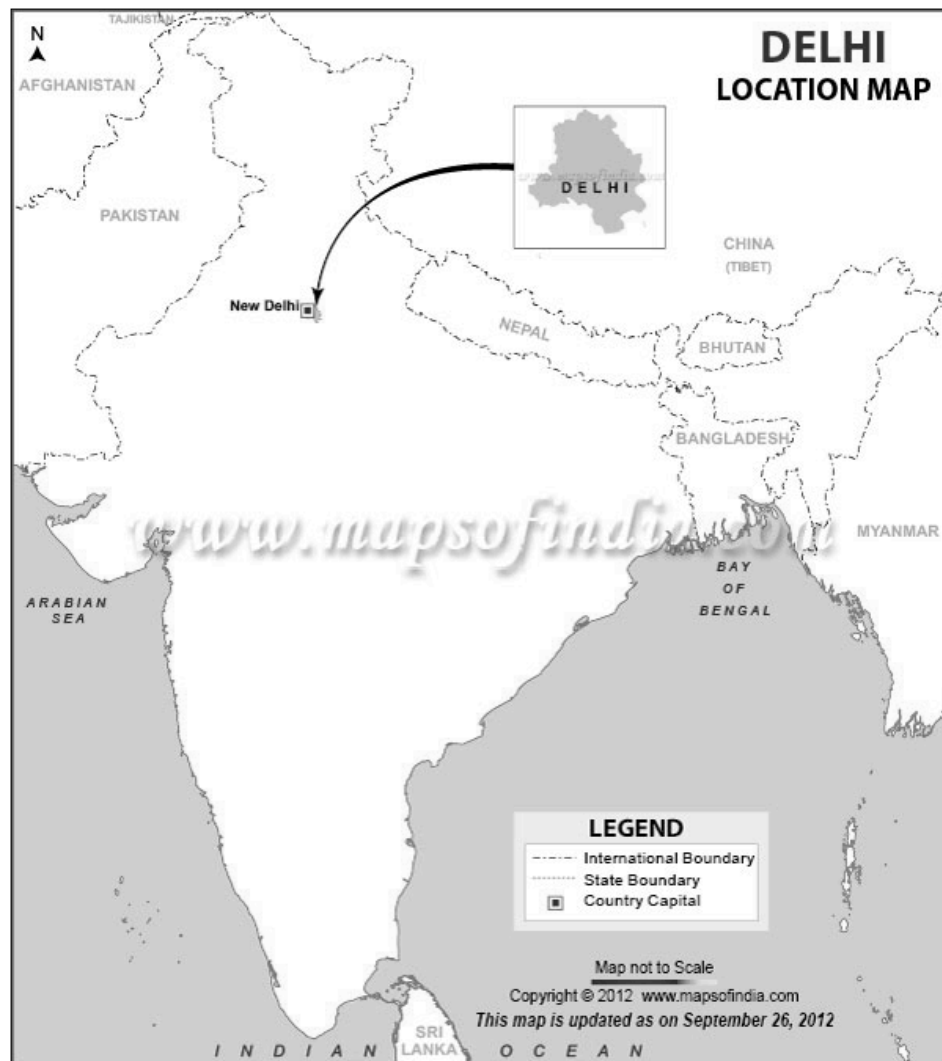


Figure 8. Delhi on India's Map [Source: Mapsofindia (2012)]

The slum selected for the study was located in Delhi, India (see Figure 8). In comparison with the world equivalent of 32.7%, the slum to total urban population ratio in India for 2009 was slightly lower at 29.4% (approximately 105 million people) (UN-HABITAT, 2013.). Equivalent figures calculated by the Census of India in 2011 estimate the total slum population of the country as being 65 million people (Census of India, 2013), or 17.3% of the country's total urban population. A snapshot of key statistics relating to slum demographics is presented in Table 13.

Table 13. Slums in India: Key Statistics

Descriptor	Reference statistic	Slum statistic
Number of towns reporting slums	Total towns: 7935*	2613**
Slum population (India)	Total urban population of India: 377 million***	65 million**
Slum population (National Capital Territory of Delhi)	Total urban population (Delhi): 16.3 million***	1.7 million**
Slum population, 0-6 years (India)	Total urban 0-6 population (India): 43 million**	8 million**
Sex ratio, 0-6 years (India) (females for every 1000 males)	Sex ratio, 0-6 years, total urban population (India): 905**	922**

*Census of India (2011a), **Census of India (2013), ***Chandramouli (2013a)

The Government of India classifies its slums into three types: (i) notified, (ii) recognized, and (iii) identified (Chandramouli, 2011). Of these, *notified* slums are legally granted the status of ‘slums’ under a related slum act by the government (state or local): there are 37072 such slum blocks in the country. *Recognized* slums are recognized but not formally ‘notified’ as such: there are 30846 such slum blocks in India. Finally, *identified* slums are established pockets of deprivation with 60-70 households of at least 300 people living in unhygienic conditions: there are 40309 identified slums in India (ibid.) that need to pass the ‘recognized’ and ‘notified’ stages to be afforded legal slum status in the country.

The percentage of slum to total households for Delhi is between 10-15% (similar to Uttar Pradesh, Rajasthan and Punjab), lesser than the highest range of 25-36% (e.g. Madhya Pradesh, Chhatisgarh and Andhra Pradesh) (Chandramouli, 2011). Most slum households exist as one-room accommodations (44.8%), although the number of two-room homes is significant at 29.5% (ibid.). The majority of slum homes – 71.9% - house 4 or more members and 70.2% are owned rather than rented (ibid.). Drinking water is primarily sourced through taps (74% of households) although these exist within the home for only 56.7% (Chandramouli, 2011). Lighting is sourced through electrical connections by 90.5% of homes (usually illegally). About 66.6%

have bathrooms but 34% have no toilet facilities within their premises; and only 36.9% homes have closed wastewater outlet drainages. Most households (51.3%) use either LPG (Liquefied Petroleum Gas) or PNG (Piped Natural Gas) for cooking although 25.8% and 14% still rely on firewood and kerosene respectively (ibid.). The most common asset that slum families own are television sets (69.6%) and mobile phones (63.5%) (ibid.).

5.1.1 The sampled research neighbourhood

The sampled research neighbourhood, established to bring together slum clusters spread within the main city and relocate them at its fringes, is a 35 year-old resettlement area in District East Delhi (see Figure 9).

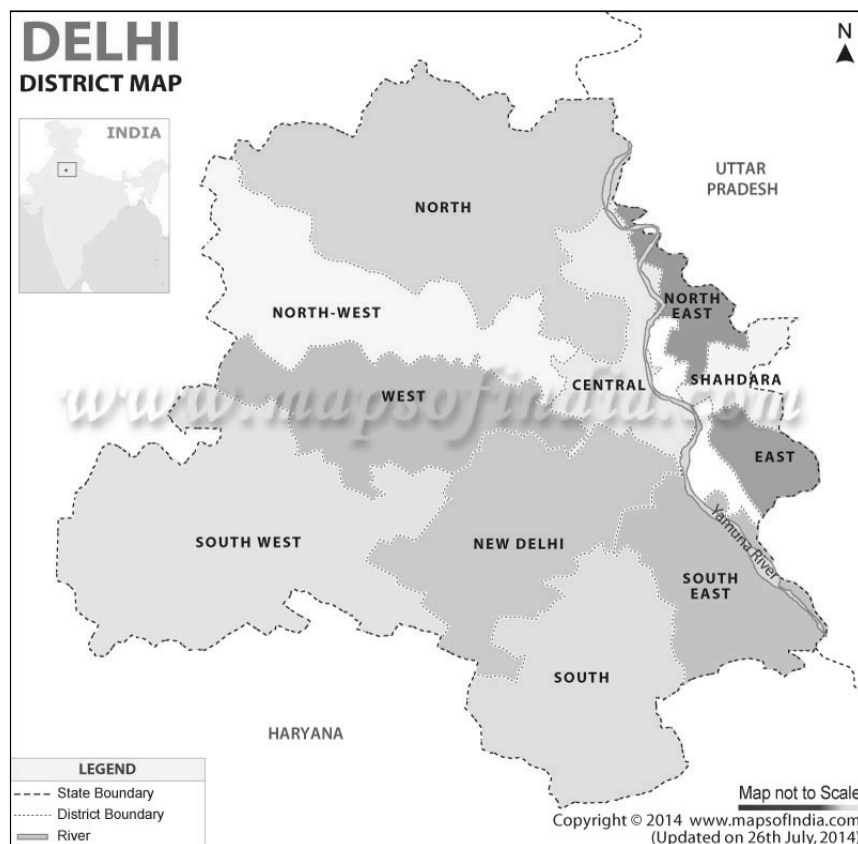


Figure 9. Map of Delhi Showing Districts [Source: MapsofIndia (2014)]

This district has the second highest population density and sixth largest population size within Delhi (Joshi, 2011), and reports the third highest overall literacy rate for the city – third highest for men and second for women (ibid.). Table 14 summarizes additional statistics from the district, referenced here as a means of providing additional context to the selected research neighbourhood (slum statistics are not available as the Census of India does not disaggregate data at this level).

Table 14. District East Delhi*: Key Statistics

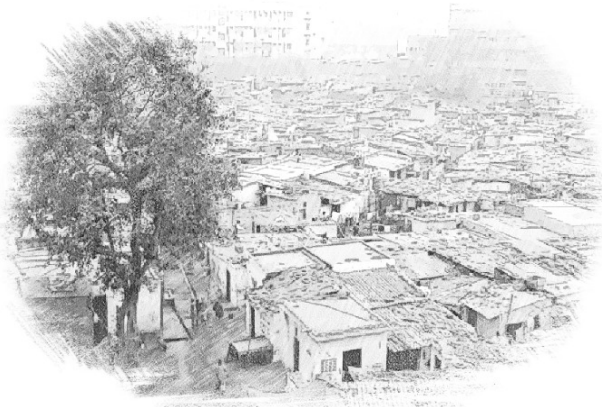
Descriptor	Delhi	District East Delhi*
Population	17 million	1.7 million
Population, 0-6 years	1.98 million	189,519
% of 0-6 year olds to total population	11.76%	11.10%
Sex ratio (females per 1000 males)	866	883
Literacy rate (% of literates to total population aged 7+)	86.34	88.75

*This is the district within which the selected research neighbourhood was located. Table populated from figures appearing in Joshi, 2011.

In its present form, the sampled research neighbourhood can be identified as a poor community situated next to one of the biggest, middle-class residential blocks of the city, and well connected by public transport – both buses and the Delhi metro (subway/tube). When first constructed it was spatially organised into 35 blocks housing about 500 families each, bringing it to about 18000 families in total. This plan is still intact, although a number of squatters have now settled unevenly in between, making the overall topography quite haphazard⁶⁰. The sampled slum community belongs to the ‘notified’ category. Homes are mostly semi-permanent/permanent brick structures about 225 square feet in size; with some cemented constructions built up to two additional floors by the more prosperous families. The squatter settlements in between, taking up approximately 25-30% of the total slum area, consist of temporary brick shacks with tarpaulin sheet roofs that measure about 100 square feet

⁶⁰ Households of both kinds were approached during data collection.

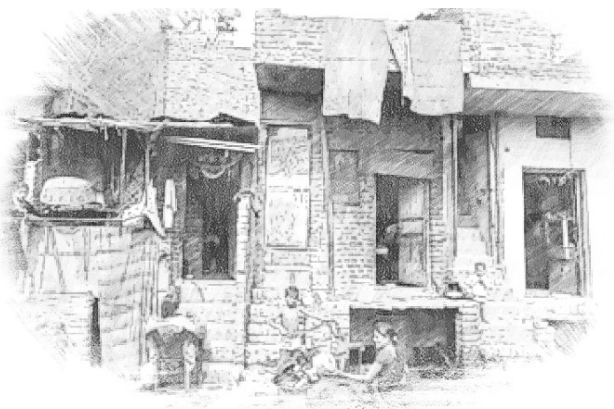
in size. The main road running through the slum and connecting roads in between are permanent gravel, while the more inner community lanes are connected via dirt roads (see Figure 10 for representational images).



(i) A slum community. Sketch based on original published by Hindustan Times (2013).



(ii) Mix of permanent and semi-permanent homes. Sketch based on original published by The National (2012).



(iii) Three neighbouring homes. Sketch based on original image by Levene (2013).

Figure 10. Slums: Representational Images

5.2 Study Participants: Introductory Profile and Demographic Characteristics

5.2.1 Mothers

There were 200 working mothers in the first group of respondents that participated in this study⁶¹ (see Chapter 4). Aged mostly between 26 and 34 years, the mean age of their ‘reference’ child (i.e. the one about whom questions were asked) was 3.6 years, with the majority being male. Ninety one per cent of participating mothers were married, while 62% mothers had received some form of formal education, with most having completed secondary school. Additional introductory information on mothers is presented in Table 15.

Table 15. Mothers: Introductory Information

Descriptor					
Mother’s Age	18-26 yrs.	26-34 yrs.	34-42 yrs.	42-50 yrs.	Mean age
	(%)	(%)	(%)	(%)	(yrs.)
	37.2	46.7	15.6	0.5	28.8
Child’s Age (%)	1.5-3 yrs.	3-4 yrs.	4-5 yrs.	5/5+ yrs.	Mean age
	(%)	(%)	(%)	(%)	(yrs.)
	21	27.5	31	20.5	3.6
Child’s Gender	Male (%)			Female (%)	
	55			45	
Attended school (mother)?	Yes (%)			No (%)	
	61.8			38.2	
Highest education received (mother)	None	Primary	Secondary	Senior	Tertiary
	(%)	School	School	Secondary ⁶²	Education
		(%)	(%)	(%)	(%)
	38.7	11.6	39.2	7	3.5
Marital status	Married	Widowed	Separated	Deserted	
	(%)	(%)	(%)	(%)	
	91	4	3.5	1.5	

The demographic profile of the participating mothers reflects the diversity of their circumstances (see Table 16). Family setups were predominantly nuclear (i.e. spouses/partners with a child/children), although joint setups (i.e. more than two generations, e.g., a couple, their children, and the children’s grandparents living

⁶¹ NB, data from only 199 was used for the analysis.

⁶² Equivalent to the senior/completing years of high school.

together) were also common. The majority of mothers were Hindu (82.4%), Hindi being the most widely spoken first language in families (72.4%). The majority (72.1%) also belonged to backward classes (e.g. scheduled castes – 59.4%, scheduled tribes – 4.6%, others – 8.1%) – historically socially and economically disadvantaged communities currently receiving benefits through various government schemes.

Table 16. Mothers: Demographic Information

Descriptor				
Family structure (%)	Nuclear ⁶³ 63.9	Extended ⁶⁴ 5.5	Joint ⁶⁵ 30.6	
Religion (%)	Hindu 82.4	Muslim 13.6	Sikh 2	Christian 2
First Language (%)	Hindi 72.4	Urdu 10.6	Tamil 8	Others 9
Home ownership (%)	Own 61.3		Not own 38.7	
Belongs to Backward Class (historically disadvantaged)? (%)	Scheduled Caste 59.4	Scheduled Tribe 4.6	Other backward 8.1	No 27.9

Despite their varying backgrounds, all participating mothers were living through a shared struggle with poverty on a day-to-day basis. They were engaged in a mix of full (32%) and part-time (68%) employment (see Table 17) of a long-term nature (only about 5% had been working for less than a year at the time of data collection). Even though the majority (61%) had gone to school (with most completing secondary education i.e. between 6-10 years of a 12-year school education), most worked in ‘informal’ occupations. For example, 48% worked as domestic helpers in nearby residential localities, and 19% worked on home-based contractual assignments, e.g., making floral garlands for temples, or embroidering for factories, working privately for small businesses, engaging in wage labour, or running home-based enterprises, e.g.

⁶³ Family unit: partners/spouses with or without child/children.

⁶⁴ Family unit with additional relatives, e.g., a spouse’s sibling/s.

⁶⁵ More than two generations living together, e.g., a family unit (with or without children) and parents of either/both spouse/s.

a beauty salon or tailoring shop. Their husbands were in a similar situation, i.e. even though the majority had completed secondary education, most worked in informal occupations, which made for a precarious economic existence (informal occupations are usually temporary, contractual positions that do not offer any benefits). In addition to the informal nature of occupations, the vast majority of participating mothers worked on weekends – 84.4% on Saturdays and 63.3% on Sundays, while a significant proportion also worked unusual hours: 32.2% started work before 8 AM, and 15.1% finished after 6 PM. There were also those whose husbands either worked part-time (11%), or did no work at all (7%) and those who were the sole working member of the household as a result of being separated, divorced or widowed. All of these circumstances made for not only adverse work conditions but also imbalanced family lives.

Table 17. Mothers: Work Profile

Descriptor				
Employment status (%)	Full-time		Part-time	
	32		68	
Nature of work (%)	Formal		Informal	
	15.6		84.4	
Place of work (%)	Home		Out of home	
	19.1		80.9	
Hours of work (%)	Usually before 8 AM	Usually after 6 PM	Usually on Saturdays	Usually on Sundays
	32.2	15.1	84.4	63.3
Self employed? (%)	Self-employed		Employed by someone	
	21		79	

Alongside their struggle for existence, most families had managed to build a number of assets for themselves. Sixty-one per cent lived in family-owned houses with an average of 1-2 rooms (over 94% of these were permanent, concrete structures), considered the most important asset for those that migrate to cities in search of a better living. Establishing a home is akin to establishing a better life and indicative of a

long-term relationship with prosperity. Although small in size, most homes were equipped with all essential amenities: 97% had electricity (whether the connection was legal or illegal is unknown), 95% had their own water taps, 92% a home toilet, and 88% an LPG connection for cooking food. Further, 88% of the families owned televisions, and 75% phones (usually mobile connections).

Even though the participating mothers came from a wide variety of national cultures (and varied based upon, e.g., their religion, language, caste and family size/composition), they lived within a shared socio-cultural milieu, a subculture that both determined and affected how they made everyday decisions relating to work and family life. Although with independent jobs and believing that they could make spending decisions individually if required (79%), 70% of the participating mothers did not have personal bank accounts. Most, nonetheless, made financial decisions in consultation with their husbands, both when spending their own income (51%) and their spouses' (59%). While everyday activities such as trips to the grocery store and doctors' visits were mostly undertaken independently, about 37% of the participating mothers were not allowed to go to places outside the community boundaries unaccompanied. Such cultural norms thus also formed the broader context within which childcare arrangements and decisions were often made. Combining work with family life was described to be difficult by the vast majority of mothers (78%) but essential in light of the need to make a living. Amidst busy work schedules, having a reliable person or place (34%), and the support of extended family members (28%) as well as distant relatives (16%) were considered key for looking after the young child. It was thus clear that there was a cultural predisposition towards; and reliability and trustworthiness associated with informal, family-level support rather than centre-

based services (government or private) when it came to caring for children. There was a culturally driven preference as well, among most mothers (65%), for one parent to work full-time and the other to work part-time to best balance between childcare and work responsibilities. The expectation was for the mother to primarily take on childcare responsibilities rather than the father, in line with the stereotypical gender roles prevalent in Indian society. This was evidenced in response to questions on caretaking routines for the child, where it was clear that most responsibilities lay with the mother (e.g. feeding, dressing and playing with the child) although fathers were slightly more involved when it came to roles such as teaching and caretaking during periods of illness. As will be seen in later chapters (see Chapters 7 & 8), this underlying socio-cultural reality of families plays a significant role in mothers' use of government services.

The three cameos below give an example of the diversity of mothers that participated in this study. There are three sketches presented below: that of an ICDS user, an RGNCS user, and an informal care user.

Cameo A: Bela – The ICDS User

Bela is a 36-year-old mother of three who has been living with her 45-year-old husband in a self-owned dwelling in Block 16. Theirs is a Hindu nuclear family from the historically disadvantaged Scheduled Caste. Having never attended formal school, Bela makes ends meet by working as a contractual wage labourer on construction sites in Delhi. The precarious nature of the job means that Bela often works only part of the year. Her husband, who has completed the first three grades of school, is also a daily wage labourer. Their home is a one room unit with an attached pit latrine that the family of five shares. They do not own many assets except a bed and a fan, but do own a cell phone and television. Bela can usually go about her daily chores within and outside the slum by herself, once financial decisions are jointly taken between her and her husband. Both of them earn about the same. Her decision to work as a wage labourer relates to the flexibility around the number of days and hours of work. Although employed for over four years now, Bela went full-time when the family faced financial difficulties. She finds balancing between work and family life very difficult, as between the two parents it is her that takes care of their five-year-old daughter's daily needs. When at work she relies on her two older children to take care

of their younger sibling for 4-7 hours each day. She believes this to be a pragmatic decision but also feels safe knowing that the child is being cared for by family members rather than a stranger. Since the last year-and-a-half, and after hearing about it from friends and neighbours, Bela has also been sending her daughter to the ICDS aanganwadi everyday, primarily to help her develop educational, social and play skills. She also recalls receiving advice from the centre worker when her daughter was ill with pneumonia, and when she needed to be vaccinated. She doesn't believe the ICDS to be the main care provider for the child though. When it comes to expectations from the government, Bela wishes pregnant women working in jobs such as hers were provided with paid maternity leave. She also hopes that the government can help working mothers such as herself by setting up day-care and crèche facilities for children under the age of three.

Cameo B: Rajni – The RGNCS User

Rajni is 32 years old and lives within an extended family of eight comprising her husband, children and sister-in-law in a self-owned, two-room house in Block 11. Although a member of the Scheduled Caste, Rajni's family is relatively prosperous. She has a BA degree and is self-employed as a tuition teacher, which lets her earn a handsome income, more than what her husband who works as full-time electrician for a private company, makes. Their home has all the amenities that make for a comfortable living – piped water, a flush toilet, cooking gas and electricity. They also own a number of assets including various pieces of furniture, a water filter, television, refrigerator and cell phone. Rajni operates her own bank account and runs household errands independently, while making financial decisions jointly with her husband. Giving private tuitions affords her the ability to work from home for varying hours based on her need, and also fits in well with bringing up her 4-year-old son. Previously working for only part of the day, Rajni now works full-time because of a financial need and also because her son is old enough to be sent to an RGNCS crèche. In addition, Rajni also has the support of her elder daughter and sister-in-law and relies on them for meeting any additional childcare needs. When home, both she and her husband share the responsibility for looking after their son. The RGNCS crèche, however, serves as the main childcare provider for her son. Besides enabling her to work while taking care of her child, Rajni believes that sending her son to the crèche everyday also facilitates his educational and social development in preparation for formal school. She chose this facility after hearing about it from friends and making enquiries herself, because it is located in the vicinity and makes for an affordable option (although she wouldn't mind paying higher fees if it meant a higher quality service). Usually suspicious of the quality of government-provided services, Rajni would prefer if the government helped create more part-time employment options for parents with young children.

Cameo C: Salma – The Informal Care User

Salma is a 25-year old Muslim woman. She lives in a joint family setup with her husband, two children (both of which are less than 6 years old) and parents-in-law. Salma's family owns the two-room house they live in. They lead a comfortable life that accounts for most necessities – piped water, a family pit laterine, a cooking gas and electricity connection, along with some assets such a bed and mattress, fan, cell phone, and television. Salma has been living in this urban slum since the last six years, ever

since she got married. She possesses five years of primary education and works as a part-time domestic help at a nearby middle-class residential society. Her husband, who has never been to school, works full-time as a fruit and vegetable vendor and owns his own mobile vending cart that he takes to the local market everyday. He earns more than Salma, and they pool their incomes together to jointly make all household expenditures. Selma finds it fairly easy to balance between work and family life – she works for only part of the day and has the support of her parents-in-law for taking care of both her children. Her two-and-a-half year-old son occasionally attended the ICDS aanganwadi, but not anymore. Her five-year-old daughter, who also previously attended the ICDS, now goes to school. She and her husband share equal responsibility when it comes to the care of their youngest child – while she is the one to dress him, it is the both of them that take turns feeding, playing, teaching and looking after him when he is ill. Between her in-laws, it is her son's grandmother who usually looks after him while his mother is away to work. Salma didn't choose to send her son to a centre-based care provider because she feels more secure knowing that he is at home and in the care of his grandmother, who is part of the family and would inculcate the same values in her child as she would. She sometimes faces problems though, when, say, once every couple months, she is ill, and her mother-in-law is unable to take care of her son because of prior engagements. Under such circumstances Salma is forced to take leave from work. Her ideal caregiver still remains her son's grandmother, as she believes him to be too young to sent for out-of-home care. Her experience with the ICDS has not been good – her son always wanders back home as a result of his lack of interest in the centre. She does not use the RGNCS crèche because she thinks she would much rather look after her son herself rather than trust such a facility. Her expectations from the government vary – maternity leave for women having babies, an allowance in the name of children below six, and more flexible work options for parents of young children.

5.2.2 Expert/elite interviewees

The experts/elites that participated in the study were all experienced professionals in the field of ECEC that had engaged with policy issues in some form during the course of their work in the area (see Table 18).

Table 18. Elite Interviewees: Profession

Profession	Number of elite interviewees
Freelance Early Childhood Consultant	4
Academic	4
NGO professional	3
INGO professional	2
Government professional	1
Private sector professional	1
Total	15

Of the 15 individuals that participated in this study, four were freelance early childhood consultants, one of whom was a retired bureaucrat from the Indian Administrative Services, and another the retired Director of a national research institution. Four others were academics at prominent city universities. Additional participants included three senior-level NGO professionals from national child welfare organisations, two international ECEC NGO professionals, and a private sector senior ECEC consultant with an international consultancy. Although the original aim was to also interview government officials working in the central or state department of Women and Child Development, this was not achieved because of a lack of response or a declination of participation by potential interviewees. There remained only one participant from the Planning Commission of India (that drafts the country's five-year plans) who agreed to be interviewed for the study but did not permit the discussion to be audio-recorded.

The four cameos below reflect the diverse professional backgrounds of the participating policy experts that made them trustworthy authorities on ECEC in the context of this study.

Cameo 1: MA – The NGO Professional

MA holds a Master's degree in Child Development and has been engaged with the early years for the last thirty years. Starting off as a practitioner teaching preschool children, MA went on to do research related to young children's development before beginning her association with one of the largest Indian NGOs working on ECEC. She has spent over 18 years with this NGO now and is currently serving as its Executive Director. Besides looking after the overall administration of its ECEC initiatives, MA is also spearheading a number of evaluation research studies, and engaging in continuous value-addition to the NGO's programmes through new initiatives. She also serves on the India Board of a major international NGO working on children's rights in the country.

Cameo 2: VC – The Academic

Professor VC, with a PhD in Psychology from India, approaches ECEC from three vantage points. She started her career by spending 20 years doing research, training and curriculum development in the field of early years and primary education at a government research organisation. She then moved to a prominent international research and funding agency where she spent 10 years heading the elementary and early years education division for South Asia. More recently, and since the last 6 years, she has been appointed visiting professor at a newly established national university, and is also serving as the director for its centre on early childhood that works, in collaboration with other funding agencies, on research, advocacy and professional development within ECEC.

Cameo 3: RB – The INGO Professional

Dr. RB holds a doctorate in Education with over 25 years of experience in the area of children's education. She is currently Director of policy at an international NGO that works on children's rights in India. She is also, concurrently, the India Country Director for an international comparative research project that studies childhood poverty longitudinally across four countries, and was also setting up, at the time of the interview, a university-based research cell on Early Childhood Development in a long-established public university located in Delhi. She has previously taught courses on Education to university students in India and abroad, served as head of school at a prominent national university, and headed a research project on school education in India. She has also served as member on a number of expert committees at various government organisations.

Cameo 4: AZ – The Freelance ECEC Consultant

AZ has over 15 years of diverse professional experience in the field of early childhood development. She was head of an Indian NGO for ten years, following which she taught courses on and served as a coordinator for a distance education degree in ECEC at a national university. She then worked on a number of freelance research assignments in the area of ECEC for a number of Indian universities and the UN and, at the time of the interview, was working as a Consultant for the national Ministry of Women and Child Development on an approach paper for early childhood education in preparation for the country's 12th five-year plan (2012-17), developed and executed by the Planning Commission of India.

As has been mentioned in Chapter 4, there was also a third group of participants from whom data was collected – children's centre workers from the ICDS and RGNCS. Problems during the data collection phase (see Section 4.5) meant that the data from this group of participants was rendered unusable and excluded from the final analysis. For all analytical purposes there were thus two groups of participants – mothers and

the expert/elite interviewees: the analysis presented in the forthcoming chapters (Chapters 6-8) is based entirely on these two sets of informants only.

6. Configurations of Care: ECEC Arrangements and Needs/Expectations from Services

6.1 Introduction

This first chapter on findings and analysis focuses on the first two research questions posed by this thesis:

Research Question 1: What are the childcare arrangements made by working mothers of 1.5-5 year-olds in the sampled research neighbourhood?

Research Question 2: What are working mothers' needs and expectations from early years' services?

This analysis covers the first stage (*description*) of Danermark et al's (2002) methodological framework (see Chapter 4), with detailed observations made about the phenomenon being studied. In analysing childcare arrangements, the chapter explores if these vary based on, e.g., demographic, social, and economic characteristics; and if so, in what way. In examining the second question, it is analysed if different types of mothers have different needs/expectations from services, and if so, what these are. Childcare is categorized into two: *formal* refers to centre-based services of all kinds (government, private and charitable) including paid/unpaid, while *informal* refers to the unpaid care provided by immediate/extended family members, relatives, friends and neighbours. This analysis draws upon the main survey with 200 mothers, although the total cases for which the results are reported (n) is 199 (see Chapter 4). All accompanying tables/graphs reference the related question/s and primary data source/s (both survey title and question number) from which they are derived (see Appendices 12.1-12.3 for a set of sample tools used with mothers).

6.2 Childcare Arrangements of Families in the Research Neighbourhood

6.2.1 Maintaining work and family life balance

Maintaining work and family life balance was a daily struggle for mothers, with 78% finding it difficult to juggle between domestic and professional responsibilities. Forty per cent of those that began work before 8 AM everyday (100 mothers) faced problems in making appropriate childcare arrangements (see Table 19). Thirty five per cent usually worked beyond 6 PM each day, and at least 44% of these found it difficult to organise appropriate childcare during this period. Working weekends were extremely common as well: while 96% of mothers worked on Saturdays, 75% also worked on Sundays, when government children's centres are closed. On other days, these centres, according to mothers, opened at 9 (RGNCS) or 10 AM (ICDS) and closed at noon (ICDS) or 3.30 PM (RGNCS), clearly indicating the inadequacy of hours of care.

Table 19. Work Times and Childcare Arrangements

	Do you work at these times/on these days? (%)						Does working on these days/times cause childcare problems? (%)			
	Never		Sometimes		Usually		Yes		No	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Before 8 AM	100	50.25	35	17.59	64	32.16	40	40.40	59	59.60
After 6 PM	129	64.82	40	20.10	30	15.08	31	43.66	40	56.34
Saturdays	8	4.02	23	11.56	168	84.42	60	31.41	131	68.59
Sundays	49	24.62	24	12.06	126	63.32	53	35.33	97	64.67

(Source: Mothers' main survey, n=199, Qs 8-15 in Section 2, Appendix 12.1)

6.2.2 The interplay of formal and informal services

It was evident that families depended on a mix of caregivers for the education and care of their children at any given point in time. Sixty eight per cent of mothers had sent their children to a formal (i.e. government, private, or charitable) early years centre within the six-month period just before the study began, while 79% had used

informal (unpaid) caregivers during this period. The latter had had these arrangements in place for longer periods of time (e.g., since the birth of their child – see Figure 11), as compared to formal service users, the majority of which had used these services for over a year⁶⁶.

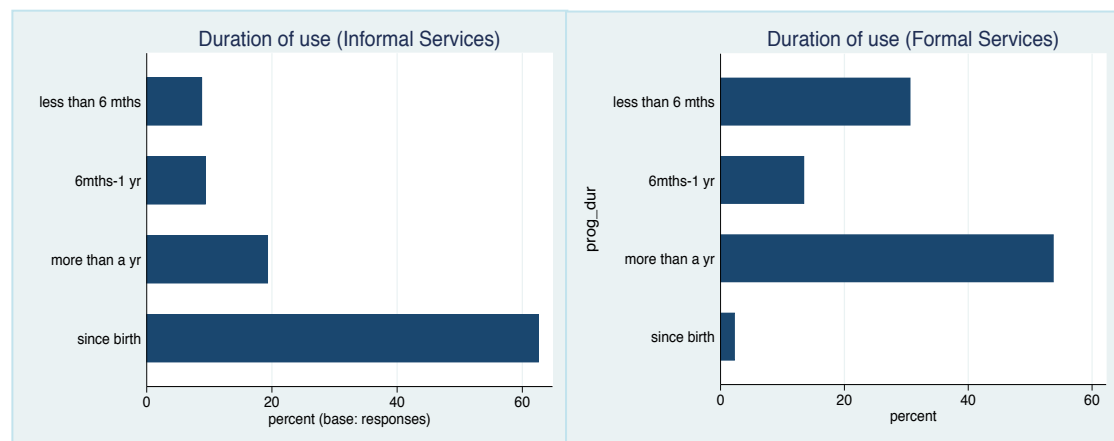


Figure 11. Duration of Use: Formal vs. Informal Services
(Source: Mothers' main survey, n=199, Qs 9 & 12 in Section 3, Appendix 12.1)

When analysed for interplay between services (see Table 20), it was found that the majority of mothers – 52% - used *both* kind of services, followed by 28% who relied *solely on informal caregivers* and 16% who used only *formal ECEC*.

Table 20. The Interplay Between Formal and Informal Services

Used formal childcare?	Used informal childcare?				Total	
	No		Yes		Freq.	%
	Freq.	%	Freq.	%		
No	9	4.52	55	27.64	64	32.16
Yes	32	16.08	103	51.76	135	67.84
Total	41	20.60	158	79.40	199	100.00

(Source: Mothers' main survey, n=199, Qs 8 & 10 in Section 3, Appendix 12.1)

There were 9 mothers (4.5%) that used neither formal nor informal services. All of these stayed in nuclear family setups and either worked from home, left their child

⁶⁶ This may be attributed to a number of reasons. First, informal care may be more readily available (often culturally obligatory) than formal. Second, it may be easier to use because it is unpaid (in the context of this study at least). Third, as also reported by mothers, it may be considered more reliable and trustworthy in comparison with formal arrangements.

home alone or in the care of siblings, went out to work only when the child was at school, or took the child to the workplace. Their non-use of formal childcare was associated with a lack of trust in out-of-home centres, prior dissatisfaction with poor quality services, and the inability to afford centre-based ECEC. There were two whose children were too young to attend centre-based care (in the mothers' opinion). The majority of these mothers, however, expressed a desire to use formal, centre-based ECEC services, and sought greater affordability and flexibility among services, more information on availability, and better quality of care. This finding will be revisited when analysing the needs and expectations from services later on in this chapter.

6.2.3 Childcare arrangements: Range of services used in the last six months

The childcare arrangements made by mothers have been analysed along two dimensions. The first (see Table 21) looks at *all* types of ECEC arrangements, and analyses the responses to the following survey question administered to all 200 mothers: 'What are ALL THE TYPES of childcare or preschool education that your child has been receiving over the last 6 months?' (see question 23 in Section 3, Appendix 12.1). Mothers were encouraged to count all possible arrangements made by prompting them with – 'any other?'. The responses that did not fit in with the existing categories were recorded in the 'other' field. The second dimension along which childcare arrangements are analysed (see Table 23) is by examining the responses to the question – 'Who would you say is the MAIN care/preschool education provider for your child?' (see question 28 in Section 3, Appendix 12.1) – also posed to all 200 mothers. In this case, mothers were encouraged to reflect on who the 'Main' provider was, both in terms of the frequency and duration of use. Those

who concluded that they had two main providers were recorded as such. The analytical categories that are used to report findings were generated by merging and re-organising a longer list of ‘raw’ responses. The 370 responses recorded in Table 21, for example, were originally placed into 14 categories that included the ‘other’. These were re-categorised into a two-tier grouping. The first tier includes three broad types of arrangements (viz. ‘informal unpaid’, ‘government’, and all others); followed by a second tier of sub-types within the broader groups – e.g. grandparents, siblings, other relatives, friends/neighbour and father under ‘informal unpaid’ (see Table 21). The results are reported in terms of a frequency and percentage count of all responses received. These were summarised in tables that were then used for writing descriptive accounts around the variety of childcare arrangements in the community. Note that this overall strategy was used to conduct most of the analysis in this study; except for the regression analyses presented in sections 6.3 and 6.5, and the qualitative analysis of expert semi-structured interviews (see Chapter 8) that utilised the Framework Analysis technique.

Findings resulting from the analysis of the first dimension (all types of arrangements in the last six months) indicate that the majority of mothers – 51.6% – used informal/unpaid care arrangements offered by family and friends (but most importantly grandparents and siblings) to care for their children, followed by government children’s centres (more ICDS than RGNCS users) at 35.4%. There were 31 mothers who cared for their children themselves by either working from home or when the child (aged 4+) was at school. Further, about 11 made use of private and 4 used NGO services, while 2 left children at home with/without a sibling but no adult supervision. The greater dependence on informal family networks may be indicative

of two things: either (i) that childcare needs were unmet by formal services, or, (ii) that mothers lacked awareness on the availability of formal services in their community.

Table 21. Specific Forms of ECEC Used in the Last 6 Months

Form of ECEC (What are ALL THE TYPES of childcare or preschool education that your child has been receiving over the last 6 months? Multiple responses possible)	Use		Total (%)
	Freq.	%	
<i>Informal unpaid</i>			51.61
Grandparents	86	23.24	
Siblings	52	14.05	
Other relatives	35	9.46	
Friend/neighbour	10	2.70	
Father	8	2.16	
<i>Government services</i>			35.41
ICDS	94	25.41	
RGNCs	31	8.38	
Nursery at govt. school	6	1.62	
<i>Cared for by mother herself</i>	31	8.38	
<i>Private services</i>	11	2.97	
<i>NGO Services</i>	4	1.08	
<i>Home alone kids</i>	2	0.54	
Total	370	~100.00	

(Source: Mothers' main survey, n=199, Q 23 in Section 3, Appendix 12.1)

In looking at each individual ECEC type in Table 21, the ICDS emerges as the most important service used in the last six months (25%), establishing both its significance and consistent availability. This is followed by care given by grandparents at 23%.

The multiplicity of childcare arrangements. Figures in Table 22 indicate that the plurality of mothers – 44.7% – had used *two types* of ECEC at any given point in the last six months, with 23% also using *three* services at a time. The multiplicity of ECEC arrangements is thus evident. When analysed it was found that 46% of those who used multiple services did so for educational reasons: anticipated school readiness (57%), and exposure to social, play, and educational activities (43%). The different types of ECEC may thus have been used to intersperse care and educational needs.

Table 22. Number of Caregivers or Services Used in the Last Six Months

How many different types of services have you used in the last six months?	Freq.	%
1 caregiver/service only (either formal or informal)	57	28.64
2 caregivers/services (only formal, only informal, or a combination of both)	89	44.72
3 caregivers/services (only formal, only informal, or a combination of both)	45	22.61
No external caregiver or service used	8	4.02
Total	199	~100.0

(Source: Mothers' main survey, n=199, Q 23 in Section 3, Appendix 12.1)

A second group, 41% of mothers, used multiple services for more practical reasons: to arrange care for their children while they worked long hours – multiple people/places being used because no single person or place offered enough hours of childcare. These findings clearly indicate the complex nature of early years provisions – with certain service providers deemed more appropriate for certain kinds of provision (care versus education), and the diversity in families leading to different preferences for ECEC. This preliminary finding will be further analysed in the second half of this chapter.

6.2.4 Childcare arrangements: Main provider at present

As has been mentioned previously, the childcare arrangements made by mothers have been analysed along two dimensions. The second – *the main provider of childcare or preschool education at present* (on the date of data collection) – refers specifically to the *main provider* of childcare/preschool education, with cases where mothers used more than one provider on a regular basis documented as 'multiple main providers'.

Table 23 below lists the main provider of childcare and preschool education reported by the mothers responding to this question.

Table 23. Main Provider of ECEC

Who is the main provider of ECEC for your child?	Freq.	%
ICDS centre	45	22.61
The child's grandparents	42	21.11
Rajiv Gandhi crèche	29	14.57
I have two main providers (1 family + other)	25	12.56
Child's sibling/s	18	9.05
Relative	12	6.03
Private/paid preschool/crèche/nursery	10	5.02
Not applicable	8	4.02
Friend or neighbour	4	2.01
NGO crèche	3	1.51
Father	2	1
Mother only	1	0.50
Total	199	~100

(Source: Mothers' main survey, n=199, Q 28 in Section 3, Appendix 12.1)

The ICDS emerged as the main provider for 23% of mothers, followed by grandparents (21%) and RGNCS crèches (15%). When compared with Table 21, the ICDS and grandparents remain the top two providers, with 'siblings' being replaced by the RGNCS as the third main provider in Table 23. It is also significant that 13% (or 25) mothers reported using more than one main provider: a mix of either multiple family members, or a family member and a formal provider.

What were the reasons behind parents' choice of specific ECEC services for their children? Analysis indicated that mothers used ECEC for a variety of reasons that differed based on the nature of service used, i.e. formal or informal (see Figure 12). Tables 24 and 25 detail the specific sub-factors within each broad set represented in Figure 12.

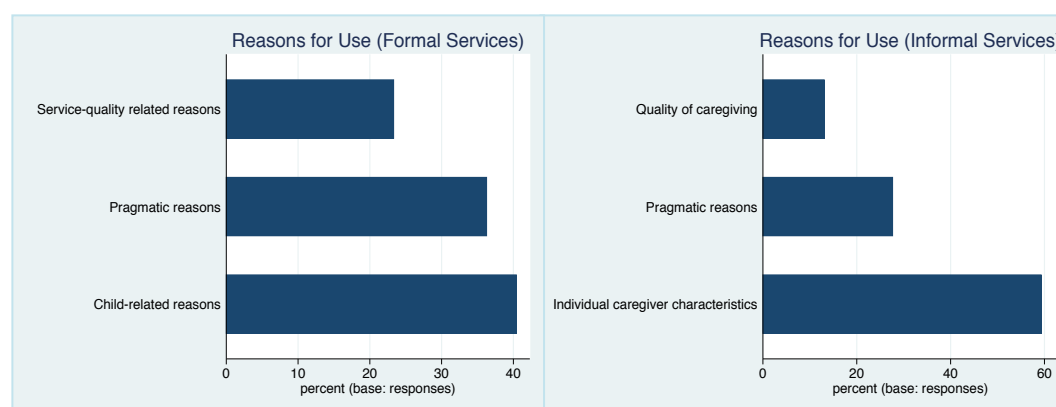


Figure 12. Reasons for Use: Formal vs. Informal Services
(Source: Mothers' main survey, n=86, Q 39 in Section 3, Appendix 12.1)

The plurality of mothers – 40% – used formal ECEC (e.g. government, NGO, or private services) because of its benefits for children: the provision of care/education, for children to mix, for the safety of the child etc. (see Table 24).

Table 24. Reasons for Use: Formal Services

(People have different reasons for choosing a specific childcare or preschool service. Why did you choose this particular provider to look after your child?)								
Child related reasons			Pragmatic reasons			Service quality related reasons		
Factor	Freq.	%	Factor	Freq.	%	Factor	Freq.	%
Education/ care	51	26.42	Low cost/ free	21	10.88	Is reliable	20	10.36
To mix with others	18	9.33	Easy to get to	20	10.36	Is trustworthy	19	9.84
Nutrition, safety, skills	9	4.66	No option	20	10.36	Good reputation	3	1.55
			Fits work	7	3.63	Trained teachers	2	1.04
			Other	2	1.04	Recommendation	1	0.52
Total	78	40.41		70	36.27		45	23.31
Total responses = 193								

(Source: Mothers' main survey, n=86, Q 39 in Section 3, Appendix 12.1)

Although the most important reason for mothers' use of formal ECEC related to the benefits provided to children, pragmatic considerations also significantly underlay service choice at 36%: no other option available, it is low cost/free, or easy to get to/close by. However, service-quality related factors were the least important consideration for mothers when making their choice, at 23%. This may be reflective of: (i) the ubiquitously poor quality of ECEC services that offers no real alternative

and is thus considered the least when making decisions about child care/education, and/or, (ii) low attention to service quality by mothers because of lacking awareness and/or low priority.

When it came to informal services, it was positive caregiver characteristics that primarily led mothers to choose one service over another (59% – see Table 25), indicating that this was an important expectation.

Table 25. Reasons for Use: Informal Services

(People have different reasons for choosing a specific childcare or preschool service. Why did you choose this particular provider to look after your child?)								
Caregiver characteristics			Pragmatic reasons			Quality of caregiving		
Factor	Freq.	%	Factor	Freq.	%	Factor	Freq.	%
This person is family	82	41.2	No other choice available	30	15.08	It is trustworthy	16	8.04
Can provide care within the home	24	12.06	Couldn't pay for formal care	10	5.03	It is reliable	10	5.03
Can bring up child like me	8	4.02	Child too young for others	6	3.02			
Shows child affection	4	2.01	It is easy to get to	3	1.51			
			This is my child's choice	3	1.51			
			Fits with my work	3	1.51			
Total	118	59.3		55	27.66		26	13.07
Total responses = 199								

(Source: Mothers' main survey, n=88, Q 41 in Section 3, Appendix 12.1)

Choosing informal providers based on pragmatic considerations (e.g., no other choice, couldn't pay for formal care, child too young for formal care) came second, at 27%; the reasons very similar to those cited by formal service users. The quality of caregiving was, however, the least cited factor in the choice of informal services, and reported by only 13% of mothers. This may be attributable to the lack of licencing/standards for ECEC provision in India (formal or informal), which leaves no room for quality-based comparisons between providers, and the overall lack of knowledge/awareness among users. Among mothers that did mention quality, factors such as trustworthiness and reliability were important in aiding decision-making.

Satisfaction with main provider. Programme satisfaction was analysed, first, by examining the responses to the question – ‘To what degree were/are you satisfied with the overall quality of your ECEC arrangements?’ (see question 42 in Section 3, Appendix 12.1) – posed to all mothers in the context of their main provider (except those who cared for their children themselves). Table 26 below indicates that almost half of the total mothers surveyed (49.4%) were *somewhat satisfied* with the services provided by the main provider.

Table 26. Satisfaction with the Main Provider of ECEC

Programme Satisfaction (To what degree were/are you satisfied with the overall quality of your ECEC arrangements?)	Main Provider		Total
	Informal	Formal	
Very satisfied	37	35	72
	51.39	48.61	100
	44.58	41.18	42.86
Somewhat satisfied	39	44	83
	46.99	53.01	100
	46.99	51.76	49.4
Not very satisfied	2	4	6
	33.33	66.67	100
	2.41	4.71	3.57
Very dissatisfied	3	0	3
	100	0	100
	3.61	0	1.79
Don't know	2	2	4
	50	50	100
	2.41	2.35	2.38
Total	83	85	168
	49.4	50.6	100
	100	100	100
Total responses = 191			

Key
Frequency
Row percentage
Column percentage

(Source: Mothers' main survey, n=199, Qs 28 & 42 in Section 3, Appendix 12.1)

Satisfaction was also analysed by creating a crosstab between programme satisfaction (question 42, Section 3, Appendix 12.1) and main provider type – formal or informal (a recode of question 28 in Section 3, Appendix 12.1 into a dichotomous variable), the results of which are also presented in Table 26. When categorised by formal and informal, 53% of these mothers were found to be using formal services. Further, a

large proportion – 43% – expressed as being *very satisfied* with their main provider: the majority of these (51.4%) were informal service users. Although there were only 6 mothers that were not very satisfied with services, the majority among these – 4 – were formal service users. This relatively mixed rating of services was also reflected when mothers were asked if they would like to change any aspect of the main provider, to which 46% responded with ‘yes’ and 51% with ‘no’ (see Table 27).

Table 27. Changes in Main Provider

Would you change any aspect of your main provider?	Main Provider		Total
	Informal	Formal	
No	44	39	83
	53.01	46.99	100
	53.66	47.56	50.61
Yes	34	42	76
	44.74	55.26	100
	41.46	51.22	46.34
Don’t know	4	1	5
	80	20	100
	4.88	1.22	3.05
Total	82	82	164
	50	50	100
	100	100	100
Total responses = 189			

<i>Key</i> <i>Frequency</i> <i>Row percentage</i> <i>Column percentage</i>
--

(Source: Mothers’ main survey, n=199, Qs 28 & 43 in Section 3, Appendix 12.1)

When further analysed, it was found that 55% of those seeking a change used formal services as compared with 45% who used an informal provider. These findings reflect a need for changing certain aspects of both kinds of services, the most important of which relate to the quality of ECEC and the hours for which services are available. These will be further discussed in Section 6.4 when analysing the needs and expectations of mothers from services. For now this chapter proceeds to the second part of the first research question: whether and how childcare arrangements vary among families based on different dimensions of diversity such as demographic, economic, and social characteristics.

6.3 Diverse Families, Diverse Care Arrangements

There are two dimensions along which this diversity of care arrangements between families is studied, both stemming from the analyses presented above: (i) use of government versus non-government services, and (ii) use of formal versus informal services⁶⁷. The analysis that follows is based on two sets of binary logistic regressions (see Chapter 4). The first derives the dependent variable – ‘main_provGN2’ – by recoding the main provider into a dichotomous variable: *government* and *non-government provider*. The second – ‘main_provFI3’ – recodes the main provider into *informal* and *formal providers*. The explanatory or independent variables used to model the relationship derive from a list of 26 variables (see Appendix 12.9) of interest relating to:

- a. Demographic characteristics of children and parents: age, sex, education, marital and residency status.
- b. Economic characteristics: work/employment type and status, family socioeconomic status.
- c. Social characteristics: religion, language, social class⁶⁸, and family type⁶⁹
- d. A special index derived from a combination of variables quantifying the general education and awareness of mothers on ECEC and their ability to take decisions in day-to-day life called the *women’s empowerment index* (see Appendix 12.10).

⁶⁷ There was a third (binary) variable that was considered but not eventually included because results were not significant: use or non-use of centre-based services.

⁶⁸ Social class in India comprises the General versus the Scheduled Castes and Scheduled Tribes: historically disadvantaged groups that receive special attention in government policies.

⁶⁹ Family structure/type goes beyond nuclear, to include extended and joint set-ups (beyond the primary, parent-child dyad to other members/generations living together). These are likely sources of informal care support for families with young children.

6.3.1 What kinds of families are more likely to use government ECEC services?

The regression analysis presented here relates to the factors associated with the use of government versus non-government services, the statistical model for which can be seen in Table 28.

Table 28. Determinants of Usage: Government vs. Non-government Services

Independent Variables	Main provider: Government vs. Non-government	
	Odds Ratio	Standard Error
Child's Age	1.36*	0.23
Father's work status – Employed vs. Unemployed	2.72	1.90
Family structure – Joint/Extended vs. Nuclear	0.39***	0.14
Constant	0.12**	0.11

Notes:

No. of Observations: 163, Log likelihood: -103.4, LR chi2: 12.46 (df: 3), Prob>chi2: 0.00596, Pseudo R2: 0.0568

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

(Source: Mothers' main survey, n=199, Qs 1, 23, 26 in Section 1 & 28 in Section 3, Appendix 12.1)

The fitted binary logistic regression model indicates that the family structure and age of the child are significant predictors of use of government versus non-government services. Holding the child's age and his/her father's work status as constant, the odds of using a government ECEC service by a child from a joint/extended family over the odds of using a government ECEC service by a child from a nuclear family are 0.39. In terms of percentage change, one can say that the odds for children from joint/extended families of using government services are 61.1% lower than those from nuclear families. This finding is reasonably intuitive – the need for, and usage of, formal, centre-based caregiving may be reduced in the presence of informal family-based options. It is further strengthened within the context of the data collected from

mothers, according to which informal arrangements were preferred because young children needed the care, attention, and familiarity that only other members of the family, besides the mother, could provide.

The model also indicates that, keeping the family structure and father's work type (informal work in the unorganised sector versus formal work in the organised sector) constant, a one-year increase in the child's age yields a change in the odds of using a government ECEC service of 1.36. In other words there is a 36% increase in the odds of using a government service (versus a non-government service) by a child who is a year older than one who is younger, keeping all other variables fixed. This finding may be best interpreted in that the government ICDS service requires children to be at least 3 years old to be able to attend preschool services. In practice, though, children are admitted up to a year in advance, so long as they are toilet trained by the time they start attending preschool. This association may also be understood in terms of the predisposition of parents towards school readiness, and the utilization of the ICDS preschool as an appropriate avenue for its achievement.

6.3.2 What kinds of families are more likely to use informal childcare?

The significance of informal, family-based care networks in providing ECEC has been established earlier on in this chapter. This section analyses the factors associated with the use of informal versus formal services, the fitted model presented in Table 29. While 'government' in the previous model refers specifically to the ICDS and the RGNCS, 'formal' in this model includes centre-based services of all types: government, private, and non-government services.

Table 29. Determinants of Usage: Informal vs. Formal Services

Independent Variables	Main Provider: Informal vs. Formal	
	Odds Ratio	Standard Error
Child's Age	0.63**	0.12
Father's work type – Formal vs. Informal	0.59	0.25
Family structure – Joint/Extended vs. Nuclear	2.52**	0.94
Mother's Age	1.10**	0.04
Constant	0.25	0.30

Notes:

No. of Observations: 146, Log likelihood: -90.79, LR chi2: 20.80 (df: 4), Prob>chi2: 0.00034, Pseudo R2: 0.103

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

(Source: Mothers' main survey, n=199, Qs 1, 24, 26 & 4 in Section 1 & 28 in Section 3, Appendix. 12.1)

The dimension of interest within the dichotomy selected for this regression is *informal* services. Analysis shows, as previously, that the child's age and family structure are significant predictors of the use of informal services. A third variable, the age of the mother also comes up as significant. Keeping all other variables constant, a one-unit increase in a child's age yields a change in the odds of using an informal ECEC service of 0.63. In other words, a child who is a year older reduces his/her odds of using an informal early childhood education provider by 37% when compared with one who is younger. This falls in line with the reasoning developed above where an increase in age is associated with increased eligibility for formal preschooling.

Further, all other variables constant, the odds of using an informal ECEC service by a child from a joint/extended family over the odds of use by a child from a nuclear family are 2.53. In other words, the odds of using an informal service by children from joint/extended families are about 153% higher than those from nuclear families, understandable based on family members/relatives being the most cited informal

service provider in this study. While this, on the one hand, may reflect that informal services are preferred over formal; it may also, on the other hand, reflect (perhaps covertly) the poor quality of formal services available in the community that prevent mothers from building trust in them. This reasoning shall be examined in greater detail in the next chapter when an analysis of government service uptake is undertaken.

The logistic model in Table 29 also reports the mother's age as predicting the use of informal ECEC services. Keeping all other variables in the model constant, a one-unit increase in the mother's age yields a change in the odds of using informal services (in comparison to formal services) of 1.10. In other words, a mother who is a year older has about 11% higher odds of using an informal service vis-à-vis a formal service, as compared to one that is one year younger. Having an older mother is perhaps indicative of a greater probability of the presence of elder siblings in a child's life, who may serve as 'informal' caregivers for their younger siblings. This reasoning is strengthened by the finding that care by siblings is the second most common informal ECEC arrangement reported by mothers in this study after grandparents (see Table 21).

6.3.3 Do diverse families then have diverse care arrangements?

Both models presented above find the child's age and family structure as two significant variables predicting the use of government (versus non-government) and informal (versus formal) services, the mother's age is also significant in predicting the use of informal services. These models seem to demonstrate limited predictability,

which may be attributed to sample limitations: the respondents and ECEC options are not diverse enough to be put to the tests of association under study here.

The current literature on the topic, however, provides a much more exhaustive list of factors associated with the use of different forms of ECEC. The findings from this study resonate with what has been reported by this larger body of literature for two of the three reported factors except the mother's age, which has not been reported previously. The child's age, for instance, has been found to impact the type of arrangements made by parents across the UK and USA (e.g. Adams, Tout and Zaslow, 2007; Kim and Fram, 2009; Leibowitz, Morrissey, 2008; Phillips, 1987a; Speight et al, 2010; Waite and Witsberger, 1988; Rose and Elicker, 2008 and 2010), with differences being observed at ages 3 and 5, and informal care more likely to be used by infants and toddlers; and formal, centre-based care by preschoolers. Family structure, referring to the nuclear versus joint family setup in the present study, can be related to factors such as the parents' marital (e.g. Adams, Tout and Zaslow, 2007) or cohabitation status (e.g. single parent families more likely to use relative than formal care – Boushey, 2003; Heck, Saltford, Rowe and Owen, 1992; greater likelihood of using multiple childcare arrangements in cohabiting as well as single-parent households – Morrissey, 2008; or lone parent families more likely to use childcare in general – Speight et al, 2010), and family size and/or number of children (e.g. families with more children more likely to use informal care - Burstein and Layzer, 2007; Chaudry, 2004; Speight et al, 2010) – all of which are associated with different types of childcare arrangements.

The above findings on childcare arrangements and the factors predicting their use are not discussed in any more detail than already presented above, since this analysis only

serves to provide the preliminary context to the main research question on factors affecting take-up of government services. There is, however, a large body of literature that discusses the range of childcare arrangements used by various categories of parents and the factors associated with these – a snapshot of which is presented in Table 30 as a way of contextualising the above analysis.

Table 30. Trends in Childcare Arrangements: Evidence from Existing Literature

Reference	Country	Variation in ECEC arrangements associated with
Adams and McDaniel (2009); Obeng (2007)	USA	Ethnicity: African and South Asian immigrants less likely to use formal, centre-based services
Adams, Tout and Zaslow (2007)	USA	Child's age (below or above 5 years); parental marital status; parental work status; race/ethnicity; family's financial situation and access to childcare subsidies; presence of additional caregiver (relative/parent); ECEC supply, cost and quality; access to information; location and availability of transport; parents' preferences; special needs of child
Blau (2001); Kimmel (2006); Michalopoulos and Robins (2002)	USA	Higher income associated with use of formal, centre-based services (that are more expensive)
Boushey (2003)	USA	Family and household composition: two-parent families more likely to use parental care when one parent is working; single parent families more likely to use relative care
Burstein and Layzer (2007); Chaudry (2004)	USA	Number of children: families with more children more likely to use home-based child care
Caldera and Hart (2004)	USA	Race and ethnicity: cultural practices and beliefs associated with use of relative and home-based care
Dawson and Cain (1990)	USA	Socioeconomic status (higher incomes positively associated with using childcare); mother's education; race and ethnicity; region; place of residence
Dickinson (1974), Duncan and Hill (1974)	USA	Geographical location of family
Emlen (1997); Henly and Lambert (2005); Hofferth (1999); Smith (2002)	USA	Complex employment situations: working odd hours, during weekends etc. associated with use of informal home-based care providers such as fathers, relatives etc. either exclusively or in addition to formal services
Equality and Human Rights Commission (2010)	UK	Formal childcare use is higher in less deprived areas; children from working and higher-income families more likely to use formal childcare
Fram and Kim (2008); Ishizawa (2006)	USA	Language: non-English speakers more likely to use informal than formal arrangements
Heck, Saltford, Rowe and Owen (1992)	USA	Being a single parent, having high family income, presence of a two-year old child positively associated with using childcare; being an older worker, having a child who is 1 year or less, or having a less professional occupation decreases the likelihood of using childcare; self-employment decreases likelihood; owning a business increases likelihood
Johansen, Leibowitz and Waite (1996)	USA	Mother's education; attribute of value (e.g., those valuing children's development choose centre-based care, those looking for location, cost and other factors choose home-based care); affordability
Kim and Fram (2009); Rose and Elicker (2008); Rose and Elicker (2010)	USA	Age of child: informal care more likely to be used for infants and toddlers and formal, centre-based care for pre-schoolers (aged 3)

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Lehrer (1983)	USA	Family income and mother's earning
Leibowitz, Waite and Witsberger (1988)	USA	Relationship between mother's education, race, and ethnicity related to parent's choice of childcare arrangements; child's age
Liu (2010)	USA	Poor, immigrant neighbourhood mothers more likely to use relative or family day-care than centre care; mothers from states with generous child care spending more likely to use centre-based care
Matthews and Jang (2007)	USA	Immigrant status: Latino families and communities less likely to use formal childcare because of lack of information
Morrissey (2008)	USA	Greater likelihood of using multiple arrangements related to age of child (older children), informal childcare use, mothers' hours of employment (40 hours or fewer) and living in both cohabiting or single-parent households
Nyland, Nyland and Maharaj (2009)	China	Employment status, gender, age, level of education and income level of parent, and views regarding the needs of the child
Phillips (1987a)	USA	Childcare centres more likely to be used for the older preschool child for the level of social interaction and educational programmes
Research Connections (2009)	Global	(Based on a resource list on childcare decision making) Parental characteristics; child characteristics; parental employment
Rose and Elicker (2010)	USA	Ethnicity (being White); mothers' education (higher levels); family role ideology (more egalitarian views on the role of women in the family and the role of a mother); higher income levels – all increased the odds of using non-parental care
Speight et al (2009)	UK	Children from working and higher income families more likely to use formal care; families with lower incomes less likely to use informal care; ethnicity (Pakistani and Bangladeshi children less likely than White to receive formal childcare); children with special needs less likely to receive formal childcare; geographical location (children in London less likely to use informal care)
Speight et al (2010)	UK	Children from low-income and larger families, those whose mothers did not work or did not have any academic qualifications were less likely to receive ECEC; children from lone-parent families, those with access to a car had higher likelihood of using ECEC; strong negative association between levels of multiple disadvantage and take-up of ECEC; child's age
Warfield and Hauser-Cram (1996)	USA	Presence of developmental disabilities in children
Wolfe and Scrivner (2004); Kim and Fram (2009)	USA	Parents' level of education especially mothers' levels of educational achievement associated with greater use of centre-based care

6.4 Needs and Expectations from Early Years Services

This section examines the second research question of this thesis. It analyses mothers' needs and expectations from services and whether these are associated with demographic, family, or any other characteristics.

6.4.1 The need to find and maintain ECEC services

About 29% of all participating mothers believed they had faced or were facing problems with finding and/or maintaining ECEC services, despite the various options available to them within their neighbourhood. These difficulties and challenges, assumed as being indicative of their unfulfilled needs, are summarised in Table 31.

Table 31. Problems and Challenges with Current ECEC Arrangements

Problems and challenges with current ECEC arrangements (What were the problems or challenges that you have faced, or are currently facing, with your current ECEC arrangements?)	Freq.	%
Lack of accessible information	23	25
Difficulty finding convenient location	19	21
High cost of care	13	14.3
Difficulty finding any type of care	13	14.3
Difficulty finding care for hours required	10	11
Concerns about quality of care	9	10
Difficulties finding a place	2	2.2
Other	2	2.2
Total	91	100

(Source: Mothers' main survey, n=57, Q 46 in Section 3, Appendix 12.1)

As can be inferred from the table, mothers expressed the need for more accessible information on ECEC options in their community (25%), convenient location of ECEC providers (21%), and a greater variety of care options (~14%) that are not very highly priced (~14%). They also expressed the need to find ECEC outside of the normally available hours (11%) as well as services that were good in quality (10%).

6.4.2 The need for regular and reliable services

Approximately 51% of all mothers had experienced a sudden unavailability of their usual ECEC arrangements in the past, indicating that regularity and reliability of services was an important need. A total of 16% faced such crises frequently – once every 1-2 weeks, and 10% every 1-2 months, while 25% of mothers encountered such problems only once every 6-12 months (see Table 32).

