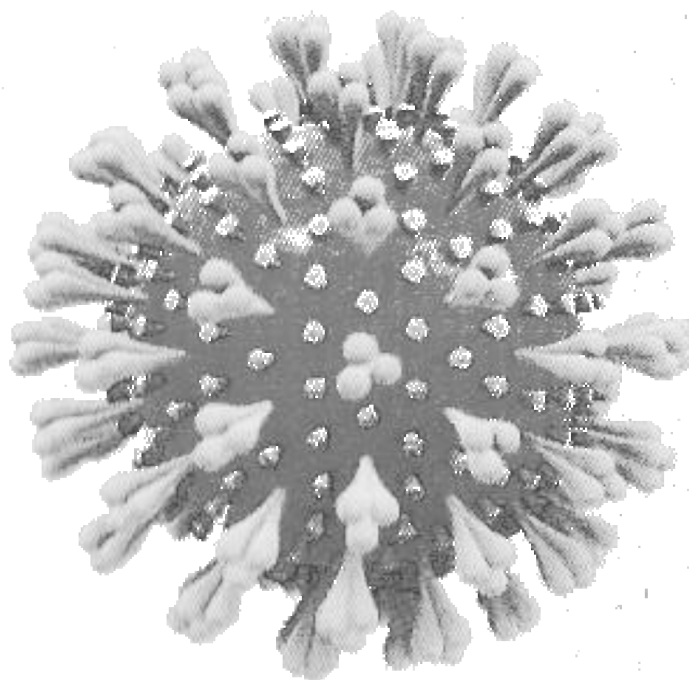


Child Risk Reduction related to COVID-19 in urban areas and impact on Children in Bengaluru

Report



WORLD
CHILDREN'S
DAY NOVEMBER 20

Child Risk Reduction related to COVID-19 in urban areas and impact on Children in Bengaluru

Published by:

Karnataka Child Rights Observatory

CRT- Child Rights Trust

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Palace Road, Bengaluru – 560 001

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First Edition: 2021

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Support: UNICEF, Hyderabad

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Executive Summary

It is evident that Covid-19 pandemic has pushed the urban poor to a much more difficult condition. Less money in the hands of the people, directly impacts on the nutrition intake among the poor everywhere. In the last two years consequent lockdowns, social distancing measures, shutting down of markets, factories and allied activities have seized the work opportunities for the urban poor. Covid-19 has threatened India's aim to reach Sustainable Development Goals by 2030.

This study to find out the effect of Covid-19 pandemic on the well being of children and their families living in slums of Bengaluru City is conducted in 20 slums of the city with the help of KCRO network organizations. Detailed information about employment, food, education, housing, health etc was collected from 20 households in the slums. This study reveals the gaps in schooling, distribution of PDS system, health and hygiene, incidences of child labour and child marriage.

It is worth noting that nearly half of the respondents have not been to school (43%) and majority of them are working in the informal sector. People are now only concentrated on jobs, managing livelihood, returning the loans taken during covid-19 lock down etc. Most of them are not bothered about their children's education because their priority has changed.

Apart from this, there is no job guarantee scheme for urban poor. The government's flagship job guarantee scheme for the rural poor MGNREGA which guarantees 100 paid work days for its beneficiaries is praised by every one. This rural job scheme has come as a huge safety net for millions of rural poor including returnee migrants in the time of pandemic. A similar programme is a need for the urban poor.

It is found that the majority of children living in slums (most of them are studying in government schools) missed their education in the last two years and created a large learning gap amongst the children. Majority of these children are working in various sectors and many girls are married off. But their numbers remain a mystery as there is no appropriate child tracking system anywhere.

Lack of hygiene and sanitation was also found during the study. In the majority of the slums selected for this study, there is scarcity of water and people used to buy water from the tankers. More than 50% of the slums lacked basic infrastructure facilities.

Despite all these, the respondents very much appreciated the efforts of government, NGOs, private sectors, local leaders and others for reaching out various kinds of help including food, medicine, masks, sanitizers, and financial assistance. The communities earnestly record that without these help their situation would have become worse.

We acknowledge the support of Mr. Prosun Sen, Dr. Mahendra Rajaram, UNICEF, Hyderabad for conducting this study and the NGO partner organizations for their help in collecting information in the slums.

Vasudeva Sharma N.V.

State Convener

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Introduction

It is estimated that by 2040-50, urban India will constitute a 50% share in the total population of the country. Also, its share in India's GDP will grow to 75% by 2030. According to Census 2011, the share of urban population is 31%, but urban population is increased five times since 1961. At the same time the share of urban poverty has gone up from 18.7 to 26.8% in last four decades.

According to the population estimation by Rural Health Survey 2019-20 by Ministry of Health and Family Welfare, the Indian rural population has decreased from 68.9% to 65.8% i.e. the urban population is increased by 3 % points. Similarly in Karnataka the urban population has increased by 4% points. So, India is going through a demographic shift of crucial transition.

As per Census 2011, there are 13.7 million slum households in India that live amidst inadequate basic amenities, poor health outcomes, insecurity as well as unstable incomes. UNICEF's State of the World's Children 2012 report states, "*The children living in around 49,000 slums in India are invisible*".

Children living in slums of urban areas, especially those from disadvantaged sections—street children, orphans, and people with disabilities are susceptible to scenarios such as ill-health, poor access to water and sanitation, insufficient education, urban disasters and child protection and safety concerns.

The recent pandemic Covid-19 is affected on all sectors throughout the world. In India, Central and State governments have come out with several relief measures during this pandemic. But there is no confirmed proper data or information about the implementation of these measures, except newspaper reports. Cities are on the frontlines of the crisis erupted due to Covid pandemic, with dwindling economic activity, high rates of infection and inadequate resources. In the cities where over the half of the world's population are living, the recent pandemic deepens the long standing inequality in cities.

Slums are already vulnerable prior to the pandemic and this vulnerability is more complex with environmental challenges like overcrowding, lack of drinking water supply and sanitation facilities. It is common knowledge that with the over density, sharing water taps and community toilets, it is very difficult for physical distancing that would cause rapid spread of COVID in these communities. The children of these communities continue to become more vulnerable and may face threat to their rights.

In this background, KCRO has been conducted a study on Child risk reduction related to Covid-19 and its impact on children in Bengaluru. This study has been conducted with the cooperation of several NGOs who are working in the slums of the city. UNICEF, Hyderabad has supported for this study.

About Bengaluru

Urban populations in every country have been increasing over the past several decades. People are migrating from rural areas to cities for many reasons. As per the 2011 census in Karnataka 31% is urban population and it has gone up to 35% as per the 2020 estimates.

