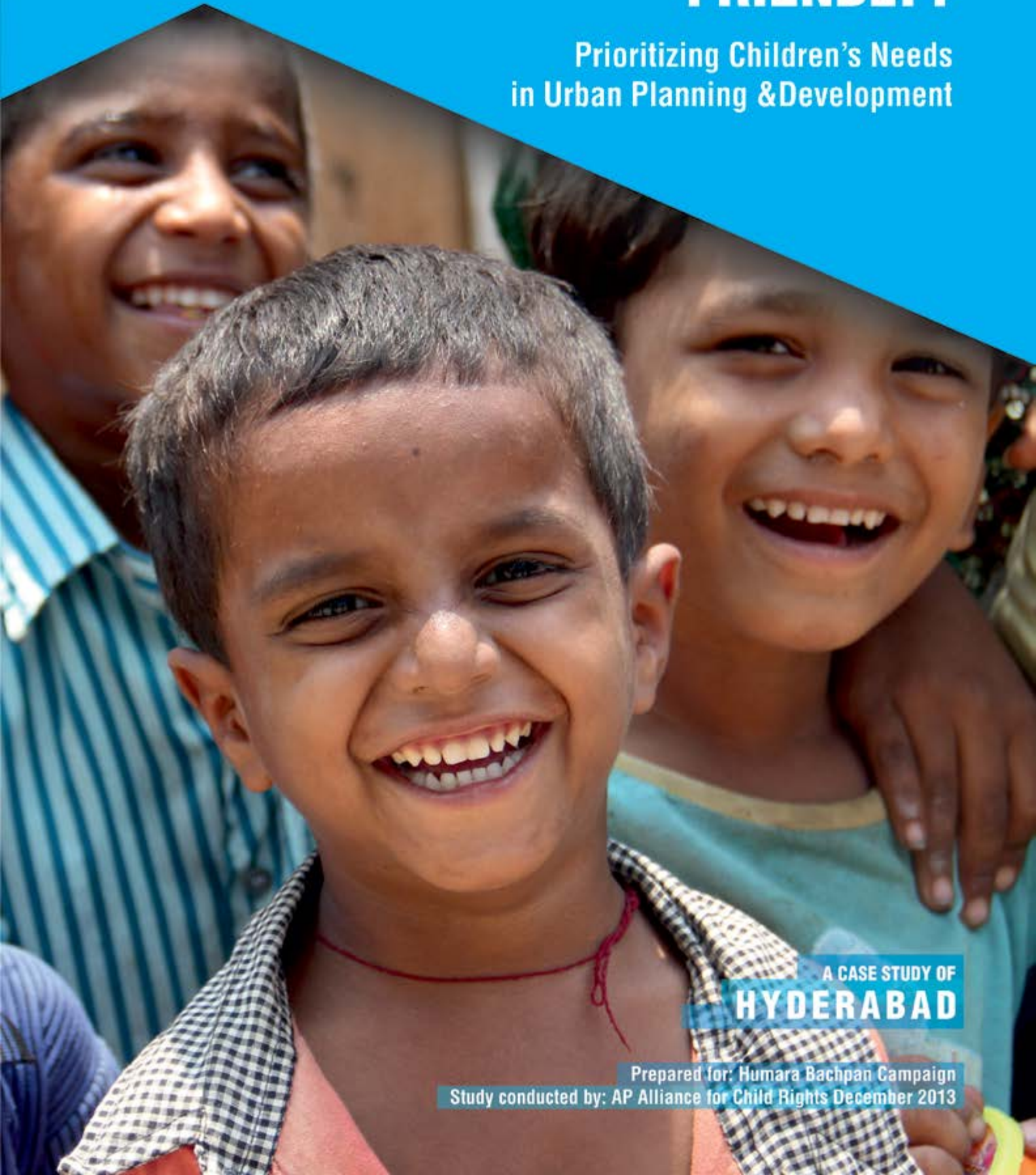


# ARE OUR CITIES **CHILD** FRIENDLY?

Prioritizing Children's Needs  
in Urban Planning & Development



A CASE STUDY OF  
**HYDERABAD**

Prepared for: Humara Bachpan Campaign  
Study conducted by: AP Alliance for Child Rights December 2013

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## GLOSSARY

ABH	Abhaya Hastham
ANM	Auxiliary Nurse Midwife
APACR	A.P Alliance on Child Rights
APUFIDC	A.P Urban Finance & Infrastructure Development Corporation
APUSP	Andhra Pradesh Urban Services for the Poor
ASO	Asst Superintending Officer
AUWSP	Accelerated Urban Water Supply Programme
BPL	Below Poverty Line
BSUP	Basic Services to the Urban Poor
CBOs	Community based organisations
CDP	City Development Plan
CDPO	Community Development Project Officer
CPO	Chief Project Officer
CRC	Community Resource Centres
CWC	Child Welfare Committee
CWPR	Child Work Participation Rate
DEO	District Education Office
EWS	Economically weaker section
FGD	Focus Group Discussion
GHMC	Greater Hyderabad Municipal Corporation
GVMC	Greater Vishakapatnam Municipal Corporation
HMWS&SB	Hyderabad Metropolitan Water Supply & Sewerage Board
ICDS	Integrated Child Development Scheme
IDSMT	Integrated Development of Small and Medium Towns
IMR	Infant Mortality Rate
ISHUP / RRY	Interest Subsidy Scheme for Housing the Urban Poor / Rajiv Rinn Yojana
JBY	Janasree Bima Yojana
JnNURM	Jawaharlal Nehru National Urban Renewal Mission
LIG	Low Income Group
MA&UD	Municipal Administration & Urban Development
MEPMA	Mission for Elimination of Poverty in Municipal Areas
MHUPA	Ministry of Housing & Urban Poverty Alleviation
MMR	Maternal Mortality Rate
MSB	Mahila Swasakthi Bhavan
MUD	Ministry of Urban Development
NAREDCO	National Real Estate Development Council
NCLP	National Child Labour Project
NERUDP	North Eastern Region Urban Development Programme

NGOs	Non governmental organisations
NSSO	National Sample Survey Organisation
NUIS	National Urban Information System
NULM	National Urban Livelihoods Mission
NUSP	National Urban Sanitation Policy
NUTP	National Urban Transport Policy
PHC	Primary Health Centre
PWD	People with disabilities
RAY	Rajiv Awas Yojana
RGK	Rajiv Gruha Kalpa
RGSEAG / SABLA	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
RTE	Right to Education
RVM / SSA	Rajiv Vidya Mission / Sarva Siksha Abhiyan
RYK	Rajiv Yuva Kiranalu
SERP	Society for the Elimination of Rural Poverty
SHGs	Self Help Groups
SJSRY	Swarna Jayanti Shahari Rozgar Yojana
SLBC / TLBC	State Level Banking Committee/ Town Level Bankers' Committee
SMC	School Monitoring Committee
UHP	Urban Health Post
UIDSSMT	Urban Infrastructure Development Scheme for Small & Medium Towns
ULBs	Urban Local Bodies
UNESCO	United National Educational, Scientific & Cultural Organisation
UNICEF	United Nations Children's Fund
USEP	Urban Self Employment Programme

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Vijya Burgula

Lead Researcher

Ramesh Sekhar Reddy.P

State Convener

AP Alliance for Child Rights



# Safeguarding Childhood: Prioritizing Children's Needs in Urban Planning & Development

## 1. Background & Objectives of the study

International organisations such as the UNICEF and UNESCO have referred to the inevitability of growing urbanisation especially in developing countries, and India is a case in point where 30% of the urban population is migrant while India's Census 2011 projections estimate that 40% of India's population will be living in urban areas by 2026.<sup>1</sup> The UNICEF report for 2012 says that like most parts of the world, children living in the approximately 49,000 slums of India are "invisible" and that half of these slums are in five states – Maharashtra, Andhra Pradesh, West Bengal, Tamil Nadu and Gujarat.