Table 32. Unavailability of Usual Preschool/Childcare Arrangements at Short Notice

Unavailability of usual preschool/child care arrangements at short notice	Freq.	%
(And did it ever happen that your usual arrangements for childcare/preschool education became unavailable at short notice? How often did this happen?)		
Never	89	48.9
Less often (once every 6-12 months)	45	24.7
Once every week/every other week	29	16
Once a month/every other month	19	10.4
Total	182	100

(Source: Mothers' main survey, n=199, Q 47 in Section 3, Appendix 12.1)

6.4.3 The need for ECEC under special circumstances

Mothers also discussed occasions when they needed ECEC but couldn't find any person or place to take on the role. Approximately 26% of all mothers who participated in the study had faced the above predicament. For most mothers (36.8%), this need arose when they had to work extra hours or had domestic chores to attend to (22.8%). Table 33 reports all other occasions when this need was faced. The regularity with which mothers faced this shortfall varied between two extremes: either once every other week, or once every 3-6 months, with much of it experienced during the early hours of the day, i.e. between 9 AM and noon.

Table 33. Inability to Arrange ECEC: Work and Non-Work Situations

Inability to arrange ECEC: Work and non-work situations (In what work and non-work situations have you not always been able to get all the childcare you wanted or needed in the last year?)	Freq.	%
When I've needed to work extra hours	21	36.8
When I've had an appointment to go to	13	22.8
When I've been sick	7	12.3
Others (e.g. domestic problems, centre closure)	7	12.3
When I've wanted to take on a new job	6	10.5
When my child was ill	3	5.3
Total	57	100

(Source: Mothers' main survey, n=51, Q 56 in Section 3, Appendix 12.1)

Previous analysis (see Table 19) also indicates that mothers often began work before 8 AM, sometimes worked until after 6 PM, and that a vast majority worked on both Saturdays and Sundays: at which times ECEC services aren't often available. These findings clearly suggest the inadequacy of available services.

6.4.4 Expectations from ECEC service providers

A third set of indicators examined working mothers' needs and expectations from an ideal ECEC provider (see Table 34).

Table 34. Significant Factors in Selecting an Early Childhood Setting

Significant factors considered when selecting an early childhood setting	Relative importance of factors (%)				Total (%)
	Not at all important	Not very important	Important	Very Important	
(Suppose you had to choose a childcare/preschool setting for your child. How important do you think each of these would be to you?)					
My child's development/ education	0.00	1.51	9.05	89.45	100.00
Facilities available	0.00	1.51	14.57	83.92	100.00
Reliability	0.00	3.03	14.65	82.32	100.00
Friendly environment	0.00	2.51	15.58	81.91	100.00
Cost	0.50	3.52	15.58	80.40	100.00
How my child mixes with others	0.00	2.51	19.60	77.89	100.00
Location	0.50	3.52	24.62	71.36	100.00
Timing	0.00	2.51	28.14	69.35	100.00
Flexibility	0.51	14.14	27.27	58.08	100.00
My child's own choice	0.00	16.58	29.65	53.77	100.00
Personal recommendation/ reputation	0.51	10.61	35.86	53.03	100.00
Total	0.18	5.63	21.32	72.87	100.00
Total responses = 2186 (based on the ranking of 11 factors on a four-point scale)					

(Source: Mothers' main survey, n=199, Q 48 in Section 3, Appendix 12.1)

The table presents characteristics in decreasing order of significance. Mothers' expectations centred, first, on finding a provider that could support their child's development and/or education (89%). This was followed by a need for sufficient centre facilities (84%), and overall reliability of services (82%). A child friendly environment was also expected (82%), followed by services that were cost-effective (reported by 80% of mothers).

6.4.5 Expectations relating to quality of service provision

The quality of care was an additional concern for mothers looking for an appropriate ECEC provider. Table 35 summarises the elements contributing to their understanding of quality.

Table 35. Dimensions of Quality: Expectations from ECEC Services

Dimensions of quality: Expectations from ECEC services (If you could, what aspect of your current childcare or preschool arrangement would you like to change (open ended)?)	Freq.	%
Quality of preschool education	11	38
Infrastructure and equipment at centre	8	27.6
Quality of food that children eat at centres	3	10.3
Opportunities for socialising and play	3	10.3
Quality of teachers and caregivers	3	10.3
Quality of caregiving	1	3.5
Total	29	100

(Source: Mothers' main survey, n=85, Q 44 in Section 3, Appendix 12.1)

Most mothers (38%) expected centre-based services to offer high quality preschool education, and to provide sufficiently developed infrastructure and adequate play and study equipment (27.6%). The quality of food was important to some mothers (10%) along with well-trained teachers and caregivers (10%), and opportunities for play and socialisation (10%). As has been previously reported (see Table 25), informal services

were used mostly for positive traits of the caregiver (e.g. affection and warmth towards children), indicating that this may be an important expectation from providers.

6.4.6 Other expectations from ECEC services

As has been previously reported, mothers expected services to be ‘conveniently located’ (see Table 31): 92% desired these to be located closer to the home than the workplace. Another related aspect centred on the safety of spaces in which children were left, with ground rather than first/second floor locations being preferred. Mothers requiring additional hours of ECEC (both formal and informal users) expected services to increase by a mean of 3.3 hours everyday (Standard Deviation⁷⁰ = 2.2 hours). The majority of mothers (67%) also expected services to run for a minimum of 6 days each week.

About 29% mothers from the total study sample believed that the amount of ECEC information available to them was too little: 24.5% of these expected more information on preschools within the community (see Table 36), while 18% expected to know more about the childcare options available to them.

Table 36. ECEC Information Sought by Mothers

ECEC information sought by mothers (What more would you like to know about local childcare/preschool options?)	Freq.	%
Preschools in area	52	24.5
Quality of PSE/childcare available	48	22.6
Childcare centres in area	38	18
Costs of available childcare	38	18
Hours of ECEC available	31	14.6
Childcare for children with special needs	3	1.4
Timing of services available	1	0.4
Information on parenting	1	0.4
Total	212	~100

(Source: Mothers' main survey, n=57, Q 52 in Section 3, Appendix 12.1)

⁷⁰ Hereon SD

Further, 23% mothers expected to know more about the quality of available services, while others hoped to know more about the costs of childcare (18%) and the hours for which ECEC was available within the community (~15%).

Despite their relative dissatisfaction with available government provision, 53% of all mothers indicated government services to be their preferred ideal arrangement. This suggests that mothers expected the government (rather than private, NGO or other providers) to hold primary responsibility for the care and education of their children.

6.5 Diverse Families; Diverse Care Arrangements; Diverse Care Needs

This final section analyses whether and in what ways the needs and expectations of mothers from ECEC varied based on the diversity of their contexts. If needs and expectations vary based on the variety of contexts that children come from, ECEC services and policy must both be better equipped to respond to and accommodate them in order to increase service uptake. The analysis presented here was conducted in two steps. In the first, Chi-square analyses were conducted to test the association between four ‘need’ variables identified from the analysis above and select dimensions of interest (e.g. family structure, work hours, nature of work). Once the variables displaying association were identified, four sets of binary logistic regressions were run to understand the nature of association between the selected (dependent) ‘need’ variable and the (independent) explanatory variables.

6.5.1 The need to find and maintain ECEC services

Findings indicated that 29% of the mothers in the study sample faced problems in finding and maintaining early childhood services. The Chi-square test of independence indicated that diversities based on the family structure, mothers’ working hours, and cohabitation with/without the husband were significantly related to whether or not mothers faced this need (see Table 69 in Appendix 12.11). The binary logistic regression run to understand the nature of these associations is presented in Table 37.

Table 37. Binary Logistic Regression: The Need to Find and Maintain ECEC

Independent Variables	Problems/challenges finding or maintaining ECEC?	
	Odds Ratio	Standard Error
Family structure – Joint/Extended vs. Nuclear	0.30***	0.11
Working past 6 PM – Usually vs. Never	2.80**	1.26
Sometimes vs. Never	2.03*	0.80
Cohabitation – Living with husband vs. living elsewhere	0.38**	0.18
Constant	1.19	0.59

Notes:

No. of Observations: 199, Log likelihood: -114.63577, LR chi2: 20.70 (df: 4), Prob>chi2: 0.0004, Pseudo R2: 0.828

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

(Source: Mothers' main survey, n=199, Qs 26 & 8 in Section 1, 10 in Section 2 & 46 in Section 3, Appendix 12.1)

The fitted regression model indicates that holding everything else constant, the odds of having problems finding/maintaining ECEC by mothers from joint/extended families over the odds of having such problems by mothers from nuclear families were 0.30. That is, the odds of mothers from joint/extended families having problems were 70% lower than those from nuclear families, who, unlike the former, may not have informal (family) support networks to depend upon.

Similarly, other variables unchanging, the odds of mothers who usually worked beyond 6 PM having problems arranging preschool education/childcare were about 180% (or 1.8 times) higher than those not working after 6 PM, and understandably so, considering the limited availability of ECEC after office hours.

Finally, everything else remaining the same, the odds of mothers cohabiting with their husbands having problems organising ECEC were about 62.4% lower than those who did not. This may be explained by the limited ability of non-cohabiting mothers to share the costs of ECEC with the husband, or to have his/his family's support in

caregiving, and the resulting need to depend on external sources that, for various reasons (e.g. cost or quality issues), are more difficult to organise.

6.5.2 The need for regular and reliable services

The needs analysis conducted previously has established the importance of having consistent and regular services, their absence experienced by 51% of all mothers who participated in this study. Chi-square analyses indicated that such experiences were likely to vary based on what the mothers' workplace was (i.e. home or away), the type of work she was engaged in (i.e. formal or informal), who the main ECEC provider for her child was (formal or informal), and what the age of the child was (i.e. below or above 2.5 years) (see Table 70 in Appendix 12.11). Table 38 below summarises the logistic regression results that explain the association between these dimensions; only the first among these was found to be significant in the regression analysis conducted.

Table 38. Binary Logistic Regression: The Need to Find Regular and Reliable Services

Independent Variables	Usual arrangements unavailable at short notice?	
	Odds Ratio	Standard Error
Mothers' workplace – Home vs. Away	0.37***	0.15
Main provider – Informal vs. Formal	1.48	0.49
Child's Age – Above 2.5 vs. 2.5 and below	0.65	0.26
Constant	1.44	0.64

Notes:

No. of Observations: 167, Log likelihood: -110.93615, LR chi2: 9.58 (df: 3), Prob>chi2: 0.0224, Pseudo R2: 0.0414

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

(Source: Mothers' main survey, n=199, Qs 20 & 1 in Section 1, 28 & 47 in Section 3, Appendix 12.1)

Keeping all other variables constant, the odds of having usual childcare arrangements unavailable at short notice are about 63% lower for mothers who work from home as

compared to those who work outside/away. This is understandable, as mothers who work from home are more likely to have flexible work schedules and the opportunity to balance between work and care responsibilities.

6.5.3 The need for formal, centre-based services

Chi-square analyses revealed that there was a close association between mothers' use of formal services and their child's age, their work timings (whether they began working before 8 AM everyday or not), and work days (whether they did or did not work on Sundays) (see Table 71 in Appendix 12.11).

Table 39. Binary Logistic Regression: The Need for Formal, Centre-Based Services

Independent Variables	Use formal services?	
	Odds Ratio	Standard Error
Working before 8 AM – Usually vs. Never	0.49**	0.17
Sometimes vs. Never	1.554199	0.77
Child's Age – Above 2.5 vs. 2.5 and below	3.75***	1.38
Constant	0.93	0.33

Notes:

No. of Observations: 199, Log likelihood: -114.37935, LR chi2: 21.22 (df: 3), Prob>chi2: 0.0001, Pseudo R2: 0.0849

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

(Source: Mothers' main survey, n=199, Q 8 in Section 2, 1 in Section 1 & 8 in Section 3, Appendix 12.1)

The binary regression model that further studied this association (see Table 39) reveals that the odds of using a formal ECEC programme by mothers beginning work before 8 AM each morning were about 51% lower than those who didn't. This finding falls in place when interpreted as an unmet need: in the absence of formal services that functioned before 8 AM, mothers were left with no choice but to use the only other available option – informal services.

Additionally, the odds of using formal services by mothers whose children were over 2.5 years were 2.75 times higher than those with children equal to/under this age. There are two ways in which this finding might be interpreted: first, that it is relatively easier to find formal services for older rather than younger children (reflecting an unmet need for services for the latter). Second, mothers believe children under 2.5 years to be too young for formal/out-of-home ECEC, and prefer to keep them at home and under the supervision of a friend/relative.

6.5.4 The need for ECEC under special circumstances

Previous analysis reveals that mothers often need ECEC under special or one-off circumstances (see Table 33). Chi-square analysis shows that such needs may vary based on family structure (nuclear versus joint/extended), work hours (late hours beyond 6 PM versus no late hours), and work type (part- versus full-time) (see Table 72 in Appendix 12.11).

Table 40. Binary Logistic Regression: The Need for ECEC Under Special Circumstances

Independent Variables	Unable to organise ECEC sometimes?	
	Odds Ratio	Standard Error
Family structure – Joint/Extended vs. Nuclear	0.36***	0.14
Working past 6 PM – Usually vs. Never	4.07***	1.93
Sometimes vs. Never	2.30**	0.95
Mothers' employment status – Full-time vs. Part-time	0.40**	0.16
Constant	0.40***	0.10

Notes:

No. of Observations: 197, Log likelihood: -103.08876, LR chi2: 19.15 (df: 4), Prob>chi2: 0.0007, Pseudo R2: 0.0850

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

(Source: Mothers' main survey, n=199, Qs 18 & 26 in Section 1, 10 in Section 2 & 56 in Section 3, Appendix 12.1)

The binary logistic regression model that tested this association is presented in Table 40. Once everything else is held constant, the odds for mothers from joint/extended families of not being able to arrange ECEC during unusual circumstances are about 64% lower than for those living in nuclear setups: this is intuitive and in line with previous interpretations.

Further, everything else not changing, the odds of having such difficulties among mothers who *usually* work after 6 PM everyday are about 3 times higher than those not working such late hours. Similarly, these odds are 1.3 times higher for mothers who *sometimes* work late hours, than those who don't, indicating that mothers who work late hours are not likely to find ECEC providers because of the unusual hours at which this need arises.

Finally, all other variables not changing, the odds of being unable to make ECEC arrangements under special circumstances are 60% lower for mothers who work full-time when compared to those who work part-time. Part-timers may have more flexible, fluctuating or unusual working hours and therefore a greater need for making special ECEC arrangements (e.g. very early/late during the day, during weekends etc.): expectations that remain largely unmet.

6.5.5 Needs and expectations: Evidence from existing literature

As with the literature on childcare arrangements, there is a vast body of work documenting the needs and expectations of parents from early childhood services, the evidence being much in line with the findings reported by this study. The need to find and maintain regular/reliable services in this study is in line with the need for

trustworthy (e.g. Speight et al, 2009), regular, and on-going services (Henly and Lyons, 2000). The need to find services under unusual/special circumstances links with the demand for formal childcare outside standard hours/weekends, e.g. La Valle et al, 2002; Sandstrom and Chaudry, 2012; Woodland, Miller and Tipping, 2004. Finally, the need for more centre-based services resonates with a greater demand for centre-based care for infants and toddlers and lowered age restrictions at centres (Sandstrom, Giesen and Chaudry, 2012).

As with the first, this second research question on needs and expectations from services serves a more introductory, contextual purpose for framing the main question on take-up: the findings relating to this question are therefore not discussed any further in this section. An illustrative summary of the existing research evidence is, however, presented in Table 41. In addition to this literature, there is also a large body of work – on ECEC usage patterns, choice of services and decision making related to early years' programmes, and overall quality of ECEC services – that relates to the findings presented so far. Table 42 lists some of the work in this area.

Table 41. Needs and Expectations from Early Years Services: Evidence from Existing Literature

Reference	Country coverage	Category of ECEC users	Needs and expectations from early years services
Booth-LaForce and Kelly (2004); Chaudry (2004)	USA	Parents in general	Good quality, integrated services for children with special needs
Daycare Trust (2010)	UK	Working parents	Well qualified, trained or experienced staff; warm and caring atmosphere; good Ofsted report; affordable; provision for disabled children
DeVore and Bowers (2006); Parish and Cloud (2006); Rosenzweig et al (2008); Zigler and Lang (1991)	USA	Parents in general	Special arrangements for children with special needs: specific training, qualifications and capabilities to care for children with special needs or specific health concerns
Ellison, Barker and Kulasuriya (2009)	UK	Working parents	More affordable childcare
Equality and Human Rights Commission (2010)	UK	Parents	Better quality; more affordable childcare
Henly and Lyons (2000)	USA	Low-income working mothers	Regular, on-going and affordable care especially as informal care is often unreliable; affordable, convenient and safe options
La Valle et al (2002)	UK	Working mothers	Formal childcare outside standard hours and weekends
Mori (2004)	UK	Working mothers	Good staff, warm and caring atmosphere, quality of buildings and health and safety
Sandstrom and Chaudry (2012)	USA	Low-income working families	Affordable, high quality care that meets nonstandard work schedules
Sandstrom, Giesen and Chaudry (2012)	USA	Low-income working parents	More centre-based care for infants and toddlers; more spaces and less age restrictions at centres; more conveniently located near home/work or connected via transport; childcare during non-traditional hours (nights, weekends, holidays); more bilingual centres; providers that can care for children with special needs
Speight et al (2009)	UK	Working parents	Trustworthy services
Woodland, Miller and Tipping (2004)	UK	Working parents in general	Greater need during additional work hours, when taking up new employment; greater need among lone parents

Table 42. Additional Literature: ECEC Usage, Choice and Quality

Theme	Examples
ECEC usage patterns	Bryson, Kazimirski and Southwood (2006b); Chaudry et al (2011); DTZ (2007); Edin and Lein (1997); Hofferth, Brayfield, Deich and Holcomb (1991); IWPR (1996); OECD (2014); Riley and Glass (2002); Scottish Executive (2007); Speight et al (2009); Speight et al (2010); Stack (1974); Woodland, Miller and Tipping (2004);
Choice of services/decision making for ECEC	Chaudry et al (2011); Henly and Lyons (2000); Johansen, Leibowitz and Waite (1996); Leseman (2002); Leslie, Ettenson and Cumsille (2000); Research Connections (2009); Sandstrom and Chaudry (2012); Sandstrom, Giesen and Chaudry (2012); Woodland, Miller and Tipping (2004)
ECEC quality	Adams, Tout and Zaslow (2007); Galinsky et al (1994); Grogan (2011, 2012); Helburn et al (1995); Research Connections (2009); Whitebook, Howes and Phillips (1987a)

6.6 Conclusion

An analysis of childcare arrangements indicates that informal arrangements (especially grandparents and siblings) as well as the centre-based ICDS service were the two most common forms of ECEC used by the mothers participating in this study. While informal providers were primarily selected for the benefit of having a personally known, often home-based, individual caregiver, formal providers (the ICDS, as well as the RGNCS to a limited extent) were mostly used for the educational development of children, and as a first step for practising the future school routine. What was noteworthy was the complexity and multiplicity of ECEC arrangements, with mothers making use of myriad providers to look after their children while they worked. Having care arrangements suddenly become unavailable was more common for those using informal than formal services, indicating that even though informal services may be more convenient and secure options in comparison with the formal, they may not always be a very reliable or stable arrangement to depend on in the long term.

It is also important to recognise that differences between families based on characteristics, e.g. family structure/size, child's age, and mothers' age resulted in differences in childcare arrangements. Binary logistic regressions reveal that ECEC arrangements vary such that mothers from joint/extended families as well as those with relatively younger children were less likely to use government services as compared with those from nuclear households with older children. The analysis also indicated that younger children, those from joint families, and those with older mothers (and possibly older siblings who take on caretaking responsibilities) were more likely to be part of informal rather than formal care arrangements.

The analysis of needs and expectations from ECEC yields a number of results: first that mothers may not always have ECEC options available to them, and that services may meet their needs to a limited extent, if available. Mothers expressed the need to find and maintain conveniently located and affordable ECEC services, and to have greater information about these. A second need was to find consistently available, reliable services. A third was to find childcare for one-off, special circumstances such as long work days and extra/unplanned domestic responsibilities; especially those that come up early (before 9 AM) or later on (after 6 PM) in the day and on weekends. Mothers' expectations from ECEC service providers centred primarily on children's educational development, and the provision of reliable, child-friendly and affordable services. In expressing the need for 'good quality' services, mothers expected ample infrastructure and educational/play equipment and a focus on educational activities and learning. They also expected teachers and caregivers to be well trained and warm, friendly, and affectionate towards children. Centre-based early childhood services were expected to be located close to homes (rather than workplaces), with safe spaces for children to stay in. Mothers expected these to be available for between 7 (formal care) to 9 (informal care) hours each day and for at least 6 of 7 days in a week. The overall expectation was that good quality government services should ideally be available for everyone's use. Most of the above needs/expectations may be considered intuitive and expected, but also nuanced in terms of how certain aspects, e.g. reliability and consistency, show up as being distinctive. Because there is a dearth of empirical literature on user needs relating to ECEC in the Indian context, these findings are valuable in supplementing what has only been reported anecdotally so far.

Finally, results from logistic regressions indicate that mothers' needs and expectations from services vary based on certain contextual characteristics: the need to find and maintain regular ECEC was more pertinent in case of mothers from nuclear families, single parent (mother-headed) households, and for women working beyond 6 PM. Regularity and reliability of services was relatively more important for mothers working outside of their homes, as compared to those working from home. Results also indicated that mothers who began work before 8 AM everyday, and whose children were aged 2.5 years or less, had a considerably greater need for using formal/centre-based services than others. Lastly, mothers from nuclear families that worked past 6 PM and were engaged in part-time work, with fluctuating/unusual working hours, were more likely to face difficulties in finding and arranging ECEC during such special circumstances.

The findings from this chapter raise a number of implications for the study of programme take-up. First, they reflect that the ICDS remains a highly popular option, based primarily on the educational aspirations of mothers and needs/expectations from services that centre predominantly on education. The question that this raises is, do mothers take-up this specific component of the ICDS more than others? This question and others will be addressed in the next chapter once levels of take-up are established and then analysed.

The analysis of mothers' needs/expectations also begins to reflect some of the possible barriers to service uptake: lacking information on services, inconvenient locations, irregularity of service providers, lack of reliability, insufficient hours, and lack of options for children under 2.5 years. Besides the focus on preschool education, mothers' responses also indicate the need for child-friendly service providers, a lack of

which may also pose barriers to uptake. A more detailed analysis of these and additional barriers and bridges, and their role in affecting uptake, will be undertaken in Chapter 8.

A third and final point that the present chapter raises is that the family can no longer be assumed to be the ‘one-stop-shop’ fulfilling all ECEC needs of children. This is especially true in light of the changing work and family situations documented in this chapter: the proliferation of nuclear households and single-parent families, changes in mothers’ employment status, especially longer work hours and working weekends, and the overall unreliability of informal support systems.

The next chapter analyses the uptake of the ICDS and RGNCS, and the use and non-use of the different sub-services therein.

7. To Take-Up Or Not To Take-Up? Use and Non-use of Government Services

7.1 Introduction

This chapter analyses research questions 3 and 4 of the thesis:

Research Question 3: What is the take-up of the ICDS and RGNCS schemes by working mothers in the study sample?

Research Question 4: What is their experience of using the different services offered under the ICDS and RGNCS schemes? Which of the component benefits do they take up and which do they not?

In undertaking this analysis, the chapter covers the second stage – analytical resolution – of Danermark et al's (2002) methodological framework (see Chapter 4), as part of which service take-up is broken down into constituent factors/aspects that are then examined in detail. The first research question is addressed using the mothers' main survey (n=199⁷¹) dataset to calculate programme uptake for each of the ICDS and RGNCS. The reasons mothers use these programmes, as well as the causes of non-take-up and dropout, are also examined. The second research question is addressed using the data collected from the two follow-on surveys with 50 long-term users (25 each) of the ICDS and RGNCS (see Chapter 4) and explores programme accessibility, component benefits that mothers use/do not use (and why), the nature of their contact/interaction with centre workers, and overall satisfaction with services. All accompanying tables/graphs reference the related question/s and primary data source/s from which they are derived (see in conjunction with Appendices 12.1-12.3).

⁷¹ The total number of cases (main survey) for which the results have been reported is 199 instead of 200: one survey was incorrectly completed and thus excluded from the analysis.

7.2 The Take-up of Government Services by Working Mothers

7.2.1 Government services in the community

There were 56 ICDS and 5 RGNCS centres distributed across 36 residential blocks of the sampled research neighbourhood. The mean distance of centres from mothers' homes was 0.55 km (SD = 0.47 km) for the ICDS and 0.66 km (SD = 0.70 km) for the RGNCS. Data from the main survey revealed that awareness of the ICDS was extremely high at 90%. In comparison, a much smaller percentage of mothers, about 38%, knew about Rajiv Gandhi crèches. Of those who participated in the ICDS follow-on survey (n=25), about 57% had first become aware of the service through the centre worker (see Figure 13) who is responsible for making home visits to survey families, and disseminating information about the programme (MoWCD, 2012a). Relatives, friends, and neighbours were the second most common source of awareness at 36%.

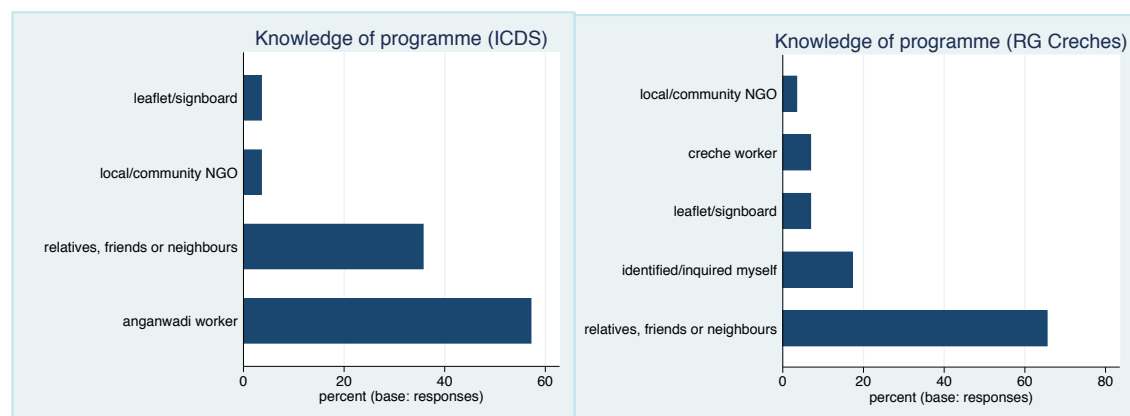


Figure 13. Knowledge of Services (ICDS and RGNCS)

(Source: Mothers' follow-on surveys – ICDS & RGNCS, n1=n2=25, Qs 1 & 1 in Appendices 12.2 & 12.3)

When it came to the RGNCS, most mothers (66%) attributed their knowledge of the service to relatives, friends and neighbours; while others had learned of it after seeing it in passing, or based on individual enquiry (17%). Knowledge of the crèche scheme was thus low and primarily based on informal sources, even though the government

expects crèche workers to ‘ensure regular home visits and mothers [sic] meetings to elicit participation’ (GOI, 2005), and ‘create awareness about better child care in the community’ (ibid.).

The age of children (16 males and 9 females) that attended ICDS centres ranged between 2.5 and 5, and averaged out at 4.1 years. The mean length of enrolment for the ICDS, at the time of data collection, was 1.66 years (SD = 0.66). The age range of children (16 males and 9 females) attending RGNCS services was slightly wider in comparison, between 1.5 and 5, with an average age of 3.6 years. The mean length of enrolment was 1.3 years (SD = 0.94). The ICDS was reportedly regular in its functioning: 60% of the mothers (n=25) reported it extremely rare for centres to be closed on a regular working day. Nonetheless, about 16% reported operational irregularity and attributed periodic closure to the absence of the main worker (teacher) or helper. In contrast, there were no reports of crèches being irregular, with most mothers reporting these as functioning regularly (64%).

7.2.2 Take-up figures for the ICDS and RGNCS

Table 43 presents figures on the take-up of the ICDS and RGNCS by participating mothers in the research neighbourhood, operationalized to mean any eligible child’s enrolment in, and utilisation of, services at any point in time within a one-year period from the date on which data was collected (see Chapter 4). These were calculated based on a frequency count and percentage computation of the question – ‘Have you used the ICDS/RG Crèche service at any point in time for <target child> within the last one year?’ (see questions 69 on ICDS & 74 on RGNCS in Section 3, Appendix

12.1) – posed to all 200 mothers. Figures indicate that the ICDS was taken up by 54.3% of all participating mothers (n=199), much higher than the Rajiv Gandhi crèches that were taken up by 18.6% of the total study sample.

Table 43. Service Take-up: ICDS and RGNCS

Service Take-up (Have you used the ICDS/RG Crèche service at any point in time for <target child> within the last one year?)	ICDS		RGNCS	
	Freq.	%	Freq.	%
Yes	108	54.3	37	18.6
No	91	45.7	162	81.4
Total	199	100	199	100

(Source: Mothers' main survey, n=199, Qs 69 & 74 in Section 3, Appendix 12.1)

These figures on take-up are further interpreted in the context of the distribution and uptake of other services by mothers, previously reported in Table 23, and reproduced here for the sake of convenience.

Table 23. Main Provider of ECEC

Who is the main provider of ECEC for your child?	Freq.	%
ICDS centre	45	22.61
The child's grandparents	42	21.11
Rajiv Gandhi crèche	29	14.57
I have two main providers (1 family + other)	25	12.56
Child's sibling/s	18	9.05
Relative	12	6.03
Private/paid preschool/crèche/nursery	10	5.02
Not applicable	8	4.02
Friend or neighbour	4	2.01
NGO crèche	3	1.51
Father	2	1
Mother only	1	0.50
Total	199	~100

(Source: Mothers' main survey, n=199, Q 28 in Section 3, Appendix 12.1)

There are two observations to make in this regard. First, even though ICDS uptake was quite high at 54.3% (n=199) (Table 43), it was the main ECEC provider for only 22.61% of the sample (Table 23). This implies that the ICDS was perhaps not used regularly enough to qualify as the main provider for 58.3% of those taking up the service. In comparison, even though the RGNCS was taken up by only 18.6% (Table 43) of all participating mothers (199), it was the main provider of ECEC for 78.3% of those using this service. This implies that the RGNCS was a more useful provision

than the ICDS for working mothers that successfully fulfilled their caregiving needs while they were out for work everyday.

Second, despite the take-up of both services not being extremely high, both the ICDS and RGNCS still feature among the top main providers for working mothers in comparison with all other available services, at first and third position respectively (Table 23). These two government programmes were thus relatively important in providing ECEC support in the sampled research neighbourhood, however the extent to which they were able to meet mothers' expectations is something that remains to be explored.

7.2.3 Reasons for mothers' uptake of government services

The follow-on group of 25 regular users of the ICDS were motivated either on their own or by centre workers to enrol children at centres.

Table 44. Reasons for Uptake of Government Services

Reasons for using the ICDS (Why do you send your child to <i>this</i> centre particularly? Multiple responses possible)	Freq.	% of responses	% of cases	Reasons for using the RGNCS (Why do you send your child to <i>this</i> centre particularly? Multiple responses possible)	Freq.	% of responses	% of cases
Child learns to sit still	22	32.8	88	Child learns to sit still	18	31	72
For Preschool Education	15	22.4	60	For the food	12	20.7	48
For the food	11	16.4	44	For child care	9	15.5	36
To increase school readiness	8	11.9	32	To increase school readiness	8	13.8	32
For child care for a few hours	4	6	16	For Preschool Education	6	10.3	24
Child likes it	3	4.5	12	Services are useful	4	7	16
Services are useful in general	2	3	8	No other option	1	1.7	4
The centre worker collects child	2	3	8				
Total	67	100		Total	58	100	

(Source: Mothers' follow-on surveys – ICDS & RGNCS, n1=n2=25, Qs 4 & 4 in Appendices 12.2 & 12.3)

Their reasons for choosing the ICDS in particular are summarised in the first half of Table 44. The top reason for 22 of 25 ICDS users, was to give the child an opportunity to learn to sit still in a structured/formal environment, the ICDS offering the first such occasion. Other reasons included: using the preschool education (PSE) component of the ICDS (15), benefiting from the daily (free) hot meal/snack for children (11), and increasing the children's school readiness (8). Although these centres provided only 3 hours of preschool education every day, for 4 mothers this was also a time when the centre took care of the child while they engaged in paid work.

When compared with the ICDS, RGNCS mothers were primarily motivated to enrol children for crèche services based on their own need, or on the recommendation of people in their social network (relatives, friends or neighbours). While the largest group of mothers (18 of 25) used these crèches to teach their children to 'sit still' within a formal environment, 12 chose them for the regularity of meals fed to children (3 times) each day (see Table 44). Other reasons why mothers chose the RGNCS because it enabled mothers to work (9), increased the school readiness of children (8), and because of the PSE component (6). Note that the last was further down in the list of reasons for using the RGNCS in comparison to the ICDS.

7.2.4 Why did some mothers not use government services?

Besides understanding the reasons why users opted for the two government services, it is also important to look at why non-users and dropouts chose not to use them. Such analyses aid in understanding why and how needs and expectations from services (see Chapter 6) remain unmet, or insufficiently met.

Non-users. This section is based on a comparison between the responses of non-users (a subsection of the 200 mothers) of the ICDS and RGNCS (see Table 45). There were some pragmatic reasons why mothers didn't use the ICDS, e.g., the child was too young/old for the preschool programme, or that mothers preferred home-based care over any external form. However, the chief reasons for not using this service related to perceived poor quality (25.6%) and mistrust (13.2%) in services. 'Quality' included aspects such as food, the elements of education and care, safety, the nature of facilities, and worker attitude/motivation. Even though awareness of the ICDS among all 199 mothers was extremely high (90%, as indicated previously), 12.4% of ICDS non-users (n=91) attributed non-use to a lack of knowledge of centres in their vicinity. For others, non-use related to limited hours of operation (8.5%), and a dislike of services by children in general (6.2%).

Table 45. Reasons for Not Using the ICDS

Reasons for not using the ICDS (Why haven't you used the ICDS Anganwadi service for <target child> within the last one year?)	Freq.	%
Quality issues	33	25.6
Child too young/old for Preschool Education (in the mothers' opinion)	29	22.5
Mistrust	17	13.2
Don't know about centres	16	12.4
Hours too little	11	8.5
Prefer home/family/myself	10	7.8
Child dislikes	8	6.2
Child needs special care	2	1.5
Transport issues	2	1.5
Past bad experience	1	0.8
Total	129	100

(Source: Mothers' main survey, n=91, Q 70 in Section 3, Appendix 12.1)

Among non-users of the RGNCS (162 of 199), 34% did not use the programme because they were unaware that these crèches existed and were available for them to use (see Table 46).

Table 46. **Reasons for Not Using the RGNCS**

Reasons for not using the RGNCS (Why haven't you used the RGNCS service for <target child> in the last one year?)	Freq.	%
Don't know about centres	68	34
Don't need such a service	37	18.5
Prefer home/family/myself	24	12
Affordability issues	20	10
Mistrust	14	7
Quality issues	10	5
Child too young for service	6	3
Transport issues	6	3
Send elsewhere	5	2.5
Child too old for service	4	2
Hours problematic	3	1.5
Child needs special care	2	1
Centre full	1	0.5
Total	200	100

(Source: Mothers' main survey, n=162, Q 75 in Section 3, Appendix 12.1)

This was, in fact, the most important reason for non-use, the next set of reasons being more pragmatic and relating to a lack of need (18.5%) or a preference for family-based care/education rather than centre-based services (12%). Affordability, unique to the fee-paying crèches in comparison with the ICDS centres that are free at the point of use, was reported as a deterrent by 10% of mothers. Issues of mistrust and quality were also reported at 7% and 5% respectively, although these were significantly less important than when mentioned in the context of the ICDS. Quality problems with the RGNCS related to, e.g., lack of experienced caregivers, an unclean centre, and poor food quality leading to a child getting ill. Problems with transport and hours of operation were also reported, although by a very small minority of non-users.

Dropouts. In addition to those that did not use the two services at all, there are also those that had either attempted to, or had enrolled their children for, the ICDS and RGNCS but dropped out soon after (see Table 47). There were fewer such cases of RGNCS dropouts (n=10) than ICDS dropouts (n=29). In addition to having problems with the quality of existing services (16%) as reported above, a significant percentage

of mothers, 36%, gave up on the ICDS because their children disliked attending the centre as a result of which they were either irregular at or entirely absent from the programme. The other reasons why mothers gave up on the ICDS services remain similar to those reported previously.

Table 47. Reasons for Not Using the ICDS (Dropouts)

Reasons for not using the ICDS (dropouts) (Please explain why you don't use the service despite enrolment of your child at the centre)	Freq.	%
Child dislikes/is irregular/refuses to attend	18	36
Child is too old/young for ICDS	14	28
Quality issues	8	16
Have a better alternative	4	8
Timings unsuitable	2	4
Only collect food	2	4
Was refused enrolment by centre	2	4
Total	50	100

(Source: Mothers' main survey, n=29, Q 72 in Section 3, Appendix 12.1)

There were fewer instances where non-users of the RGNCS enrolled or attempted to enrol their children for crèche services and dropped out soon after, which could mean either satisfaction with the quality of services offered at the crèche in general, or the fulfilment of working mothers' care needs. The number of such instances for the crèches was so low that the summary table below (Table 48) reports frequencies instead of percentages. This analysis does not say anything in addition to what has been mentioned previously, except that even within such a small proportion of mothers, the reasons for non-use were extremely individualistic and varied. As previously reported (see Table 46), quality, cost, dislike and illness, transport, and timing were some of the issues that were reported by this group of mothers as well.

Table 48. Reasons for Not Using the RGNCS (Dropouts)

Reasons for not using the RGNCS (dropouts) (Please explain why you don't use the service despite enrolment of your child at the centre)	Freq.
Quality issues	3
Cost issues	2
Didn't like so left	2
Child got ill so left	2
Transport issues	1
Timings unsuitable	1
Centre was full	1
Refused to enrol other child	1
Put child in formal school	1
Total	14

(Source: Mothers' main survey, n=10, Q 77 in Section 3, Appendix 12.1)

7.3 Experiences of Using Services: The ICDS and RGNCS Compared⁷²

7.3.1 Access to centres and overview of services used

Access to centres was fairly good for the ICDS: all 25 mothers found it extremely easy to get to centres from their homes everyday, the mean time taken being 5.4 minutes (SD = 2.2 minutes). The ICDS was believed to be largely regular, the mean number of days of operation each month being 24.2, although 3 mothers reported centres were open for only 15 days each month. The number of hours of daily operation ranged from 1 to 5 (Mean = 2.5 hours), with the vast majority of mothers (23 of 25) finding these convenient. Further, of the six services offered by the government under the ICDS (MoWCD, 2012a, see Chapter 2), mothers primarily took up the food (25) and PSE services (22) over others (see Table 49). Growth monitoring and immunization, in contrast, were used by approximately half of users; and only 5-6 took up health and referral services.

Table 49. ICDS Services Taken Up in the Last Year

ICDS Service (What are some of the services that your child has received from the ICDS centre during the last 12 months?)	Freq.	% of responses	% of cases
Supplementary nutrition	25	29.4	100
Preschool education	22	25.9	88
Growth monitoring	14	16.5	56
Immunizations	13	15.3	52
Health check-ups	6	7	24
Referral services	5	5.9	20
Total	85	100	

(Source: Mothers' follow-on survey ICDS, n=25, Q 20 in Appendix 12.2)

These findings indicate that while the ICDS service was very well established (i.e. widely available and accessible in terms of location/distance from homes) all the

⁷² The data for this section comes from the 25 detailed follow-on surveys conducted with 50 users (25 ICDS + 25 RGNCS) of government services.

services were not equally taken up. This may have been because of poor implementation, or because of a mismatch between needs and expectations of users on the one hand, and the nature of available services on the other. Which it is will be addressed in the next chapter.

The Rajiv Gandhi crèches, in comparison, were slightly different. Centres were not as readily accessible as the ICDS: only 17 of 25 respondents found it easy to get to crèches from their homes everyday, the average time taken being 14.8 minutes (SD = 11 minutes; varying from 2-45 minutes). The mean number of operational days of crèches was slightly higher than the ICDS at 25.8. Crèches ran for between 5 to 9 hours each day (Mean = 7.4), longer than the ICDS, with 23 of 25 mothers finding these to be convenient. Mothers paid a fee for their children to attend services, the amount varying from INR⁷³ 50 to INR 200 per month per child, and averaging out at INR 97.2. Of the various services offered by the RGNCS (see Table 50), mothers primarily took up sleep and rest facilities (21), day-care facilities (20), and supplementary nutrition (SN) (18).

Table 50. RGNCS Services Taken Up in the Last Year

RGNCS Service (What are some of the services that your child has received from the RG crèche during the last 12 months?)	Freq.	% of responses	% of cases
Sleep and rest facilities	21	22.6	84
Day-care facilities	20	21.5	80
Supplementary nutrition	18	19.3	72
Preschool education	12	12.9	48
Recreational facilities	9	9.7	36
Health check-ups	8	8.6	32
Immunizations	5	5.4	20
Total	93	100	

(Source: Mothers' follow-on survey RGNCS, n=25, Q 18 in Appendix 12.3)

⁷³ INR stands for Indian Rupees

There were five mothers who reported children as not receiving day-care facilities: they believed that crèche workers simply ‘kept’ children with them until they got back from work instead of taking ‘care’ or paying attention to their individual needs. Only 12 of 25 mothers used PSE services, while even fewer made use of health (8) and immunization (5) facilities. In comparing these experiences with mothers’ needs/expectations relating to service access (see Chapter 6), it was evident that while the ICDS fulfilled location-related expectations in being situated close to homes, the RGNCS satisfied the need for longer service availability by operating 6 days each week. Further, mothers’ expectations for long-duration services seemed to have also been met, as only a minority (2 for each of the ICDS and RGNCS) expressed any dissatisfaction with the current hours of operation of both services.

7.3.2 Experiences with preschool and day-care services

The preschool education (PSE) component was a significant service offered as part of the ICDS scheme, taken up by 22 of 25 (see Table 49), and used daily by 21 mothers. Those irregular in attendance attributed absence more to individual factors, e.g. disinterest in the programme (3) and illness (1), and less to programme-related factors, e.g. poor quality (1) and irregularity of services (1). Children spent their day at the centre eating food (24), playing games (21), and engaging in educational activities, e.g. listening to stories (19); singing songs, rhymes and poems (18), and drawing and colouring (18) (see Table 51). Formal educational activities, though reported, were very limited. Even though 22 of 25 participating mothers believed that whatever the preschool taught was useful for their child, and 20 expressed satisfaction with the

preschool service, 10 believed that the service could be improved further, primarily by strengthening the educational component of the programme.

Table 51. Daily Activities at the ICDS and RGNCS Centres

Daily activities at the centre (What are some of the things your child does at the centre each day?)	ICDS		RGNCS	
	Freq.	% of cases	Freq.	% of cases
Eat food	24	96	24	96
Play games	21	84	21	84
Listen to stories	19	76	11	44
Sing songs, rhymes and poems	18	72	13	52
Draw and colour	18	72	5	20
Play with toys/puzzles/beads	3	12	4	16
Learn to read and write	7	28	2	8
Write/work on worksheets	9	36	2	8
Read books	5	20	0	0
Participate in other activities	10	40	6	24
Sleep and rest	0	0	6	24
Don't know	1	4	0	0

(Source: Mothers' follow-on survey ICDS & RGNCS, n1=n2=25, Q 32 in Appendix 12.2 & 30 in Appendix 12.3)

PSE was not the mainstay of the RGNCS and was taken up by children of only 12 mothers (see Table 50). Sleep and rest facilities and day-care services were the focus of this programme, reported by 21 and 20 mothers respectively (Table 50). Children were extremely regular with this service, with 24 attending crèches daily and leaving the centre at various times of the day depending on their mothers' work schedules. The day was usually spent eating food (24) and playing games (21), much like the ICDS. The difference between the two services though, lay in terms of the structured, educational activity that children were engaged in – much less for the RGNCS when compared to the ICDS. For instance, drawing and colouring was reported by only 5 RGNCS mothers as compared to 18 ICDS mothers, while writing activities were reported by only 4 RGNCS mothers in comparison with 16 ICDS mothers (see Table 51 above). The crèches were thus more inclined towards providing care services to children (see Table 50 for additional evidence in support of this finding), even though the RGNCS framework document specifically lists PSE as one of the services of the

programme (see Chapter 2). Sixteen of 25 mothers using the RGNCS thought what was taught at the crèche was useful to the child and 20 of 25 expressed overall satisfaction with PSE. Nonetheless 14 of 25 had greater expectations from this component, desiring improvements in the quality of education, a greater focus on literacy skills, and better play equipment and care facilities.

Were mothers' expectations from ECEC (see Chapter 6) sufficiently met by the ICDS and the RGNCS? Not entirely. Mothers expected early years services to be regular and consistently available, which was the case for both the ICDS and RGNCS. They also had expectations from the quality of services: to focus on the educational needs of their children, and for caregivers to be warm, friendly, and affectionate. These needs were insufficiently met by the ICDS and RGNCS, as has been indicated above.

7.3.3 Food/meal experiences

The food service, formally called the Supplementary Nutrition (SN) service under both programmes, formed an essential part of the daily services offered by the ICDS and RGNCS – 'eating food' was the top daily activity at both centres, reported by 24 of 25 mothers each (see Table 51). The take-up of this service was also very high: by all 25 ICDS mothers (see Table 49) and 18 RGNCS mothers (see Table 50).

Children were served food on a daily basis at ICDS centres and, for the majority of mothers (21), in adequate quantities. Although served at the ICDS centre, most children (12) carried food back to their homes and shared it with other members of the family. Only 7 of 25 mothers were completely satisfied with food quality, with at least 6 overtly dissatisfied. Twelve mothers expressed anxieties relating to, e.g., the poor taste/undercooked nature of food, lack of nutrition and variety, and

contamination by flies/bugs. This concern with food quality is not recent, a substantial amount of literature having documented this previously (e.g. ERU, 2004; NIPCCD, 2006c; NIPCCD, 2009a; NIPCCD, 2009b).

Children attending RG crèches received daily meals that, according to 18 of 25 mothers, were adequate in quantity. In direct contrast with the ICDS, children attending RG crèches ate all their meals at the centre. A higher number of mothers (13 of 25) expressed complete satisfaction with the quality of food as compared to the ICDS. Those expecting improvements in food quality (6) believed that both quantity and nutritional value could be increased.

Mothers' expectations relating to food quality (see Chapter 6, Table 35) were clearly insufficiently met by the ICDS. They were relatively better met by the RGNCS, as seen in the analysis above, although displaying further scope for improvement.

7.3.4 Health and related service experiences

Although a salient service under both the ICDS and RGNCS, the take-up of health services among users was extremely low: 8 of 25 mothers for the RGNCS (see Table 50), and 6 of 25 mothers for the ICDS (see Table 49).

The ICDS was never the first point of contact for mothers when children fell ill, although referral services should, ideally, be delivered by centre workers in association with the Primary Health Centres (PHCs) running in the vicinity (MoWCD, 2012a). Only four had ever consulted the centre worker on any such occasion in the past. Mothers' reasons for not taking up these health services (see Table 52) related

primarily to their unavailability at centres (11 of 25), but also to mothers lacking information on them in the first place (7 mothers).

Table 52. Reasons for Not Using the ICDS Health Services

Reasons for not using the ICDS health services (In the last two months, have you ever taken your child to the ICDS centre or sought the advice of the centre worker in case of illnesses? If no, why not?)	Freq.	% of responses	% of cases
No health services available at the centre	11	52.38	44
Have no idea that such a service exists at the ICDS	7	33.33	28
Prefer other doctor/health centre	2	9.53	8
I had no time to go to the centre	1	4.76	4
Total	21	100	

(Source: Mothers' follow-on survey ICDS, n=21, Q 40 in Appendix 12.2)

Routine health check-ups of children, to be provided by centre workers and staff from the PHC, were only reported by 7 of 25 ICDS mothers. According to the majority (18) these had never taken place. Similarly, although 23 of 25 mothers reported that their children had been immunized regularly, only 4 reported children as having received these through the ICDS centre in the last year. Fifteen mothers reported that their children had been weighed at the ICDS centres at some point in the last year.

The RGNCS, in comparison, is meant to provide two sets of services to children in liaison with doctors and/or PHCs: routine health check-ups, and immunization. Ten of all participating mothers reported health check-ups as having been routinely undertaken by doctors visiting crèche centres. This figure is higher than that reported for the ICDS. Further, while 20 of 25 mothers reported that their children had been receiving immunizations regularly, only 3 had received these through the crèche centre in the past.

7.3.5 Contact and interaction with centre workers

One of the recurring themes throughout the analysis above is the limited nature of day-to-day interaction between centre workers and mothers at both the ICDS and RGNCS. Only 15 of 25 mothers whose children were attending ICDS centres had met with the centre worker/helper in the last three months (from the date of data collection), either at their own homes (4), or at the centres themselves (15). There were a variety of issues discussed during this period of contact (see Table 53), although on at least five occasions, interactions were limited to a simple exchange of greetings.

Table 53. Matters Discussed During Contact with ICDS Worker/s

Matters discussed during contact with ICDS worker/s (During this contact in the last three months, what were the different services provided or matters talked about?)	Freq.	% of responses	% of cases
Nothing, just dropped the child	5	15.62	20
Child care	5	15.62	20
Immunization	4	12.50	16
Preschool education	3	9.38	12
Family planning	3	9.38	12
Nutrition/health education	2	6.25	8
Growth monitoring of child	2	6.25	8
Supplementary nutrition	2	6.25	8
Antenatal care	2	6.25	8
Treatment for sick child	1	3.12	4
Menstrual hygiene	1	3.12	4
Medical treatment for self	1	3.12	4
Delivery preparedness	1	3.12	4

(Source: Mothers' follow-on survey ICDS, n=15, Q 68 in Appendix 12.2)

The most commonly discussed topics included childcare, immunization, PSE, and family planning; thus dwelling more on children than mothers (e.g. pregnant or lactating women). Although some mothers thought that centre workers were kind towards children (19), articulate (10), and explained things well (12), only 12 believed them to be highly motivated. Further, there were five who found workers' behaviour to be indifferent, while two believed them to be quite harsh.

In contrast to the ICDS, there were many more RGNCS mothers (21) who had met with centre workers/helpers in the last three months (from when data was collected), although always at centres rather than at home. Mothers' conversations with workers always centred on issues relating to their children, e.g., food and nutrition, sleep and rest, and childcare (see Table 54).

Table 54. Matters Discussed During Contact with RGNCS Worker/s

Matters discussed during contact with RGNCS worker/s (During this contact in the last three months, what were the different services provided or matters talked about?)	Freq.	% of responses	% of cases
Supplementary nutrition	9	21.43	36
Sleep and rest	7	16.67	28
Child care	7	16.67	28
Nothing, just dropped the child	6	14.29	24
Preschool education	6	14.29	24
Health check-up	4	9.52	16
Immunization	2	4.76	8
Disease prevention	1	2.38	4

(Source: Mothers' follow-on survey RGNCS, n=21, Q 48 in Appendix 12.3)

Twenty of twenty-five mothers reported centre workers as speaking nicely whenever they met them at the crèches, and in 18 cases centre workers also took the time to explain things to mothers' satisfaction. The majority of mothers (14) thought workers at RGNCS centres were highly motivated, more than that reported for the ICDS. A lower number of RGNCS mothers (14), when compared to the ICDS (19), believed crèche workers to be kind towards children, while four felt their behaviour towards children to be harsh.

7.3.6 Overall satisfaction with services

Fourteen of twenty-five ICDS users found PSE to be the most useful component within the ICDS, as it helped children learn and build a foundation for the future (see Table 55). The availability of food came next (9 of 25 mothers), followed by the

development of self-reliance and the ability to sit still as a result of attending a formal centre-based environment (6). All of these aspects (and others in Table 55) relate to the preschool and food services, the most utilized/popular components of the ICDS. These were possibly the two that were also best implemented by the government. This aspect will be discussed further in the conclusion to this chapter.

Table 55. Most Useful Aspects of the ICDS

Most useful aspects – ICDS (Of all the services provided at the ICDS, which would you rate as being most useful and why? Please describe.)	Freq.	% of responses	% of cases
Education and learning	14	38.9	56
Food	9	25	36
Development of self-reliance and the ability to sit still	6	16.6	24
The care component	4	11.1	16
Play opportunities	1	2.8	4
That it is free	1	2.8	4
Nothing useful about it	1	2.8	4
Total	36	100	

(Source: Mothers' follow-on survey ICDS, n=25, Q 73 in Appendix 12.2)

Most mothers believed the ICDS to be 'very important' (11) or 'quite important' (10) for the overall welfare of their children, but 'less important' (15) in meeting their need for childcare while they went to work everyday. This is understandable as the only daily centre-based component of the scheme – the preschool – ran for only about 2.5 hours everyday, which by no means is sufficient time for working mothers.

Mothers' problems with the ICDS related to complaints about food quality (3) that sometimes went unnoticed and general discomfort with 'irregularities' (5) although the latter were not detailed despite probing.

The participating mothers also saw a lot of scope for improvement in the ICDS: improvements in preschool education, supplementary nutrition and the quality of care; expansions in infrastructure and equipment; and better staff quality (training, knowledge and behaviour towards children). When asked to select from a pre-

populated list of aspects (see Table 56), the highest number of mothers – 17 - once again chose the quality of PSE, followed by the hygiene and safety of the centre (16), the quality of staff including their training and behaviour towards children (13 each), the range of hours that the centre opened (11), and the reliability of care at ICDS centres (10). These responses establish, once again, the centrality of the preschool and food services in the lives of the participating mothers.

Table 56. Aspects of the ICDS Needing Improvement

Aspects of the ICDS that should be improved (Which of the following aspects of the ICDS do you think should be improved?)	Freq.	% of responses	% of cases
The quality of preschool education	17	15.89	68
Its hygiene and safety	16	14.95	64
The relationship between the provider and the child	13	12.15	52
The qualifications or training of the provider	13	12.15	52
The range of hours that the provider is open	11	10.28	44
The reliability of child care	10	9.35	40
The number of children for each member of staff	9	8.41	36
The quality of equipment	7	6.54	28
The amount of information parents receive from the provider about their children	6	5.61	24
The quality of buildings	5	4.67	20
Total	107	100	

(Source: Mothers' follow-on survey ICDS, n=25, Q 80 in Appendix 12.2)

The greatest utility of the RGNCS lay in the provision of crèche services suiting mothers' work schedules, enabling them to work with ease (11), and the related care component of the programme (6) (see Table 57). The food service was the next most useful feature of the crèche, cited by 5 mothers. These aspects are in clear contrast to the educational utility of the ICDS reported in Table 55 previously.

Table 57. Most Useful Aspects of the RGNCS

Most useful aspects – RGNCS (Of all the services provided at the RG crèche, which would you rate as being most useful and why? Please describe.)	Freq.	% of responses	% of cases
Suits my work life	11	39.3	44
The care component	6	21.4	24
Food	5	17.8	20
Education and learning	2	7.1	8
Don't know	2	7.1	8
Development of self-reliance and the ability to sit still	1	3.6	4
Play opportunities	1	3.6	4
Total	28	100	

(Source: Mothers' follow-on survey RGNCS, n=25, Q 53 in Appendix 12.3)

Mothers considered the RGNCS 'very important' or 'quite important' for the welfare of their children (24), but also for meeting their childcare needs (23), indicating the overall salience of this service especially for childcare.

Two mothers reported irregularities in crèche services while five raised concerns relating to the poor quality of education and low attention to children. Like the ICDS, mothers using RGNCS services also saw a lot of scope for improvement: in-centre infrastructure through the installation of fans/air coolers (8) and better educational activities (6). When asked to select from a pre-prepared list, mothers suggested, once again, that the quality of buildings (20) and of PSE at the centre (20) be improved (see Table 58). They also suggested improvements in the reliability of childcare (20), the hygiene and safety of the centre (19), and the qualifications and training of the care provider (18).

Table 58. Aspects of the RGNCS Needing Improvement

Aspects of the RGNCS that should be improved (Which of the following aspects of the ICDS do you think should be improved?)	Freq.	% of responses	% of cases
The quality of buildings	20	12.12	80
The quality of preschool education	20	12.12	80
The reliability of child care	20	12.12	80
Its hygiene and safety	19	11.52	76
The qualifications or training of the provider	18	10.91	72
The quality of equipment	17	10.30	68
The amount of information parents receive from the provider about their children	16	9.70	64
The relationship between the provider and the child	15	9.09	60
The number of children for each member of staff	11	6.67	44
The range of hours that the provider is open	8	4.85	32
All of these	1	0.61	4
Total	165	100	

(Source: Mothers' follow-on survey RGNCS, n=25, Q 60 in Appendix 12.3)

7.4 Conclusion: The Take-up of Government Services by Working Mothers

7.4.1 Summary of findings

Take-up of services. Analysis indicates ICDS uptake to be higher, by 54.3% of all mothers (199), than RGNCS, at 18.6%. The primary reason for mothers' take-up of both these services related to opportunities for children to learn to sit still in a structured, formal environment, possibly the first such setting for them. The ICDS was also used (in order of decreasing importance) for the benefit of preschool education, the daily meal (supplementary nutrition), and in preparation of the future school routine. The Rajiv Gandhi crèches were used (in decreasing order) for the benefit of the daily meal, for the childcare facilities that enabled mothers to work, and for increasing future school readiness. The mothers that did not take-up the ICDS (91) attributed this to the perceived poor quality of and mistrust in services. Those that initially took it up but dropped out later (29) did so because their children disliked going to the centre, and remained irregular or absent. The most important reason why mothers did not take-up the RGNCS (162) related to their non-awareness of this service – they simply did not know these centres existed within their community. There was a very low number that enrolled and then dropped out from crèches (10), citing a variety of individual-level reasons, e.g. dissatisfaction with quality, high cost, unsuitable timings, and transport problems.

Take-up of component benefits. Data analysis indicates that whereas preschool education was an important service offered by the ICDS (taken up by 22 of 25 mothers), it was certainly not the mainstay of the RGNCS (12 of 25 mothers used this component) as it focussed less on PSE and more on childcare. Children were more regular in attending crèches than ICDS centres. While 10 ICDS mothers believed that

its PSE component could be strengthened, a larger proportion of RGNCS mothers (14) suggested measures for improvement, primarily relating to quality of education and equipment.

The take-up of the supplementary nutrition service was very high, by all 25 ICDS mothers and 18 RGNCS mothers. Almost half of the mothers using the ICDS had concerns about the quality of food served at the centres including anxieties relating to its contamination. Mothers using the RGNCS, in comparison, expressed greater satisfaction with these services, although one-fourth sought improvements in quantity and nutrition of meals.

The health services were very poorly utilized by mothers for both government services: only 6 and 8 for the ICDS and RGNCS respectively. For the ICDS, low take-up was primarily related to a lack of provision at centres, although there were cases where mothers were also unaware of these facilities. Immunization and growth monitoring (through weight taking) were the only two services available at the ICDS. Health check-ups were more commonly reported for the RGNCS in comparison to immunization, which was reported by a minority of mothers.

A larger number of crèche-using mothers (21) met centre workers periodically when compared with those using the ICDS (15). A larger number of crèche workers were rated highly by mothers in comparison to their ICDS counterparts when it came to issues of conduct and motivation at the workplace, but a larger percentage of ICDS workers that reported as being kind towards children as compared to the crèche staff.

Preschool education and supplementary nutrition were the two services rated as most useful under the ICDS, while childcare and nutrition were deemed more important by

mothers using the RGNCS. Although largely satisfied with both services, mothers had a variety of suggestions for further improving them: improvements in the quality of PSE and hygiene and safety at ICDS centres; and better quality infrastructure and PSE, more reliable childcare, and hygienic and safe RGNCS centres.

7.4.2 Analysing the take-up of the ICDS in the context of government provision

There were 1318912 operational ICDS centres across 28 states and 7 union territories in India, including 10615 centres in Delhi in September 2012 (MoWCD, 2012c). Yet, according to one estimate, there was a 29.3% national shortfall in the number of ICDS centres in the country, with deficits in Delhi being extremely high (Planning Commission, 2011). These figures clearly indicate that demand outnumbers supply at the national level, and especially in the context of Delhi. This is despite a 2005 mandate by the Government of India asking all Indian states to prioritize coverage of the slum population under this programme (MoWCD, 2005). The state of affairs in the sampled research neighbourhood was not very different when compared to this national situation. There were altogether 56 ICDS centres in the research neighbourhood that were spread across 36 residential blocks housing 500 families each, meaning one centre for every 321 families. According to a recent estimate based on the Census of India 2011, the median national household size is just above 4 (Shrinivasan, 2012), which means that the total number of individuals covered by each centre in the community was approximately 1300. Comparing this figure with the population norms set by the government, which allocates one ICDS centre for every 400-800 members of the population in urban areas (MoWCD, 2008), it is evident that the number of ICDS centres in the community should have been 2-3

times the current number. Clearly, there was a gap. The ICDS was taken up by 54.3% of the total sample of mothers (n=199) in this study (see Table 43). In a 2011 nationwide evaluation of the ICDS, the take-up of the programme, as a percentage of the estimated eligible children in the population (calculated from census data), was assessed to be 31.1% (Planning Commission, 2011)⁷⁴. The take-up figure reported by this study seems quite generous when compared to this national estimate yet remains low when considered in light of the universalization of the programme based on a Supreme Court order from 2006 that has been in effect since 2008.

Even though the number of ICDS centres in the sampled research neighbourhood was much lower than the prevailing population norms, these were well located with reference to the homes of participating mothers. As has been established, awareness of the ICDS was extremely high at 90% (n=199) and children's enrolment with the service was long-standing. The mean number of days that the centre operated in a month was 24.2, coming out to 290.4 days a year. Although the ICDS scheme document does not clearly lay down the precise number of days that the centres must open in a given week or month, it mandates that supplementary nutrition be available for 300 days in a year (MoWCD, 2012a). It is clear then, that when compared to these standards, the centres in the research neighbourhood were operating for slightly lesser number of days than expected.

The concept of providing a package of services [under the ICDS] is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from related services (MoWCD, 2012a, p.1).

⁷⁴ It is important to not that this may well be a slightly conservative estimate considering that children were considered beneficiaries if they received only food, or both food and immunization services.

The ICDS scheme aims to provide a set of six services in tandem: supplementary nutrition, immunization, health check-ups, referral services, preschool education, and nutrition and health education. However study findings revealed that only some of these services were available and taken up by mothers – supplementary nutrition and preschool education – indicating that the objective of providing a comprehensive set of services in parallel was not met in the sampled research neighbourhood. Part of this is the result of some services not being offered at centres. But part also relates to a lacking awareness of sub-services (e.g. 7 mothers did not know of the health checks/referrals) or, indeed, a preference for alternative service providers, for instance. The relevance of these findings will be discussed further in Chapter 8.

Of the specific services offered, the component of PSE is considered to be the ‘backbone’ of the ICDS programme, the community-based centre being the one point where all services converge (*ibid.*). While the take-up of this service was quite high (22 of 25 mothers) the educational activities conducted at the centre were limited to storytelling, rhyme learning, and some drawing and colouring. This is not sufficient as the government aims to focus upon the cognitive development of children as a means of encouraging school-preparedness through activities such as “...pre-conversation...vocabulary building” (MoWCD, 2009a) but also the development of pre-number concepts.

Even though the government mandates three hours of PSE daily, the mean time reported by parents was slightly less (2.5 hours), with centres operating for between 1 to 5 hours each day. Although the centre worker is ideally meant to mobilize community support and participation for the running of the programme and its associated services (MoWCD, 2012a), mothers’ engagement with centre activities in

the sampled research neighbourhood and their communication with centre workers regarding the progress of their child was very low (only 3 attended parent meetings, for instance). Slightly more than half actually spoke to the worker on an informal, day-to-day basis. This is indicative of a wide implementation gap between what preschool services aim for and what actually exists at the community level.