Bangaluru is the capital of the state of Karnataka. As per the 2020 BBMP - Brihath Bengaluru Mahanagra Palike the city has a total population of 1.25 crores. In this as per the estimates children in the age group of 0-18 is around 40 lakhs. Recently the number of wards in Bangaluru city has been raised from 198 to 243. Bangaluru is identified as one of the fastest growing cities in the world and is also known as Silicon City. About 25% of the total gross domestic net income of the state comes from Bangaluru city. From an administrative point of view, Bangalore city is divided into 8 divisions. BBMP has the responsibility of providing all basic amenities and facilities in the city. BBMP is recognised as the 4th largest city municipality in the country.



BBMP manages 141 Primary Health Centres, 32 maternitiy homes and 127 primary and high schools in the city. In addition, the Bangalore Urban Development Department is also undertaking several projects for the development of the city and the State Government has set up the Bangaluru Development Authority for the development of the city.

Until the last decade, most of the projects implemented by the Governments both at State and the centre were concentrated on the rural population. But over the past decade, governments have initiated a number of programmes and projects directed towards the urban poor. Focusing on the growing population, slums and taking up improving the conditions of the slum communities. Here are some of the most important of them.

Urban Plans:

Jawaharlal Nehru Urban Renewal Scheme: This is a Central Government scheme from 2005. Its main purpose is to refurbish cities, focusing on overall development. Karnataka is on the list of states that have done well in implementing the scheme.

Rajeev Housing Scheme: This project was initiated in 2012 to realise “slum free India”. The purpose of this project is to bring the existing slums into a formal system and provide all the basic amenities and houses for the people there.

Rashtriya Urban Livelihood Scheme: The scheme started in 2013 with the objective of providing employment to the urban poor and enabling them to live a better life.

Rashtriya Urban Health Scheme: The scheme that started in 2013 has the focus to provide adequate primary health care services to the urban poor. The primary objective is to reduce their out of pocket expenditure and direct expenditure for health services and treatments.

Swachh Bharath Mission - Urban: This project from 2014 has been implemented in India with the objective of making India free from open toilets. Under this scheme universal toilets are being provided to everyone in the urban area.

The Prime Minister Awas Plan - Urban: The main objective of this project since 2015 is to alleviate housing shortages in urban areas including slum dwellers. Under this scheme houses are envisaged with the infrastructure to be provided and this scheme is encouraging the women of the families to take ownership of the houses. The project provides support to disabled persons, senior citizens, single women, backward caste and class people.

According to the Study conducted in 2014 by Naandi Foundation in 10 most populous cities in India including Bengaluru on nutrition status of children aged 0-59 months (Urban HANGaMA) here is the some information about Bengaluru:

Issues	%
Average size of household -number of members	4.9
Households using LPG as main fuel for cooking	90.2
Households having piped water into the dwelling	56.1
Households that have accessed a PDS outlet in last one month	24.8
Households with at least one woman members having savings account (Bank/post office)	46.2
Households with at least one member having an Asdhar Card	87.4
Mothers who had never been to school	22.3
Fathers who had never been to school	16
Children Born in Hospital	76
Children weighed at birth	61
Cildren with low birth weight	15

According to National Family Health Survey (2019-21), here is the some statistics on health and nutrition of children:

Indicators	%
Children under 5 years who are stunted (height-for-age) %	31
Children under 5 years who are wasted (weight-for-height)	19
Children under 5 years who are underweight (weight-for-age)	28
Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	59
Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)	24
All Girls age 15-19 years who are anaemic	45
Woman age 20-24 yrs married before age 18 years	15
Children under age 3 years breastfed within one hour of birth	54

Slums in Bengaluru

According to United Nations definition, “A Slum is a continuous settlement where the inhabitants are characterized as having inadequate housing and basic services. A slum is often not recognised and addressed by the public authorities as an integral or equal part of the city.

According to Karnataka Slum Development Board report, there are 2,804 slums in the state out of which 597 slums are in Bengaluru. Nearly 50 lakh people in the state live in slums i.e., 23% of the total urban residents of the state.

Under the Karnataka Slum Area (Development and Clearance) Act 1973 (Amended Act 2002) 2,397 slums were identified in the state out of which 387 slums are in Bengaluru.

Sendai Framework for Disaster Risk Reduction 2015-2030

On March 18, 2015, 187 States, 100 ministers, 25 Heads of State/ Governments, 42 Inter Governmental Organisations, 236 NGOs, 300 Private Sector representatives, 38 UN entities, 900 accredited journalists and over 6,500 delegates adopted a new framework towards “Shaping The Future” in Disaster Risk Reduction at the Third World Conference on Disaster Risk Reduction in Sendai, Japan, where the Tsunami happened in March 2011. This replaces the erstwhile Hyogo Framework for Action, 2005–15. The Conference presented a unique opportunity for countries to adopt a concise, focused, forward-looking and action-oriented post-2015 framework for disaster risk reduction and to complete the review of the implementation of the Hyogo Framework of Action 2005-15.

Expected Outcome:

Substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

Priorities for Action:

1. Understanding disaster risk;
2. Strengthening disaster risk governance to manage disaster risk;
3. Investing in disaster risk reduction for resilience;
4. Enhancing disaster preparedness to “Build Back Better” in recovery, rehabilitation and reconstruction

Source: Retrieved from <http://www.wcdrr.org/>

Sustainable Development (SDGs) and Cities

The Sustainable Development Goals (SDGs) proposed by the United Nations have now been implemented globally since 2016. Almost all countries in the world have embraced the SDGs and have embarked on their own countries' development thinking and planning. One of the 17 SDGs (Goal 11) is devoted to urban, urban dwellers and slum development. We need to achieve these goals by 2030. Here are the targets and indicators of the SDG Goal 11.



Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable

Targets		Indicators	
11.1	By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums.	11.1.1	Proportion of urban population living in slums, informal settlements or inadequate housing
11.2	By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.	11.2.1	Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities
11.3	By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries	11.3.1	Ratio of land consumption rate to population growth rate
		11.3.2	Proportion of cities with a direct participation structure of civil society in urban planning and management that operate regularly and democratically
11.4	Strengthen efforts to protect and safeguard the world's cultural and natural heritage.	11.4.1	Total expenditure (public and private) per capita spent on the preservation, protection and conservation of all cultural and natural heritage, by type of heritage (cultural, natural, mixed and World Heritage Centre designation), level of government (national, regional and local/municipal), type of expenditure (operating expenditure/investment) and type of private funding (donations in kind, private non-profit sector and sponsorship)
11.5	By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic	11.5.1	Number of deaths, missing persons and persons affected by disaster per 100,000 people
	losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.	11.5.2	Direct disaster economic loss in relation to global GDP, including disaster damage to critical infrastructure and disruption of basic services

11.6	By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management.	11.6.1	Proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, by cities
		11.6.2	Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)
11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.		Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities. Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
11.a	Support positive economic, social and environmental links between urban, per-urban and rural areas by strengthening national and regional development planning.	11.a.1	Proportion of population living in cities that implement urban and regional development plans integrating population projections and resource needs, by size of city
11.b	By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels.	11.b.1	Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030
		11.b.2	Number of countries with national and local disaster risk reduction strategies
11.1	Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials		Proportion of financial support to the least developed countries that is allocated to the construction and retrofitting of sustainable, resilient and resource-efficient buildings utilizing local materials

Objectives of the Study:

- To find out the social and economic effect of Covid-19 (including 2nd wave) on families living in urban slums and migrated families;
- To find out the problems faced by these families and the available opportunities to be used during such crisis.
- To find out the effect of covid-19 on education, development, nutrition, protection of children of these families.
- Based on the findings of this study, to submit the recommendations on what are all the prevention measures to be taken for risk reduction during such crisis to Government and BBMP in the state level consultation.