The UN-HABITAT observations in respect of slum settlements are relevant to the Indian context. "The urban poor are trapped in an informal and illegal world – in slums that are not reflected on maps, where waste is not collected, where taxes are not paid and where public services are not provided. Officially, they do not exist. In the majority of cases, slum dwellers exist outside of the law where they live and work. They are not able to access most of the formal institutions of society, and lacking a legal address they are often unable to access social services".<sup>2</sup>

**The Growth of Urban India:** India's economic growth trajectory over the last two decades has resulted in an explosive urban growth phenomenon. Rapid urbanization has gone hand in hand with the urbanization of poverty as migration from the rural areas has increased due to the impact of the changes brought about by liberalisation policy changes in the agricultural economy, rapid industrialization and a booming service sector. These economic trends have driven urbanisation and resulted in the decline of the percentage of the national workforce employed in the agricultural sector to below 50% for the first time.<sup>3</sup> Thus both "push and pull" factors have contributed to migration to urban areas where migrants struggle to survive, mainly through informal shelter and informal income-generation strategies in the face of inadequate public services and market facilities while children tend to be deprived of protection and provision rights and entitlements.

Urban poor children face inequity in access and protection which includes poor access to water and sanitation, nutrition, and insufficient education and protection. These lead to the prevalence of hunger and ill health, child labour and street

children. The UNICEF in its State of the World's Children Report points out that IMR among the urban poor is higher at 55 per 1,000 live births compared to 42 per 1,000 live births for urban areas. Anaemia in urban poor children under 5 years of age is higher at 71% when compared to 63% for urban areas. Similarly, child marriages are higher at 48% for urban poor children when compared to the urban average of 28%.

**Objectives of the study:** The present study of Hyderabad city explores how cities manage with an increasing number of poor neighbourhoods that are not officially recognised apart from providing public services to recognised or "notified" slums in the urban areas of Hyderabad. It seeks to understand the policies and functioning of urban local bodies (ULBs) with regard to children's issues, and how they can prioritize the needs of children in urban policy planning and implementation.

### Objectives of the study:

- To highlight the obligation of GHMC towards the concerns related to children living in urban poverty and to support GHMC in improving the current situation especially at the policy makers and influencers level.
- To reflect on how emerging issues in GHMC areas related to safe and healthy living conditions impact poor children's lives
- To recommend on how to make GHMC and other Government urban development policies of AP to be more child focused.
- To mainstream issues and concerns of urban poor children in all developmental plans and policies like JnNURM and RAY etc.



1 The State of the World's Children 2012 - Children in an Urban World, UNICEF

2 UN-HABITAT, 2003. The Challenge of Slums: Global Report on Human Settlements. Earthsea London.

3 National Sample Survey Office (NSSO), 68<sup>th</sup> Round of Survey, June 2013

## 2. Methodology of the Study

In order to conduct a comprehensive rights-based analysis on the functioning of ULBs, in this case the Greater Hyderabad Municipal Corporation (GHMC), the study has been structured to firstly, map the structure and functioning of the ULB, and secondly to listen to the voices of children, community members and stakeholders, and the responses of duty bearers in the field.

### *Sample Size of Slums for the Study*

A meeting with the Advisory Group for the study was conducted in order to elicit their advice on the structure of the study and on the sample size of slums to be selected. Since the GHMC has 1631 slums as per the GHMC City Development Plan (1472 notified and 159 non-notified slums), strictly following the sample sizes established by statistical Confidence Levels or Intervals was not feasible with the existing resources. However at a Confidence Level of 95%, 36 slums were selected within the 18 Municipal Circles in the Central, North, South, East and West Zones of the GHMC - 2 slums from each of the 18 circles, with a special emphasis on selecting “non-notified” or “unrecognised” slums in the peripheral areas of the city. Due weightage was given to GHMC Zones/Circles/Wards where there were more Slums.

### **Desk Review**

- National-level initiatives on urban poverty and children’s welfare and development
- State-level initiatives and Implementation of state-level initiatives at the city level.
- Review of existing Citizen’s Charter of GHMC
- Review of programmes and schemes for urban development (with special focus on urban policies like JnNURM and RAY)
- Review of documents and reports, resource material developed and used by Humara Bachpan Campaign and other NGOs and groups working with urban poor children.

### **Field Investigations: Process & Functioning of ULB in Hyderabad - The GHMC**

Three semi-structured interview/consultation questionnaires were developed to collect data from the stakeholders at the Headquarters and Zonal-Circle levels of the GHMC, and from children and adult stakeholders. Focus group discussions with children in the 36 slums were conducted in the premises of either Government schools while some were conducted in the community or NGO resource centres.

The participants in the children’s groups were comprised of

mainly school going children, some out of school children and a few youth. The participants in the adult groups consisted of representatives from schools, local NGOs working on the issues of urban poor children, local councillors and ward members, members of Community based organisations (CBOs), women’s SHG members and parents. Active participants from these focus group discussions were invited to be part of the Five (5) Zonal level Advisory Groups that will be established to develop and carry out an action plan to make their areas more Child friendly and to increase children’s participation.

Officials from the GHMC were interviewed along with officials at the Circle and Zonal levels. A total of 419 (162 males and 257 females) community members and 657 children were interviewed in focus group discussions. The Research Team also conducted discussions with the Commissioner of GHMC, the Assistant Commissioner for Urban Community Development and the Project Director, the Assistant Commissioner for Medical & Health & Sanitation and the Assistant Commissioners for Sports, Playgrounds and Parks. Information officers and Circle staff were interviewed in 17 circles of the 5 GHMC Zones.





Zonal/Circle-wise Selection of Slums for the Survey							
Zone	Circle	No of Slums Visited	Total	Non-notified slums	FGD Participants		
					Men	Women	Children
North Zone	Circle 15	2	5	3	25	34	72
	Circle 16	1					
	Circle 18	2					
South Zone	Circle 4	2	7	0	45	69	120
	Circle 5	3					
	Circle 6	2					
East Zone	Circle 1	1	7	2	24	60	191
	Circle 2	2					
	Circle 3	4					
West Zone	Circle 11	2	7	2	30	46	127
	Circle 12	2					
	Circle 13	2					
	Circle 14	1					
Central Zone	Circle 7	2	7	0	38	48	147
	Circle 8	2					
	Circle 9	2					
	Circle 10	1					
Total	17	33	33	7	162	257	657

### 3. The Urbanization of Poverty in India and Government Initiatives

<b>Profile of Urban Poverty in India</b>	
<i>Slum settlements – often referred to informal settlements without any formal title - represent the most visible manifestation of poverty in urban India.</i>	
<u>Population:</u>	The share of urban population to total population has grown from 17.3% in 1951 to 31.16% in 2011.
<u>Spatial estimates:</u>	The crude estimates put the space under slum settlements at about 18,000 million – 20,000 million sq. feet, which is said to be in illegal and unauthorised occupation of slum dwellers. Hernando de Soto calls it “dead capital” which is productive but cannot be used or leveraged by those who live and work there.
<u>Demography:</u>	The slum settlements have a higher proportion (17.4%) of scheduled castes compared to non-slum settlements.
<u>Employment:</u>	Non-wage, informal employment is a dominant characteristic of the urban poor households. Wage employment among them is limited to just about 20% compared to an All-India average of about 40%.
<u>Service deprivations:</u>	While service deprivations are commonly observed in cities and towns, the extent of deprivation is higher in slum and squatter settlements; 26% of households living in slum settlements have no access to any arrangement for garbage collection and 18% suffer from insufficient drinking water, the comparable proportions for non-slum areas being 19% and 10% respectively. 75% of slum households have not received any benefits from any of the governmental programmes designed to alleviate poverty. 15.7% of households received land-related benefits and the balance received other miscellaneous benefits.
<u>Central per capita expenditure on urban poverty:</u>	The per capita expenditure on the urban sector at Rs. 1,566.00 is significantly lower than the per capita expenditure in the rural sector, which is Rs. 7,433.00 for the current plan period.
<i>Source: Report of the Working Group on Urban Poverty, Slums and Service Delivery System, Steering Committee on Urbanization, Planning Commission, New Delhi, 3 October, 2011.</i>	

According to the Census 2011, 377 million Indians live in urban areas out of which, 97 million are poor. Over 65 million people in 17.4% of urban households live in slums. It also notes that over a third of India’s official slum population does not have official status as a slum, or access to legal protection and municipal services. Maharashtra has the highest slum population with over 11 million of its residents in slums, and 4.6 million of them in ‘identified’ slums while Andhra Pradesh follows with over 10 million in slums.

