6.01. Urban poverty alleviation strategies

Emphasis has been laid on alleviating poverty all throughout the National Five Year Plans. Ending poverty, ignorance and inequality of opportunities has been one of the significant tasks identified at the dawn of independence. India’s first step towards eliminating urban poverty was the Industrial Housing Scheme (IHS) introduced in 1952. Thereafter the urban poverty alleviation schemes gathered momentum thereby taking a welfare approach. Housing schemes like Scheme for Economically Weaker Section (SEWS) and Low Income Group Housing Scheme (LIGH) were introduced in 1952 and 1954. Other important developments were establishment of National Building Organization (1954) and launching of Slum Area Improvement and Clearance Scheme (1956) in Kolkata, Delhi, Madras, Bombay, Kanpur, Ahmedabad and towns with population of 1,00,000. HUDCO was formed in 1970 as an apex financial agency in housing sector. The National Housing Policy was formulated in 1988. Night Shelter Scheme was also introduced in 1988. Urban Water Supply And Sanitation Scheme was launched in 1961 to provide good drainage. Nutrition programmes like Mid-Day Meal Programme (MDM, 1962) and Special Nutrition Programme (1970) were introduced in the Fifth Five Year Plan initially as a Rural Poverty Alleviation Programme shifted its focus on urban poor during the 1980s. The Integrated Child Development Scheme (ICDS) introduced in 1970s emphasized on non-formal education and provision of nutrition to children. Environmental Improvement In Urban Slums (EIUS) was introduced in 1972 and later included under MNP in convergence with Urban Basic Services for the Poor (UBSP) in 1992-93 and in the National Slum Development Programme (NSDP) in 1996. In the Non Formal Education programme (NFE) was launched to cover non-school going children and drop outs. The National Health Policy formulated in 1982 recognized the needs of provision of health infrastructure to the poor. In 1997 the Targeted Public Distribution System (TPDS) replaced the Public Distribution System (PDS) by providing rice and wheat to the BPL families at a subsidized rate. In the late 1980s training and employment programme became a norm. The Nehru Rozgar Yojana (NRY) was launched in 1989 targeting the BPL urban households, which later changed to Swarna Jayanti Shahari Rozgar Yojana (SJSRY) in 1997. The SJSRY had three components namely Urban Self Employment Programme (USEP), Development of Women and Children in Urban Areas (DWCUA) and Thrift and Credit Societies (TCS). The 74th Amendment was an overall
approach to reduce poverty in urban areas. It granted legitimate power to the Urban Local Body to implement urban poverty alleviation plans, plans for slum improvement and upgradation. The Valmiki Ambedkar Awas Yojana (VAMBAY), 2001 aimed to meet the shelter needs of the poor affected by urban development. The BSUP, a sub-component of Jawaharlal Nehru National Urban Renewal Mission (JNNURM) launched in 2005 focuses on integrated development of provision of basic services to the urban poor. Kolkata Municipal Corporation is the prime agency for implementing these poverty alleviation schemes and undertaking social works in Kolkata, which serves as a vehicle for social upliftment of the poor, service delivery, infrastructure development etc.

6.02. Urban poverty alleviation programmes in Kolkata- shift from physical improvement to social development

6.02.01. Priority of urban poor in ‘Urban Planning and Development’
Efforts have been taken to give priority to the urban poor in ‘urban planning and development’ in Kolkata and to enlist their participation in such activities. The integrated slum development programme under Calcutta Slum Improvement Programme (CSIP) has been a successful programme of its kind. The sustained emphasis on Bustee (Slum) Improvement Programme of KMDA also reflects such concern for the urban poor of Kolkata. The EIUS aimed at improving the living environment of the slum dwellers by providing them with certain basic civic facilities like water supply, storm water and side drains, community baths and latrines, widening and paving of bustee lanes, and street lighting, garbage removal and maintenance. The EIUS (Environment Improvement In Urban Sector) scheme was introduced as a central sector scheme in 1972 but has been in operation in the Kolkata since 1974 as an integral part of the State Plan under the Minimum Needs Programme (MNP). The EIUS scheme provided only physical infrastructure improvement and did not include social services in the areas of health, education, community development etc. The centrally sponsored Urban Basic Services (UBS) scheme was initiated during the Sixth Plan with the primary objective of enhancing the development of women and children of the low-income urban communities. Based on the experiences of this scheme, a new centrally sponsored scheme of Urban Basic Services for the Poor (UBSP) was introduced in 1990-91. All these schemes have been partially successful in improving the living environment of slum dwellers of Kolkata.

6.02.02. Shift of focus to socio-economic development
It is appreciated that physical infrastructure development in slums needs to be complemented with social and economic development of slum dwellers as well to improve the status of urban poor. The basic necessities of food, shelter, clothing, education, health and employment aspects
need special attention too. It has been seen that up to the Sixth Plan Period the emphasis was on addressing the physical and environmental improvements in the slums. Much later through the formulation of programmes like AAY, ICDS, NRY, NSAP, SJSRY, VAMBAY, SSA there was a shift from physical improvement to social development which gave emphasis on food security and nutrition, employment generation, education, shelter and sanitation. These programmes aim at —

<table>
<thead>
<tr>
<th>Intervention area</th>
<th>Major agency involved</th>
<th>Programmes</th>
<th>Delivery system</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td>Food &amp; Nutrition Board, Govt. of India, Department of Health &amp; Family Welfare, Department of Social Welfare, Food &amp; Supplies Department, Govt. of WB, NGOs.</td>
<td>TPDS (BPL, AAY, Annapurna), ICDS, CSSM, MCH/ FW, CUDP-III, CSIP, IPP VIII, MDMS</td>
<td>Health Delivery System, Anganwadi Centres</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Department of Health &amp; Family Welfare, PHED, ODA, World Bank, Unicef, NGOs.</td>
<td>CSSM, MCH/ FW, CUDP-III, CSIP, IPP VIII, ICDS</td>
<td>Free Health Centres, Dispensaries, Clinics, Ward Health Units, Community based health workers</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Govt. of India, Department of Social Welfare KMC, KMDA, ODA, World Bank, Unicef, NGOs.</td>
<td>ICDS, SSA, Shikshalay Prakalpa, Adult Education</td>
<td>Free schools and non-formal education, KMC schools, Evening and night schools</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td>Govt. of India, Department of Social Welfare, Social Sector of KMC, Govt. of WB</td>
<td>NRY, SJSRY,</td>
<td>Vocational training and free tool kits, Formation of TCS, NIRS, NHC, CDS</td>
</tr>
<tr>
<td><strong>Shelter/ Slum Upgradation</strong></td>
<td>KMC, Asian Development Bank, KMDA, Housing Finance Companies like HUDCO, NGOs</td>
<td>CUDP III, CSIP, NRY, Night Shelters, KEIP, INNURM</td>
<td>Agencies or through community self help groups</td>
</tr>
<tr>
<td><strong>Water &amp; Sanitation</strong></td>
<td>Department of Urban Development, Department of Municipal Affairs, PHED, KMC, KMDA, KIT, KMWSA, Unicef, NGOs</td>
<td>Liberation of Scavengers, Safe Drinking Water, Public Baths, Personal Hygiene, Conservancy, Community Latrines</td>
<td>Water &amp; Sanitation wings / units of agencies</td>
</tr>
</tbody>
</table>

Table No. 6.01: Urban Poverty Alleviation Programmes And Delivery System For The Poor In Kolkata

*providing food security by providing the poor with cereals and other items at subsidized rate.
*providing proper nutrition through ICDS scheme to children (6months to 6 years) and pregnant and lactating mothers.
*providing social assistance to old age people, pregnant mothers and families who has lost their earning members.

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- employment generation among women
- universalization of education through introduction of free schools and non formal schools
- providing preventive health care services

The schemes of poverty alleviation, the major agencies involved in implementation of the programmes and its delivery system are depicted in Table 6.01.

6.03. Nutrition programmes

6.03.01. Food security through public distribution system

6.03.01.01. Public distribution system
The Public Distribution System (PDS) is the key organized element of the Government’s food security system in India. It is an instrument for ensuring availability of certain necessary commodities at subsidized prices for the poor. The Government, via the Food Corporation of India (FCI), procures and stocks food grains. They are then released every month for distribution through the PDS network across the country. Sugar, edible oils, kerosene, coal, food grains, mainly rice and wheat, are distributed to the public via a network of Fair Price Shops (FPS). The objective is to raise the welfare of the poor by providing basic foods to the poor at reasonable prices. In the 1970s and 1980s PDS was considered as a strategy to alleviate poverty. In the 1990s there has been major changes in the PDS and introduction of ‘targeting’ is one of them.

6.03.01.02. Identification of BPL in Kolkata
As per Government guidelines families whose per capita income was Rs.312.13 were identified and enlisted as BPL families in 1997. Local Ward Councillor distributes necessary forms for preparation of BPL list under the guidance of MMIC (Nagar Pally Department, KMC). It is only with the recommendation of the Local Ward Councillor that the BPL families are identified. Later in 2003 and in 2009 the revised lists of BPL beneficiaries have been framed by the State Urban Development Agency and KMC based on 17-point criteria.

6.03.01.03. Scale and operation
The scale of distribution and consumer price for BPL is listed in Table 6.02. The BPL Scale in 1997 was as low as 500 grams of rice or wheat per week per BPL Adult. Minors received half of the Adult Scale. The subsidized rate were Rs.4 for rice and Rs.3 for wheat respectively. In April 2000 the scale increased with an increase in the consumer price too. In the subsequent years the scale has increased with the price remaining the same. The present scale with effect from September 2005 is 3.8 kilogram of rice and 3.2 kilogram of wheat per month per adult. Thus a family having 5 beneficiaries is entitled to get 35 kilogram of food grains at a rate of Rs.6.15 for rice and Rs.4.65 for wheat.
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DISTRIBUTION OF PERCENTAGE OF BPL POPULATION, 2003
KOLKATA MUNICIPAL CORPORATION

Legend
- % of BPL Population To Total Ward Population
  - More than 15 (2)
  - 10 to 15 (3)
  - 5 to 10 (22)
  - Less than and equal to 5 (107)
  - No BPL population (*)

N.B. Figure in parenthesis indicate number of Wards

Data Source: Bustee Cell, Kolkata Municipal Corporation
Computation & map generated by author by using MapInfo Professional Version 7.5
Map No. 6.01

DISTRIBUTION OF PERCENTAGE OF BPL HOUSEHOLDS, 2009
KOLKATA MUNICIPAL CORPORATION

Legend
- % of BPL Households To Total Ward Households
  - More than 85 (1)
  - 65 to 85 (1)
  - 45 to 65 (6)
  - 25 to 45 (30)
  - 5 to 25 (97)
  - Less than and equal to 5 (6)

N.B. Figure in parenthesis indicate number of Wards

Data Source: Social Sector Unit, Kolkata Municipal Corporation
Computation & map generated by author by using MapInfo Professional Version 7.5
Map No. 6.02

Geography Of Urban Poverty In The City Of Kolkata
### Table No. 6.02
Scale Of Distribution For BPL Beneficiaries, 1997-2008