The take-up of supplementary nutrition was reported to be a 100% in the research neighbourhood. The ICDS programme aims to provide different forms of nutrition based on children's age, with food being available for all 6 month- to 6 year-olds. For those up till the age of 3, the scheme provides take-home rations in the form of dry or raw food. The 3-6 year-olds attending preschool services, on the other hand, are meant to eat at least one hot meal each day, and possibly a morning dry snack to ensure an intake of around 500 calories on a daily basis (*ibid.*). The mothers participating in the study, however, reported that children received only one meal a day, irrespective of their age, usually in the form of a hot meal or dry food – the same across all groups of children. Moreover, 12 mothers reported that their children carried food back to the home each day, even though there was only one among them (less than 3 years old) who should have done so under the take-home ration scheme. As has been mentioned before, most mothers were only somewhat satisfied with the quality and quantity of food served by these centres.

As has already been discussed in Section 7.3.4, the percentage of children that received health check-ups, immunization, and referrals was extremely low. While the government aims to provide immunization against six preventable diseases, poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles (MoWCD, 2012a), only a fraction of users in this study, one-sixth, reportedly received

vaccinations, limited to poliomyelitis. This clearly indicates the limited focus of the ICDS on this group of services and the large gaps in service delivery in the sampled community.

The provision of a limited set of services from a bundle that is meant to go hand-in-hand, inadequate delivery at the community level, and poorly motivated workers with limited amounts of interaction with mothers, even though their work requires them to maintain contact with the community on a regular basis (MoWCD, 2012b), meant that there was little convergence between the aims and objectives of the government on the one hand, and the impact of the ICDS scheme within the research neighbourhood, on the other.

7.4.3 Analysing the take-up of the RGNCS in the context of government provision

Comparatively little government literature and next to no empirical work on the RGNCS means that one can only create a hazy picture on the take-up of this service by the study sample in context of government provision. The government document proposes crèches to be allocated and run based on the proportion of child population in an area (GOI, 2005). Beyond this generic statement and a plan to extend the scheme to uncovered districts during phases of expansion there are no specific norms governing the opening of crèches in the country. Unlike the ICDS, for instance, the RGNCS has neither population norms, nor universalization intentions to extend coverage to the entire eligible child population. Based on a simple comparison with the ICDS services in the community, it can be concluded that the number of crèches

was by no means sufficient, and far less in comparison to the number of children in the community.

Awareness of the RGNCS was poor at 38% of the total sample (199), with information on centres gained primarily through informal sources, even though crèche workers are formally required to create awareness on childcare in the community (ibid.). While the government document reflects the aim to provide high quality and accessible “...day care services for working women among all socio-economic groups in both the organized and unorganised sectors” (GOI, 2005, p.2) on an ‘urgent’ basis, it is evident that low numbers of crèches combined with poor awareness meant that this objective was somewhat unfulfilled in this study. Low take-up, in addition to being a consequence of poor awareness, may also be the result of a limited need for childcare among mothers who participated in this study, most of whom were part-timer rather than full-time workers (and thus not looking for full-day childcare options). Low take-up of crèches may also be reflective of a cultural bias that perceives out-of-home care provided by someone other than the mother (or a close family member, e.g. grandmother or sibling) negatively, as ‘poor parenting’; a form of reasoning articulated by some mothers when responding to the survey. The implications of these findings are further discussed at the end of Chapter 8.

Crèche services were available to users in the community for an average of 25.8 days in a month, or 309.6 days in a year. The scheme framework provides no information on the number of days the service must run in a year. Considering that most occupations (especially as far as the target group of low-income working mothers is concerned) have a six-day work week, a crèche should ideally run for about 313 days in a year, which is slightly higher than the figure reported above. Norms on the

number of hours that centres should run in a day do exist, at eight hours per day, from 9 AM to 5 PM (GOI, 2005). The crèches in the research neighbourhood were running for a mean time of 7.4 hours and were doing fairly well by these standards.

The scheme framework also details the user charges for the service and divides them into categories based upon whether a family is below the poverty line or above it (going up to a maximum limit of INR 12000 per month, based on the mother's income). Those at the lower end should pay INR 20 each month while those at the higher end pay INR 60 (ibid.). Nonetheless, mothers' responses indicated a discrepancy between the stated norms and actual fees paid, with actual figures ranging from INR 50 to 200, and averaging out at INR 97.20.

Unlike the ICDS policy document, the RGNCS scheme framework does not explicitly state the bundle of services to be provided under the crèche scheme. Based on the functions of crèche workers these may be identified as follows: pre-school education and stimulation of children less than 3 years old, food services, immunization, sleep and rest facilities, and health check-ups. As has been previously reported (see Table 50), mothers in this study only took up two of these: sleep and rest/day-care facilities, and food services. Because children were primarily reported as spending the day eating food and engaging in recreational activities between themselves, the preschool component was concluded to be missing. This is despite the directive that crèche workers are required to be trained preschool educators that engage children in activities using a variety of teaching and learning material (GOI, 2005).

The take-up of immunization and health check-ups was also low in this study even though, according to the scheme document, the crèche worker is required to motivate

parents and offer these services by partnering with the local health centre, as well as organize weekly visits by doctors at crèches (ibid.).

Finally, even though conducting home visits and parent meetings were well-defined responsibilities of crèche workers as outlined in the scheme document, they did not form part of the services provided by the crèches in this study. All of these findings indicate the limited nature of services provided by the RGNCS in this study; the primary benefit being limited to the provision of day-care services.

The next chapter analyses findings of the last research question posed by this study on the factors/combinations of factors affecting the take-up of the ICDS and RGNCS.

8. The Interplay Of Contexts And Mechanisms To Produce Outcomes: An Explanatory Framework On Take-Up

8.1 Introduction

This chapter addresses the final research question of this study:

Research Question 5: What are the factors or combination of factors affecting the take-up of the ICDS and the RGNCS by working mothers in the study sample? How do these explain the (low) take-up of the two services under study?

This question is examined by consolidating findings from the mothers' surveys presented previously, and triangulating them with the expert/elite dataset. The primary data source/s from which the expert analysis emerges is referenced at the bottom of each summary table (Tables 59 and 60 below), with a complete set of tools and a sample transcript attached in Appendices 12.6-12.8. The analysis draws upon stages 4, 5, and 6 of the methodological framework proposed by Danermark et al (2002)⁷⁵ (see Chapter 4). The principle of *Retroduction* (stage 4) is used to identify the factors/mechanisms explaining take-up (calculated in Chapter 7), and to formulate an explanatory framework for the ICDS and RGNCS. Stage 5 is used to examine the relative importance of constituent factors and how they affect the take-up of services⁷⁶. These are then *concretized* (stage 6) and presented as a comparative analysis of the most important factors affecting programme uptake⁷⁷. The second half of this chapter utilizes study data to identify strategies for increasing service take-up.

⁷⁵ Stage 3 was useful in the identification of theoretical frameworks for this study (Chapter 3).

⁷⁶ A second analysis using stage 5, where key factors are examined in light of selected theoretical frameworks, will be undertaken in Chapter 9.

⁷⁷ A second part to stage 6 that further locates findings within the broader disciplinary discourse is covered in Chapter 10.

8.2 Factors Impacting Take-up: Triangulating Maternal and Expert Perspectives

The triangulation of mothers' data with that of the participating experts/elites introduces additional macro-level factors into the explanatory analysis of service take-up, and results in the formulation of an explanatory framework comprising three categories of factors:

Programme characteristics that include the following service-related factors affecting take-up: quality of service, resource availability, programme content, programme structure, service implementation, and access to service.

Participant characteristics that include individual/user-specific factors affecting take-up such as participant preferences, affordability, needs and expectations, knowledge and awareness of services, and the age of the child for which services are sought.

Contextual characteristics that include the more macro-level factors such as the political and socio-cultural contexts within which services are located, the ministry-level administrative context of programmes, the financial context of services, the larger national policy context that affects these services, and the level of public engagement and participation in social welfare programmes in general.

8.2.1 Service uptake of the ICDS: An explanatory framework

Table 59 presents the explanatory framework on take-up in the context of the ICDS service. Each category of factors is further split into sub-factors (column 2) that are then detailed based on the responses of experts (column 3) and mothers (column 4). Such a juxtaposition of responses is useful in understanding how the framework, in

triangulating the data, captures the varied elements that emanate from each of these sources.

Table 59. Factors Affecting Take-up: An Explanatory Framework (ICDS)

Factors impacting take-up (ICDS)		According to Experts^	According to Mothers
Programme characteristics	Quality	Poor quality	Poor quality* Mistrust* Past bad experience Have better alternative Go for free meal
	Resources	One-worker model unrealistic Volunteer model inapt Poorly motivated workers Overburdened workers Poor infrastructure	Poorly motivated workers, indifferent to children
	Content	Out-dated norms Content of preschool education	Content of preschool education
	Structure	Over-standardised model Design failures*	
	Implementation	Implementation failures overall Flawed appointments No feedback	
Participant characteristics	Access		
	Individual user preferences		Prefer home* Child/mother dislikes service*
	Affordability		
Contextual characteristics	Expectations and needs		Hours/timings unsuitable* Child needs special attention* Don't know/unaware*
	Knowledge/awareness	Lacking knowledge of developmentally appropriate practices among parents	
	Child's age		Too young/old for preschool*
	Political context	Low priority/ political will* Weak ministry*	
	Socio-cultural context	Childcare still a domestic issue*	
	Administrative context	Disjointed view of child Low inter-departmental convergence*	
	Financial context	Limited resources*	
	Policy context	No baseline assessment* Ignorance of children's needs* Care element missing* Civil society: fractured voice* Weak lobbying*	
	Public engagement/ participation	No public participation	

*Factors in common with the RGNCS

(Source: Mothers' main survey, n=199; mothers' follow-on ICDS survey, n=25; expert interviews, n=15 ^see Appendices 12.6-12.8)

Programme characteristics and take-up of the ICDS. The first sub-factors affecting ICDS uptake relates to *programme quality*. Perceived poor quality and mistrust in services, combined with past bad experience with the ICDS, led to low take-up by mothers. Some depended on the ICDS for only a certain kind of benefit (e.g. free meal), disregarding whatever else was available, while others utilized alternative options (e.g. private preschools and day-care), recognising them as better in quality than the ICDS. Mothers also expressed dissatisfaction with the *content of preschool education* at ICDS centres, this being another sub-factor hindering take-up (see Chapter 7 for details).

The expert/elite dataset also indicated poor quality and unmet needs as posing a barrier to the uptake of services: ‘... *parents are much more intelligent than what we give them credit for [...] they will not send their children to a programme that is not worthy of their children*’ (Director, Children’s NGO in Delhi). Other aspects of poor quality mentioned by them included: irregularly running programmes, lack of facilities, and disengaged workers – factors that may discourage parents from finding any value in the service. ‘*The ICDS does not talk to them [parents], [...] it only imposes certain things on them whether they want it or not*’ (Academic, National university).

Analysis of expert responses revealed additional programme-related factors that extended the explanatory framework on take-up: (i) resources, (ii) content, (iii) structure, and (iv) implementation. *Programme resources* affecting take-up of the ICDS were of two types: (i) infrastructure-related financial resources, and (ii) personnel-related, human resources.

When policies are made [...] it actually comes [down] to the resources and budget. And that’s when the whole vision gets lost somewhere. You say we have so much money – how should we utilise it? Then you start cutting

corners here and there and then the actual design crumbles. And that's what happened to the ICDS (Child Rights Worker).

Infrastructural problems also included insufficient space, qualitatively and quantitatively lacking learning/play material, and norms that were out-dated and not in line with the present needs of the service.

Land availability and space availability was much easier in 1974 than it is today – it is at a premium today right? [...] Contexts change and scenarios change. [...] What happened in 1974 [the norms in place] is not to blame. The difficulty is that nobody is challenging the need to relook at the norms. So the five hundred Rupees for renting in an urban slum just doesn't work! (Director, International Children's NGO)

A second aspect of this sub-factor included poorly functioning human resources, reported by eight experts/elites in five aspects: poorly motivated staff, overburdened workers, flawed appointments procedures, unrealistic reliance on the one-worker model, and over-reliance on the voluntary worker prototype.

Programme content within the ICDS refers to the content of preschool education (e.g. curriculum that was also raised by mothers as a factor hindering take-up), and the nutritional norms for children attending the service. Deficits in both of these, according to the experts/elites, resulted in poor take-up. Elements within the *programme structure* included both design-related shortcomings as well as an over-standardized programme structure that wasn't responsive to local needs. '*The ICDS has been a very centralised scheme and it has not had the sensibility to meet different local conditions*' (Child Rights Worker). '*One of the major flaws is that the model is good but it has to be adapted to every situation, it doesn't have to be replicated. And this is what is creating a problem*' (Retired Education specialist, UN organisation). Finally, a number of *implementation* problems within the ICDS also contributed towards low take-up. According to the experts, these included, first, a flawed system of appointing

workers at the children's centre and upwards within the administrative hierarchy, and second, the lack of evaluation of services and backward feedback into the programme as a means of overcoming implementation flaws.

Participant characteristics and take-up of the ICDS. The sub-factors within this second category of characteristic are drawn mostly from the mothers' data. These include: *individual user preferences*, e.g. preferring the home environment over a centre-based setting, disliking the centre environment for its lack of attention to preschool education, hygiene etc.; *unmet needs and expectations*, e.g. unsuitable hours, insufficient attention to childcare in comparison with mothers' expectations; and poor *knowledge/awareness* of some of the programme's constituent services (although overall ICDS awareness was high). All of these have been previously discussed in Chapters 6 and 7. An aspect of poor knowledge/awareness that was also touched upon by experts in their responses related to how parents often remain unconvinced by the use of 'play way' methods at government centres, preferring to send their children to private preschools that teach children how to read and write even though the latter may be developmentally inappropriate. Lack of knowledge may thus translate into choices that are detrimental to the development of the child.

Contextual characteristics and take-up of the ICDS. The sub-factors within this category are derived exclusively from the dataset of experts/elites that participated in this study, and reveal how macro-level factors impact the take-up of the ICDS. Low political priority to children coupled with a weak ministry of Women and Child

Development creates a *political context* that negatively impacts the functioning of ECEC programmes including the ICDS. In addition, a weak *social policy context* results in the ICDS being designed and rolled out without a baseline needs assessment, which is problematic, since ‘*anything that comes without a needs assessment has no value*’ (Academic, University of Delhi). Because children do not appear on the political agenda, the social policy landscape is fraught with lack of attention to the element of childcare within the ICDS, which is otherwise intended as a programme providing integrated services. According to the Director of an International Children’s NGO: ‘*[T]he country needs to really take stock [...] to make sure we give the importance to early childhood development that it deserves*’ (Director, International Children’s NGO). Further, a fractured civil society that is divided in its understanding of, and position on, ECEC, and poor *public engagement/participation* in the programme, has tended to decrease take-up. These, in combination with the *socio-cultural context* of the country that considers ECEC to be the remit of the family, and generally weak *administrative* (e.g. poor inter-departmental convergence) and *financial* (i.e. budget limitations and low financial priority to ECEC) capacities of the State, result in a weak programme with characteristically low take-up.

Different aspects of the programmes are handled by different departments of the Government. They all work in silence, they do not talk to each other. And as a result, the child is not seen holistically at all, the child is seen in terms of disjoint sectors (Retired Education Specialist, UN organization).

The relative importance of each of the three categories of factors within the explanatory framework on take-up, i.e. programme, participant, and contextual characteristics, is discussed in Section 8.3 where the ICDS and RGNCS are compared.

8.2.2 Service uptake of the RGNCS: An explanatory framework

Programme characteristics and take-up of the RGNCS. Table 60 summarizes the explanatory framework with reference to the take-up of the RGNCS. As will be evident, the five elements that together constitute the ‘programme characteristics’ dimension work in much the same way in impacting RGNCS uptake as they did for the ICDS; the factors in common between both services indicated by an asterisk (*). Data from mothers’ surveys shows how the RGNCS *programme quality*, similarly to the ICDS, was characterised by mistrust and an overall poor standard. This concern with programme quality was also shared by expert/elite participants, who cited a lack of ECEC knowledge among poorly trained centre workers as an important barrier discouraging parents from using crèches.

Mothers’ responses also indicate that *access* to centres was a greater concern for the Rajiv Gandhi crèches than for the ICDS (see Chapter 7). The data collected from experts indicates how programme resource, structure, and implementation problems were additional factors influencing the uptake of the RGNCS. Their responses indicated two types of *resource* constraints.

Table 60. Factors Affecting Take-up: An Explanatory Framework (RGNCS)

Factors impacting take-up (RGNCS)		According to Experts [^]	According to Mothers
Programme characteristics	Quality	Poor staff quality	Mistrust* Poor quality* Child ill
	Resources	Low wages No recognition to volunteers Poor funding, insufficient allocation Very low scale	Centre full
	Content Structure	Inappropriate indicators for monitoring and evaluation (M&E) Design failures*	
	Implementation	Poor outreach to under 3s Late release of funds	
	Access		Too far
Participant characteristics	Individual user preferences		Prefer home* Prefer elsewhere Child/mother dislikes service*
	Affordability		Affordability/cost problems
	Expectations and needs		No need Hours/timings unsuitable* Child needs special attention*
	Knowledge/awareness Child's age	Parents unaware of the RGNCS	Don't know/unaware* Too young/old for crèche centre*
Contextual characteristics	Political context	Low priority/ political will* Weak Ministry*	
	Socio-cultural context	Childcare still a domestic issue*	
	Administrative context	Low inter-departmental convergence*	
	Financial context	Limited resources*	
	Policy context	No baseline assessment* Ignorance of children's needs* Care element missing* Civil society: fractured voice* Weak lobbying*	
	Public engagement/ participation		

*Factors in common with the ICDS

(Source: Mothers' main survey, n=199; mothers' follow-on RGNCS survey, n=25; expert interviews, n=15 [^]see Appendices 12.6-12.8)

First, poor human resources, e.g., low wages to workers that were not only extremely low, but also far below the established minimum wage standards in India: *'you have a salary structure [for the scheme]. You don't call them volunteers; you call them workers, and you still give them INR 2500 when the minimum wage today for a worker is 6500! Just look at the total contradiction'* (Director, Children's NGO in Delhi). Furthermore, the two-worker model (worker and helper) was reported to be inadequate as NGOs often ran centres with the aid of volunteer workers/caregivers. Such efforts go unrecognised and need to be accounted for, according to one expert, in order for the scheme to function effectively. The second resource constraint reported by the participating experts related to less-than-required funding, and the extremely low scale/outreach of services, deemed insufficient to cover the population's needs (this lack of locations was also noted from mothers' responses). According to a participating expert, *'the amount of money that they allocate to this programme doesn't cater to the needs of the centre. NGOs have to raise their own funds, [and use] their own resources to run the scheme'* (Committee member, National Early Childhood Network). Further, even in areas where crèches are up and running, outreach to the under-3s is especially low, despite the programme objective of providing day-care to all children from birth to six.

Like the ICDS, the RGNCS was also identified as suffering from overall design failures, e.g. insufficient hours, poor caretaker to child ratio, as well as other *structural problems* including inappropriate and ill-defined indicators for monitoring progress and evaluating results. The *implementation* problems identified differed from the ICDS and included, e.g., poor outreach to children below 3 years of age, and delays in the release of funds by the government.

Participant characteristics and take-up of the RGNCS. Like mothers using the ICDS, those using the RGNCS had their own *individual preferences*, e.g., for the home or another ECEC centre rather than the RGNCS, and a dislike of crèches because of insufficient attention given to children by caregivers. Mothers also had a unique set of *needs and expectations* regarding services, e.g., a lesser need for 8-hour services but a greater need for weekend childcare. Their overall *knowledge and awareness of crèche centres* was also quite poor. All of these factors are in common with the ICDS. An additional factor relating to the *affordability* of services was unique to the RGNCS, the ICDS being free at the point of use. The detailed analysis of these factors has already been presented in Chapters 6 and 7. The expert/elite group also discussed the lack of awareness among parents as posing a barrier to RGNCS uptake. This, according to them, was also a result of the small scale of the programme as a consequence of which crèches were only available in select locations across the country.

Contextual characteristics and take-up of the RGNCS. The sub-factors in this category, drawn entirely from expert/elite responses, relate to the overarching, macro-level context in which services are located, and impact the RGNCS in much the same ways as they do the ICDS. For example, the *political context* negatively affected the take-up of the RGNCS as a result of a weak ministry, and the relatively low position of the early years on the political agenda. ‘*Children are neither voters nor do they have a voice. So this [ECEC] is one area that [tends to] get neglected*’ (Academic, University of Delhi).

A weak *social policy context* implied that no baseline assessments were conducted before rolling out the RGNCS, the condition being augmented in the absence of a

policy lobby for children and a lack of attention to children's needs. According to the programme coordinator in an international NGO:

[...] ultimately, if you want to do something, you do it. And obviously there is no desire to do despite repeated manifesto-based commitments. [...] After a while, one has no other choice but to accept the fact that the government simply doesn't want to do it.

Because the *socio-cultural* landscape promotes childcare as a domestic issue, programmes such as the RGNCS were understood (by experts) as lacking in the 'care' aspect of the ECEC mix: *'The care component is completely missing in the services, and that is based on the assumption that there is a family – a mother, an adult, or the extended family available [to care]. But that's a faulty premise'* (Director, Children's NGO in Delhi). Lacking political support also meant a weak *administrative*, i.e., poor inter-departmental convergence in the delivery of crèche services, and *financial context* within which the service was implemented.

8.3 The Relative Significance of Constituent Factors in Explaining Take-up

The aim of this section is to analyse which factors (and sub-factors) are most significant in explaining the low take-up of the ICDS and RGNCS in the sampled research neighbourhood. An analysis of how these compare with each other vis-à-vis the ICDS and RGNCS is also undertaken (see Table 61). The importance of factors is assessed on the basis of a simple frequency tabulation of responses (of both mothers and experts): 'X' represents the most important and '(x)' the least important factors. Those somewhere in the middle are denoted by 'x'.

Table 61. The Relative Significance of Constituent Factors in Explaining Take-up

Factors impacting take-up		ICDS	RGNCS
Programme characteristics	Quality	X	x
	Resources	X	X
	Content	x	--
	Structure	x	x
	Implementation	x	x
	Access	(x)	x
Participant characteristics	Individual user preferences	X	X
	Affordability	--	x
	Expectations and needs	x	X
	Knowledge/awareness	x	X
	Child's age	x	x
Contextual characteristics	Political context	x	x
	Socio-cultural context	(x)	(x)
	Administrative context	x	(x)
	Financial context	(x)	(x)
	Policy context	X	X
	Public engagement/participation	(x)	--

Key: X: most important, x: important, (x): less important

(Source: Mothers' main survey, n=199; mothers' follow-on ICDS survey, n=25; expert interviews, n=15)

A closer look at the above table leads to a number of observations. First, low take-up⁷⁸ is the result of a combination of many factors rather than a few. A simple count shows that 11 of the 15 sub-factors in the table were either very important ('X') or important ('x') in contributing to the low take-up of both the ICDS as well as the RGNCS.

⁷⁸ Calculated to be 54.3% of the total sample for the ICDS, and 18.6% of the total sample for the RGNCS (see Chapter 7).

When looked at *category-wise*, it is evident that of the three dimensions, programme characteristics are particularly important in explaining low take-up of the ICDS, while participant-related, individual characteristics most significantly explain take-up of the RGNCS. This implies that an initial strategy for increasing take-up would require improving programme characteristics such as service quality and resource availability for the ICDS (the most important sub-factors within this dimension), but working on participant characteristics, e.g. adapting services to users' needs/expectations, and increasing visibility of crèches for the RGNCS (the most important sub-factors within this dimension).

In looking at the *individual sub-factors* that were 'most significant' ('X') in impacting programme uptake, those most important for the ICDS were: programme quality, resource availability, participants' personal preferences, and the policy context of services. For the RGNCS, these included: programme resources, participants' personal preferences, participants' expectations and needs vis-à-vis crèche services, their knowledge and awareness of the service, and the policy context of the service. Since these sub-factors emanate from across all the three categories of factors affecting take-up, a more comprehensive strategy for increasing it would entail planning at all three levels for both services. Therefore, for instance, improving programme quality and resource availability may increase the take-up of the ICDS to a limited extent only. The programme would also require tailoring to working mothers' preferences for preschool and childcare, as well as a strengthened social policy context for effective implementation; one focusing on, e.g., paying greater attention to children's needs when designing and running services. Similarly, working solely towards increasing awareness of the crèche scheme, and aligning services to mothers' needs may not

suffice for increasing RGNCS uptake. The programme would also necessitate increasing financial and human resources alongside a reinforced social policy context that recognizes the importance of the early years and the need for care services for working mothers.

Finally, the ‘most significant’ (‘X’) factors impacting take-up *in common* to both services include: (i) programme resources, (ii) personal preferences, and, (iii) the policy context. Of these, the impact of a shared, macro-level policy context on take-up has been already discussed. Further, that ‘programme resources’ (or a lack thereof) is in common to both is not surprising considering the weak overall financial context of ECEC programmes and the lack of political priority for this area. The third of these factors, ‘participants’ own preferences’, reflects a socio-cultural preference for home based, informal (versus centre-based, formal) ECEC on the one hand, and is suggestive of mothers’ relative dissatisfaction with the ICDS/RGNCS on the other.

These findings thus indicate that factors within the explanatory framework do not act independently, but rather function in close interaction with each other: the ‘problem of low take-up’ is complex.

What is particularly significant and warrants further discussion is the overall importance of the participant-related characteristics in shaping the take-up and utilization of services for both programmes under study. In returning to Table 61 it is evident, first, that *individual user preferences* around, e.g., sending the child to an out-of-home centre or not; the preferred age at which a child was considered ‘ready’ to be sent to a centre; and using a certain service/sub-service (e.g. health referrals) or not significantly determined the uptake of both the ICDS and RGNCS. Secondly, *needs and expectations* around children and childcare were also important in determining

uptake, particularly the apparent lack of need for the whole range of services offered under the ‘integrated’ umbrella of both programmes that resulted in the utilization of only those aspects that were valued or wanted. Finally, lacking *knowledge/awareness* of local services also affected uptake of programmes, particularly the RGNCS. Often, non-knowledge of centres was also accompanied by lacking information on the significance of early childhood development, which further impaired enrolment and utilization. These findings reflect a deep-rooted socio-cultural influence (and link up to the contextual characteristic – *socio-cultural context* in Table 61) on service take-up that must be accounted for when delivering integrated ECEC services. It is important, as well, not to undermine the influence of user perceptions and attitudes on early years service use. For instance, 60% of the participating mothers believed that it was only after age 5 that children were ready to be cared for by adults other than their own parents on a regular basis (Q1 in Section 4, Appendix 12.1). And, an overwhelming majority believed childcare to be the primary responsibility of the mother, when compared to making a living – 78% said they would give up work entirely, while 70% would work fewer hours each day in order to care for children full-time if they could afford it (Qs 3 & 5 in Section 4, Appendix 12.1). Further, 63% believed that the government should take complete responsibility and provide opportunities for women to combine a job outside the home with raising their children. All of these findings reflect the view that childcare is considered, in the main, to be the responsibility of the family, with out-of-home services taken up only in its absence. And this is perhaps what the existing policy also mirrors – as can be seen in the lower government funding and attention given to the RGNCS (primarily a *childcare* option) when compared with the ICDS (primarily a *preschool education* service), which is

more widely available and invested in. Nonetheless, the changing nature of both – the country's employment patterns as well as the socio-cultural topography indicates that there is, perhaps, a greater need to invest in childcare services as a recourse for those who can no longer depend on the family. A significant proportion of the mothers in this study – 48%, for instance, strongly believed that they would work more hours if they could arrange good quality childcare that was convenient, reliable and affordable (Q 6 in Section 4, Appendix 12.1). The importance of considering the needs and views of mothers (or, indeed, any category of users) when designing and delivering ECEC services shouldn't, thus, be underestimated. These findings also hold high resonance for other countries trying to develop integrated services. This is especially true for countries with diversity (e.g. ethnic, racial, language) and high migrant populations, service use in which is very likely to be affected by a plethora of social and cultural factors (see Table 30 to revisit the related literature on international trends in childcare arrangements).

The multitude of factors that have been reported in this chapter is discussed further, in light of the identified theoretical frameworks, in Chapter 9. The rest of this chapter utilizes the data collected to identify strategies for increasing programme uptake.

8.4 Policy strategies for increasing take-up: Evidence from the data

The problem with this ‘top-three’ kind of thing is when you have ten things to do. And of the ten if you pick three, then it doesn’t work [...] that’s what you find with the government also. You give them this whole lecture about it being comprehensive and [...] they come down to ‘three things’ that they should do. You have to do the whole thing because it is in such a poor state – there isn’t just one little gap that, if you fill, people [will] get everything (Child Rights Worker).

A full and complete discussion of the problem of low take-up is incomplete without inferences to possible solutions. Although a complete analysis of the strategies for increasing take-up is neither within the remit nor scope of this thesis, the present section delves into this briefly by interspersing two kinds of analyses. First, by drawing implications for increasing the uptake of services from the explanatory framework discussed previously (note that this includes data from experts/elites as well as mothers – *users, non-users, irregular users, and dropouts*). Second, by drawing upon the critical thinking of mothers (*regular users*) and experts in response to questions such as: ‘*Please tell me any suggestions you may have about improving the usefulness of the centre*’ (to mothers – see Q 76 in Appendix 12.2 and Q 56 in Appendix 12.3), and ‘*What do you think are some of the factors that can enhance the take-up or utilization of government services by parents and children?*’ (to experts – see Appendix 12.6).

8.4.1 Increasing the take-up of the ICDS

In looking back at Table 61 and the factors within the framework explaining low take-up, it is evident that increasing uptake would require developing a complex strategy using multiple factors from across the framework. A first step for the ICDS, however, would focus on the following: improving *programme quality* and *resource availability* from within *programme characteristics*, paying attention to *individual user preferences*

from within *participant characteristics*, and strengthening the *policy context* from within *contextual characteristics*.

Strategies relating to *quality* would include developing trustworthy services and increasing the quality of service provision, keeping in mind other, ‘competing’ early years options within the community. Such strategies, important from the user’s point of view, would also include improving food quality.

Strategizing vis-à-vis *resources* would require strengthening human resources, especially at the provider level, by increasing the number and motivation of workers per centre, and through quantitative and qualitative improvements in training. ‘*The centre worker is not getting any training. I remember in the olden days she used to get 40 days of training and that has now reduced to a one-day training [...]*’ (Committee member, National Early Childhood Network). Another aspect includes building service infrastructure including the overall space available to children within centres, as well as the premises within which services are housed.

Increasing the take-up of the ICDS would also require accounting for *user preferences*. First, understanding and acknowledging that often mothers prefer the home to an institutional environment for the care and education of their child, and that prevailing social and cultural norms (such as the belief that good upbringing happens within the immediate family) may influence these preferences and invariably lower take-up. A second strategy would require meeting certain user standards relating to, e.g., the caregiving expectations of mothers, the absence of which discourages take-up despite the presence of other benefits (e.g. hot meals and preschool education).

Lastly, increasing ICDS uptake would require that the *policy context* of services be strengthened. Based on previous analysis (see Table 59), such strategies may be proposed at three levels: (i) the development of evidence-based policy, through, e.g., an initial needs-assessment of potential users; (ii) the advancement of policies that are oriented towards both care and education rather than one or the other, and that cater to the developmental needs of children; and (iii) increased activism and lobbying by civil society to make a place for ECEC on the national political agenda.

A second-level analysis based on the responses of mothers and experts to critical thinking questions relating to increasing ICDS take-up is summarised in Table 62, column 3.

Table 62. Strategies for Increasing Take-up (ICDS and RGNCS)

Strategies for increasing take-up		ICDS	RGNCS
Programme characteristics	Quality	X	X
	Resources	X	X
	Content	(x)	(x)
	Structure	(x)	(x)
	Implementation	x	(x)
	Access	(x)	(x)
Participant characteristics	Individual user preferences		
	Affordability		
	Expectations and needs		
	Knowledge/awareness	(x)	(x)
Contextual characteristics	Child's age		
	Political context	(x)	(x)
	Socio-cultural context		
	Administrative context	x	x
	Financial context	(x)	(x)
	Policy context	X	X
	Public engagement/participation	(x)	(x)

Key: **X**: most important, x: important, (x): less important

(Source: Mothers' main survey, n=199; mothers' follow-on ICDS survey, n=25; expert interviews, n=15)

There are three strategies that emerge as 'most important' ('**X**') for increasing ICDS take-up: improving service *quality* (a 'programme characteristic'), increasing *resource* availability (also a 'programme characteristic'), and strengthening the programme

policy context (a ‘contextual characteristic’). As will be evident, all of these confirm what has been inferred from the analysis using the explanatory framework above. The specific suggestions under each of these strategies are now presented, based upon a collation of responses of mothers and experts.

Strategies for improving programme *quality*, suggested primarily by mothers, were five-fold: improving the quality of preschool education (literacy and numeracy), providing a safe environment for children, increasing the quality and reliability of caregiving, decreasing the number of children per member of staff, and improving the infrastructure and equipment at centres, i.e., buildings as well as play and learning material. The experts discussed quality as a strategy only briefly, and primarily in terms of improvements in the quality of preschool education through developmentally appropriate curriculum and educational practices, a contrast when compared to the mothers’ focus on literacy and school-preparedness.

Strengthening ICDS *resources* for increasing uptake was proposed chiefly by the participating experts, the mechanisms being two-fold. The first and more important of these related to strengthening human resources for the programme: professionalization of the workforce at the community-level; increased focus on updated and regular training, motivation, and retention of staff; and mentoring of centre workers by supervisors. The second aspect within human resources related to the appointment of a second centre worker in addition to the existing standalone worker (who is overburdened with duties) (as discussed in Chapter 2, each centre currently appoints one worker and one helper). A second mechanism for increasing uptake related to increasing the government’s financial allocation to the programme,

and the expansion of existing infrastructure, especially centre buildings and equipment for play and learning.

We give a lot of funds to higher education, we want all the universities to have the best of facilities, the infrastructure [...] but we don't want to give a good *anganwadi* centre to the children! Is it that higher learning is very important and early learning is not? [...] Do we not want toilet facilities for these children? [...] If I don't give you any space to work and tell you, 'look here! Do whatever work you want to do, or sit at home and work' and then hope for a great output, I think I am not doing justice. [...] You don't expect the Prime Minister to sit under the tree and work, why do the children have to [...], I do not understand (Official, Ministry of Women and Child Development).

Even though the universalization of the ICDS since 2008 has resulted in a steady increase in the financial allocation towards the programme (see Chapter 2), the amount of available funding per centre and per child was considered to be insufficient by participating experts/elites. This has implications for all aspects of services provided under the scheme, including food, equipment for preschool education, employee wages, and so on. For the participating mothers, the most important resource-related strategy for increasing uptake was the employment of more qualified centre staff that were trained to engage more effectively with children on a day-to-day basis.

The final strategy for increasing the take-up of the ICDS related to strengthening the *policy context* within which the service was delivered. Drawn entirely from expert responses, the measures suggested here resonate with what has been reported previously: formulating policies that are evidence-based (especially using needs assessments), and strengthening civil society networks and action groups to bring issues relating to children and working mothers onto the political agenda. The data from experts also suggested that the ICDS focus particularly on improving services for the under-threes'. The experts also recommended that standards and regulations

within ECEC be introduced through, e.g., a national framework/guidelines on ECEC: ‘... accreditation, regularization, licencing [...] Recognition be there or not, a [pre] school is flourishing! In fact, the wrong kinds of schools are flourishing even more; they are misguiding parents’ (Retired Director, Government research institution). And: ‘[The government] needs to start realising that early childhood provisions need to have minimum standards [...] [otherwise anyone] can open a centre and God knows what happens there’ (Programme coordinator, International NGO). The experts also believed that the government, civil society and media should make concentrated efforts to engage parents in dialogues on ECEC as a means of increasing their understanding and awareness of the field so that parents are able to make more demands of government services.

8.4.2 Increasing the take-up of the RGNCS

The explanatory framework on low take-up (see Table 61) indicates that the most important (‘X’) strategies for increasing RGNCS uptake are five-fold: From *programme characteristics* - (i) increasing programme resources; from *participant characteristics* - (ii) understanding user preferences vis-à-vis services, (iii) matching user needs and expectations with available services, (iv) increasing knowledge and awareness of the RGNCS service among potential users; and from *contextual characteristics* - (v) strengthening the policy context of service delivery.

The framework suggests that programme *resources* may be increased in two ways: first, by increasing the financial allocation to the programme as it exists, but also expanding the scope and coverage of the service in the future. Second: by strengthening human resources, e.g., increasing worker wages to the national

minimum standards and employing additional staff at crèche centres (the unpaid volunteer contribution being substantially high).

It is also evident from the framework that focusing on participant characteristics would yield important gains vis-à-vis take-up. Adapting crèche services to mothers' *needs and expectations* regarding hours of service availability, centre timings, and the quality of care and attention provided to children; and increasing the *knowledge and awareness* of the RGNCS are some of the strategies suggested by the framework. It is also important to recognize and acknowledge that *mothers' preferences* for home-based, non-institutional childcare and preschool education may override their use (and thus uptake) of the crèche service (as it may have done for the ICDS).

Finally, the framework also suggests that the broader *policy context* within which the RGNCS is delivered be strengthened for increasing take-up. The measures suggested here are the same as those suggested for the ICDS (the policy context being common to both programmes): (i) developing evidence-based policy, (ii) orienting policies to 'care' as much as to 'preschool education', and (iii) enabling the development of a more participatory policy environment through increased lobbying and activism by networks and civil society groups working for children and working mothers.

The second-level analysis based on the responses of mothers and experts to critical thinking questions relating to increasing RGNCS take-up is summarised in Table 62, column 4 above (section on ICDS). As with the ICDS, only the 'most important (X)' strategies for increasing take-up of the RGNCS are discussed here: enhancing programme *quality* (a 'programme characteristic'), increasing *resource* availability

(also a ‘programme characteristic’), and strengthening the programme *policy context* (a ‘contextual characteristic’). As will be evident, these strategies are the same as those reported previously for the ICDS.

Strategies for increasing programme *quality*, suggested by participating mothers, related to three aspects: (i) improving the quality of centre premises and in-centre equipment, as well as the overall safety and general hygiene of crèche spaces; (ii) improving the quality of care provided to children, particularly the care relationship between provider and child through a lower child to caregiver ratio; and (iii) improving the quality of preschool education at crèche centres.

Strategies for increasing programme *resources* were suggested by both experts/elites as well as mothers. Similar to the ICDS, the strategies here were also two-fold: the first and more important of these related to increases in financial allocation both in terms of the per-centre allocation as well as the overall funding, allowing for the expansion of the programme to a wider geographical area (currently coverage is very low – see Chapter 2). Increases in per-centre allocation, according to experts, would enable centres to be more child-safe/friendly, and for the service to provide better food and health/medication. An increase in financial resources would enable crèche workers to be paid in accordance with the national minimum wage standards. A second strategy for increasing take-up, reported by both mothers and experts, is increased investment in human resources. Measures suggested by mothers included the employment of more qualified centre staff and additional training programmes. The responses of experts/elites converged with those of the mothers.

Crèches are seen as if anyone can do it anywhere but it is not easy. I mean, it’s children, and there is the issue of safety and you need training. It is a skilled activity. Just because every mother can take care of a child doesn’t mean that

you institutionally run a crèche and you have ten children under 3 and any woman can just take over one day and can start running the crèche. But that's how we look at crèches – they are such an undervalued service that I don't think any policymaker really thought about it as a skilled service that you provide (Child Rights Worker).

Finally, strategies for strengthening the *policy context* of the RGNCS, suggested by the participating experts and in common with the ICDS, were five-fold: (i) the development of research and evidence-based policy, (ii) the introduction of national standards and regulations in ECEC provision, (iii) the growth of civil society networks and action groups working for the benefit of children and working mothers, (iv) drives to increase parental understanding and awareness of ECEC, and (v) an increased focus on service provision for the under 3s', the understanding being that existing services were neglectful of this age group. An additional measure specific to the crèche service was the need for civil society to talk about the value of and need for crèches, and for these services to gain visibility on the political agenda. The experts believed that this was essential to the expansion of the programme, and for it to be available to/taken up by a larger proportion of the population. As articulated by a Child Rights worker that was interviewed during the study:

I don't think anyone in the policymaking circle in the country really understands what crèches are and what kind of a need there is for them. Maybe because it is a male-dominated group, or the women who are drafting these policies have had it easy in their own lives. But I really don't think we have reached the point where we understand that there is a need for crèches.

8.4.3 Strategies for increasing take-up: Comparing the ICDS and RGNCS

For mothers *regularly using* the ICDS and RGNCS, the most important strategies for increasing take-up that were common to both programmes included: (i) increasing

programme *quality* (a programme characteristic), (ii) building programme *resources* (a programme characteristic), and (iii) strengthening the *policy context* of services (a contextual characteristic).

Increasing programme *quality*, though, requires focusing on different aspects for both programmes. For the ICDS, improving the quality of preschool education is considered most important, while strategies for the RGNCS focus on building service infrastructure, including centre premises and in-centre equipment, and hygiene and safety of centres.

Building programme *resources* also requires focusing on different aspects. The most important need of the ICDS is to focus on building human resources, e.g. increased worker training and professionalization of the service through the employment of highly motivated individuals, to increase supervision of centre staff, and to increase staff retention rates. Strategies for the RGNCS, on the other hand, focus on increasing financial resources to enable geographical service expansion, increasing the per-centre funding, and bringing worker wages to the national minimum standards.

Because the *policy context* within which both programmes are implemented is largely the same, the strategies suggested by experts essentially converge. However, a measure suggested specifically for increasing take-up of the RGNCS requires recognizing the need for and value of crèches/day-care services for both children and working mothers, and for the policy discourse to focus on this to a much larger extent.

When it came to the group of *irregular users*, *dropouts* and *non-users*, the most important strategies for increasing take-up indicated that: (i) the ICDS focus on improving service *quality*, concerns with which prevented this group of potential

users from using it, and (ii) the RGNCS focus on matching service provision with the *preferences, needs, and expectations* of this group of mothers, as well as on increasing potential users' *awareness and knowledge* of this service – these being key in causing low take-up.

8.5 Conclusion

This chapter has addressed the fifth and final research question of this study. In looking at the factors impacting the take-up of the ICDS and the RGNCS by working mothers in the study sample, an explanatory framework comprising programme, participant, and contextual characteristics has been formulated. Figure 14 summarizes the factors and sub-factors within this framework.

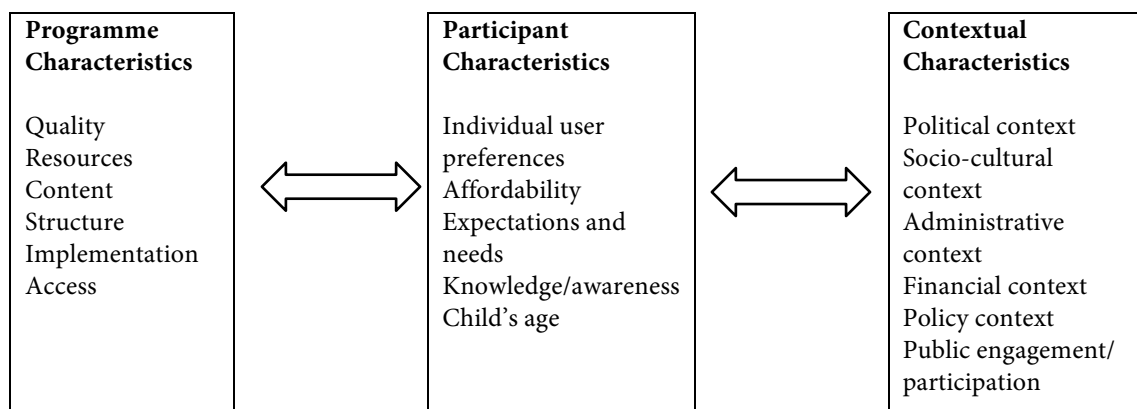


Figure 14. Factors Affecting ICDS/RGNCS Uptake: An Explanatory Framework

The analysis conducted indicates, first, that low take-up of both services is the result of a combination of many factors rather than a select few. When looked at comprehensively, it is the programme characteristics that are particularly important in explaining low take-up of the ICDS and participant-related individual characteristics that were most significant in explaining the poor uptake of the RGNCS. Among contextual characteristics, the policy context is the common factor impeding take-up of both services. The analysis indicates the interrelatedness of each of these three sets of characteristics and their combined influence in affecting programme uptake. The overall importance of participant characteristics (individual user preferences, needs/expectations from services, and knowledge/awareness of services)

and the related socio-cultural influence on service use and non-use also warrants particular attention.

This chapter has also discussed selected strategies for increasing take-up for each of the ICDS and RGNCS. Beyond the most important strategies for increasing ICDS uptake discussed previously, secondary strategies can focus on improving programme implementation and strengthening the broader administrative context; while tertiary strategies can emphasise improvements in programme access, strengthening of the financial context, and increased levels of public engagement/participation vis-à-vis ECEC. Secondary strategies for increasing RGNCS take-up can focus on strengthening the broader administrative context within which the programme is implemented. Tertiary strategies can emphasise improvements in programme content (e.g. curriculum and in-centre activities on a given day), as well as the financial context within which the service is delivered (e.g. through more GDP allocation for early childhood). Policymakers need to recognize, though, that mothers may not always want or need ECEC services, that they may use only part of the available sub-services, and that their choices and utilization of government programmes will invariably be socio-culturally driven.

Figure 15 illustrates how these three characteristics relate to, and operate with, relation to each other, and to two significant dualities posited by early years services in general.

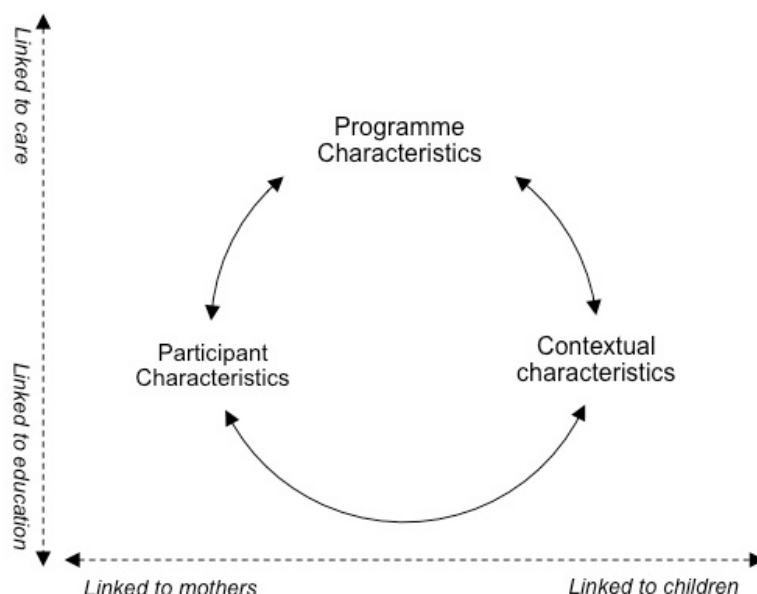


Figure 15. Linkages Between Factors Affecting Take-up of Early Years Services

The central part of this figure represents the circular relationship between the three dimensions of the explanatory framework on take-up – i.e. programme, participant, and contextual characteristics. Although comprising their own sets of sub-factors, each of these dimensions is influenced by, or influences, the other two: the double-headed arrows at each end of the circle depict this interaction. There are two dualities, along which these three dimensions function, in the context of early years services. The two dotted axes running perpendicular to each other in the figure represent these two dualities. The first of these, depicted by the y-axis, represents a continuum between ‘care’ and ‘education’ – the two key elements within early years’ policy. These are sometimes characterised as being in opposition to, or in tension with, each other; as was the case in this study, between services provided by the ICDS (with its emphasis on preschool education) versus those provided by the RGNCS (with its emphasis on childcare). By sitting at the ends of a double-headed arrow, however, these two elements are understood as representing a harmonizing continuum between care and education that should be provided to every child in the early years. The take-

up of ECEC services and user experiences with them are also likely to be influenced by the needs and expectations held vis-à-vis these two elements. The second duality, represented in the figure by the x-axis, depicts the other dichotomy of concern to early years, and indeed, family policy – that which considers the needs of working mothers on the one hand, and the developmental needs of children on the other. Although policies and programmes may originate to cater to the needs of one or the other of the two, their take-up is often contingent (as indicated by the analysis) on the needs and expectations of each of these sets of ‘users’ – i.e. working mothers, or young children – balancing out in being met.

A final point to be made in this conclusion relates to methodology. The convergence between findings indicates how triangulation along two lines: (i) *analytical* – of low take-up as summarised in the explanatory framework with additional analysis focusing on strategies for increasing take-up, and (ii) *of participants* – i.e. mothers as well as experts, worked well in validating and strengthening the overall analysis of take-up. It is important to restate here that a third important view, that of ICDS and RGNCS practitioners, was intended to be examined in triangulating participant data. Although collected, the ICDS data was rendered unusable after the block supervisor intervened in the sampling and the data collection process by handpicking centre workers and bringing them to the same venue for Focus Group Discussions that were then conducted in her presence (rather than in isolation), as opposed to the interviews that had been planned by the researcher (see Chapter 4, Section 4.4.1). Had this problem of pre-selection of the centre worker sample and the resulting power imbalances and ‘guarded disclosure’ of information by participants not been faced, the data collected from centre workers’ interviews could have been utilized in the

following two ways. First, by checking the convergence between responses as stated by (i) participating mothers with, (ii) practitioners from the same children's centres to understand what factors contributed to low take-up in that micro-context. Having spoken about the same service in the same context from two different standpoints in this regard would have additionally helped in validating responses and increasing their trustworthiness. Triangulating between all three groups of responses (i.e. mothers, experts/elite, and centre workers) could have also been utilized, secondly, to generate a more comprehensive list of factors affecting take-up than what has been currently presented. It was expected that centre workers' responses would have captured factors at the local centre-level (including the day-to-day implementation of the programme and parent-centre engagement) – in other words, what works for whom within specific programme contexts – that could not have been provided by any other participant group. The practitioners' responses could have thus both supplemented as well as complemented the individual-level factors related by mothers, and the more policy-level factors reported by experts.

The next chapter examines the factors from the explanatory framework on take-up developed in this chapter in light of the two theoretical frameworks identified previously (see Chapter 3).

Part III

9. Concretizing and Contextualizing the Take-up Story: Linking Findings with Theoretical Frameworks

9.1 Introduction

In continuing to utilize the principles from stage 5 (*comparison between different theories and abstractions*) of Danermark et al's (2002) methodological framework (see Chapter 4), the present chapter returns to the explanatory framework discussed in Chapter 8, and examines the factors/sub-factors therein in light of the two theoretical frameworks guiding this study (see Chapter 3): (i) the *determinants of programme performance* framework (Wolman, 1981), and (ii) the *barriers and bridges to take-up* framework (various authors, see Section 3.4.2). In applying these frameworks to the present study, Wolman's work is found useful for contextualizing study findings relating to *programme* and *contextual characteristics*, while the literature on barriers and bridges to take-up, to *participant characteristics*.

The chapter concludes by expanding the explanatory framework on the factors affecting ICDS/RGNCS take-up from Chapter 8 (see Figure 14) to now include additional elements emerging from the two theoretical frameworks referenced above. This results in the development of a second, more comprehensive *analytical framework on the factors affecting programme uptake*, i.e. not just for the ICDS/RGNCS but welfare programmes in general, proposed as a potential heuristic device for future research to utilize and develop.

9.2 Determinants of Programme Performance: Wolman's Framework for Studying Take-up

Wolman's 1981 framework studies programme success and failure, by examining both the policy formulation and implementation stages. The main argument is that factors operating at each of these stages affect the final performance of a programme, and explain why it performs the way it does. As has been previously discussed (see Chapter 3), the utility of this theoretical framework lies primarily in its structure and level of detailing, that make for an extremely useful basis for analytical comparison with the data collected in this study. This section compares the factors outlined by Wolman's theoretical framework with those listed under the explanatory framework on ICDS/RGNCS uptake developed in this thesis. Engaging in this exercise helps interpret the study findings within the broader literature, and also provides an opportunity to evaluate the contributions made by the present study to the field.

In comparing the factors within the explanatory framework on take-up developed in this study with those listed in Wolman's framework, it will be evident that the framework links with two of the three dimensions developed in this thesis – *programme characteristics* and *contextual characteristics*. There are four sub-factors within each of these dimensions that are comparable with Wolman's framework (see Table 63).

Table 63. The Explanatory Framework on Take-Up and Wolman's (1981) Framework Compared

Factors from the explanatory framework on take-up (present study)	Comparable factors from Wolman's framework (1981)	
	From the policy formulating process (FP)	From the policy carrying-out process (CoP)
Programme Characteristics		
Resources		Resource adequacy
Content	Specification of objectives	
Structure	Programme structure	
Implementation	Implementation considerations	Management and control structure Bureaucratic rules and regulations Feedback and evaluation
Contextual Characteristics		
Political context	Political feasibility	Political effectiveness
Administrative context	Coordination between departments	Bureaucratic rules and regulations Resource adequacy
Financial context		
Policy context	Problem conceptualization Theory evaluation and selection Specification of objectives	

9.2.1 Programme characteristics and comparable dimensions in Wolman's framework

The first programme characteristic that is comparable with Wolman's framework is *resources*. There were two types of resource shortfalls that affected take-up in this study – financial and human/staff related. Both fall in line with Wolman's writing that identifies two forms of *resource adequacy* (or inadequacy): (i) programme funding, and (ii) staff resources, both part of the *policy carrying-out process*. Of the three ways in which *inadequate programme funding* may lead to programme failure as described by the author (p.450), there is one that holds true for the ICDS and RGNCS, where inadequate funding leads to programme objectives being insufficiently met, causing service quality and implementation-related problems. The evidence gathered

in this study also indicates an additional type of funding failure (not outlined by Wolman) specifically for the RGNCS, where objectives, in addition to being insufficiently met for *users*, also remain completely unmet for *non-users* (that are *potential users*) of services because of poor geographical scope/outreach and related inaccessibility. Moving on to *staff resources*, there are two kinds of inadequacies described by Wolman that relate to problems with (i) staff numbers and (ii) staff quality. As will be evident, both of these were found to affect the take-up of services in this study – e.g. the overloaded ICDS worker that was described as having an unrealistic number of duties that should ideally be shared through the appointment of an additional staff member at centres, and the RGNCS programme that was described as running through the extensive support of volunteers, whose efforts remained largely unaccounted for and unpaid. Finally, lacking staff quality, described as low “staff morale, training and competence...” (Wolman, 1981, p.451), was also found to affect both programmes, particularly the ICDS that, as has been reported, was characterised by poorly motivated and inadequately trained workers, and low job retention rates.

The second programme characteristic that is comparable with Wolman’s framework relates to programme *content*. In the explanatory framework developed in this study, this factor appeared primarily in relation to the content of preschool education and the norms (e.g. nutritional, funding) guiding the implementation of the ICDS programme. It is comparable to *specification of objectives* (part of the *formulating process*) in Wolman’s framework. Programmes are likely to be successful when their objectives reflect both *clarity* and *specificity* (Wolman, 1981). Lacking clarity is likely to lead to difficulties with programme design, administration and assessment; the

influence, therefore, extending across both the formulating and as carrying-out phases of the policy process (ibid., pp.438-39). Extending this line of argument, unclear objectives may also result in programme content that is vague and lacking in form/detail. This is true for the ICDS, under which at least two objectives lack clarity of articulation: “to improve the nutritional and health status of children in the age-group 0-6 years” (MoWCD, 2012a, para. 2) (relating to programme content on nutritional and financial norms) and “to lay the foundation for proper psychological, physical and social development of the child” (ibid.) (relating to the content of preschool education). These are, however, clarified to some extent in later sections of the policy document. Objectives that are sufficiently clear may still be problematic if they lack *specificity* (Wolman, 1981, p.439). This is the case for the ICDS as far as preschool education is concerned. While the ICDS policy document specifies that preschool education should provide “...a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development” (MoWCD, 2012a, para. 11), it lacks specificity on, e.g., what aspects of the ‘joyful and stimulating environment’ are being focussed upon by this programme, and what the specific measures for creating this environment are. In the absence of these, the curriculum or content at the programme level is likely to be vague and unspecific. Finally, although “achieving clarity and specificity of objectives is...not always easy, nor...desirable” (Wolman, 1981, p.439), some degree of specificity and clarity is required during both formulating and carrying-out stages for enabling programme ‘success’.

The third programme characteristic that can be directly linked with Wolman’s framework is *structure*. Structural problems with the ICDS and RGNCS related to two aspects: (i) how programmes were designed (e.g. what kinds of benefits were

provided, to what extent/through what mechanisms, and how these were monitored), and (ii) how they were administered (e.g. administrative structures in place for delivery, and how responsive these were to the local context of implementation). *Programme structure* in Wolman's framework refers chiefly to the administrative structures in place for implementation and how these affect success or failure. However, *coordination between departments/units* and *intergovernmental administration* were two additional dimensions from Wolman's work that complement the administration-related structural problems identified with the ICDS and RGNCS. The RGNCS reflects a classic Wolman *coordination* problem, with crèches administered through a centrally sponsored scheme (see Chapter 2) running from:

National Govt. → Implementation Agency (National) → Implementation Agency (State) → NGO
(Community)

Such administrative structures leave scope for both technical coordination problems, as well as those in which programme objectives, clienteles, and interests are viewed differently by the different agencies involved in implementing the programme (Wolman, 1981). For the RGNCS, these manifested in terms of insufficient financial allocation (as reported by NGOs running programmes at the community-level), delays in the release of funds, poor wages of centre staff, and staff work overloads. The ICDS, on the other hand, imitates a typical *intergovernmental administration* coordination problem, encountered during the "administration of national programmes through subnational governments..." (Wolman, 1981, p.448). For the ICDS these manifested as flawed implementation, administrative non-cooperation, and lack of organised feedback. A lack of organisational control and compliance were

additional problems faced by this programme that is (over-) standardised at the national level (see Chapter 2).

Finally, the fourth programme characteristic from this thesis' explanatory framework that can be linked with Wolman's framework is *implementation* problems, identified in the present study as problems with recruitment, poor monitoring, evaluation and feedback for the ICDS, and financial delays and poor outreach for the RGNCS. These are comparable to four factors from Wolman's framework. The first relates to *implementation considerations in programme design* (part of the *policy formulating process*) especially during the initial stages of the policy process, when the programme design is being conceptualised (Pressman and Wildavsky, 1973; cited in Wolman, 1981). Although the ICDS policy document outlines, e.g., the roles and responsibilities of officials, eligibility criteria for their recruitment, and terms and conditions for employment, it lacks clarification on the exact recruitment procedure. This perhaps influences how appointments are finalized, and leaves scope for flaws, including but not limited to a lack of transparency in the procedure. Further, the more complex the design, the greater is the likelihood of problematic implementation (*ibid.*). In case of the ICDS this is likely to be caused by the sheer scale of the programme, and the complex and lengthy chain of delegation running from the Centre, to the State, and to the local bodies. The second factor from Wolman's framework that can be related to the programme implementation dimension is *management and control structure* (from the *carrying-out process*). Wolman considers an "effective organisation and control structure" (Wolman, 1981, p.451) to be an important, but often overlooked, factor that influences programme success or failure. He discusses two forms of 'authority leakage' (Downs, 1967 cited in Wolman, 1981) when it comes to the top-

down line of command within programmes: (i) lack of knowledge, and (ii) lack of will. It is the first that can be related to the implementation problems identified in this thesis. Lack of knowledge occurs when those further down the line do not understand the intentions of those on top of the hierarchy. This may be attributed to vague objectives, lack of clarification on the part of superiors, conflicting guidance, complex instructions, or poor communication (Wolman, 1981, p.452). Ineffective organisation and control of this type may be linked with implementation difficulties relating to poor monitoring, evaluation and feedback reported for the ICDS. Third, *bureaucratic rules and regulations* (part of the *carrying-out process* in Wolman's framework) may also be associated with the programme implementation dimension of the thesis. Bureaucratic rules and regulations must contribute to the "achievements" rather than the "frustrations" (p.455) of programmes. 'Frustration', or programme 'failure' may, among other things, be the result of technicalities such as inability of personnel to understand or implement regulations, excessive formality/administration, 'red-tapism', or the existence of irrelevant/unnecessary requirements (p.455). Such 'frustrations' are comparable to the funding delays reported for the RGNCS, and the poor quality of monitoring and feedback described vis-à-vis the ICDS. A final element of the *carrying-out phase* in Wolman's framework – *feedback and evaluation* – may be associated with programme implementation in the thesis. Feedback (administrative as well as substantive) and evaluation are both important to the success of a programme (Wolman, 1981). They include aspects such as the capability, desire, flexibility, and responsiveness of programme administration to available opportunities for evaluation (ibid.), all of which can be linked to problems within the ICDS.

9.2.2 Contextual characteristics and comparable dimensions in Wolman's framework

The first contextual characteristic from the present study's explanatory framework that is comparable with Wolman's is the *political context*. There are two factors from Wolman's framework that one can link with in this respect: *political feasibility* (part of the *programme design* in the *Formulating Process*) and *political effectiveness* (from the *Carrying-out Process*). Political feasibility refers to the availability of political support when the programme is being structured and designed. Political effectiveness requires that political skills and resources be available during implementation (Wolman, 1981). A lack of both of these in combination contributes to low programme uptake in this study. Political feasibility is reduced because of the relatively low position of the early years on the political agenda. Political effectiveness is hindered by a combination of a weak National Ministry that is responsible for administering both services, and poor political and administrative resources at the local level that lack the training, coordination, and knowledge that may be important to implement these programmes effectively.

A second contextual characteristic – the *administrative context* – can be directly linked with Wolman's: (i) *intergovernmental administration* (from the *formulating process*), and (ii) *bureaucratic rules and regulations* (from the *carrying-out process*). Rather than programme-level administration (see Section 9.2.1), the administrative context here refers to the larger links between various ministries at the National and State level, the coordinated effort of which is required for the ICDS and RGNCS to run effectively. Regarding bureaucratic rules and regulations, programme success is

more likely where regulations are understandable (by local-level officials), administration is not excessively formalised, and ‘irrelevant’ red-tapism and bureaucracy is minimised (Wolman, 1981, p.455-56). The ICDS provides examples of excessive red-tapism, e.g., centre workers are required to complete 18 logbooks to document various activities/events on a daily basis. The RGNCS displays overly formalised administration/implementation, reflected by the constant administrative delays in the release of funds to NGOs running crèches.

The third contextual characteristic from this thesis – the *financial context* – can be linked with *resource adequacy* in Wolman’s *policy carrying-out process*. Resource adequacy has been discussed so far in terms of programme-level deficits in financial and human resources (see Section 9.2.1). What the explanatory framework also reflects is the role played by the broader financial context (including budgetary allocations to early childhood, and financial priority to ECEC vis-à-vis other policy areas) in determining programme-level finances, and therefore take-up. In this sense, it is both kinds of inadequacies identified by Wolman – *programme funding* and *staff resources* – that are ultimately affected by a weak financial context.