Methodology:

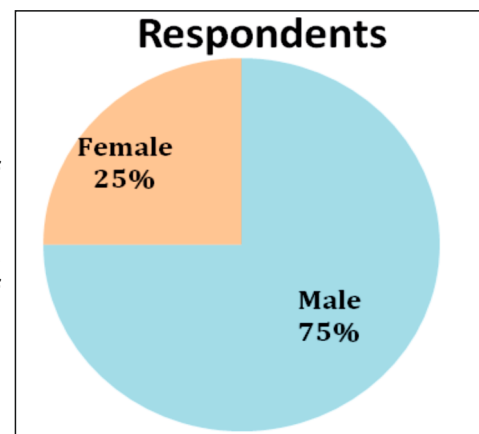
- Selection of 5 slums in each division of 4 divisions of Bengaluru City.
- Contact and discussion with the NGOs who were already working in these slums.
- Translation of the questionnaire into Kannada which is finalized by UNICEF
- Selection of 20 households in each slum and data collection.
- Compilation of the collected data, analysis and report writing with recommendations.
- Could not conduct the Focus Group Discussion with children living in these slums for their opinion.

Responses:

Details of Respondents

Of the total number of people who gave information 75% are men and 25% were women. The age of the informants was 14 years to 75 years. Most of them are local residents (78%). That is, they were born and brought up in Bengaluru. 22% of the households are immigrants. Most of these (98%) families have lived in Bengaluru city for more than a year and 97% have lived in the existing home/current residence for more than an year. The remaining 3% of households have relocated their homes in the last one year to their current home / shifted houses.

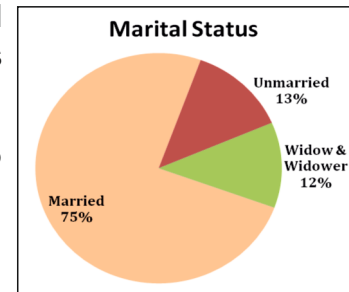
As noted at the time of data collection, most of the men were at home. When asked to reason out for that, they would say that 'they have no job' or 'not getting appropriate work'. But the women of those families had gone out for work. As a result it is very significant that 75% informants are women and the women are only 25%.



Marital Status

Of the total informants' 75% are married, 13% are unmarried and the remaining 12% are widower or widows. In this 9% are widows (women).

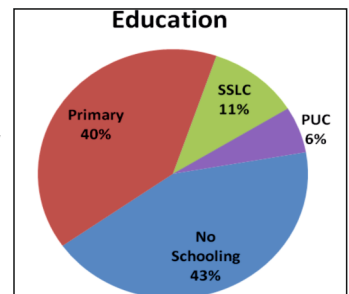
Of the total informants' families' men are the head of the family in 67% per cent of households and 33% are women are women headed.



Education:

Of the total number of people who gave information 43% did not attend school or enrolled. 40% have been educated in elementary (class 1-5) school. 11% of the informants have studied up to SSLC (10th standard). 6% of informants have completed PUC or above levels of education.

According to a study conducted by Save the Children in 2015, in urban India, only half of adolescent girls in the 15-17 age group attend schools and out of 1000 girls only 14 girls would complete their 12th class level.



Religion

Of the total number of informants, about 86% of the population are Hindus, 13% are Muslim and 1% are Christians.

Of this 8 % belong to the general castes, about 67% SCs and 12% STs. 13% of the population belong to minority groups. Most of the informants, i.e., 95 percent live with their family, and the others either live alone or with someone else and relative's.

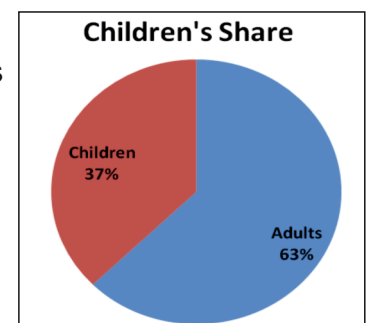
Children:

In total, 1,725 people lived in the families that gave information. 1,083 people were above 18 years and 645 children, i.e., under the age of 18 years.

The proportion of children of different ages in these 645 children is as follows:

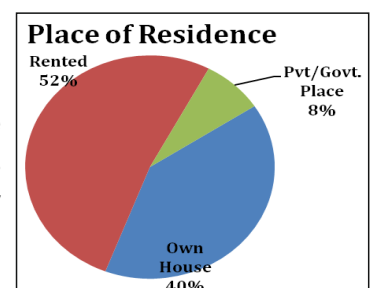
- 106 boys and 74 girls in the 0-6 years age group;
- 105 boys and 82 girls in the age group of 7-11; and
- 150 boys and 128 girls in the 12-18 years age group.

Among these children, 27 have different types of disabilities. In those 16 females and and 11 boys.



Place of Residence:

Of the total 47 % are natives, i.e., people who were born and brought up in the same are. 27% said that they were living in the current space because of low cost, job availability, security, friends and family members around. The remaining 26% did not give any clear information as to why they lived in the area.



Environment Hazards:

56% of those surveyed said they currently have no idea of moving or moving elsewhere in the next six months. 35% said they would decide based on the upcoming situation. 9 percent reported moving back to their original location, settling in neighborhoods and moving to a different location and hometown. People who are planning to relocate to another location may have decided so due to lack of amenities, water issues, and safety concerns in the current area.

57% of the informants live in slums. 38% of the slum dwellers live in houses built by the City Corporation and the remaining 5% live in unauthorized huts / tents in government / private space.

About their current residence or surroundings 59% of the informants said that they are in danger. About 30% say they feel safe and the rest have no opinion about it. About 59 per cent of the residents said that during rainy season their houses get flooded.

About 52% of the informants opine that the BBMP has to desilt and clean the surroundings by removing the waste, rubbles and stones. The other 27% feel no need for any such works and the rest have no opinion on it.