<table>
<thead>
<tr>
<th>BPL Scale</th>
<th>Scale of distribution with respect to</th>
<th>Consumer Price (Rs. / kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>With effect from</td>
<td>Adult</td>
<td>Child</td>
</tr>
<tr>
<td>1.06.1997</td>
<td>2 kilogram of rice or wheat per month</td>
<td>1 kilogram of rice or wheat per month</td>
</tr>
<tr>
<td>1.04.2000</td>
<td>4 kilogram of rice or wheat per month</td>
<td>2 kilogram of rice or wheat per month</td>
</tr>
<tr>
<td>25.07.2000</td>
<td>4 kilogram of rice or wheat per month</td>
<td>2 kilogram of rice or wheat per month</td>
</tr>
<tr>
<td>12.07.2001</td>
<td>5 kilogram of rice or wheat per month</td>
<td>2.5 kilogram of rice or wheat per month</td>
</tr>
<tr>
<td>1.04.2002</td>
<td>6 kilogram of rice and 1 kg of wheat per month</td>
<td>3 kilogram of rice and 500 gram of wheat per month</td>
</tr>
<tr>
<td>1.07.2002</td>
<td>3.5 kilogram of rice and 3.5 kg of wheat per month</td>
<td>1.75 kilogram of rice and 1.75 kg of wheat per month</td>
</tr>
<tr>
<td>1.09.2005</td>
<td>3.8 kilogram of rice and 3.2 kg of wheat per month</td>
<td>1.9 kilogram of rice and 1.6 kg of wheat per month</td>
</tr>
<tr>
<td>1.06.2006</td>
<td>4 kilogram of rice and 3 kg of wheat per month</td>
<td>2 kilogram of rice and 1.5 kg of wheat per month</td>
</tr>
</tbody>
</table>

Data Source: Food & Supplies Department, Govt. of WB, 2008

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6.03.01.04. Spatial Distribution of BPL Population

The spatial distribution of BPL population in the Municipal Wards of Kolkata in 2003 reveals that (Map No 6.01 and Table No.6A) --

- The total BPL population is 1,40,199, that is, 3.07 percent of the total city’s population
- That of child BPL is 2,71,59 and adult BPL population is 1,13,040
- The highest share of BPL is in Ward No. 56 (Beniapukur) and Ward No. 110 (Jadavpur) being 18.14 percent and 15.15 percent respectively.
- Share of BPL population in Ward No 34 (Beleghata), 35 (Beleghata and Narkeldanga) and 111 (Regent Park) are between 10-15 percent respectively.
- Majority of the Wards (107 Wards) have BPL population of less than 5 percent.
- 7 Wards (Ward Nos 61, 75, 79, 84, 87, 88, 138) do not have any BPL population

The spatial distribution of BPL households in the Municipal Wards of Kolkata in 2009 reveals that (Map No 6.02 and Table No.6A) --

- Ward Nos. 42 (Barabazar), 63 (Park Street, Taltala, Shakespeare Sarani), 70 (Bhawanipur), 87 (Tollygunge), 90 (Lake) and 100 (Jadavpur) have BPL households of less than 5 percent of the Ward households.
- 97 Wards have BPL households of 5-25 percent of the Ward households located mostly in the South, North and Central Kolkata.

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• 30 Wards have BPL households of 25-45 percent of the Ward households located mostly located in the Southeast, Southwest, West and East Kolkata.

• Ward Nos. 28 (Narkeldanga), 29 (Narkeldanga), 36 (Narkeldanga), 58 (Tangra, Tiljala), 80 (Garden Reach, South Port, West Port, Taratala) and 108 (Tiljala) have BPL households of 45-65 percent of the Ward households.

• Ward No. 79 (Ekbalpur, South Port, Taratala) has BPL households between 65-85 percent.

• Ward No. 75 (Watganj, Hastings, South Port) has BPL households between 65-85 percent respectively.

6.03.01.05. Complaint regarding identification of BPL

The enquiry by West Bengal Network on The Right To Food and Work during 2000 showed that in all the Wards the complaint was that families who should be in the BPL list were left out. No apparent effort was made by the State Government to correct the list. In Ward No. 80 (Khalbari and Brace Bridge) the BPL families had to pay Rs.12 per kg of rice and Rs.10 per kg of wheat though the official BPL rate then was Rs.6.15 per kg for rice and Rs.4.65 per kg respectively.

6.03.02. Antyoday Anna Yojana (AAY)

6.03.02.01. Objectives of AAY

AAY is a scheme of food-based social security directed to the destitute households that is poorest of the poor. They are entitled to avail grains at highly subsidized prices (rice at Rs.3 per kg and wheat at Rs.2 per kg). The scale of distribution and consumer price is listed in the following table (Table 6.03).

<table>
<thead>
<tr>
<th>AAY Scale</th>
<th>Scale of distribution with respect to</th>
<th>Consumer price (Rs/ kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>With effect from</td>
<td>Adult</td>
<td>Child</td>
</tr>
<tr>
<td>1.11.2001</td>
<td>2 kilogram 500 grams of rice &amp; 2 kilogram 500 grams of wheat per week</td>
<td>1 kilogram 250 grams of rice &amp; 1 kilogram 250 grams of wheat per week</td>
</tr>
<tr>
<td>1.04.2002</td>
<td>3 kilogram 500 grams of rice and kilogram 500 grams of wheat per week</td>
<td>1 kilogram 750 grams of rice &amp; 1 kilogram 750 grams of wheat per week</td>
</tr>
<tr>
<td>1.06.2006</td>
<td>4 kilogram of rice and 3 kilogram of wheat per week</td>
<td>2 kilogram of rice &amp; 1.5 kilogram of wheat per week</td>
</tr>
</tbody>
</table>

Data Source: Food & Supplies Department, Govt. of WB, 2008
6.03.02. Target beneficiary of Antyoday Anna Yojana
During 2000-01 the target of AAY beneficiaries was 44,529 (KMC, 2004). During 2004-05 it was 49,257 (KMC, 2005). During 2005-06 the number of families receiving food grains was 18,678 (KMC, 2005). During 2006-07 12,989 families have been identified for receiving food grains under AAY scheme (Social Sector Unit, KMC, 2008)

6.03.02.03. Achievements of Antyoday Anna Yojana (AAY)
During 2006-07 out of a target of 39,335 families, 33.02 percent families of the target have been identified and entitled to receive food grains at subsidized rate under AAY scheme. That means almost 66.98 percent of the target are yet to be brought under AAY scheme. In Borough VIII, IX X, XIV and XV, beneficiaries identified are less than 20 percent of the national target in each of the respective Boroughs. In Borough III, V, VI, VII and XIII 20-40 percent beneficiaries of the target are identified. In Borough I, IV and XII 40-60 percent beneficiaries of the target are identified. In Borough II and XI nearly 78.73 and 92.5 percent beneficiaries of the target are identified (Figure 6.01 and Table No.6B).

6.03.03. Annapurna Anna Yojana

6.03.03.01. Objectives of Annapurna Anna Yojana
This scheme launched in April 2002 provides 10kg of food grains free of cost for the aged destitute (persons above 65 years of age), who are eligible for old age pension under NOAPS but are not receiving pensions.

6.03.03.02. Achievements of Annapurna Anna Yojana
Initially this scheme did not start effectively in many Wards of Kolkata according to the enquiry by the West Bengal Network on The Right To Food And Work. The scheme was implemented less effectively much lately in 2002. During 2000-01, the target set has been 2,779 out of which...
2,779 have been approved. During 2001-02, the target has been 2,391 out of which 1,753 have been approved (KMC, 2004). During 2005-06 the number of beneficiaries was 2,130 out of a target of 5,170 (KMC, 2006). The number of beneficiaries under Annapurna Yojana scheme enhanced from 2,130 in 2005-06 to 5,611 in 2006-07 (KMC, 2007).

During 2006-2007 36.42 percentage of the target has been identified. In Borough XIII the percentage of beneficiaries are less than 10 percent. In Borough IV and XI it is almost 100 percent. In Borough II and XII it is more than 74.88 and 84.71 percent respectively. In Borough I, III, V, VI, VII, VIII, IX, X, XIV and XV it is between 20-40 percent respectively (Figure 6.02 and Table No.6C). This shows low coverage of Annapurna Scheme: 63.58 percent of the target is yet to be identified so that they are entitled to receive food grains under Annapurna scheme. The Food & Supplies Department states that the AAY List of Kolkata is still under rectification undertaken by the Social Sector Unit of KMC (2008).

Figure No. 6.02
Percentage Of Identified Population With Respect To Target Under Annapurna In Kolkata, 2006-07

6.03.03.03. Exclusion of poor in BPL, AAY and Annapurna List

Most of the urban poor in Kolkata are excluded in the BPL identification list. The reason for exclusion is the method of identification. Kolkata Municipal Corporation is entrusted with the power of identification of the poor. The local Ward Councillor is responsible for identifying and categorizing the poor as eligible for Below Poverty Line (BPL), Antyoday Anna Yojana (AAY) and Annapurna Schemes. But most of these cards invariably has ended up in the hands of many of those bustee dwellers who are favoured by local party-men who serve their political interests, while many economically and socially weak sections of society are saddled with 'Above Poverty Line' or no cards. Another reason is that the ration cards should have a residential address. The pavement dwellers and squatter dwellers who do not hold any permanent address are not entitled to be ration-card holders. Being the poorest of the urban poor most of them are denied the right to food security.

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6.03.04. Integrated Child Development Scheme (ICDS)

6.03.04.01. Objectives of (ICDS)

The main objectives of ICDS Scheme are—

- To reduce malnutrition, morbidity and mortality in the age group of 0-6 years.
- To improve their health and nutritional status.
- To provide environmental conditions necessary for their psychological, social and physical development.
- To enhance the ability of mothers to provide proper care for their children.
- To achieve effective coordination among various departments providing development services to the children (WCD & SW Department, Govt. of WB, 2007).

6.03.04.02. Components Of ICDS: Services provided includes—

- Supplementary nutrition provision
- Immunization
- Health check-ups and referral for infants, children (<6 years), pregnant and nursing mothers
- Non formal education for children 3-6 years of age and
- Nutrition and health education to women of 15 to 44 years of age.
- It provides a recommended daily allowance of 65 grams of Corn Soya Blend (CSB) and 8 grams of jaggery to each child per day for 6 days a week. The Services are delivered through Anganwadi Workers at Anganwadi Centres (WCD & SW Department, Govt. of WB, 2007).
6.03.04.03. ICDS Project Areas of Kolkata

ICDS service started in Kolkata in 1975 initially in Khidirpur area. Belgachia was the next one to be sanctioned during 1978-79 followed by Tollygunge during 1980-81. In the 1980s Entally, Garden Reach, Dhakuria, Burtala, Bagbazar and Beleghata Projects were sanctioned. In the 1990s the number gradually increased to 10 (Belgachia, Bagbazar, Burtala, Entally, Dhakuria, Tollygunge, Khidirpur, Garden Reach and Red Light Area) with the sanction of Red Light Area (Map No.6.03). 2 new project areas in Bhawanipur and Tiljala have been sanctioned during 2006-07 with a total of 238 Anganwadi Centres, which is yet to start functioning (Table No.6.04). ICDS projects operate in 89 Wards out of 141 Wards of Kolkata Municipal Corporation. In the early 1990s out of 1,059 sanctioned Anganwadi Centres, 974 centres were functioning in 9 ICDS project areas. In 2004 out of 1,263 sanctioned Anganwadi Centres in 10 project areas, 1,092 were functioning (WCD & SW Department, Govt. of WB, 2007). Each
Anganwadi centre caters to 1,000 people. There is very limited dependable data on nutrition related issues and malnutrition level of poor children except for some micro-level data of ICDS.