The UNICEF report of 2012 also points out that children in urban India face inequity because of which, they suffer from hunger, ill-health, poor access to water and sanitation, insufficient education and child labour. Around 47% children of urban poor are malnourished and 48% of the girls are married as child brides. Seven out of 10 children of under 5 years and six out of 10 poor women in cities are anaemic. Almost half of pregnant women in poor urban families don’t have access to safe delivery of their children resulting in high infant mortality rate. Although cities offer children schools, clinics and playgrounds, the report highlighted that they also have the greatest disparities in children’s health, education and opportunities. The Planning Commission poverty estimates and the Census 2011 report that there are 12.6 million children under-5 years among urban poor (based on 100 million population) while the estimated annual births among urban poor is 2.7 million. Nearly 10 million children under-5 years among the lowest two urban quartiles are stunted due to chronic under-nutrition.

**National Level Initiatives - Policies & Legislations:** In keeping with the changing priorities of the urban landscape in the country, there have been changes in the structure of the Central government itself. In 2006, the latest restructuring of the urban development, employment and poverty alleviation ministries took place to create the Ministry of Urban Development, and the Ministry of Housing and Urban Poverty Alleviation. While the former is responsible for the development of modern urban infrastructure and governance systems, the latter ministry has been tasked with addressing the vulnerabilities of the urban poor, especially residential, occupational and social vulnerabilities.

**The Ministry of Urban Development** is the apex authority of Government of India at the national level to formulate policies, sponsor and support programme, coordinate the activities of various Central Ministries, State Governments and other nodal authorities and monitor the programmes concerning all the issues of urban development in the country. To address the emerging nature of rapid urbanisation, National policies on urban sanitation and transport have been established. The **National Urban Transport Policy** aims at integrating land use and transport planning establish equitable allocation of road space, give priority to the use of public transport with emphasis on technology, quality and pricing, and to develop integrated transportation systems.

The **National Urban Sanitation Policy** acknowledges the need

to address a number of challenges for Indian cities and towns, namely, poor awareness about sanitation and the social and occupational hazard aspects of sanitation. It also recognises that fragmented institutional roles and responsibilities where multiple institutions responsible for different activities, with low coordination between them results in the lack of an Integrated City-wide Approach. It also notes that limited technology choices have contributed to the inability of ULBs to reach the Un-served and poor while there is a lack of responsiveness to sanitation demands. The NUSP therefore seeks to generate awareness and behaviour change through a country-wide IEC campaign strategy in order to achieve Open Defecation Free Cities, by establishing sanitation as a core responsibility of Urban Local Bodies under the 74<sup>th</sup> Amendment through re-orienting institutions and mainstreaming sanitation and sanitary and safe disposal by encouraging all states to develop state sanitation strategies and city sanitation plans.

Turning to the **key legislations** passed by the Union government, the 74<sup>th</sup> Constitution Amendment of 1994 established Urban Local Bodies (ULBs) as institutions of local self government, and while urban poverty alleviation has been entrusted to ULBs, as per the XII Schedule. However, most of the ULBs lack the financial resources to provide basic services or undertake comprehensive poverty alleviation programs. The Urban Ceiling Act Urban Land (Ceiling & Regulation) Repeal Act was passed in 1999 while the Metro Railways (Operation and Maintenance) Act was passed in 2002 and subsequently amended in 2009 to allow for public-private partnerships in the operations and maintenance of metros.

#### ***National Level Schemes & Programmes:***

**The JNNURM:** The recent emphasis on urban renewal took shape in the form of the launch of the Jawaharlal Nehru National Urban Renewal Mission (JNNURM) in 2005-6 under the 10th Five Year plan (2002-2007) and is the first attempt at a comprehensive package for urban infrastructure and poverty alleviation in urban India. It comprises of two sub-missions that focus on building urban infrastructure and governance reforms, along with the provision of basic services to the urban poor. The JNNURM Project Management Information System (PMIS) scheme aims to encourage reforms and fast track planned development of identified cities, with a focus on efficiency in urban infrastructure and service delivery mechanisms, community participation, and accountability of ULBs/ Parastatal agencies towards citizens. Capacity building of ULBs is another related component scheme under the JNNURM.

**The UIDSSMT:** The Urban Infrastructure Development Scheme for Small & Medium Towns (UIDSSMT) was launched in 2009 and subsumed the existing schemes of Integrated Development of Small and Medium Towns (IDSMT) and Accelerated Urban Water Supply Programme (AUWSP). The objectives of the Scheme are to improve infrastructural facilities and help create

durable public assets and quality oriented services in cities and towns enhance public-private-partnership in infrastructural development and, promote planned integrated development of towns and cities. The Ministry of Urban Development also has separate schemes for the north eastern region, the NERUDP - North Eastern Region Urban Development Programme while the National Urban Information System (NUIS) aims to develop GIS databases for 152 towns / cities in the country.

**The Ministry of Housing and Urban Poverty Alleviation (MHUPA)** has since formulated a National Urban Housing & Habitat policy in 2009, and the National Policy on Urban Street Vendors. The Ministry also administers the provisions contained within the Prohibition of Manual Scavenging Act of 1993. In collaboration with the Ministry of Urban Development and under the JNNURM, the MHUPA currently has two major schemes, the National Urban Livelihoods Mission and the Rajiv Awas Yojana. Market estimates by the National Real Estate Development Council (NAREDCO) note that there is a shortage of 26.53 million urban housing units, primarily in the EWS (economically weaker section) and LIG (low income group) categories.

The centrally-sponsored scheme of Swarna Jayanti Shahari Rozgar Yojana (SJSRY) has been restructured in the 12th Plan as the National Urban Livelihoods Mission (NULM) with an allocation of about Rs 6,405 crore. The NULM Mission is to reduce poverty and vulnerability of urban poor households by enabling them to access gainful self-employment and skilled wage employment opportunities, resulting in an appreciable improvement in their livelihoods on a sustainable basis through building strong grass root-level institutions of the poor. Under the National Policy on Urban Street Vendors, the NULM would also aim at providing shelter equipped with essential services to the urban homeless in a phased manner. It will also address livelihood concerns of urban street vendors by facilitating access to suitable spaces, institutional credit, social security and skills to urban street vendors for accessing emerging market opportunities. The Interest Subsidy Scheme for Housing the Urban Poor (ISHUP) has been renamed as the Rajiv Rinn Yojana and will be implemented as a stand-alone central sector scheme.