62% of informants said that proper drainage system is there and the waste water flows freely. 27% had complaints about the same and the rest had no opinion on it.

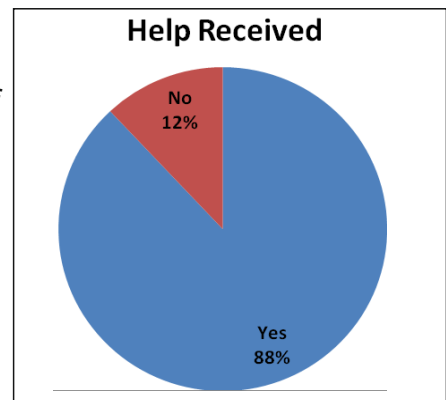
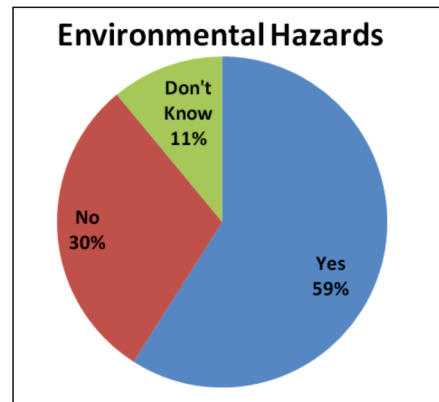
Most of the slums visited to collect data had no adequate waste disposal system. People would bring and throw away their home waste in a designated place. But as BBMP was not shifting it for many days, the garbage pile was stinking and the rotten water was flowing everywhere.

Sustainable Deelopment Goal 11.1 “By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums.”

Income and Expenditure:

Among those who gave information 88% reported of receiving food and other items during the Covid crisis. While the rest reported that they had not received any assistance or items and were ignorant. Those who said that they have received help, 46% have taken only in the form of food items, while the rest say they have received food, medicines, health service and things related to their livelihood. Most recipients, 60% said that NGOs provided services and the rest acknowledged the services given by local residents, religious groups, local legislators and other political leaders.

During the first wave of Covid lockdown, a number of voluntary organizations, including local people's representatives, sprang into action helping local residents with food, water, medicine and so on. Some NGOs have also provided financial support. In most of the slums we studied several NGOs are active and every resident have got something or the other in the form of assistance.



In terms of heads of expenditure during the pandemic, most said that family maintenance expenditure for food and ration was the largest. Second big bill was for rent and the third is for medicines, fuel and transportation/conveyance.

For food and ration the informants have spent from Rs. 2,500 to Rs. 5000/- per month. Similarly, they are spending from Rs. 300 to Rs. 50,000 every year for the education of the children. For drinking water on an average each household is spending from Rs. 25 to Rs. 3,000 per month. Normally for cooking gas they are spending from Rs 200 to Rs. 1,500/- per month

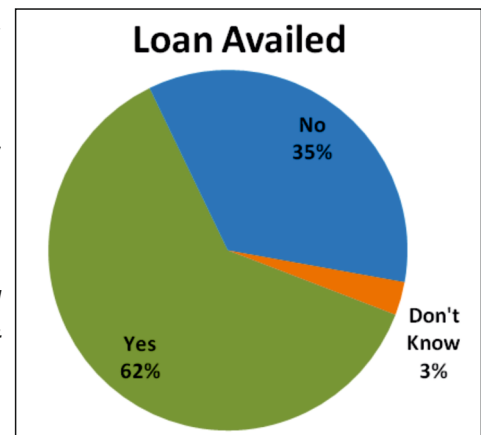
Of the total number of people who gave information 94 % of respondents said that the price of essential items, food and other commodities, has risen in the past 18 months. While the rent which is around Rs. 300 to Rs. 5,000 that they are paying has gone up as per the information collected.



Of the total informants very significantly it is noted that about 64% of them have spent Rs. 20,000 to Rs. 2 lakhs for the household expenditure in the last 18 months. The others have not kept this account or have no information.

36% said that they have spent from Rs. 500/- to Rs. 1,50,000/- in the last 18 months on family medicines and health bills. And the rest answered with no account, no information and said they have no knowledge about it.

Of the total informants 62% said that they have borrowed repayable loans from various sources for household expenditure, and 35% have not taken such loans and the rest have no such information to give. The loan amounts vary from Rs. 5,000/- to Rs. 1 lakh. These loans are borrowed from banks, micro finance, relatives, friends and employers. As stated above the money is borrowed largely for expenditure for food, home rentals, school fees and medicines. The informants have said that if they don't get a remunerative job in the next coming days, they have to go for another round of loans and they have no other means to survive.



During data collection it was very evident that several of the slum dwellers were forced to borrow as they do not have any remunerative jobs and so are not in a position to repay the same timely. Even though when they got some work, the earnings were not even to service the loans (paying interest). It was quite disturbing when they said that they are not finding any ways to repay the loans.

In the families of the informants, men have worked for an average of minimum one day to a maximum of 30 days in the last one month. About 63% of households surveyed reported that women in households go out to work and the rest do not work outside.

Women who said that they go out for work, have got employment from one day to a maximum of 30 days in the past one month. Children in these families have also worked for at least from four days to a maximum of 30 days in the last one month.

It was noted at the time of the data collection visits to families, that most of the family men were at home and working for the women of their households (most of whom were BBMP workers). Men complained that they are not getting jobs. Even those who did get some work, felt that it was not remunerative.

Most of the women and men found it very difficult to get work in the months of March, April, September, and in the rainy season. According to them, there were no suitable jobs available at the time and the lockdown was the main reason for not getting appropriate jobs.



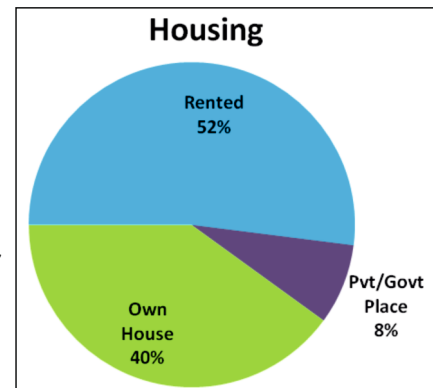
The average monthly income of the informant families is Rs. 1,000 to 10,000. 68% say that their family's needs cannot be offset by their monthly income. But the rest said that they somehow manage to run the show.

Of the informants 48% have worked in the last 18 months to meet the needs of their families. And the rest have said that they have been borrowing or have no appropriate information.

66% of the informants have said that they are looking out for taking up some work to fulfill the needs of the families. Rest have said that they have to either borrow money or have no plans or no answers to the plans in the near future.