6.03.04.04. Enrolment efficiency of children covered under ICDS

In December 1994 ICDS was unable to reach out to all selected eligible children of ICDS scheme. In the same year almost 25 percent of eligible children for ICDS were not attending the programme. In 2007 the picture was no better. The enrolment efficiency of children was 67.66 percent for girls in the age group of 06-12 months infant, which has been the lowest. The overall percent of child beneficiaries in the 3 age groups receiving supplementary nutrition was very low ranging from 39 to 52 percent stating the poor coverage of ICDS (Figure No.6.03 and Table No.6D). The enrolment efficiency of children in the 9 ICDS areas depicts a similar scenario (Map No.6.04). In Tollygunge area the percent of children receiving supplementary nutrition is as low as 3.4 percent for 06months-1 year, 1 percent for 1-3 years and 17.96 percent for 3-6 years children. The percent of children receiving supplementary nutrition is also low in Beleghata and Burtala area. Contrary to the rest 8 zones, Garden Reach and Red Light Area have a higher percent of beneficiaries receiving supplementary nutrition for more than 15 days. It is 79.21 percent for 06 months-1 year, 77.33 percent for 1-3 years and 77.05 percent for 3-6 years children respectively in Red Light Area. In Garden Reach it is 72.40 percent for 06 months-1 year, 80.35 percent for 1-3 years and 63.69 percent for 3-6 years children respectively. Though Entally has 100 percent enrolment efficiency, the percentage of beneficiaries receiving supplementary nutrition are 51.23 percent for 06 months-1 year, 57.81 percent for 1-3 years and 69.99 percent for 3-6 years children respectively (Map No.6.04 and Table No.6G). In Belgachia (Photo No.6.01 and 6.02), Bagbazar, Dhakuria and Khidirpur the percent of beneficiaries not receiving supplementary nutrition worked out to be more than 50 percent in each of the three respective age groups (WCD & SW Department, Govt. of WB, 2007).
6.03.04.05. Nutrition status of children covered under ICDS Project in 1994 and 2007

In 1994 almost 60.2 percent were found to be malnourished in different degrees, with 37.9 percent suffering from Grade I malnutrition, 19.9 percent from Grade II malnutrition and 2.40 percent from Grade III and IV malnutrition. In 2007 the percent of children in normal grade
increased to 49.59 percent from 39.8 percent in 1994. Malnutrition was found to have decreased in Grade II, III and IV respectively (Figure No.6.04 and Table No.6E). Thus 13.47 percent of children have been suffering from moderate and severe malnutrition (Grade I, II & III) in 2007 in contrast to 22.3 percent in 1994 respectively. Severe malnutrition was found to have halved from 2.4 percent to 1.04 percent during 1994-2007 (WCD & SW Department, Govt. of WB, 2007).

6.03.04.06. Malnutrition profile of children in 2007

- The age-sex malnutrition profile of children in the three age groups depict that moderate and severe malnutrition has been more prevalent among girls than boys. It has been the highest among girls in the age group 1-3 years being 18.03 percent. Also severe malnutrition has been more prevalent among girls. The highest being 3.43 percent among girls in the age group 1-3 years (Figure No.6.05 and Table No.6F).

- In all the 9 ICDS zones of Kolkata, incidence of moderate and severe malnutrition ranges from 0.75 percent among girls (06 months-1 year) in Tollygunge to 35.06 percent among girls (1-3 years) in Burtala (Map No.6.05 and Table Nos.6H1, 6H2). In Burtala and Garden Reach area incidence of malnutrition is high.
### Classification of Malnutrition Status Among 6 Months - 6 Years Children Covered Under ICDS Project, 2007

**Kolkata Municipal Corporation**

<table>
<thead>
<tr>
<th>Areas covered under ICDS</th>
<th>Areas not covered under ICDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys (0-6 months-1 year)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Girls (0-6 months-1 year)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Boys (1-3 years)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Girls (1-3 years)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Boys (3-6 years)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Girls (3-6 years)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Boys (0-6 months-1 year)**
- Girls (0-6 months-1 year)
- Boys (1-3 years)
- Girls (1-3 years)
- Boys (3-6 years)
- Girls (3-6 years)

Data Source: WCD & SW Department, Govt. of WB

Map generated by author by using MapInfo Professional Version 7.1

Map No. 6.05

- Garden Reach and Red Light Area have the highest percent of boys (06 months-1 year) suffering from moderate and severe malnutrition. In Beleghata, Dhakuria, Entally, Tollygunge and Kharipur less than 5 percent of boys (06 months-1 year) have been suffering from moderate and severe malnutrition (Table No.6H1).
• For girls Garden Reach has the highest share. For boys (1-3 years) Garden Reach followed by Belgachia has the highest figures. Moderate and severe malnutrition is the highest among girls (1-3 years) in Burtala being 35.06 percent, followed by Garden Reach, Beleghata, Belgachia and Red Light Area (Table No.6H2).

• Belgachia followed by Garden Reach has the highest share for boys (3-6 years). For girls (3-6 years) Burtala followed by Garden Reach, Bagbazar and Tollygunge has 15-22 percent suffering from moderate and severe malnutrition (Map No.6.05 and Table No.6H3).

• Incidence of severe malnutrition is found to be the highest in Burtala among girls (1-3 years) being 20.75 percent for girls and 11.87 percent for boys. In rest of the areas it is below 4 percent (WCD & SW Department, Govt. of WB, 2007).

• In the age group 06 months-1 year Belgachia, Beleghata, Entally, Tollygunge and Khidirpur have no children suffering from severe malnutrition. In Red Light Area and Garden Reach 2-4 percent of boys and girls in the age group 06 months-1 year are suffering from severe malnutrition (Map No.6.05 and Table No.6H1, 6H2 6H3).

6.03.04.07. Pregnant and nursing mothers covered under ICDS

In the ICDS Project region almost 82.18 percent of eligible pregnant women are enrolled and only 40.75 percent receive supplementary nutrition. Here 82.35 percent of eligible lactating mothers are enrolled and only 37.6 percent receive supplementary nutrition. Tollygunge has the lowest percent of eligible pregnant (15.3 percent) and nursing mothers (11.52 percent) receiving supplementary nutrition. Similar status exists in Burtala and Khidirpur where less than 30 percent of eligible pregnant and nursing mothers are receiving supplementary nutrition. Only in Red Light Area the percent of eligible pregnant and nursing mothers receiving supplementary nutrition are as high as 86.15 percent and 87.20 percent respectively. In the rest 6 zones the percent share lies between 34-54 percent respectively (Map No.6.06 and Table No.6I).

6.03.05. Mid-Day Meal Scheme (MDMS)

6.03.05.01. Objectives of Mid-Day Meal Scheme

This scheme was introduced in 1995 and accordingly it was required to provide cooked meal to all children in government and government-assisted schools. In Kolkata MDMS started very lately in December 2005.

6.03.05.02. Achievements of Mid-Day Meal Scheme (MDMS)

• In 2006 in 147 KMC schools almost 15,000 students got mid-day meal. In the rest of schools MDMS was yet to be implemented (KMC, 2006).

• In 2007 mid-day meal, was provided on every school day, to 25,000 students of 218 KMCP schools and 11 SSKs (KMC, 2007).
In 2009 mid-day meal is provided on every school day to 35,000 students (KMC, 2007). As a result, student strength has increased by 25 percent (KMC, 2009).

In the Shikshalaya Prakalpa centers 24,571 students are provided with mid-day meal in 479 centers. Shikshalaya Prakalpa centers receive fund at the rate of Rs.2.50 and 100 grams of rice per child (CLPOA, 2007).
6.04. Primary education

6.04.01. City Level Programme Of Action (CLPOA)

In 1995, the KMC launched the City-Level Programme of Action to target deprived urban children. This programme is the result of the joint effort by both government and non-government agencies to coordinate programmes for poor children and promote child-rights oriented policies. Many initiatives have been undertaken by the CLPOA, e.g. child-rights sensitization, training for police officers, the establishment of health awareness programmes for children, public awareness of child labour and child trafficking, etc. It assists NGOs to handle child development programmes and mobilizes resources from various governmental departments, international agencies, private sectors, etc. It operates through a network of six zonal committees and is coordinated by a central body consisting of Kolkata Municipal Corporation, the sectoral government departments of the West Bengal State Government (Health, Education, Social Welfare, Labour), Police, Human Rights Commission, Juvenile Welfare Board, UNICEF, British Council, the Indian Medical Association, and NGOs (Box No.6.01).

6.04.02. Shikshalaya Prakalpa

6.04.02.01. Concern for deprived urban children

With the growing concern for the plight of the deprived urban children the National Core Group was formed in Delhi to chalk out programmes and schemes. As an outcome of this, the West Bengal State Resource Group on Education for Deprived Urban Children (WBSRGEDUC) was formed in 1999 to ensure education to the deprived children of Kolkata.

A city level survey with the support of 50 NGOs under the CLPOA was conducted in slums, pavements and squatter colonies to assess the spatial distribution of the drop out children and their number.

The survey in 1998-99 revealed that (Figure No.6.06 and Table No.6J)–
In actual figures 70,465 of 3-4 years children were out of school, that is, almost 72 percent were not sent to pre-school.

- 44,464 children between 5-9 years of age didn’t go to school. It worked out to be 25 percent for this age group. They lived in appalling conditions on streets, railway platforms and squatter colonies. Life has been harsh and education a distant dream for them.
- 49,518 children in the age group 10-14 years were not in school, which was almost 29 percent.
- The status of 40 Municipal Wards were comparatively worse, where 4000+ children were not in school in 7 Wards, 2000+ children were not in school in 15 Wards and 1000+ children were not in school in 18 Wards.
- The scenario was the worst in Ward No 6 where 20,791 children were out of school, which worked out to be 14.35 percent of the total 3-14 years children.
- 16 Municipal Wards had no out of school children.
- 808 children were out of school in 71 Municipal Wards with an average of 100 children per Ward.
- 7,893 children were out of school in 25 Municipal Wards with an average of 300 children per Ward.
- 28,665 children were out of school in 29 municipal wards with an average of 1,000 children per Ward.
- On an average 2,882 children per Ward were out of school (CLPOA, 1999).

6.04.02.02. UPE strategy for Kolkata

A strategy was formulated for providing primary education to the deprived children through strengthening KMC schools and DPSC schools, initiating Shishu Shiksha Karmasuchi and Shikhalaya Prakalpa (Box No.6.02).

<table>
<thead>
<tr>
<th>Box No. 6.02</th>
<th>Urban Primary Education Strategy (UPE), 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strengthening KMC Schools For enrolling out of school children through joint enrolment drive of KMC/ DPSC/ SSK/ SP</td>
</tr>
<tr>
<td>2</td>
<td>Strengthening DPSC Schools</td>
</tr>
<tr>
<td>3</td>
<td>Shishu Shiksha Karmasuchi To be run by KMC</td>
</tr>
<tr>
<td>4</td>
<td>Shikhalaya Prakalpa To be run by NGOs</td>
</tr>
</tbody>
</table>

Source: WBDPEP, 2000
6.04.02.03. Plan of action

10,000 existing vacancies was proposed to be filled up by children not going to school after preparing them through bridge courses. The then existing infrastructure of Shikshalaya Prakalpa could only support 10,000 children. KMC came forward and offered to accommodate 5,000 children in its Shishu Shiksha Kendras. Almost 25,000 children were brought under Shikshalaya Prakalpa. Based on the survey the WBSRGEDUR formulated the following plan of action to ensure accessibility to schools for all children:

- Running 100 Shishu Shiksha Kendras for children between 5-9 years.
- Running 600 Shikshalayas (alternative schools) for children between 5-9 years by the NGOs in areas with no formal schools.
- Running 334 Bridge Course Centres for children between 7-9 years in areas with formal schools with vacancies. NGOs were identified to run Bridge Course Centres by local educated youth.
- Enrolling 2,500 children in the age group of 5-6 years directly into class I of formal schools.