The final contextual characteristic - the *policy context* of programmes – can be linked with three factors from Wolman’s framework, all part of the *policy formulating process*: *problem conceptualization*, *theory evaluation and selection*, and *the specification of objectives*. Inadequate problem conceptualization results when “policy agendas...reflect the mobilization of political demands rather than a rational process of evaluating needs, values and objectives” (Wolman, 1981, p.436). Further, theory evaluation and selection is contingent on both adequate problem conceptualization and the existence of sufficient data to describe a problem (Wolman, 1981). In not

having any baseline needs assessments analysing the nature of demand for ECEC and mothers' needs/expectations from such services, the ICDS and RGNCS policy context is indicative of inadequate problem conceptualization that perhaps leads to insufficient/unsatisfactory provision and poor uptake of services. Further, inadequate theory selection may also negatively influence the specification of policy/programme objectives that may, as a consequence, lack clarity and/or detail. A weak policy context may thus have a strong bearing on how programmes are conceptualized, which likely contributes to what Wolman terms 'policy failure'.

9.2.3 Additional factors not covered by Wolman's framework: Contributions made by the present study

In linking the factors from Wolman's framework to that of this study, it is primarily *programme* (viz. *resources, structure, content, and implementation*) and *contextual characteristics* (i.e. the *political, financial, administrative, and policy contexts*) from the present study that are found to be comparable with the theoretical framework outlined by Wolman. What Wolman's framework does not account for, however, are all the sub-factors under the *participant characteristics* dimension in this study: individual user preferences, affordability, expectations and needs, knowledge/awareness of services, and the child's age (see Table 64), all of which may well affect a programme's success or failure (one indicator of which may be service uptake by users). There are also some additional programme and contextual characteristics that came up as important in the present study but are not covered by Wolman's framework. These are also listed in Table 64.

Table 64. Factors from the Explanatory Framework not covered by Wolman (1981)

Programme Characteristics	Participant Characteristics	Contextual Characteristics
Quality	Individual user preferences	Socio-cultural context
Access	Affordability	Public engagement/participation
	Expectations and needs	
	Knowledge/awareness	
	Child's age	

The observations above indicate that even though Wolman's framework looks at the policy process as a whole, i.e., is inclusive of the policy formulation as well as implementation stages, it fails to look at how policy is experienced and received by users. In accounting for this category of factors, the explanatory framework advanced by this study extends Wolman's work.

9.3 Factors Affecting Take-up: The ‘Barriers and Bridges’ Framework

This section analyses study findings with relation to the second theoretical framework of this thesis, which consolidates existing literature on the barriers and bridges to programme use into three categories of factors affecting take-up: (i) individual level, extra-policy factors; (ii) factors located at the user-programme interface; and (iii) factors operating within the user-programme-policy mix (see Chapter 3 for details).

The comparison of study findings with this second theoretical framework is presented in Table 65, the first column of which lists the factors/sub-factors from the explanatory framework developed in this thesis, the second and third columns record (with a check mark) whether each of these factors posed a barrier for the ICDS and RGNCS. The third column lists the factors from the barriers and bridges theoretical framework that are comparable with those in column 1, further sub-sectioned by the three main categories of factors: individual level extra-policy factors, those located at the user-programme interface, and those operating within the user-programme-policy mix.

As will be evident, factors relating to all three dimensions – programme, participant, and contextual characteristics – find comparability with those discussed under the barriers and bridges framework.

Table 65. The Explanatory Framework on Take-up and Barriers and Bridges to Take-up Compared

Factors from the explanatory framework on take-up (present study)			Comparable factors from the barriers and bridges framework		
	Barrier for the ICDS?	Barrier for the RGNCs?	Individual user related	At the user-programme interface	From the user-programme-policy mix
Programme Characteristics					
Quality	✓	✓		Convenience factors - other choices available Costs versus benefits/Positive net value Personal attitudes towards the state/its programmes Costs versus benefits/Positive net value	Features of the ECEC system (e.g. cost, accessibility, location)
Resources		✓			
Content	✓			Costs versus benefits/Positive net value	Features of the ECEC system (e.g. cost, accessibility, location)
Access		✓		Convenience factors (e.g. location, availability etc.)	Features of the ECEC system (e.g. cost, accessibility, location)
Participant Characteristics					
Individual preferences	✓	✓	Parenting values and beliefs		
Affordability		✓	Personal circumstances/instability (e.g. poverty)	Convenience factors (price)	
Expectations/needs	✓	✓		Needs: perceived/evaluated	
Knowledge/ awareness	✓	✓	Informal guidance available (e.g. peer support, social networks and interactions)	Nature/amount of information	
Child's age	✓	✓	Child's age (infant/toddler vs. preschooler)		
Contextual Characteristics					
Socio-cultural context	✓	✓			Societal characteristics/philosophies relating to ECEC
Financial context		✓			Features of the ECEC system
Public engagement/ participation	✓	✓			Features of the ECEC system

9.3.1 Programme characteristics and the barriers and bridges framework

The dimension of *programme quality* from the explanatory framework can be related to a number of aspects from the barriers and bridges framework. For instance, perceived poor quality (a barrier in case of the ICDS), and the related availability of better alternatives from this study, can be related with *other choices available*, and *costs versus benefits/positive net value* of services from barriers/bridges. Mistrust in services (a significant quality-related barrier to the use of both the ICDS and RGNCS in this thesis) can be linked with *personal attitudes towards the state/its programmes*. Lack of enough spaces for children in Rajiv Gandhi crèches (a *programme resources* related issue in the present study) is one type of *administrative cost/delay* discussed by the barriers/bridges literature. *Access* issues, reported with reference to the RGNCS, link with the *location of services* (a *convenience factor*) in the barriers/bridges framework. Finally, *features of the ECEC system* in the literature are comparable with factors such as *access*, *quality*, and *content* reported by the present study.

9.3.2 Participant characteristics and the barriers and bridges framework

Within this category of factors, *individual user preferences* that affected the take-up of both the ICDS and RGNCS can be compared with *parenting values and beliefs* that appear as a potential barrier to service uptake in existing literature. *Affordability* problems with the RGNCS can be related to *convenience factors (price)*, and is also a type of *personal circumstance/instability* issue reported by the barriers/bridges literature. *Needs: perceived and evaluated* from within this literature translates to the *expectations and needs* of mothers that significantly affect both ICDS and RGNCS

uptake in the present study. Lacking *knowledge/awareness*, another factor negatively impacting RGNCS uptake, correlates with the *nature/amount of information* held by service users, a lack of which often poses a barrier to programme take-up in existing literature. Another related factor reported in the barriers/bridges framework is the access to *informal guidance and social networks*, one of the many ways in which users increase their awareness, and therefore their uptake of services. The *child's age*, an important factor in the explanatory framework in this study also appears as a significant factor determining programme uptake in the barriers and bridges literature.

9.3.3 Contextual characteristics and the barriers and bridges framework

There are three contextual characteristics reported by the present study that link with those in the barriers and bridges framework. The *socio-cultural context*, particularly the notion that children and childcare are considered part of the domestic sphere of life first, and a matter of government policy after, links closely with the *societal characteristics/philosophies relating to Early Childhood Education and Care* factor in the barriers/bridges literature. Factors relating to the cost of RGNCS services, part of the *financial context* sub-factor, is one type of *feature of the ECEC system* impacting programme uptake in existing literature. Another such feature reported by the present study is the level of *public engagement/participation*, a lack of which led to low uptake of services in the sampled research neighbourhood. There are also a handful of factors from the explanatory framework developed in this study that do not appear in the barriers and bridges literature. These are listed in Table 66.

Table 66. Factors from the Explanatory Framework Not Covered by the Barriers and Bridges Framework

Programme Characteristics	Contextual Characteristics
Structure	Political context
Implementation	Administrative Context
	Policy Context

9.3.4 Contributions of the barriers and bridges literature to the present study

The literature that the theoretical framework on barriers and bridges to take-up refers to is based primarily on analyses of means-tested programmes relating to employment, health, and social insurance schemes in typically developed countries and some developing countries (see Chapter 3). The present study contributes to this body of work in two ways: (i) by supplementing existing literature with evidence from ECEC programmes in India, and (ii) by expanding upon the list of factors in existing literature through the addition of additional contextual (e.g. political, administrative, and policy contexts) as well as programme characteristics (e.g. how programmes are structured and implemented) affecting service take-up. Some of these factors may be especially useful in understanding the take-up (or non-take-up) of the ‘universal’ type of social programmes, or those that have no means-testing involved (the existing literature lacks with relation to these).

There are three contributions made by the barriers and bridges framework to the present study. The first lies in framing the findings relating to the *participant characteristics* dimension of this study’s explanatory framework, a category that Wolman’s framework was unable to link with. The barriers and bridges framework is able to link with all the five sub-factors within this dimension: users’ preferences vis-

à-vis services, affordability of services, child's age, needs and expectations, and knowledge/awareness of services.

Second, the barriers/bridges framework is also able to link with the four sub-factors emerging from this study that remained unaccounted for by Wolman's framework. These include, within the *programme characteristics* dimension, the two sub-factors of *quality* and *access*; and within the *contextual characteristics* dimension, the two sub-factors relating to the *sociocultural context* and *levels of public engagement/participation*. Wolman's framework, on the other hand, was able to situate all five sub-factors not covered by the barriers and bridges literature (see Table 66) within itself. The two theoretical frameworks are thus able to supplement each other in augmenting the understanding of take-up.

Third, there are three new factors emerging from the barriers and bridges framework that may be added on to the 'three dimensions' explanatory framework developed in this thesis. These were factors that, based on the theoretical review, were anticipated as being important and taken into consideration when designing the field instruments for data collection, but because they were not reported by study findings, did not feature in the 'three dimensions' explanatory framework in the end.

The first of these three new factors includes the *demographic and socio-cultural characteristics* of families (part of the *individual user-related* category). Although considered as a potential factor impacting programme uptake, the data did not reveal this factor to be significant. This may be attributed to the limited sample size of mothers that participated in this study in comparison to the large number of variables that this factor represented: educational status, income, ethnicity, language, immigration status, and the child's gender.

The second new factor emerging from the barriers and bridges framework, located within the *user-programme interface* category, relates to the *costs and benefits/perceived positive net value* of services. Existing literature indicates that there are four kinds of ‘costs’ that users may need to bear when considering service take-up: informational, administrative, social and psychological, and any other transaction costs (see Chapter 3). Three of these four (excluding administrative costs) were not reported by the data gathered for this study, primarily because the two schemes that are the focus here are not of the ‘means-tested’ kind and therefore not likely to report these costs. While the RGNCS does establish a certain income-related threshold limit for mothers to be eligible for the service, the scheme framework document also reflects flexibility in allowing all mothers ‘displaying a need’ to be able to register for the service (the data collected by the present study supported this). The only cost that was documented by the study was of an *administrative* kind, where a minority of mothers wanting to enrol children at crèches faced problems/delays because of a lack of available spaces. This is understandable, as the total number of crèches in general is far less than the actual need (see Chapter 2).

Finally, the third new factor that emerges from the barriers and bridges framework, part of the *user-programme-policy mix*, relates to *pecuniary determinants*, or the financial/economic value of benefits received by users, and includes both their monetary value and the duration for which they are received. These are discussed in the barriers and bridges framework primarily with relation to cash assistance schemes. Because the two schemes studied in this thesis are not cash, but service distribution programmes, this category of factors does not apply to this study.

9.4 Conclusion

With respect to the nature of the services studied in this thesis, the socio-cultural and demographic characteristics are two factors that apply to and must be incorporated in any framework seeking to understand the factors explaining programme uptake. Although the other kinds of factors discussed above (i.e. the four kinds of costs and pecuniary determinants) may not be significant in the context of the present study, their importance vis-à-vis the take-up of social services in general should not be underestimated.

A second, more comprehensive *analytical framework on the factors affecting programme uptake* is thus devised that expands the explanatory framework through the addition of the three categories of factors mentioned above. This framework is proposed as a potential heuristic device for future research to utilize and develop. Its applicability and usefulness might be assessed by, e.g., gathering additional data from similar services (ECEC) or contexts (developing countries), or new data from alternate services and contexts.

Pecuniary determinants are thus added to the *programme characteristics* dimension, while: (i) *demographic characteristics*, (ii) *socio-cultural characteristics*, (iii) *information costs*, (iv) *social and psychological costs*, and (v) *other transaction costs* are added to the *participant characteristics* dimension. There are two further dimensions added to participant characteristics: (i) *administrative costs*, and (ii) *personal circumstances*. Although the explanatory framework already reflected these in the form of a lack of enough places at crèche centres (a quality problem under programme characteristics) and affordability problems related to paying crèche fees (under participant characteristics) respectively, their addition as separate categories

adds functional and structural clarity to the framework. This second analytical framework, suggested as a heuristic for future research to utilize, is presented in Figure 16.

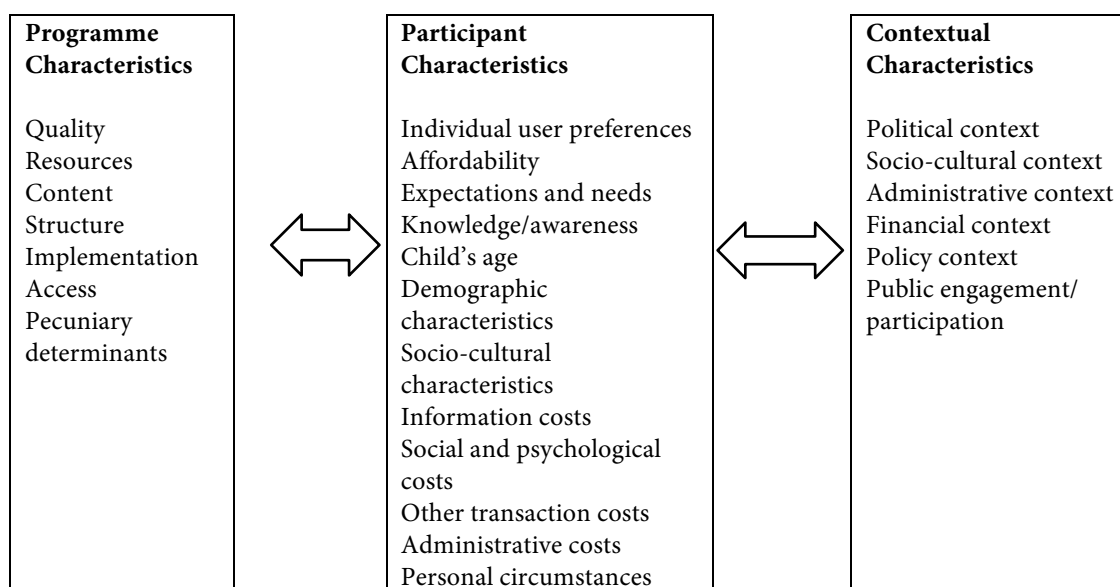


Figure 16. Factors Affecting Programme Take-up: An Analytical Framework

The primary utility of this framework lies in its ability to enable a researcher to move beyond evaluating programme performance simply in terms of the achievement of a certain set of outcomes, to a more complex analysis of factors operating within at least three different, mutually interactive contexts, as identified above. One of the strengths of the framework is that it is created by triangulating data from two groups of stakeholders – mothers (including users, non-users, and dropouts) and policy experts. Another strength lies in its use of two separate but complementary sources of literature for situating research findings, which results in a more comprehensive understanding of the factors and combinations of factors affecting programme uptake.

The next chapter utilizes critical policy analysis literature to draw additional conclusions on programme take-up.

10. Early Years Service Take-up and the Policy Analysis Discourse

10.1 Introduction

Is low take-up (one indicator of poor programme performance) a problem of ‘inadequate policy or operational failure’ (Kwon, 1999), or both? This chapter draws upon the critical policy analysis literature to ask first, *Does how policy is enacted affect how it eventually performs?* (i.e. what are the effects, if any, of factors at play during the policy enactment phase on programme take-up?), and second, *How may one assess the ‘bundles of outcomes’, often a mix of positive and negative, that are frequently achieved following policy implementation?* (i.e., what kind of ‘success’ or ‘failure’ do the results on take-up in this study represent?)

The answers to these questions are examined within stage 6 – *concretization and contextualization* – of Danermark et al’s (2002) methodological framework (see Chapter 4), by taking the analysis a step further from situating study findings within the two identified theoretical frameworks, to interpreting them within the broader disciplinary discourse on policy analysis in order to draw out additional conclusions.

The contribution of the policy analysis literature in understanding policy performance is not limited to the two types of questions articulated above. There is a vast body of work that argues that it is also how policy is conceptualised or problematized that influences how it ultimately fares along a spectrum from success to failure. A study of such factors is not, however, within the remit of this thesis.

10.2 Defining ‘Policy’

Policy effects are complex, sometimes hidden or invisible, often unanticipated or nominalistic. And even when they are apparent, they may be transitory. Learning from experience, then, requires moving away from a positivistic model to a model of social learning (McLaughlin, 1987, p.175).

Levinson, Sutton and Winstead define ‘policy’ as “a set of laws or normative guidelines. . . . a governing text . . . variably successful in binding people to its mandates” (2009, p.767). There are two parts to this definition: the first relates to the inherently *normative* nature of policy (and policymaking) – the assumption that there is an ideal context within, and ideal means through, which policy should/must be enacted – a prescriptiveness, that, “(a) defines reality, [and] (b) orders behaviour” (ibid., p.770). However, while the policy prescription and the imagined context may be idealistic, the actual context within which it is implemented is not. Second, the success of such a set of laws or guidelines is usually *variable* – depending upon actors as well as the cultural and social environment. Policy is, therefore, a “complex, social practice of normative cultural production constituted by diverse actors across diverse contexts” (Levinson, Sutton and Winstead, 2009, p.770). Thus, policy, although in essence normative, in practice is anything but. Not only is its realisation affected by the formally mandated processes set in place by the government or other responsible bodies, but it is also likely affected by the presence of additional agents that, although not responsible for policymaking in its most formal sense, create and modify it in the process of implementation and interpretation, although in an unwritten form (Levinson, Sutton and Winstead, 2009). It is upon this understanding of ‘policy’ that the analytical arguments developed in this chapter are based. The critical policy analysis literature frames this discussion by raising two questions, each of which is examined with relation to the problem of take-up in the sections to follow.

10.3 Policy Enactment and Take-up

“Policy making is a multidimensional and value-laden state activity that exists in context” (Fitz, Davies and Evans, 2005, p.3). Does how policy is enacted affect how it eventually performs? If the policy process is indeed context-driven, there may be multiple forces at play during the policy implementation stage that have the propensity to affect programme performance, including take-up.

The first of these include the processes of *interpretation* and *translation*, through which a policy acquires form and meaning during the process of implementation (Ball, Maguire, Braun and Hoskins, 2011). Interpretation involves the ‘decoding’ of policy text into a simple, understandable form, after which ‘recoding’ is undertaken to convert it to a form that makes most sense to the context in which it is applied (ibid.). Braun, Maguire, and Ball (2010) use the term *enactment* to describe this process of meaning-making during policy implementation. Further, Singh, Thomas, and Harris (2013) link these processes of interpretation and translation to the work of Basil Bernstein, in which he views the policy document as a pedagogic device that is then interpreted and put to practice through the process of *recontextualization* (1990; 1996): “the relational processes of selecting and moving knowledge from one context to another, as well as to the distinctive re-organisation of knowledge as an instructional and regulative or moral discourse” (Singh et al., 2013, p.465). Recontextualisation is said to have occurred when a policy moves from the ORF (Official Recontextualising Field), comprising the state/ministries, into the PRF (Pedagogic Recontextualising Field), i.e., the local sites of policy enactment, through the process of *code elaboration*, i.e., coding followed by recoding. Negotiation of power and control among the hierarchies of actors implementing policy is a

characteristic feature of this process and therefore exerts an important influence on a policy's performance. Levinson et al. (2009) discuss a similar concept in their writing on how education policy implementation can be understood as a form of practice of power. They utilise the term *appropriation* to describe the "process by which ideas, norms, and values initially generated in a particular social group, possibly in a different historical era, and then perhaps more generalized to a public domain, become part of a different social group's cultural repertoire" (p.782). Applied to the policy process, appropriation would involve a set of, e.g., care policy guidelines (a norm/idea), developed by the government/policymakers (a social group) and applied to the national population (the public domain) that then becomes part of the cultural repertoire of the families, communities and implementing agents (different social group/s) that make use of it. Each of these social groups forms a distinct *community of practice* (COP) (a term developed by Wenger in 1998), and the policy is 'appropriated' when it transfers from the policy-formulating to the policy-effecting/-experiencing COP.

A second set of forces that are in effect during implementation and have the propensity to influence a policy's performance relate to the actors and agents translating policy to practice. Weatherley and Lipsky (1977) (also Lipsky, 1980) call these actors '*street level bureaucrats*' who interact with the public and take decisions at the local level. They work amidst, and are affected by, pressures that include administrative demands, resource constraints, and the negotiation of power and control with those higher up in the hierarchy. Further, McLaughlin (1987) discusses how "the attitudes, motivation, and beliefs that underlie an implementor's response to a policy's goals or strategies" (p.172) affect its performance, although these are not

directly modifiable through any policy intervention process. Policy implementation, then, is more complex than simply the straightforward transfer of policy to practice and represents the continued interaction and negotiation between the many levels of actors implementing policy with those formulating policy (Gilson et al., 2006).

A third and final ‘force’ at play during policy implementation that is widely discussed in the policy analysis literature looks at the affect of *institutional structures* and *systemic practices* and how these influence performance. These include both institutional capacities (e.g. resource, administrative and organisational), as well as the local cultures, practices, and contexts influencing policy implementation. In a comparative analysis of education policy and practice across two institutions in two cities of India, Iyengar and Surianarain (2010) find that systemic factors such as “differences in local and regional institutions, the organisations that make decisions around functions, accountability and resource allocation; and the immediate environments surrounding schools” (p.19) exert a far more influential role on policy implementation and performance than previously reported. McLaughlin (1987) also includes factors such as “size, intra-organizational relations, commitment, capacity and institutional capacity” in this repertoire of factors.

How a policy is interpreted, translated, and negotiated, therefore, influences its performance within a given context. How may this meaning-making process be useful in furthering the analysis of low take-up, the subject of this study? There are a number of parallels that may be drawn between this literature and the present study. Applying the concepts of policy ‘interpretation’ and ‘translation’ to the implementation of the ICDS and the RGNCS, both programmes, although centrally mandated, display a tendency to be open to interpretation at the local level. Part of this can be explained in

that the policy documents for both programmes consist of a set of extremely broad guidelines, with objectives that lack clarity and result in a lack of consensus on the precise goals of these programmes in the absence of factually stated aims (see Chapter 2). Second, when it comes to ‘translation’ of these guidelines to local contexts, these documents are liable to even greater variation in interpretation because of the highly varied nature of the contexts to which these are applied. The same guidelines, for instance, are applicable to both rural and urban ICDS centres, contexts that vary immensely in terms of, e.g., religion and primary language of communication, also topography and geography, and finally, the administrative capabilities and resource capacities of local implementing institutions. The ‘recontextualisation’ of these policy documents, then, most likely results in a highly altered and context-specific version of the original guidelines, variably comprehended, and adapted within each setting.

Further, utilising the concepts developed by Levinson et al. (2009), the ‘appropriation’ of the ICDS and RGNCS policy documents most likely results in a highly contextualised form of the policy being implemented, which may be a gain in that the programme that is implemented is more relevant to the needs of the local community. However, existing evidence (gathered through this study and elsewhere, see Chapter 7) is indicative of a weak policy-effecting/-implementing COP that results from low levels of “mutual engagement, joint enterprise and shared repertoire” (Wenger, 1998) between the major agents of implementation (i.e. the hierarchy of local-level bureaucrats and administrators, families and communities). Furthermore, the evidence is also reflective of a complex system of bureaucracy existing between national, state and local-level implementers, with power and control concentrated at the top rungs of the ladder rather than with local level officials.

The influence exerted by local-level actors and agents on the implementation of programmes is also well illustrated by the study at hand. Among the most important factors contributing to low take-up in this study (see Chapter 8) were human resource problems. Overburdened workers, low wages, and poor training among both ICDS and RGNCS programmes combined with a high number of positions that were lying vacant, at least within the ICDS, resonate with the analysis of Gilson et al (2006) and Lipsky (1980) above. Other problems relating to poor worker motivation, lack of rewards and incentives, and the absence of mentoring of any sort, reported in the context of both programmes, are reflective of the ‘will’ issues that McLaughlin (1987) has discussed.

All of these factors combined together seem to indicate that weaknesses during the policy enactment phase have clear adverse implications for take-up. The influence of varying institutional structures and systemic practices on policy enactment is, however, not evidenced in the present study, primarily because there was no comparative analysis between two local contexts undertaken here. Their significance in influencing implementation and policy performance is, nevertheless, not to be underestimated.

10.4 ‘Success’ or ‘Failure’? Interpreting Bundles of Policy Outcomes

Evaluating policy success or failure is more than a matter of judging policies based on a given set of clear and consistent policy goals, the achievement of which is based on the measurement of a set of objective criteria. There are, as well, a number of complexities at play that make the analysis of policy success or failure an inherently value-laden activity. Policies may fail or prove successful depending on whose behalf the success is being assessed (among the different stakeholders and interest groups), what the timeframe within which a policy is being studied is, and the political or cultural context in which it is situated. Evaluating success/failure also depends on the availability of sufficient and accurate information, and the consideration of any additional factors that may influence a policy’s performance (Marsh and McConnell, 2010). The question that arises, then, is: How may one assess the ‘bundles of outcomes’, often a mix of positive and negative, that are frequently achieved following policy implementation? What kinds of ‘success’ or ‘failure’ do these represent?

This question is answered utilizing Marsh and McConnell’s (2010) framework for evaluating policy success, comprising three dimensions (that are based upon earlier work by Bovens, ‘t Hart, and Peters, 2001): *process success*, *programmatic success*, and *political success*. Each of these dimensions is located within a ‘spectrum’ that has ‘success’ and ‘failure’ at the extremes, and three intermediate categories in between (McConnell, 2010). Each kind of success ranges across this five-category spectrum such that there exist three independent spectra, each representing the five categories of success that every dimension can achieve (see Table 67 for this success-failure spectrum with reference to the *programme* dimension).

Table 67. Policy as Program: The Spectrum From Success to Failure

Program Success	Resilient Success	Conflicted Success	Precarious Success	Program Failure
Implementation in line with objectives.	Implementation objectives broadly achieved, despite minor refinements or deviations.	Mixed results, with some successes, but accompanied by unexpected and controversial problems.	Minor progress towards implementation as intended, but beset by chronic failures, proving highly controversial and very difficult to defend.	Implementation fails to be executed in line with objectives.
Achievement of desired outcomes.	Outcomes broadly achieved, despite some shortfalls.	Some successes, but the partial achievement of intended outcomes is counterbalanced by unwanted results, generating substantial controversy.	Some small outcomes achieved as intended, but overwhelmed by controversial and high profile instances or failure to produce results.	Failure to achieve desired outcomes.
Creating benefit for a target group.	A few shortfalls and possibly some anomalous cases, but intended target group broadly benefits.	Partial benefits realised, but not as widespread or deep as intended.	Small benefits are accompanied and overshadowed by damage to the very group that was meant to benefit. Also likely to generate high profile stories of unfairness and suffering.	Damaging a particular target group.
Meets policy domain criteria.	Not quite the outcome desired, but close enough to lay strong claim to fulfilling the criteria.	Partial achievement of goals, but accompanied by failures to achieve, with possibility of high profile examples e.g. ongoing wastage when the criterion is efficiency.	A few minor successes, but plagued by unwanted media attention e.g. examples of wastage and possible scandal when the criterion is efficiency.	Clear inability to meet the criteria.
Opposition to program aims, values, and means of achieving them is virtually non-existent, and/or support is virtually universal.	Opposition to program aims, values, and means of achieving them is stronger than anticipated, but outweighed by support.	Opposition to program aims, values, and means of achieving them is equally balanced with support for same.	Opposition to program aims, values, and means of achieving them, outweighs small levels of support.	Opposition to program aims, values, and means of achieving them is virtually universal, and/or support is virtually non-existent.

(Source: McConnell, 2010, p.354)

In seeking to interpret the bundles of outcomes observed for the two government services studied in this thesis, Marsh and McConnell's framework is applied to the central concern of this study – the problem of low take-up – by situating the performance of the ICDS and the RGNCS within one (or more) of the categories offered by it.

Working with the assumption that a policy can only ever be 'completely' successful, McConnell arrives at the following definition of policy success: "a policy is successful if it achieves the goals that proponents set out to achieve and attracts no criticism of any significance and/or support is virtually universal" (McConnell, 2010, p.351). The goals to be achieved can broadly be classified into three kinds, these being the same as the three dimensions along which policy success is evaluated: process success, programmatic success, and political success.

Process success occurs during that stage of the policymaking process "in which issues emerge and are framed, options are explored, interests are consulted and decisions made" (Marsh and McConnell, 2010, p.572). Success of this kind is established when the policy is formed with sufficient support, goes through the legislative process with minimal changes, and represents a new and innovative way of solving a problem.

Programmatic success, the most commonly assumed form of policy success is usually outcomes- and evidence-driven. It is realised through the achievement of one or more of the following: operational success (i.e. when implementation is in line with the objectives that have been set), the attainment of a certain set of objective and predetermined outcomes, the efficient utilisation of resources, and through the successful provision of benefits to particular target groups.

Finally, *political success*, important from the point of view of the government, is achieved when a policy has a “positive political impact” (ibid., p.575). This is usually achieved when a policy enables a government/political party to gain popularity, increase its electoral prospects, or boost its credibility.

A researcher may be interested in analysing success based on one or more of each of these three dimensions at the same time. What is important, however, is that success, when analysed in this way, will usually never be either zero or 100%, but somewhere in between. Also, “there may [often] be contradictions between what is achieved in relation to the process, programmatic and political dimensions of success” (Marsh and McConnell, 2010, p.578).

Based on the above overview, it will be evident that the dimension of interest to the present study is programmatic success. Of the various indicators that form part of this dimension, it is the achievement of an intended outcome (in this case, take-up), and the benefits of policy implementation to a specific interest group (i.e. working mothers with young children from low-income families), that this study is most interested in examining. It is also important to clarify that the ‘process’ and ‘political’ dimensions are not part of the scope or remit of this work – while the study of ‘process’ success may at best be achieved through a pre/post policy analysis, measuring ‘political’ success would entail the application of a set of performance measures and formula from the field of political science. Therefore, a contradiction, if existing, between different forms of success – process, programmatic, and political – is possible neither to assess nor ascertain.

As has been previously mentioned, McConnell (2010) develops a five-fold spectrum to present the range of outcomes falling between ‘success’ and ‘failure’, one for each

dimension of success studied. It is only the programmatic success/failure spectrum that is discussed here based on its relevance to the subject of the present study. This 'policy as program [sic]' spectrum, reproduced from McConnell (2010), is summarised in Table 67.

As has also been mentioned previously, a policy is understood as being successful if it meets the goals set by its proponents and if it has the full support of, or meets with no criticism from, the wider audience. A policy is deemed to be completely successful along the programmatic dimension if it is able to implement its objectives as intended, achieve all the desired outcomes, create benefits for its target group, and satisfy the criteria most valued within a specific policy community. Programme failure, on the other hand, is established when none of these stated goals have been met. How may the performance of the ICDS and the RGNCS be assessed with relation to McConnell's spectrum of programme success/failure?

This assessment is undertaken by considering each of the five dimensions from Column 1 in Table 67, and posing them as questions that are then analysed in turn. The results of this assessment are presented in Table 68. It is important to note, however, that "locating policies in particular categories involves judgement rather than scientific precision" (Wildavsky, 1987, p.3) because of the complexities and contradictions that might arise when a policy is assessed positively against one criterion but negatively against another.

Table 68. Interpreting ICDS and RGNCS Outcomes: From Success to Failure

Criteria	Type of success achieved	
	ICDS	RGNCS
Implementation in line with stated objectives?	Conflicted success: Partial realisation of objectives with mixed results	Conflicted success: Partial realisation of objectives with mixed results
Achieves stated outcomes?	Programme failure: Outcomes not achieved	Programme failure: Outcomes not achieved
Achieves benefits for target groups?	Mix of conflicted and precarious success: Partial benefits but some unintended consequences	Mix of conflicted and precarious success: Partial benefits but some unintended consequences
Meets policy domain criteria for success?	Conflicted success: Partially met goals	Conflicted success: Partially met goals
Faces opposition?	Conflicted success: Widespread dissatisfaction with lack of clarity of objects, overall opposition minimum	Not possible to classify
Overall assessment	Conflicted success	Conflicted success

Was the implementation of the ICDS and RGNCS in line with the stated objectives? As was analysed in Chapter 7, both the ICDS and the RGNCS were found to be implementing only part of the original objectives stated in the policy document. The ICDS, for example, overemphasised the nutritional and health objectives for children, but underemphasised their psychological, physical, and social development (evident in the poor status of the preschool education component). The RGNCS simply provided custodial care to young children without focusing on stimulation/preschool education, immunization, or, beyond a certain minimum, health check-ups. These mixed results, coupled with the partial realisation of some objectives, indicate *conflicted success* for this dimension for both programmes.

Did the ICDS and RGNCS manage to achieve the outcomes stated in the policy document? The data collected indicates that the ICDS has been primarily concerned with achieving 100% enrolment and coverage since 2008, although these are not articulated as ‘expected outcomes’ in the policy document, and have rather taken the

shape of targets that have been set from time to time through the government's five-year plans. None of these outcomes have been clearly achieved. The RGNCS similarly doesn't explicitly state any 'expected outcomes' within its policy document, but envisions providing crèches to all deserving women from poor families that require support/relief. A quick look (see Chapter 2) also reveals that this programme has not achieved the intended coverage. This dimension then reflects complete *programme failure* for both services.

Do the ICDS and RGNCS lead to benefits for their respective target groups? The evidence here is clearly indicative of partial benefits, but also some unintended consequences. The ICDS, for example, provides benefits such as nutrition (through a daily hot meal), immunization, and, to some extent, preschool education. But it has also reported instances of food contamination (leading to mistrust among parents), poor standards of preschool education, and high rates of dropout. The RGNCS also provides some benefits, primarily eight-hour crèche services and hot meals to children, although cases of food contamination and lack of sufficient care have additionally been reported here. All the same, both programmes have not been able to achieve the kind of coverage that was intended, as a result of which the benefits are not as widespread as proposed. In terms of the success-failure spectrum, then, both programmes show a mix of *conflicted* as well as *precarious success* along this particular dimension.

Do both of these programmes meet the policy domain criteria required for success? Because of their partial implementation of objectives, non-achievement of desired outcomes, and limited benefits for target groups, these two programmes only

partially meet the criteria set for this dimension, and therefore reflect *conflicted success*.

Finally, what is the nature of opposition, if any, to programme aims, values, and the means of achieving them? Based on both existing evidence (see Chapter 2) as well as new data collected in this study (see Chapters 6-8), it is evident that the nature of opposition to programme aims and values is minimal in case of the ICDS. However, there is widespread dissatisfaction with the lack of clarity of ICDS policy objectives, coupled with a number of on-going debates concerning the best way of achieving them (with recommendations for revising implementation mechanisms and processes). The ICDS thus shows *conflicted success* in this regard. The RGNCS, on the other hand, represents a more complex situation, one that doesn't fall under any of the existing categories: programme aims, values, and means of achieving them are not widely known because of the extremely low scale of operations, although there is widespread support for the 'concept' of crèche services in the absence of awareness of the programme itself. As a result of this unique position, the RGNCS is not placed under any category of the spectrum as far as this dimension is concerned.

Overall, the application of the 'policy as program' success-failure spectrum to the two programmes of interest to this study leads to mixed results. For most dimensions, both these programmes fall under the 'conflicted success' category. However for at least one dimension, both show 'precarious success'; while for another, they show complete 'programme failure'. Utilising best judgement to deal with these complexities, when it comes to the programmatic dimension, both of these programmes display *conflicted success* at best.

10.5 Conclusion

The critical policy analysis literature presented in this chapter furthers the analysis of the problem of low take-up by identifying important links between policy implementation and performance that have not been established using the theoretical frameworks so far. There are three sets of factors at play during the policy implementation stage that affect how it performs at the local level. If take-up is understood to be one of the indicators of a policy's performance, then these factors are important contributors in explaining the problem of low take-up: (i) the policy meaning-making processes (i.e. policy interpretation and translation through the processes of recontextualisation and appropriation); (ii) the role played by local, 'street level bureaucrats' i.e. actors and agents involved in the policy implementation process; and (iii) the institutional structures and systemic practices that form the context within which a policy is implemented. The present study finds the first two of these to be useful in explaining low take-up. The third factor, although not evidenced in the context of this study, is nonetheless acknowledged as being useful in furthering the analysis of the effects of policy enactment on policy performance.

The field of critical policy studies is also particularly useful in framing and interpreting the mixed bundles of outcomes that are typically achieved as a result of policy implementation. The work of Marsh and McConnell (2010) and McConnell (2010) establishes a three-dimensional framework along which policy success may be evaluated: process, programmatic, and political success. Instead of a simplistic 'success' or 'failure' categorization, McConnell develops a five-fold spectrum for each of the three dimensions along which performance is evaluated. Of these, the 'policy as program' spectrum is considered most relevant for the purpose of evaluating the

‘success’ or ‘failure’ of the ICDS and RGNCS programmes. Of the five types of evaluations possible within this spectrum – programme success, resilient success, conflicted success, precarious success, and programme failure – conflicted success is argued to be most applicable for categorising the performance of both programmes vis-à-vis take-up in this study.

11. Conclusion

11.1 Introduction

This study has explored the take-up of two government early years programmes, the ICDS and the RGNCS, and the factors affecting their uptake by working mothers of 1½-5 year-olds in a Delhi slum. Existing literature indicates that programme impact is related to programme take-up. The phenomenon of non-take-up is complex and influenced by factors operating at multiple levels of the policy process.

The study of non-take-up remains a largely neglected area, and limited academic research has been conducted on the topic within early years policy in India. The rationale behind this work is that studies of ECEC outcomes should be matched with studies of implementation if they are to be robust, the evaluation of a service through the eyes of its users being one of the many means of analysing programme implementation. Such implementation studies on service utilization, especially through the eyes of users, have rarely been undertaken for the ICDS and RGNCS. This study has taken a step forward in filling this gap.

The benefits of investing in ECEC move beyond the positive effects on children to reach mothers and society at large. The shifting policy landscape of ECEC both globally, as evidenced by an increasing number of countries formulating ECEC policies, as well as in India, now drafting a national early years policy, makes this research timely.

This chapter brings together some key issues which have been raised during the course of this thesis. It begins by summarising key research findings for each research question posed, and outlines the contributions made by the selected theoretical

frameworks, and critical policy analysis literature, in interpreting findings. This is followed by a discussion of select policy implications and contributions made to literature, theory, and methodology. The next sections reflect on study limitations and challenges, and the direction of future research. The chapter concludes by considering the overall significance of this work.

11.2 Synthesis of Research Findings

11.2.1 Key findings for each research question

Research Question 1: What are the childcare arrangements made by working mothers of 1.5-5 year-olds in the sampled research neighbourhood?

An analysis of childcare arrangements indicates that informal arrangements (especially grandparents and siblings), as well as the centre-based ICDS service, were the two most commonly used forms of ECEC used by the mothers participating in this study. While informal providers were primarily selected for the benefit of having a personally known, often home-based, individual caregiver, formal providers were mostly used for the educational development of children, and as a first step towards practising the future school routine. What was noteworthy was the complexity and multiplicity of ECEC arrangements, with mothers making use of myriad providers to look after their children while they worked. Having care arrangements suddenly become unavailable was more likely for those using informal than formal services, indicating that even though informal services may be more convenient and secure options in comparison with the formal, they may not always be a very reliable or stable arrangement to depend on in the long run. Differences between families based on characteristics, e.g., the family structure/size, child's age, and mothers' age, resulted in differences in childcare arrangements.

Binary logistic regressions reveal ECEC arrangements to vary such that mothers from joint/extended families as well as those with relatively younger children were less likely to use government services as compared with those from nuclear households with older children. The analysis also indicated that younger children, those from

joint families, and those with older mothers (and possibly older siblings who took on caretaking responsibilities) were more likely to be part of informal than formal care arrangements.

Research Question 2: What are working mothers' needs and expectations from early years' services?

The analysis reflected three kinds of needs relating to ECEC: finding and maintaining ECEC services in general (having greater information and conveniently located, affordable services); finding consistently available, reliable services; and finding childcare for one-off, special circumstances, e.g. on long work days, before 9 AM or after 6 PM, and on weekends. Mothers expected ECEC service providers to centre on children's educational development, and to be reliable, child-friendly, and affordable. Mothers also expected 'good quality' services – ample infrastructure and educational/play equipment – that focussed on learning through educational activities, and well-trained and warm teachers/caregivers who displayed affection towards children. Centre-based early childhood services were expected to be close to homes, rather than workplaces, safe for children, available for 7 (formal care) or 9 (informal care) hours each day, and for 6 of 7 days in a week. The overall expectation was that good quality government services should be available for everyone's use. Reliability and consistency show up as being distinctive characteristics desired by mothers.

Logistic regressions indicated that mothers' needs and expectations from early years services varied based on certain contextual characteristics. The need to find and

maintain regular ECEC was more pertinent in cases of mothers from nuclear families, single parent (mother-headed) households, and for women working beyond 6 PM. Regularity and reliability of services was relatively more important for mothers working outside of their homes as compared to those working from home. Results also indicated that mothers who began work before 8 AM everyday, and whose children were aged 2.5 years or less, had a considerably greater need for using formal, centre-based services than others. Lastly, mothers from nuclear families that worked past 6 PM and engaged in part-time work, with fluctuating or unusual working hours, were more likely to have problems finding and arranging ECEC during special circumstances.

Research Question 3: What is the take-up of the ICDS and RGNCS schemes by working mothers in the study sample?

There were 56 ICDS and 5 RGNCS centres distributed across 36 residential blocks of the sampled research neighbourhood. These figures indicate that the number of crèches was not proportional to the number of children in the neighbourhood where the study was located. Analysis reveals ICDS uptake to be higher, at 54.3% of all mothers (n=199), than RGNCS, at 18.6%. However, only 2 of the 6 ICDS services were primarily available for mothers to take-up – supplementary nutrition and preschool education – indicating that despite being packaged as an integrated service, the ICDS was not being implemented as such in the sampled research neighbourhood.

The primary reason for mothers' take-up of both these services related to opportunities for children to learn to sit still in a structured, formal environment,

possibly the first such setting for them. The ICDS was also used (in order of decreasing importance) for the benefit of preschool education, the daily meal (supplementary nutrition), and in preparation for the future school routine. The Rajiv Gandhi crèches were used (in decreasing order) for the benefit of the daily meal, for the childcare facilities that enabled mothers to work, and for increasing future school readiness. The mothers that did not take-up the ICDS (91) attributed this to the perceived poor quality of, and mistrust in, services. Those that initially took it up but dropped out later (29) did so because their children disliked going to the centre, and remained irregular or absent. The most important reason why mothers did not take-up the RGNCS (162) related to their non-awareness of this service, they simply did not know these centres existed within their community. There was a very low number that enrolled and then dropped out from crèches (10), citing a variety of individual-level reasons, e.g. dissatisfaction with quality, high cost, unsuitable timings, and transport problems.

Research Question 4: What is their experience of using the different services offered under the ICDS and RGNCS schemes? Which of the component benefits do they take up and which do they not?

Usage experiences were documented along six dimensions: access to centres, preschool/day-care experiences, food/meal experiences, health and related service experiences, contact/engagement with centre workers, and overall satisfaction with services. The data for this analysis came from follow-on surveys with 25 users of each of the ICDS and RGNCS.

Access to services varied considerably between the two programmes. ICDS centres were well located and easily accessible whereas Rajiv Gandhi crèches were few and far between and further away from user homes.

Whereas *preschool education* was an important service offered by the ICDS, taken up by 22 of 25 mothers, it was certainly not the mainstay of the RGNCS, 12 of 25 mothers used this component, which focussed less on PSE and more on childcare. Children were more regular in attending crèches than ICDS centres. While 10 ICDS mothers believed that the PSE component could be strengthened, a larger number of RGNCS mothers (14) suggested measures for improvement, primarily relating to the quality of education and equipment.

The take-up of the *supplementary nutrition service* was very high, by all 25 ICDS mothers and 18 RGNCS mothers. Almost half of the mothers using the ICDS had concerns about the quality of food served at the centres, including anxieties related to its contamination. Mothers using the RGNCS, in comparison, expressed greater satisfaction with these services, although one-fourth sought improvements in quantity and nutritional value.

Health services were very poorly utilized by mothers for both government services: only 6 and 8 for the ICDS and RGNCS respectively. For the ICDS, low take-up was primarily related to a lack of provision at centres, although there were cases where mothers were also unaware of these facilities. Immunization and growth monitoring (through weight taking) were the only two services available at the ICDS. Health check-ups were more commonly reported for the RGNCS in comparison to immunization, which was reported by a minority of mothers.

Contact with centre workers: A larger number of crèche-using mothers (21) met centre workers periodically when compared with those using the ICDS (15). A larger number of crèche workers were rated highly by mothers in comparison to their ICDS counterparts when it came to issues of conduct and motivation at the workplace, but a larger percentage of ICDS workers that were reported as being kind towards children as compared to the crèche staff.

Overall satisfaction: Preschool education and supplementary nutrition were the two services rated as most useful under the ICDS, while childcare and nutrition were deemed more important by mothers using the RGNCS. Although largely satisfied with both services, mothers had a variety of suggestions for further improving them: improvements in the quality of PSE and hygiene, and safety at ICDS centres; and better quality infrastructure and PSE, more reliable childcare, and hygienic and safe RGNCS centres.

Research Question 5: What are the factors or combination of factors affecting the take-up of the ICDS and the RGNCS by working mothers in the study sample? How do these explain the (low) take-up of the two services under study?

In looking at the factors impacting the take-up of the ICDS and the RGNCS by working mothers in the study sample, an *explanatory framework* comprising programme, participant, and contextual characteristics was formulated (see Figure 14, Chapter 8). The analysis conducted indicated, first, that low take-up of both services was the result of a combination of many factors rather than a select few. When looked at comprehensively, it was the programme characteristics that were particularly

important in explaining low take-up of the ICDS, and participant-related individual characteristics that were most significant in explaining the poor uptake of the RGNCS. Among contextual characteristics, the policy context was the common factor impeding take-up of both services. The analysis also indicated the interrelatedness of each of the three sets of characteristics and their combined influence in affecting programme uptake.

The individual factors that were most significant in contributing to the poor uptake of government services were, in case of the ICDS, programme quality, resource availability, participants' personal preferences, and the policy context within which this service was implemented. For the RGNCS, these were programme resources, participants' personal preferences, participants' expectations and needs vis-à-vis crèche services, their knowledge and awareness of the service, and the policy context within which the crèche programme was located. As will be evident, there were three factors in common between the ICDS and RGNCS that contributed to low uptake: (i) programme resources, (ii) personal preferences, and (iii) the policy context.

It is particularly important to note the overall influence exerted by participant characteristics on programme use and non-use in this study. Policymakers need to recognize that mothers may not always want or need ECEC services, that they may use only part of the available sub-services, and that their choices and utilization of government programmes will invariably be socio-culturally driven.

11.2.2 Contributions made by theoretical frameworks to study findings

Wolman's Framework on the determinants of programme success and failure: In linking the factors from Wolman's framework to this study's, it was primarily

programme (viz. *resources, structure, content and implementation*) and *contextual characteristics* (i.e. the *political, financial, administrative, and policy contexts*) from the present study that were found to be comparable with this theoretical framework. What Wolman's framework on the determinants of programme success or failure did not account for, however, were all the sub-factors under the *participant characteristics* dimension in this study: *individual user preferences, affordability, expectations and needs*, and *knowledge/awareness of services*, all of which may well affect a programme's success or failure (one indicator of which may be service uptake by users). There were also additional programme and contextual characteristics that came up as important in the present study but were not covered by Wolman's framework: *quality* and *access* under programme, and the *socio-cultural context* and *levels of public engagement/participation* under contextual characteristics. The observations above indicate that even though Wolman's framework looks at the policy process as a whole, i.e., is inclusive of the policy formulation as well as implementation stages, it fails to look at how policy is experienced and received by users. In accounting for this category of factors, the explanatory framework advanced by this study extends Wolman's work.

The framework on barriers and bridges to take-up: The framework on barriers and bridges to take-up was useful for framing findings related to the *participant characteristics* dimension of the explanatory framework developed in this thesis. This body of work was also able to link to a number of *programme* (e.g. *quality, resources, content, and access*) and *contextual* (e.g. *socio-cultural context, financial context, and levels of public engagement/participation*) characteristics from this study, reflecting comprehensiveness in situating study findings. There were a number of new factors

that the barriers and bridges framework also helped identify: under *programme characteristics* – *pecuniary determinants*, and under *participant characteristics* – *demographic and socio-cultural factors, personal circumstances, and information; social and psychological; administrative and transaction costs*. These were added on to the ‘three dimensions’ explanatory framework developed in this study to create a second, more comprehensive *analytical framework on the factors affecting programme uptake* (i.e. not just for the ICDS/RGNCS but welfare programmes in general), proposed as a potential heuristic device for future research to utilize and develop (see Figure 16).

11.2.3 Contributions made by the critical policy analysis literature to study findings

The critical policy analysis literature furthered the analysis of programme uptake by identifying important links between policy implementation and performance (take-up understood as being one of its indicators) that had not been established using the theoretical frameworks thus far. There are three sets of factors at play during the policy implementation phase that affect how it performs at the local level, all of these important for understanding take-up: (i) the policy meaning-making processes, i.e., policy interpretation and translation through the processes of recontextualisation and appropriation, (ii) the role played by local, ‘street level bureaucrats’, i.e. actors and agents involved in the policy implementation process, and (iii) the institutional structures and systemic practices that form the context within which policies are implemented. This study found the first two of these to be useful in explaining low take-up. The literature was also particularly useful in framing and interpreting the

mixed bundles of outcomes that are typically achieved as a result of policy implementation.

Rather than a simplistic 'success' or 'failure' categorization, McConnell (2010) develops a five-fold spectrum for each of the three dimensions along which performance may be evaluated: process, programmatic, or political success. Of these, the 'policy as program' spectrum was considered most relevant for the purpose of evaluating the nature of 'success' or 'failure' of the ICDS and RGNCS. Of the five types of evaluations possible within this spectrum, *conflicted success* was argued to be the category that best categorised the results from both programmes analysed in this study. Some additional questions that the results from this study raise are discussed in a later section.

11.3 Policy Implications of the Present Study

11.3.1 Strategies for increasing ICDS uptake

Increasing programme quality, investing in programme resources, and enhancing the policy context within which the ICDS is implemented were the three most important dimensions along which take-up of this service may be increased. When it comes to programme quality, the suggested strategy is to focus primarily on improving the quality of preschool education. Strategies relating to programme resources involve investing in both human and financial resources, although the focus for the ICDS remains on strengthening human resources by, e.g., focusing on the quantity and quality of training for centre workers, and the overall professionalization of the service. Strategies for strengthening the macro policy context are three-fold: formulating more evidence-based policies, building upon civil society networks to lobby for child rights and increase parental awareness on ECEC, and introducing standards and regulations in ECEC service provision. An additional important strategy that emerged from the responses of non-users, irregular users, and dropouts (but not the group of regular users) relates to accommodating user needs and preferences in order to enable take-up. There were two important issues that were identified here: (i) recognising that often families prefer the home environment over and above an institutional alternative, and (ii) that certain user standards, especially those relating to the quality of caregiving at centres, should be met when providing services to young children, over and above the basic provision of food or preschool education. Finally, beyond the most important ‘first-level’ strategies, the ‘second-level’ strategies for increasing ICDS take-up can focus on improving programme implementation, and strengthening the broader administrative context; while ‘third-

level' strategies can work towards improving programme access, strengthening the financial context, and increasing the levels of public engagement/participation vis-à-vis ECEC.

11.3.2 Strategies for increasing RGNCS uptake

Based on the responses obtained from mothers and experts, there are two strategies to increase RGNCS uptake: (i) investing in programme resources, and (ii) strengthening the policy context of the service. The three most important measures suggested under programme resources include increasing the overall financial allocation, expanding the service geographically, and bringing worker wages to par with the national minimum standards. In addition to the measures for enhancing the policy context that are in common with the ICDS, the strategy most crucial to increasing the take-up of the RGNCS requires acknowledging and recognising the value of, and need for, crèches and day-care, and ECEC issues to feature on the national policy agenda. Strategies specific to increasing take-up among users should be aimed at increasing programme quality, especially infrastructure and equipment, as well as the quality of caregiving at centres. Strategies for increasing take-up by non-users, irregular users, and dropouts should focus on understanding user preferences, needs, and expectations relating to hours of care, timings of centres, and the quality of care expected from services. Efforts to increase knowledge and awareness of services among potential users should also be made. Besides the above 'most important' strategies, secondary strategies for increasing take-up can focus on strengthening the broader administrative context within which the programme is implemented. Tertiary strategies can emphasise improvements in programme content (e.g. curriculum and

in-centre activities on a given day), as well as the financial context within which the service is delivered (e.g. through more GDP allocation for early childhood).

11.3.3 Additional implications for ECEC policy

In reflecting upon the overall ECEC context of India, the present study proposes that policy focus further upon service users, women in the informal economy, the dual role of ECEC, and the importance of evidence-creation.

Policy must be user-focussed by examining whether ECEC services are able to serve the needs of a variety of users that may have different ECEC requirements based on the varying nature of their circumstances, and orient programmes to these. Policy must additionally work towards increasing awareness and usefulness of ECEC services – both for working mothers and from the viewpoint of children’s development. It must focus on the informal economy by designing programmes that meet the needs of working mothers in this sector – not only are 90% of all working women employed by this sector, but it is an employment type that is characterised by complexities including odd working hours (both very early starts or very late nights), as well as part-time and weekend employment. Policy must recognise the dual purpose of ECEC by reframing programmes such that they support parents’ employment as well as children’s development, rather than only one. Finally, it must focus on evidence-creation by developing an outlook that uses various types of markers, i.e., balancing between outcomes-evaluations and implementation mapping, as well as incorporating user feedback/evaluations in current/future initiatives.

11.4 Contributions Made by the Present Study

11.4.1 Original contributions

The present study makes five original contributions. First, it examines service users' perspectives on programmes, a research focus that is seldom developed when early years programmes are studied (Ceglowski and Bacigalupa, 2002). Second, it analyses user perspectives on government ECEC programmes specifically for the Indian context, which has not been undertaken previously. Third, it documents mothers' childcare arrangements and needs/expectations from ECEC services in India (including government and non-government; formal and informal), an empirical analysis of which has not been undertaken thus far. Fourth, this study is the first to research any aspect of the RGNCS, which has not been evaluated previously. Finally, it utilizes Critical Realism as the philosophical and methodological paradigm for studying early years policy in India. This paradigm, particularly the work of Pawson and Tilley (1997), Henry, Julnes and Mark (1998) and Danermark et al (2002) has not been applied within Social Policy previously.

11.4.2 Contribution to the early years literature in India

This study makes an important contribution to the limited literature on the non-take-up of social services – a subject that is less-researched globally and in India. It also contributes specifically to the literature on programme impact as studied through the lens of programme take-up, the two being closely related (Gibson, 2003). It documents mothers' childcare arrangements, and needs and expectations from ECEC services, which has not been empirically undertaken in the context of India thus far. It also analyses, specifically, the utilization of government early years services and

experiences relating to these – what benefits are and aren't taken up, and why this is so. The study adds to the limited research on ECEC uptake in India; the only other study documenting early years take-up being a 2011 evaluation of the ICDS undertaken by the Planning Commission of India (see Chapter 7) that studied the uptake of two ICDS services only: supplementary nutrition and immunization. The present study, in contrast, studies the take-up of all of the component services under this programme. It also analyses the uptake of the RGNCS alongside the ICDS, which has not been done previously. The present study is the first empirical work researching the RGNCS, the only previous evidence being published in the form of media reports. It is also among the few empirical works relating to the take-up of the ICDS, as has been mentioned previously.

11.4.3 Contributions to theory

As discussed in Chapter 1, the study of non-take-up remains a largely neglected area, with limited academic research on the topic (van Oorschot, 1991). The present study contributes specifically to this area by understanding the factors affecting the uptake of ECEC services in the context of India. The phenomenon of non-take-up is complex, with factors operating at not only the client-level, but at multiple levels of the policy process (van Oorschot, 1991). The present study looks at a number of levels in order to capture the complexity that van Oorschot has spelled out, including those of the user, programme administration, and implementation. It also examines the broader context of service provision (including the policy, financial, administrative, and socio-cultural context), and the joint impact of all of these on service take-up,

although it does not look at legislative structures, or the drafting of policy in real time and how these affect uptake.

Rather than focusing on any one type of stakeholder, this study takes into account the perspectives of multiple stakeholders at once, the underlying rationale being that each group can augment the analysis of take-up by reflecting on factors at different levels, based on their knowledge and experience with these. This is different from previous studies that focus either on expert views, e.g., policymakers, practitioners, or researchers, or on user views, but seldom a mix of the two. As has been indicated in Chapters 2 and 4, the present study had also intended to capture centre worker perspectives, but this was not possible because of biases in data collection that resulted in data contamination.

This study has used two separate but complementary theoretical frameworks to situate research findings. This was useful, as the various factors that emerged as explaining low uptake in this study were found to be comparable to different elements within each of these frameworks that, when put together, worked better in enhancing the analysis of factors affecting take-up than when considered independently. The resulting explanatory framework was thus extremely comprehensive and able to capture factors from both kinds of literature, at more than one level of operation, i.e. the programme, participant, and contextual levels.

This study has also made some contributions to each of the two theoretical frameworks used for analysis. It contributes to Wolman's framework, first, by examining its usefulness and applicability for studying ECEC programmes in India, and second, by identifying a limitation – the framework's inability to account for individual user-related factors in affecting programme performance (low take-up

being one indicator of this). In this way the present work extends Wolman's framework. The data from this study contributes to the barriers and bridges literature in two ways: first, by supplementing it with evidence from early years programmes that are both universal (i.e. ICDS) as well as targeted (i.e. RGNCS), this is based on the understanding that these two categories of programmes include factors that are unique to each mode of service provision, which may affect take-up in different ways, and second, by adding evidence from India, thereby increasing its scope and coverage. Finally, as indicated previously, studies of ECEC outcomes should be matched with studies of implementation if they are to be robust. Further, policy cannot assess and interpret programme outcomes effectively without first understanding the context within which services are implemented. The present study is a step forward in filling this gap, and can complement those that evaluate outcomes to better understand how and why programmes work or do not work, and what some of the measures for making them more effective might be.

11.4.4 Contributions to methodology

This study makes three types of contribution to methodology. First, it uses critical realism as the philosophical basis for designing and conducting research (as discussed in Chapter 3), affording a realist ontology and a constructivist epistemology to the study of government early years services take-up. This is a significant contribution, as early years service take-up has not been studied through the application of this philosophical paradigm previously. It is worth noting that this philosophical paradigm has been put to limited use in the field of policy evaluation thus far, even though a number of publications utilize it to develop theories for evaluation – particularly

Pawson and Tilley (1997) and Henry, Julnes and Mark (1998) – both of which are referred to in this study. Second, in conducting data analyses, the present study makes use of a methodological framework developed by Danermark et al (2002) that is also based on critical realist principles. This is also a significant contribution as there are no studies in Social Policy that have utilized this approach so far.

A final methodological contribution lies in this study's use of an alternate values inquiry approach for studying take-up. This approach, that understands whose values are served by what kinds of outcomes, motivates the present work in its attempt to understand if users' (particularly working mothers') values are served by government early years' programmes. Researching a subject from this viewpoint is based upon the understanding that a programme that is labelled a 'success' by certain sets of stakeholders (e.g. government) because it achieves the outcomes valued by them, may not necessarily mean that the same programme is able equally to serve the outcomes valued by another set of stakeholders, i.e., users. Utilizing this approach advances the overall aim of this study – understanding programme impact by studying the take-up of government early years services by working mothers, and the factors affecting these.

11.5 Study Limitations and Challenges

The first limitation of this study is that the findings will not necessarily be matched in another context. This is because the study scope was limited to examining the views of a very specific type of user – slum dwelling working mothers from the city of Delhi. There could be many more viewpoints collected from other ‘types’ of mothers (e.g. non-working mothers from other cities or rural areas), but also other categories of users in general such as fathers, grandparents, and elder siblings, all of which may be caregivers for children, or from children themselves, although the tools and techniques for collecting data from children will vary.

A second limitation is that there was only one ministry person in the sample of expert interviewees, even though the intention was to sample a larger number, based on the receipt of consent to participate. The largest difficulty in recruiting this category of participants was their non-response to study invitations, made through multiple sources including emails, postal letters, and telephone calls. In at least one case, while an official agreed to a ‘conversation’, she did not allow it to be recorded.

A third limitation relates to the contamination of data from the ICDS children’s centre workers, as a result of which it (as well as the equivalent data from RGNCS workers) was not included in the final analysis. The ICDS data was rendered unusable after the ICDS block supervisor intervened in the sampling, as well as the data collection process, by bringing her own set of workers to the venue and not allowing for interviews to be conducted privately (see Chapter 4). Had this problem of ‘guarded disclosure’ not been faced, the data collected from centre workers’ interviews could have been utilized in two ways. First, the data could have been used to check the convergence of factors contributing to low take-up as stated by participating mothers

and workers from the same children's centres, and second, to triangulate the responses of all groups (mothers, experts/elite, and centre workers), and generate a more comprehensive list of factors affecting take-up. Centre workers were expected to provide responses that captured factors at the local centre-level (including the day-to-day implementation of the programme) to complement the individual-level factors related by mothers, and the more policy-level factors reported by experts.

Another related limitation was the inability to complete data collection with 20 RGNCS children's centre workers, as was initially intended. Because of extreme difficulties in locating functional RGNCS centres, the total number of surveys conducted was capped at 16 (see Chapter 4). This was a result of two aspects: there not being enough RGNCS centres in Delhi because of the limited scale of the service, as well as the discovery that centres listed on the website regularly turned out to be non-existent when visited.

A final limitation of this study relates to the limited diversity of the sample of working mothers, primarily because of a lot of within-sample variation in comparison with its overall size, which meant that the study could not capture whether factors such as language, religion, or income levels impacted childcare arrangements and government service uptake. However, this should not undermine study findings, as this is not intended to be a representative study.

Besides these limitations, there were also a number of methodological challenges that were thrown up during the course of this study, with decisions made on how best to adapt to these such that data quality and trustworthiness was not compromised. There

are five such challenges that need mentioning here. The first related to the generation of the mothers' sample – whereas it was understood that ICDS centres in the selected slum community would be maintaining an updated list of all children eligible for ECEC services and that this could be used as an effective sampling frame for then drawing up a random sample of children (and thus mothers), this was actually not the case. The challenge now was to modify the sampling strategy and recruit participants purposively by going door-to-door, knocking to check if mothers met the eligibility criteria, and then approaching them to participate in the study. As it may be evident, this was a much more time-intensive strategy than earlier planned. Further, the application of a non-probabilistic sampling technique and the collection of non-parametric data meant that inferential statistical analysis was not possible.

The second challenge was to design an effective instrument for data collection that would also be compatible with the socio-cultural profile of participating mothers, as well as the seemingly generic nature of conversation (e.g. on domestic and work commitments, child rearing etc.) with them. The problem of limited expression during the pilot study made the use of in-depth interviews problematic, while the limited timeframe within which the research study was to be conducted further restricted the possible tools for engagement. A survey tool, administered as a face-to-face interview, was deemed most appropriate in the end, as it ensured the collection of a large volume of information (necessary to answer the primary research question and various sub-questions) even though personal, in-depth narratives were largely missing (as they had also been when using the interview schedules during the pilot).