Housing:

Of the 400 people who have shared information under the Housing section, 40% have reported that they are living in their own house. 52% live in a rented house. 8% said they lived in huts in government and private space. Families living in rented houses pay an average rent of Rs. 300 to 5,000 per month. Of the total number of families living in a rented house, 55% say that the rent is competitive to the local area. 38% felt that they are paying more than the average rent. The rest have no opinion to share.



Insecurity continues to be felt in families living in government and private space. Road widening and / or clearing the debris from the areas may become some reason to drive them away. When collecting the data, these families have said that they have already changed their residence to different places within Bengaluru for more than 4 times as they were cleared off. They felt that they may have to move again and again.

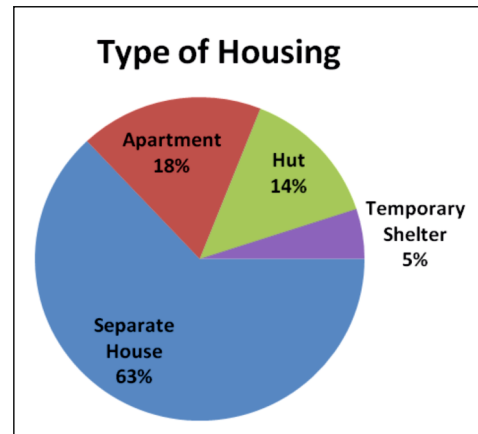
About 63% of those who are living in rented houses said that in the last 18 months (i.e., before

Covid break out and at the time of information collection), they have not experienced any change in the rents and paying the same rent.

18% of the house holds said that the rents have gone up (average form Rs. 300 to Rs. 1,200/-). Surprisingly 12% of the informants said that the rents have reduced (by Rs. 200 to Rs. 550/-). The rest 7% had no information to share.

91% of those living in rented houses have deposited to get a house for rent and the rest 9% have not deposited any money.

A total of 252 families live in independent separate houses, 72 families in housing complexes, 56 in huts and 5% of the respondents are living in community buildings. 20 families said it was a make shift / shelters and other places like open space or under a tree or bus shelter, etc.



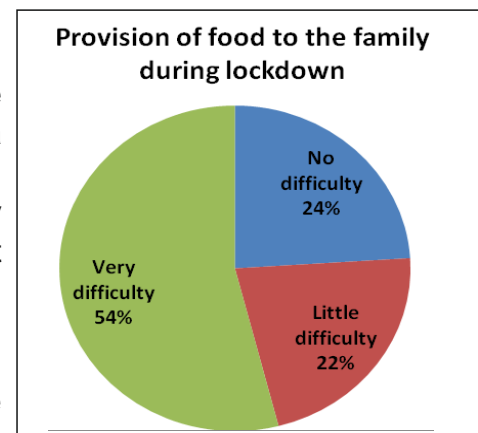
Most of the households that gave information i.e., 91% of the families have lived in the same area for more than a year. What is special is that many of them were born and brought up in the same place. The remaining 9% of families have lived in the area for less than a year

Out of all the households who participated in the survey, 44% of households said that along with their own family members, others too live with them and use their facilities. About 54% of households have no separate rooms. 32% of households have just 1 room, while 9 % of the households have 2 rooms and 5% of families have 3 rooms.

Very significantly 12% of the informant families have no electricity connection. But 32% of households have illegal electrical connections. 39% of households have a personal meter connection, and 17% of households have a meter shared power connection and some households have solar power system.

Food Security:

Daily food intake of the household is an interesting area for discussion towards understanding the status of the health and nutrition. 79% of families say they eat 3 times a day. 5% of the households said they would eat 2 times a day. About 3 percent of households eat once or twice a day depending on their daily income. While 10 percent said that they eat two or three times a day again depending on availability.



Meeting sufficient food requirement throughout the year is a difficult proposition for about 8% of the households. Most families (54%) said that it was very difficult to meet household food needs during the Corona lockdown. Joblessness and lack of credit are said to be the main reasons for it. 24% said that they had no problem getting food supply and another 22%

felt they faced some difficulty for the same.

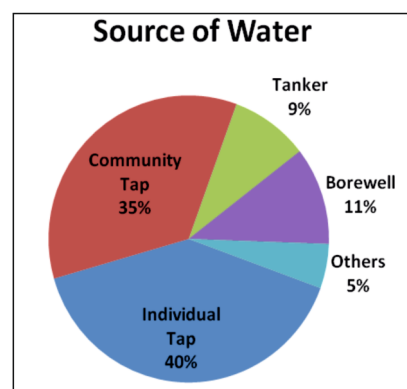
84% of families who shared information about food consumption spoke about eating rice, pulses, vegetables, meat, fish, fruit, milk and milk products in the past 18 months. Very interestingly many of these families said that they have received help in the form of food from friends and relatives.

Although there are no official data available on the situation of hunger in the country, after the pandemic, a number of media reports and research studies conducted by independent organisations show that there has been a devastating impact on incomes, employment and food security. A study conducted by the Centre for Sustainable Employment, Azim Premji University, through phone interview across 12 states covering about 5000 households found that 77% households were consuming less food than before and 66% lost employment.

Sustainable Development Goal 2.1 “By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year around”.

About 51% of households report that they have frequented to shops or markets to buy food and non-food items every day. About 25% of households visited 3-4 times a week, while 25% have visited 5-6 times a week.

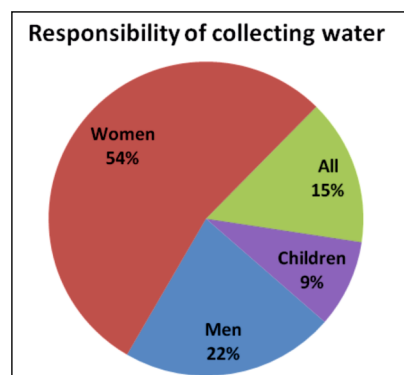
84% of those who shared information in the survey said that all members of the household are allowed go out and access to the shops where the buy various items. 16% responded in Negative. Among this 16% interestingly the reasons for not allowing certain members to go out to shopping, particularly children and girls is because of security issue. This is a matter of concern in most of the slums.



Hygiene:

While 57% of families are happy about the water supply, particularly drinking water to their households, (among this 11% said they had some problem during summer), 41% have continuous problem about the quantum of water availability at thier household. The rest didn't know what to respond. Many of those who say there is no adequate supply of water have given reasons for the cost they are incurring to get water and the fact that the water source is very far away. Percentage of these families. 34% of households are getting free water and 62% of families have to pay to get water.

Among the informants 40% have own water connection with a meter; 35% of the households are collecting water at the community tank. 9% of households have to wait for the water tanks to arrive and supply and interesting 11% families are getting from borewells. The other 5% get water from other sources which are not specified.