The mainstreaming effort began from 2000.
6.04.02.04. Assessment of Shikshalaya Prakalpa

Shikshalaya Prakalpa is an initiative of Alternative Formal Schools. Initially 8 Resource Centre NGOs operated 33 NGO Shikshalaya centres in the Municipal Wards. Within a span of 3 years (2000-2003) almost 26,420 street and slum children were enrolled in Shikshalaya centres. There were 70 NGOs running 427 centres with 1183 trained shiksha sevaks and sevikas covering 83 Municipal Wards in 2003 (Table No.6.05 and Map No. 6.07). In 2007 the number of NGOs declined to 63 with the number of students enrolled being 22,248 in 2007 (Table No.6.06). The number of Shikshalaya centres

**Table No. 6.06**

<table>
<thead>
<tr>
<th>Assessment Of Shikshalaya Prakalpa, 2006-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Shikshalaya Centres</td>
</tr>
<tr>
<td>Total students enrolled</td>
</tr>
<tr>
<td>Number of female students enrolled</td>
</tr>
<tr>
<td>Number of male students enrolled</td>
</tr>
<tr>
<td>Number of sevaks &amp; sevikas</td>
</tr>
<tr>
<td>Number of sevikas</td>
</tr>
<tr>
<td>Number of sevaks</td>
</tr>
<tr>
<td>Number of NGOs involved</td>
</tr>
<tr>
<td>Number of KMC Wards covered</td>
</tr>
<tr>
<td>Number of 50 learners centre</td>
</tr>
<tr>
<td>Number of 25 learners centre</td>
</tr>
<tr>
<td>Student-Teacher Ratio</td>
</tr>
</tbody>
</table>

Data Source: CLPOA, 2003

Geography Of Urban Poverty In The City Of Kolkata
increased from 427 to 457 in 2007 (Table No.6.05 and 6.06). 2 types of Shikshalaya centers have been running – 50 learners centers (83 percent of the centers) and 25 learners centers (17 percent of the centers). During 2006-07 almost 1,940 students were mainstreamed (CLPOA, 2007). Ward No. 6 has the highest number of centers being 46 with 5 NGOs (CLPOA, 2007).

6.04.02.05. Structure of the Shikshalaya Prakalpa

The structure of the Shikshalaya Prakalpa (Box No.6.04) is composed of the Project Management Unit and the Kolkata Resource Group on Education for Deprived Urban Children (KRGEDUC). In this regard WBSRGEDUR selected CINI-ASHA, as the Project Management Unit and Loreto Day School was selected as an Academic Training Unit for the programme.

6.04.02.06. Funding of the Shikshalaya Prakalpa

- The Shikshalaya Programme receives fund from Sarva Shiksha Abhijan (SSA), Kolkata at a rate of Rs.845 per child per year.
- CLPOA as the Project Management Unit receives the funds from SSA and releases it to NGOs according to the number of centres and children covered.
- The project management cost is limited to 6 percent of the total cost (CLPOA, 2003).

6.04.02.07. Bridge Courses

The Bridge Course Programme was launched in September 2000 with the support of UNICEF funds and under the guidance of WBSRGEDUR. It is for those children who are dropped from the formal school system or never been to school. After completion of the Bridge Course curriculum the children are supposed to be mainstreamed either in formal schools or in alternative school system. In 2000 28 NGOs were selected to run the in 62 wards of Kolkata in 253 centres. 5,286 children were enrolled with 2,531 male and 2,755 female children respectively (DPEP, 2001). In the initial period 32 centres dropped out from this programme with 221 centres
operating (DPEP, 2001). The centers were located in local youth clubs in areas where the formal schools had vacancies. The Bridge Course centres accommodated 25 children in each centre and had a single Instructor (DPEP, 2001).

6.04.03. Sarva Shiksha Abhiyan (SSA)
Following the survey a national level programme SSA was launched in December 2001 emphasizing on promotion of elementary education (class I to VII). The society called Paschim Banga Rajya Prarambhic Shiksha Unmayan Sanstha (PBRPSUS) is the nodal agency for implementing the SSA throughout the State in association with other bodies like Board of primary and secondary education. In 2002 Shikshalaya Prakalpa became a component of SSA under Alternative Innovative Education System (Photo No.6.03 and 6.04).

6.04.04. KMC’s efforts towards ‘Universalization of Elementary Education’

<table>
<thead>
<tr>
<th>Box No. 6.05</th>
<th>Initiatives Taken By KMC Towards Improving KMC Schools During 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤</td>
<td>The women involved with Swarna Jayanti Swarajgar Yojana have been given the responsibility to arrange mid-day meals.</td>
</tr>
<tr>
<td>➤</td>
<td>In order to ensure that the students of the KMC schools get clean and healthy mid day meal, building of ‘Community Kitchens’ is being initiated.</td>
</tr>
<tr>
<td>➤</td>
<td>Initiative is being taken for proper preservation of mid-day meal rice.</td>
</tr>
<tr>
<td>➤</td>
<td>Special efforts to repair school buildings are being undertaken and a special school infrastructure renewal fund has been created for this purpose.</td>
</tr>
<tr>
<td>➤</td>
<td>Effort is being taken for timely distributions of free textbooks.</td>
</tr>
<tr>
<td>➤</td>
<td>Arrangements have been made to provide pure drinking water, modern sanitary toilets and adequate lighting to ensure a better environment of study in the KMC schools.</td>
</tr>
</tbody>
</table>

Source: KMC, 2009

6.04.04.01. Provision of education through KMC schools
Insofar as the primary education is concerned the KMC states to be committed to the goal of universalization of elementary education through its 252 primary schools and 102 Shishu Shiksha Kendras (KMC, 2009). According to KMC the rate of dropouts is being arrested through counseling of parents. Until 2007 KMC provided mid-day meal to 25,000 students in 218 KMCP schools and 11 SSKs (KMC, 2007). Since 2008 KMC schools provide mid-may meal on every school day to 35,000 students (KMC, 2008). Cooked meal at 3kg rice per head per month is provided to all students in the KMCP schools. As a result, student strength has increased by 25 percent during a course of 7-8 years (KMC, 2009). The School Development Committees and Mother Groups are functioning effectively in monitoring the administration of KMC schools. To cater to the needs of an oft-neglected group, the KMC has started one school for physically challenged students. Health check-up scheme for students of KMCP schools have been introduced too. 4 Adult Education centres have opened up. In 2002-03 initiatives have been taken to repair KMCP schools on priority basis including overall development of lighting arrangements, supply of drinking water and sweeping and cleaning to keep the schools in good
hygienic conditions. During 2008-09 new initiatives have been taken to improve the status of KMC schools (Box No.6.05).

6.04.04.02. Coping with constraints

An overall decline in resources and a moratorium on recruitment has reduced the number of permanent schoolteachers and supervisors, thus severely affecting the quality of education imparted. In some areas enrolment rates have dropped significantly. This has induced the Department to reorganize. Some schools have been closed or amalgamated. Cooked mid-day meals have been introduced in 13 KMCP schools with the help of community development societies to give boost to universalization of primary education by increasing enrolment. Various schemes have been undertaken in KMCP Schools for the benefit of KMCP school children (Box No.6.06).

<table>
<thead>
<tr>
<th>Box No. 6.06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schemes Undertaken In KMCP Schools For The Benefit Of KMCP School Children, 2004</td>
</tr>
<tr>
<td>➢ Annual Sports meet of KMCP School Children.</td>
</tr>
<tr>
<td>➢ Participation in State Level Sports on regular basis.</td>
</tr>
<tr>
<td>➢ Distribution of text books amongst the children of KMCP Schools and SSK free of cost.</td>
</tr>
<tr>
<td>➢ Assistance of some NGOs.</td>
</tr>
<tr>
<td>➢ Participation in integrated learning project evaluation through Sarva Shiksha Abhijan (SSA).</td>
</tr>
<tr>
<td>➢ Various training programme for development of scientific concepts of the children of KMCP Schools are arranged by Education Department, KMC with the financial assistance of UNICEF.</td>
</tr>
<tr>
<td>➢ Celebration of International Literacy Day on 8th September every year.</td>
</tr>
<tr>
<td>➢ Distribution of School Uniforms.</td>
</tr>
<tr>
<td>➢ Distribution of academic prizes and sport prizes.</td>
</tr>
<tr>
<td>➢ Distribution of rice for mid-day-meal.</td>
</tr>
<tr>
<td>➢ Participation of School Children in sit &amp; draw programme.</td>
</tr>
<tr>
<td>➢ Celebration of auspicious days namely Netaji's Birthday, Republic Day, Rabindra Jayanti, Independence Day etc.</td>
</tr>
<tr>
<td>➢ Participation of school children in educational tour to places of Historical interest.</td>
</tr>
<tr>
<td>➢ Arrangement of school wise exhibition on improvised models.</td>
</tr>
<tr>
<td>➢ Work Education and Physical Education.</td>
</tr>
<tr>
<td>➢ Students are being regularly trained on combating natural disasters and fire extinguishing systems.</td>
</tr>
</tbody>
</table>

Source: KMC, 2004

6.04.05. Achievements of ICDS schooling

During 2007 the pre-school enrolment efficiency of 3-6 years children has been 77.22 percent, with 76.43 percent for boys and 77.84 percent for girls with respect to eligible students. But the percent of students attending school has been low being 52.54 percent for boys and 54.51 percent for girls respectively (Figure No.6.07 and Table No.6K). Almost 46.47 percent of the eligible students have not been attending school may be due to the poor coverage of ICDS. Except Khidirpur, Beleghata and Barabazar the rest 7 project areas have more than 70 percent of enrolment for both boys and girls. In Entally and Bagbazar areas 100 percent enrolment have taken place for both boys and girls. Attendance is very low in Beleghata for both boys and girls being 36 percent for boys and 38.69 percent for girls. Other than Beleghata, Barabazar and
Tollygunge the other centres do have less than 50 percent attendance for both boys and girls. Dhakuria and Khidirpur have less than 50 percent attendance for boys but 52 percent attendance for girls. It is only in Red Light area that percent of children attending school is comparatively higher being 71.88 percent for boys and 72.21 percent for girls. Entally also have an average of 70 percent attendance (Map No.6.08 and Table No.6.1). Such low attendance shows that the ICDS scheme is yet create an impact among the poor (Photo No.6.05).

6.04.06. Overall impact of education programmes

Almost 8 percent of the children in the age group 5-8 years were out of school in Kolkata during 2002-03 (Govt. of WB & Unicef, 2003). Quality of educational processes in KMCP and non-formal schools remains a major challenge to the KMC authority and other schools.

6.05. Combating child labour

6.05.01. Status of child labourers in Kolkata

Data on child labour is limited. Also information on working hours of children which is a major deterrent to school attendance is not available. The enrolment rate of school going children in the city worked out to be about 55 percent among the low-income groups in 1995 (Govt. of WB, KMC & ILGUS, 1996). With such a low enrolment the city seems to be an ideal ground for child labour. In 1981 there were 20,571 working children, which comprised, almost 4 percent of West Bengal's working children. There were 6.22 child labourers per 1000 persons in the city (Census of India, 1981). According to CINI-IPER 1994, 32 percent of the working street children were engaged in domestic help, 20 percent engaged in unorganized sector, 27 percent as rag pickers, 5.9 percent as factory workers, 3.1 percent were hawkers and 1 percent were milk or newspaper delivers (Govt. of WB, KMC & ILGUS, 1996).