The third challenge related to the field experience with mothers and related ethical and methodological considerations taken into account in this regard. The key here

was for the researcher to make explicit her own values/beliefs in relation to the research topic and her socio-cultural positioning vis-à-vis the research participants. Ensuring the free and informed consent of mothers – a vulnerable participant group – was also essential, as was the avoidance of any misunderstanding relating to the role of the researcher/research, and the benefits of participation for mothers.

The fourth challenge related to sampling and recruiting the practitioners' respondent group – this was, by far, among the most difficult challenges to meet, and because it was inadequately met, led to the removal of this entire dataset from the analysis. With the RGNCS the challenge was to find centres that were functional/existing in practice as they were on paper – this was an extremely time-intensive activity that resulted in only 16 interviews being conducted in the end (as opposed to the planned 20). The challenge for the ICDS was to recruit and interview participants without any biases, however this could not be avoided due to the changes imposed by the government officers on the recruitment strategy, which left the researcher with no option but to comply in the absence of no other sampling frame or possible sampling strategy. A related challenge was how to conduct ICDS centre worker interviews in line with ethical principles. The pre-selection of participants by the block supervisor, the imposition of a focus group style of data collection rather than the intended survey interview type, and the overpowering presence of the supervisor through the course of the whole session resulted in the generation of a poor quality dataset that was eventually excluded from the final analysis.

11.6 Directions for Future Research

Future research studies can take two directions – either continue to look at the same research question in order to increase the scope and validity of findings, or to utilize the present study's findings as a basis for formulating additional questions that take the analysis further. Each of these is discussed in turn.

Future research studies can, first, look at the same/similar research question, and both add to the knowledge in the field (through analysing additional factors affecting uptake), as well as increase validity of existing findings by expanding the study scope. Some steps ahead could be to:

1. Study more than one slum, or scale up to include more cities in the study sample.
2. Research rural areas for the ICDS (the RGNCS being an urban scheme).
3. Include other types of users in the sample, e.g., mothers in general, i.e. both working and non-working, although this will be more amenable to the study of the ICDS and less to the RGNCS which is a programme for working mothers specifically; and looking at the views of fathers, grandparents, and older siblings, especially sisters, who are often caregivers of young children in India.
4. Include additional stakeholders in the same study, especially government officials and children's centre workers, the two categories that were not covered by the present study.
5. Scale up the study to include a more diverse sample of working mothers, who may be recruited through stratified sampling techniques, in order to better evaluate how care arrangements and needs/expectations from government services may be associated with factors such as demographic characteristics, parental (especially maternal) education, number and age of children, socio-economic status, type of

work (e.g. part- or full-time, or odd working hours, weekend work days etc.), and family composition (e.g. single parent families, divorced or separated parents etc.), all of which have been found in existing literature to be significantly associated with the nature of care arrangements made.

6. Conduct comparative studies of different states (i.e. intra-country comparisons), or of India with another matching country (i.e. inter-country comparisons) using the 'most similar' or 'most different' type of research design to better understand the interaction between factors at various levels (i.e. programme, participant and context) in affecting uptake.
7. Develop a more distinct methodology for engaging with vulnerable participants, such as mothers and centre workers, and experimenting with the usefulness of non-traditional data collection techniques such as story-telling, play-acting, video diaries or other participatory techniques that enable respondents to be more open, free and articulated in their expression (while taking into account the constraints posed by research e.g. the time limitations within doctoral work).

Secondly, future research can also look at utilizing the present study's findings to explore additional questions such as:

1. If take-up was established as varying between different sub-groups of users: How strong a barrier do factors such as a child's gender, religion and mother tongue pose to their access and take-up of government ECEC services? Or: How does users' minority status relate to their use of services? How may under-represented groups be empowered to better participate in their community's ECEC programmes?

2. Is poor uptake of services reflective of inadequate (quantitative or qualitative) supply or weak demand? How can the forces of demand and supply in this domain be reconciled?
3. What can a detailed analysis of strategies for increasing programme uptake reveal? How do these strategies differ for the more 'universal' type of services (e.g. ICDS) in comparison with the more 'targeted' type of services (e.g. RGNCS)?
4. How can integration of ECEC services be achieved more effectively? What are some related strategies?
5. How can early years programmes better balance between quality and quantity (or scale) of service provision? What are some of the lessons for complex programmes looking at the expansion and universalization of services?
6. What are some of the lessons that programmes-in-action such as the ICDS and RGNCS can provide to policymakers drafting a national ECEC policy for India? That is, what lessons can programme implementation offer for policy formulation?
7. What can countries such as the UK, that have made the shift to integrated provision of early years services, learn from the Indian case? How can the lessons from India transfer into the policymaking process of these countries?

11.7 Conclusion

It remains important to reiterate that the phenomenon of non-take-up is complex and affected by factors operating at various levels – it is thus imperative to both study these different levels and examine multiple levels together to analyse how they interact in influencing service take-up. In doing this, the present study has revealed a range of factors at the programme, participant, and contextual levels that influence early years service uptake. What makes this work valuable is the inclusion of perspectives of multiple stakeholders (i.e. mothers and policy experts/elites) in the analysis of take-up. Also, multiple theoretical frameworks underlie this study, and jointly expand the theoretical understanding of the phenomenon of non-take-up, than when frameworks are employed individually. This work is significant in the context of India because it is the first of its kind to undertake any empirical evaluation of the RGNCS programme. It is also among the few that have studied government ECEC programme uptake in the country, especially in terms of user feedback/evaluation of both kinds of services – the ICDS and RGNCS. The work can serve to be a useful case study for other countries looking to, or having gone down, the integrated services route.

The analysis of take-up indicates a significant number of positive achievements for both programmes. The ICDS was particularly successful in providing accessible centres within the community and in walking distance of homes. Among all services, mothers particularly valued its preschool education component. The RGNCS, in providing crèches, greatly supported mothers' ability to work outside the home, especially those with no family-based care options. The crèche also might have provided (although there was no clear evidence) opportunities for parents to meet and engage both in a general social context but also to share information and experiences

relating to children and childcare. Both programmes provided the first out-of-home, structured environment for young children that promoted autonomy and independence in everyday life (e.g. facilitated early toilet training, established a daily schedule) while also increasing school readiness. Both also provided a hot meal to children each day, increasing, in the process, both enrolment figures as well as popularity within the community. It may also be assumed with some confidence that in gaining exposure to these services, mothers' awareness and knowledge of early childhood development also increased. The greatest achievement of both programmes, however, lay in mothers' express need for and satisfaction with these services in general (although they had recommendations for improving both), and in the referrals they provided to friends and family in need of ECEC services.

Despite these positive achievements, a key finding vis-à-vis the ICDS is that despite being promoted as an integrated service the programme was only selectively utilized by working mothers. This can be attributed, in part, to an apparent lack of awareness about and need for some sub-services (often driven by the social and cultural values held by families), but also to poor programme quality and resource limitations that affected daily centre operations. The findings also indicate that the government was in practice only able to provide a limited set of services (i.e. nutrition, immunization, and preschool education) at one time instead of all six services in an integrated fashion, and as envisioned by the ICDS framework document. The question that this throws up is – are truly integrated services possible in practice, and do the sub-services envisaged as being valuable by the government resonate with what mothers want/need from programmes? Further: do services bring the kind of benefits that policymakers envision, or do they complicate provision to an extent that renders them

less useful for families? Another question to reflect on is: how does a programme balance between quality and quantity, and what are the strategies for promoting these? These are some questions for future research to look at.

A critical finding with relation to the RGNCS is that a lack of awareness on the mother's part, as well as lack of effective promotion of the scheme on the government's part was detrimental to service uptake. This is a very significant and interesting finding, as policymakers and researchers can tend to get caught up in the complex web of looking at factors relating to policy formulation or implementation in their search for answers to questions on why programmes do not have the kind of impact they set out to achieve, or as in the case of this study, why service uptake is low. This study indicates that first-level solutions to policy problems can sometimes lie in simple corrective action. What this finding also reflects is the low levels of priority given by the government to this programme in comparison to the ICDS, which by contrast is much promoted and advertised. The difference between these two programmes essentially lies in the nature of services they provide: day-care and crèche facilities for working women in case of the RGNCS, and integrated child development services (mostly focusing on nutrition, preschool education, and immunization) for young children in case of the ICDS. The difference in priority then is most likely a reflection of the lesser importance given to working mothers' needs on the government's political agenda – whether this is because of a socio-cultural assumption that the family is the 'one-stop-shop' for caregiving to children, the lack of recognition of changing family structures in the country (e.g., the growing incidence of divorced or single-parent families in India), or because the economic and labour policy of the government does not actively promote women's workforce participation

and therefore does not look to provide supportive family policies, or simply because there are far more urgent priorities requiring the government's attention (and budget), remains to be analysed.

What this study also reflects is that a weak policy context, and low political priority for young children, can disadvantage programme implementation. This is an interesting finding because other global examples, such as the UK and USA, implement government services in the context of national policies or frameworks relating to ECEC. This has been absent in the case of India so far, although moves are now being made in this direction. Often the debates in the Indian ECEC policy circles, also reflected during the course of data collection with the experts in this study, centre on whether policy frameworks should precede or follow programme formulation, and whether policy is even needed for services to function effectively is also a subject of debate. While this study cannot offer any conclusive answers to these questions, as such inquiry amounts to asking, 'which came first, the chicken or the egg?', the results certainly indicate the importance of a strong policy context for the effective delivery of ECEC services to users. This is probably why the central government in India is now warming up to the idea of a national early childhood policy, but how far this 'wave' will go, and whether this movement will be beneficial to ECEC programme implementation, remains to be seen.

12. Appendices

12.1	Sample Mothers' Survey Tool: Main Round
12.2	Sample Mothers' Survey Tool: Follow-on Round (ICDS)
12.3	Sample Mothers' Survey Tool: Follow-on Round (RGNCS)
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APPENDICES

12.1 Sample Mothers' Survey Tool: Main Round

SURVEY FOR 200 WORKING MOTHERS (USERS AND NON-USERS)

[Draft-in-progress (4)]

SECTION I

BACKGROUND INFORMATION/PRELIMINARY QUESTIONS/DEMOGRAPHIC INFORMATION

[UID M2305086]

May I check – Are you currently engaged in paid employment? Yes/No

<<IF YES, CONTINUE TO NEXT QUESTION >>

एक बार पूछना चाहूँगी-- आप काम पर जाती हैं? ऐसा काम जिसके लिए आपको तनख्वा मिलती है?

Do you have a child aged below the age of 5? Yes/No

क्या आपका कोई चार साल की उम्र तक का बच्चा है?

If yes, what is his/her age? 4 years (enter age in complete years)

अगर हाँ, तो वह कतिने साल का है?

<<IF AGE IS BETWEEN 1.5 TO 5 YEARS THEN CONTINUE OTHERWISE THANK THE RESPONDENT AND IDENTIFY THE NEXT>>

NAME OF TARGET CHILD -- Mohit

I'm going to ask a few questions about your child first. अब मैं आपके बच्चे के बारे में कुछ सवाल पूछूँगी

1 On what date was your child born? आपके बच्चे का जन्म कब हुआ था? बर्र्थडे बताइए

25/01/07 (dd/mm/yy)

2 Is the child male or female? (Document by self if child is present, otherwise ask) वह लडका है या लडकी?

Male.....1 ✓

Female.....2

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--Thank you. I'm now going to ask you a few questions about you and your partner/husband-- शुक्रिया. अब मैं आपके और आपके पति के बारे में कुछ सवाल पूछूंगी	
4 How old were you at your last birthday? अपने पछिले जन्मदनि पर आप कतिने साल की थीं? AGE in completed years30	
5 Have you ever attended school? क्या आप कभी स्कूल गयीं हैं? पढाई की है? YES.....1 ✓ NO.....2	
6 What is the highest standard you have completed? कौनसी कलास तक पढाई करी है आपने? Standard 8th grade	
7 What is your current marital status? अपनी वैवाहिक स्थिति के बारे में बताइए -- क्या आप अभी -- Currently married1 [go to 8] शादी शुदा हैं? ✓ Married, Gauna not performed.....2 [go to 9] शादी हुई है लेकिन गौना नहीं हुआ है Widowed.....3 [go to 9] वधिया है Divorced.....4 [go to 9] तलाकशुदा है Separated.....5 [go to 9] अपने पति से अलग रहती है Deserted.....6 [go to 9] पति छोड़ के जा चुके हैं Never married.....7 [go to 12] कभी शादी नहीं की	
8 Are you living with your husband now or is he staying elsewhere? क्या आपके पति फलिहाल आपके साथ रहते हैं या फरि कहीं दूर रह रहे हैं? Living with husband.....1 ✓ Staying elsewhere.....2	
9 How old was your husband on his last birthday? अपने पछिले जन्मदनि पर आपके पति कतिने साल के थे?	

APPENDICES

Age in completed years.....32

10 Did your (last) husband ever attend school? क्या आपके पति/किभी स्कूल गए थे? पढाई करने के लिए?

Yes.....1 ✓

No.....2

11 What was the highest standard he completed? कौनसी कलास तक पढाई करी है उन्होने?

Standard5th grade

Don't know.....98

12 How long have you been living continuously in this area? इस बस्ती में आप कब से रह रहे हैं?

Years.....6 years ✓

Always.....95 (go to 14)

Visitor.....96

(If less than one year, record 00 years)

13 And before living here, where did you live? और यहाँ रहने से पहले आप कहाँ रहते थे?

A big city.....1 ✓

A town.....2

A village.....3

14 What is your religion? आप कौनसे धर्म या मजहब को मानते हैं?

Hindu.....1

Muslim.....2

Sikh.....3

Christian.....4 ✓

Buddhist/Neo-Buddhist.....5

Jain.....6

Jewish.....7

Parsi/Zoorashtrian.....8

No religion.....9

APPENDICES

Other (specify) _____10																					
16 Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these? क्या आप इनमें से किसी जाति के हैं? Scheduled caste.....1 ✓ Scheduled tribe.....2 OBC.....3 None of these.....4																					
17 What is your native language? आपके घर में कौनसी भाषा बोलते हैं? Native language of respondent (enter code).....□□ <table border="0"> <tr> <td>01 Assamese</td> <td>06 Kannada</td> <td>11 Marathi</td> <td>16 Tamil</td> </tr> <tr> <td>02 Bengali</td> <td>07 Kashmiri</td> <td>12 Nepali</td> <td>17 Telegu</td> </tr> <tr> <td>03 English</td> <td>08 Konkani</td> <td>13 Oriya</td> <td>18 Urdu</td> </tr> <tr> <td>04 Gujarati</td> <td>09 Malayalam</td> <td>14 Punjabi</td> <td>19 Other (specify)</td> </tr> <tr> <td>05 Hindi ✓</td> <td>10 Manipuri</td> <td>15 Sindhi</td> <td>_____</td> </tr> </table>		01 Assamese	06 Kannada	11 Marathi	16 Tamil	02 Bengali	07 Kashmiri	12 Nepali	17 Telegu	03 English	08 Konkani	13 Oriya	18 Urdu	04 Gujarati	09 Malayalam	14 Punjabi	19 Other (specify)	05 Hindi ✓	10 Manipuri	15 Sindhi	_____
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04 Gujarati	09 Malayalam	14 Punjabi	19 Other (specify)																		
05 Hindi ✓	10 Manipuri	15 Sindhi	_____																		
Thank you for all this information. I'm now going to ask you some work related questions शुक्रिया. अब मैं आपके काम के बारे में कुछ सवाल पूछना चाहूँगी																					
18 What is your employment status at this time? Are you: आजकल आप किस काम/रोज़गार में हैं? Employed full-time.....1 पूरे दिन का काम/रोज़गार Employed part-time.....2 दिन में कुछ घंटों का काम/रोज़गार ✓ Self-employed full-time.....3 अपना खुद का काम, पूरे दिन का Self-employed part-time.....4 अपना खुद का काम, दिन में कुछ घंटों के लिए Employed but currently on Maternity/parental/sickness leave.....5 काम पे लगी हूँ लेकिन कुछ दिन के लिए छुट्टी पे हूँ																					
19 And what is the kind of work that you mainly do? और आप क्या काम करती हैं? I work as a household help																					

APPENDICES

20 Do you usually work at home or away from home? यह काम आप ज्यादातर घर पे रह कर कर सकती हैं या बाहर जाना पड़ता है? Home.....1 Away.....2 ✓
21 Do you usually work throughout the year, or do you work seasonally, or only once in a while? क्या आप साल भर काम पे जाती हैं? या फरि साल में कुछ खास महीनों के लिए काम करती हैं? या फरि कभी कबार ही करती हैं, जैसे जब जरूरत पड़े? Throughout the year.....1 ✓ Seasonally/part of the year.....2 Once in a while.....3
22 Are you paid in cash or kind for this work, or are you not paid at all? और काम करने पर आपको पेमेंट के लिए पैसे मिलते हैं या फरि कोई चीज मिलती है जैसे खाना, कपड़ा, राशन इत्यादि? या फरि कुछ भी नहीं मिलता? Cash only.....1 ✓ Cash and kind.....2 In kind only.....3 Not paid.....4
--FOR THOSE 'NEVER MARRIED' GO TO 25, FOR OTHERS GO TO 23-- 23 Let's talk about your husband now. What is his employment status at this time? Is he: अच्छा अब आपके पति के बारे में बात करते हैं. वह कसि कसिम का काम करते हैं? Employed full-time.....1 पूरे दनि का काम/रोजगार ✓ Employed part-time.....2 दनि में कुछ घंटों का काम/रोजगार [Go to 25] Parenting at home.....3 घर पे रहके बच्चों का खयाल रखते हैं Self-employed full-time.....4 अपना खुद का काम, पूरे दनि का Self-employed part-time.....5 अपना खुद का काम, दनि में कुछ घंटों के लिए On sickness leave.....6 काम पे लगे हैं लेकिन फ़्लिहल छुट्टी पे हैं Does no work.....7 बेरोजगार हैं, बेकार हैं [Go to 25]
24 And what is the kind of work that he mainly does? और आपके पति क्या काम करते हैं?

APPENDICES

He is a cleaner for a private company	
25 Now I am going to ask some questions about the people who live in this household. That is the people who live together, usually pool their income and eat at least one meal together when they are at home. This does not include people who have permanently migrated or are considered visitors. In total how many people live in this household? अब मैं आपसे इस घर में रहने वाले बाकी लोगों के बारे में पूछने वाली हूँ, सिर्फ उनके बारे में बात करें जो एक साथ इस छत के नीचे रहते हैं, अपनी कमी से मलिकर घर का खर्चा उठाते हैं और कम से कम दानि में एक बार साथ बैठकर खाना खाते हैं, जो लोग हमेशा के लिए किसी दुसरे शहर चले गए हैं या कभी कभी मलिकने आते हैं, उनके बारे में मत बताइयेगा। अब हसिब लगाइए -- कुल मलिकर इस घर में कतिने लोग रहते हैं? Children below 6:..... <u>2</u> Children between 7 to 18 years:..... <u>0</u> Adults below 60:..... <u>3</u> Adults above 60:..... <u>0</u> Total HH Size..... <u>5</u> Don't know.....98	
26 Family Structure Nuclear.....1 (Husband, wife and children) Extended.....2 (husband, wife, children and single uncle/aunt/brother/sister) ✓ Joint.....3 (husband, wife, children, parents etc i.e. more than 2 generations)	
<i>Thank you once again! Now I am going to ask you questions about the place you live in.</i> बहुत अच्छे, थैंक्यू, अब मैं आपके घर के बारे में कुछ सवाल करूँगी.	
--SOCIO-ECONOMIC STATUS-- 28 Does anyone in your household own the land your house is on? [OWNHOUSE] ये घर जसि जमीन पर बना है क्या वो आपके परवार में किसी की है? Yes.....1 ✓ No.....<u>2</u> Don't know.....98	
29 How many rooms do you have in the house? इस घर में कतिने कमरे हैं? NUMROOM..... <u>2</u> Don't know.....98	

APPENDICES

30 Do you have electricity? [ELEC] क्या घर में बिजली का कनेक्शन है?

Yes.....1 ✓

No.....2

Don't know.....98

31 What is the main source of drinking water for members of your household? [DRWATER] और पीने का पानी कहाँ से आता है?

Piped into dwelling/yard/plot.....1 घर तक पाईप आती है ✓

Tubewell in dwelling.....2 घर में ट्यूबवेल है

Public standpipe/tubewell.....3 बस्ती/कालोनी में ट्यूबवेल है

Unprotected river/pond/stream.....4 बहते हुए नाले, नदी या तालाब से लेते हैं

Other (specify).....5 [WATRSPEC]

Don't know.....98

32 What kind of toilet facility does your household use? और लेट्रनि/टोइलेट के लिए क्या बंदोबस्त है?

Flush toilet/septic tank.....1

Pit latrine (household).....2 ✓

Pit latrine (public).....3

None.....4

Other (specify).....5 [TOILSPEC]

Don't know.....98

33 What is the main type of fuel you usually use for cooking? [COOKING] आप खाना बनाने के लिए कैसा चूल्हा इस्तमाल करती है?

Wood.....1

Kerosene/paraffin.....2

Charcoal.....3

Gas/electricity.....4 ✓

Coal.....5

Cow dung.....6

None.....7

APPENDICES

Other (specify)_____8 [COOKSPEC]		
Don't know.....98		
34 Do you have the following amenities at home and in working condition? इस घर में आपके पास इन में से कौनसी चीज़ें हैं, जो बराबर चलती हैं		
Item	YES	NO
Mattress [MAT] गद्दा	1 ✓	2
Cot/Bed [COT] बसि़तर	1 ✓	2
Table [TAB] मेज़	1 ✓	2
Chair [CHAI] कुर्सी	1	2
Mixie [MIXI]	1	2
Electric fan [EFAN] बजिली का पँखा	1 ✓	2
Landline/mobile Telephone [TEL]	1 ✓	2
Water filter [WFIL]	1	2
Refrigerator [FRID]	1 ✓	2
LPG Gas [LPG]	1 ✓	2
Television [TV]	1 ✓	2
--Do not ask but record through observation--		
38 Observe the wall [WALL]		
Concrete.....1 [brick] ✓		
Adobe/mud.....2		
Wood/branches.....3		
Galvanized iron.....4		
Matting.....5		
Other (specify)_____6 [SPECWAL]		
Don't know/Can't say.....98		
39 Roof [ROOF]		
Straw/thatch.....1		

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Earth/mud.....2			
Wood/planks.....3			
Galvanized iron.....4			
Concrete/cement5 [cemented brick]	✓		
Tiles/slates.....6			
Other (specify).....7 [SPECWAL]			
Don't know/Can't say.....98			
40 Floor [FLOOR]			
Earth.....1			
Wood.....2			
Stone/brick3	✓		
Cement/tile.....4			
Laminated material.....5			
Other (specify).....6 [SPECFLR]			
Don't know/Can't say.....98			
--POWER/CONTROL IN DECISION MAKING/EMPOWERMENT RELATED FACTORS--			
41 Do you have any money of your own that you alone can decide how to use? क्या आपके पास अपना खुद का पैसा है जसि आप अपनी मर्जी से खर्च कर सकती हैं?			
Yes1	✓		
No2			
42 Are you usually allowed to go to the following places alone, only with someone else, or not at all? अच्छा अब बताइए की आप इन में से कौनसी जगहों पर जा सकती हैं, और अगर जा सकती हैं तो अकेले या किसी के साथ			
To the market [MKT]	Alone 1 ✓	With someone 2	Not at all 3
To the health facility [HEALTH] स्वास्थ्य केन्द्र	1 ✓	2	3
To places outside this community [OUT] इस इलाके के बाहर	1	2 ✓	3

APPENDICES

43 Do you have a bank or savings account that you yourself use? क्या आपका खुद का बैंक अकाउंट है जसि आप खुद चलाती है?

Yes.....1

No.....2 ✓

46 Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly? आपकी कमाई को कैसे खर्चना है, इसका फैसला कौन करता है आपके घर में? ज्यादातर आप, आपके पति, या दोनों मलिकर?

Respondent.....1

Husband.....2

Respondent and husband.....3 ✓

Other (specify) _____4

47 Would you say that the money you earn is more than what your husband earns, less than what he earns, or about the same? आपके हिसाब से आपकी खुद की कमाई आपके पति की कमाई से ज्यादा है, कम है, या लगभग बराबर है?

More than husband.....1

Less than husband.....2 ✓

About the same.....3

Husband has no earnings.....4

Don't know.....98

48 Who decides how your husband's earnings will be used: mainly you, mainly your husband, or you and your husband jointly? आपके पति की कमाई को कैसे खर्चना है, इसका फैसला कौन करता है आपके घर में? ज्यादातर आप, आपके पति, या दोनों मलिकर?

Respondent.....1

Husband.....2

Respondent and husband jointly.....3 ✓

Husband has no earnings.....4

Other (specify) _____5

Thank you very much for the above answers. Let us move to the next section now.

इन जवाबों के लिए बहुत बहुत धन्यवाद, अब आगे बढ़ते हैं.

SECTION 2
WORK AND CHILD CARE

Thank you for answering my previous questions. Now I'd like to talk to you about how you manage your work and childcare responsibilities in daily life. अच्छा. अब हम बात करेंगे आपकी घर की ज़िम्मेदारियों और आपके काम की -- क आप काम काजी होने के साथ साथ अपने बच्चों की देखभाल कैसे करती हैं.

1 Since when have you been engaged in paid employment? आप पछिले कतिने सालों से काम कर रही हैं? Between 1 and 2 years ago.....2 [Go to 2] ✓ Between 2 and 4 years ago.....3 [Go to 3] More than four years ago.....4 [Go to 3]	<i>--If respondent started working in past two years--</i> 2 You just said that you started working within the last two years. Why did you enter employment at that time? PROBE: What other reasons? [RetWk1] आपने अभी बताया क आपने पछिले दो सालों के अन्दर अन्दर ही काम करना शुरू किया है. काम शुरू करने की क्या वजह थी? और भी कोई वजह? Child(ren) old enough to use childcare.....1 बच्चे इतने बड़े हो गए क बालवाडी/आंगनवाडी/डेकेयर/करेच में छोड़े जा सकें ✓ Child(ren) old enough to look after themself/ves.....2 बच्चे इतने बड़े हो गए हैं क अपनी देखभाल खुद कर सकते हैं Family became available/willing to help with childcare.....3 बच्चों की देखभाल करने के लिए घर में कोई मलि गया/राजी हो गया Appropriate childcare came available (please specify)4 बच्चों के लिए बालवाडी/आंगनवाडी/डेकेयर/करेच मलि गई Found job that enabled me to combine work and children.....5 ऐसा काम मलि गया जसिमें मैं बच्चों का भी खयाल रख सकूँ और वैसे भी कम सकूँ Finished studying/training/education.....6 मैंने पढाई/ट्रेनिंग शुरू की थी जो खतम हो गई Financial situation (e.g. husband/ wife/ partner lost job).....7 पैसों की कमी हो गई थी/ज़रुरत महसूस हो रही थी ✓ My health improved.....8 मेरी तबयित खराब रहती थी लेकनि फरि मैं ठीक हो गई Wanted to get out of the house.....9 मैं घर से बाहर नकिलना चाहती थी Wanted financial independence.....10 मैं अपने पैरों पे खड़ा होना चाहती थी/खुद के लिए कमना चाहती थी Job opportunity arose.....11 मुझे काम के बारे में पता चला Other (please specify).....12
3 Can I ask again – are you currently self-employed or do you work as an employee for someone else? एक और बार पूछना चाहूँगी -- क्या आप खुद का काम करती हैं या कसि के यहाँ नौकरी पे लगी हैं?	

APPENDICES

Self-employed.....1 [Go to 4]

Work as an employee for someone else.....2 [Go to 6] ✓

--If respondent is self-employed--

4 Do you choose to be self-employed rather than work as an employee [WhySE]

...READ OUT...

आप कसि वजह से कसि के यहाँ नौकरी करने की बजाय खुद का काम करना पसंद करती हैं -- (1) आप mainly अपने बच्चों की वजह से (उनकी देखभाल करने के लिए) ऐसा काम करती हैं, या फिर (2) इसलए क्यूँकि कसि और के लिए काम करने के बजाय अपना खुद का काम करने के ज़्यादा फायदे होते हैं (जैसे ऐसा करने से आप अपने हिसाब से काम कर सकती हैं, अपनी मर्जी की मालकि हैं, ज़्यादा मुनाफा होता है)

Mainly because of how it fits in with bringing up

your [child / children]1 [Go to 5]

Or, mainly for work-related reasons?2 [Go to 6]

Both.....3 [Go to 5]

--If respondent chooses to be self-employed for reasons to do with child-rearing--

5 For what reasons in particular do you choose to be self-employed? [Specific]

PROBE: What other reasons?

तो आपके हिसाब से खुद के काम करने से आपको कौन कौन से फायदे हुए हैं? जरा वस्तुतार से बताइए, और कोई फायदा?

Flexibility over the number of hours I work.....1

Flexibility over the times of day I work.....2

Flexibility over which day(s) of the week I work.....3

Allows me to work from home.....4

No need for childcare.....5

I could not get work as an employee

with the same flexibility.....6

I can earn more.....7

Other (please specify).....8

6 Have you moved from part to full-time work in the last two years?

क्या आप पछिले दो सालों से पूरे बनि के काम पर जा रही हैं? या फिर आपने हाल ही में बनि के कुछ घंटों के काम को छोड़कर पूरे बनि का काम पकड़ा है?

Yes.....1 [Go to 7]

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No.....2 [Go to 8] ✓ No, I currently work part-time.....3 [Go to 8]	--If respondent went from part time to full time in last 2 years-- 7 Why have you increased your hours from part-time work to full-time work? [RftWk1] PROBE: What other reasons? दानि में कुछ घंटों से पूरे दानि का काम पकड़ने की क्या वजह है? और? [Oldu] Child old enough to use childcare.....1 बच्चे इतने बड़े हो गए कि बालवाड़ी/आंगनवाड़ी/डेकेयर/करेच में छोड़े जा सकें [Olde] Child/children old enough to look after themself/ves.....2 बच्चे इतने बड़े हो गए कि अपनी देखभाल खुद कर सकते हैं [Rels] Family became available/willing to help with childcare.....3 बच्चों की देखभाल करने के लिए घर में कोई मलि गया/राजी हो गया [Avail] Appropriate childcare came available (please specify)4 बच्चों के लिए बालवाड़ी/आंगनवाड़ी/डेकेयर/करेच मलि गई [Job] Found job that enabled me to combine work and child/children.....5 ऐसा काम मलि गया जसिमें मैं बच्चों का भी ख्याल रख सकूँ और वैसे भी कम सकूँ [Stud] Finished studying/training/education.....6 मैंने पढाई/ट्रेनिंग शुरू की थी जो खतम हो गई [Fin] Financial situation (e.g. partner lost job)7 पैसों की कमी हो गई थी/जुरत महसूस हो रही थी My health improved.....8 मेरी तबयित खराब रहती थी लेकिन फरि मैं ठीक हो गई [OutH] Wanted to get out of the house.....8 मैं घर से बाहर निकलना चाहती थी [Indp] Wanted financial independence.....9 मैं अपने पैरों पे खड़ा होना चाहती थी/खुद के लिए कमाना चाहती थी [Other] Other (please specify) _____10 {multicode: up to 10 codes} 8 Do you start work before 8am ...READ OUT... [AMWtr] क्या आपका काम कभी सवरे आठ बजे से पहले शुरू होता है? Usually ज़्यादातर.....1 [Go to 9] ✓ Sometimes कभी-कभी2 [Go to 9] Or, never कभी नहीं3 [Go to 10] --If ever starts before 8am-- 9 Does starting work before 8am cause you [or (partner's name)] any particular problems in terms of your childcare arrangements? [AmCCare] क्या
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सबसे आठ बजे से पहले काम पे जाने की वजह से आपको या आपके पति को बच्चों की देखभाल में कोई कठिनाई/मुश्किल आई है?

Yes.....1

No.....2 ✓

10 And do you work past 6pm ...READ OUT... [PMWr] और ऐसा कभी होता है कि आपको श्याम के छः बजे के बाद भी काम पर ही होती है?

Usually ज्यादातर.....1 [Go to 11]

Sometimes कभी-कभी.....2 [Go to 11]

Or, never कभी नहीं3 [Go to 12] ✓

--If ever works past 6pm--

11 Does working past 6pm cause you [or (partner's name)] any particular problems in terms of your childcare arrangements? [PmCCare] और छः बजे के बाद भी काम पे होने का विजह से आपको या आपके पति को बच्चों की देखभाल में कोई कठिनाई/मुश्किल आई है?

Yes.....1

No.....2

12 [Does your job / Do any of your jobs] involve you working on Saturdays ...READ OUT...[SatWr] क्या आप शनिवार के दिन भी काम करती हैं?

Usually ज्यादातर.....1 [Go to 13] ✓

Sometimes कभी-कभी.....2 [Go to 13]

Or, never कभी नहीं3 [Go to 14]

--If ever works on Saturday--

13 Does working on a Saturday cause you [or (partner's name)] any particular problems in terms of your childcare arrangements? [SatCC] और शनिवार के दिन काम करने का विजह से आपको या आपके पति को बच्चों की देखभाल में कोई कठिनाई/मुश्किल आई है?

Yes.....1

No.....2 ✓

14 [Does your job / Do any of your jobs] involve you working any time on Sundays? [SunWr] क्या आप रविवार के दिन भी काम करती हैं?

PROMPT IF NECESSARY ...READ OUT...

Usually ज्यादातर.....1 [Go to 15] ✓

APPENDICES

Sometimes कभी-कभी.....2 [Go to 15]	
Or, never कभी नहीं.....3 [Go to 16]	
<i>--If ever works on Sunday--</i>	
15 Does working on a Sunday cause you [or (partner's name)] any particular problems in terms of your childcare arrangements? [SunCC] और रविवार के दिन काम करने का विजह से आपको या आपके पति को बच्चों की देखभाल में कोई कठिनाई/मुश्किल आई है?	
Yes.....1	
No.....2 ✓	
16 Do you personally find it very difficult, fairly difficult, fairly easy or very easy to combine work and family life? [Read out, one answer only] खुद के बारे में सोच कर बताइए -- काम करके वैसे कमना और साथ साथ घर की और बच्चों की देखभाल करना आपके लिए कतिना मुश्किल या आसान है (wait for response before probing) -- बहुत ज्यादा मुश्किल, काफी मुश्किल, काफी आसान, बहुत ही ज्यादा आसान?	
Very difficult.....1	
Fairly difficult.....2	
Fairly easy.....3 ✓	
Very easy.....4	
Don't know.....98	
17 Could you tell me if any of the childcare arrangements on this card help you to work? PROBE: What else? [CWrkCar]	
अच्छा अब बताइए कि क्या इनमें से कोई व्यवस्था या तरीका आपको बेफिक्र होने के काम करने में मदद करती है? मैं एक एक करके पढ़के सुनाऊंगी और आप बताइए अगर आपके पास ये सुविधा है.	
We have reliable childcare.....1 ✓	
हमारे पास भरोसेमंद इंसान या जगह है जहाँ हम अपने बच्चों को काम पे जाते समय छोड़ सकते हैं	
We have free/cheap childcare.....2	
हमारे पास ऐसा व्यक्ति या जगह है जो कम पैसों में, या बिना पैसे लिए हमारे बच्चे का ख्याल रखता है (जब हम काम पे होते हैं)	
We have good quality childcare.....3	
हमारे पास ऐसी जगह या इंसान है जो हमारे बच्चे की बहुत अच्छे कस्मि से देखरेख करती है, जब हम काम पे जाते हैं	
We have childcare which fits with my working hours.....4	
बच्चों की देखभाल करने का बन्दोबस्त मेरे काम के टाइम के साथ मेल खाता है/फिट बैठता है	
We have childcare which fits my husband's/partner's working hours.....5	

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बच्चों का देखभाल करने का बन्दोबस्त मेरे पति के काम के टाइम के साथ मेल खाता है/फटि बैठता है	
My child(ren) is/are old enough to look after themselves.....6	
बच्चे इतने बड़े हो गए हैं कि अपनी देखभाल खुद कर सकते हैं	
I work when my husband/partner is not working so s/he can look after the child(ren).....7	
मैं तभी काम करती हूँ जब मेरे पति काम पे नहीं गए हों और घर पे रह कर बच्चों का खयाल रख सकें	
My husband/partner is able to help with childcare.....8	
मेरे पति हमारे बच्चों की देखभाल करने में मेरी मदद करते हैं	
Relatives are able to help with childcare.....9 ✓	
मेरे रश्तेदार हमारे बच्चों की देखभाल करने में मदद करते हैं	
Friends are able to help with the childcare.....10	
मेरे दोस्त/पड़ोसी हमारे बच्चों की देखभाल करने में मदद करते हैं	
My employer provides/pays for some/all of my childcare.....11	
मैं जिनके लिए काम करती हूँ उनके यहाँ बच्चों की देखभाल करने का बन्दोबस्त है, या वे मेरे बच्चों की देखभाल का कुछ/पूरा खर्चा उठाते हैं.	
My husband/partner's employer provides/pays for some/all of my childcare.....12	
मेरे पति जिनके लिए काम करते हैं उनके यहाँ बच्चों की देखभाल करने का बन्दोबस्त है, या वे हमारे बच्चों की देखभाल का कुछ/पूरा खर्चा उठाते हैं.	
Other (please specify).....13 [child's older cousin] ✓	
None of these reasons.....99	
 <i>--If more than one reason given in 17 [CWrkCar]--</i>	
18 And of all the childcare arrangements that help you to work, which one would you say is the most important? [CWrkCarM] और काम पे जाते समय बच्चों की देखरेख की इन सब व्यवस्थाओं में से कौनसी आपके लिए सबसे ज़्यादा जरूरी/फायदेमंद रही है?	
[IF THE RESPONDENT CAN'T SPECIFY, CODE DON'T KNOW]	
We have reliable childcare.....1	
हमारे पास भरोसेमंद इंसान या जगह है जहाँ हम अपने बच्चों को काम पे जाते समय छोड़ सकते हैं	
We have free/cheap childcare.....2	
हमारे पास ऐसा व्यक्ति या जगह है जो कम पैसों में, या बर्ना पैसे लिए हमारे बच्चे का खयाल रखता है (जब हम काम पे होते हैं)	
We have good quality childcare.....3	
हमारे पास ऐसी जगह या इंसान है जो हमारे बच्चे की बहुत अच्छे कस्मि से देखरेख करती है, जब हम काम पे जाते हैं	
We have childcare which fits with my working hours.....4	

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बच्चों का देखभाल करने का बन्दोबस्त मेरे काम के टाइम के साथ मेल खाता है/फिट बैठता है	
We have childcare which fits my husband's/partner's working hours.....	5
बच्चों का देखभाल करने का बन्दोबस्त मेरे पति के काम के टाइम के साथ मेल खाता है/फिट बैठता है	
My child(ren) is/are old enough to look after themselves.....	6
बच्चे इतने बड़े हो गए हैं कि अपनी देखभाल खुद कर सकते हैं	
I work when my husband/partner is not working so s/he can look after the child(ren).....	7
मैं तभी काम करती हूँ जब मेरे पति काम पे नहीं गए हों और घर पे रह कर बच्चों का खयाल रख सकें	
My husband/partner is able to help with childcare.....	8
मेरे पति हमारे बच्चों की देखभाल करने में मेरी मदद करते हैं	
Relatives are able to help with childcare.....	9
मेरे रश्तेदार हमारे बच्चों की देखभाल करने में मदद करते हैं	
Friends are able to help with the childcare.....	10
मेरे दोस्त/पड़ोसी हमारे बच्चों की देखभाल करने में मदद करते हैं	
My employer provides/pays for some/all of my childcare.....	11
मैं जिनके लिए काम करती हूँ उनके यहाँ बच्चों की देखभाल करने का बन्दोबस्त है, या वे मेरे बच्चों की देखभाल का कुछ/पूरा खर्चा उठाते हैं.	
My husband/partner's employer provides/pays for some/all of my childcare.....	12
मेरे पति जिनके लिए काम करते हैं उनके यहाँ बच्चों की देखभाल करने का बन्दोबस्त है, या वे हमारे बच्चों की देखभाल का कुछ/पूरा खर्चा उठाते हैं.	
Other (please specify).....	13 [child's older cousin] ✓
None of these reasons.....	99
19 Combining work and childcare can be organized in different ways. I'm going to read out several options that a couple can make use of – please tell me which one you believe to be the most practical and realistic option keeping in mind the need to earn a living. [General question, specific to follow]	
लोग अलग-अलग तरह से काम करने के साथ-साथ बच्चों की देखभाल की ज़िम्मेदारियाँ उठाते हैं. मैं आपको चार अलग अलग तरीके पढ़कर सुनाऊंगी, जसिसे एक पति-पत्नी काम भी कर सकते हैं और साथ में बच्चों की देखभाल भी. मान लीजिए आपको कसिी को सलाह देनी होती, तो इन चार तरीकों में से आपके हिसाब से कौनसा सबसे सही रहता? ये ध्यान में रखिएगा कि माता-पति को दोनों की ज़रूरत है -- पैसा कमाने की भी, और बच्चों की देखभाल की भी.	
Both parents working full time.....	1
दोनों माता पति पूरे बनि के काम पे लग जाएँ	
Both parents working part time.....	2
दोनों माता पति बनि में कुछ घंटे का काम पकड़ें	

APPENDICES

One parent working full time, the other working part time.....3 ✓	
दोनों में से एक तो पूरे दिन के काम पे लगे, और दूसरा दिन में कुछ घंटे का काम पकड़े	
One parent working full time, the other one looking full time after the children.....4	
दोनों में से एक पूरे दिन का काम पकड़े, और दूसरा काम ना करे और घर पर रह कर बच्चों की देखभाल करे	
Don't know.....98	
20 And which of these working arrangements would suit you personally? [PartId]	
और अगर हम आपकी बात करें, तो इन तरीकों में से आपको कौनसा सबसे ज़्यादा सूट करेगा? मैं पढकर सुनाती हूँ ---	
[Flexid] Flexibility to work fewer days per week.....1	
हफ्ते में कुछ ही दिन काम करने का छिट	
[flexih] Flexibility to work fewer hours per day.....2	
एक दिन में कुछ ही घंटे काम करने का छिट	
[schour] Work during school hours only.....3	
मैं तभी काम करूँ जब मेरा बच्चा बालवाडी/आंगनवाडी/क्रेच/नर्सरी/स्कूल गया हो, जब वो घर पे हो तो मैं घर पे रहूँ	
[homeal] Being able to work from home all the time.....4 ✓	
मैं घर से ही काम करूँ मुझे पैसे कमाने के लिए बाहर न जाना पड़े	
[homesol] Being able to work from home at least some of the time.....5	
हफ्ते में कुछ दिनों के लिए मैं घर पे बैठके काम कर सवूँ, बाकी दिन बाहर जाकर काम करूँ	
[jobsha] Job-sharing, where part-timers share one full-time job.....6	
एक पूरे दिन का काम कुछ लोग मलिकर करें -- ताकि काम भी पूरा हो जाए और मैं पूरे दिन के लिए भी बर्जी न रहूँ	
[shift] Shift work.....7	
ऐसा काम करूँ जो शिफ्ट के हिसाब से मलि -- जैसे सुबह 6 से दोपहर 1 तक, या दोपहर 1 से रात 7 तक, या दोपहर 4 से रात के 10 तक.	
[fullT] working full time.....8	
पूरे दिन का काम	
[nowrk] not working at all.....9	
सबसे अच्छा यही होगा कि मैं काम न करूँ	
[other] Other (please specify).....10	
[Multicoded: up to 11 codes]	
---Thank you for these answers. We will now move on to the next section--- धन्यवाद. अब हम आगे बढ़ेंगे.	

SECTION 3
CHILD CARE ARRANGEMENTS, USE OF CHILDCARE SERVICES
(users and non-users)

1 Are there any programmes (preschools/childcare centres) for children aged 0-6 in this community? इस बस्ती में 0-6 साल के बच्चों के लिए क्या कोई बालवाड़ी/आंगनवाड़ी/डेकेयर/करेच/नर्सरी है? Yes.....1 ✓ No.....2 Don't know/Can't say.....98	2 What are some of the programmes available for children below 6 in your community? (Multiple responses possible, don't prompt at first). Ask enough questions about names reported to be able to document them under the categories given below. छः साल से कम की उम्र के बच्चों के लिए आपकी बस्ती में कौन कौन से सेंटर या सुविधाएँ हैं? कुछ नाम बताइए <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">ICDS anganwadi.....1</td> <td style="width: 10%; text-align: center;">() prompted</td> <td style="width: 10%; text-align: center;">() unprompted</td> <td style="width: 10%; text-align: center;">✓</td> </tr> <tr> <td>NGO balwadi (preschool)2</td> <td style="text-align: center;">() prompted</td> <td style="text-align: center;">() unprompted</td> <td></td> </tr> <tr> <td>Rajiv Gandhi crèche.....3</td> <td style="text-align: center;">() prompted</td> <td style="text-align: center;">() unprompted</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>Private preschool/play school/nursery.....4</td> <td style="text-align: center;">() prompted</td> <td style="text-align: center;">() unprompted</td> <td></td> </tr> <tr> <td>Private crèche/day care.....5</td> <td style="text-align: center;">() prompted</td> <td style="text-align: center;">() unprompted</td> <td></td> </tr> <tr> <td>Private 'tuition' (for schooling)6</td> <td style="text-align: center;">() prompted</td> <td style="text-align: center;">() unprompted</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>NGO crèche.....7</td> <td style="text-align: center;">() prompted</td> <td style="text-align: center;">() unprompted</td> <td></td> </tr> <tr> <td>Any other (please mention) _____8</td> <td></td> <td></td> <td></td> </tr> </table>	ICDS anganwadi.....1	() prompted	() unprompted	✓	NGO balwadi (preschool)2	() prompted	() unprompted		Rajiv Gandhi crèche.....3	() prompted	() unprompted	✓	Private preschool/play school/nursery.....4	() prompted	() unprompted		Private crèche/day care.....5	() prompted	() unprompted		Private 'tuition' (for schooling)6	() prompted	() unprompted	✓	NGO crèche.....7	() prompted	() unprompted		Any other (please mention) _____8			
ICDS anganwadi.....1	() prompted	() unprompted	✓																														
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Private 'tuition' (for schooling)6	() prompted	() unprompted	✓																														
NGO crèche.....7	() prompted	() unprompted																															
Any other (please mention) _____8																																	
3 Are there any ICDS anganwadis centres in the locality within 3 km of your house? क्या इस बस्ती में और आपके घर के आसपास (3 किलोमीटर के अन्दर-अन्दर) सरकारी ICDS आंगनवाड़ी है? ये वो है जहाँ 6 साल से कम की उम्र के बच्चों को पढ़ाने और खेलने के लिए भेजा जाता है और जहाँ उन्हें खाना भी दिया जाता है. Yes.....1 ✓ No.....2 Don't know/Can't say.....98																																	

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4 Are there any Rajiv Gandhi crèche centres in the locality within 3 km of your house?

और क्या इस बस्ती में और आपके घर के आसपास (3 किलोमीटर की अन्धर-अन्धर) Rajiv Gandhi सरकारी क्रेच है? ये वो जगह है जहाँ छः साल से कम की उम्र के बच्चों को दानि में आठ घंटों के लिए संभाला जाता है जब तक की उनकी माँ काम पे जाती है।

Yes.....1

No.....2 ✓

Don't know/Can't say.....98

5 Let's talk about all the children between birth to six years in this household, starting from the eldest. Does he/she attend any of the abovementioned programmes? If he/she isn't attending any such programme at present, has he/she attended them in the past?

Can you please tell me about the next child?

अच्छा अब इस घर के छः साल से कम की उम्र के बच्चों की बात करते हैं। सबसे छोटे से शुरू करिए और छः साल तक के बच्चे के बारे में बताइए कि किसी बालवाड़ी/आंगनवाड़ी/डेकेयर/क्रेच/नर्सरी वगैरह में जाता है या बाखलि है? अगर नहीं, तो क्या वह बच्चा कभी भी ऐसे किसी सेंटर में गया है? अब अगले बच्चे के बारे में बताइए।

	Age	M/F	Attending					Not attending	
			ICDS	NGO balwadi	Private preschool	Private crèche/daycare	RG crèche	NGO crèche	Never
Child 1	4	F	1 ✓	2	3	4	5	6	7
Child 2	5	F	1 ✓	2	3	4	5	6	7
Child 3			1	2	3	4	5	6	7
									8
									8
									8

--Identify target child once again as between 1.5-5 years old. Confirm name. Ask all other questions with respect to this child--

Thank you for this information! Now, please think about your child named **MOHIT** who is between 1.5 and 5 years and answer all questions that will follow.

अच्छा. अब हम **MOHIT** के बारे में बात करते हैं. मैं जो भी सवाल पूछूँ आप **MOHIT** को ध्यान में रखते हुए जवाब देना.

Subsection: CHILD CARE ARRANGEMENTS

I'd like to ask you some questions on who takes care of your child XX.

सबसे पहले तो मैं पूछना चाहूँगी आपके बच्चे की देखरेख के बारे में.

--If the respondent has a partner/husband go to 6, others go to 7--

6 How do you and your partner share the responsibilities of looking after your child? [Share]

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आप और आपके पति _____ की देखभाल की ज़िम्मेदारी आपस में कैसे बाँटते हैं?

I have most of the responsibility.....1 मेरे पास देखभाल की ज़्यादा ज़िम्मेदारी है

We share it equally.....2 हम दोनों पति-पत्नी ने ज़िम्मेदारियों को दोनों के बीच बराबर बाँटा है ✓

[partner's name] has most of the responsibility.....3 मेरे पति के पास देखभाल की ज़्यादा ज़िम्मेदारी है

7 More specifically, who usually performs each of the following activities for your child? Please choose between – mostly you, mostly your partner, both of you equally, mostly other members of your household, or mostly other persons not belonging to your household. [Modify suitably for those without a husband/partner].

खास तौर से, इन चीज़ों की ज़िम्मेदारी किसके पास है? मैं पढ़के सुनाती हूँ, आप ये बताना किये ज़िम्मेदारी कौन उठाता है -- ज़्यादातर आप, आपके पति, दोनों मलि-जुल के, या कोई तीसरा व्यक्ति/इन्सान.

Activity	Mostly self	Mostly partner	Both equally	Mostly HH members	Mostly people outside	NA/can't say
Taking care of your child's meals अपने बच्चे को खाना खलिना	✓					
Getting him/her dressed उसे कपड़े पहनाकर तैयार करना	✓					
Looking after when ill जब वह बीमार हो तो उसकी देखभाल करना	✓					
Playing उसके साथ खेलना	✓					
Teaching concepts, socialization, values etc उसे संस्कार देना, अच्छी परवरिश करना, और उसे शक्तिषा देना	✓					

--All right. Now let us talk about out-of-home care arrangements. Please think answer with reference to your child XX--
अच्छा. अब हम आगे बढ़ते हैं.

8 During the last six months has your child attended formal or informal crèches, childcare or preschool services for an entire morning, afternoon or evening almost every week?

पछिले छः महीनों में आपका बच्चा लगभग हर रोज सुबह, दोपहर या शाम को क्रेच/बालवाड़ी/आंगनवाड़ी/नर्सरी/डेकेयर/प्रीस्कूल सेंटर गया है?

Yes.....1 [Go to 9] ✓

No.....2 [Go to 10]

Don't know/Can't say.....98 [Go to 10]

APPENDICES

9 Has your child attended this crèche, childcare or preschool for less than six months, for between six months and a year, for more than a year, or since birth? आपका बच्चा कतिने समय से यहाँ जा रहा है?

Less than six months.....1

6 months to one year.....2

More than a year.....3 ✓

Since birth.....4

NA (not attending any facility)99

Don't know/can't say.....98

10 During the last six months has anyone who is NOT a member of your household or a crèche/daycare/preschool centre worker been responsible for looking after your child for a whole morning, afternoon, evening or night almost every week? पछिले छः महीनों के दौरान क्या किसी तीसरे ने आपके बच्चे की लगभग हर रोज देखभाल की है -- आपके परिवार के अलावा और घर के बहार के किसी सेंटर के अलावा? यह एक से ज्यादा इन्सान भी हो सकते हैं जो बारी बारी से बच्चे की देखभाल करते हैं.

Yes.....1 [Go to 11] ✓

No.....2 [Go to 14]

Don't know/Can't say.....98 [Go to 14]

11 Can you tell me how each person who has been responsible for XX for a whole morning, afternoon, evening or night at a time is related to you? 1 = Relative, 2 = Neighbour/friend, 3 = Other, 99 = Don't know

क्या आप मुझे बता सकती हैं की ये जो देखभाल करते हैं वह कौन हैं और आपके क्या लगते हैं?

[WHO] _____3 If other, please specify **child's older cousin** [SPECWHO] ✓

[WHO] _____ If other, please specify _____ [SPECWHO]

[WHO] _____ If other, please specify _____ [SPECWHO]

12 How long has this person/these persons helped take care of XX? [TIMECARE]

और यह कब से _____ की देखभाल करने में आपकी मदद कर रहे हैं?

Less than six months.....1

Six months to 1 year.....2

More than one year.....3

Since birth.....4 ✓

Don't know.....98

APPENDICES

Less than six months.....1
Six months to 1 year.....2
More than one year.....3
Since birth.....4
Don't know.....98

Less than six months.....1
Six months to 1 year.....2
More than one year.....3
Since birth.....4
Don't know.....98

13 Do you have to pay for this care in money or goods? [PAYCARE] इस देखभाल के लिए क्या आप इस इन्सान को कुछ देते हैं: जैसे पैसे या कोई चीज (खाना, बदले में उनके बच्चे की देखभाल करना वगैरह)

Yes.....1
No.....2 ✓
Don't know/Can't say.....98

14 During the last six months has your child been left alone with another child or a group of children for a whole morning, evening or night almost every week? पछिले छः महीनों के दौरान क्या आपका बच्चा लगभग हर रोज किसी और बच्चे/बच्चों के साथ अकेला रहा है -- जहाँ एक बच्चे ने दुसरे की देखभाल की हो या सारों ने मिलके एक दुसरे का ध्यान रखा हो?

Yes.....1 ✓
No.....2
Don't know/Can't say.....98

--For all those who HAVE USED childcare/PSE in the last six months go to 23 otherwise go to 15--

APPENDICES

15 Now I would like you to think about the last year, that is from yesterday back to [date]. Did your child receive any of the **types** of childcare or preschool education from this list in the last year? [CareYN]

IF YES: Which ones?

अच्छा अब पछिले साल के बारे में सोचकर बताइए. क्या आपका बच्चा इस दौरान किसी क्रेच/बालवाडी/नर्सरी/डेकेयर/प्रीस्कूल सेंटर में गया है? या आपके अलावा किसी और ने कभी उसकी देखभाल लगभग हर रोज़ की है, जब आप काम पे हों? कौन/किसि में/इसे कौन चलाता है/यहाँ क्या होता है? Explore enough to figure out which of the following categories the parent is talking about.

- | | |
|--|---------------|
| Government Anganwadi..... | 1 [Go to 16] |
| Government RG crèche centre..... | 2 [Go to 16] |
| Other (private & paid) crèche/day care..... | 3 [Go to 16] |
| NGO crèche..... | 4 [Go to 16] |
| Private—paid preschool/Nursery school..... | 5 [Go to 16] |
| NGO preschool..... | 6 [Go to 16] |
| Nursery/preschool attached to primary school (government) | 7 [Go to 16] |
| Nursery/preschool attached to primary school (private & paid) | 8 [Go to 16] |
| Special day school or nursery or unit for children with special educational needs..... | 9 [Go to 16] |
| Nanny (aaya) | 10 [Go to 16] |
| My ex-husband/wife/partner / the child's other parent who does not live in this household..... | 11 [Go to 16] |
| The child's grandparent(s) | 12 [Go to 16] |
| The child's older brother/sister..... | 13 [Go to 16] |
| Another relative..... | 14 [Go to 16] |
| A friend or neighbour..... | 15 [Go to 16] |
| Other nursery/preschool education provider (pls. specify)..... | 16 [Go to 16] |
| Other childcare provider (pls. specify)..... | 17 [Go to 16] |
| No childcare or nursery/preschool education used over last year..... | 18 [Go to 17] |

APPENDICES

16 And why did [provider1] stop looking after your child? [WhyStB]

PROBE: Which other reasons? आपका बच्चा इनके यहाँ अब क्यों नहीं जाता? और भी कोई वजह है?

- [Cost] It was too expensive मंहगा.....1
- [Distant] I was worried that my child was too far away दूर.....2
- [Trust] I was not sure if I could trust the person/people भरोसा.....3
- [Love] I was worried my child would get too attached to the person लगाव.....4
- [Mix] My child did not mix well with the other children मेल-जोल.....5
- [Trained] The person/people was/were not formally trained to look after children जानकारी/शिक्षा.....6
- [Educ] There was no/insufficient educational element पढाई/ज्ञान.....7
- [Inflex] It did not give me enough flexibility मेरे काम पे रोक लग गई8
- [Rely] It was not reliable विश्वास.....9
- [UpBring] The person/people did not bring up my child the same way as I would देखभाल.....10
- [Hours] It was not available all the hours that I needed it टाइम.....11
- [Unsuit] It was not appropriate for all my children अनुयति.....12
- [Attend] My child did not get enough individual attention बच्चे पर ध्यान.....13
- [Pended] The person/people could not look after my child any more व्यक्त.....14
- [TooOld] My child grew too old for that type of care बड़ा.....15
- [Shut] The place closed down बंद.....16
- [Moved] We moved house चले गए.....17
- [Other] Other reason(s) (please specify) [OTWhyStB].....18
- {multicode: up to 18 codes}

--Now go to 19--

17 Why have you chosen not to use any CHILDCARE in the past year to look after your child? CODE ALL THAT APPLY [WhyNoC]

पछिले साल में जब-जब आप काम पे गई हैं तब अपने बच्चे की देखभाल करने के लिए किसी और की मदद क्यों नहीं ली?

I'd rather look after my child myself देखभाल, खुद.....1

APPENDICES

I rarely need to be away from my child कभी-कबार, दूर.....	2
I cannot find a childcare place because local providers are full.....	3
आस पास के सेंटर में और बच्चों के लिए जगह नहीं	
There are no providers in my knowledge जानकारी, जगह.....	4
There are no childcare providers available that I could trust जगह, भरोसेमंद.....	5
I cannot afford childcare खर्चा नहीं उठा सकती.....	6
The quality of childcare is not good enough देखरेख अच्छी नहीं.....	7
My child is old enough to look after him/herself बच्चा बड़ा.....	8
My child is too young to be sent outside the house for childcare बाहर भेजने के लिए छोटा.....	9
My child needs special care खास कस्मि की देखरेख.....	10
My child dislikes being with anyone else/any place else कोई और जगह/इनसान पसंद नहीं.....	11
I have had bad experience using childcare in the past पछिला अनुभव बुरा.....	12
I have transport difficulties getting to a provider आने जाने में दक्कत.....	13
My partner's work hours or conditions allow for childcare.....	14
पति का काम ऐसा है की बच्चे की देखभाल हो जाती है	
The child has to look after his/her sibling भाई/बहन का खयाल.....	15
The child is earning or helping in earning कमाई/कमाई में मदद.....	16
The child has to help in household chores घर के काम में मदद.....	17
Other (provide details) _____ [OTWhyNoC].....	18
{multicode: up to 18 codes}	
18 Why doesn't the child go for any PRESCHOOL EDUCATION outside the home at the moment? [NoNEB] INTERVIEWER: CODE ALL THAT APPLY. PROBE - What other reasons? और आपका बच्चा फलिहाल किसी आंगनवाडी, बालवाडी, प्रीस्कूल या नर्सरी में पढ़ने क्यों नहीं जाता? और भी कोई वजह है?	
I cannot find a preschool place because local providers are full.....	1
आस पास के सेंटर में और बच्चों के लिए जगह नहीं	
There are no providers in my knowledge जानकारी, जगह.....	2

APPENDICES

Child is on a waiting list लसिट में नाम है.....	3
Too expensive/ can't afford it/ other cost factors खर्चा नहीं उठा सकती.....	4
Child too young for nursery education बाहर भेजने के लिए छोटा.....	5
The quality of available preschool education is not good enough देखरेख अच्छी नहीं.....	6
Child dislikes/ is unhappy in preschool education पसंद नहीं/खुश नहीं.....	7
Prefer to teach child myself खुद पढ़ाती.....	8
One off circumstance (e.g. holiday, sickness) बीमार/छुट्टी पे गए थे.....	9
The child has to look after his/her sibling भाई/बहन का खयाल.....	10
The child is earning or helping in earning कमाई/कमाई में मदद.....	11
The child has to help in household chores घर के काम में मदद.....	12
Other [OTNoNEB].....	13
19 If given a chance, would you like to use formal childcare for your child? अगर मौका दिया जाए तो क्या आप अपने बच्चे को ऐसी किसी जगह में देखभाल के लिए या पढ़ने के लिए भेजना चाहोगे?	
Yes.....	1 [Go to 20]
No.....	2 [Go to 21]
Don't know/Can't say.....	98 [Go to 21]
20 Which of the following would mean that you would start using formal (out-of-home) childcare/preschool provisions for [selected child]? (Please only think about this child in particular.) [CareLik]	
INTERVIEWER: CODE ALL THAT APPLY. PROBE: Which others? और इन में से कोई सुविधा अगर मालि तो क्या आप अपने बच्चे को भेजेंगे पढ़ने के लिए या फिर देखभाल के लिए जब आप खुद काम पे गई हों? मैं पढ़कर सुनाती हूँ;	
More flexibility about when childcare/preschool is available.....	1
अगर मेरे काम के टाइम के हिसाब से मालि तो भेजूंगी	
More information about what formal childcare/preschool is available in the local area.....	2
अगर मुझे अपने घर के पास के सेंटर/सुविधाओं के बारे में ज़्यादा जानकारी मालि तो मैं अपने बच्चे को भेजूंगी	
More affordable childcare/preschool.....	3
अगर मुझे कोई ऐसी जगह मालि जो बहुत महंगी न हो, और जिसका खर्चा मैं उठा सकूँ	
Higher quality childcare/preschool.....	4

APPENDICES

अगर कोई ऐसी जगह हो जहाँ का माहौल अच्छा हो और जो अच्छे कसिम से मेरे बच्चे की देखरेख करे

A childcare/preschool provider closer to where I live.....5

कोई ऐसा पढाने/खयाल रखने वाला जो घर के पास हो, तो मैं अपने बच्चे को वहाँ भेजूंगी

None of these – I don't need childcare/preschool.....99

मुझे ऐसी किसी सुविधा/सेंटर की जरूरत नहीं है

Others _____[OTCareLik].....7

21 If there was a sudden need for childcare for one day who would be available to take care of your child? [AvailIn1] CODE ALL THAT APPLY

अगर किसी दिन आप कहीं व्यस्त हों और आपको एकदम से बच्चे की देखभाल के लिए किसी की जरूरत पड़े तो आप कसि बोलेंगी?

My ex-husband/wife/partner / the child's other parent who does not live in this household.....1

The child's grandparent(s).....2

The child's older brother/sister.....3

Another relative.....4

A friend or neighbour.....5

Any other6

None of these.....99

22 And who would be available in case you needed someone to care for your child on a more regular basis, e.g., if you had to go away somewhere for a month or fell ill for a prolonged period of time? [AvailIn2]

CODE ALL THAT APPLY

और मान लीजिए आपको लम्बे समय तक बच्चे को देखने के लिए कोई चाहिए, जैसे मानो एक महीने के लिए शहर के बाहर जाना पड़े या आप लम्बे समय के लिए बीमार पड़ जाएँ तो बच्चे को कौन देखेगा?