Safety is always an issue in the slums. While 24% of the informants said that they don't feel safe at the time of collecting water, a majority of 70% have no complaints about it. Rest 6% have nothing to say for this. Those who said that there is no protection at the water collection points largely said that it is very far. Very significantly many said that there is no separate collection points for men and women and that is not fair. Most informants complained that the place is very dirty. But interestingly 62% of households are satisfied with water quality. 34% of households are not satisfied with the same. 4% of families have no opinion on water quality.



General complaints about the water quality largely comprised of tastelessness of the water, or having too much of salts, dirty and also bad smell of the water supplied.

Apart from what has been told by the household, the researchers also observed that the water supplied by the tankers, for which the people have to pay, is of quite bad quality. But families have no other options. Over and above the families have to keep a vigil during day and night waiting for the tankers to arrive. Otherwise they even may lose getting that portion of water

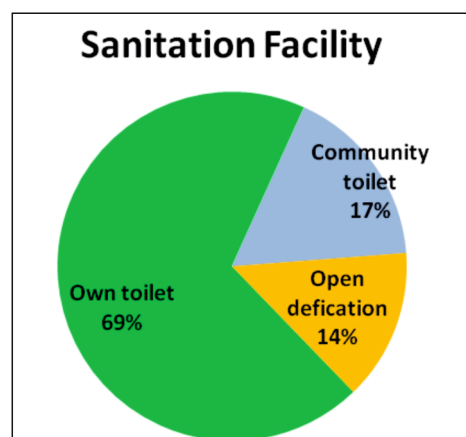
While discussing about the quality of drinking water, 55% of the households said that they would filter or purify water before drinking. 53 % families boil water and 2% of families filter water. 37 % of families said they use water as it is and the rest said nothing. 88% of the respondents said that they have not faced any problem in drinking the water supplied. But 5% of households say water is a reason for the health hazards and 7% of families say that they are generally suffering from health problems, but do not know whether it is due to water or any other causes.

Collecting water and bringing to the house is said to be the responsibility of all the family members according to 15% of the informants. 22% said it is the males who are doing it. And a majority of 54% pointed that it is women's responsibility. 9% squarely put the responsibility on the children of the families.

About 22% of the households said they would keep the water safely and 67 % seems to be indifferent towards this which is a cause of concern.

Majority of the households, to the extent of 98% opined that all of them have access to water without any discrimination, whereas 2% felt negative. Even one family is denied access to water it is a matter of concern.

Similarly 69% of the families have no complaints about the toilets, but 31% are not happy about it.



Families who share information about access and the usage of toilets by the households have flush toilet systems (69%) and it is their own in their house or premises. About 17% of the families use the community toilets and 14% are still using open space for defecation.

81 % of the households said that both men and women use the same toilet. And about 9% of the households said they use separate toilets (probably the community toilets).

While collecting information and walking around in the communities, it is a familiar scene that, although separate boards to indicate separate toilets for men and women, people are not following the same. Some community toilets had no latch/bold for the door and the lighting system was poor. Several girls said they were scared to go alone after the night fall and use the toilet.



WASH has a direct impact on the health and education of children. Stunting and underweight prevalence in malnourished children is linked to the absence of access and use of sanitation and hygiene facilities. Attendance and retention rates of girls studying in the middle and higher classes are affected the most by the absence of separate and functional sanitation facilities and their poor upkeep.

The physical environment in which the urban-deprived children live and their access to basic services such as water and sanitation has a direct impact on their health. Factors such as open defecation, lack of proper faecal disposal and management along with insufficient and poor-quality water supply leads to the spread of diseases such as diarrhoea, typhoid, cholera and malaria.

According to the 2011 census, one in five urban households in India do not have a toilet. About 12% of urban households use open toilets, while the remaining 8% use a community or shared toilet. Considering urban toilet usage, with 11% of the world's city bound population being in Indian cities, half of the world's open defecation happens in India.

In 2014, the Central Government launched the Swachha Bharath scheme to free India from open defecation. As per the data of 2021, 62.5 lakh individual toilets have been constructed in the urban areas (project target 59 lakhs) and 6.10 lakh community and public toilets (5.08 lakhs is the projected target) have been constructed.

Sustainable Development Goal 6.1 “By 2030, achieve universal and equitable access to safe and affordable drinking water to all”

Sustainable Development Goal 6.2 “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.”

With respect to children using toilets, 61% households have said that they have flush toilets at home and children also use the same. And about 13% children are using public flush toilets. 26% households said that the children go to open space for defecation.

(While discussing with the communities and observing during data collection, it is observed that most of the families, although they have a separate toilet at home, were sending their children to open space for defecation)

Community toilet users are concerned about the safety there. This means that men and women do not have separate toilets or although such a system is there, people don't follow; and the place is very dark, the toilets are too dirty and the toilets have no latch or bolt. The people who use the open toilet are scared as there is no light, and people frequenting everywhere as well fear of insects and snakes.

When asked about what needs to be done to make the toilets more people friendly and safe, generally most people were mentioning about separate toilets for men and women, community toilets should be near the residential areas, there should be proper light and latch to the doors and more number of toilets as per the population.

The households who have no separate toilet for themselves (31%) said that there is no space for it in their house. Rest said as they don't money for it and others said that their residence is temporary and so have no plans for building one.

Most people do not know how to dispose of human waste when the toilet pits are full or they get blocked or the system breaks down (49%). Only 37% say that it will be disposed off or repaired by the municipality. 14% said that any way they would use open space to defecate. Of the total households that use their own and community toilets, 59% say that there is washing system with water near the toilet. The rest said they had no hand washing system near the toilet.

75% of households said their family members have a separate place to bathe, while 25 % of informants said there is no separate place for bathing.

81% of households reported that the domestic waste and garbage is collected by the BBMP team. 16% would dispose in a particular area, 1% would burn the waste and 2% said they would bury.

74% of households reported that there was no impact of diarrhea, cholera and Covid-19 either on them or in their neighborhood. While the remaining 26% reported that they were badly affected and the health conditions were affected.

Health:

Among the informants 77% of the households said they had not experienced any kind of sickness problem in the past 18 months. The remaining 235 said their family members had and are experiencing some illness or health problems. Most of those who have complained about BP, Sugar, Calcium Deficiency and Covid-19, Asthma and Dengue and are on treatment.

The majority of respondents said no members of their household had died in the past 18 months. 10 % of the households have reported about death in their families. But all are not associated with corona. People have died of other causes and reasons. 48 % reported that at least one member of their household gets sick every month, while the rest said such incidents are very rare and unknown.



About 22% of the households surveyed have pregnant and / or lactating /breastfeeding mothers.

83% of households informed that they don't use mosquito nets and 13 % have said that they use mosquito nets. But the reality is that not all members of the families use the nets, only a few have that facility.

57% of the informant family members shared that they get medical treatment by going to a local private health center when their family members are sick. 27% reported of going to hospital and the rest go to traditional doctors and community centers, respectively for treatments.