6.05.02. Government intervention

The National Child Labour Project (NCLP) started in 1988. Under this scheme programme for child workers were started by NGOs with support from the Ministry of Labour in the city.

- The Rag Pickers' Project initiated by Calcutta Social Project in 1976 has been a pioneering child labour project in the city (Govt. of WB, KMC & ILGUS, 1996).
Plate No. 6.01
MID-DAY MEAL FACILITY AT SHIKSHALAYA AND ICDS CENTRES

Photo No.6.01
3-6 years children having mid-day meal at an ICDS centre in Belgachia Bustee.

Photo No.6.02
Mid-day meal being provided to lactating mothers at an ICDS centre.

Photo No.6.03
Students waiting for their mid-day meal at a shikshalaya centre.

Photo No.6.04
Squatter children on their way to the non-formal school run by a NGO.

Photo No.6.05
ICDS school held in a small dingy room without any classroom amenities in Belgachia Bustee.

Photo No.6.06
Mid-day meal provided at a IPSC Centre run by TSHE

The Institute for Psychological and Educational Research (IPER) started a Holiday School Project for child labourers in 1983 (Govt. of WB, KMC & ILGUS, 1996).

In 1991 Vivekananda Education Society (VES) initiated a pilot project with 50 child workers (Govt. of WB, KMC & ILGUS, 1996).
Chapter VI: Assessment Of Urban Poverty Alleviation Schemes In Kolkata

- The West Bengal Labour Welfare Board runs Labour Welfare centres and Labour Schools and welfare activities for child labourers. In 1999 there were 118 Labour Schools operating in 19 Wards out of which 49 were functioning regularly and 69 occasionally. They catered to 3,861 children (CLPOA, 1999).

- The Scheme for Welfare of Street Children was launched in 1993 by the Ministry of Welfare with special emphasis on education and vocational training (Govt. of WB, KMC & ILGUS, 1996).

- LAMP has been running a fulltime education and rehabilitation centre for child labourers with the financial support of Kolkata Child Labor Rehabilitation-cum-Welfare Society, Govt. of West Bengal and Ministry of Labor, Govt. of India.

- The drive under the Sarva Shikya Abhijan to enrol all children out of school is to bring the incidence of child labour down (Govt. of WB, KMC & ILGUS, 1996).

6.05.03. International programme for elimination of child labour

The International programme for elimination of child labour with the German Government’s support and mounted by the ILO was formally launched in India in 1993. IPEC aims at eliminating child labour through

- Awareness among families, employers and trade unions and
- Formal or non-formal education of children.

6 NGOs in Kolkata work with the Labour Department in the implementation of the ILO funded International Programme for elimination of child labour (Govt. of WB, KMC & ILGUS, 1996).

They are --

- Vivekananda Education Society
- Institute of Psychological and Education Research
- FOCUS, Child in Need Institute
- Calcutta Social Project and
- Prantik Jana Bikas Samity

They target 15,000 child workers in the city (Govt. of WB, KMC & ILGUS, 1996).

6.05.04. Enforcement of laws

The Convention on Minimum Age for Admission to Employment adopted by ILO in 1976 ratified by 40 member states sets the minimum age of 15 years for admission into employment. The Child Labour Prohibition and Regulation Act, 1986 implemented by the Government of West Bengal emphasized on limiting working hours to 6 hours per day, ensuring a weekly holiday and prohibited night work (between 7.00 p.m. and 8.00 p.m.) and overtime. The Child Labour Policy was formulated in the same year.
6.06. National Social Assistance Programmes (NSAP) for the urban poor

6.06.01. Component of NSAP

NSAP is a Central Government programme aimed for the BPL. There are three schemes under NSAP. These schemes have been implemented by the government that are channeled through the Kolkata Municipal Corporation like –

- National Old Age Pension Scheme (NOAPS),
- National Family Benefit Scheme (NFBS),
- Janani Suraksha Yojana (JSY)

6.06.02. Implementation of NSAP

KMC is responsible for implementation of various social welfare schemes sponsored by the Government of India. There are a large number of beneficiaries under the NOAPS, NMBS and NFBS to whom the benefits have been overdue for a long period. Identification of beneficiaries, processing of applications, claiming of refunds from the State Government are few of the problems faced in distribution of benefits under these schemes.

6.06.03. National Old Age Pension Scheme (NOAPS)

Under NOAPS senior citizens (above 65 years of age) whose annual income is less than Rs.4,000 per annum are paid a monthly pension of Rs.400 (with effect from August 2007, the quantum of assistance to the pensioners has been increased from Rs.100 per month to Rs.400 per month). Government of India provides 75 percent of the fund and the State Government provides the rest 25 percent. However there are strict ceilings on the number of people who can get pension.

- During 1999-2000 a target of 22,866 persons were achieved with an expenditure of Rs.316 lakhs (KMC, 2000). The enquiry by West Bengal Network on The Right To Food And Work during 2000 showed that there was complain regarding the low (20-30 percent) coverage of beneficiaries.
- The target was raised to 32,866 during 2000-01, out of which 22,866 persons were benefited (KMC, 2001).
10 percent of the quota was reduced during 2001-02 to 20,467 (KMC, 2002).

Further the target was reduced by 16 percent from October 2003 to 17,227. In 2003 nearly 22,857 beneficiaries were enlisted (KMC, 2003).

During 2003-04 the figure was 22,662 (KMC, 2004). During the next 2 years due to fund constraint none received any pension.

During 2006-07 almost Rs.64 crores have been distributed to update last 24 month’s pending distribution (KMC, 2007). Identification and registration of NOPS beneficiaries have been simplified.

During 2007-08 KMC have been able to extend assistance to 3,303 new beneficiaries (KMC, 2008).

During 2008-09 almost 21,972 beneficiaries have been provided with NOPS assistance. The Borough wise distribution of beneficiaries during 2008-09 shows higher proportion of beneficiaries in Borough X, VII, III and I (Figure No.6.08).

6.06.04. National Family Benefit Scheme (NFBS)

In this scheme a gratuitous sum of Rs.10,000 is paid to a family in case of death of the primary earning member with an annual income of not more than Rs.11,000 per annum.

Under NFBS programme during 1999-2000, 650 families have been enlisted with an expenditure of Rs.67.57 lakhs (KMC, 2000).

During 2000-01 the target has been set at 800 families (KMC, 2001).

During 2001-02 the number of families assisted by this scheme was 478 against a target of 533 (KMC, 2004).

2,499 families has been facilitated such payments till March 2003 (KMC, 2003).

During 2003-04 the number of families assisted by this scheme was 453 against a target of 684 (KMC, 2004).

During 2006-07 the number of cases targeted to be disbursed has been 1,200, involving an amount of Rs.1.2 crore (KMC, 2007).

During 2007-08 1,144 cases have been finalized and an amount of Rs.1.14 crore disbursed.

During 2008-09 1,482 cases have been finalized and an amount of Rs.1.48 crore disbursed. During 2006-09 Rs.8.89 crore was disbursed among 8,890 families (KMC, 2009).

6.06.05. Janani Suraksha Yojana (JSY)

In this scheme pregnant mothers of 19 years and above from below poverty line whose family income is Rs.4000 per annum, are assisted Rs.500 for two issues. The transition to Janani
Suraksha Yojana (JSY), from the erstwhile National Maternity Benefit Scheme (NMBS), has been a tremendous success according to KMC.

- During 1999-2000, 7,654 mothers have been enlisted as beneficiaries with an expenditure of Rs.39.80 lakhs (KMC, 2000).
- During 2000-01 the target was 9,000 (KMC, 2000).
- During 2002-03 the target was 6,712 while the beneficiary number was 4,568 (KMC, 2004).
- During 2003-04 2,043 mothers were benefited (KMC, 2004).
- During 2006-07 1,691 beneficiaries have been enlisted (KMC, 2007). 700 beneficiary mothers have been registered in a span of only 4 months during 2007. There has been decentralization of disbursal of cash benefit to borough level (KMC, 2007).
- Nearly 6,771 beneficiary mothers have been registered till 2008 and financial assistance of 37.81 lakh rupees has been disbursed (KMC, 2008).
- Almost 19,363 beneficiary mothers have been registered till 2009 and financial assistance of Rs.1.12 crore has been disbursed (KMC, 2009).

### 6.07. Employment generation programme

#### 6.07.01. Nehru Rozgar Yojana (NRY)

**6.07.01.01. Objectives of NRY**

In order to alleviate the conditions of urban poor, a centrally sponsored programme - Nehru Rozgar Yojana - was launched at the end of the Seventh Five Year Plan (October 1989) with the objective of providing employment opportunities to the urban unemployed and underemployed poor through skills upgrading and assistance in setting up their own enterprises. The Central Government indicated its overall contribution while the essential task of identifying, earmarking and coordinating the relevant sectoral inputs was undertaken by the State Governments (KMC, 2000).

**6.07.01.02. Components of NRY**

The NRY consisted of three schemes namely:
- Scheme of Urban Micro Enterprises (SUME);
- Scheme of Urban Wage Employment (SUWE); and
- Scheme of Housing and Shelter Upgradation (SHASU).

- **The Scheme of Urban Micro Enterprises (SUME)** was designed for technical training and providing financial assistance for setting up micro enterprises with government subsidies and bank credit.
• The Scheme for Housing and Shelter Upgrading (SHASU) is a programme under NRY for providing technical training to construction workers in urban areas and financial assistance to economically weaker sectors of the population for housing and shelter upgrading with government subsidies and housing loans.

• The Prime Minister's Integrated Urban Poverty Eradication Programme (PMIUPEP) was launched as a part of NRY in 1994 to improve the quality of life of the 'urban poor' by creating a facilitating environment through community-based planning and implementation. Thus the scheme was thought of as an effective achievement of social sector goals, community empowerment, convergence through sustainable support system employment generation and environmental improvement.

Under NRY Scheme 320 unemployed youths in Borough No I and VIII have been given training and they have been provided with toolkit worth Rs.1400 (KMC, 2000).

6.07.02. Swarna Jayanti Shahari Rozgar Yojana (SJSRY)

6.07.02.01. Conversion of NRY to SJSRY

In pursuance of the recommendations of the Hashim Committee, during the Ninth Plan it was proposed to launch the Swarna Jayanti Shahari Rozgar Yojana (SJSRY) and phase out the three Urban Poverty Alleviation Schemes, namely Nehru Rojgar Yojana (NRY), Prime Ministers Integrated Urban Poverty Eradication Programme (PMIUPEP) and Urban Basic Services for the Poor (UBSP). The SJSRY is a Centrally Sponsored Scheme applicable to all the urban areas for eradication of urban poverty with expenditure to be shared in ratio 75:25 between the Centre and States/UTs. The scheme seeks to provide gainful employment to the urban unemployed or under employed through encouraging, setting up of self-employment ventures or provision of wage employment. This programme relies on creation of suitable community structures and delivery of inputs through the medium of urban local bodies. The programme has become operational since December 1, 1997. It has two sub-schemes, namely,

(i) Urban Self-Employment Programme and

(ii) Urban Wage Employment Programme.