My ex-husband/wife/partner / the child's other parent who does not live in this household.....1

The child's grandparent(s).....2

The child's older brother/sister.....3

Another relative.....4

A friend or neighbour.....5

Any other6

None of these.....99

--If childcare/PSE used in the LAST SIX MONTHS then continue to next--

--If childcare/PSE used in the LAST ONE YEAR go to 30-- --If childcare/PSE NEVER USED go to 48--	
23 Now I would like you to think about the last 6 months -- what are ALL THE TYPES of childcare or preschool education that your child has been receiving over this period? Tick all that apply. [CareYB] आपने बताया की पछिले छः महीनों में _____ की देखभाल आपके अलावा कसि और ने भी की है. यह बताइए क _____ की देखभाल कसि कसि ने की है, और वह पछिले छः महीनों में कसि सेंटर में पढ़ने गया/गई है.	**IF USED CHILDCARE IN THE LAST SIX MONTHS** Government Anganwadi.....1 ✓ Government RG crèche centre.....2 Other (private & paid) crèche/day care.....3 NGO crèche.....4 Private—paid preschool/Nursery school.....5 NGO preschool.....6 Nursery/preschool attached to primary school (government)7 Nursery/preschool attached to primary school (private & paid)8 Special day school or nursery or unit for children with special educational needs.....9 Nanny (aaya)10 My ex-husband/wife/partner / the child's other parent who does not live in this household.....11 The child's grandparent(s)12 The child's older brother/sister.....13 ✓ Another relative.....14 A friend or neighbour.....15 Other nursery/preschool education provider (pls. specify).....16 Other childcare provider (pls. specify).....17
--If more than one kind selected go to 24 otherwise go to 29--	
24 Did you use more than one place or person for childcare or preschool education for your child in that week for any of these reasons?	

APPENDICES

अच्छा यह बताइए कि गुजरे हुए महीनों में आपने अपने बच्चे को अलग अलग जगह और/या अलग अलग लोगों के यहाँ क्यों भेजा? और भी कोई वजह थी? Use this question to mark answers from 24 and 25, if no response received try prompting.

INTERVIEWER: IF 'YES', PROBE: Which reasons? What others? [WhMultA]

To give child a variety of people/ environments/ activities अनेक प्रकार के लोग/माहौल/करियाँ.....1

To give child a balance of social/ play and educational skills सामाजिक विकास, खेल-कूद, पढ़ाई - तीनों हों.....2

To get child used to school/education स्कूल/पढ़ाई की आदत.....3 ✓

Child stayed on at old provider after starting new one पुराना भी पसंद, नया भी.....4

To give child some time being looked after in a home environment.....5

ताका कुछ समय घर जैसे माहौल में भी भरे बच्चे की देखभाल हो

Sibling goes to one of the providers भाई/बहन.....6

Any other (please specify).....7

None of these.....99

25 And did you use more than one place or person for childcare or preschool education for your child in that week for any of these reasons?

INTERVIEWER: IF 'YES', PROBE: Which reasons? What others? [WhMultB]

I need more than one provider because I work/ study कामकाजी हूँ/पढ़ाई करती हूँ.....1

The provider(s) do not offer enough sessions/ hours सारे टाइम के लिए नहीं मिलता.....2

The provider(s) are not available on all the days I want सारे दिनों के लिए नहीं मिलता.....3

Cost/ financial reasons पैसा/खर्चा.....4

To meet/ keep in touch with other local parents/ children आस-पास के माँ-बाप/बच्चों.....5

Contact with relative enjoyed (as well as formal childcare) रश्तेदार के साथ रहना पसंद.....6

Any other (please specify).....7

None of these99 ✓

27 Have you experienced any of these problems because you used more than one place or person? PROBE: What others? [MultProb]

बच्चे की देखभाल और पढ़ाई के लिए एक से ज्यादा जगह या इन्सान के इस्तेमाल से आपको कोई बर्कित हुआ है? हाँ, तो क्या बर्कित हुआ है?

High cost1

यह व्यवस्था ज्यादा महँगी रही/ तरीका ज्यादा महँगा रहा

Transport problems.....2

APPENDICES

आना जाना काफी मुश्किलि रहा	
The different types of childcare or preschool education did not complement each other.....	3
देखभाल और पढाई के अलग अलग तरीकों का तालमेल नहीं बैठा	
Problems trying to link up the different providers.....	4
इतने अलग अलग लोगों या जगहों में तालमेल नहीं बैठा	
No, none.....	99
Any other (please specify).....	6
28 Which of these then would you say is the MAIN care/preschool education provider for your child? [ProvATB]	
[Try to help respondent identify ONE provider in addition to her own self but if required, document up to TWO main providers] आपने जो ये सारे नाम	
लिखे हैं इन सब में से कौन मुख्य रूप से बच्चे की देखभाल करता है? बच्चा सबसे ज़्यादा कहाँ जाता है?	
Government Anganwadi	1
Government RG crèche centre.....	2
Other (private & paid) crèche/day care.....	3
NGO crèche.....	4
Private—paid preschool/Nursery school.....	5
NGO preschool.....	6
Nursery/preschool attached to primary school (government)	7
Nursery/preschool attached to primary school (private & paid)	8
Special day school or nursery or unit for children with special educational needs.....	9
Nanny (aaya)	10
My ex-husband/wife/partner / the child's other parent who does not live in this household.....	11
The child's grandparent(s)	12
The child's older brother/sister	13
Another relative.....	14
A friend or neighbour.....	15
Other nursery/preschool education provider (pls. specify).....	16
Other childcare provider (pls. specify).....	17
29 Which of the following best describe the reasons you opted for <i>childcare/nursery education</i> in the last six months?	
CODE ALL THAT APPLY. PROBE: Which others? [CWHyCW]	

APPENDICES

बच्चे को किसी के यहाँ भेजने की वजह क्या थी? उसे किसी और की देखरेख में क्यों डाला?

- So that I could work ताकि मैं काम कर सकूँ.....1
- So that my husband/partner could work ताकि मेरे पति/काम कर सकें2
- So that I could look for work ताकि मैं काम ढूँढने जा सकूँ.....3
- So that my husband/partner could look for work ताकि मेरे पति/काम ढूँढने जा सकें.....4
- So that my husband/partner could study/ train ताकि मेरे पति/पढ़ाई/ट्रेनिंग पूरी कर सकें.....5
- So that I could look after the home / other children ताकि मैं घर का/बाकी बच्चों का खयाल रख सकूँ.....6
- So that I could go shopping / attend an appointment / socialise7
- ताकि मैं घर के बाहर के काम कर सकूँ/कहीं आ-जा सकूँ

For my child's educational development अपने बच्चे की पढ़ाई के लिए/ताकि वह कुछ सीख ले8 ✓

Because my child likes spending time with/at the provider क्योंकि मेरे बच्चे को वहाँ जाना अच्छा लगता है.....9

Because my child asked to spend time with/at the provider क्योंकि मेरे बच्चे ने वहाँ जाने की माँग की.....10

So that my child could take part in a leisure activity ताकि मेरा बच्चा वहाँ खेल-कूद और आराम कर सके.....11

Because I am soon going to be working क्योंकि मैं जल्द ही काम शुरू करने वाली हूँ.....12

So I could care for a relative/friend/neighbor ताकि मैं अपने दोस्त/रिश्तेदार/पड़ोसी का ध्यान रख सकूँ.....13

Because I was ill क्योंकि मैं बीमार थी14

So my child and relative could spend time together ताकि मेरा बच्चा और उसकी रिश्तेदार एक साथ ज्यादा समय गुजार सकें.....15

For the child's social development मेरे बच्चे के सामाजिक विकास के लिए, ताकि वह यहाँ के तौर तरीके सीखे.....16

So that we could have a break ताकि हमें थोड़ी से फुरसत मिले.....17

Other reason (please specify)18

--Let us move on. Please answer the rest of the questions keeping your main provider in mind--

30 Approximately how many hours and minutes a day did/does your child usually spend at/with [provider's name]? (ask for every provider if more than one main provider) [CldHrs]

आपने बताया की ज्यादातर आपका बच्चा _____ के यहाँ जाता है (if still going)/था (if used to go one yr ago). तो एक दिन मैं आपका बच्चा लगभग कतिने समय के लिए _____ के पास रहता है/था?

APPENDICES

1 hrs 30 min [Prov1] [ICDS]

2 hrs 0 min [Prov2] [older cousin]

31 Would you say that [ICDS] [*provider's name*] was/is providing preschool education or childcare? [NurEdu]
और _____ ज्यादातर आपके बच्चे की देखभाल करते हैं/थे, उसे पढ़ाते हैं/थे या फरि दोनों?

Preschool education only.....1 ✓
Childcare only.....2
Both.....3

32 Which of the organisations on this list best describes who was/is responsible for providing the education or childcare at [*provider's name*]? [Orgs]
और यह देखरेख/पढ़ाई किसी संस्था की ओर से है/थी? या सरकार? या फरि कोई प्राइवेट संस्था या इन्सान है/था? जरा बताइए.

Government सरकारी.....1 ✓
A fee-paying school or any type of organisation run as a business प्राइवेट है, वैसे लेती है.....2
A college or university.....3
A church or religious organisation मंदिर/मस्जिद/गुरुद्वारा.....4
A community or voluntary organisation or charity खैरती संस्था.....5
An employer.....6
An individual.....7
Other (please specify) _____8

33 Which of the following activities were you doing while your child was at/with [*provider's name*]? [RACTSE]
CODE ALL THAT APPLY. PROBE: Which others?

जब तक आपका बच्चा बालवाडी/आंगनवाडी/डेकेयर/क्रेच/नर्सरी वगैरह में रहता है/था, आप क्या कर रही होती हैं/थी? और?

Working (including travelling to/from work) काम.....1 ✓
Looking for work काम की तलाश.....2
Looking after the home/other children घर का/बाकी बच्चों का खयाल.....3
Caring for someone else (e.g. older relative) किसी और की देखभाल.....4
Shopping / attending an appointment / socialising घर के बाहर के काम.....5
Was ill/ in hospital मैं बीमार थी.....6

APPENDICES

Stayed with/near child कहीं नहीं गई, बच्चे के साथ ही रही7
 Other activity (please specify)8

34 And which of the following activities was your husband/partner doing while your child was at/with *[provider's name]*? [PActSe]
 CODE ALL THAT APPLY. PROBE: Which others?
 जब तक आपका बच्चा बालवाड़ी/आंगनवाड़ी/डेकेयर/नर्सरी वगैरह में रहता है/था, आपके पति/क्या कर रहे होते थे? और?

Working (including travelling to/from work) काम.....1 ✓

Looking for work काम की तलाश.....2
 Studying/ training पढ़ाई/ट्रेनिंग.....3
 Looking after the home/other children घर का/बाकी बच्चों का खयाल.....4
 Caring for someone else (e.g. older relative) किसी और की देखभाल.....5
 Shopping / attending an appointment / socialising घर के बाहर के काम.....6
 Was ill/ in hospital मैं बीमार था.....7
 Stayed with/near child कहीं नहीं गए, बच्चे के साथ ही रहे.....8
 Other activity (please specify)9

35 Now let us talk about the about money paid to *[provider's name]*. In the last six months or while your child was attending the programme, did you and your husband/partner pay any money to *[provider's name]* for any of these things? [AnyPay]
 INTERVIEWER: PROBE - What others?
 PLEASE DO NOT INCLUDE MONEY PAID BY THE GOVERNMENT OR OTHER SOURCES OF FINANCIAL HELP
 अब पैसों की बात करते हैं. अपने बच्चे को बालवाड़ी/आंगनवाड़ी/डेकेयर/नर्सरी वगैरह भेजने में खर्चा होता है? कनि चीजों पर? और?

Education fees/wages.....1
 Childcare fees/wages.....2
 Refreshments/meals.....3
 Use of equipment.....4
 Travel costs.....5
 Trips/outings.....6
 Other7

No, no money paid.....8 ✓

APPENDICES

36 So out of your pocket, what was the total amount you and your husband/partner paid [*provider's name*] for these things EVERY MONTH?

[PrivCst] कुल मिला के महीने के कतिने पैसे खर्च हो जाते हैं/थे? [NOT APPLICABLE]

(enter rupees and paise, and accept estimates to nearest Rupee)

examples: 5.60 for five rupees and sixty paise)

□□.□□

37 [And / And apart from any money which you paid] did you do any of the things on this card to repay [*provider's name*] for looking after your child during that period? [InKind] [NOT APPLICABLE]

INTERVIEWER: PROBE - What else? CODE ALL THAT APPLY

पैसे देने के अलावा/फीज भरने के अलावा क्या आप और भी किसी तरीके से भरपाई करते हैं/थे? जैसे उनके बच्चों का बदले में खयाल करना, तोहफा देना, किसी काम में मदद करना इत्यादि?

- Looked after his/her child(ren) in return.....1
- Did him/her a favour.....2
- Gave him/her a gift or treat.....3
- No, nothing.....4
- Something else (WRITE IN) _____5

38 Given your family income, how easy or difficult did/do you find it to pay this amount per month for childcare...READ OUT....? [CostCare] अपनी पारिवारिक कमाई/आमदनी को ध्यान में रखते हुए ये पैसे देना कतिने मुश्किल या आसान लगता है/था?

बहुत आसान? आसान? न मुश्किल न आसान? मुश्किल, बहुत मुश्किल? [NOT APPLICABLE]

- Very easy.....1
- Easy.....2
- Neither easy nor difficult.....3
- Difficult.....4
- Very difficult.....5

--If a FORMAL (centre-based) provider is mainly used, go to 39--

--If INFORMAL mainly used go to 41--

39 People have different reasons for choosing a specific childcare or preschool service. Why did you choose this PARTICULAR PROVIDER to look after your child? [WhyCA]

APPENDICES

CODE ALL THAT APPLY. PROBE: Which other reasons?

किसी भी सेंटर/जगह पर अपने बच्चे को भेजने के लोगों के अनेक कारण होते हैं। वो कौनसी वजह थी जो आपने इसी सेंटर/जगह पर अपने बच्चे को भेजने का निर्णय लिया? और भी कोई कारण?

It was low cost मैं इसका खर्चा उठा सकती हूँ.....1

My employer subsidises this childcare यहाँ भेजने में मेरे मालिक/मालकनि मुझे आर्थिक सहायता देते हैं2

I could trust this centre मुझे इस सेंटर पर विश्वास है3

It is easy to get to यहाँ तक पहुँचना आसान है4 ✓

I wanted my child to mix with other children यहाँ इसलिए कि मेरा बच्चा दुसरे बच्चों के साथ घुल मलि जाए5

His/her brother(s)/sister(s) went there इसके भाई/बहन वहीं गए जाते थे/हैं.....6

His/Her friends go to the same place.....7

I wanted someone properly trained to look after my child यहाँ के टीचर बच्चों के बारे में बहुत जानकारी रखते हैं.....8

It fitted in with my/my husband/partner's working hours इस सेंटर का टाइम हमारे काम के टाइम साथ मेल खाता है....9

I wanted my child to be educated while being looked after.....10

मैं चाहती थी कि मेरे बच्चे का ख्याल रखने के साथ साथ सेंटर उसको पढ़ना लखिना भी सखिए

I wanted reliable arrangements मुझे एक भरोसेमंद जगह चाहिए थी.....11

It had a good reputation इस सेंटर का काफी नाम/इज्जत है.....12

It was recommended to me किसी ने मुझे इनके यहाँ भेजा था, तारीफ करी थी.....13

No other choices available to me इसके अलावा और कोई चारा नहीं था14

It is my child's choice मेरे बच्चे को यही पसंद था15

Other reason(s) (please specify)16

--If more than one reason given go to 40 otherwise go to 42--

40 And which was the single most important reason? [MimpA] इन सब में से सबसे ज्यादा जरूरी कारण कौनसा था?

It was low cost मैं इसका खर्चा उठा सकती हूँ.....1

My employer subsidises this childcare यहाँ भेजने में मेरे मालिक/मालकनि मुझे आर्थिक सहायता देते हैं2

I could trust this centre मुझे इस सेंटर पर विश्वास है3

APPENDICES

It is easy to get to यहाँ तक पहुँचना आसान है.....	4
I wanted my child to mix with other children यहाँ इसलए कि मेरा बच्चा दुसरे बच्चों के साथ घुल मलि जाए	5
His/her brother(s)/sister(s) went there इसके भाई/बहन वहीं जाते थे/हैं.....	6
His/Her friends go to the same place.....	7
I wanted someone properly trained to look after my child यहाँ के टीचर बच्चों के बारे में बहुत जानकारी रखते हैं.....	8
It fitted in with my/my husband/partner's working hours इस सेंटर का टाइम हमारे काम के टाइम साथ मेल खाता है.....	9
I wanted my child to be educated while being looked after.....	10
मैं चाहती थी कि मेरे बच्चे का ख्याल रखने के साथ साथ सेंटर उसको पढ़ना लखिना भी सखिए	
I wanted reliable arrangements मुझे एक भरोसेमंद जगह चाहिए थी.....	11
It had a good reputation इस सेंटर का काफी नाम/इज्जत है.....	12
It was recommended to me किसी ने मुझे इनके यहाँ भेजा था, तारीफ करी थी.....	13
No other choices available to me इसके अलावा और कोई चारा नहीं था.....	14
It is my child's choice मेरे बच्चे को यही पसंद था.....	15
Other reason(s) (please specify) _____	16

--Now go to 42--

41 People have different reasons for choosing a specific childcare or education provider. Why did you choose this PARTICULAR PROVIDER to look after your child? CODE ALL THAT APPLY. PROBE: Which other reasons? [WhyCB]	
किसी भी व्यक्ति/इन्सान के यहाँ अपने बच्चे को भेजने के लोगों के अनेक कारण होते हैं. वो कौनसी वजह थी जो आपने इसी व्यक्ति/इन्सान के पास अपने बच्चे को भेजने का नरिणय लयिा? और भी कोई कारण?	
I could not afford to pay for formal childcare मैं किसी और जगह का खर्चा नहीं उठा सकती थी.....	1
I could trust this person/these people मुझे इसी व्यक्ति/इन्सान पर वशिवास है.....	2
I wanted someone who would show my child affection.....	3
मैं ऐसा कोई चाहती थी जो मेरे बच्चे को प्यार से रखे और जिसको मेरे बच्चे से लगाव हो	
I knew they would bring up my child the same way I would.....	4
मुझे भरोसा था कि यह मेरे बच्चे का पिरवरशि/देखरेख ठीक उसी तरह करते जैसे मैं करती हूँ	
I wanted my child to be looked after at home मैं चाहती थी कि मेरे बच्चे की देखरेख घर पे ही हो.....	5

APPENDICES

It is easy to get to यहाँ तक पहुँचना आसान है.....6	
His/her brother(s)/sister(s) were looked after by the same person इसके भाई/बहन वही जाते थे/हैं.....7	
I wanted reliable arrangements मुझे एक भरोसेमंद जगह चाहिए थी.....8	
No other choices were available to me इसके अलावा और कोई चारा नहीं था.....9	
This person is family यह मेरे परिवार का इन्सान है.....10	
So that my child and a relative could spend time together.....11	
ताका भिरा बच्चा और उसकी रक्षितेदार एक साथ ज़्यादा समय गुज़ार सकें	
This was my child's choice/my child likes to be with this person मेरे बच्चे को यही पसंद था.....12	
Other reason(s) (please specify).....13	
42 To what degree were/are you satisfied with the overall quality of your childcare arrangements?	
सारी चीज़ें ध्यान में रखते हुए, आप अपने बच्चे की देखभाल करने वाले व्यक्ति/सेक्टर से कतिने संतुष्ट हैं? बहुत संतुष्ट, ठीक-ठाक संतुष्ट, बहुत संतुष्ट नहीं हैं, बलिकुल भी संतुष्ट नहीं हैं	
Very satisfied.....1	
Somewhat satisfied2 ✓	
Not very satisfied.....3	
Very dissatisfied.....4	
No response.....5	
--If childcare/PSE USED IN LAST 6 MONTHS go to 43--	
--If childcare/PSE NOT USED IN LAST 6 MONTHS go to 45--	
43 If you could, would you like to change some aspect of your current childcare or preschool arrangement?	
अगर मौका मिलता तो क्या आप अपने बच्चे की देखभाल/पढाई के प्रबंध को किसी भी तरीके से बदलना चाहते?	
Yes1 ✓	
No2	
Can't say/don't know.....98	
44 If yes, what would you like to change? अगर हाँ और आपके बस में होता, तो क्या बदलते?	

APPENDICES

Type of Arrangement (for example: from a family member to a preschool program) जगह या व्यक्ती.....1	
From _____	To _____
Quality of program/provider (place my child in a better setting) माहौल.....2	
Location स्थान <u>The centre should not be on the first floor of the building as the staircase is unsafe for children</u> ✓	
Closer to home.....	3.1
Closer to work.....	3.2
Other location (please specify) _____	4
Hours per day बने के घंटे जिनके लिए वह बच्चे की ज़िम्मेदारी उठाएँ	
More hours ☐ ☐ more hours [insert no. of hours]	5.1
Less hours ☐ ☐ less hours [insert no. of hours]	5.2
Days per week हफ्ते में कतिने दिने के लिए वह ज़िम्मेदारी उठाते हैं	
☐ More [insert no. of days]	6.1
☐ Less [insert no. of days]	6.2
Other (please specify) _____	7
45 Have you ever faced, or are currently facing, any problems or challenges with either finding or maintaining your child care/preschool arrangements? क्या आपने कभी भी अपने बच्चे के देखभाल या पढ़ाई के लिए व्यक्ति/स्थान ढूँढने या बनाए रखने में मुश्किल का सामना किया है?	
Yes [Go to 46].....	1
No [Go to 47].....	2 ✓
Can't say/don't know [Go to 46].....	98
46 What were the problems or challenges that you have faced, or are currently facing, with your current child care arrangements? (Check all that apply) कौनसी मुश्किलों का सामना किया है आपने? और कोई?	
Lack of accessible information on care options in my community जानकारी की कमी.....1	
Difficulties finding a space at a child care centre सेंटर मिला लेकिन और वह बच्चे नहीं ले सकते थे.....2	
Difficulties finding a space/caregiver in a convenient location सुविधाजनक स्थान की कमी.....3	
Difficulties finding child care for the hours I require (i.e. outside normal working hours)4	
जिस समय पर मैं चाहती हूँ कोई आसानी से नहीं मिलता	
Difficulties finding care for a child with special needs वक्लांग बच्चे के लिए जगह मिलने में दिक्रत.....5	

APPENDICES

Difficulties finding any type of care किसी भी कस्मि क जगह ढूँढने में दक्कत.....6						
High cost of care खर्चा बहुत ज़्यादा है.....7						
Concerns about the quality of care माहौल और देखरेख का तरीका बहुत अय्छा नहीं है.....8						
My child had trouble adjusting to childcare setting मेरे बच्चे को वहाँ अडजस्ट होने में दक्कत हुई.....9						
47 And did it ever happen that your usual arrangements for childcare/preschool education became unavailable at short notice? How often did this happen? क्या ऐसा कभी हुआ है ककाम पे जाने के दौरान अपने बच्चे क देखभाल करने की जो वयवस्था आपने क वह अचानक अनुपलब्ध हो गई? अगर हाँ -- ऐसा कतिनी बार हुआ है?						
[Week] At least once a week.....1						
[Fortnite] At least once every other week.....2						
[Month] At least once a month.....3						
[TwoMonth] At least once every two months.....4						
[Less] Less often.....5 ✓						
[Never] Never.....6						
48 --From here on, ask ALL respondents i.e. users and non-users--						
Suppose you had to choose a childcare/preschool setting for your child. How important do you think each of these would be to you? (✓)						
मान लीजए क आपको अपने बच्चे के लए एक उयति बालवाडी/आंगनवाडी/क्रेच ढूँढनी होती जहाँ आपके बच्चे की देखभाल और पढ़ाई का ध्यान रखा जाता जब तक आप घर से बाहर नौकरी करने जाती. ऐसे सेंटर को चुनते समय आप इनमें से कनि चीज़ों को अहमयित देती?						
1	Location सेंटर कसि जगह पर है/कतिने दूर है	✓	Very important	Important	Not very important	Not at all important
2	Times open सेंटर कतिनी देर खुला रहता है	✓	Very important	Important	Not very important	Not at all important
3	Cost सेंटर कतिनी फीज लेता है	✓	Very important	Important	Not very important	Not at all important
4	Personal recommendation/reputation सेंटर का कतिना नाम है, और उसकी तारीफ कौन करता है	✓	Very important	Important	Not very important	Not at all important
5	Flexibility जरुरत के हसिब से कतिना अडजस्ट करता है	✓	Very important	Important	Not very important	Not at all important

APPENDICES

6	Friendly environment माहौल सुखी है	✓		
7	Facilities available सेंटर की सुविधाएँ कैसी हैं	✓		
8	How my child will mix with others मेरा बच्चा दूसरे बच्चों के साथ घुल-मिल के रहता है या नहीं	✓		
9	My child's development/education मेरे बच्चे का विकास कैसा होता है		✓	
10	Reliability सेंटर कतिना भरोसेमंद है	✓		
11	My child's own choice मेरे बच्चे की क्या पसंद है		✓	

49 In the last year, from which of these people or places have you obtained information about childcare or preschool education in your local area?

[Sources] By 'your local area' I mean any childcare or preschool education providers that are near enough for you to be able to use them on a regular basis, regardless of whether or not you have used them.

INTERVIEWER: PROBE - Which others?

बीते हुए साल में आपने इन में से कौन कौन से लोगों से या जगह से _____ की देखभाल या पढाई-लखिाई के लिए जानकारी ली है? मैं पढकर सुनाऊँगी, आप बताइए क आपने उनसे जानकारी ली है या नहीं

Word of mouth (e.g. friends or relatives) दोस्त/पडोसी/रश्तेदारों से.....1 ✓

Local ICDS Anganwadi centre सरकारी आंगनवाडी.....2

Local RG crèche centre सरकारी क्रेच.....3

Local/community NGO एन जी ओ संस्था.....4

Your employer मालिक/मालकनि.....5

Local advertisement (e.g. in shop windows, local newspaper) इश्तेहार/वर्जिज्ञापन (अखबार, दुकान).....6

Television advertisement.....7

Private Doctor.....8

Government Health visitor/ clinic सरकारी डॉक्टर/स्वास्थ्य केंद्र.....9

Private Childcare provider आस-पास में प्राइवेट क्रेच/बालवाडी चलाने वाला.....10

Government School.....11

Private school.....12

Other - please specify I have seen the centre when I have passed by it 13 ✓

None of these.....99 [Go to 51]

APPENDICES

50 You said you have obtained information [by / from (source of information)]. Was this information...(READ OUT) [Chelp] यह जानकारी आपके लिए कतिनी फायदेमंद थी? बहुत, काफी, न कोई फायदा हुआ न नुकसान, ज़्यादा नहीं, बल्कि नहीं

Very helpful.....1

Quite helpful.....2 ✓

Neither helpful nor unhelpful.....3

Not very helpful.....4

Not at all helpful.....5

51 And would you say that the amount of information that is available to you about childcare or preschool education in your local area is about right, too much or too little? [Info2]

और आपके हिसाब से जतिने जानकारी अभी आपको मिलती है वो कैसी है? काफी, कुछ ज़्यादा, बहुत कम

About right.....1 [Go to 53] ✓

Too much.....2 [Go to 53]

Too little.....3 [Go to 52]

Not sure/don't know.....98 [Go to 52]

{If they think too little information is available about childcare or they are not sure}

52 What more would you like to know about local childcare/preschool options? [WhInfoB]

CODE ALL THAT APPLY. PROBE: What else? तो आप और क्या जानना चाहेंगे?

General information on pre-schools in the area प्रीस्कूल सेंटर जहाँ बच्चे पढ़ सकें.....1

General information on childcare centres in the local area क्रेच/डेकेयर सेंटर जहाँ बच्चों का ध्यान रखा जाए जब मौ कम पर हों....2

Quality of childcare available सुविधा कैसी है, माहौल कैसा है.....3

Hours of childcare available दिने में कतिने घंटों के लिए मिलती है.....4

Costs of available childcare कतिने पैसे लगते हैं.....5

Childcare for children with special needs/ disabilities वकिलांग बच्चों के लिए क्या सुविधा है.....6

Don't need more information.....7

Other information (please specify) _____8

Don't need/want childcare.....9

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53 And thinking about the overall quality of childcare/preschool education provided in your local area, how good would you say this is? [CCQual] आपकी बस्ती में २-४ साल के बच्चों की देखभाल/पढाई के लिए जो सुविधाएँ हैं, वो कतिनी अच्छी हैं? INTERVIEWER: USE 'NOT SURE' IF RESPONDENT CAN'T SAY. Very good बहुत अच्छी.....1 Fairly good काफी अच्छी.....2 ✓ Fairly poor काफी बुरी.....3 Very poor बहुत बुरी.....4 Not Sure/Don't know.....98	
54 And thinking about the overall affordability of childcare/preschool education provided in your local area, for a family like yours how good would you say this is? [CCcost] और जो सुविधाएँ हैं, क्या वह कफियाती हैं? Very good बहुत.....1 Fairly good काफी.....2 Fairly poor काफी.....3 ✓ Very poor बहुत.....4 Not Sure/Don't know.....98	
55 Have you ever wanted or needed childcare for your child/children but have been unable to get it? Please think about work and non-work situations where you might have wanted or needed child care. [AnyUM] ऐसा कभी हुआ है क आपको कसी दनि अपने बच्चे की देखभाल करने के लिए कोई चाहिए था लेकिन कोई व्यक्ति/जगह नहीं मली? जब आप काम पर जा रही थीं या कहीं और? Yes [Go to 56].....1 No [Go to 64].....2 ✓ IF YES to AnyUM 56 In what work and non-work situations have you not always been able to get all the childcare you wanted or needed in the last year? अगर हैं तो ऐसा कब हुआ है? PROBE: Any others? [WhyUM] [work] When I've wanted to take a new job.....1 [extra] When I've wanted or had to work extra hours.....2	

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[inter] When I've had a job interview.....	3
[social] When I've had a social event that I wanted to go to.....	4
[appoint] When I've had an appointment to go to (e.g. doctor, dentist, hairdresser).....	5
[care] When I've wanted or needed to care for a friend or relative.....	6
[shop] When I've wanted or needed to do shopping.....	7
[other] Some other situation (please specify).....	8
{multicode: up to 8 codes}	

57 How often has this happened in the past year? Please choose a number from this card. [NumUM]

PROBE FOR AVERAGE IF VARIED और ऐसा कतिने बार हुआ है? हफ्ते में एक बार, दो हफ्तों में एक बार, महीने में एक बार, दो महीनों में एक बार

[week] At least once a week.....	1
[fortnite] At least once every other week.....	2
[month] At least once a month.....	3
[twomonth] At least once every two months.....	4
[less] Less often.....	5

58 And what time of day has it occurred? [WhenUM] और बनि के कसि वक्त ऐसा हुआ था?

INTERVIEWER CODE ALL THAT APPLY

[weekmorn] 6am to 9am (Before school).....	1
[befsch] 9am to 12pm (Weekday mornings).....	2
[weekaft] 12pm to 3.30pm (Weekday afternoons).....	3
[aftsch] 3.30pm to 6pm (After school).....	4
[weekearly] 6pm to 8pm (Weekday early evenings).....	5
[overnite] After 8pm (Weekday late evenings / over night).....	6
[sat] Any time Saturday.....	7
[sun] Anytime Sunday.....	8
{multicode: up tp 8 codes}	

59 Why have you not always been able to get all the childcare you wanted or needed in these situations? [WhyNo]

PROBE FULLY. CODE ALL THAT APPLY. ऐसा क्या हुआ था कि आप कसि जगह या व्यक्ती को जरुरत पड़ने पर ढूँढ नहीं पाई?

[afford] I could not afford it खर्चा ज़्याबा.....	1
---	---

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[suit] I could not find anyone suitable to do it कोई सही जगह/इन्सान नहीं.....	2
[usual] My usual arrangements have not always been available to me हमेशा वाला इन्सान/जगह नहीं मली.....	3
[hours] Childcare/preschool provider could not help with the hours I need उस टाइम के लिए कोई राजी नहीं हुआ.....	4
[ill] My child was too ill बच्चा बीमार.....	5
[trans] I have had transport difficulties आने-जाने की दक्कत.....	6
[places] There are not enough places और बच्चों के लिए जगह नहीं थी.....	7
[young] My child is too young for the available child care बच्चा बहुत छोटा.....	8
[toold] My child is too old for the available child care बच्चा बहुत बड़ा.....	9
[other] Some other reasons (WRITE IN) _____	10
{multicode: up tp 10 codes}	

60 [ASK ONLY THOSE WHO USE SOME PROVIDER AT PRESENT] And can I just check, when you needed this extra childcare, did you ask any of the providers you have already mentioned to look after your child/children? [ResUM]
इस समय पर आपने उनसे पूछा जिनके पास रोजाना बच्चे को भेजते हैं?

Yes.....1
No.....2

61 And did you try to get this extra childcare from somewhere other than the provider(s) you have already mentioned? [OthPUN] और वहाँ काम नहीं हुआ तो कहीं और ढूँढा?

Yes.....1
No.....2

62 Generally, over the past year, has not being able to get this childcare caused you [ProbUM]

इस तरह बच्चे की देखभाल करने वाला न मिलने के कारण आपको कतिनी दक्कत हुई? बहुत दक्कत, कुछ दक्कत, कोई दक्कत नहीं
[serious] Serious problems.....1[Go to 63]
[some] Some problems.....2[Go to 63]
[none] No problems.....3[Go to 64]

63 What problems did it cause? [WhyPr]

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PROBE: Any other problems? क्या दक्कित हुई? और?

64 So, if you were able to pick your most suitable working arrangements, what would your ideal childcare/education arrangements be? Remember that you can afford anything, and everything is available. तो अगर आपके पास साधन भी होते, और आपके पास अलग-पास अलग कसिम की सुविधाएँ भी मलि रही होतीं, तो आप अपने बच्चे के लिए कौनसी सुविधा चुनते?

- [GovA] Government Anganwadi.....1
- [GovR] Government RG crèche centre.....2
- [PvtC] Other (private & paid) crèche/day care.....3
- [NGOc] NGO crèche.....4
- [PvtP] Private—paid preschool/Nursery school.....5
- [NGOp] NGO preschool.....6
- [NurG] Nursery/preschool attached to primary school (government).....7
- [NurP] Nursery/preschool attached to primary school (private & paid).....8
- [Spl] Special day school or nursery or unit for children with special educational needs.....9
- [Nanny] Nanny (aaya).....10
- [Ex] My ex-husband/wife/partner / the child's other parent who does not live in this household.....11
- [GrP] The child's grandparent(s).....12
- [Sib] **The child's older brother/sister**.....13 [cousin] ✓
- [Rel] Another relative.....14
- [Frnd] A friend or neighbour.....15
- [ONur] Other nursery/preschool education provider (pls. specify).....16
- [OCh] Other childcare provider (pls. specify).....17
- [Self] Self Child would take care of him/herself.....18
- [Husb] Spouse/partner.....19
- [Other] Other.....20
- [None] None of these.....99
- {multicoded: up to 20 responses}

--If more than one option chosen go to 65--

--If only one option then go to 67--

65 Looking at the options you have selected, is there any option that would be a first choice for your ideal child care arrangements, or would you like to use several of these options together? [RIdeal30]

अगर चुनना होता तो इनमें से एक ही चुनते या फिर बचड़े को एक से ज़्यादा जगह पर भेजते?

[fstcho] One option is a first choice.....1 [Go to 66]
[combi] I want to use several of these.....2 [Go to 67]

66 And which arrangement would be your first choice? [FIdeal30] इनमें से एक पे भेजना होता तो कसिपर भेजते?

[GovA] Government Anganwadi.....1
[GovR] Government RG crèche centre.....2
[PvtC] Other (private & paid) crèche/day care.....3
[NGOc] NGO crèche.....4
[PvtP] Private—paid preschool/Nursery school.....5
[NGOp] NGO preschool.....6
[NurG] Nursery/preschool attached to primary school (government)7
[NurP] Nursery/preschool attached to primary school (private & paid)8
[Spl] Special day school or nursery or unit for children with special educational needs.....9
[Nanny] Nanny (aaya)10
[Ex] My ex-husband/wife/partner / the child's other parent who does not live in this household.....11
[GrP] The child's grandparent(s)12
[Sib] The child's older brother/sister13
[Rel] Another relative.....14
[Frnd] A friend or neighbour.....15
[ONur] Other nursery/preschool education provider (pls. specify).....16
[OCh] Other childcare provider (pls. specify).....17
[Self] Self Child would take care of him/herself.....18
[Husb] Spouse/partner.....19
[Other] Other.....20

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[None] None of these.....	99
67 And can I just ask, which childcare arrangements wouldn't be ideal for you? [NoId30] और कौनसी पर बलिकूल नहीं भेजते?	
[GovA] Government Anganwadi.....	1
[GovR] Government RG crèche centre.....	2
[PvtC] Other (private & paid) crèche/day care.....	3
[NGOc] NGO crèche.....	4
[PvtP] Private—paid preschool/Nursery school.....	5
[NGOp] NGO preschool.....	6
[NurG] Nursery/preschool attached to primary school (government)	7
[NurP] Nursery/preschool attached to primary school (private & paid)	8
[Spl] Special day school or nursery or unit for children with special educational needs.....	9
[Nanny] Nanny (aaya)	10
[Ex] My ex-husband/wife/partner / the child's other parent who does not live in this household.....	11
[GrP] The child's grandparent(s)	12
[Sib] The child's older brother/sister.....	13
[Rel] Another relative.....	14
[Frnd] A friend or neighbour.....	15
[ONur] Other nursery/preschool education provider (pls. specify)	16
[OCh] Other childcare provider (pls. specify).....	17
[Self] Self Child would take care of him/herself.....	18
[Husb] Spouse/partner.....	19
[Other] Other	20
[None] None of these.....	99 ✓
{multicoded: up to 20 codes}	
68 Can you tell me why [codes in 'wouldn't be ideal' pile] would not be ideal childcare. Please choose a response from this card. [WNId30] यहाँ पर क्यों नहीं भेजते? क्या कारण है? [NOT APPLICABLE]	
[early] Child to young to be away from parents.....	1
[attn] Child may not receive enough individual attention बच्चे पर ध्यान.....	2

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[own]	Do not want child cared for on his/her own.....	3
[nopwish]	Child may not be brought up as the parents would wish.....	4
[safety]	Worry whether child would be safe.....	5
[unreli]	Cannot rely on this provider for regular child care.....	6
[mixot]	Child may not mix with other children.....	7
[attstaf]	Child may become too attached to staff.....	8
[toomedu]	Child is too young to have a large educational element in child care.....	9
[noeduc]	No educational element.....	10
[noplay]	Not enough play/recreation.....	11
[notrain]	Staff are not sufficiently trained.....	12
[nohous]	Wouldn't want someone else in the house.....	13
[trust]	Wouldn't trust someone didn't know.....	14
[toom]	Too much to ask this person to look after child.....	15
[other]	Other (PLEASE WRITE IN) _____	16
{multicoded: up to 3 codes}		

--SCREENING QUESTIONS FOR NEXT LEVEL: ASK ALL--

69 Have you ever used the ICDS Anganwadi service for <TARGET CHILD> within the last one year? [AWU]

क्या आपका बच्चा पछिले एक साल के दौरान सरकारी आंगनवाड़ी में गया है?

Yes.....1 [note down name in list for round two, Go to 74] ✓
No.....2

70 IF NO -- Why not? CODE ALL THAT APPLY क्यों नहीं?

The child doesn't need to go: I can look after my child myself.....1
There are no ICDS anganwadis around in my knowledge.....2
I don't trust the ICDS centres भरोसा.....3
The centre hardly remains open.....4
The timings don't suit me/my need.....5
The quality of care is not good enough देखरेख अच्छी नहीं.....6
I send my child to another preschool that I prefer over the ICDS anganwadi/centre.....7
My child is too young to be sent outside the house alone.....8

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My child needs special care that cannot be provided at the AWC.....	9
Child dislikes being with anyone else/any place else.....	10
I have had bad experience using the ICDS centre in the past.....	11
I would have transport difficulties getting to the centre.....	12
My partner's work hours/conditions work around childcare.....	13
The child has to look after his/her sibling at home.....	14
The child is earning or helping in earning.....	15
The child has to help in household chores.....	16
Other (provide details) _____	17
71 Have you ever made any attempt to enrol your children at the centre?	
आपने कभी अपने बच्चे का दाखिला यहाँ करने का कोशिश की है?	
Yes.....	1 [Go to 72]
No.....	2 [Go to 73]
72 If YES, please explain exactly what happened and why you did not succeed in getting them enrolled.	
अगर हाँ, तो बताइए कि तब क्या हुआ था और आंगनवाड़ी में आपके बच्चे का दाखिला क्यों नहीं हो पाया	

73 If NO, why not? Please explain. अगर नहीं, तो क्यों नहीं? जरा बताइए.	

74 Have you ever used the Rajiv Gandhi Crèche service? [RGU] क्या आपने कभी सरकारी क्रेच में अपने बच्चे को डाला है? (पालनाघर)	
Yes.....	[note down name in list for round two, AND END SECTION] [left after 1 day] ✓
No.....	

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75 IF NO, Why not? CODE ALL THAT APPLY अगर नहीं, तो क्यों नहीं?

I'd rather look after my child myself.....1

I rarely need to be away from my children.....2

I cannot find a childcare place because the centre is full.....3

The centre is hardly open.....4

The timings don't suit me/my need.....5

There are no centres around in my knowledge.....6

I can't trust the RG crèche.....7

I cannot afford to pay the crèche fee.....8

The quality of childcare is not good enough.....9 ✓

My child is old enough to look after him/herself.....10

My child is too young to be sent outside the house for childcare.....11

My child need special care that the RG crèche cannot provide.....12

Child dislikes being with anyone else/any place else.....13

I have had bad experience using RG crèches in the past.....14

I would have transport difficulties getting to the crèche.....15

My partner's work hours/conditions work around childcare.....16

The child has to look after his/her sibling.....17

The child is earning or helping in earning.....18

The child has to help in household chores.....19

Other (provide details) _____20

76 Have you ever made any attempt to enrol your children at the centre? क्या आपने कभी अपने बच्चे को सरकारी क्रेच में डालने की कोशिश की है?

Yes.....1 [Go to 77]

No.....2 [Go to 78]

77 If YES, please explain exactly what happened and why you did not succeed in getting them enrolled. अगर हाँ, तो बताइए कतिब क्या हुआ था और क्रेच में

आपके बच्चे का दाखला क्यों नहीं हो पाया

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78 If NO, why not? Please explain. अगर नहीं, तो क्यों नहीं? जरा बताइए.

SECTION 4
OPINIONS, ATTITUDES REGARDING CHILDREN AND CHILDCARE

1 In your opinion, at what age are children ready to be cared for on a regular basis by adults other than their parents? आपके हिसाब से कसि उमर में आकर बच्चे माँ-बाप के अलावा कसि दूसरे व्यक्तिद्वारा नियमिति रूप से संभाले जाने के लायक हो जाते हैं? No minimum age — it's alright even for the smallest babies.....1	2
6 months.....2	3
1 year.....3	4
1 ½ years.....4	5
2 years.....5	6
2 ½ years.....6	7
3 years.....7	8 ✓
4 years.....8	9
5 years or older.....9	98
Don't know.....98	
2 I am going to read out a list of difficulties that families could face in daily life. In your opinion, which are the two main difficulties out of this list? रोजमर्रा की जनिदगी में एक परिवार अनेक मुश्कलियों का सामना करता है. मैं ऐसी कुछ मुश्कलें पढकर सुनाऊँगी, आप इनमें से ऐसी दो मुश्कलें चुनिए जो आपके लिए सबसे बड़ी हैं.	
High cost of raising children बच्चों की पस्वरशि पर बढ़ता खर्चा.....1 ✓	2
High cost of housing घर का बढ़ता करिया.....2	3
Difficulty of combining work and family life काम के साथ साथ घर की जमिदारी उठाना.....3	4 ✓
Too little support from employers जो काम पे रखते हैं उनकी तरफ से कम सहयोग मलिता है.....4 ✓	5
Unequal sharing of household tasks among partners.....5 ✓	6
घर की जमिदारीयों इतनी हैं, लेकिन पति और पत्नी में से कसि एक पर ही सारा बोझ होना	
Arranging good childcare.....6	
जब तक मैं काम पर रहूँ, तब तक अपने बच्चे की देखरेख के लिए कोई अच्छी जगह ढूँढना	
Burden for caring for ageing parents or relatives बूढ़े माँ-बाप/रश्तिदारों की देखभाल करना.....7 ✓	8 ✓
The quality of schooling बच्चे के लिए अच्छा स्कूल ढूँढना.....8 ✓	

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The level of public financial support for families सरकार की ओर से हम जैसे परिवारों के लिए कम सहयोग होना.....9	
None.....99	
Other _____11	
Don't know.....98	
--Please listen to the following statements carefully and tell me whether you: <i>agree strongly, agree, neither agree nor disagree, disagree or disagree strongly</i>-- अच्छा अब मैं आपको एक एक वाक्य पढ़कर सुनाऊँगी और आप बताना की आप उससे कितने सहमत हैं -- बहुत सहमत, थोड़ी सहमत, न सहमत न असहमत, कुछ हद तक सहमत नहीं हैं, या बिल्कुल सहमत नहीं हैं (हाँ, शायद हाँ, शायद नहीं, नहीं, कह नहीं सकती) 3 If I could afford to give up work, I would prefer to stay at home and look after my [child / children] full-time. [PrefHome] अगर पैसों की मजबूरी न होती तो मैं पूरा टाइम घर में रहती और अपने बच्चों की देखभाल करती Agree strongly.....1 ✓ Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Disagree strongly.....5 5 If I could afford it, I would work fewer hours so I could spend more time looking after my [child / children]. [PrefPart] अगर पैसों की मजबूरी न होती तो मैं बनि में सिर्फ कुछ घंटे काम करती ताकि मेरे पास अपने बच्चे की देखभाल करने के लिए ज़्यादा समय होता Agree strongly.....1 ✓ Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Disagree strongly.....5 6 If I could arrange good quality childcare that was convenient, reliable and affordable, I would work more hours. [PrefFull] अगर मैं एक अच्छी जगह ढूँढ पाती जो सुवर्धानक होती, भरोसेमंद होती और जिसका खर्चा मैं ठीक से उठा पाती, तो मैं अपने बच्चे को वहाँ छोड़कर कुछ और घंटों का काम पकड़ लेती Agree strongly.....1 Agree.....2 Neither agree nor disagree.....3	

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Disagree.....4 ✓ Disagree strongly.....5					
7 Changes in society are everyone's concern. The government could play an important or a minor role in this. Please indicate whether you think that the government is completely, quite, slightly, or not responsible for the following issues: समाज में बदलाव से सभी के जीवन पर असर पड़ता है. इसको संभालने के लिए सरकार ज़िम्मेवारी ले सकती है या नहीं ले सकती. इन मामलों में सरकार की कतिनी ज़िम्मेवारी है -- पूरी, काफी, थोड़ी, या कोई ज़िम्मेवारी नहीं?					
	Completely responsible (1)	Quite responsible (2)	Slightly responsible (3)	Not responsible (4)	Don't know (98)
1. Looking after the elderly बूढ़ों/वृद्ध क देखभाल करना		✓			
2. Making adequate housing conditions available to everyone सभी के लिए घर की व्यवस्था करना	✓				
3. Making it easier for women to participate in the labour force औरतों को काम पे जाने में सहयोग देना	✓				
4. Providing adequate health care for everyone सबके लिए अच्छे स्वास्थ्य सेवा/इलाज का आयोजन करना	✓				
5. Providing opportunities for women to combine a job outside the home with raising children औरतों को घर के बहार कमाई करने के साथ साथ बच्चों की देखभाल करने में सहयोग देना	✓				
8 Suppose the government was considering implementing the following policy measures to help parents like you who have 2-4 year old children: which of these would you be in favour of? Please indicate whether you would be 'strongly in favour', 'moderately in favour', 'against' or 'very much against' each of these. मान लीजिए सरकार आपको आपके 2-4 साल के बच्चे की देखभाल और शक्ति में मदद करना चाहती और कुछ चीजों की घोषणा करती. आप बताइए कि आपको यह चीजें कतिनी पसंद आती-- बहुत, थोड़ा, नहीं पसंद, बिल्कुल नहीं पसंद					
	Strongly in favour	Moderately in favour	Against (3)	Very much	Don't know

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	(1)	(2)	against (4)	(98)
1. Maternity leave for working women who are having babies बच्चा पैदा करने तक काम से बर्ना पैसे काटे छुट्टी	✓			
2. Day-care/crèche facilities for children under 3 years of age तीन साल से छोटे बच्चों के लिए करेच/पालनाघर ताकि वह आराम से वहाँ रह सकें जब आप काम करने जाओ	✓			
3. Day-care/crèche facilities for children 3-6 years of age ३-६ साल के बच्चों के लिए करेच/पालनाघर ताकि वह आराम से वहाँ रह सकें जब आप काम करने जाओ	✓			
4. An allowance in the name of children aged below 6 छः साल से कम की उमर के बच्चों को पालने का खर्चा	✓			
5. Flexible working hours for parents with young children जनिके छोटे बच्चे हैं उनके माँ-बाप को अपनी सहूलयित से काम करने की इजाजत	✓			
6. Part-time work options for parents with young children जनिके छोटे बच्चे हैं उनके माँ-बाप को दनि में केवल कुछ घंटे काम करने की आजादी	✓			
7. None of the above				
9 If you had to choose, which of these measures would you most like to see implemented by the government? Name no more than three. और अगर आपको इनमें से केवल तीन चीजें मलिती तो आप कौनसी लेते? Maternity leave for working women who are having babies.....1 Day-care/crèche facilities for children under 3 years of age.....2 Day-care/crèche facilities for children 3-6 years of age.....3 An allowance in the name of children aged below 6.....4 ✓ Flexible working hours for parents with young children.....5 Part-time work options for parents with young children.....6 ✓ Subsidized/free care nursery education.....7 None of the above.....99				

APPENDICES

12.2 Sample Mothers' Survey Tool: Follow-on Round (ICDS)

SURVEY FOR 50 WORKING MOTHERS
USERS OF ICDS
[Draft-in-progress (3)]

May I check again – Are you currently engaged in paid employment? Yes/No

[UID M2305086]

<<IF YES, CONTINUE TO NEXT QUESTION >>

एक बार पूछना चाहूंगी-- आप काम पर जाती हैं? ऐसा काम जिसके लिए आपको तनख्वा मिलती है?

Do you have a child aged below the age of 5? Yes/No क्या आपका कोई चार साल की उम्र तक का बच्चा है?

If yes, what is his/her age? **4 years** (enter age in complete years)

<<IF AGE IS BETWEEN 1.5 TO 5 YEARS THEN CONTINUE OTHERWISE THANK THE RESPONDENT AND IDENTIFY THE NEXT>>

NAME OF TARGET CHILD – **MOHIT**

Have you enrolled your child [NAME OF TARGET CHILD] at the ICDS Anganwadi centre and used its services within the last one year? [AWU]
क्या आपने अपने बच्चे का दाखिला पछिले एक साल के दौरान सरकारी आंगनवाड़ी में कराया है? पछिले एक साल में आपका बच्चा वहाँ गया है? सेवाओं को उपलब्ध किया है?

Yes.....1 ✓

No.....2

IF YES, carry on with the rest of the questionnaire

1 How did you come to know about the AWC/ICDS programme? [TCInfo] आंगनवाड़ी के बारे में आपको कहाँ से पता चला? और कहाँ से?

CODE ALL THAT APPLY. PROBE: Where else?

Radio adverts इशतहिर/वजिआपन.....1

TV adverts.....2

Newspaper/magazine.....3

Other advert.....4

APPENDICES

Anganwadi worker.....	5
Leaflets/sign board.....	6
Social Worker.....	7
Employer/Workmates.....	8
Relatives/Friends/ neighbours.....	9 ✓
Local/community NGO.....	10
Private Doctor.....	11
Government Health visitor/ clinic स्वास्थ्य केंद्र.....	12
Private Childcare provider.....	13
Government School.....	14
Private school.....	15
Other (PLEASE SPECIFY).....	16
None of these.....	99

2 How far is the nearest AWC from your house? (in km) आपके घर से सबसे नज़दीकी सरकारी आंगनवाड़ी कतिनी दूर है?	
0.3 KM	

3 When was the child enrolled at the AWC? (mention year) आपके बच्चे का दाखला आंगनवाड़ी में कब हुआ था? कौनसा साल?	
2008	

4 Why do you send your child to this centre? (Multiple responses possible) आप अपने बच्चे को इस सेंटर पे क्यों भेजते हैं?	
The child gets food to eat.....	1
The child is kept occupied and out of mischief.....	2
The child learns something.....	3 ✓
The child learns to sit.....	4 ✓
The child gets prepared for primary school.....	5 ✓
The neighbourhood children go to the same centre.....	6
The centre worker comes to collect the child.....	7
The child likes to go to the centre.....	8
The services are useful सुविधाएं फायदेमंद हैं	9
It takes care of the child for a few hours.....	10
It gives the child preschool education.....	11

APPENDICES

Any other (please specify)_____12	
5 Who motivated you to enrol the child at the AWC? कसिके कहने/प्रोत्साहन पर आपने अपने बच्चे को आंगनवाडी में डाला? Own motivation.....1 ✓ The Anganwadi worker/helper.....2 Relative, neighbour or friend.....3 Community head/elders.....4 Public Health Centre/Health worker.....5 Local women's group (Mahila Mandal)6 NGO.....7 Other (please specify)_____8	
6 Who normally accompanies your child to the Anganwadi centre? आपके बच्चे को आंगनवाडी तक छोड़ने कौन जाता है? Nobody, the child goes alone.....1 The AW helper.....2 Elder sibling(s)3 The child's mother.....4 ✓ Other household members.....5 Other children.....6 Other (please specify)_____7	
7 Did you ever have to pay any money to enrol your child or use the services at the AWC? क्या आंगनवाडी में अपने बच्चे का दाखिला कराने के लिए या फरि वहाँ पर कोई सुविधा उपलब्ध करने के लिए कभी आपको पैसे देने पड़े हैं? Yes.....1 No.....2 ✓	
8 If yes, for what, how much and to whom? Please describe. अगर हाँ, तो कसिलिए दएि? कतिने दएि? कसिको दएि? For: _____ How much: _____ [NOT APPLICABLE] To whom: _____	

APPENDICES

9 Is it easy or difficult is it to get to the ICDS centre from your home? [HowDif]

आपके घर से आंगनवाड़ी तक पहुँचना मुश्किल है या आसान?

Easy.....1 ✓
 Difficult.....2
 Neither.....3

10 And how long does it take to **walk** from your home to the ICDS centre? [HowfarB]

और अपने घर से आंगनवाड़ी तक चलकर जाने में कतिना समय/वक्त लगता है?

IF Don't Know ENCOURAGE AN ESTIMATE. ASSUME AN AVERAGE OF 1 KM = 20 MINUTES ENTER TIME IN MINUTES
 FOR ONE HOUR AND 30 MINUTES, ENTER 90

5 min

11 Which of the following best describes the regularity of the AWC during the last year?

पछिले एक साल में आंगनवाड़ी के खुलने का क्या हिसाब-कतिब रहता था? [READ OUT]

It is very rare for the AWC to be closed on a working day ऐसा बहुत कम होता है की आंगनवाड़ी काम के दिन बंद हो1 [Go to 13] ✓

The AWC opens regularly आंगनवाड़ी ज़्यादातर रोज़ाना खुलती है2 [Go to 13]

The AWC is open from time to time but not regularly आंगनवाड़ी समय-समय पर खुलती है पर रोज़ाना नहीं.....3

The AWC is rarely open आंगनवाड़ी कभी-कबार ही खुलती है.....4

Unable to observe मैंने ध्यान नहीं दिया.....5 [Go to 13]

12 What do you think are the main reasons why the AWC is sometimes closed on workdays?

आपको क्या लगता है, आंगनवाड़ी कभी कभी काम के दिन बंद क्यों होती है?

Anganwadi Worker is absent.....1

Anganwadi helper is absent.....2

No food available.....3

AWW/ AWH not appointed.....4

Temporary disruption due to rain, cold, elections etc.5

Other (please specify).....6

13 In an average month, how many days does the AWC typically remain open?

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अच्छा यह सोचकर बताइए, आम तौर पर आंगनवाड़ी महीने में कतिने दनि खुली रहती है?	
26 days	
14 How many hours does the AWC typically remain open, on days that it does open? और जब जब खुलती है, तो दनि में कतिने घंटों के लिए खुलती है?	
1.5 hours	
15 Are the timings of the AWC convenient for you? आंगनवाड़ी का समय आपके लिए ठीक है? टाइम आपको सूट करता है?	
Yes.....	1 [Go to 17] ✓
No.....	2 [Go to 16]
Cannot Say.....	98 [Go to 16]
16 If not, why and what changes would you like to see? (Number of hours, time of the day etc.) अगर नहीं -- तो क्यों नहीं करता? आप क्या बदलाव चाहेंगी?	
Number of hours.....	1
Times of the day.....	2
Days of the week.....	3
Any other (please specify).....	4
17 How would you rate the standard of childcare provided by the ICDS centre? [CQual1] Is it -- आपके हिसाब से आंगनवाड़ी में बच्चों की देखभाल कैसी होती है? बहुत अच्छी, ठीक ठाक, बुरी, बहुत बुरी?	
[VGood] Very good.....	1
[FGood] Fairly good.....	2 ✓
[FPoor] Fairly poor.....	3
[VPoor] Very poor.....	4
18 To the best of your knowledge, did the AWW carry out a survey to identify eligible children before enrolling them at the AWC? अगर आप जानते हैं तो बताएं -- आंगनवाड़ी में बच्चों का दाखिला करने से पहले क्या वहाँ की कार्यकर्ता ने जांच-पड़ताल करी थी कि बिस्ती में कतिने बच्चे हैं जो आंगनवाड़ी में दाखिला कराने योग्य हैं?	
Yes.....	1 [Go to 19] ✓

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No.....	2 [Go to 20]
Don't know/can't say.....	98 [Go to 19]
19 If yes, was your family surveyed as well? अगर हाँ, तो क्या वह आपके परिवार के बच्चों के बारे में पूछने आई थी?	
Yes.....	1 ✓
No.....	2
Don't know/can't say.....	98
20 During the last 12 months, what are the benefits that your child has received from the ICDS centre? पछिले बारह महीनों में आपके बच्चे ने आंगनवाड़ी की कनि-कनि सुविधाओं का उपयोग किया है/फायदा उठाया है? [PROBE/PROMPT if reqd]	
Supplementary food/feeding खाया है.....	1 ✓
Growth monitoring वजन, लम्बाई तुलना है.....	2
Immunizations आंगनवाड़ी में टीकाकरण कराया है.....	3 ✓
Health check-ups आंगनवाड़ी में स्वास्थ्य जांच कराई है.....	4
Preschool Education पढ़ना-लिखना सीखा है.....	5 ✓
Referral services आंगनवाड़ी द्वारा बाहर के स्वास्थ्य केंद्र में भेजा गया है.....	6
Any other (please mention e.g. medicines, first aid, Vit. A therapy, iron).....	7
PRESCHOOL PROGRAMME	
21 How regularly does your child attend the preschool/anganwadi? आपका बच्चा आम तौर पर आंगनवाड़ी में कतिनी बार जाता है?	✓
Daily.....	1 [Go to 23]
Three to four days a week.....	2 [Go to 22]
Once or twice a week.....	3 [Go to 22]
Once or twice in fifteen days.....	4 [Go to 22]
Even less than that.....	5 [Go to 22]
22 Why is your child irregular in the preschool/anganwadi? आपका बच्चा रोज आंगनवाड़ी क्यों नहीं जाता?	
AW worker not regular.....	1
Quality of anganwadi/preschool education was not good.....	2
The child was not interested in going to school.....	3

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The child has to look after younger siblings.....4 The child is earning or helping in earning.....5 Helps in household chores.....6 Takes private tuitions instead.....7 The child does not need to go everyday, other arrangements made.....8 The child is generally sick.....9 Other (please specify).....9	
23 At what time does your child generally go to the preschool/anganwadi? आपका बच्चा बनि के कतिने बजे आंगनवाडी जाता है? 9:30 AM	
24 At what time does your child generally come back from the preschool/anganwadi? और वापस कतिने बजे तक आता है? 11:00 AM	
25 How often does the child get food in the preschool/anganwadi? उसे आंगनवाडी में खाना कतिनी बार मलिता है? हफ्ते में कतिने बनि? Everyday.....1 ✓ (3 to 4 days in a week) Most of the days.....2 (1 or 2 days in a week) Occasionally.....3 Never.....4 Don't know/Can't say.....98	
26 Do you feel that the quantity of food given to your child at the AWC (when it is given) is adequate or inadequate? जब जब उसे खाना मलिता है, क्या वो पेट भरने के लिए काफी होता है? Adequate.....1 [Go to 28] ✓ Inadequate.....2 [Go to 27] Don't know/Can't Say.....98 [Go to 28]	
27 If inadequate, what change would you like to see and why? _____ _____ _____	

APPENDICES

28 Does your child usually eat the food at the preschool/anganwadi or does he/she carry it home? आपका बच्चा दया गया खाना ज़्यादातर आंगनवाड़ी में ही खाता है या घर ले आता है? Once the answer is obtained, ask: अगर घर लाता है तो खुद खाता है या किसी और के साथ बाँटकर खाता है? Eats there.....1 Carries back home and eats her/himself.....2 Carries back home and shares with others.....3 ✓ Don't know/Can't say.....98	
29 Does he/she like the food in the centre? उसे वहाँ का खाना पसंद है? बहुत ज़्यादा, थोड़ा बहुत, ज़्यादा नहीं, बिल्कुल नहीं Likes a lot.....1 Likes somewhat.....2 ✓ Somewhat dislikes.....3 Completely dislikes.....4 Don't know/Can't say.....98	
30 How satisfied are you with the quality of the food given to your child at the AWC? और बच्चे को दिए गए खाने से आप कतिना खुश हैं? बहुत खुश, थोड़ा खुश, ज़्यादा खुश नहीं, बिल्कुल खुश नहीं Completely satisfied.....1 Somewhat satisfied.....2 ✓ Neither satisfied nor dissatisfied.....3 Somewhat dissatisfied.....4 Completely dissatisfied.....5	
31 Why? Please explain. क्यों? जरा वस्तुतः में बताइए. <u>The food does not look very good in its appearance</u>	

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32 What are some of the things your child does in the preschool/anganwadi? आपका बच्चा आंगनवाड़ी में क्या क्या करता है? और?		
Eat food	1	✓
Play games.....	2	✓
Sing rhymes, songs and poems.....	3	✓
Listen to stories.....	4	✓
Draw and colour.....	5	✓
Read books.....	6	
Write/work on worksheets.....	7	
Participate in activities organised by the worker.....	8	✓
Play with toys/puzzles/beads available at the centre.....	9	
Learn to read and write.....	10	✓
Any other (please specify)	11	
Nothing.....	12	
Don't know/Can't say.....	98	
33 Please tell me if the child has learnt anything at the preschool/anganwadi centre (record unprompted and prompted separately) और क्या उसने वहाँ कुछ सीखा है? क्या?		
[Cognitive Domain]	Unprompted	Prompted
Draw and colour	1	1 ✓
Concentrate on a task	2	2 ✓
Recite number names in order.....	3	3
Count.....	4	4
Sit at one place at a time	5	5 ✓
[Social Domain]		
Overcome shyness.....	6	6
Become more friendly.....	7	7
Sharing and cooperation.....	8	8
[Language Domain]		
Recognize alphabets.....	9	9
New words.....	10	10

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Speak correctly and confidently.....11 Write own name.....12 Write alphabets.....13 Poems and songs.....14 Any other (please specify).....15	11 12 13 14 15
34 In which, if any, of the ways do you get an idea of how your child is getting on at the ICDS Anganwadi Centre? [InfrmB] PROBE: Which others? आंगनवाड़ी में आपका बच्चा कैसा कर रहा है, उसका विकास कैसा हो रहा है, ये कैसे पता लगाती है आप? और? Talk with centre worker about how child is getting on ✓ Parents' meetings.....1 Pictures, drawings and other things child brings home.....2 Pictures, drawings and other things displayed on the premises.....3 Other (please specify).....4 None of these – I don't usually keep track of how my child is getting on at the ICDS centre.....5 99	
35 Approximately how often do you talk to staff at the ICDS centre about how your child is getting on? Please choose the answer which comes closest. [Infota] अपने बच्चे की प्रगति/विकास के बारे में आप आंगनवाड़ी कार्यकर्ता से लगभग कतिनी बार बात करती हैं? Every day/ most days.....1 Once or twice a week.....2 Once a fortnight.....3 ✓ Once every month or 2 months.....4 Once every 3 or 4 months.....5 Once every 6 months.....6 Once every year or less often.....7 Varies too much to say.....8 Never.....9	
36 Do you think that whatever the preschool/anganwadi is teaching your child is useful for him/her? आपके हिसाब से आपके बच्चे को आंगनवाड़ी में जो कुछ पढ़ाया/सिखाया जा रहा है वह उसके लिए फायदेमंद/उपयोगी है? हाँ - बहुत, हाँ - थोड़ा, ज़्यादा नहीं, बिल्कुल नहीं Very relevant.....1 [Go to 38] ✓ Somewhat relevant.....2 [Go to 37]	

APPENDICES

Not very relevant.....	3 [Go to 37]
Not at all relevant.....	4 [Go to 37]
Don't know/Can't say.....	98 [Go to 37]

37 What else should be taught in the preschool/anganwadi so that it becomes more useful for your child?
आंगनवाड़ी के अनुभव को और फायदेमंद बनाने के लिए वहाँ आपके बच्चे को और क्या सिखाना चाहिए?