The Planning Commission has also allocated Rs 32,230 crore for the Rajiv Awas Yojana scheme (RAY) during the 12th Plan. The RAY will provide support to states/union territories and central government agencies for providing housing, including rental and transit housing, development/improvement of basic civic and social infrastructure and operation and maintenance of assets created under the scheme. RAY will cover all cities and towns, the selection of which will be made by the states in consultation with the Centre. The Affordable Housing in Partnership scheme has been merged into RAY with fiscal incentives for real estate developers and banks from 2012-13 in order to promote public-private partnerships in providing affordable housing.

## 4. State-level Initiatives in Andhra Pradesh

The urban population in Andhra Pradesh has increased from 19.31% to 33.50% between 1971 and 2011.

The Department of Municipal Administration & Urban Development is the apex ministry in the state overseeing urban development and poverty alleviation. The Central government schemes of the Ministries of Urban Development and Housing and Poverty Alleviation are converged by this department with oversees their implementation at the municipal levels.

In order to address the challenges of rapid urbanisation at the state level, the Andhra Pradesh Urban Services for the Poor (APUSP), a flagship programme was launched in 2000 to address the challenges of municipal service delivery in 42 Class 1 towns and to improve livelihoods and access to basic services for about 3 million poor people in the slums of these towns.

The programme was scaled up in 2007 with the issuance of G.O Ms. 414 which adopted a Mission approach like the Kerala and Gujarat governments. A Mission for Elimination of Poverty in Municipal Areas (MEPMA) was constituted with its focus on building community structures and integration of skills and livelihoods as central components of the program. The cities of Hyderabad, Vijayawada, Vishakhapatnam and Tirupati have been designated as Mission Cities. Presently, MEPMA is the nodal agency for convergence of all services targeted towards the urban poor (Youth welfare, Minority, BC, SC, ST, Labour, Health, Women & Child welfare, Civil Supplies etc.), housing under JnNURM and RAY, and the Street Vendors Policy among others.

MEPMA is registered as a society with the Chief Minister as Chairman and the Minister for MA&UD as the Vice-chairman. The Secretary of MA&UD is the convener while the Principal Secretaries of Rural development, Women Development & Child Welfare, Finance department, the Commissioner and Director of Municipal Administration, the CEO of SERP, Hyderabad, the Mission Director of MEPMA and the General Manager of the State Level Banking Committee are members of the society.

In order to converge various programmes targeted at the urban poor, the MEPMA mission has adopted a strategy of building organizations of the poor as CBOs and empowering them by building their capacities in order to create highly trained social capital at the grass roots level in health, education, livelihoods, vulnerability etc. The strategy also establishes access to credit for the poor by facilitating interface between CBOs and bankers (Town Level Bankers Committee with SHGs) and taking up placement linked livelihood programmes on continuous basis. It also provide services under a 7-point Charter, namely, security of land tenure, improved housing, sanitation, water supply, health, education and social security.

### Children in Andhra Pradesh:

- Data from the Ministry of Statistics and Programme Implementation, Government of India, show that in Andhra Pradesh, anaemia prevalence among children of (6-59 months) is more than 70% as per the 2011 Census.
- The 2001 census shows that the state had the second highest share of child labour in the country (10.76%) after Uttar Pradesh. The Child Work Participation Rate (WPR) in the state was also higher than the national average of 5% with 7.7% of child labourers among the total in the 5-14 years group of children.
- In 2011, crimes against children reported in A.P were 6.7% of the national level and it is ranked 6<sup>th</sup> after UP, M.P, Delhi, Maharashtra, and Bihar. In 2011, 69% of human trafficking cases were booked under the Immoral Traffic (Prevention) Act 1956 and Andhra Pradesh accounted for 20.4% followed by Tamil Nadu (17.2%). A.P is 4<sup>th</sup> among the states that is reporting high incidence of juvenile crimes under IPC with 7.3% of the national total.

The following are the schemes and programs administered by MEPMA through ULBs:

1. Forming the urban poor women into Self Help Groups (SHGs) and encouraging internal savings and internal lending
2. Disability Intervention through Self Help Groups (SHGs)
3. Capacity Building of Community Based Organizations
4. Market linkages to the SHG entrepreneurs and their products
5. Creating access to credit by providing Bank Linkage
6. Loans with Subsidies for self employment units - USEP
7. STHREE NIDHI (State Level Women's Credit Cooperative Society)
8. Social Security Measures - ABHAYA HASTHAM (ABH), JANA SREE BIMA YOJANA (JBY)
9. Placement linked skill trainings - RAJIV YUVA KIRANALU
10. Housing under JnNURM and Rajiv Awas Yojana (RAY)
11. Better Health & Nutrition awareness
12. Community Resources Centres (CRCs) & Mahila Swasakthi Bhavans (MSBs)



## Urban Problems and Challenges in A.P

Like most other urban regions of the country, urban areas in A.P also face the same gamut of challenges - poverty and unemployment, inadequate housing, inadequate and polluted water supply, inadequate sanitation and solid waste management arrangements, rickety transportation infrastructure, and high environmental vulnerability due to weak regulation by the local administration. Government policies for the urban poor follow a three-pronged approach of enhancing the reach of basic services, improve infrastructure and the built environment, and offer employment and income enhancement schemes to the poor.

## 5. Case Study of Hyderabad

About 37% of the population of Hyderabad city lives in slums and other poor settlements, and about 540,000 people (13% of the population) live below the official poverty line. In the Census of 2011, Children under 0-6 years were 11.90% of Hyderabad District population compared to 12.69% of 2001. Of the total of 469,126 children under age of 0-6 years, male and female children were 245,127 and 223,999 respectively. The workforce in the city is predominantly employed in the informal sector. Poverty has a visible gender and minority dimension too. The incidence of poverty among women is higher, female literacy rates are lower than male literacy rate, and female-

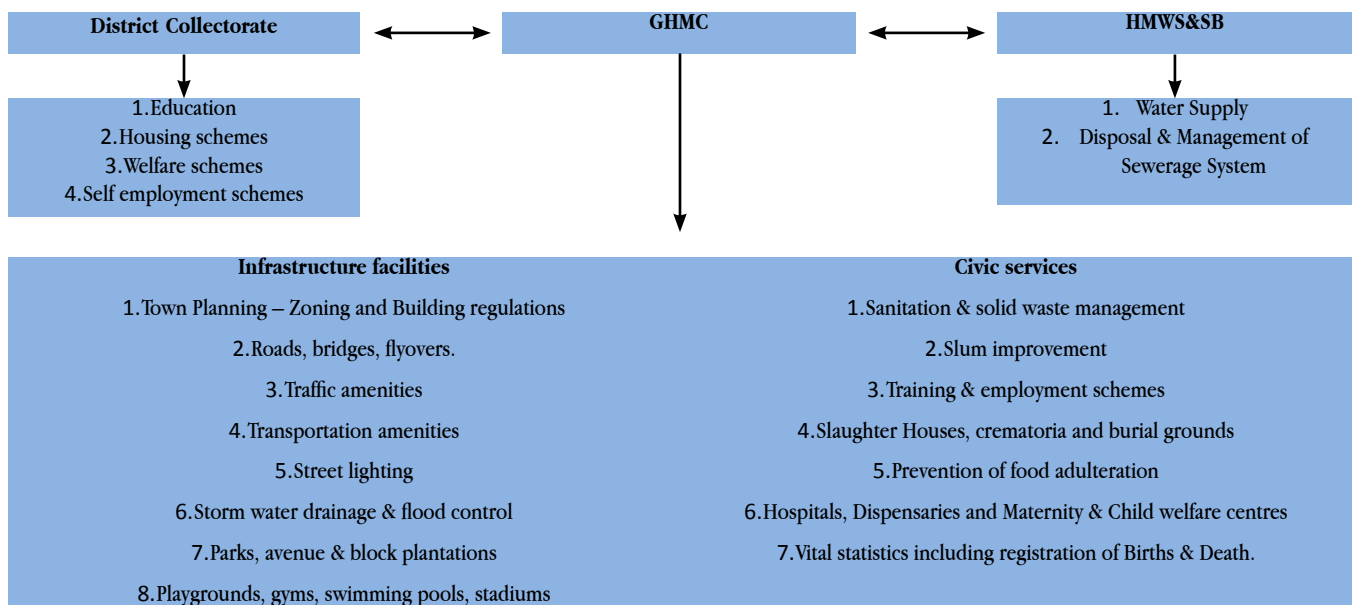
## A Note on the growth of Hyderabad

The revenue district of Hyderabad covers 217 sq kms while the erstwhile Municipal Corporation of Hyderabad (MCH) which comprised the twin cities of Hyderabad-Secunderabad, covered 172 sq. Kms. In 2007, the Greater Hyderabad Municipal Corporation (GHMC) was formed by merging the surrounding 10 municipalities and 8 Gram Panchayats and covers 650 sq kms. In 2011, Hyderabad district had a population of 39, 43,323 whereas the population of the GHMC in 2007 was 68, 09,970.