6.07.02.02. Foundation of SJSRY

The Swarna Jayanti Shahari Rozgar Yojana rests on the foundation of community empowerment. Community organizations like Neighbourhood Groups (NHGs), Neighbourhood Committees (NHCs) and Community Development Societies (CDSs) are set up in the target areas. The CDS is the focal point for purposes of identification of beneficiaries; preparation of applications, monitoring of recovery and generally providing whatever other support is necessary to the programme. The CDS also identify viable projects suitable for that particular area. These CDSs may also set themselves up as Thrift and Credit Societies to encourage community savings, as
also other group activities. A maximum expenditure at the rate of Rs.100 per member for the first year and Rs.75 per member for each subsequent year is allowed for activities connected with the CDS. The beneficiaries can take decisions for improving their economic status. They can play a vital role as a Ward Committee member in the development works at the ward level. They can be aware of the schemes of the KMC. The social status of the members has improved. During crisis period they can avail help from the NHG. Every member is a banker to their group (KMC, 2004).

6.07.02.03. Assessing the impact of SJSRY

This major employment generation scheme of the Central Government is actively implemented by the KMC. During 2002-03, 593 youths have been imparted vocational training. Under the Thrift and Credit Society (TCS) 75 groups were formed comprising of 1,440 members. Rs.4.17 lakh has been mobilized and loans have been given to 108 members amounting to Rs.2.03 lakhs (KMC, 2003). During 2003-04 there were 65 NHCs comprising 650 NHGs and 114 TCS Groups comprising 1,805 TCS female members. 843 members were imparted vocational training in 12 vocational trades and 258 of them were self-employed. 6 DWCUA groups were formed (Table No.6.07).

<table>
<thead>
<tr>
<th>Table No. 6.07</th>
<th>Achievements Of SJSRY, 2003-04</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Groups Formed</td>
</tr>
<tr>
<td>1</td>
<td>Neighbourhood Groups (NHGs)</td>
</tr>
<tr>
<td>2</td>
<td>Neighbourhood Committees (NHC)</td>
</tr>
<tr>
<td>3</td>
<td>Community Development Societies (CDS)</td>
</tr>
<tr>
<td>4</td>
<td>Thrift and Credit Societies (TCS)</td>
</tr>
<tr>
<td>5</td>
<td>Number of TCS Members</td>
</tr>
<tr>
<td>6</td>
<td>DWCUA Groups</td>
</tr>
<tr>
<td></td>
<td>Training Of SJSRY Members</td>
</tr>
<tr>
<td>1</td>
<td>Number of members imparted training in 12 vocational trades</td>
</tr>
<tr>
<td>2</td>
<td>Number of beneficiaries already self employed</td>
</tr>
</tbody>
</table>

Data Source: KMC, 2004

During 2006-2007 more than 1,000 groups and 50 Neighbourhood Committees have been registered. The programme is being given necessary impetus by facilitating formation of around 1,200 Thrift and Credit Society (TCS) Groups. The total number of TCS Groups was 2,724 comprising 19,500 female members (Table No.6.08). Almost 1 crore rupees have been mobilized as their savings through these TCS groups. For training, 76 new services and trades have been identified. 1,543 beneficiaries have already been imparted vocational training during the same year and another 1,200 beneficiaries are in the process. To encourage the poor, ‘SJSRY Fairs’ are organized in the city, to provide marketing and promotion platform to the SJSRY beneficiaries. Through these fairs they have been able to secure orders worth several lakhs (KMC, 2007).

Further achievements of SJSRY are highlighted in Table No.6.09. Community Development Societies (CDSs) under the Swarna Jayanti Shahari Rojgar Yojana (SJSRY) have been formed in...
5 boroughs. The benefits to the groups are yet to be distributed, as the structure needs further strengthening and more boroughs need to be covered under this scheme.

Table No. 6.08
Achievements Of SJSRY, 2006-07

<table>
<thead>
<tr>
<th>Groups Formed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbourhood Groups (NHGs)</td>
<td>610</td>
</tr>
<tr>
<td>Neighbourhood Committees (NHC)</td>
<td>61</td>
</tr>
<tr>
<td>Community Development Societies (CDS)</td>
<td>5</td>
</tr>
<tr>
<td>Thrift and Credit Societies (TCS)</td>
<td>2,724</td>
</tr>
<tr>
<td>Number of members</td>
<td>19,500</td>
</tr>
<tr>
<td>DWCUA Groups</td>
<td>24</td>
</tr>
<tr>
<td>Total savings of TCS</td>
<td>Rs.1.75 crores</td>
</tr>
<tr>
<td>Total revolving fund</td>
<td>Rs.25.5 lakhs</td>
</tr>
</tbody>
</table>

Training Of SJSRY Members

| 1 Number of members imparted training in 12 vocational trades | 4,000 |
| 2 Enlisted new beneficiaries in the process                  | 1,000 |
| 3 Number of members imparted training under SUDA             | 7,000 |
| 5 No of trainees                                             | 20   |
| 5 Toolkits provided to number of members                      | 1,050 |
| 6 Total expenditure of toolkits                              | Rs.25.20 lakhs |
| 7 Total expenditure made by the members to buy tool kits      | Rs.9.35 lakhs |

Data Source: Department of Social Sector, KMC, 2007

Table No. 6.09
Achievements Of SJSRY, 2008-09

<table>
<thead>
<tr>
<th>Groups Formed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbourhood Groups (NHGs)</td>
<td>2,100</td>
</tr>
<tr>
<td>Neighbourhood Committees (NHC)</td>
<td>75</td>
</tr>
<tr>
<td>Thrift and Credit Societies (TCS)</td>
<td>2,925</td>
</tr>
<tr>
<td>Number of members</td>
<td>24,500</td>
</tr>
<tr>
<td>Total savings of TCS</td>
<td>Rs.3 crore</td>
</tr>
</tbody>
</table>

Training Of SJSRY Members

| 1 Number of members imparted training in 12 vocational trades | 8,410 |
| 2 Enlisted new beneficiaries in the process                  | 1,500 |

Data Source: Department of Social Sector, KMC, 2009

During 2008-09, about 2,100 Neighbourhood Groups and around 75 Neighbourhood Committees have been registered under SJSRY (KMC, 2009). The programme has being given necessary impetus by facilitating formation of around 2,025 Thrift and Credit Society (TCS) Groups having 24,500 effective 40 members. The savings of these TCS groups has almost Rs.3 crore. 76 new services and trades have been identified for training. While 8,410 beneficiaries have already been imparted vocational training, another 1,500 beneficiaries are in the process. To provide further encouragement to the groups, arrangement has been made to distribute tool-kits to the beneficiaries. 'SJSRY Fairs' were organized in 11 locations of the city. Such initiatives play a major role in providing proper marketing opportunities to the programme beneficiaries (Table Geogra...
6.09. The beneficiaries have been able to sell different commodities amounting to Rs.4 lakh only in one single fair (KMC, 2009).

6.07.04. Constraints

Government policy on urban poverty has aimed to enhance productive employment and income for the poor through wage and self-employment schemes. Unfortunately, the economic criteria for identifying the target groups under the programmes have been open to abuse, and the non-poor has captured many benefits. The beneficiary list under SJSRY needs to be rectified following the rectification of BPL List prepared by KMC. In addition, the budgetary allocations are grossly inadequate to meet the requirements of SJSRY.

6.08. Health care programmes

6.08.01. Types of health programmes

Two major types of health programmes have been implemented in the city-

1) National Programmes for Mother & Child Health (MCH), Family Welfare (FW) and Child Survival & Safe Motherhood (CSSM) and

2) Programmes specially designed for Kolkata like CUDP-III, CSIP and IPP-VIII. IPP-VIII has been a health and family welfare programme, whereas CSIP and CUDP-III are integrated community development packages. In the earlier health delivery programmes like IPP-IV and CUDP-I beneficiaries could not avail the health services due to lack of information. Hence CUDP-III, CSIP and IPP-VIII relied on health personnel to establish a personal relation with the community through home visits. Under these schemes target regarding vaccination, diarrhoea treatment etc among the bustee dwellers has been achieved. In 1999 the Infant Mortality Rate was 37 per 1000 live births. With the ongoing health care projects the IMR in the target areas of the programme was reduced to 20 per 1000 live births by 2000 (KMC, 2000).

6.08.02. Child Survival & Safe Motherhood (CSSM)

This programme was initiated in 1992-1993 in Kolkata. Specific goals were set for infant and maternal mortality reduction, control of childhood diseases and immunization coverage to improve the survival of mothers & child by the year 2000. KMC along with its 7 maternity centers; 12 Health Administrative Units with 90 sub-centres under CUDP III; 6 Health Administrative Units with 36 sub-centres under CSIP; and 17 NGOs were the service providing agencies. Almost 4,50,000 slum dwellers were covered under CSSM.

6.08.03. Calcutta Urban Development Programme (CUDP) III Health Programmes

Health programmes like CUDP-III (1985-86) was launched as a overall part of slum development programme of KMUDA to provide health care including mother and child health, family welfare, immunization and nutrition at the doorsteps of bustee dwellers by 1992. It was
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implemented in 79 Wards of Kolkata serving 4,48,000 people (Map No. 6.09). The health facility provided under CUDP-III is depicted in Box No. 6.07. In 2004 12 Units were functioning under this project in Borough I, II, III, IV, V, VII, IX, X, XI, XIII, XIV, XV respectively (Map No. 6.09). The project covered 90,025 families, 31,297 children (0-5 years), and 56,307 eligible couples comprising of 2,62,500 male and 2,25,963 female population (KMC, 2004).

Map No. 6.09

6.08.04. Calcutta Slum Improvement Project (CSIP)

CSIP is a community based integrated project implemented by the KMDA with health as a major component in 1993. It focused on maternity and child health relying on a preventive community...
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based approach. The project targeted 245,353 bustee dwellers in 119 bustees in 16 Wards of the city. After 1996 KMC took over the charge of the project (Map No. 6.10). In 2004, 8 units were functioning in Ward Nos.14, 57, 66, 77, 103, 106, 107, 109, 117, 118, 133, 134 and 141 respectively in Borough Nos III, VII, XII, XIII and XV. The project covers a population of 2,96,061, 53,366 families, 40,644 children (<5 years) and 43,020 eligible couples (KMC, 2004).

6.08.05. India Population Project (IPP) VIII
The basic goal of the India Population Project VIII initiated in February 1996 was Health for all by 2000. It aimed at reducing death rates, birth rates and prevalent diseases like Diarrhoea in comparison to the pre-implementation days of the project. It has been implemented in 27 Wards of Kolkata. (Map No 6.11) In 2004 only 1 unit has been functioning in Borough VI (Ward Nos. 53, 60, 61, 62). This project has benefited 5,069 families, 2,583 children (< 5 years), and 31195 eligible couples (KMC, 2004).

6.08.06. Health service provided by KMC

6.08.06.01. Preventive and curative health measures

The Health Department of KMC renders preventive, curative and welfare services to cover more beneficiaries. For this the services provided are illustrated in Table No.6.10 In the social infrastructure sector, health is a very important segment. In this sector, KMC aims to provide its poor citizens with quality preventive health care. With that in view, KMC has been extending and enlarging the number and

<table>
<thead>
<tr>
<th>Table No. 6.10</th>
<th>Health Care Services Provided By KMC, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Ward Health Units</td>
<td>98</td>
</tr>
<tr>
<td>Number of Dispensaries</td>
<td>26</td>
</tr>
<tr>
<td>Number of Malaria Clinics</td>
<td>58</td>
</tr>
<tr>
<td>Number of Maternity Clinics</td>
<td>4</td>
</tr>
<tr>
<td>Number of Chest Clinics</td>
<td>10</td>
</tr>
<tr>
<td>Number of TB Hospitals</td>
<td>1</td>
</tr>
<tr>
<td>Free Blood Testing Centres</td>
<td>58</td>
</tr>
<tr>
<td>Number of Leprosy Treatment Centres</td>
<td>51</td>
</tr>
<tr>
<td>Number of Ambulances</td>
<td>14</td>
</tr>
</tbody>
</table>

Data Source: KMC, 2003
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coverage of Malaria Clinics and Ward Health Units.