No response

38 How satisfied are you with the preschool/anganwadi?
आप आंगनवाड़ी से कतिनी खुश/संतुष्ट हैं? बहुत, थोड़ी, न खुश और न नाखुश, थोड़ी नाखुश, बिल्कुल खुश नहीं

Completely satisfied.....1

Somewhat satisfied.....2 ✓

Neither satisfied nor dissatisfied.....3

Somewhat dissatisfied.....4

Completely dissatisfied.....5

UTILIZATION OF OTHER SERVICES - HEALTH

39 Who do you usually turn to when your young children (aged below six) require health care?
जब आपका बच्चा बीमार हो और उसे इलाज की जरूरत होती है, तो आप कहाँ जाती हैं?

AWW or AWC.....1

Government public health facility.....2

Private health facility.....3 ✓

Unregistered private doctor/ healer.....4

Traditional healer (hakim etc)5

Others (please specify).....6

40 In the last two months, have you ever taken your child to the AWC or sought the advice of the AWW in case of illnesses?
पछिले दो महीनों में, जब भी आपका बच्चा बीमार पड़ा हो, क्या आप उसे इलाज के लिए या सलाह के लिए आंगनवाड़ी लेकर गई हैं?

Yes.....1 [Go to 42]

No.....2 [Go to 41] ✓

Not applicable (no child fell ill in the last two months)99 [Go to 42]

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41 If not, why not? अगर नहीं तो क्यों नहीं? I never asked, or felt the need to discuss this with the worker	
42 Is there any routine health check-up ever done by the preschool/anganwadi? क्या आंगनवाड़ी में कभी समय समय पर आपके बच्चे की स्वास्थ्य सम्बन्धी जांच हुई है? Yes.....1 [Go to 43] No.....2 [Go to 45] ✓ Don't know/Can't say.....98 [Go to 45]	
43 If yes, who did the health checkup the last time and for what purpose. Please describe. अगर हाँ तो यह जांच किसने की थी और क्यों? _____ _____ _____ _____	
44 What is the frequency of health check-ups at the anganwadi? Please answer keeping the last one year in mind. और यह जांच पछिले एक साल में लगभग कतिनी बार की गई है? Every month.....1 Once in two months.....2 Once in three months.....3 Once in six months.....4 No fixed time.....5 Don't know/Can't say.....98	
UTILIZATION OF OTHER SERVICES – IMMUNISATION	

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45 Do you have an immunization card for your child? आपके पास अपने बच्चे का टीकाकरण कार्ड है? Yes I have it......1 ✓ Yes it was made but I lost/misplaced it.....2 Yes it was made but I don't know where it is.....3 No I don't.....4 Don't know/Can't say.....98	
46 Has the child received immunisations regularly? क्या आपके बच्चे का सूची के हिसाब से सही समय पर टीकाकरण होता आ रहा है? Yes......1 ✓ No.....2 Don't know/Can't say.....98	
47 In the last 12 months has your child received any immunisations through the anganwadi/ICDS centre? पछिले बारह महीनों में क्या बच्चे को आंगनवाड़ी द्वारा कोई टीका लगा है? Yes......1 No......2 ✓ Don't know/Can't say.....98	
48 What role, if any, did the AWW play in the process of immunization? Please describe in detail. (eg. Motivated the mother, organised the vaccination, informed about vaccination dates, etc.) आंगनवाड़ी कार्यक्रम ने कभी भी टीकाकरण के सम्बन्ध में आपकी कोई सहायता करी है? क्या?	
The worker sometimes gives polio drops to children at the centre	
UTILIZATION OF OTHER SERVICES – GROWTH MONITORING & SERVICES FOR WOMEN IN THE REPRODUCTIVE AGE GROUP	
49 In the last twelve months, how often has NAME's weight been measured by the anganwadi/ICDS centre? पछिले बारह महीनों में कभी आंगनवाड़ी में आपके बच्चे का वजन तोला गया है? अगर हाँ तो कतिनी बार (महीने के हिसाब से) Not at all.....1 [Go to 51] At least once a month.....2 At least once in three months.....3	

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Lesser than that.....	4	
Don't know/Can't say.....	98 [Go to 51]	✓
50 After NAME was weighed, did you ever receive counselling from the Anganwadi/ICDS worker or the ANM?		
वजन तोलने के बाद आंगनवाड़ी कार्यकर्ता/स्वास्थ्य कर्मचारी ने कभी आपको बचने के विकास के लिए कोई सलाह दी है?		
Yes.....	1	
No.....	2	
Don't know/Can't say.....	98	
51 When you were pregnant with NAME did you receive any benefits from the Anganwadi/ICDS centre?		
जब आप पेट से थी तब आंगनवाड़ी द्वारा कभी कोई सुविधा मिली थी?		
Yes.....	1	
No.....	2	✓
52 Did you receive any of the following benefits: इनमें से कौनसी सुविधा मिली थी -- पौष्टिक आहार, स्वास्थ्य जांच, अच्छे स्वास्थ्य और पौष्टिक आहार की जानकारी, आंगनवाड़ी द्वारा किसी डॉक्टर के पास भेजा जाना [NOT APPLICABLE]		
Supplementary Nutrition.....	1	No 2
Health check-ups.....	1	2
Health and nutrition education.....	1	2
Referrals to doctors.....	1	2
53 When you were breastfeeding NAME did you receive any benefits from the Anganwadi/ICDS centre?		
स्तनपान के दौरान/जब आप अपने बच्चे को माँ का दूध पिला रही थी क्या तब आपको आंगनवाड़ी द्वारा कोई सुविधा मिली थी?		
Yes.....	1	
No.....	2 [Go to 55]	✓
Did not breastfeed.....	3[Go to 55]	
54 Did you receive any of the following benefits: इनमें से कौनसी सुविधा मिली थी -- पौष्टिक आहार, स्वास्थ्य जांच, अच्छे स्वास्थ्य और पौष्टिक आहार की जानकारी, आंगनवाड़ी द्वारा किसी डॉक्टर के पास भेजा जाना		

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	Yes	No
Supplementary Nutrition.....	1.....	2
Health check-ups.....	1.....	2
Health and nutrition education.....	1.....	2
Referrals to doctors.....	1.....	2

UTILIZATION OF OTHER SERVICES – REFERRAL SERVICES

55 Has the AWW ever referred you or your child to a health centre or helped you to obtain medical treatment from a health centre?
 क्या आंगनवाड़ी कार्यकर्ता ने आपको या आपके बच्चे को कभी किसी स्वास्थ्य केंद्र में इलाज के लिए भेजा है, या इलाज करने में मदद करी है?

Yes (Me)1

Yes (my child)2

No.....3 [Go to 57] ✓

56 If yes please describe [Go to 58] जरा वसितार में बताइए

57 If no, why not? अगर नहीं तो क्यों नहीं

Need did not arise.....1

Never went to the AWW for help.....2 ✓

AWW does not provide this kind of help.....3

Other (please specify)_____4

58 Has the AWW ever visited your house for any type of counselling or advice? क्या
 आंगनवाड़ी से कभी कोई आपके घर सलाह देने या बात करने आया है?

Yes.....1

No.....2 ✓

UTILIZATION OF OTHER SERVICES – NUTRITION AND HEALTH EDUCATION (NHE)

[The term NHE session in this section refers to organized group discussions with women about health and nutrition matters (usually as monthly meetings). Please check that the mother understands this term before asking the questions]

59 To the best of your knowledge, have any NHE meetings been held by the AWW in the last six months?
 कई बार आंगनवाड़ी कार्यक्रमों में महीने में एक बार आस पास की महिलाओं को इकट्ठा करके मीटिंग आयोजित करती हैं, जहाँ अच्छे स्वास्थ्य और पौष्टिक आहार के बारे में बातचीत की जाती है। आपके हिसाब से ऐसी कोई मीटिंग यहाँ पछिले छः महीनों में हुई है?

Yes.....1

No.....2 [Go to 66]

Don't know/Can't say.....98 [Go to 66] ✓

60 If yes, have you attended any such meetings in the last six months? अगर हाँ तो क्या आप कभी ऐसी मीटिंग में गई हैं?

Yes.....1 [Go to 62]

No.....2

61 If not why? अगर नहीं तो क्यों नहीं?

No meetings were held.....1 [Go to 66]

Not aware of any such meetings.....2 [Go to 66]

Not enough time to attend meetings.....3 [Go to 66]

Timings unsuitable.....4 [Go to 66]

Not interested in meetings.....5 [Go to 66]

Meetings are of no use to me.....6 [Go to 66]

Other (please specify).....7 [Go to 66]

62 If yes, how many meetings have you attended in the last six months? _____

अगर हाँ तो पछिले छः महीनों में आप ऐसी कतिनी मीटिंग के लिए गई हैं?

63 What is normally discussed at these meetings? Please explain in detail (e.g. Infant feeding practices, child care, family planning, hygiene and sanitation, immunization, etc.) ऐसी मीटिंग में आपको क्या बताया जाता है? वसितार में बताइए

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_____ _____ _____ 64 Have these meetings led to any change in your nutrition, health or hygiene practices? क्या ऐसी मीटिंग के द्वारा आपके खुद की जिन्दगी में कोई बदलाव आया है (आहार, स्वास्थ्य) Yes.....1 No.....2 Don't know/Can't say.....98 [Go to 66] 65 How and Why? Please explain. कैसे? वसितार में बताइए _____ _____ _____ _____	CONTACT WITH ICDS ANGANWADI WORKER 66 Have you met with the ICDS Anganwadi worker or helper in the last three months? पछिले तीन महीनों में क्या आप कभी भी आंगनवाडी कार्यकर्ता या सहायक से मिले हैं? Yes – Anganwadi/ICDS worker.....1 Yes – Anganwadi/ICDS helper.....2 No.....3 [Go to 71] ✓ 67 In the last three months, how many times did you meet with this person/these persons? [FILL NUMBER] पछिले तीन महीनों में आप उनसे कतिनी बार मिली होगी -- अपने घर पर? आंगनवाडी में? किसी स्वास्थ्य केंद्र में? कहीं और? At home ☐ At the anganwadi centre ☐ At a health facility or camp ☐ Anywhere else (please mention where) _____ ☐
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68 During this contact in the last three months, what were the different services provided and matters talked about? Anything else? [Record all mentioned] इस दौरान आपने किस सुविधा का फायदा उठाया और उनसे किस वषिय पर बातचीत करी?

- Family planning.....1
 Immunization.....2
 Antenatal care.....3
 Delivery care.....4
 Delivery preparedness.....5
 Postnatal care.....6
 Disease prevention.....7
 Medical treatment for self.....8
 Treatment for sick child.....9
 Treatment for other person.....10
 Malaria control.....11
 Supplementary food.....12
 Growth monitoring of child.....13
 Child care.....14
 Preschool education.....15
 Nutrition/health education.....16
 Family life education.....17
 Menstrual hygiene.....18
 Other (please specify).....19

69 Did she talk to you nicely, somewhat nicely, or not nicely? उन्होंने आपसे कैसे बात करी -- अच्छे से, ठीक से, अच्छे से नहीं

- Nicely.....1
 Somewhat nicely.....2
 Not nicely.....3

70 When she explained something to you did she try to make sure that you understood the information?

जब वह आपको कुछ समझा रही थी तो क्या उन्होंने यह सुनिश्चित किया कि आपको उनकी बात समझ में आ जाए?

- Yes.....1

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No.....2	
No explanation was needed by me.....3	
Mothers Perception of/feedback on Anganwadi Worker (AWW) and ICDS Anganwadi centre (AWC)	
71 How would you rate the motivation of the AWW for her work? आपके हिसाब से आंगनवाड़ी कार्यकर्ता की अपने काम के प्रति लगन कैसी थी? ऊँची, बेपरवाह, कम	
High1 ✓	
Indifferent.....2	
Low.....3	
Unable to observe.....4	
72 How would you describe the attitude of the AWW towards the children? बच्चों की तरफ उनका व्यवहार कैसा लगता है आपको? अच्छा/नम्र, बेपरवाह, कठोर/कड़ा	
Kind1 ✓	
Indifferent.....2	
Harsh.....3	
Unable to observe.....4	
73 Of all the services provided at the AWC, which would you rate as being most useful and why? Please describe. आंगनवाड़ी में जितनी सुविधाएँ दी जाती हैं उनमें से आपको सबसे ज़्यादा लाभदायक/काम की कौनसी लगती है और क्यों?	
<u>They take good care of my child, they also teach well</u>	
74 How would you rate the overall importance of the program for your child's welfare? आपके हिसाब से आपके बच्चे के संपूर्ण विकास के लिए आंगनवाड़ी कतिनी महत्वपूर्ण/आवश्यक है? बहुत, काफी, महत्वपूर्ण/आवश्यक नहीं है, बेकार है	
Very Important1 ✓	
Quite Important.....2	
Not important.....3	
Useless.....4	
Cannot say.....98	

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75 And how would you rate the overall importance of the program in terms of meeting your needs for childcare while you go out to work? और काम पर जाते वक़्त अपने बच्चे की देखभाल ज़रूरतों को पूरा करने के लिए आंगनवाड़ी कतिनी महत्वपूर्ण जगह है? Very Important.....1 Quite Important.....2 Not important.....3 ✓ Useless.....4 Cannot say.....98
76 Please tell me any suggestions you may have about improving the usefulness of the AWC. आपके लिए आंगनवाड़ी को ज़्यादा उपयोगी कैसे बनाया जा सकता है? कोई सलाह? The rooms for children should be much bigger, there should be more toys and more play area at the centre
77 Please describe any irregularity or unfairness that you feel happens in the functioning of the AWC. क्या आपको लगता है कि आंगनवाड़ी के काम/आयोजन में कोई अव्यवस्था या अन्याय होता है? वसितार से बताइए. None
78 Have you ever complained about any aspect of the ICDS service? [CQual7] आंगनवाड़ी की किसी भी चीज़ के बारे में क्या आपने कभी शिकायत करी है? Yes.....1 No.....2[Go to 80] ✓
79 What did you complain about? [CQual8] कसि बारे में शिकायत करी है? PROBE - What else? _____ _____ _____

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80 Which of the following aspects of the ICDS do you think should be improved? [CQual2a]

आपके हिसाब से आंगनवाड़ी को इनमें से कनि चीजों पर सुधार जा सकता है?

- [Rel] The reliability of childcare बच्चों की देखभाल ज्यादा वश्विसनीय हो सकती है.....1
- [Hyg] Its hygiene and safety सफाई और सुरक्षा में सुधार.....2 ✓
- [Places] The number of children for each member of staff हर कार्यकर्ता की देखरेख में सीमति बच्चे (बहुत ज्यादा भीड नहीं).....3 ✓
- [Quals] The qualifications or training of the provider (or their staff) ज्यादा पढ़े-लखि या जानकार कार्यकर्ता4
- [QualIP] The quality of preschool education provided पढाई-लखि का बहतर स्तर.....5 ✓
- [Relate] The relationship between the provider (or their staff) and your child बच्चे की ओर कार्यकर्ता का स्वभाव.....6
- [Build] The quality of buildings बहतर कमरे/इमारत.....7 ✓
- [Equip] The quality of equipment बहतर सामान/सामग्री.....8 ✓
- [Inf] The amount of information parents receive from the provider about their children.....9 ✓
- माँ-बाप को कार्यकर्ता द्वारा बच्चों के बारे में ज्यादा जानकारी
- [hours] The range of hours that the provider is open आंगनवाड़ी ज्यादा घंटों के लिए खुली होनी चाहिए.....10
- [None] None of these.....99
- [OCQual2a] Other (please mention).....11
- {multicode: up to 11 codes}

81 Would you recommend the ICDS centre to another parent? If YES, Have you ever done this? [CQual6]

क्या आप किसी और माता-पति को उनके बच्चे को आंगनवाड़ी भेजने के लिए कहेंगी? क्या आपने ऐसा कभी किया है?

- [HaveRec] Yes, and have recommended in the past.....1 ✓
- [Recc] Yes, but have not done so yet.....2
- [Norecc] Wouldn't recommend.....3

****Thank you for your time. The purpose of this interview was to understand your experience of using the ICDS centre and its services and to record your feedback on the same****

APPENDICES

12.3 Sample Mothers' Survey Tool: Follow-on Round (RGNCS)

SURVEY FOR 50 WORKING MOTHERS
USERS OF RGNCS
[Draft-in-progress (3)]

May I check again – Are you currently engaged in paid employment?

Yes/No एक बार पूछना चाहूँगी-- आप काम पर जाती हैं? ऐसा काम जिसके लिए आपको तनख्वा मिलती है?

<<IF YES, CONTINUE TO NEXT QUESTION >>

Do you have a child aged below the age of 5? Yes/No क्या आपका कोई चार साल की उमर तक का बच्चा है?

If yes, what is his/her age? **2.5 YEARS** (enter age in complete years)

<<IF AGE IS BETWEEN 1.5 TO 5 YEARS THEN CONTINUE OTHERWISE THANK THE RESPONDENT AND IDENTIFY THE NEXT>>

NAME OF TARGET CHILD – MUSKAAN

Have you enrolled your child [NAME OF TARGET CHILD] at the Rajiv Gandhi crèche centre and used its services within the last one year? [AWU]
क्या आपने अपने बच्चे का दाखिला पछिले एक साल के दौरान सरकारी क्रेच/पालनाघर में कराया है? पछिले एक साल में आपका बच्चा वहाँ गया है? सेवाओं को उपलब्ध किया है?

Yes.....1 ✓

No.....2

IF YES, carry on with the rest of the questionnaire

1 Where did you come to know about the RGNCS crèche? [TCInfo] CODE ALL THAT APPLY. PROBE: Where else?

क्रेच/पालनाघर के बारे में आपको कहाँ से पता चला? और कहाँ से?

Radio adverts.....1

TV adverts.....2

Newspaper/magazine.....3

Other advert.....4

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Crèche worker.....	5
Leaflets/sign board.....	6
Social Worker.....	7
Employer/Workmates.....	8
Relatives/Friends/ neighbours.....	9 ✓
Local/community NGO.....	10
Private Doctor.....	11
Government Health visitor/ clinic.....	12
Private Childcare provider.....	13
Government School.....	14
Private school.....	15
Other (PLEASE SPECIFY).....	16
None of these.....	99

2 How far is the nearest crèche centre from your house? (in metres) आपके घर से सबसे नज़दीकी सरकारी क्रेच/पालनाघर कतिनी दूर है?	
3 KM/3000 m	

3 When was the child enrolled at the crèche? (mention year) आपके बच्चे का दाखला क्रेच/पालनाघर में कब हुआ था? कौनसा साल?	
2010	
4 Why do you send your child to this crèche centre? (Multiple responses possible) आप अपने बच्चे को इस सेंटर पे क्यों भेजते हैं?	
The child gets food to eat.....	1
The child is kept occupied and out of mischief.....	2
The child learns something.....	3
The child learns to sit.....	4
The child gets prepared for primary school.....	5
The neighbourhood children go to the same centre.....	6
The crèche worker comes to collect the child.....	7
The child likes to go to the centre.....	8
The services are useful.....	9
It takes care of the child for a few hours.....	10 ✓
It gives the child preschool education.....	11

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Any other (please specify)_____12
5 Who motivated you to enrol the child at the crèche? कसिके कहने/परोत्साहन पर आपने अपने बच्चे को करेच/पालनाघर में डाला? Own motivation.....1 The crèche worker.....2 Relative, neighbour or friend.....3 ✓ Community head/elders.....4 PHC/Health worker.....5 Local women's group (Mahila Mandal)6 NGO.....7 Other (please specify)_____8 6 Who normally accompanies your child to the crèche? आपके बच्चे को करेच/पालनाघर तक छोड़ने कौन जाता है? Nobody, the child goes alone.....1 The crèche worker/helper.....2 Elder sibling(s)3 The child's mother.....4 ✓ Other household members.....5 Other children.....6 Other (please specify)_____7 7 Did you pay money to enrol your child or use the services at the crèche? क्या करेच/पालनाघर में अपने बच्चे का दाखिला कराने के लिए या फिर वहाँ पर कोई सुविधा उपलब्ध करने के लिए कभी आपको पैसे देने पड़े हैं? Yes.....1 ✓ No.....2 8 If yes, for what, how much and to whom? Please describe. अगर हाँ, तो कसिलिए दएि? कतिने दएि? कसिको दएि? For: Admission How much: INR 100 To whom: Centre worker

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9 Is it easy or difficult is it to get to the crèche centre from your home? [HowDif]

आपके घर से क्रेच/पालनाघर तक पहुँचना मुश्किल है या आसान?

Easy.....1

Difficult.....2

Neither.....3 ✓

10 And how long does it take to **walk** from your home to the RG crèche centre? [HowfarB]

और अपने घर से क्रेच/पालनाघर तक चलकर जाने में कतिना समय/वक्त लगता है?

IF Don't Know ENCOURAGE AN ESTIMATE. ASSUME AN AVERAGE OF 1 KM = 20 MINUTES

ENTER TIME IN MINUTES

FOR ONE HOUR AND 30 MINUTES, ENTER 90

30 min

11 Which of the following best describes the regularity of the crèche during the last year?

पछिले एक साल में क्रेच/पालनाघर के खुलने का क्या हिसाब-किताब रहता था? [READ OUT]

It is very rare for the crèche to be closed on a working day ऐसा बहुत कम होता है की क्रेच/पालनाघर काम के दिन बंद हो.....1 [Go to 13]

The crèche opens regularly क्रेच/पालनाघर ज़्यादातर रोज़ाना खुलती है.....2 [Go to 13] ✓

The crèche is open from time to time but not regularly क्रेच/पालनाघर समय-समय पर खुलती है पर रोज़ाना नहीं.....3

The crèche is rarely open क्रेच/पालनाघर कभी-कबार ही खुलती है.....4

Unable to observe मैंने ध्यान नहीं दिया.....5 [Go to 13]

12 What do you think are the main reasons why the crèche is sometimes closed on workdays?

आपको क्या लगता है, क्रेच/पालनाघर कभी कभी काम के दिन बंद क्यों होती है?

Crèche worker is absent.....1

Crèche helper is absent.....2

No food available.....3

Crèche worker/helper not appointed.....4

Temporary disruption due to rain, cold, elections etc.5

Other (please specify).....6

APPENDICES

13 In an average month, how many days does the crèche typically remain open? अच्छा यह सोचकर बताइए, आम तौर पर क्रेच/पालनाघर महीने में कतिने दिन खुली रहती है? 26 days	
14 How many hours does the crèche typically remain open, on days that it does open? और जब-जब खुलती है, तो दिन में कतिने घंटों के लिए खुलती है? 9 hours	
15 Are the timings of the crèche convenient for you? क्रेच/पालनाघर का समय आपके लिए ठीक है? टाइम आपको सूट करता है? Yes.....1 [Go to 17] ✓ No.....2 [Go to 16] Cannot Say.....98 [Go to 16]	
16 If not, why and what changes would you like to see? (Number of hours, time of the day etc.) अगर नहीं -- तो क्यों नहीं करता? आप क्या बदलाव चाहेंगी? Number of hours.....1 Times of the day.....2 Days of the week.....3 Any other (please specify).....4	
17 How would you rate the standard of childcare provided by the crèche? [CrQual1] Is it -- आपके हिसाब से क्रेच/पालनाघर में बच्चों की देखभाल कैसी होती है? बहुत अच्छी, ठीक ठाक, बुरी, बहुत बुरी? [VGood] Very good.....1 [FGood] Fairly good.....2 ✓ [FPoor] Fairly poor.....3 [VPoor] Very poor.....4	
18 During the last 12 months, what are the benefits that your child has received from the crèche centre? पछिले बारह महीनों में आपके बच्चे ने क्रेच/पालनाघर की कनि-कनि सुविधाओं का उपयोग किया है/फायदा उठाया है? [PROBE/PROMPT if reqd] Daycare facilities.....1 ✓ Sleep and rest facilities.....2 ✓	

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Recreational facilities.....	3	✓
Preschool Education.....	4	✓
Supplementary nutrition.....	5	✓
Immunizations.....	6	
Health check-ups.....	7	✓
Any other (please mention).....	8	

19 How regularly does he/she attend the crèche programme? आपका बच्चा आम तौर पर क्रेच/पालनाघर में कतिनी बार जाता है? Daily.....1 [Go to 21] ✓ Three to four days a week.....2 [Go to 20] Once or twice a week.....3 [Go to 20] Once or twice in fifteen days.....4 [Go to 20] Even less than that.....5 [Go to 20]
20 Why is your child irregular at the crèche? [Multiple responses possible] आपका बच्चा रोज क्रेच/पालनाघर क्यों नहीं जाता? Crèche worker not regular.....1 Quality of care/education is not good.....2 The child is not interested in going.....3 The child has to stay back home and look after younger siblings.....4 The child is earning or helping in earning.....5 Helps in household chores.....6 The child goes to a private centre instead.....7 The child does not need to go everyday, only when other arrangements don't work.....8 The child is generally sick.....9 The child is usually cared for at home.....10 Other (please specify).....11
21 At what time does your child generally go to the crèche? आपका बच्चा बनि के कतिने बजे क्रेच/पालनाघर जाता है? 8 AM

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22 At what time does your child generally come back from the crèche? और वापस कतिने बजे तक आता है? 3 PM 23 How often does the child get food at the crèche centre? उसे क्रेच/पालनाघर में खाना कतिनी बार मलिता है? हफ्ते में कतिने दिन? Everyday.....1 ✓ (3 to 4 days in a week) Most of the days.....2 (1 or 2 days in a week) Occasionally.....3 Never.....4 Don't know/Can't say.....98	24 Do you feel that the quantity of food given to your child at the crèche (when it is given) is adequate or inadequate? जब जब उसे खाना मलिता है, क्या वो पेट भरने के लिए काफी होता है? Adequate.....1 [Go to 26] ✓ Inadequate.....2 [Go to 25] Don't know/Can't Say.....98 [Go to 26] 25 If inadequate, what change would you like to see and why? [DON'T ASK] _____ _____ _____ _____ _____
26 Does your child usually eat the food at the crèche centre or does he/she carry it home? आपका बच्चा बयिा गया खाना ज़्यादातर क्रेच/पालनाघर में ही खाता है या घर ले आता है? Once the answer is obtained, ask: अगर घर लाता है तो खुद खाता है या किसी और के साथ बाँटकर खाता है? Eats there.....1 ✓ Carries back home and eats her/himself.....2 Carries back home and shares with others.....3 Don't know/Can't say.....98	

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27 Does he/she like the food in the centre? उसे वहाँ का खाना पसंद है? बहुत ज़्यादा, थोड़ा बहुत, ज़्यादा नहीं, बिल्कुल नहीं Likes a lot.....1 Likes somewhat.....2 ✓ Somewhat dislikes.....3 Completely dislikes.....4 Don't know/Can't say.....98	
28 How satisfied are you with the quality of the food given to your child at the crèche? और बच्चे को दिए गए खाने से आप कतिना खुश हैं? बहुत खुश, थोड़ा खुश, ज़्यादा खुश नहीं, बिल्कुल खुश नहीं Completely satisfied.....1 ✓ Somewhat satisfied.....2 Neither satisfied nor dissatisfied.....3 Somewhat dissatisfied.....4 Completely dissatisfied.....5	
29 Why? Please explain. क्यों? जरा वसितार में बताइए. The food quality is good	
30 What activities does your child do in the crèche centre? (Probe, multiple responses possible) आपका बच्चा क्रेच/पालनाघर में क्या क्या करता है? और? Eat food1 ✓ Play games.....2 ✓ Sing rhymes, songs and poems.....3 ✓ Listen to stories.....4 ✓ Draw and colour.....5 Read books.....6 Write/work on worksheets.....7 Participate in activities organised by the worker.....8 Play with toys/puzzles/beads available at the centre.....9 Learn to read and write.....10	

APPENDICES

Sleeps/rests.....11 ✓ Any other (please specify)12 Nothing.....13 Don't know/Can't say.....98	
31 In which, if any, ways do you get an idea of how your child is getting on at the crèche centre? [InfrmB] PROBE: Which others? क्रेच/पालनाघर में आपका बच्चा कैसा कर रहा है, उसका विकास कैसा हो रहा है, ये कैसे पता लगाती हैं आप? और? Talk with centre worker about how child is getting on.....1 Parents' meetings.....2 Pictures, drawings and other things child brings home.....3 Pictures, drawings and other things displayed on the premises.....4 Other (please specify).....5 None of these – I don't usually keep track of how my child is getting on at the crèche centre.....99 ✓	
32 Approximately how often do you talk to staff at the crèche centre about how your child is getting on? Please choose the answer which comes closest. [Infota] अपने बच्चे की प्रगति/विकास के बारे में आप क्रेच/पालनाघर कार्यकर्ता से लगभग कतिनी बार बात करती हैं? Every day/ most days.....1 Once or twice a week.....2 Once a fortnight.....3 Once every month or 2 months.....4 Once every 3 or 4 months.....5 Once every 6 months.....6 Once every year or less often.....7 Varies too much to say.....8 Never.....9 ✓	
33 Has the child learnt anything after joining the crèche centre? If yes, what has he/she learnt? (Wait for respondent to report herself, and later prompt for categories not reported). और क्या उसने वहाँ कुछ सीखा है? क्या? [Cognitive Domain] Draw and colour.....1 Unprompted Prompted 1	

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Concentrate on a task.....	2	
Recite number names in order.....	3	
Count.....	4	
Sit at one place at a time	5	✓
[Social Domain]		
Overcome shyness.....	6	
Become more friendly.....	7	
Sharing and cooperation	8	✓
[Language Domain]		
Recognize alphabets.....	9	
New words.....	10	
Speak correctly and confidently.....	11	
Write own name.....	12	
Write alphabets.....	13	
Poems and songs	14	✓
Any other (please specify).....	15	
The child has learnt nothing.....	16	
34 IF THE CHILD HAS LEARNT ANYTHING – Do you think whatever the crèche centre is teaching the child is useful for him/her? आपके हिसाब से आपके बच्चे को क्रेच/पालनाघर में जो कुछ पढ़ाया/सिखाया जा रहा है वह उसके लिए फायदेमंद/उपयोगी है? हाँ - बहुत, हाँ - थोड़ा, ज़्यादा नहीं, बिल्कुल नहीं		
Very relevant	1	[Go to 36] ✓
Somewhat relevant.....	2	[Go to 35]
Not very relevant.....	3	[Go to 35]
Not at all relevant.....	4	[Go to 35]
Don't know/Can't say.....	98	
35 What else should be done at the crèche centre so that it becomes more useful for your child? क्रेच/पालनाघर के अनुभव को और फायदेमंद बनाने के लिए वहाँ आपके बच्चे को और क्या सिखाना चाहिए?		

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_____ _____ _____	
36 How satisfied are you with the crèche centre? आप करेच/पालनाघर से कतिनी खुश/संतुष्ट हैं? बहुत, थोड़ी, न खुश और न नाखुश, थोड़ी नाखुश, बिल्कुल खुश नहीं Completely satisfied.....1 Somewhat satisfied.....2 ✓ Neither satisfied nor dissatisfied.....3 Somewhat dissatisfied.....4 Completely dissatisfied.....5	
UTILIZATION OF OTHER SERVICES - HEALTH	
37 Who do you usually turn to when your young children (aged below six) require health care? जब आपका बच्चा बीमार हो और उसे इलाज कजिरत होती है, तो आप कहाँ जाती है? AW Worker or AW Centre.....1 Government public health facility.....2 ✓ Private health facility.....3 Unregistered private doctor/ healer.....4 Traditional healer (hakim etc)5 Others (please specify).....6	
38 Is there any health check up ever done at the Rajiv Gandhi crèche centre? क्या करेच/पालनाघर में कभी समय समय पर आपके बच्चे की स्वास्थ्य सम्बन्धी जांच हुई है? Yes.....1 ✓ No.....2 [Go to 41] Don't know/Can't say.....98 [Go to 41]	
39 If yes, who did the health checkup the last time and for what purpose. Please describe. अगर हाँ तो यह जांच किसने की थी और क्यों? I have no idea	

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40 What is the frequency of such health check ups in the crèche centre? Please report in terms of the last one year. और यह जांच पछिले एक साल में लगभग कतिनी बार की गई है? Every month.....1 ✓ Once in two months.....2 Once in three months.....3 Once in six months.....4 No fixed time.....5 Don't know/Can't say.....98	
41 Do you have an immunization card for your child? आपके पास अपने बच्चे का टीकाकरण कार्ड है? Yes I have it.....1 ✓ Yes it was made but I lost/misplaced it.....2 Yes it was made but I don't know where it is.....3 No I don't.....4 Don't know/Can't say.....98	
42 Has the child received immunisations regularly? क्या आपके बच्चे का सूची के हिसाब से सही समय पर टीकाकरण होता आ रहा है? Yes.....1 ✓ No.....2 Don't know/Can't say.....98	
43 In the last 12 months has your child received any immunisations through the crèche centre? पछिले बारह महीनों में क्या बच्चे को करेच/पालनाघर द्वारा कोई टीका लगा है? Yes.....1 No.....2 [Go to 45] ✓ Don't know/Can't say.....98 [Go to 45]	
44 What role, if any, did the crèche worker play in the process of immunization? Please describe in detail. (eg. Motivated the mother, organised the vaccination, informed about vaccination dates, etc.) करेच/पालनाघर कार्यकर्ता ने कभी भी टीकाकरण के सम्बन्ध में आपकी कोई सहायता करी है? क्या?	

APPENDICES

45 Has the crèche worker ever visited your house for any type of counselling, advice or to give information? क्रेच/पालनाघर से कभी कोई आपके घर सलाह देने या बात करने आया है? Yes.....1 No.....2 ✓	
CONTACT WITH RAJIV GANDHI CRÈCHE WORKER	
46 Have you met with the crèche worker/helper in the last three months? पछिले तीन महीनों में क्या आप कभी भी क्रेच/पालनाघर कार्यकर्ता या सहायक से मिले हैं? Yes – crèche worker.....1 ✓ Yes – crèche helper.....2 No.....3 [Go to 69]	
47 In the last three months, how many times did you meet with the crèche worker/helper? पछिले तीन महीनों में आप उनसे कतिनी बार मिली होंगी -- अपने घर पर? क्रेच/पालनाघर में? किसी स्वास्थ्य केंद्र में? कहीं और? At home ☐ ☐ At the crèche centre ☐ ☐ At a health facility or camp ☐ ☐ Anywhere else (please mention where) _____ ☐ ☐ everyday (when I pick up my child)	
48 During this contact with the crèche worker/helper in the last six months what were the different services used and matters discussed? इस दौरान आपने किस सुविधा का फायदा उठाया और उनसे किस किस विषय पर बातचीत करी? Immunization.....1 Disease prevention.....2 Health checkup.....3 Supplementary nutrition.....4 Care of children/childcare.....5	

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Preschool education.....6	
Sleep and rest.....7	
Other (please specify) We don't talk much besides saying hello to each other 8	✓

49 Did she talk to you nicely, somewhat nicely, or not nicely? उन्होंने आपसे कैसे बात करी -- अच्छे से, ठीक से, अच्छे से नहीं	
Nicely.....1	
Somewhat nicely2	✓
Not nicely.....3	

50 When she explained something to you did she try to make sure that you understood the information?
जब वह आपको कुछ समझा रही थी तो क्या उन्होंने यह सुनिश्चित किया कि आपको उनकी बात समझ में आ जाए?

Yes.....1	✓
No.....2	
No explanation was needed by me.....3	

Mothers Perception of Crèche Worker and Crèche Centre

51 How would you rate the motivation of the crèche worker for her work?
आपके हिसाब से क्रेच/पालनाघर कार्यकर्ता की अपने काम के प्रति लगन कैसी थी? ऊँची, बेपरवाह, कम

High1	✓
Indifferent.....2	
Low.....3	
Unable to observe.....4	

52 How would you describe the attitude of the crèche worker towards the children?
बच्चों की तरफ उनका व्यवहार कैसा लगता है आपको? अच्छा/नम्र, बेपरवाह, कठोर/कड़ा

Kind1	✓
Indifferent.....2	
Harsh.....3	
Unable to observe.....4	

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53 Of all the services provided at the crèche centre, which would you rate as being most useful and why? Please describe. करेच/पालनाघर में जतिनी सुविधाएँ दी जाती हैं उनमें से आपको सबसे ज्यादा लाभदायक/काम की कौनसी लगती है और क्यों? <u>They take care of my child while I work, they clean up after my child and help toilet train her, and also feed my child in my absence</u> 54 How would you rate the overall importance of the program for your child's welfare? आपके हिसाब से आपके बच्चे के संपूर्ण विकास के लिए करेच/पालनाघर कतिनी महत्वपूर्ण/आवश्यक है? बहुत, काफी, महत्वपूर्ण/आवश्यक नहीं है, बेकार है Very Important.....1 Quite Important.....2 ✓ Not important.....3 Useless.....4 Cannot say.....98 55 And how would you rate the overall importance of the program in terms of meeting your needs for childcare while you go out to work? और काम पर जाते वक्त अपने बच्चे की देखभाल जरूरतों को पूरा करने के लिए करेच/पालनाघर कतिनी महत्वपूर्ण जगह है? Very Important.....1 ✓ Quite Important.....2 Not important.....3 Useless.....4 Cannot say.....98 56 Please tell me any suggestions you may have about improving the usefulness of the crèche centre. आपके लिए करेच/पालनाघर को ज्यादा उपयोगी कैसे बनाया जा सकता है? कोई सलाह? <u>They can provide better care to my child – it is too hot in the centre these days. They can also provide better, clean water</u>	57 Please describe any irregularity or unfairness that you feel happens in the functioning of the crèche. क्या आपको लगता है कि करेच/पालनाघर के काम/आयोजन में कोई अव्यवस्था या अन्याय होता है? वसितार से बताइए.
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APPENDICES

Nothing	
58 Have you ever complained about any aspect of the crèche service? [CQual7] करेच/पालनाघर की किसी भी चीज के बारे में क्या आपने कभी शिकायत करी है? Yes.....1 No.....2[Go to 60]	✓
59 What did you complain about? [CrQual8] PROBE - What else? कसि बारे में शिकायत करी है? 	
60 Which of the following aspects of the Rajiv Gandhi crèche do you think should be improved? [CQual2a] आपके हिसाब से करेच/पालनाघर को इनमें से कनि चीजों पर सुधार जा सकता है? [Rel] The reliability of childcare बच्चों की देखभाल ज्यादा वधिवसनीय हो सकती है.....1 ✓ [Hyg] Its hygiene and safety सफाई और सुरक्षा में सुधार.....2 ✓ [Places] The number of children for each member of staff हर कार्यकर्ता की देखरेख में सीमति बच्चे (बहुत ज्यादा भीड़ नहीं).....3 [Quals] The qualifications or training of the provider (or their staff) ज्यादा पढ़े-लखि या जानकार कार्यकर्ता4 [QualP] The quality of preschool education provided पढाई-लखि का बहतर स्तर.....5 [Relate] The relationship between the provider (or their staff) and your child बच्चे की ओर कार्यकर्ता का स्वभाव.....6 [Build] The quality of buildings बहतर कमरे/इमारत.....7 ✓ [Equip] The quality of equipment बहतर सामान/सामगरी8 [Inf] The amount of information parents receive from the provider about their children.....9 माँ-बाप को कार्यकर्ता द्वारा बच्चों के बारे में ज्यादा जानकारी [hours] The range of hours that the provider is open आंगनवाडी ज्यादा घंटों के लपि खुली होनी चाहपि.....10	

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[None] None of these.....	99
[OCQual2a] Other (please mention) _____	11
{multicode: up to 11 codes}	
61 Would you recommend the crèche centre to another parent? If YES, Have you ever done this? [CQual6] क्या आप किसी और माता-पिता को उनके बच्चे को करेच/पालनाघर भेजने के लिए कहेंगी? क्या आपने ऐसा कभी किया है?	
[HaveRec] Yes, and have recommended in the past.....	1
[Rec] Yes, but have not done so yet.....	2
[Norecc] Wouldn't recommend.....	3



****Thank you for your time. The purpose of this interview was to understand your experience of using the Rajiv Gandhi crèche centre and its services and to record your feedback on the same****

APPENDICES

12.4 Sample Children's Centre Workers' Survey Tool (ICDS)

SURVEY FOR 20 CHILDREN'S CENTRE WORKERS – ICDS ANGANWADI WORKER/HELPER

[Draft-in-progress (4)]

NOTE: This tool was not used because of the problems with data collection with the ICDS workers (see Chapter 4)

Thank you for your time. This interview aims to understand the day-to-day functioning of an ICDS Anganwadi centre and how different services and benefits are distributed to the mothers and children enrolled in it. Your views and experiences with running the centre and interacting with beneficiaries will be useful in understanding how the programme can be improved in the future.

समय निकालने के लिए धन्यवाद. इस इंटरव्यू में मैं आपसे आंगनवाड़ी के बारे में बात करना चाहूँगी -- की आप आंगनवाड़ी किस तरह चलाती हैं और बच्चों और उनकी माताओं को यहाँ किस प्रकार की सुविधाएँ देती हैं. आपकी इस जानकारी से हम यह समझ पाएंगे कि आगे जाके आंगनवाड़ी को किस प्रकार और अच्छा और उचित बनाया जा सकता है -- न सर्कि यहाँ आने वाले बच्चे और माँ के लिए, बल्कि इसके साथ साथ आंगनवाड़ी में काम करने वाली आप जैसी कार्यकर्ता के लिए भी.

ICDS ANGANWADI CENTRE (AWC) DETAILS	
State	_____
District ज़िला	_____
Community Name	_____
Anganwadi Centre Name (if any)	_____
Anganwadi Centre No. (if any)	_____
Date of Starting Operations:	Month: ☐ ☐ Year: ☐ ☐
PROFILE OF THE AWW	
1 Name of AWW	_____
2 Age (years) ☐ ☐	_____
3 Class Passed (Education) आप कहां तक पढ़ी हैं?	_____
4 Caste/ Community क्या आप किसी विशेष जाति या जनजाति से हैं?	_____

APPENDICES

SC.....	1
ST.....	2
OBC.....	3
General (Hindu).....	4
Muslim.....	5
Other (please specify).....	6

5 Marital status क्या आप शादीशुदा हैं? (PROBE)

Married.....	1
Unmarried.....	2 [Go to 7]
Divorced.....	3 [Go to 8]
Separated.....	4 [Go to 8]
Widowed.....	5 [Go to 8]
Deserted.....	6 [Go to 8]
Other (please specify).....	7 [Go to 8]

6 If married, what is the husband's occupation? आपके पति क्या काम करते हैं?

Casual labour.....	1 [Go to 8]
Self-employment.....	2 [Go to 8]
Salaried employment (naukri).....	3 [Go to 8]
Other (please specify).....	4 [Go to 8]

7 If unmarried, what is the father's occupation? आपके पति क्या काम करते हैं?

Casual labour.....	1
Self-employment.....	2
Salaried employment (naukri).....	3
Other (please specify).....	4

8 Do you have any income-earning occupations other than being an anganwadi worker?

आंगनवाड़ी चलाने के अलावा क्या आप और कोई काम भी करती हैं?

APPENDICES

Yes.....1
No.....2 [Go to 10]

9 If YES, please describe. क्या?

10 How long have you worked as an AWW? (years) आप पछिले कतिने सालों से आंगनवाडी कार्यकर्ता/सहायक के पद पे काम कर रही हैं?

☐ years

11 How long have you worked in this centre? और इस आंगनवाडी centre में कतिने सालों से काम कर रही हैं?

☐ years

12 What did you do before you became an AWW? आंगनवाडी कार्यकर्ता/सहायक बनने से पहले आप क्या करती थी?

13 Do you reside in the community in which the AWC is located? आप क्या इसी बस्ती में रहती हैं?

Yes.....1

No.....2 [Go to 15]

14 How far is the AWC from your house? (in kilometres) आपके घर से आंगनवाडी कतिनी दूर है?

☐ km [Go to 16]

15 How do you commute from your house to the AWC? घर से आंगनवाडी तक आप कैसे आती हैं?

16 How long does it take to reach the AWC from your house? (in minutes)

आपके घर से आंगनवाडी तक पहुँचने में कतिनी देर लगती है?

☐ min

APPENDICES

17 Do you find it difficult to commute to the anganwadi? क्या आंगनवाड़ी तक आना जाना मुश्किल लगता है?

Yes.....1

No.....2 [Go to 19]

Sometimes.....3

18 If YES or SOMETIMES, please explain. जरा वसितार में बताइए.

19 Do you find it difficult to keep the AWC open every day?

क्या आपको हर रोज आंगनवाड़ी खुली रखने में कोई बकित्त/मुश्किल आती है?

Yes.....1

No.....2 [Go to 21]

Sometimes.....3

20 If YES or SOMETIMES, describe these difficulties in detail. क्या मुश्किलें आती हैं?

THE ANGANWADI CENTRE (AWC)

21 During the last 12 months, has it ever happened that the AWC remained closed for more than a week at a stretch?

पछिले बारह महीनों में कभी ऐसा हुआ है कि आंगनवाड़ी लगातार एक हफ्ते से ज्यादा समय तक बंद रही हो?

Yes.....1

No.....2 [Go to 24]

22 If YES, how many weeks did the AWC remain closed during the last 12 months?

APPENDICES

अगर हाँ, तो इस दौरान आंगनवाडी कतिने हफ्तों तक बंद रही?

☐ weeks

23 What were the reasons? बंद रहने के क्या कारण थे?

24 How many days has the AWC opened for during the last 30 days? पछिले एक महीने में आंगनवाडी कतिने दिने खुली है?

☐ days

25 On an average for how many hours is the AWC open on a working day?

कसि भी दिने पर आंगनवाडी लगभग कतिने घंटे खुली रहती है?

☐ hours

SERVICES

26 When is the last time the following services were provided to children at the AWC?

पछिली बार आंगनवाडी में बच्चों को पौष्टिक आहार कब दिया गया था? [ASK SIMILARLY FOR OTHER SERVICES]

Service	Day (if available)	Month	Year	(as described by respondent in own words if month/yr not available)
Supplementary nutrition पौष्टिक आहार				
Tetanus toxoid injection टेटनस टीका				
Health check-ups स्वास्थ्य जांच				

APPENDICES

Referral services इलाज के लिए डॉक्टर के पास				
Weighing of children वजन कब तोला गया था				
Deworming पेट के कीड़ों की दवाई				
Preschool education पूर्व स्कूली शिक्षा				

27 When is the last time the following services were provided to pregnant and nursing women at the AWC?
पछिली बार आंगनवाड़ी में गर्भवती और स्तनपान कराने वाली औरतों को पौष्टिक आहार कब दिया गया था? [ASK FOR OTHERS SIMILARLY]

Service	Day (if available)	Month	Year	(as described by respondent in own words if month/yr not available)
Supplementary nutrition पौष्टिक आहार				
Immunization टीकाकरण				
Health check-ups स्वास्थ्य जांच				
Referral services इलाज के लिए डॉक्टर के पास				

28 When is the last time the following activities were undertaken? पछिली बार यह चीजें कब की गई थीं?

Service	Day (if available)	Month	Year	(as described by respondent in own words if month/yr not available)
Detection of disability				

APPENDICES

बच्चों में वकिलांगता की जांच				
Family survey पर विरों का सर्वे				

SUPPLEMENTARY NUTRITION

29 What kind of food is normally provided in this AWC to the following groups of people?
आंगनवाडी में आने वाले बच्चे और माँ को क्या खाना दिया जाता है? पहले शून्य से तीन साल के बच्चों की बात करते हैं. FILL UP THE COLUMNS THEN ASK ABOUT NEXT -- तीन से छः साल के बच्चों को? गर्भवती औरतों को? स्तनपान कराने वाली औरतों को?

Group	Type of food (1=cooked, 2=ready to eat, 3=dry take home rations, 4=others) कसि कसिम का खाना - पका, खाने के लिए तैयार, सूखा	Brief description (e.g. khichdi, dalia, murmura, panjiri, baby mix etc.)	Quantity per person Unit (gm/day or kg/week) माप	Quantity (write number here) कतिना?	Further details (if applicable)
Infants (0-3 years)					
Toddlers (3-6 years)					
Pregnant mothers					
Lactating mothers					

30 Who supplies the food to the AWC? सेंटर पर खाना की सप्लाई कहाँ से आती है?

Private contractor.....1
NGO.....2
Community based women's group.....3
Women's group outside of the community.....4
Any other (please specify)_____ 5
Don't know/can't say.....98

APPENDICES

31 Do you feel that the quantity of food served to children is adequate? बच्चों में बांटे गए खाने की मात्रा आपको पर्याप्त/काफी लगती है?

More than adequate.....1

Just adequate.....2

Not adequate.....3

Cannot Say.....98

32 How would you describe the quality of food served to children at the AWC? बच्चों में बांटा गए खाने की क्वालिटी कैसी होती है?

Good.....1

Average.....2

Poor.....3

Cannot Say.....98

33 During the last 12 months, have there been any complaints about the quality of food served to the children at the AWC? पछिले बारह महीनों में कभी खाने की क्वालिटी के बारे में कोई शिकायत आई है?

Yes.....1

No.....2 [Go to 35]

34 If YES, what was the complaint and what action did you take? क्या शिकायत की गई थी? आपकी क्या प्रतिक्रिया रही?

35 During the last 12 months, has it ever happened that some children had a stomach ache or fell sick after eating at the AWC? पछिले बारह महीनों में ऐसा कभी हुआ है कि किसी बच्चे ने आंगनवाड़ी का खाना खाया और उसको पेट दर्द हुआ या वह बीमार पड़ गया?

Yes.....1

No.....2 [Go to 37]

APPENDICES

36 If YES, please describe वसितार में बताइए

HEALTH WORKERS VISITS

37 Is the centre ever visited by a health worker? Are there fixed days for the visit of the health worker (eg. ANM, LHV, doctor) to the AWC? क्या आपकी आंगनवाड़ी में कभी कोई स्वास्थ्य कार्यकर्ता आते हैं? क्या वह किसी नियमिति दनि पर आते हैं?

Yes there are visits on fixed days.....1

Yes there are visits but no fixed days.....2

No.....3 [Go to 41]

38 If YES, Who visits? ज्यादातर कौन आता है?

39 Which day is earmarked for these visits? इस वजिति के लिए कौनसा दनि निर्धारति किया गया है?

40 What is the frequency of their visits? Please report in terms of a month (eg. once a month)

और यह महीने में कतिनी बार वजिति करते हैं? [Go to 42]

☐ days in a month

41 If NO (i.e. if visit days are not fixed), are you usually informed of the health worker's visit in advance?

APPENDICES

अगर वजिह के बनि नरिधारति नहीं है, तो क्या आपको उनके आने से पहले सूचति कयिा जाता है?

- Yes.....1
No.....2
Varies.....3

42 Do the health workers come when they are supposed to? क्या स्वास्थ्य कार्यकर्ता ज़्यादातर नरिधारति बनि पर आ जाते हैं?

- Always.....1
Usually.....2
Rarely.....3
Never.....4

1. NUTRITION AND HEALTH EDUCATION (NHE)

[The term NHE session in this section refers to organized group discussions with women about health and nutrition matters (usually as monthly meetings).]

43 Do you conduct NHE sessions with mothers? क्या आप बसती क औरतों के साथ कभी मीटिंग करते हैं?

- Yes.....1
No.....2 [Go to 49]

44 If YES, is there a fixed day for NHE sessions? अगर हाँ, तो क्या ऐसी मीटिंग के लिए कोई बनि नरिधारति है?

- Yes.....1
No.....2

45 How many NHE sessions have you actually been able to conduct with the mothers during the last 12 months?

पछिले बारह महीनों में ऐसी कतिनी मीटिंग करी है आपने?

□□□ (enter number)

46 What is normally discussed at these meetings? Please explain in detail (eg. Infant feeding practices, childcare, family planning, hygiene and sanitation, immunization, etc.). ऐसी मीटिंग में ज़्यादातर क्या बातचीत होती है? ज़रा वसितार में बताएँ.

APPENDICES

47 How would you rate the average attendance at these meetings? आपके हिसाब से मीटिंग में आने वाली औरतों की संख्या पर्याप्त होती है? या कम होती है? Satisfactory.....1 [Go to 49] Not Satisfactory.....2 Cannot Say.....98 [Go to 49]	
48 If Not Satisfactory, what in your opinion are the reasons for poor attendance? आपके हिसाब से कम औरतों के आने की क्या वजह हो सकती है? Mothers are not aware of the meetings.....1 Mothers have no time.....2 They find the timings of NHE classes inconvenient.....3 They lack interest in NHE meetings.....4 They feel meetings are useless.....5 Other (please specify).....6	
HOME VISITS	
49 Do you make regular visits to mothers and children at home? आप क्या कभी माँ या बच्चे को नियमित रूप से घर पे मिलने जाती हैं? Yes.....1 No.....2 [Go to 52] No Response.....3 [Go to 51]	
50 If YES, please describe in detail (frequency, who you visit, purpose of visit, etc.) जरा वसितार से बताएँ -- महीने में कतिनी बार जाती हैं?	
50.1 Frequency of visits ☐ ☐ per month	

APPENDICES

50.2 Who do you visit? कसिको मलिने जाती है?

50.3 For what purposes do you visit? कसि कारण जाती है?

51 Are you able to make regular visits to all neighborhoods in this community?

क्या आप इस बस्ती के सारे इलाकों में नियमित रूप से जा पाती हैं?

Yes.....1 [Go to 54]

No.....2 [Go to 53]

No response.....3 [Go to 54]

52 If NO to **49**, please explain why अगर आप मौं या बच्चे को नियमित रूप से घर पे मलिने नहीं जा पाती है तो क्यों नहीं जा पाती?

53 If NO to **51**, please explain why अगर आप इस बस्ती के सारे इलाकों में नियमित रूप से नहीं जा पाती है तो क्यों नहीं जा पाती?

APPENDICES

SELECTION OF CHILDREN, ENROLLMENT & ATTENDANCE

54 How do you select children to be enrolled at the AWC? Please describe the process and selection criteria. आंगनवाड़ी में बच्चों का दाखलि कैसे कयिा जाता है? दाखलि के प्रक्रयि कय्ा होती है? चुने जाने के लिए बच्चों को कसि कसौटी पर उतरना पडता है?

55 How many children are enrolled in your AWC? इस सेंटर में कुल-मलि के कतिने बच्चे दाखलि है?

Infants (0-3 years)

भून्य से तीन साल के बच्चे

(enter number)

Toddlers (3-6 years)

तीन से छः साल के बच्चे

(enter number)

56 How many attend on an average day (in the 3-6 age group)? सामान्य दिन पर तीन से छः साल तक के कतिने बच्चे आते होंगे?

(enter number)

57 How many children, aged 3-6, attended yesterday (or on the last working day if the AWC was closed yesterday)?

और कल तीन से छः साल तक के कतिने बच्चे आए थे?

(enter number)

58 In your perception, what are the main reasons for irregular attendance of some children?

आपके हसिाब से कई बच्चे कभी कबार ही कयों आते हैं?

APPENDICES

59 When a particular child is absent for a long period (eg. more than 2 weeks), do you take any action?

जब एक बच्चा लगातार एबसेंट/अनुपस्थिति रहता है तब आप कुछ करते हैं?

Yes.....1
No.....2 [Go to 61]

60 If YES, what do you do? क्या करते हैं?

Strike his/her name off the register.....1
Visit the parents.....2
Send the helper to the child's home to fetch him/her.....3
Other (please specify).....4

61 Typically, how do children come to the AWC in the morning? ज़्यादातर बच्चे सवेरे आंगनवाड़ी तक कैसे आते हैं?

The AW Helper brings them.....1
The child comes alone.....2
The child is escorted by an elder sibling.....3
The child is escorted by the mother.....4
The child is escorted by other household members.....5
The child comes along with other children.....6
Other (please specify).....7

62.1 Does the anganwaadi helper ever go to the children's homes to bring them to the centre?

क्या आंगनवाड़ी सहायक कभी बच्चों के घर जाकर उन्हें खुद आंगनवाड़ी तक लेकर आती है?

Yes, regularly.....1
Yes, sometimes.....2
Rarely.....3
Never.....4

62.2 How difficult do you think it is for the AWH to collect the children from homes and bring them to the AWC?

एक आंगनवाड़ी सहायक का खुद जाकर बच्चों को लाना आपको कतिना मुश्किल लगता है? बहुत मुश्किल, थोड़ा मुश्किल, मुश्किल नहीं
Very Difficult.....1

APPENDICES

Somewhat Difficult.....2
Not difficult.....3
63 Please explain or illustrate. क्यों/कैसे? वसितार में बताएँ

COMMUNITY AWARENESS AND INVOLVEMENT
64 Is the ICDS Anganwadi a popular choice among parents in this community? क्या बस्ती के माता-पिता के बीच आंगनवाड़ी सेंटर लोकप्रिय है?
Yes.....1
No.....2
Can't Say.....98
65 What are the other popular options for childcare and/or preschool education in this community? Please mention in order of most popular to least popular. बच्चों की देखभाल के लिए या पूर्व स्कूली शिक्षा के लिए बस्ती में और भी सुविधाएँ हैं जो लोकप्रिय हैं? (जैसे बालवाड़ी, डेकेयर, पालनाघर) कुछ नाम बताइए और सबसे ज़्यादा लोकप्रिय से सबसे कम लोकप्रिय के क्रम में डालिए

66 At what position would you place the ICDS centre in this list? और इन सब के बीच आप सरकारी आंगनवाड़ी को किस नंबर पर डालेंगी?
☐ (enter number)

APPENDICES

66 What is the current level of awareness in the community vis-à-vis the ICDS scheme? Are people: बस्ती के लोग ICDS आंगनवाड़ी के बारे में कतिनी जानकारी रखते हैं? लोग कतिने जगुरुक हैं? अधिकतर जगुरुक या अधिकतर अनजान?

Mostly aware.....1

Mostly unaware.....2

Don't know/can't say.....98

67 It is sometimes the case that different groups of people have different awareness levels about programmes in the community. For instance, mothers versus fathers or grandparents, permanent residents versus renters etc. Is this the case in this community? क्या ऐसा भी है क विभिन्न प्रकार के लोग विभिन्न प्रकार की जानकारी रखते हैं? [WAIT FOR ANSWER BEFORE PROMPTING] जैसे माता के मुकाबले पति, या पुराने रहते हुए परवारों के मुकाबले नए आने वाले लोग?

Yes.....1

No.....2 [Go to 69]

68 If yes, which sections of the population are more aware of the ICDS service? Can you name a few? And less aware?

यहाँ पर वह कौनसे लोग हैं जो ज़्यादा जानकारी रखते हैं? और कौन हैं जो कम रखते हैं?

69 How do community workers such as you generate greater awareness among the people regarding the ICDS scheme and the services you offer? आप इस बस्ती के लोगों के बीच आंगनवाड़ी और उससे सम्बंधित सुविधाओं के बारे में जानकारी और जागरूकता बढ़ाने के लिए क्या-क्या करते हैं?

APPENDICES

70 Are there any other sources through which mothers/families gain information? If yes, please name.
क्या माता-पति के पास जानकारी पाने के और कोई साधन भी हैं? अगर हाँ, तो उनके बारे में बताएँ.

71 Do you involve parents in the activities of the centre?

क्या आप बच्चों के माता-पति को आंगनवाड़ी सेंटर की गतिविधियों/चल रही क्रियाओं में शामिल करती हैं?

Yes.....1

No.....2 [Go to 73]

72 If yes, in what ways? Please explain in detail. कैसे? जरा वसितार में बताएँ.

FINANCES

73 How much money (other than your salary) did you receive during the last 12 months to run the AWC?

अपने मासिक वेतन के अलावा पछिले बारह महीनों में सरकार की ओर से आंगनवाड़ी सेंटर चलाने के लिए आपको कतिने पैसे दिए गए हैं?

☐☐☐☐☐ Rupees

Cannot say.....98

74 Is this adequate to ensure normal functioning of the AWC? क्या इतने पैसे आंगनवाड़ी को सामान्य रूप से चलाने के लिए पर्याप्त हैं?

Yes.....1 [Go to 76]

No.....2

APPENDICES

75 If NO, please explain the main consequences of financial shortage.

अगर नहीं, तो इस धन सम्बन्धी कमी से आंगनवाड़ी के कामकाज में क्या प्रभाव पड़ता है?

76 Do you ever face delays in the release of funds or reimbursement of expenses from the government?

सरकार की ओर से आ रही धनराशी के मिलने में, या आपके द्वारा कए गए खर्चे के पुनर्भुगतान में कभी देरी होती है? [हमेशा, काफी बार, कभी कभी, बहुत ही कम, कभी नहीं]

- Always.....1
 Frequently.....2
 Sometimes.....3
 Rarely.....4
 Never.....5
 Cannot Say.....98

77 During the last 12 months, have you ever had to put in your own money to ensure that the functioning of the AWC is not disrupted due to lack of cash?

पछिले बारह महीनों में क्या कभी आपको आंगनवाड़ी को चलाते रहने के लिए खुद की जेब से पैसे डालने की जरूरत पड़ी है?

- Yes.....1
 No.....2 [Go to 79]

78 If YES, please give a specific example. ऐसा कब हुआ? क्या आप कोई उदाहरण दे सकती हैं?

APPENDICES

TRAINING & PERSONNEL ISSUES

79 How many days of training have you received, approximately?

आपको कुल मलिकर कतिने दनि की ट्रेनिंग दी गई थी -- जब आपने आंगनवाड़ी में काम करना शुरू किया था

At the time of starting work as an AWW

☐ (enter number)

After that और उस पहली ट्रेनिंग के बाद और कतिने दनि की ट्रेनिंग करी होगी?
number)

☐ (enter

80 How many months have lapsed since the last training you attended?

आपको पछिली बार ट्रेनिंग कब दी गई थी -- कतिने महीने पहले?