headed households constitute the poorest of the poor. The AP State Minorities Finance Corporation reports that 41.7% of the population of Hyderabad city is Muslim as per the 2001 Census. The Sachar Committee Report, the definitive study on the situation of Muslims in India, notes that Hyderabad is the seventh largest district in India in terms of Muslim population, with 1.6 million Muslims.

In the case of Hyderabad, services are provided by a multiplicity of government departments along with the local government, which in this case, is the Greater Hyderabad Municipal Corporation (GHMC). The GHMC under the provisions of the Hyderabad Municipal Corporation Act of 1965 provides infrastructure facilities and civic services.

The Hyderabad Metropolitan Water Supply & Sewerage Board is responsible for water supply and management of the sewerage



system and disposal. The GHMC is represented by its Commissioner on the Board for coordination and convergence of services. Unlike other cities in the state, Hyderabad does not have any Municipal Schools, and education comes under the District Education Office (DEO) in the District Collectorate, which also houses the NCLP, along with the Dept of Women & Child Development which implements the ICDS program, and the Dept of Medical & Health which promotes family planning, antenatal and postnatal care including immunization services apart from numerous other departments. The Collectorate also selects the beneficiaries for housing schemes and welfare schemes for BPL families.

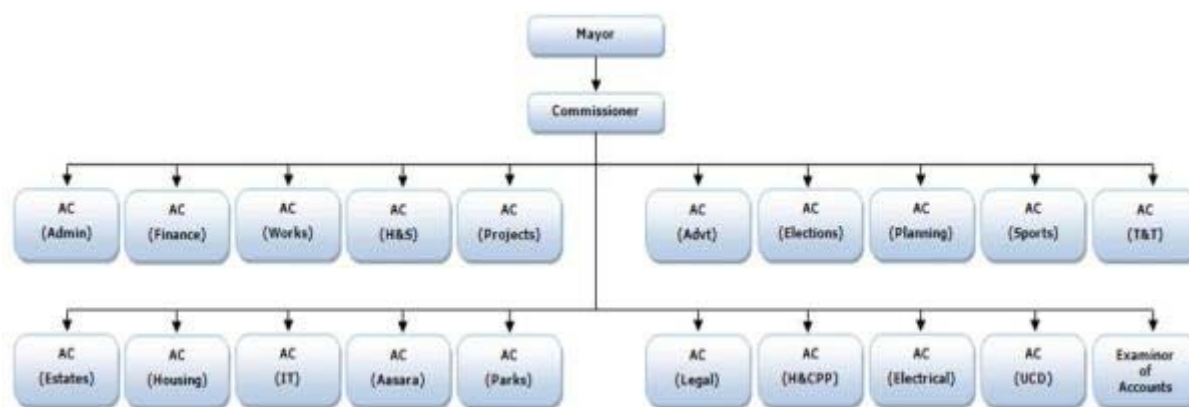
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## Organisational Structure of GHMC 1

### GHMC

North Zone	South Zone	East Zone	West Zone	Central Zone
4 Circles 26 Wards	3 Circles 43 Wards	3 Circles 17 Wards	4 Circles 14 Wards	4 Circles 50 Wards

### Organisational Structure of the Mayor - Commissioner's Office, GHMC



### Slum Population in Hyderabad

Circle / Zone	Area	No. of Slums		Total	Population	Households	Population of Surveyed Slums
		Notified	Non-notified				
1E	Kapra			51	1,59,179		
2E	Uppal	26	2	28	1,68,923	2,543	
3E	Saroonnagar	54	21	75	5,83,589		1,14,450
4S	Bhavani Nagar, Edi Bazaar			211	2,87,000	58,670	
5S	Chintalmet, Bahadurpura, Falaknuma, Jhanuma	93	1	94	1,17,165		10,145 (Fatima Nagar-1,445, BST-3,250, Ramnaspura-3, 500, Mahmood nagar-1,950)
6S	Rajendra Nagar	38	7	45	64,532	16,133	
7C	Khairatabad	115	32	147	1,48,850		
8C	Sultan Bazaar	29	7	36		4,709	24,079
9C	Abids, Amberpet, Domalguda, Bagh Lingampally	143	40	183	14,22,573	33,009	
10C	Khairatabad	145	12	157	2,15,850	43,209	Deendayal Nagar-960 (HH-192)
11W	Serilingampally	24	6	30	58,220	14,555	
12W	Hafizpet	10	22	32	1,73,800	11,718	
13W	Patancheru / RC Puram			20	46,242	11,376	
13W	RC Puram			26	70,622	17,031	HH-10,904 & POP-44,182

14W	Kukatpally	26	42	68	85,052	20,228	
15N	Qutbullapur			63	1,96,845	44,312	HH-7,670 & POP-38,077
16N	Alwal	49	1	50	1,41,120	30,000	
18N	Secunderabad	113	21	134	1,56,571	31,028	
	Total	865	214	1450	39,20,748	3,38,521	

*Source: Data collected from Circle offices of GHMC.*

## 5.1. Field Observations

A survey and interaction with officials at the Circle/Zonal levels yielded the following data on **physical infrastructure**:

- There are 14 **parks** in the surveyed circles with 7 in Secunderabad and one each in Uppal, Khairatabad, Domalguda, Bagh Lingampally, Seri Lingampally, Haifzpet and Alwal. Qutbullapur reported 217 parks.
- A total of 784 **Community Halls** were reported by the Municipal Circles under survey.
- Only 11 **libraries** were reported in 5 Municipal Circles while 5 Circles reported that Reading Rooms were located in the Community Halls.
- Only 7 Municipal Circles reported the existence of about 35 **public toilets and/or bathrooms**, out of which 16 were reported to be non-functional due to no maintenance.
- **Night shelters** for the homeless were reported to be functioning 12 of the Municipal Circles while Circle 8 reported that the Night Shelter in the Sultan Bazaar area was facing stiff resistance from the community.

### 5.1.1. Affordable Housing Initiatives

While the stated aim of housing schemes under the Rajiv Gruha Kalpa (RGK) and JNNURM is to provide affordable housing to the urban poor, the beneficiaries of these schemes do not seem very keen on occupying the houses. Several houses handed over under these schemes have remained unoccupied over the years. The reasons range from disinterest of the beneficiaries to shift to houses in remote places to alleged political allotments. Of the 22,147 houses handed over to beneficiaries under the Rajiv Gruhakalpa scheme, only 16,037 have been occupied so far. Colonies with lower rate of occupancy include Sooraram in Quthbullapur, Ahmedguda in Keesara, Kuntloor in Hayatnagar, and Kowkur in Malkajgiri.