AREAS UNDER CALCUTTA SLUM IMPROVEMENT PROJECT
KOLKATA MUNICIPAL CORPORATION, 1993-2004

Health Delivery System
Under CSIP

Health Administrative Unit
Medical Officer (1)

First Tier
(Supervisors - 1 per sub-centre)

Second Tier
(Supervisors - 1)

Honorary Health Workers (HHWs)
(5 per sub-centre)

PROJECT FEATURES:

* In 2004 8 units lias been functioning in 14 Wards (Ward Nos 14, 57, 66, 70, 103, 105, 106, 107, 109, 117, 118, 133, 134, 141).

* The project has covered a population of 2,96,061, 53,366 families, 43,020 eligible couples, and 40,644 children till March 2004

Source: Health Programme Unit, KMDA & KMC
Compilation & map generated by author by using MapInfo Professional Version 7.5

• In 2006-07, 10 new Malaria Clinics and 7 new Ward Health Units have been opened (KMC, 2007).

Map No. 6.10

Geography Of Urban Poverty In The City Of Kolkata
• During 2007-08, 5 new ward health units, 10 new malaria clinics, 4 new leprosy cure units and 6 new tuberculosis have opened (KMC, 2008).
• During 2008-09, 5 new ward health units, 20 new malaria clinics, 47 new tuberculosis detection centres and 2 new leprosy cure units have opened in the city (KMC, 2009).
6.08.06.02. Immunization activities
Routine Immunization activities have been strengthened and elimination of leprosy cases from the city have been achieved according to official sources. The coverage of immunization has been able to expand from 30 percent to 80 percent of the target age group and have brought down the Prevalence Rate of leprosy cases to about 1 percent (KMC, 2007). The Health Department of KMC aims to cover 100 percent children under this scheme. The programme is run from 300 centres all across the city. According to official sources as a result the infant mortality rate of Kolkata has been reduced to 4 / 1000 live births (KMC, 2009).

6.08.06.03. Leprosy Eradication Programme
KMC is implementing the Leprosy Eradication Programme of Government of India. 5 new have been opened in 2007-08. Thus the total number of leprosy treatment centres increased from 56 in 2006-07 to 61 in 2007-08 and to 63 in 2008-09 respectively. It operates on six days a week to render proper medical treatment to the patients (KMC, 2009).

6.08.06.04. Tuberculosis (TB) eradication programme
KMC is also implementing the Tuberculosis (TB) eradication programme of Govt of India. The number of TB treatment centres (DOTS) has increased from 98 in 2006-07 to 104 centres in 2007-08 and to 170 during 2008-09. 58 sputum examination centres are also running successfully (KMC, 2009).

6.08.06.05. Polio Vaccination Programme
KMC is implementing Polio Vaccination Programme as per direction and guidelines of the Government of India. According to KMC, success rate is 90 percent. Hence it aims to bring more children under its coverage by creating awareness among people (KMC, 2009).

6.08.06.06. Future Health Programme
It is being predicted that in 2009, public health in Kolkata will be badly affected due to global warming and imbalance in ecology. An Advisory Committee of 11 members has been formed to recommend preventive measures to be taken to combat the same (KMC, 2009).

6.08.07. The ailing health system of Government Hospitals
When it comes to severe health problems the poor in the city has to depend on the Government Hospitals. As far as the curative health services are concerned, the Health Department has geared the service delivery through the outlets of Ward Health Units, Dispensaries, Chest Clinics, Leprosy Treatment Centres, Malaria Clinic, and Maternity Homes. When it comes to serious curative health services at government hospitals, they are in a state of despair. Several incidences of neglect in government hospitals of the city have revealed the medical mess. What ails government hospitals is the fact that there has been no accountability of doctors, lack of basic training, inadequacy of beds, increased patients and nurse-patient ratio is irrational.
government on paper has 1 nurse for 5 patients. But in reality 1 nurse looks after 40 patients in a ward and in such a situation it is difficult to take care of each patient in such a situation. In 2005 there were almost 5000 beds in the city’s state run government hospitals. There has been instances where patients admitted had to be placed on hospital floors (Majumdar, B., 2005). Surveys revealed several other lacunae that have grown over the years. Many do not have any observation beds in their emergency departments. Some of them do not even have a medical officer round the clock. In spite of the standards and norms stated to be achieved by 2002, in 2007 there were several deficiencies like low degree of cleanliness, no intensive therapy units, lack of drinking water testing facility etc. None of the hospitals have display system of the services available, status of bed-availability or even of specialist attending out-door department days. Still with poor health delivery system the poor has to depend on these state run hospitals since they cannot avail the expensive health facilities of privately owned hospitals. The latter ones target only the creamy elite layer of the public.

6.09. Programme for street children

6.09.01. Calcutta Plan Of Action For Children

The Ministry of Welfare launched a scheme for welfare of street children focusing on education and vocational training in 1993 under the Calcutta Plan of Action for Children. It is facilitated by 24 NGOs each covering 300 children. The street children receive services provided by NGOs. NGO programmes for street children mainly provide nutrition supplementation, education, health, recreation, vocational training. Some children through non-formal schooling are streamed into formal schools. A few NGOs provide crèche, day care facility and night shelter as well (Govt. of WB, KMC & ILGUS, 1996).

Calcutta Plan Of Action For Children has its roots in 5 major documents namely-

- Convention on the rights of the child, 1989
- World Declaration on the Survival, Protection and Development of children, 1990
- Plan of Action for implementing the World Declaration on the Survival, Protection and Development of children in the 1990s
- National Plan of Action for children, Government of India, 1992
- State Plan of Action for children, Government of West Bengal, 1993

The plan had set major goals for all children by 2000. The area of intervention being health, nutrition, water, sanitation, protection. It also recommends new strategies identifying gaps in the intervention (Govt. of WB, KMC & ILGUS, 1996).

The implementation approach comprised of

- Targeting the urban poor
- Basic Services to all children

Geography Of Urban Poverty In The City Of Kolkata
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- Reaching the unreached
- From fragmented programme to a City Plan for children
- Decentralized systems
- Community participation

The plan had a 2-pronged approach as follows:

- City-wide programme aiming to reach all urban poor through setting up city level systems
- Ward-level approach starting from the most disadvantaged Wards by reaching out to the poorest and marginal groups (Govt. of WB, KMC & ILGUS, 1996).
For implementing the Calcutta Plan of Action the city has been classified into 5 zones with the NGOs implementing the programme in the respective areas (Map No.6.12).

6.09.02. Integrated Programme For Street Children
This scheme is launched with the aim of preventing children from living a life on the street and mainstreaming them in the society. The target beneficiaries are street children particularly those without families and home and those vulnerable to abuse and exploitation, such as children of sex workers and pavement dwellers (Sachetana, 2006).

- Since 1994 LAMP has been running the Integrated Programme for Street Children with the assistance of the Ministry of Social Justice & Empowerment, Govt. of India and the Department of Social Welfare, Govt. of West Bengal in Ward Nos. 20, 21, 59, 81, 92 and 108.
- Women’s Interlink Foundation provides overall development of children of slum and street dwellers through education, health care and vocational skill development in Ward Nos. 6, 9, 82 and 90.
- Tiljala Society for Human and Educational Development (TSHED) and Institute of Psychological and Education Research (IPER) too runs this scheme for the street children of the city (Photo No.6.06).

6.10. Scheme under Nirmal Bharat Abhijan

6.10.01. Valmiki Ambedkar Awas Yojana (VAMBAY)
VAMBAY was launched by Government Of India in 2001-02 to provide shelter or upgrade the existing shelter for people living below poverty line in urban slums which will help in making cities slum free. This scheme has an objective to provide shelter and upgrade the existing shelter for below poverty line families in urban slums. The scheme is shared on 50:50 basis with states. Preference is given to women headed households.

It has been the policy of the State Government that in all new area development projects, it shall be necessary to ensure that land is available for the economically weaker sections and low-income groups of people for housing purpose. But it has not happened in several cases of eviction in the city. Urban Development projects have been a threat to the ‘urban poor’. The real threat comes from attempts to expel them from their place of residence rather than provide them with an alternative shelter. A thorough analysis of the scheme and its implementation in the city reveals that there are several fallacies regarding the implementation of the scheme in Kolkata. There have been several instances in the city where no housing have been provided in case of the evictees (like the canal dwellers of Circular Canal or those of the Tolly Nullah). Under the
scheme for VAMBAY, community toilets have been constructed in slum areas for slum people who belong to EWS.

6.10.02. National City Sanitation Project
Also a National City Sanitation project under one title of "Nirmal Bharat Abhijan" is an integral sub component of VAMBAY in which 20 percent of total allocation under VAMBAY have been used to construct toilets.

6.11. Integrated Low Cost Sanitation Scheme
The Government of India, Ministry of Urban Affairs and Employment and Ministry of Welfare along with HUDCO have joined hands in taking up a very major programme for Integrated Low Cost Sanitation for conversion of dry latrine system into water borne low cost sanitation system and at the same time liberating the manual scavengers through appropriate rehabilitation measures. In addition, HUDCO has also been extending assistance to basic sanitation schemes. Construction of number of pay and use toilets have been undertaken, which has been of much help to the pavement dwellers. HUDCO's contribution to Integrated Low Cost Sanitation System, therefore, would have a major significance.

6.12. Capacity building programme and reform strategy of KMC regarding poverty alleviation

6.12.01. Objectives
Broad objectives of the KMC-Capacity Building Programme will be to --
1. Enhance the economic status of the poor in the KMC area
2. Enhance community's participation and KMC's pro-poor initiatives
3. Utilize the services of reputed NGOs whenever necessary
4. Strengthen the borough-wise structure
5. Conduct regular and effective workshops and training programmes

6.12.02. Social planning
To bring about social reforms in the KMC area, the following strategies has been formulated:--

- Strengthening the Social Sector Unit
Trained personnel to be imparted to work in slums, in community organization and for community development. To ensure that Boroughs are also fully involved in poverty alleviation, Community Development Officers (CDO) and Community Development Workers (CDW) are to be appointed in each of the 15 Boroughs. They will be involved in identification of beneficiaries,
community development, monitoring and evaluation. They would also evaluate the efficacy of investments and identify shortcomings. The Boroughs need to be strengthened for formation of community structures, distribution of benefits, facilitation of vocational training and development of micro-credit.

- **Trainings and workshops**
  To impart ‘appropriate training’ the services of established training bodies and NGOs are to be utilized. Various workshops to be conducted on a regular basis at all Boroughs on various sensitized ‘social development’ issues.

- **Integration of all poverty alleviation programs**
  Poverty alleviation under KMC can be broadly divided into two categories viz. infrastructure improvement of bustees and distribution of benefits under social sector schemes. To bring greater synergy both the programs would be brought together.

- **Community Initiative Fund**
  A “Community Initiative Fund” to be established to institutionalize community participation in service delivery and also to deal with poverty issues. The community would be required to contribute 10 percent of the cost of the project, KMC would provide 30 percent and CBP would contribute 60 percent of the cost. This fund to be made available to support small neighborhood level projects to be implemented by SJSRY neighborhood groups.

- **Identification of Vulnerable Groups**
  Studies to be conducted to construct a profile of specific vulnerable groups (such as rag-pickers, rickshaw pullers, pavement dwellers, etc) in the city, which could lead to formulating policies and programs to address the specific needs of these groups.