☐ (enter number)

81 What are the main topics that were covered in the last training programme that you attended?

और पछिली ट्रेनिंग में कनि वषियों पर बात हुई थी?

82 Do you feel that the training you have received is adequate or inadequate?

आपके हिसाब से जतिनी ट्रेनिंग आपको दी गई है वह पर्याप्त है या कम?

Adequate.....1 [Go to 84]

Inadequate.....2

No View.....3 [Go to 84]

APPENDICES

83 If INADEQUATE, please explain in what way. अगर ट्रेनिंग में कमी है तो क्या कमी है?

84 Are there any particular skills/topics on which you would particularly welcome further training? Please explain.
क्या ऐसा कोई खास विषय है जिसपर आप खास तौर से ट्रेनिंग लेना चाहेंगी? या कोई ऐसा गुण या हुनर जो आप सीखना चाहेंगी?

85 Visitors' chart

Visitor	How often did this person visit the anganwadi during the last 3 months? पछिले तीन महीनों में ___ कतिनी बार आंगनवाड़ी वजिटि पर आए हैं?	How many months have lapsed since this person's last visit? (Less than 1 month = 0) यह पछिली बार कतिने महीने पहले आए थे?	What did he /she do? Please describe the main activities. पछिली वजिटि किस वजह से करी गई थी?	Would you describe these visits as helpful or unhelpful? (1= Unhelpful, 2=Indifferent, 3=Helpful) आपको ऐसी वजिटि उपयोगी लगती है या अनुपयोगी?	Remarks (Please note any incidents connected with these visits, eg. Bribing, harassment, and also positive stories) कोई खास घटना -- अच्छी या बुरी?
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APPENDICES

Supervisor [USE THE SAME TERM]					
CDPO (Child Development Programme Officer) [USE THE SAME TERM]					

86 Have you ever faced any problems with your supervisor or CDPO? कभी supervisor या CDPO के साथ कोई कठिनाई या समस्या हुई है?

- Yes -- Supervisor.....1
Yes -- CDPO.....2
No.....3 [Go to 88]
No response.....4 [Go to 88]

87 If YES, what kind of problems? कसि कस्मि की कठिनाई/समस्या?

88 Have you ever had to pay any bribe to get any of the AWC work done?

कभी आंगनवाडी का कोई काम कराने के लिए घूस/रश्वत देनी पड़ी है?

- Yes.....1
No.....2 [Go to 90]
No response.....3 [Go to 90]

APPENDICES

89 If YES, for what purpose did you have to pay these bribes? रश्वित्त/घूस कसि कारण दी गई थी?

- To appease the supervisor or CDPO.....1
 To have routine records approved.....2
 To get salaries.....3
 To secure release of funds.....4
 To secure release of grains, medicines or equipment.....5
 Other (please specify).....6

90 If you don't mind telling me, may I know what your monthly salary is?

अगर आप बुरा न मानें तो क्या आप मुझे बता सकती हैं कि आपका मासिक वेतन कतिना है?

□□□□ (enter number in Indian Rupees)

91 When did you receive your last monthly salary? पछिली बार आपको वेतन कब मिला था?

□□ (enter month in numbers)

92 During the last 6 months, have you been mobilized by the government to perform any duties other than your AWC duties? पछिले छः महीनों में क्या

आपको आंगनवाड़ी चलाने के अलावा सरकार द्वारा कोई अन्य duty भी दी गई है?

Yes.....1

No.....2 [Go to 94]

93 If YES, please describe what you did, for whom and for how long क्या? कसिके लिए? कतिने दनों के लिए?

Task Description	For whom? (Department)	Number of days	
		Work days	Holidays

CENTRE WORKER'S PERCEPTIONS	
94.1 Have you heard of the term Early Childhood Care and Education – what does it mean? क्या आपने ECCE के बारे में सुना है? इसका क्या मतलब है?	a. Yes b. No _____ _____ _____ _____
94.2 Do you think that it is important to invest in the early years? Why/why not? आपके हिसाब से छः साल तक के बच्चों के लिए बनी योजनाओं/सुविधाओं का कोई महत्त्व है? क्या महत्त्व है?	a. Yes b. No _____ _____ _____ _____
AWW's PERCEPTION OF THE ICDS PROGRAMME	
95 Among the services that you are supposed to provide at the AWC, which one do you find most difficult to provide? आप आंगनवाड़ी के माध्यम से बच्चों और औरतों को जतिनी सुविधाएँ देते हैं, उनमें से कसि सुविधा को लोगों तक पहुँचाना सबसे मुश्किल लगता है?	_____ _____ _____ _____

APPENDICES

96 Why? Please explain. क्यों? वसितार में समझाएँ

97 In your view, what are the main achievements of the AWC in this community?

आपके हिसाब से इस बस्ती में आंगनवाड़ी सेंटर की मुख्य सफलता/सफलताएँ क्या रही हैं?

98 What are the main problems that you face in your work? Please explain in detail.

अपना काम पूरा करने में आपको मुख्य रूप से क्या कठिनाइयाँ आती हैं?

99 Name 3 main changes that you feel would help improve the scheme.

अपने हिसाब से आंगनवाड़ी योजना के लिए तीन ऐसे परिवर्तन बताइए जिनसे यह स्कीम और बेहतर बनाई जा सके

100 Are you aware of any new initiatives coming up in the programme? If yes, can you please elaborate?

APPENDICES

क्या आने वाले समय में आंगनवाड़ी योजना में कोई बदलाव आ रहा है? आपके पास सरकार से कोई जानकारी है?

--END--

APPENDICES

12.5 Sample Children's Centre Workers' Survey Tool (RGNCS)

SURVEY FOR 20 CHILDREN'S CENTRE WORKERS – RAJIV GANDHI CRÈCHE WORKER

[Draft-in-progress (4)]

Thank you for your time. This interview aims to understand the day-to-day functioning of a Rajiv Gandhi crèche centre and how different services and benefits are distributed to the mothers and children enrolled in it. Your views and experiences with running the centre and interacting with beneficiaries will be useful in understanding how the programme can be improved in the future.

समय निकालने के लिए धन्यवाद. इस इंटरव्यू में मैं आपसे क्रेच/पालनाघर के बारे में बात करना चाहूँगी -- क आप क्रेच/पालनाघर कसि तरह चलाती हैं और बच्चों और उनकी माताओं को यहाँ कसि प्रकार की सुविधाएँ देती हैं. आपकी इस जानकारी से हम यह समझ पाएँगे क आगे जाके क्रेच/पालनाघर को कसि प्रकार और अच्छा और उचित बनाया जा सकता है -- न सरिफ यहाँ आने वाले बच्चे और माँ के लिए, बल्क इसके साथ साथ क्रेच/पालनाघर में काम करने वाली आप जैसी कार्यकर्ता के लिए भी.

RAJIV GANDHI CRÈCHE CENTRE DETAILS	
State	<u>DELHI</u>
District जिला	<u>TP</u>
Community Name	<u>TP</u>
RG Crèche Centre Name (if any)	<u>BL05-06</u>
RG Crèche Centre No. (if any)	<u>--</u>
Date of Starting Operations:	Month: <u>D/K</u> Year: <u>2007</u>
PROFILE OF THE CRÈCHE WORKER	
1 Name of Crèche worker	<u>SUSHMA</u>
2 Age (years)	<u>35</u>
3 Class Passed (Education) आप कहाँ तक पढ़ी हैं?	<u>10TH GRADE</u>
4 Caste/ Community क्या आप कसि विशेष जाती या जनजाति से हैं?	

APPENDICES

SC.....	1 ✓
ST.....	2
OBC.....	3
General (Hindu).....	4
Muslim.....	5
Other (please specify).....	6

5 Marital status क्या आप शादीशुदा हैं? (PROBE) ✓

Married	1
Unmarried.....	2 [Go to 7]
Divorced.....	3 [Go to 8]
Separated.....	4 [Go to 8]
Widowed.....	5 [Go to 8]
Deserted.....	6 [Go to 8]
Other (please specify)	7 [Go to 8] ✓

6 If married, what is the husband's occupation? आपके पति क्या काम करते हैं?

Casual labour.....	1 [Go to 8]
Self-employment.....	2 [Go to 8]
Salaried employment (naukri).....	3 [Go to 8]
Other (please specify).....	4 [Go to 8]

7 If unmarried, what is the father's occupation? आपके पिता क्या काम करते हैं?

Casual labour.....	1
Self-employment.....	2
Salaried employment (naukri).....	3
Other (please specify).....	4

8 Do you have any income-earning occupations other than being a crèche worker? क्रेच/पालनाघर चलाने के अलावा क्या आप और कोई काम भी करती हैं?

Yes.....	1
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APPENDICES

No.....2 [Go to 10] ✓

9 If YES, please describe. क्या?

10 How long have you worked as a crèche worker?

आप पछिले कतिने सालों से क्रेच/पालनाघर कार्यकर्ता/सहायक के पद पे काम कर रही हैं?

5 years

11 How long have you worked in this centre? (years) और इस क्रेच/पालनाघर में कतिने सालों से काम कर रही हैं?

5 years

12 What did you do before you became a crèche worker? क्रेच/पालनाघर कार्यकर्ता/सहायक बनने से पहले आप क्या करती थी?

Unemployed/not working

13 Do you reside in the community in which the crèche is located? आप क्या इसी बस्ती में रहती हैं?

Yes.....1 ✓

No.....2 [Go to 15]

14 How far is the crèche centre from your house? (in kilometres) [Go to 16] आपके घर से क्रेच/पालनाघर कतिनी दूर है?

0.5 KM

15 How do you commute from your house to the crèche centre? घर से आंगनवाड़ी तक आप कैसे आती हैं?

Walking

16 How long does it take to reach the crèche centre from your house? (in minutes)

आपके घर से क्रेच/पालनाघर तक पहुँचने में कतिनी देर लगती है?

15 minutes

APPENDICES

17 Do you find it difficult to commute to the crèche? क्या क्रेच/पालनाघर तक आना जाना मुश्किल लगता है?

Yes.....1

No.....2 [Go to 19] ✓

Sometimes.....3

18 If YES or SOMETIMES, please explain. जरा वसितार में बताइए.

19 Do you find it difficult to keep the crèche open every day?

क्या आपको हर रोज क्रेच/पालनाघर खुली रखने में कोई दिकिक्त/मुश्किल आती है?

Yes.....1

No.....2 [Go to 21] ✓

Sometimes.....3

20 If YES or SOMETIMES, describe these difficulties in detail. क्या मुश्किलें आती हैं?

THE CRÈCHE CENTRE

21 During the last 12 months, has it ever happened that the crèche remained closed for more than a week at a stretch? पछिले बारह महीनों में कभी ऐसा हुआ है कि क्रेच/पालनाघर लगातार एक हफ्ते से ज्यादा समय तक बंद रही हो?

Yes.....1

APPENDICES

No.....2 [Go to 24] ✓

22 If YES, how many weeks did the crèche remain closed during the last 12 months?

अगर हाँ, तो इस दौरान क्रेच/पालनाघर कतिने हफ्तों तक बंद रही?

□□ weeks

23 What were the reasons? बंद रहने के क्या कारण थे?

24 How many days has the crèche opened for during the last 30 days?

पछिले एक महीने में क्रेच/पालनाघर कतिने दिने खुली है?

26 days

25 On an average for how many hours is the crèche open on a working day?

कसिती भी दिने पर क्रेच/पालनाघर लगभग कतिने घंटे खुली रहती है?

7 hours

SERVICES

26 When is the last time the following services were provided to children at the crèche?

पछिली बार क्रेच/पालनाघर में बच्चों को कब दिया गया था? [ASK SIMILARLY FOR OTHER SERVICES]

Service	Day (if available)	Month	Year	(as described by respondent in own words if month/yr not available)
Day care facilities पूरे दिने के देखभाल की सुविधा	Today			
Sleep and rest facilities	Today			

APPENDICES

सोने/आराम करने की सुविधा					
Recreational facilities खेलने की सुविधा	Today				
Preschool education पूर्व स्कूली शिक्षा	Today				
Supplementary Nutrition पौष्टिक आहार	Today				
Immunisation टीकाकरण	No response				
Health check-ups स्वास्थ्य जांच	23 May (this month)				

SUPPLEMENTARY NUTRITION

27 What kind of food is normally provided in this crèche centre to the following groups of children? करेंच/पालनाघर में आने वाले बच्चे को क्या खाना दिया जाता है? पहले भूख से तीन साल के बच्चों की बात करते हैं. FILL UP THE COLUMNS THEN ASK ABOUT NEXT -- तीन से छः साल के बच्चों को?

Group	Type of food (1=cooked, 2=ready to eat, 3=dry take home rations, 4=others) कसि कस्मि का खाना - पका, खाने के लिए तैयार, सूखा	Brief description (e.g. khichdi, dalia, murmura, panjiri, baby mix etc.)	Quantity per person		Further details (if applicable)
			Unit (gm/day or kg/week) माप	Quantity (write number here) कतिना?	
Infants (0-3 years) Toddlers (3-6 years)	Same for everyone - cooked	Khichdi Chhole Chawal Chirwa Halwa	40 gm rice 20 gm lentils per child	Based on need	

APPENDICES

28 Who supplies the food at the crèche? सेंटर पर खाना की सप्लाई कहाँ से आती है?

- Private contractor.....1
 NGO.....2
 Community based women's group.....3
 Women's group outside of the community.....4
 Any other (please specify) Cook 5 ✓
 Don't know/can't say.....98

29 Do you feel that the quantity of food served to children is adequate?

बच्चों में बांटे गए खाने की मात्रा आपको पर्याप्त/काफी लगती है?

- More than adequate.....1
Just adequate.....2 ✓
 Not adequate.....3
 Cannot Say.....98

30 How would you describe the quality of food served to children at the crèche?

बच्चों में बांटा गए खाने की क्वालिटी कैसी होती है?

- Good**.....1 ✓
 Average.....2
 Poor.....3
 Cannot Say.....98

31 During the last 12 months, have there been any complaints about the quality of food served to the children at the crèche? पछिले बारह महीनों में कभी खाने की क्वालिटी के बारे में कोई शिकायत आई है?

- Yes.....1
No.....2 [Go to 33] ✓

32 If YES, what was the complaint and what action did you take? क्या शिकायत की गई थी? आपकी क्या प्रतिक्रिया रही?

APPENDICES

33 During the last 12 months, has it ever happened that some children had a stomach ache or fell sick after eating at the crèche? पछिले बारह महीनों में ऐसा कभी हुआ है कि किसी बच्चे ने क्रेच/पालनाघर का खाना खाया और उसको पेट दर्द हुआ या वह बीमार पड़ गया?	
Yes.....1	
No.....2 [Go to 35]	✓
34 If YES, please describe वसितार में बताइए	
HEALTH WORKERS VISITS	
35 Is the centre ever visited by a health worker? Are there fixed days for the visit of the health worker (eg. ANM, LHV, doctor) to the crèche? क्या आपकी क्रेच/पालनाघर में कभी कोई स्वास्थ्य कार्यकर्ता आते हैं? क्या वह किसी नियमिति दिन पर आते हैं?	
Yes there are visits on fixed days.....1	
Yes there are visits but no fixed days.....2 (depends on when the central office sends doctors)	✓
No.....3 [Go to 39]	
36 If YES, Who visits? ज़्यादातर कौन आता है?	
<u>A doctor</u>	
37 Which day is earmarked for these visits? इस वज्रिति के लिए कौनसा दिन निर्धारित किया गया है?	
<u>No specific day</u>	

APPENDICES

38 What is the frequency of their visits? Please report in terms of a month (eg. once a month)

और यह महीने में कतिनी बार वज्रिटि करते हैं? [Go to 40]

1 day in a month

39 If NO (i.e. if visit days are not fixed), are you usually informed of the health worker's visit in advance?

अगर वज्रिटि के बनि नरिधारति नहीं हैं, तो क्या आपको उनके आने से पहले सूचति कयिा जाता है?

Yes.....1

No.....2 ✓

Varies.....3

40 Do the health workers come when they are supposed to? क्या स्वास्थ्य कार्यकर्ता ज़्यादातर नरिधारति बनि पर आ जाते हैं?

Always.....1 ✓

Usually.....2

Rarely.....3

Never.....4

HOME VISITS

41 Do you make regular visits to mothers and children at home?

आप क्या कभी माँ या बच्चे को नियमति रूप से घर पे मलिने जाती हैं?

Yes.....1

No.....2 [Go to 44] ✓

No Response.....3 [Go to 43]

42 If YES, please describe in detail (frequency, who you visit, purpose of visit, etc.)

ज़रा वसितार से बताएँ -- महीने में कतिनी बार जाती हैं?

Frequency of visits

Who do you visit? कसिको मलिने जाती हैं?

☐ ☐ per month

APPENDICES

For what purposes do you visit? कसि कारण जाती हैं?

43 Are you able to make regular visits to all neighborhoods in this community?

क्या आप इस बस्ती के सारे इलाकों में नियमिति रूप से जा पाती हैं?

Yes.....1 [Go to 46]

No.....2 [Go to 45]

No response.....3 [Go to 46]

44 If NO to 41, please explain why

अगर आप माँ या बच्चे को नियमिति रूप से घर पे मलिन नहीं जा पाती हैं तो क्यों नहीं जा पाती?

This is not required as part of my duty

45 If NO to 43, please explain why

अगर आप इस बस्ती के सारे इलाकों में नियमिति रूप से नहीं जा पाती हैं तो क्यों नहीं जा पाती?

SELECTION OF CHILDREN, ENROLLMENT & ATTENDANCE

46 How do you select children to be enrolled at the crèche? Please describe the process and selection criteria. कर्च/पालनाघर में बच्चों का दाखला कैसे किया जाता है? दाखलि के प्रक्रिया क्या होती है? चुने जाने के लिए बच्चों को कसि कसौटी पर उतरना पडता है?

We do a number of things – take a photocopy of their immunization card first. The child must be between 6 months to 5 years, there is no need

APPENDICES

for mothers to be working, we take everyone. Also no need for a specific household income, we take everyone.

47 How many children are enrolled in your crèche? इस सेंटर में कुल-मिला के कतिने बच्चे दाखलि हैं?
 Infants (0-3 years) शून्य से तीन साल के बच्चे 35 including both infants and toddlers
 Toddlers (3-6 years) तीन से छः साल के बच्चे

48 How many attend on an average day? सामान्य दिन पर शून्य से तीन साल तक के कतिने बच्चे आते होंगे?
 Infants (0-3 years) 20 or so including both infants and toddlers
 Toddlers (3-6 years) तीन से छः साल

49 How many children attended yesterday (or on the last working day if the crèche was closed yesterday)?
 और कल कतिने बच्चे आए थे?

Infants (0-3 years) शून्य से तीन साल के बच्चे 21 including both infants and toddlers
 Toddlers (3-6 years) तीन से छः साल तक के

50 In your perception, what are the main reasons for irregular attendance of some children?
 आपके हिसाब से कई बच्चे कभी कबार ही क्यों आते हैं?

Summer holidays for school children are on at the moment, so families go to their villages or somewhere else for a break

51 When a particular child is absent for a long period (eg. more than 2 weeks), do you take any action?

जब एक बच्चा लगातार एबसेंट/अनुपस्थिति रहता है तब आप कुछ करते हैं?

Yes.....1 ✓
 No.....2 [Go to 53]

52 If YES, what do you do? क्या करते हैं?

Strike his/her name off the register.....1

Visit the parents.....2 ✓

Send the helper to the child's home to fetch him/her.....3

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Other (please specify).....	4
53 Typically, how do children come to the crèche in the morning? ज्यादातर बच्चे सुबह क्रेच/पालनाघर तक कैसे आते हैं?	
The crèche helper brings them.....	1
The child comes alone.....	2
The child is escorted by an elder sibling.....	3
The child is escorted by the mother.....	4 ✓
The child is escorted by other household members.....	5
The child comes along with other children.....	6
Other (please specify).....	7
54.1 Does the crèche helper ever go to the children's homes to bring them to the crèche centre? क्या क्रेच/पालनाघर सहायक कभी बच्चों के घर जाकर उन्हें खुद क्रेच/पालनाघर तक लेकर आती है?	
Yes, regularly.....	1
Yes, sometimes.....	2
Rarely.....	3
Never.....	4 ✓
54.2 How difficult do you think it is for the crèche helper to collect the children from homes and bring them to the crèche? एक क्रेच/पालनाघर सहायक का खुद जाकर बच्चों को लाना आपको कतिना मुश्किल लगता है? बहुत मुश्किल, थोड़ा मुश्किल, मुश्किल नहीं [NOT APPLICABLE]	
Very Difficult.....	1
Somewhat Difficult.....	2
Not difficult.....	3
55 Please explain or illustrate. क्यों/कैसे? वसितार में बताएँ	

COMMUNITY AWARENESS AND INVOLVEMENT	
56 Is the Rajiv Gandhi crèche a popular choice among parents in this community? क्या बस्ती के माता-पति के बीच क्रेच/पालनाघर सेंटर लोकप्रिय है?	Yes.....1 ✓ No.....2 Can't Say.....98
57 What are the other popular options for childcare and/or preschool education in this community? Please mention in order of most popular to least popular. बच्चों की देखभाल के लिए या पूर्व स्कूली शिक्षा के लिए बस्ती में और भी सुविधाएँ हैं जो लोकप्रिय हैं? (जैसे बालवाडी, डेकेयर, पालनाघर) कुछ नाम बताइए और सबसे ज्यादा लोकप्रिय से सबसे कम लोकप्रिय के क्रम में डालिए	
An NGO run crèche in B13 and the government ICDS	
58 At what position would you place the RG crèche centre in this list? और इन सब के बीच आप सरकारी क्रेच/पालनाघर को किस नंबर पर डालेंगी?	1 (enter number)
59 What is the current level of awareness in the community vis-à-vis the Rajiv Gandhi crèche scheme? Are people: बस्ती के लोग क्रेच/पालनाघर के बारे में कतिनी जानकारी रखते हैं? लोग कतिने जगह हैं? अधिकतर जगह या अधिकतर अनजान?	Mostly aware.....1 ✓ Mostly unaware.....2 Don't know/can't say.....98
60 It is sometimes the case that different groups of people have different awareness levels about programmes in the community. For instance, mothers versus fathers or grandparents, permanent residents versus renters etc. Is this the case in this community? क्या ऐसा भी है कि विभिन्न प्रकार के लोग विभिन्न प्रकार की जानकारी रखते हैं? [WAIT FOR ANSWER BEFORE PROMPTING] जैसे माता के मुकाबले पति, या पुराने रहते हुए परिवारों के मुकाबले नए आने	

APPENDICES

वाले लोग?

Yes.....1

No.....2 [Go to 62] ✓

61 If yes, which sections of the population are more aware of the crèche service? Can you name a few?

यहाँ पर वह कौनसे लोग हैं जो ज़्यादा जानकारी रखते हैं? और कौन हैं जो कम रखते हैं?

62 How do community workers such as you generate greater awareness among the people regarding the Rajiv Gandhi Crèche scheme and the services you offer?

आप इस बस्ती के लोगों के बीच क्रेच/पालनाघर और उससे सम्बंधित सुविधाओं के बारे में जानकारी और जागरूकता बढ़ाने के लिए क्या-क्या करते हैं?

We conduct a community survey whenever the total number of enrolled children falls below a certain level. We also organise parent meetings for those who send their children here

63 Are there any other sources through which mothers/families gain information? If yes, please name.

क्या माता-पिता के पास जानकारी पाने के और कोई साधन भी है? अगर हाँ, तो उनके बारे में बताएँ.

Word of mouth usually

64 Do you involve parents in the activities of the centre?

क्या आप बच्चों के माता-पिता को क्रेच/पालनाघर सेंटर की गतिविधियों/चल रही क्रियाओं में शामिल करती हैं?

Yes.....1 ✓

No.....2 [Go to 66]

65 If yes, in what ways? Please explain in detail. कैसे? जरा वसितार में बताएँ.

We invite them to meetings, and to celebrations in the crèche e.g. on a festival

APPENDICES

66 Do you ever conduct meetings with mothers? क्या आप बसती क औरतों के साथ कभी मीटिंग करते हैं?

Yes.....1 ✓
No.....2 [Go to 72]

67 If YES, is there a fixed day for such meetings? अगर हाँ, तो क्या ऐसी मीटिंग के लिए कोई दनि निर्धारित है?

Yes.....1
No.....2 ✓

68 How many meetings have you actually been able to conduct with the mothers during the last 12 months?

पछिले बारह महीनों में ऐसी कतिनी मीटिंग करी हैं आपने?

6 (enter number)

69 What is normally discussed at these meetings? Please explain in detail (eg. Infant feeding practices, childcare, family planning, hygiene and sanitation, immunization, etc.).
ऐसी मीटिंग में ज़्यादातर क्या बातचीत होती है? ज़रा वसितार में बताएँ.

Health issues and awareness, information on diseases and illnesses among children

70 How would you rate the average attendance at these meetings?

आपके हिसाब से मीटिंग में आने वाली औरतों की संख्या पर्याप्त होती है? या कम होती है?

Satisfactory.....1 [Go to 72] ✓
Not Satisfactory.....2
Cannot Say.....98 [Go to 72]

71 If Not Satisfactory, what in your opinion are the reasons for poor attendance?

आपके हिसाब से कम औरतों के आने की क्या वजह हो सकती है?

Mothers are not aware of the meetings.....1
Mothers have no time.....2
They find the timings of NHE classes inconvenient.....3
They lack interest in NHE meetings.....4
They feel meetings are useless.....5
Other (please specify).....6

FINANCES

72 How much money (other than your salary) did you receive during the last 12 months to run the crèche?
अपने मासिक वेतन के अलावा पछिले बारह महीनों में सरकार की ओर से क्रेच/पालनाघर सेंटर चलाने के लिए आपको कतिने पैसे दिये गए हैं?

☐☐☐☐☐☐ Rupees

Cannot say.....98 ✓

73 Is this adequate to ensure normal functioning of the crèche?

क्या इतने पैसे क्रेच/पालनाघर को सामान्य रूप से चलाने के लिए पर्याप्त हैं?

Yes.....1 [Go to 75] ✓

No.....2

74 If NO, please explain the main consequences of financial shortage.

अगर नहीं, तो इस धन सम्बन्धी कमी से क्रेच/पालनाघर के कामकाज में क्या प्रभाव पड़ता है?

75 Do you ever face delays in the release of funds or reimbursement of expenses from the Government?

सरकार की ओर से आ रही धनराशि के मिलने में, या आपके द्वारा किये गए खर्चे के पुनर्भुगतान में कभी देरी होती है? [हमेशा, काफी बार, कभी कभी, बहुत ही कम, कभी नहीं]

Always.....1

Frequently.....2

Sometimes.....3

Rarely.....4

Never.....5 ✓

APPENDICES

Cannot Say.....98

76 During the last 12 months, have you ever had to put in your own money to ensure that the functioning of the crèche is not disrupted due to lack of cash?

पछिले बारह महीनों में क्या कभी आपको करेच/पालनाघर को चलाते रहने के लिए खुद की जेब से पैसे डालने की जरूरत पड़ी है?

Yes.....1

No.....2 [Go to 78] ✓

77 If YES, please give a specific example. ऐसा कब हुआ? क्या आप कोई उदाहरण दे सकती हैं?

TRAINING & PERSONNEL ISSUES

78 How many days of training have you received, approximately?

आपको कुल मलिकर कतिने दिन की ट्रेनिंग दी गई थी -- जब आपने करेच/पालनाघर में काम करना शुरू किया था

At the time of starting work as a crèche worker

7 (enter number)

After that और उस पहली ट्रेनिंग के बाद और कतिने दिन की ट्रेनिंग करी होगी?

8 (enter number)

79 How many months have lapsed since the last training you attended?

आपको पछिली बार ट्रेनिंग कब दी गई थी -- कतिने महीने पहले?

5 months (enter number)

80 What are the main topics that were covered in the last training programme that you attended?

और पछिली ट्रेनिंग में कनि वषियों पर बात हुई थी?

APPENDICES

Activities for young children

81 Do you feel that the training you have received is adequate or inadequate?

आपके हिसाब से जतिनी ट्रेनिंग आपको दी गई है वह पर्याप्त है या कम?

Adequate.....1 [Go to 83] ✓

Inadequate.....2

No View.....3 [Go to 83]

82 If INADEQUATE, please explain in what way. अगर ट्रेनिंग में कमी है तो क्या कमी है?

83 Are there any particular skills/topics on which you would particularly welcome further training? Please explain.
क्या ऐसा कोई खास विषय है जिसपर आप खास तौर से ट्रेनिंग लेना चाहेंगी? या कोई ऐसा गुण या हुनर जो आप सीखना चाहेंगी?

Some more new and innovative skills around working with/teaching children

84 Visitors' chart

Visitor	How often did this person visit the crèche during the last 3 months? पछिले तीन महीनों में कतिनी बार क्रेच/पालनाघर वज्रिटि पर आए हैं?	How many months have lapsed since this person's last visit? (Less than 1	What did he /she do? Please describe the main activities. पछिली वज्रिटि किस वजह से करी गई थी?	Would you describe these visits as helpful or unhelpful? (1= Unhelpful, 2=Indifferent,	Remarks (Please note any incidents connected with these visits, eg. Bribing, harassment, and also positive
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APPENDICES

		month = 0) यह पछिली बार कतिने महीने पहले आए थे?		3=Helpful) आपको ऐसी वज्रि उपयोगी लगती है या अनुपयोगी?	stories) कोई खास घटना -- अच्छी या बुरी?
Implementing Agency (Central Social Welfare Board, Indian Council of Child Welfare, Bhartiya Adim Jati Sevak Sangh) ICCW/CSBW से कोई	5 visits in the last one month	1 day	Checking and supervision – register updates, activity checks	3	We get a lot of support from these visits
Monitoring Agency सरकार की ओर से जांच के लिए संस्था	NONE				
Any other कोई और	NO				

85 Have you ever faced any problems with any of the above? कभी इनमें से किसी के साथ कोई कठिनाई या समस्या हुई है?

Yes (mention who).....1

No.....3 [Go to 87] ✓

No response.....4 [Go to 87]

86 If YES, what kind of problems? कसि कसिम की कठिनाई/समस्या?

87 Have you ever had to pay any bribe to get any of the crèche work done?

APPENDICES

कभी करेच/पालनाघर का कोई काम कराने के लिए घूस/रश्वत देनी पड़ी है?

Yes.....1

No.....2 [Go to 89] ✓

No response.....3 [Go to 89]

88 If YES, for what purpose did you have to pay these bribes? रश्वत/घूस किस कारण दी गई थी?

To appease someone (mention who).....1

To have routine records approved.....2

To get salaries.....3

To secure release of funds.....4

To secure release of grains, medicines or equipment.....5

Other (please specify).....6

89 If you don't mind telling me, may I know what your monthly salary is?

अगर आप बुरा न मानें तो क्या आप मुझे बता सकती हैं कि आपका मासिक वेतन कतिना है?

1500 (enter number in Indian Rupees)

90 When did you receive your last monthly salary? पछिली बार आपको वेतन कब मिला था?

5 (this month) (enter month in numbers)

91 During the last 6 months, have you been mobilized by the government to perform any duties other than your crèche duties? पछिले छः महीनों में क्या आपको करेच/पालनाघर चलाने के अलावा सरकार द्वारा कोई अन्य duty भी दी गई है?

Yes.....1

No.....2 [Go to 93] ✓

92 If YES, please describe what you did, for whom and for how long क्या? किसके लिए? कतिने बनों के लिए?

APPENDICES

Task Description	For whom? (Department)	Number of days	
		Work days	Holidays

CENTRE WORKER'S PERCEPTIONS

93.1 Have you heard of the term Early Childhood Care and Education – what does it mean?
 क्या आपने ECCE के बारे में सुना है? a. Yes b. No ✓
 इसका क्या मतलब है?

93.2 Do you think that it is important to invest in the early years? Why/why not?
 आपके हिसाब से शून्य से छः साल तक के बच्चों के लिए बनी योजनाओं/सुविधाओं का कोई महत्त्व है?
 क्या महत्त्व है? a. Yes b. No

Yes, because the child learns a lot at this age: eating on his own, using hands, developing grip, developing good health, learns to speak..

CRÈCHE WORKER'S PERCEPTION OF THE RAJIV GANDHI NATIONAL CRÈCHE PROGRAMME

94 Among the services that you are supposed to provide at the crèche, which one do you find most difficult to provide?
 आप क्रेच/पालनाघर के माध्यम से बच्चों को जतिनी सुविधाएँ देते हैं, उनमें से किस सुविधा को उपलब्ध करना सबसे मुश्किल लगता है?
Caring for the children when the crèche helper is not around

APPENDICES

95 Why? Please explain. क्यों? वसितार में समझाएँ

See above

96 In your view, what are the main achievements of the RG crèche in this community?

आपके हिसाब से इस बस्ती में क्रेच/पालनाघर सेंटर की मुख्य सफलता/सफलताएँ क्या रही है?

It provides services for working mothers. The child remains safe from bad elements.

97 What are the main problems that you face in your work? Please explain in detail.

अपना काम पूरा करने में आपको मुख्य रूप से क्या कठिनाइयाँ आती हैं?

Our salary is less. Some mothers come back early to collect their children – they don't understand that there is a timing. On the other hand our main office comes randomly to check and wants to maintain child numbers in the centres.

98 Name 3 main changes that you feel would help improve the scheme.

अपने हिसाब से क्रेच/पालनाघर योजना के लिए तीन ऐसे परिवर्तन बताइए जिनसे यह स्कीम और बेहतर बनाई जा सके

More material – e.g. toys, better infrastructure (a concrete roof), and a more beautiful environment (some decorations)

99 Are you aware of any new initiatives coming up in the programme? If yes, can you please elaborate?

क्या आने वाले समय में क्रेच/पालनाघर योजना में कोई बदलाव आ रहा है? आपके पास सरकार से कोई जानकारी है?

We are installing the 'aquaguard' water filter system soon

--END--

12.6 Semi-structured Interview Guide: Policy Experts/Elites

INTERVIEW GUIDE FOR 10 EARLY CHILDHOOD POLICY EXPERTS IN INDIA [Draft-in-progress (2)]

Thank you very much for your time. This interview aims to explore how the design, implementation and delivery of early childhood programmes and services can impact the experiences of parents and children who take-up and utilize these services. Your views as an expert on early childhood will be useful in capturing a professional's perspective on the issue and will be complemented by a parallel exploration of user perspectives on the same.

Name	
Age	
Sex	
Official Designation	
Organisation	
Educational qualifications	
No. of years in present profile	
Previous profile	
ECEC related membership/affiliation	

ECEC

1. What, according to you is Early Childhood? [very briefly]
2. What, according to you, is Early Childhood Education and Care? [Importance, significance?] [very briefly]
3. There can be multiple perspectives to studying the quality of services related to ECEC [for instance – researcher/professional, staff, and users (children/parents)]. Do you think there is value added by studying user perspectives e.g. through service feedback and usage experience? Please describe.

Government provisions and performance

1. What, according to you, are some of the government schemes/services for ECEC in the country? In Delhi state? Please name.
2. What, in your opinion, goes behind designing a scheme or a policy related to ECEC? What should ideally be the basis of such a design? [Keep it open ended and if needed use the following key words – research? Social values? Political objectives? Economic needs?]
3. A literature review of existing provisions (such as the ICDS) in terms of its aims/objectives and outcomes till date (coverage, service quality, child outcomes) indicates that there is a wide gap between what is promised/envisioned [government intention] and what is experienced/implemented [on-the-ground implementation], in turn, leading to poor take-up of services by users.
 - a. What do you think are the factors that contribute to this gap?
 - b. What can, in your opinion, reduce the gap between provision and take-up?

4. India has a three-tiered system of governance in which policies are designed and funded at the National level, implemented at the State level and delivered at the local level.
 - a. How do you think this impacts the performance of a scheme and take-up of services at the local level?
 - b. What in your opinion are the strengths and weakness of such a system?

Take-up and non-take-up:

1. What do you think are some of the factors that can enhance the take-up or utilization of ECEC services by parents and children? What can improve their experiences of use with services such as the ICDS and the RGNCS?
2. What do you think are the barriers that prevent children below six and their mothers from accessing these services?

ICDS and RGNCS

1. Talking about the current status of the ICDS – what would you suggest as design related reforms for effective service delivery?
2. And what about implementation related reforms?
3. And talking about the current status of the RGNCS – although this scheme is fairly recent, would you have any suggestions on design related reforms for the same?
4. And implementation related reforms for the RGNCS?
5. There is much academic literature that discusses the ‘failure’ of ECCE schemes including the ICDS and the RGNCS. In your opinion, have they failed? Please discuss in terms of the ICDS and RGNCS both.
 - a. If YES to the above -- how far do you think weak and/or lacking monitoring and control mechanisms contribute to the ‘failure’ of schemes?
 - i. If responsible -- What then, do you think can be suggested mechanisms for effective monitoring and control of schemes?

Recommendations and the future

1. What in your opinion would be the top three recommendations for improving parents’ and children’s experiences with the ICDS?
2. And what about the RGNCS? What would make the service more relevant and beneficial to working mothers in need of childcare? You can suggest up to three policy recommendations.
3. Are you aware of the recent proposition by the Indian government to formulate a policy for early childhood education and care?
 - a. One of the two:
 - i. If YES, can you share what you know about it in terms of objectives and progress made? What, in your opinion, can be some of the tenets of such a policy?
 - ii. If NO -- The government of India is proposing to come up with a policy for early childhood. What, in your opinion, can be some of the tenets of such a policy?
 - b. Keeping in mind the Indian socio-cultural and economic context, whose needs should such a policy serve?

- c. How effective can such a policy be in the absence of a constitutional mandate recognizing the right to ECEC? Should such a legal provision exist?

****Thank you very much for your time. The purpose of this interview was to understand how the policymaking process viz. policy formation, implementation and delivery can impact the take-up and utilization of early childhood schemes by targeted beneficiaries. Your interest and expertise in the field of early childhood education and care has been useful in providing an additional perspective to the research question being explored as part of this doctorate. Thank you for your participation****

12.7 Semi-structured Interview Guide: Government Officials

INTERVIEW GUIDE FOR 10 GOVERNMENT OFFICIALS (National Govt. and Delhi State) [Draft-in-progress (2)]

Thank you for your time. The main objective of this interview is to understand how the government devises, implements and evaluates early childhood schemes/policies. By asking you these questions I am trying to understand how such government processes and decisions impact the experiences of parents and children who utilize the services as part of these schemes.

Name	
Age	
Sex	
Official Designation	
Department	
Educational qualifications	
No. of years in present profile	
Previous profile	

ECEC

1. What, according to you is Early Childhood?
2. What, according to you, is Early Childhood Education and Care? Importance, significance?

Schemes on offer for ECEC

(Very briefly, only take down names, not descriptions)

(ASK STATE LEVEL OFFICIAL ONLY)

1. Current set of schemes vis-à-vis ECEC offered by the State Government—in conjunction with the Centre
2. Current set of schemes vis-à-vis ECEC offered by the State Government---exclusively by the State

(ASK NATIONAL GOVERNMENT OFFICIAL ONLY)

1. Current set of schemes vis-à-vis ECEC offered by the National Government

Dissemination and Implementation of Schemes

2. Sources from which schemes/policies are received and how decisions for implementation are made [e.g. how are schemes devised? How does the Ministry decide on which scheme will be selected for implementation?]
3. How the State Government identifies who the scheme will be distributed to [e.g. How are potential beneficiaries decided and then targeted? How do you decide the eligibility criteria for a particular scheme?]
4. Actual delivery process/mechanism [How is the scheme implemented/delivered? What are the steps involved?]

5. Monitoring of policies distributed [How are policies monitored? How does the government undertake evaluations of policies distributed? What are the monitoring mechanisms that help evaluate the progress of schemes? Who monitors?]

Effectiveness of Schemes

(Start generically but encourage discussion through specific examples of schemes)

1. How are potential benefits of a policy decided?
2. Cost effectiveness (e.g. Are there any mechanisms to check/ensure cost effectiveness of schemes? How is this done? How effective is the scheme when costs involved are compared against benefits incurred?)
3. Targeting efficiency (e.g. are there any mechanisms to ensure that scheme beneficiaries reach the intended people [those with an actual need of the scheme]? How is it evaluated?)
4. How do you ascertain that the scheme is delivering the outputs planned during its conceptualization e.g. childcare/preschool places, portfolio of services, take-up etc.? (Empirical/anecdotal evidence?)

Constraints to Policy Formation and Delivery

(Leave discussion open and use the following as cues depending on need)

1. Financial constraints (e.g. are there any constraints faced e.g. in terms of budgetary allocation within various departments of the Ministry, or between various schemes within the same department, or across Ministries?)
2. Political constraints (e.g. do you think issues such as mismatched political interests and power differentials limit the nature and process of policy formation and delivery)
3. Institutional constraints (e.g. do things like institutional structure and hierarchy pose constraints in the formation or delivery of schemes?)
4. Social/cultural constraints (e.g. do notions such as 'a child's foremost caretaker should be the mother' impact the nature of policies formed positively or negatively?)
5. External constraints (e.g. political pressures, pressures from donor organizations such as WB, DFID, global trends etc. drive or constrain the nature of schemes introduced?)

Recommendations for Policy

1. For devising policies
2. For targeting policies effectively
3. For implementing policies
4. For monitoring and evaluation of policies

Schemes for the Future

1. Schemes/policies in the pipeline
2. Any other recommendations

****Thank you for your time. This interview has been helpful in identifying how government policymaking and implementation impact the experiences of parents and children who use government programmes. The information will be helpful in identifying factors that can enhance user experiences and improve take-up of such programmes in the future.****

12.8 Sample Interview Transcript: Director, International Children's NGO

Policy Expert/Transcript 8/Transcribed on 5 August 2011

Before I start asking you the first question – I know, like, we were discussing, you have been with the XX study and you've been with XXX and that your area of expertise is Early Childhood Education and Inclusive Education. Can you tell me some of the recent work that you have done in the context of early childhood?

Well I think the biggest piece of work that one has been able to be part of is we set up a centre of Early Childhood Development and Research at the XX University and why this was done is because I believe that early childhood chaps don't exist in the country. We are a handful of people, we are aging and we need more young people to come in and take this forward. And there are a few centres which have been running child development courses. But today if you see the trend across all universities, they have moved from Child Development to Human Development. So the focus on 0-8 seems to be losing ground even within this centre. So this centre that we have established will only be focussing on 0 to 8 where we will run MPhil programmes, Master programmes and PhD programmes – lot of money, which will probably be allocated to research in ECD. Our hope is that we will actually have a course which is multidisciplinary or which will cut across issues related to health, nutrition, early childhood education, not just ECE but ECD which doesn't exist in the country at the moment because there is no trans-disciplinary course that really captures all of this. And we hope that it will become a technical resource centre for the MWCD because the Ministry of Women and Child has absolutely no technical expertise inside.

It is a well-known fact that there are universal ways of defining early childhood, or early childhood care, education and development. Do you personally have your own – in your own understanding; is there a definition that you go by?

Well I just look at early childhood development as being a holistic, all-encompassing term which includes all the elements of early childhood care, early childhood education because education to me begins at birth. It can't wait till a child turns three, which is how it is understood in the documents at the moment. And I see it as not stopping at six, so I am moving away from the policy definition to say early childhood must cover all domains of child development including health, nutrition, care, a nurturing environment, stimulation and school preparedness and going right up to the age of eight. Because the child continues to remain, to actually need that kind of input, even though, even when he transits and makes his transition to primary school. The preschool cannot be a downward extension of elementary education. The pedagogy has to be based more on early childhood pedagogy rather than on school.

We were just discussing that there can be multiple ways or perspectives to studying the impact of any social programme where I mentioned looking at parents and children's perspectives. So do you think there is any value added by studying user perspectives?

Absolutely. Any scheme must begin with the user; I mean the end-user is where the implementation is actually going to be seen. Uh...knowing our country there is a lot of loss in activities, in budgets while the money rolls down and watering down even what is conceived from you know policymakers at the national level and experts at the state level. We know that we have most difficulty because of the size of our country and the populations that we need to serve, the geographical terrain, which is very, very diverse and sometimes extremely difficult. There are some logistical issues as well we have that are extremely difficult to deal with. And, I think, the resources available are so few that ultimately if you want to say what works in a

particular scheme and how best to look at its impact would definitely be at the user end. So – the child, the mother and the father! I don't know why we don't include fathers because sometimes we have the focus on mothers and don't worry about the dads. I would look at fathers as well. And also, I would, in fact, look at perspectives of siblings because that has extremely critical implications for early childhood development. Because sometimes the siblings don't receive care and end up being the carer by default. So, of course. And, of course, the service provider perspectives are equally important because you just can't look at the end-users and not worry about the service providers – what impact is of the work load, is the rationalisation of the workload...is it realistic? Have they been given enough input and capacity building? All that needs to be taken care of. And then of course you want to...at the level of...say an aanganwadi centre or a Rajiv Gandhi crèche, I would look at the budget allocation per child and say – is this effective? Is this what is needed? Does this make sense? And of course, how effectively those resources reach because often aanganwadi centres will say that we don't get the money for months! And there are no rations available. So now communities are demanding those rations. There is a demand but sometimes supply is not, you know, supplied effectively. So all those issues – the end-users as well as the service providers and I think the missing link of this is that the supervisors haven't been trained at all! And they don't even have the skill-set or the qualification to actually mentor and monitor.

Okay I'd like to go on to a slightly conceptual issue now. In your opinion, what do you think has gone behind the design of some of these early childhood programmes of our country – in the Indian context what has gone behind the design of these programmes? And a related question – what should ideally be the basis of the design of such a programme?

Since you are referring to the ICDS in particular I am going to prefer that to that as well because different programmes have different conceptualisations. The ICDS has its genesis in 1974. Now you are looking at a programme which is very old. I think at that time there was a lot of thought that went into the scheme. It was meant to be community based. Just remember in that time, and if you look at today and then, we didn't have the urban slums as they exist today. Land availability and space availability was much easier in 1974 than it is today – it is at a premium today, right? Unfortunately what has not happened is revision and reviewing of it. So you may have had a very good basis of conceptualising a particular scheme in a particular point in time. Contexts change and scenarios change. What have we done to make sure we are addressing the current scenario in our scheme? So there is an absolute, urgent need to revamp the ICDS today. So what's...it's not to blame what happened in 74; the difficulty is that nobody is challenging the need to relook at the norms. So the norms e.g. 500 Rupees for rent in urban slums just don't work! What do you want to get? What space are you going to get, you know? So there is a huge need. Now what has happened is – thank God they have at least looked at the honorarium of the anganwadi worker being reviewed. Now what has happened that its still not the minimum wages! So what are we today saying? At that time you may have thought of volunteers, the aanganwadi worker is not a volunteer anymore. Let's look at it. Look at the number of aanganwadi workers across the country. How can you call them volunteers in 2011? So there is a difference between then and now and we need to take that into account. So I think the need for today is that we need to do a situation analysis. We have projections of the population – of course child population under six in the provisional data of the census has actually gone down, which is probably good news in a way, as long as there has not been – we make sure that there is no female foeticide happening on a large scale. So if, based on that, we need to definitely look at habitations that exist today and then look at the need of the number of workers that would be required, new infrastructure norms – there is no infrastructure available under ICDS, they are all rented buildings. So that is a huge problem, we cannot do that anymore. And why should it be? Seventy four and 2011 are two different times in history. So I think the country needs to really take stock and say what is it that we need to do, to make sure we give importance to early childhood development that it deserves.

A lot of work has been done on reviewing the ICDS, not so much on the Rajiv Gandhi crèche scheme, but still some. And both kinds of studies indicate that there is a huge gap between what is government intention and what is on-the-ground implementation.

Yeah, I will again refer back to ICDS. The objectives of ICDS cannot be met by ICDS e.g. what is written about the first objective is to bring down the IMR. ICDS has nothing to bring down the IMR, how can it be one of its objectives? They are a confused lot. They don't know who's doing what. This is the complete prerogative of the Ministry of Health and Family Welfare, not ICDS. ICDS has nothing in its services to actually address the objective, so how can it be one of its objectives? So the other issue is supplementary feeding cannot lead to nutrition – we don't even know who's responsibility is nutrition. Rajiv Gandhi crèche scheme, the way it was conceptualised and the way it is run, there are huge gaps – we need to dovetail all these schemes with...now we have the Right to Food Act, for example, we are talking about it. How can the supplementary feeding not be dovetailed into that? If there is NREGA being rolled out, how can your Rajiv Gandhi crèche scheme not be dovetailed with that? See we have got to keep relooking at this. The difficulty is there is no convergence amongst the ministries, and there is no real thinking together. There is no think-tank which says let's look at all schemes affecting children, for example. T

Yeah...we don't have a Department of 'children and families'!

No, not at all.

So what can we do to reduce this gap?

Oh I would definitely think there needs to be...there is a National Commission for protection of Child Rights. But there is no Ministry of Children. There is Ministry of Women and Child that does a whole lot of other things also. So either we, you know, we raise the status of this Ministry and give it some teeth. Because right now, Ministry of Water and Sanitation doesn't worry how children fare, for example. Now if we are looking at...all aanganwadis have their own infrastructure. How are we going to ensure this is going to happen in the urban slums? How are you going to work with urban development? You have got to have certain...the Ministry must have a certain profile. So we haven't given this Ministry the teeth it needs. Because children are our lowest priority.

And they don't seem to have a voice! Okay. So my next question is related to the governance system we have in place and how that can impact the utilisation of services. So we have a three-tier system – national, state and then local. Do you think that impacts how a service is experienced and utilised by children and families, I mean does it have its strengths and weaknesses in that sense?

No I mean it has to be decentralized, I would not say that – the three-tier system actually means that we have a decentralized system and that has to continue this way. The only thing is decentralisation should be a bottom-up approach because it is still a top-down approach. So it is more the processes that are important rather than the structures, than the tiers. So it is that I think which needs more thinking. We should make it a bottom-up approach. Which means community empowerment to demand. See the demand is there, I don't think it is a question of demand not being there. You've got to offer quality services for the demand to be there now. Your services are so dismal therefore there will obviously be no demand. Not to say that people don't know, the issue is that people don't want it! Because it is so bad! So we can't be looking at utilisation, we have got to be looking at quality. It is not utilisation that is the indicator of effectiveness. And so many of the children now in the villages are going to private preschools. It's huge, you know, mushrooming of private schools.

This brings me to the whole question about parents and children. What do you think poses barriers in their way, I mean, why don't they use these services?

Quality! It's the same, I have already said it. It is nothing to do with else. It's the quality, it's the standard. You don't have quality services, who wants it? Nobody wants it! Do I put my child into an aangwadi centre, certainly not! But I expect the poorest of the poor to send because I don't have another option. Which is correct! They know it! Because if it is a daily wage earner, they will send the child, they have no other option! But the question is, are we providing services which are of quality, standard? And then look at utilization. I would not look at utilization in isolation at all. Utilization of what, poor quality services? For what joy?

Right. Okay, let's talk about reforms if we can now. You were mentioning a few things even while you were commenting on other questions, but if we talk about the ICDS and the crèche scheme. Can we talk about a few design-related reforms or implementation-related reforms that can help us make the scheme better?

Yes, definitely, I think we should look at all the objectives of the two schemes. Do a complete projection of what children need today, both in rural and urban India, and then come up with...into a gap analysis. And the gap analysis exists in all areas – related to governance, related to the way we conceptualise e.g. nutrition cannot be assessed with supplementary feeding. We need to look at, and, you know, really build on the whole aspect of parent empowerment, because it is most importantly parenting and the tension that young parents are facing today needs to be addressed. For example, to give you a small example, there are no counsellors in the entire – whether its Rajiv Gandhi or ICDS – why? Because it's not seen as a need! How can you not have counsellors in ICDS! You are looking at young parents, you are looking at young parents who are raising children, how can you not have counsellors? Because that is an absolute must!

We need to look at this whole gap between capacity building, skill development of the current workers, we need to look at their work load and rationalisation, and look at the numbers needed. We need to definitely give minimum wages, which means resources need to be relooked at. Our infrastructure norms need to be revised. And, once again, we need a very strong, robust MIS system to monitor and we need to come up with indicators which actually...and, again, if the Ministry does not have the technical skills we have to create that technical, you know, resource for them. Both at the State level, the District level and the National level, which actually looks at all aspects of child development.

Any comments on the monitoring and control aspects of these schemes? I mean, so much has been written about the ICDS, as in, they are so...they have very vague guidelines for monitoring and there are no specific mechanisms...

I mentioned MIS. You have MIS and you will have indicators.

And what about accountability?

The accountability will come when there is proper monitoring. The supervisors are not paid but you cannot look at monitoring without looking at skill building. It's all in one piece and where is the notion of what kind of people are you taking? Recruitment! Accountability must be an outcome after you have looked at all the outputs! Inputs are missing, what accountability are we talking about? So first let's focus on the input. You know we keep looking at the output without looking at the input.

Okay. If I try to...and there are a lot of things you have said about improving the whole programme – whether you're talking about one or the other. Now I don't know if it is possible, but if I ask you – to begin with, what are the top three priorities that we must have from the parents' point of view, to make this service relevant for them and for children?

It will be relevant if this programme continues to be...it has to be a decentralized scheme. It must be based on village plans and it has to be based on that, only then it will be relevant to the parent. But that means it has to take the bottom-up approach. Which means that you have to have the mechanisms and robust mechanisms to capture village child development plans. So how do you create those mechanisms? The whole scheme has to be revamped to allow that. You know, and there needs to be the entire concept of Block Resource Centres similar to Sarvashiksha Abhiyaan, which will provide the technical expertise – mentoring and monitoring on an on-going basis. And, of course, resource allocation. Because what will be relevant to the parent is only if they decide what they want and they have a say in it. Yeah, but where is the mechanism for that to happen? And where are the resources for that to happen – both technical and financial? So put all those pieces together and it will happen. We can do all our missioning and visioning and it will not make any difference!

Right. There is, I mean, the government Central Ministry is now working on a policy for early childhood education. Are you aware of that?

I am part of the working committee.

Right, so can you tell me a little bit more about it?

Unfortunately it is only early childhood education, so it is a bit confused. Because we started asking for a policy on early childhood development, but they insisted on making it early childhood education. Now we have come full circle where we are again saying it should be early childhood development. So we are, I don't know, we have written a draft and we are waiting to see what will happen.

What do you think should be the tenets of this policy?

I have mentioned some of them which are there but we have to put in lots. But I would still say that we can't look at early childhood education in isolation, it has to be early childhood development. So some of that needs to come in. We have a separate piece on nutrition that is being done by the ministry, they all have to be brought together – can't do them in isolation. Children need everything, you can't wait for them to turn three and say we have a policy for them. They won't even get to three. Those are the problems in the draft policy. There is work that is still going to happen and a lot of work has happened so that will see the light of day.

When can we expect to see it?

Actually we were supposed to put it on the website – in the last meeting we...[text unclear]...it hasn't gotten to the Ministry. We have also had a good meeting with the National Advisory Council at the Prime Minister and we had a bit of a discussion there and had recommendations from there also but they have not yet...

Okay that brings me to the last question in the context of the policy itself. We have the Right to Education and the under-six's have been pushed to the Directive principles. Looking at this absence – (a) do you think we need a fundamental right to early childhood? And in the present context where a policy is being formulated, do you think a policy – I know policies and rights are interlinked, you need one for the other – but do you think in the current context, having a policy or thinking about a policy can be useful without having a constitutional mandate?

Well you see we are talking of early childhood education, we are not talking about early childhood development. Early childhood development is any ways mandatory in the constitution, there is no problem – the child has the right to life, so that is early childhood development in its broadest term. So I don't see that as an issue...so there is a constitutional right to early childhood development. It's not the policies or the legislations that make it

happen. I know, I was one of the persons who advocated a lot when the Right to Education was talking about removing the under-6s. And I was not saying 3-6s I was saying under six's. Because you have to look at education beginning from birth and one was looking at that but of course the government was not ready to act. But I don't think...I mean, at this point, I don't think if we have a National Policy for Children we have a Ministry which is going to be strong and really understand needs of children, and would look at children of all ages, not just under six's, which would understand that children undergo transition not based on the children's age groups that we have you know – 0-6, 6-14, 14-18 and then 18 plus, it doesn't happen like that. Children need all kinds of support systems. So if there is one Ministry, I think they would then decide how to...legislations are...RTE has been passed, what has happened in this one year? Hardly anything! So...what is the change on the ground?

I mean, I am not meant to really be saying anything when I am doing the interview but I mean, I agree with you but at some level, it will at least push it into the limelight. I don't think, I know that...

No, no, you can keep on passing legislations. You have the constitutional right to life, why aren't we taking that up for ECD? That's a ridiculous argument; there is no such argument. I would not waste my time spending time on getting legislation because we only have a few people who work on this area. I would rather make sure that we come up with a National Policy. You have a national policy, there is a mandate! Put a scheme in a mission mode, automatically you have to perform! That is what makes governments perform, not legislation. I would not waste my time. I have seen what has happened with RTE, and I am so disappointed after a year. I'm just writing a paper on this – it's a disaster! So what is the point?

Its good to know that. You see, like, when we read we go with the flow.

Yeah, yeah.

We are always influenced by what's happening. So it is quite interesting to get to hear something like this.

No I would not waste my time. I would say let us put our energies there. Because ultimately, you have an act, for example. RTE Act does not have a scheme to implement it. SSA is being rationalised now. You keep waiting for the States to do it? Model rules have only come out of 11 States so far, after a whole year has lapsed? You keep on waiting! It is better you have a national policy, national scheme...you roll it out. Put it in mission mode. You have to perform, because you are answerable every year – how many numbers have you reached? What have you done? Quality indicators – that is the way to go.

And the beginning point is a policy?

Yeah, yeah...100% And a Ministry to get a new avatar!

Political will?

Political will only comes in – you don't have a proper minister! You have a Minister of State! Imagine! Minister of Women and Child is a Minister of State in this country. What? Because we don't give it priority! Who's priority is it? So that's the political will! It is the status of the Ministry which needs to have a complete revamp.

You said that before. Okay, I think that is all I need to ask. Thank you!

Yeah.

12.9 Independent Variables Used for Binary Logistic Regressions

Variable Name	Description
ChAge	What is your child's age (in months)?
AgeM	How old were you at your last birthday (age in years)?
SexCh	Is the child male or female?
SchM	Have you (mother) ever attended school? Yes/No
EduM_C	What is the highest grade you (mother) have completed?
AgeH_R	How old was the child's father on his last birthday (in years)?
SchH_R	Did the child's father ever attend school? Yes/No
EduH_C	What was the highest grade he completed?
ResYr_R	How long have you been living in this area for (years)?
ResPr	And before living here, where did you live? (city/town/village)
Marit	Marital status
Cohab_R	Are you living with your husband/partner now or is he staying elsewhere?
Rel_R	What religion do you practice?
Lang_R	What is your native language?
SCST_R	Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these?
EmpStM_FT	What is your (mother's) employment status at this time? (Part- or full-time)
EmpStM_SE	What is your (mother's) employment status at this time? (Self-employed or employed)
EmpStH_FT	Let's talk about your husband/partner now. What is his employment status at this time? (Part- or full-time)
EmpStH_SE	Let's talk about your husband/partner now. What is his employment status at this time? (Self-employed or employed)
WorkM_FIR	And what is the kind of work that you mainly do?
WorkplM	And what is the kind of work that you (mother) mainly do?
WorkYrM	Do you (mother) usually work throughout the year, or do you work seasonally, or only once in a while?
Pemp_dur	Since when have you (mother) been engaged in paid employment?
FStr_R	Family Structure – nuclear, joint, extended
ses_score	A variable constructed as a combination of 20 variables that give scores to participants based on the following: own house, number of rooms, electricity, drinking water at home, toilet at home, cooking fuel used (e.g. LPG or charcoal), ownership of – a mat, cot, table, chair, food processor, fan, telephone, water filter, refrigerator, liquefied petroleum gas cylinder for cooking, television, and material of construction for home walls, floor and roof.
WEmp_In	A variable constructed as a score derived from responses on 8 variables from the survey (see Appendix 1b for list).

12.10 Variables Used to Construct the Women's Empowerment Index

Variable Name	Description
own_money	Do you (mother) have any money of your own that you alone can decide how to use?
alone_mktR	Are you (mother) usually allowed to go to the following places alone, only with someone else, or not at all – the market?
alone_healthR	Are you (mother) usually allowed to go to the following places alone, only with someone else, or not at all – the health facility?
alone_outR	Are you (mother) usually allowed to go to the following places alone, only with someone else, or not at all – to places outside the community?
bank_acc	Do you (mother) have a bank or savings account that you operate and/or use independently?
spend_ownR	Who decides how the money you (mother) earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?
earn_R	Would you say that the money you (mother) earn is more than what your husband/partner earns, less than what he earns, or about the same?
spend_husR	Who decides how your husband/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?

12.11 Chi-square Analyses of Needs and Expectations from ECEC

Table 69. Dimensions of Diversity (Problems Finding or Maintaining ECEC)

Dimensions of diversity	n	Problems/challenges finding or maintaining ECEC		χ^2	df	p
		No	Yes			
<i>Family structure</i>						
Nuclear (0)	120	77	43	5.7904	1	0.016
Joint or Extended (1)	72	58	14			
<i>Work past 6 PM?</i>						
Never (0)	124	95	29	7.4332	2	0.024
Usually (1)	30	16	14			
Sometimes (2)	38	24	14			
<i>Living with husband?</i>						
Staying elsewhere (0)	20	10	10	4.4129	1	0.036
With husband (1)	172	125	47			

(Source: Mothers' main survey, n=199)

Table 70. Dimensions of Diversity (Unavailability of Usual Arrangements)

Dimensions of diversity	n	Usual arrangements unavailable at short notice?			χ^2	df	p
		No	Yes	Sometimes			
<i>Place of work</i>							
Away (0)	148	66	34	48	5.9235	2	0.052
Home (1)	34	23	5	6			
<i>Type of work</i>							
Informal (0)	148	69	29	50	5.0236	2	0.081
Formal (1)	29	16	9	4			
<i>Main ECEC provider</i>							
Formal (0)	83	46	20	17	6.2500	2	0.044
Informal (1)	84	36	16	32			
<i>Child's age</i>							
2.5 yrs. and below (1)	40	16	4	20	11.0969	2	0.004
Above 2.5 years (2)	142	73	35	34			

(Source: Mothers' main survey, n=199)

Table 71. Dimensions of Diversity (Use of Formal Services)

Dimensions of diversity	n	Use formal services?		χ^2	df	p
		No	Yes			
<i>Work before 8 AM?</i>						
Never	100	28	72	8.2397	2	0.016
Usually	64	29	35			
Sometimes	35	7	28			
<i>Work on Sundays?</i>						
Never	49	13	36	4.8790	2	0.087
Usually	126	47	79			
Sometimes	24	4	20			
<i>Child's age</i>						
2.5 years and below (1)	42	24	18	15.2283	1	0.000
Above 2.5 years (2)	157	40	117			

(Source: Mothers' main survey, n=199)

Table 72. Dimensions of Diversity (Inability to Organise ECEC)

Dimensions of diversity	n	Unable to organize ECEC sometimes?		χ^2	df	p
		No	Yes			
<i>Family structure</i>						
Nuclear (0)	126	87	39	4.8897	1	0.027
Joint or Extended (1)	72	60	12			
<i>Work past 6 PM?</i>						
Never (0)	128	103	25	7.5639	2	0.023
Usually (1)	30	18	12			
Sometimes (2)	40	26	14			
<i>Nature of work</i>						
Part time	135	95	40	3.1294	1	0.077
Full time	62	51	11			

(Source: Mothers' main survey, n=199)

13. References

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