Under the JnNURM, a total of 78,746 dwelling units have been sanctioned while 61,437 units have been completed as of June 2013. As of April 2013, 8,745 flats were handed over and 4,643 flats had been occupied. The major factors identified by the state government for delays in completion include, land acquisition issues, lack of water supply sources, encroachments, need for approvals and permissions and the lack of capacity of ULBs to mobilize their share of project cost. The main reasons for delays in occupancy include identification of beneficiaries, bank linkages, lack of beneficiary contributions, remoteness of locations and livelihood insecurity at the new housing sites.



Status of JnNURM Dwelling Units in GHMC				
Location	Total Dwelling Units	Dwelling Units Completed	Flats handed over as of April 2013*	Flats occupied as of April 2013*
Bahadurpally			1972	818
Abdullapurmet			2425	1696
Bowrampet			1685	961
Nizampet			1097	660
Peeramcheruvu			638	172
Puppalguda			221	53
Satamrai			307	150
Shamshabad 1			181	18
Shamshabad 2			219	115
<b>Total</b>	<b>78,746</b>	<b>61,437</b>	<b>8,745</b>	<b>4,643</b>

*\*Source: The Hindu, April 13, 2013*

### Meeting with Residents of Peeram Cheruvu JnNURM Housing Colony, West Zone, Circle 7, GHMC

Md. Ghouse Bhai is the President of the Residents' Welfare Association of this colony while T. Pandurang and M.H. Baig are auto drivers. Md. Qayyum is a cook in a hotel in the Tappachabutra area of the Old City, while Masarrat Begum runs a small counter, selling vegetables. Given below is their narration of their move to the new housing colony. "We applied for these houses in 2004-05 when the Congress government got elected and initially we paid Rs.2,000/-, then 8,000/- and later on, another 30,000/-. The Central government gave a subsidy of Rs.50,000/- while the state government gave a subsidy of Rs.20,000/-. This colony was completed by the end of 2008 and we moved in here by 2009 when a total of 18,000 units had been built in the city. Each building has a ground plus two floors and each building has 24 units. There are a total of 35 buildings in this colony with 840 housing units. But that's where the good news ends.



Figure 3: Md. Ghouse Bhai (R) and T. Pandurang (L) are residents of the JnNURM colony in Peeram Cheruvu since 2009.

We have been actually dumped here by the government to serve as cheap labour for these huge high-rise buildings that have come up and many more are yet to be completed. There are already some advertisements stuck on the walls of our buildings; people from these big buildings are looking for maid servants, drivers and cleaners. Those are all gated communities with all facilities inside them while we have none. There was no road here but the L&T construction company was kind enough to make an opening on their private road and link it to our colony so that we could access the main road from here. There



are no facilities here except for the 3-4 tin-shed shops that have been opened by some of the enterprising residents of our colony. Here's a list - No govt school, no bus transport facility, no PHC, no community hall, no library, no shopping centre, no sewerage system, no drinking water facility to the entire colony and, no municipal cleaning of garbage. So we dump our trash by the side of the nearby large plots all of which belong to the well heeled and influential people of the city. The problem is that this area comes under the GHMC but is under the control of the Gram Panchayat so the GHMC passes the responsibility of garbage pick up to the Gram Panchayat but what can the poor Panchayat do? We have to buy drinking water from the Kali Mandir market which is about 2 kms away and bring it back here. Imagine the amount of time and work and money involved just to fetch drinking water!!! There is a borewell water supply to the colony but the water quality is poor - it makes all the vessels whitish yellow with fluoride and other chemicals.

The quality of construction is very poor and the RCC pillars of the buildings are already chipping away and crumbling. If this is the condition after 4 years, imagine what it will be in another 5 years - ready to collapse!!! Some of the building roofs are leaking and some of the stairways are also always damp. There is no sewerage system for the colony and it has been provided with 1 septic tank for a cluster of 12 buildings each. The septic tanks get filled up every 2 months and in fact overflow into the nearby open areas making this area a mosquito-infested place where you cannot sit out in the open in the evenings. A lot of fevers, rashes and stomach ailments are reported by the people but there is no PHC here. Everything is far away and the nearest bus stop is near the Kali Mandir at Shadan college which is about 1.5 kms away.

Now we adults find life to be tough out here being so far away from the city - Langer Houz is 8 kms away and Mehdipatnam is 12 kms away. So imagine what the plight of our children will be? Why couldn't the government in its wisdom think of constructing one extra building which could have had a community hall cum reading room with a couple of rooms for a PHC? That would have given us a sense of community and well being."



## Meeting with Residents of Bowrampet JnNURM Housing Colony, Qutbullapur, North Zone, Circle 15, GHMC

The Bowrampet JnNURM Housing Colony is located about 2.5 kms away from the Bachupally main road on which there are a number of large educational institutions. The Housing Colony itself is located deep within a vacant gated and plotted area in which the only two structures are a private company that filters and sells purified drinking water, and a small junior college. There are a total of 126 blocks and each block has 24 units with a total of 3,024 units but about 50% of the construction has been completed with 1,685 flats being handed over.



Residents and children of Bowrampet JnNURM Housing Colony complaining about the lack of facilities in their colony.

Construction of the colony commenced in 2005 and was handed over to the beneficiaries in 2009. Given the opportunity to own housing of their own, the residents claimed that they had applied with the hope of getting bank loans, but instead had to rely on private lenders with high interest rates when none of the banks were forthcoming with loans. Some of the residents complained that they were forced to move in due to the GHMC's warning that they would be forfeiting their units. Many were reluctant as the colony was located in a remote area without any facilities but most of them have moved in over the last 3 years and some of the enterprising people have set up small shops there. Md. Javed who used to live in the Jagadgirigutta area before has started a small tailoring shop while Prameela has set up a newspaper recycling shop. A chicken centre, a tea and snacks stall, and a small kirana shop complete the row of shops in the colony. The APSRTC operates one bus that comes to the colony twice nowadays, whereas it used to operate 4 times in a day about 3 months ago.

The colony has a bore well water supply connection which is unfit for drinking and water is purchased by all residents from the water plant nearby at Rs. 10 for a can of 20 litres. The nearest Govt Primary School is 6 kms away and even the nearest health centres are 6 kms away. There is a private clinic which offers first aid services in one of the apartments in the colony. Most of the children in the colony go to private schools that are closer and provide bus service to the children. Residents complained that the deserted area was filled with snakes that roam around their buildings and pose a danger to everyone. The sewerage system is linked to an underground sump which constantly overflows and is the cause of a mosquito menace in the area. The residents also complained about the poor quality of construction which resulted in leaking roofs, burnt out fan motors, broken doors and in some buildings, there are no doors at all. Some of the roof top staircases have been left open without any roofs and doors as a result of which, rain water flows onto the stairs and into the apartments.

## RAY Pilot project in Keshav Nagar, Serlingampally, Circle 11, West Zone, GHMC

The Keshav Nagar pilot project envisages construction of housing units and development of underground drainage, water supply network and connections to individual houses, laying of cement roads, street lighting, community development centres and other civic and transport infrastructure in the slums on a par with facilities available in other parts of the city.

The redevelopment plan entails an expenditure of Rs.58.74 crore for reconstructing houses and basic infrastructure in an area of 7.38 acres leaving four acres for usage by the developer for building either residential or commercial complexes. The pilot project consists of a horizontal development plan where each household would be given individual housing units in the ratio of 50 sq. yards for a 'pucca' house, 46.61 sq.yards for semi-'pucca' and 43.06 sq.yards for 'kutchha' house for patta holders. The redeveloped slum is proposed to have 12-metre wide roads all round and internal roads with widths between 7 and 9 metres with a separate children's play area and parks. A total of about 240 structures would be constructed with G plus two floors. In these, 1,198 dwelling units would be accommodated.