- **Timely distribution of benefits**

- **Education**
  Regular administrative inspections of schools to be conducted to monitor attendance of both teachers and children, and to upgrade the quality of education imparted. The schools have poor infrastructure. They require repair work, construction of toilets, drinking water facilities and provision of electricity. Computer education is supposed to be imparted in these schools by providing two computers per school and appointing teachers. As a step towards decentralization,
School Development Committees (SDCs) are to be formed at each and every school to improve education, monitor teaching and student enrolment, carry out minor repair works, and also assist in the implementation of Mid-day Meal Programme. Partnerships with NGOs and community-based organizations would be explored. Currently, with the assistance of the community development societies, the Mid-day Meal Programme is being implemented. Workshops are to be conducted at all schools on a yearly basis for creating awareness of school activities. Prizes for academic excellence would be introduced. An out of school children survey would be conducted to find reasons for leaving or not joining schools, estimating the number of out-of-school children and framing methodology for increasing enrolment. Steps would be taken to increase literacy and promote education among the children.

- **Health**

Medical services to be targeted to the poor, and facilities to be upgraded to ensure delivery of quality healthcare services. These may include leasing some facilities to an external organization or running it in collaboration with NGOs dedicated to healthcare for the poor. A comprehensive and systematic review of health services to be undertaken to identify the effectiveness of Health Department of KMC, identify service areas that need to be shut down and identify service areas that are relevant but need to be effective.

- **Shelter upgradation**

Identification of measures would be taken whereby bustee-dwellers find affordable improved housing close to their workplaces. This would include a review of Government Of India, Government Of West Bengal or NGO schemes that have allowed people from established bustees to convert centrally located single-storey slum properties into apartment blocks. Resources available under Valmiki Ambedkar Awas Yojana (VAMBAY) to be used.

- **Poverty mapping**

All data, both infrastructural and socio-economic, would be captured on a bustee geographic information system. This tool would be used for planning and asset/finance allocation.

- **Monitoring systems**

KMC would follow-up on a continuous basis, the formation of groups, facilitation of loan applications, vocational training, and distribution of benefits to the poor. KMC would also use information technology by developing a management information system for monitoring of works related to Social Sector Unit. Surveys and studies would be conducted on a regular basis to review the actual impact and needs of the poor of Kolkata.
Citizens' Report Cards

Citizens' Report Cards are a widely acclaimed tool for participatory service delivery mechanism. Anchoring on the concept of user feedback, it will be a simple tool for improving transparency and public accountability. By providing a mechanism for citizens to make an objective assessment of both qualitative and quantitative aspects of different public services, it enables the benchmarking of performance and assessment of improvements over time. Following steps would be undertaken for improving the services delivery mechanism.

Developing indicators for performance review of KMC

The activities of various departments are to be monitored against budgets. The results achieved would be compared against the action plans and visions. Further, Key Performance Indicators have been developed for each departmental function. Performances would be monitored against such indicators. These indicators would be refined over time.

6.13. An overview of the role of NGOs

<table>
<thead>
<tr>
<th>NGO</th>
<th>Activity Area</th>
<th>Geographical Area</th>
<th>Target group</th>
<th>Intervention Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASTHA - Care for children's health and nutrition</td>
<td>Health, Occupational Hazard</td>
<td>South Kolkata (Ward No. 65, 82, 85, 86, 88, 115)</td>
<td>Street Children</td>
<td>Mobilize health services, supply of essential drugs, regular medical check-ups and nutrition programmes, protection against occupational hazards, hospital referral, weekly clinics.</td>
</tr>
<tr>
<td>CINI ASHA</td>
<td>Education</td>
<td>Central, Northern, Eastern parts of Kolkata</td>
<td>Street &amp; platform children, children of sex workers, and children who are vulnerable to abuse &amp; exploitation.</td>
<td>Child protection centers, half-way houses, drop-in centres, evening coaching centres, night shelters, sick bay (Medical Unit), childline-1098, identification of satellite points (identifying vulnerable children).</td>
</tr>
<tr>
<td></td>
<td>Health</td>
<td>Ward No.36, 56, 57, 58, 59, 61, 65, 66, 108</td>
<td>Slum dwellers</td>
<td>Preparatory centres, coaching centres, shikhalayas, pre-vocational training centres, child tracking system.</td>
</tr>
<tr>
<td></td>
<td>Improving the quality of life &amp; living conditions of slum dwellers</td>
<td>Ward No.56, 57, 58, 86</td>
<td>Slum dwellers, street children</td>
<td>Targeting street addicts</td>
</tr>
<tr>
<td>Calcutta Samaritans</td>
<td>Whole Person's Recovery.</td>
<td>Central Kolkata</td>
<td>Slum dwellers, street children</td>
<td>Targeting street addicts</td>
</tr>
</tbody>
</table>
### NGO Activity Area Geographical Area Target group Intervention Strategies

<table>
<thead>
<tr>
<th>NGO</th>
<th>Activity Area</th>
<th>Geographical Area</th>
<th>Target group</th>
<th>Intervention Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberal Association for Movement of People (LAMP)</td>
<td>Education, Health and medical care, Recreation, Housing (shelter)</td>
<td>North, East, South, West, Central Kolkata</td>
<td>Under privileged children</td>
<td>Empowering children through their own grass root level organizations and action programmes</td>
</tr>
<tr>
<td>FOCUS</td>
<td>Education</td>
<td>Central &amp; West Kolkata</td>
<td>Street children</td>
<td>Preparatory centres, non-formal schools</td>
</tr>
<tr>
<td>Loreto School (Sealdah)</td>
<td>Education, Child Protection Activities</td>
<td>Central Kolkata</td>
<td>Street children and pavement dwellers</td>
<td></td>
</tr>
<tr>
<td>Mass Education</td>
<td>Education, Child Protection Activities, Women's empowerment, Health and Environment improvement</td>
<td>Central Kolkata</td>
<td>Disadvantage children, street and working children</td>
<td>Ambulance services provided with assistance from Kolkata Municipal Corporation, child sponsorship programmes</td>
</tr>
<tr>
<td>Right Track</td>
<td>Education</td>
<td>West, North and South Kolkata</td>
<td>Squatter dwellers and pavement dwellers</td>
<td>Runs non-formal schools, child labour project</td>
</tr>
<tr>
<td>Tiljala Society for Human and Education Development [TSHED]</td>
<td>Non-formal education, outreach activities for child rag-pickers, medical care, and savings</td>
<td>Central and South Kolkata</td>
<td>Slum communities, squatters, and pavement dwellers, street children, rag-pickers and child migrant workers</td>
<td>Empowers children, particularly girls to break the cycle of dependency on illegal activities and reduce the risk of abuse and violence</td>
</tr>
<tr>
<td>United Bustee Development Association [UBDA]</td>
<td>Charitable development services</td>
<td>West Kolkata</td>
<td>Women, children and the old aged of slums</td>
<td>Promotes education, health and nutrition, vocational and skill training, shelter and rehabilitation for the victims of natural calamities</td>
</tr>
<tr>
<td>Women's Interlink Foundation</td>
<td>Non-Formal Education, Health care</td>
<td>South Kolkata &amp; North Kolkata</td>
<td>Commercial sex workers and their children, street and working children, rag-pickers, children, destitute children and children who have been trafficked</td>
<td>Supplementary nutrition; recreation; AIDS awareness; birth control pills distribution; mobile pulse polio campaigns; water and sanitation programmes; vocational skills training.</td>
</tr>
</tbody>
</table>

There are several NGOs working in these bustees, squatters and among pavement dwellers, which was reported by the surveyed population. Based on the field survey and interaction with the NGOs the nature of work carried out by them has been analyzed in Box No.7.09. These

*Source: Field Survey, 2004-07*
Plate No. 6.02
NGO ACTIVITIES

Photo No. 6.07
Recreational activity for street children organized by Shishu Jagat

Photo No. 6.08
Nonformal school of Shishu Jagat

Photo No. 6.09
Adult school of Calcutta Social Project

Photo No. 6.10
TSHED shikshalaya prakalpa centre

Photo No. 6.11
Vocational training centre run by Calcutta Social Project for the unemployed poor youths.

Photo No. 6.12
Street children project organized by UNICEF

Photo No. 6.13
Street children project of Calcutta Social Project

Photo No. 6.14
A crèche for squatter children run by Hope Kolkata Foundation in a rail-side squatter
NGOs provide varied services related to education and health to the bustee, squatter and pavement dwellers (Table No.6.11). The education facilities range from promoting education through non-formal schools, coaching centers and preparatory centers. Provision of health facilities ranges from mobilizing health services, supply of essential drugs, regular medical check-ups, nutrition programmes, hospital referral and weekly clinics, health campaigns, providing supplementary nutrition, birth control pill distribution etc. Some of them provide vocational skills training like tailoring, bag making, soft toy making, stained glass work etc. Empowering the poor is one of the significant intervention strategies like Tiljala Shed empowers children, particularly girls to break the cycle of dependency on illegal activities and reduce the risk of abuse and violence. Others like LAMP have promoted savings groups and mobilization of capital resource within the community of bustee and squatter dwellers. Support and network to strengthen the groups are provided by the NGO itself (Photo No.6.07—6.14).

6.14. Concluding observations

- According to official sources in the recent times it has been the constant endeavour of both KMC and the State Government to pay special attention to the needs of 'urban poor' in planning and developmental interventions Numerous schemes, policies and programmes of the central government of India and state government have been introduced in the city to reach the 'urban poor' directly so that their accessibility to basic urban services, including primary healthcare, education, employment and community development, can be ensured. Municipal attention has focused on improving slum environment. These infrastructure development programmes for the poor have been partially successful. But no follow ups of the programmes had shown that poor maintenance had led to previous problems of clogged drains, broken hand pumps and so on.

- Analysis of the social and economic development programmes shows clearly that there have been several gaps in the implementation. There is hardly any transparency in the schemes entitled to the poor. In some parts of Kolkata the poor are unaware of the schemes they are entitled to. Thought the schemes were thought to be effective to achieve the goals of employment generation, environmental improvement in the slums, provision of shelter etc lack of awareness among the poor regarding existence of such schemes have proved the schemes to be ineffective. The above programmes are enlisted in the municipal reports but it is a matter of question as to whether or to what extent the poor benefit from these programmes in the city.
People living in squatters or pavements have no land rights. Neither they have ration cards nor voter’s identity card. They are the ones who need the benefits but are denied due to no legal address.

Government policy on urban poverty has aimed to enhance productive employment and income for the poor through wage and self-employment schemes. Unfortunately, the economic criterion for identifying the target groups under the programmes has been open to abuse, and the non-poor has captured many benefits.

Urban development programmes lead to creation of a number of assets, which have got to be properly upkept and maintained so that the anticipated services can be delivered to the target beneficiaries. The real life experiences have shown that it is not only the lack of fiscal resources, but also other factors like lack of well-managed human resources or lack of attitudinal responses of beneficiaries that have led to less than sustainability of the developmental assets.

The definition of ‘Urban Poverty Line’ excludes many poor. The original standard for the definition of the poor states that the poor families spend 1/3 of their expenditure on food. Any household spending more than one-third of their expenditure on food is considered as poor. If this standard were used in India more families would be entitled to be below poverty line. The income slab for the BPL needs to be enhanced in consideration of the present market value so that more poor families can be covered by the welfare schemes.

Thus, the cost of failure of the urban planners, policy makers and decision makers to address the challenge of urban poverty is borne by the poor.

References


Geography Of Urban Poverty In The City Of Kolkata