Most of the community members are of the opinion that the Govt health center is very far, expensive and most of the times medicines would not be available and / or the health workers would be absent, lack of appropriate transportation to reach to to the medical centers and that is the problem in getting treatment.

At the time of data collection, it is found that private doctors charge around Rs. 200-300 per visit/treatment, depending on their region. However, people often go to the private practitioners for all treatments.

The majority of the people who shared information said that the PHC is just 2 Kms away from their residence. About half of the informers also have said doctors and nurses are always available at the PHCs all the time.

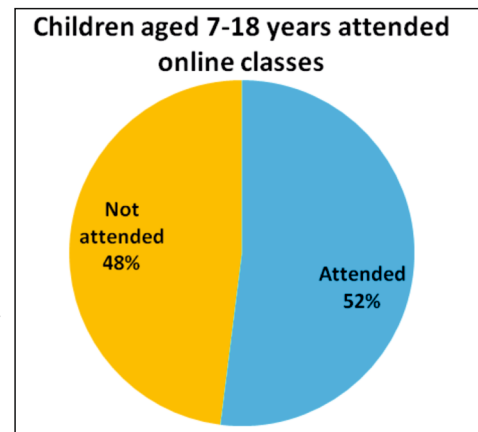
Education:

Informing households have reported a total 105 boys in the age group of 7 to 11 are there. In those 36 children are enrolled to private elementary schools and are attending online classes. But 69 boys are not attending online classes due to mobile recharge expenses expenses. Children attending government school have said no online classes for them.

Similarly, 82 girls in the age group of 7 to 11 are reported. In that 52 are attending private elementary schools with online classes, 30 girls are not attending online classes as they cannot afford internet charges and school fees. And as said earlier Govt schools are not conducting online classes.

Similarly, out of 150 boys in the 12- to 18-year-olds in the informant families, 54 children are attending private school-based online classes. But 96 boys are not attending online classes due to mobile phone charges and school fees expenses. Government schools are not conducting online classes.

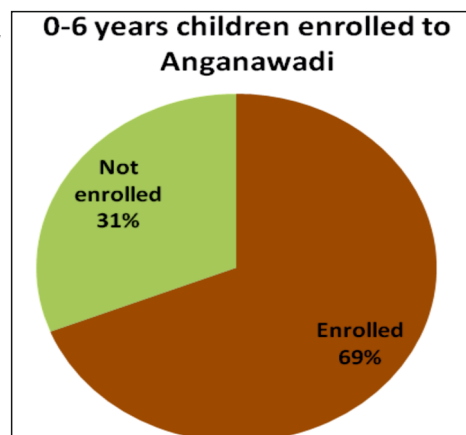
Among the informant families 69 of the 128 girls in the age group of 12 to 18 are attending private school-based online classes. 118 girls are not attending online classes for the reasons of mobile charges and school fees issue. As said earlier government schools are not conducting online classes.



41% of the families who are sending children to school said that there are no problems with the school environment. Rest have identified some problems (both in Pvt and Govt schools) like the school environment, non functional toilets, lack of teachers and poor quality of teaching. A small portion have nothing to say about the schools.

Most of the children from the informant families are enrolled in government schools. It is a very well-known fact that government schools are facing a number of infrastructures issues. The Central Government enacted the Right of Children for Free and Compulsory Education Act in 2009 with the objective of providing free and compulsory primary education to all children in the country. The Karnataka state government has drafted and implemented the Rules in 2012. According to the guidelines of the Act, all schools are required to provide 10 basic facilities. But the wish of the Act is not fully enforced in the state.

Responding to a question raised in the Lok Sabha on 2-8-2021, the Union Minister of Education, in his reply to a question, has given a list of states which have provided basic amenities in the schools as per the provisions of the RTE Act. According to that, in Karnataka only 23.6% of elementary schools are provided with all basic facilities as per the Act.



Goal 4 of the UN Sustainable Development Goals, which have been in force since 2016 and signed and ratified by the Government of India, in its Goal 4 has stated that quality education should be provided for all. We need to reach this goal by 2030. This compels the government to provide basic facilities to all schools.

In addition, due to the Covid 19 pandemic as most of the households have lost jobs and income, they resorted to shift their wards from private / Non Govt schools to Govt schools. According to the ASER 2021 report, the proportion of children enrolled in government schools in 2018 was 65% and it has risen to 71% in 2021. That means many more children are in government schools, and they need to have a proper system of books, uniforms, mid day meal and so on.

Only two-thirds of the 0-6 year old children in the households in which the data was collected were enrolled in Anganwadi. Only a few of these enrolled children received supplementary nutrition from Anganwadi. The families facing job loss and nutritional loss due to Covid-19 had to take serious measures to address these additional losses to their children.

About half of the informant families (50%) have acknowledged that there are child care centers near their community. But 22% have said no such facility is their and 28% are ignorant of it.

Sustainable Development Goal 4.2 “By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”.

Help

When asked about the three major problems faced by the community in the current situation, 16% said they had no problems. About 37% said they are facing water and food shortages. 19 % identified education of the children as a major problem. 28 % said toilet inadequacies are the major problem they are facing.

When asked to suggest ways to solve / reduce problems 33 % of informants said the government should provide all facilities and solve problems. The rest have not commented on this.

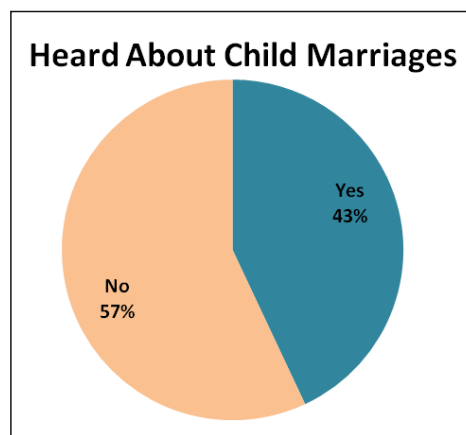
During the Covid lockdown period 88% of the respondents have received assistance. Most of them are supported by voluntary organizations. 90% of such recipients of aid have received primarily food. 36% also have receive financial assistance in addition to food items. 10% have received assistance related to their family's health.

87% of the households have said that they would require assistance for the families. Whereas 10% of the families have denied any assistance.

A large number of informants mentioned the need for infrastructure and food assistance as well as education, housing, and specific work.

The informants have been of the opinion that their families would need support for a period of one year, two months, six months and some need long term assistance.

When asked to list what kind of support they would require at times of crisis, 62% of the households wanted material help; 35% felt they would need both material and financial help. 21% of the families wanted direct cash help and 8% wanted housing facilities and basic services.