Of the Rs.58.74 crore, the Central Government share is Rs.29.37 crore (50 percent), State Government's (Rs.11.74 crore (20%) and GHMC Rs.13.71 crore (30%). 290 slums will be taken up in the first phase of the Slum Free Hyderabad project. The entire project is targeted to be completed in five years in five phases and the total cost of the project is estimated at Rs.11, 300 crore.

### 5.1.2. Slums Requiring Remedial Action for provision of Basic Services

#### *i. ICDS*

- Balanagar – Indira Nagar 14 West zone community has Anganwadi under the tree
- Chandairya and Lakshmiaah huts 9 Central zone community do not get the immunization and the proper supplements'.
- Papi Reddy colony, Serilingampally 11 West zone, the adolescents girls are not getting the nutrition
- Fathima Nagar – Falaknamu 5 South zone, only the adolescent girls are getting the nutrition.
- Most of the centres in the communities do not provide nutrition for adolescent's girls and the centres are running in a very congested rooms/house.

#### **Slums without Anganwadi Centres:**

1. Shanthi Nagar, Alwal 16 North Zone
2. Fathaluguda – Hayathnagar -3 East zone,
3. Mondi Banda – Addaguta – 18 North zone,
4. Nandanavam , 3 East zone,
5. Lakshmi Nagar, 12 West zone,
6. Sai Nagar – Hafeezpet, 12 West zone,
7. Ambedkar nagar, RCpuram, 13 West zone,
8. Bagath Singh Nagar -9 Central zone.



Figure Left: The Anganwadi Centre in Indira Nagar of Kukatpally area, in West Zone Circle 14, runs under this tree.



Figure Right: A group of children - school going, Anganwadi attendees and out of school - interacting with the research team in Indira Nagar.

*ii. Schools in the Surveyed Slums*

1. Alwal- Shanthi nagar
2. NCL colony- Jeedimetla – No High school
3. Jahanum – BST – High school
4. Chintalmet – Mahamood nagar – High school
5. Attapur – Khaja Nagar – High for Urdu Medium
6. Kapra – Nehru Nagar – High school
7. Gadannaram – Fathulguda – High school
8. Hayathnagar – RK Nagar – Primary and High
9. Karwan – Keshav Swamy Nagar – High school
10. Serilingampally – Izzath nagar – High school
11. Serilingampally – Papi Reddy Nagar colony – High school
12. RC Puram – Ambedkar nagar – High school
13. RC Puram – Srinivas nagar – High school
14. Balanagar – Indira nagar – Primary and High school
15. Baghlingampally – Bhagat Singh Nagar – Primary and High school
16. Alwal – Shanti nagar – Primary and High

**Facilities not available in schools**

1. Jeedimetla – Subash Nagar – No drinking water,

2. NCL colony – No drinking and using water,
  3. Chintalmet – No sufficient teachers
  4. Khaja Nagar – Only two teachers for 5 classes, classes 1 to 3<sup>rd</sup> no benches
  5. Gaddiannaram – Fathulguda – 2 teachers for 5 classes
  6. Sai Nagar – No toilets
  7. Ambedkar nagar – No drinking water
  8. Bheema Maidan – No drinking water, playground and only 3 teachers for 5 classes
  9. Bogulaadda – No regular water supply
  10. Bhavani Nagar- Nasheman nagar – No water, toilets in primary school, no sufficient class rooms and teachers
  11. Deendayal Nagar – No clean toilets
  12. Ramchandra Nagar – Edi bazaar – No sufficient class rooms and teachers
- In most of the communities the schools do not have a helper to clean the schools.
  - Most of the schools are in very congested places and are in rented building.
  - In all most all the communities, corporal punishment is prevailing in the schools.
  - In some communities the midday meals are not hygienic or the quality and quantity is poor.

*iii. Water Supply and Sewerage systems*

No water supply, or Household connections	No drainage and no Sewerage systems
<ol style="list-style-type: none"> <li>1. NCL Colony,</li> <li>2. Subash nagar,</li> <li>3. Shanthi Nagar,</li> <li>4. Mondi banda,</li> <li>5. Nandanavam,</li> <li>6. Rasoolpura,</li> <li>7. Ramnaspura,</li> <li>8. R Krishnaiya Nagar,</li> <li>9. Mahmood Nagar,</li> <li>10. Indira Nagar,</li> <li>11. Kasav Swamy Nagar,</li> <li>12. Papi Reddy Colony,</li> <li>13. Bhagath Singh Nagar,</li> <li>14. Ambedkar Nagar –</li> </ol>	<ol style="list-style-type: none"> <li>1. NCL colony,</li> <li>2. Subash nagar,</li> <li>3. Shanthi Nagar,</li> <li>4. Mondi banda,</li> <li>5. Nandanavam,</li> <li>6. Rasoolpura,</li> <li>7. Ramnaspura,</li> <li>8. R Krishnaiya Nagar,</li> <li>9. Mahmood Nagar,</li> <li>10. Indira Nagar,</li> <li>11. Kasav Swamy Nagar,</li> <li>12. Papi Reddy Colony,</li> <li>13. Bagath Singh Nagar,</li> <li>14. Ambedkar Nagar,</li> <li>15. Manikeshwar Nagar,</li> <li>16. Sai Nagar, -</li> </ol>



## 6. Community and Children's Responses to Government Initiatives

In order to elicit community and children's opinions on the state of basic services to the poor in urban areas, the study undertook a survey of 33 slums across 17 circles in the 5 GHMC zones. A total of 378 (151 male and 227 female) community members and 657 children were interviewed in focus group discussions. A list of the slums covered by this study is enclosed in the Annexure section.

### *Community Consultations in 33 slums*

Community consultations were conducted in 33 focus group discussions across 33 slums. The aggregated findings from the community consultations are described below. The semi-structured questionnaires were designed to assess the following parameters among community members:

- Awareness and participation of adults in the local government issues
- Awareness about basic urban infrastructure and services
- Participation in raising infrastructure and services issues with elected representatives and govt officials
- Awareness and participation in functioning of local schools
- Awareness about social issues and methods of resolving them

#### A. Social issues / problems in the neighbourhood:

##### *Street Children:*

- 25 out of 33 communities have not conducted identification of street children
- 08 communities have identified street children and some have taken remedial action
- Most communities have taken no action
- Only 6 children were identified and have been admitted in hostels
- Some have been taken to the police station and some of the local representatives have helped to join them in hostels

##### *Homeless/Destitute:*

- 29 out of 33 have not identified any homeless or destitute people in their areas
- Only 1 area has a night shelter facility – Hassan Nagar, South Zone, Circle - 06

##### *Violence/Abuse:*

- Child Abuse was reported in 5 communities (East zone – 03, West zone – 14, Central zone – 07, North zone – 18)
- Trafficking was reported in 3 communities (Central, North and West)
- Early Marriages – 4 communities ( East, West, north and South)
- 20 Communities had no idea on how to deal with these issues. There was no awareness about the CWC or the Child line.
- Domestic Violence was reported in 23 out of 35 communities
- 6 Communities reported that domestic violence was solved among them and that the police were not informed of such incidents.
- Eve Teasing was reported in 02 communities (South zone – 4 and 5 circles)
- Petty crimes – 03

#### B. Participation in, and Awareness about, Area Sabhas and Ward Sabhas under the GHMC:

- 50% of the community members are not aware of the ward committees and area sabha meetings.
- 50% of the communities have formed the ward committees and area sabhas.
- 18 of the communities conduct meeting once or twice in month.
- Out of 33 communities, only 4 communities ensure children's rights.
- 13 out of 33 communities play a role in the local area development, the rest 19 do not have a role.