About Children

Of the informants 43% said they are aware about child marriages. 56% reported having never heard of child marriage and the rest did not know. Those who have heard about child marriage say that poverty, customs, social pressure and love marriages are the root causes of child marriage.

When talking to many of the informers about the child marriages it was evident that they were getting embarrassed. Probably the basic reason, when compared to their children's age, it was clear that the parents themselves are probably married when they were children! They are mostly in 22-30 years age group have two to three children. They would try to avoid the question. They made it clear that if they volunteer to inform about probable child marriages they may have to face the wrath of the community. They are also afraid of the legal measures that may be imposed on the cluprits.

Sustainable Development Goal 5.3 “Eliminate all harmful practices, such as child, early and forced marriages and female genital mutilation”.

Of the informants about 14% have reported that they have seen children often in their neighborhood going to work for financial support to their families or for other reasons. Around 17% said they have seen some children going for work some times. 40% affirm that no child goes to labour and the remaining 19% said they are ignorant about the issue.

Very interestingly 63 families have come upfront and have said that their children go for work sometimes and support the family. 261 people said no child goes to work and the rest 76 said they have no knowledge about children working and earning.



Sustainable Development Goal 8.7 “Take immediate action and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.”

60% of the informant families shared that they are getting monthly ration from the Public Distribution System. 34% responded negatively and 6% have no opinion on it.

Of the informants 54% said no junior health care attendants visit their area. 35% said such visits take place once in a month and the rest 11% felt it is once in 3 months.

From among the informants 49 people have identified children suffering from various infections and diseases. 309 say no such diseases are common. 42 were unaware. As many as 49 people say that children often suffer from cold, flu, cough, running nose and malnutrition.



Suggestions / Recommendations:

The central and state governments are implementing a number of new urban programs and are planning to implement several new programs. Some of them are face lifting 100 cities in the country as Smart Cities, National Urban Development Program in 500 urban centers and the Swatcha Bharath Scheme. It is therefore imperative that all of these programs include children's needs.

- Collect information on the condition of children in the slums of the cities and formulate and implement appropriate programs based on its analysis.
- When formulating any urban development projects, they should adopt child friendly, especially slum child friendly initiatives.
- The BBMP should work together with various departments of the state government such as education, women and child development, social welfare, child protection and health.
- Encourage participation of private sector, NGOs, community in strengthening Bangalore city and involvement in all phases of projects.

Sustainable Development Goal 11.2.3 “Proportion of cities with a direct participation structure of civil society in urban planning and management that operate regularly and democratically”

- The Covid-19 pandemic has affected people economically, socially and on the education front. The most appreciable factor is the arrangements made by the government, corporates and the NGOs by providing food and other arrangements for the most parts of the city. In addition, there should be a clear strategy on what measures should be taken in the event of natural and man made disasters in the near future and the Govt should provide adequate funds for the same.
- Most men are still struggling to find proper work even after the lockdown is lifted. The hotel industry, shops and small business in which these people were working or their own small business were closed or people are not able to re-enter the job market due to various reasons. All such people need to have proper employment arrangements systematically.
- Most of them have borrowed money to pay for their family needs (food, medicine, tuition, etc.) during the Covid lockdown. Many of them have yet to find a suitable job. They are in a state of disturbance and confusion about repaying the loans they have received. So people have to get appropriate jobs to have earnings and build their capacity to repay the loans.
- More than 90% of the informants belong to Scheduled Castes, Scheduled Tribes and Minorities. They need to ensure that all social protection schemes dedicated to them are reached.
- In areas with more than half a million people, due to improper drainage system, during floods most of the houses get inundated. There is an urgent requirement to make technically sound drainage systems for free flow of flood waters.
- More than 40% of people in the slum areas say there is insufficient water available and many of them are buying water. Many are also dissatisfied with the quality of water. All of them need to be provided with adequate quantities of clean water free of cost.
- Many do not have toilets in their houses and many still use community toilets by paying user charges. But there are many shortcomings as reported by women. There should be proper toilet arrangements for all and community toilets should be focusing on lighting, latch/blots, doors and cleanliness.
- More than half of the people are spending huge quantum of their earnings at the hands of private medical practitioners, as the Govt hospitals are not adequately equipped and give quality services. There is a need set up proper and well-equipped government health center system in these areas.
- Children in 42 % of the households that have given information, have not receive online education. All of them are away from the education and school system for more than a year and a half. Many of

these children go to work. All of them need to be re-educated and if necessary, provide counselling on schooling.

- 31% of the children in the 0–6-year age group from the families that have given information are not enrolled in Anganwadi for various reasons. The children of these families did not receive the supplementary nutritional food from Anganwadi. At the same time even all the children who are admitted to Anganwadi were not provided with nutritious food. Therefore, all children in this age group need to be tested for nutritional status and provided with appropriate remedial measures.
- Major problems people in these slums are facing include water, food, toilets, children's education losses, protection to girl children, and so on. There is a need for joint effort by various departments to solve them and find permanent remedial measures.
- There has been an increase in child marriage and child labor in these areas. There is a need to focus on the education of these children, nutritional care and so on, and promote childLine 1098 in these areas.

List of data collected slums and partners involved:

SL No	Name of the BBMP	Name of the Identified Slums	Partner Organization
1	South Zone	Lingarajpuram,	Sakhi Samruddi Trust
		Banashankari	Hasirudala
2	East Zone	Corporation Quarters	Association of People with Disability-APD
		New Bayyappanahalli	Sakhi Samruddi Trust
		Kunti Grama	Hasirudala
		Janakiram Layout	Sakhi Samruddi Trust
		Cox Town	Association of People with Disability-APD
		Frazer Town	Association of People with Disability-APD
		Kadirayyana Palya	Sakhi Samruddi Trust
		Kammanahalli	Sakhi Samruddi Trust
3	West Zone	Gowri Palya	Association of People with Disability-APD
		Cement Road, J C Road	Hasirudala
4	Bommanahalli Zone	Bande Palya	Magic Bus Foundation
		Singasandra	Magic Bus Foundation
		Yalakunte	Magic Bus Foundation
5	Mahadevpura Zone	Kalkere Cross	Hasirudala
		Vinayakanagar	Hasirudala
6	Raja Rajeswari Nagar Zone	Pampa Nagar	Impact India
7	Yalahanka Zone	Sait Palya	Impact India
8	Dasarahalli	Bagalugunte	Impact India



Karnataka Child Rights Observatory (KCRO) is an omnibus with a number of sub-projects that together coverage to provide the data, analysis, publicity and pressure (as needed) for both Government and Civil Society to act in the best interest of the child. Visit www.kcro.in



UNICEF: An international UN organization striving for the survival, development, protection, primary and the skill education, gender equality, prevention of abuse and violence against children and upholding the participation rights of all children 191 countries. Visit www.unicef.org

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