#### C. Awareness and participation in monitoring out of school children and school functioning in the area:

- Sanitation in schools – 11 out of 35 communities do check on the sanitation issues in the school
- Corporal punishment – 19 communities check on the issue of corporal punishment
- Teacher attendance – 20 out of 33 communities check this issue
- School Infrastructure – 17 out of 33 communities check this issue
- 33% report to the principal if any issue identified
- 20 of the communities are aware of the SMC
- 30 out of 35 communities are not a member of the SMC's

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- 25 out of 35 have identified child labour in the locality.
- Lakshmi Nagar – 60 children in West Zone, Circle – 12; Khaja Nagar – 20 to 30 children in South Zone, Circle -6; Batkammakuntha –10 to 20 Rag picking Children in Central Zone, Circle – 9.
- Poverty/ Family problems/ lack of interest on part of the child are the main reasons for child labour according to all communities.
- 19 out of 35 communities have not taken any action to tackle the issue of school dropouts or never enrolled children.
- In South zone, Circle – 05 ( Biryani Shah Tekdi) the community has enrolled 40 children in school
- 25 out of 33 communities have no awareness of the role of the local authority under RTE Act

D. Awareness and participation in monitoring child care in Anganwadi Centres:

- 25 out of 35 ensure that all infants and children up to 6 years are immunized
- 25 out of 35 communities are accessing the above facilities of Immunization, day care, ECE, care & nutrition for pregnant & lactating women

E. Access to Basic Services and Public Infrastructure:

- Only 1 out of the 33 communities has access to a park/ play ground
- 22 out of 35 slums do not have access to community halls
- None of the communities have access to libraries/ reading rooms

F. Rating of urban services:

- None of the communities have public toilets/ bathrooms
- 30 out of 35 communities have no access to Primary Health Centres or UHPs.
- 03 communities have access to UHP (West, North -2)



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Rating of Urban Services by Surveyed Slums (No. of slums reporting quality)				
No. of Slums	Poor	Average	Good	
Water supply	17 Foul smell & muddy water: Bathukammakunta, Bheema Maidan	5	12	
Sewerage	19	8	7	
Drainage	18	10	8	
Solid waste management	26	3	6	
Approach and internal roads, street lighting etc	16	6	12	
Ration cards	2 (RK Nagar, Mondi Banda)	14	19	
Title deeds for properties	11	9	5	
Self employment schemes	31	4		
SHGs	25	2	8	
Youth training and employment programs	29	3	3	
Public transport linkages	14	9	12	

**Children's Consultations in 33 slums:** Focus group discussions were conducted with children in the 33 slums which were designed to assess the following parameters:

- Children's views of their residential neighbourhoods and localities, what they like, do not like and what they feel they need.
- Children's views on their schools
- Children's views on sanitation and environment



Neighbourhood environment:

- Children in 28 communities reported that they liked their residential neighbourhoods and localities.
- Children in 26 slums reported that their neighbourhood had trees while all children reported that their areas required more trees for shade and environmental improvement.
- Children from 5 communities reported that they did not like their neighbourhood because it was unclean, did not have any water supply and was dirty and polluted.
- Children from 17 communities reported that their neighbourhood was cleaned and swept regularly
- Children from 25 communities reported that garbage was cleaned up regularly while 5 reported that it was picked up only once or twice a month.
- Children from 26 communities reported that their neighbourhoods had street lighting.
- 12 Communities reported that they had no proper roads while 4 of them complained that the roads were in poor condition.
- Children from 17 communities reported that their neighbourhoods did not have any drainage or sewerage system.

- Only 3 slums reported having access to parks, while 5 had access to playgrounds, and 12 had access to Community halls. Only 1 community reported having access to a library on a weekly basis where they read story books.

A. Out of school children and neighbourhood schools:

- Children from 25 slums reported that they attended school regularly.

- Children from 30 slums reported that they knew of children in their neighbourhoods who were not going to school.
- Poverty was cited as the main reason by children in 17 slums, while Family Problems were cited as the main reason by children in 5 slums, and 4 slums reported that it was a lack of interest in the children. On the other hand, being orphaned was cited as the main reason by children in 7 slums.
- Early marriages were reported by children in 15 communities and poverty was cited as the reason by 8 of them, while family problems were cited by 6 and a "good match" was the stated reason by children in 2 slums.
- Children in 16 slums did not know the reasons for early marriages.
- Children in 5 slums reported that they worked and studied while 21 slums reported that they only went to school.
- Some children from 8 slums reported that they went to work and did not go to school.
- Children from 31 communities were aware of children in their neighbourhoods who only went to work. Most of the children were reported to be working in hotels, rag picking, labourers, or mechanics and in other

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small and petty trades.

- Children from 11 slums were aware of Child line-1098 and what it was meant for.

B. Anganwadi Centres

- Children from 23 communities were aware of Anganwadi centres in their neighbourhoods while 4 of them complained that they were located far away. All of the children from these communities reported attending them when they were younger. Most of them reported that they ate their noon meals and spent some time reading with the help of a teacher. All of them reported receiving immunization and also regular medical check up by the ANMs.

C. Neighbourhood Schools

- Children from 29 slums reported having a school in their neighbourhood.
- Children from Shanti Nagar slum of Balajinagar area in the North Zone complained that classes were being conducted under the trees.
- Children from 3 slums reported that nearest was 3 to 5 kms away.
- Most of the children walk to school while a few reported going by Auto or Buses.
- 29 schools were reported to be providing midday meals while 3 did not.

E. Rating of services:

- 21 schools were reported to have classroom benches while the others did not.
- Only 8 schools were reported to drinking water supply.
- Toilets that were functional were reported in only 14 of 32 schools.
- 23 schools were reported to have separate classrooms for each class.
- 22 schools reported having class-wise teachers
- Only 3 schools did not report corporal punishment while 15 schools reported beating/caning and scolding in 9 schools.
- Children from 27 schools reported being aware of the SMC in their school but none of them were aware they could be members of the SMC.

D. Health and social issues:

- Children from 29 communities access health care in private clinics / hospitals while only 3 slums have access to PHCs/UHPs or a govt hospital.
- Fever, cold, cough, skin disease, stomach Pain, Headaches etc were the commonly occurring ailments among children.
- Incidences of domestic violence were reported by children in 20 slums while child abuse was reported children in 9 slums and trafficking in 1 slum.

**Rating of Urban Services by Surveyed Slums (No. of slums reporting quality)**

Services	Poor	Average	Good
Anganwadi	9	7	19
PHC	29	3	3
School	6	9	20
Parks & Play Ground	29	3	3
Library/Reading Room	32	1	2
Community hall	25	7	3
Street lights	9	12	14
Drainage	19	8	8
Street cleaning	12	14	9
Garbage cleaning	18	15	2
Police	5	20	10
Water supply	13	9	13
Transportation	13	9	13
Trees	13	16	6
Tackling Street Dogs problem	12	10	3



## 6.1. Responses of Duty Bearers / Govt Officials to Community & Children's Consultations:

### Water supply: G Rameshwar Rao, General Manager, HMWS&SB

"When citizens want to apply for a water tap connection, the applicants must have their house patta, electricity bill and other proof of residence. They should not have any other water connection when they are applying for a new one. If anyone has two connections, then we will cut one connection or decline the application for a new one".

### Out of School Children: Mr. Srivastava, Deputy Collector, NCLP, District Collectorate, Hyderabad

"Our mission here at the NCLP is to identify child labour and rescue and rehabilitate them. We also penalise the employers and collect the penalty on behalf of the child so that it can be used later for the child's education. The District Collector is the Chairman of the NCLP in Hyderabad. The last survey conducted on child labour in Hyderabad was about 3 years ago when the Centre for Good Governance undertook the survey. ILO-IPEC has also conducted a study before.

There is no specific coordinating mechanism between the concerned departments - that is the GHMC and the NCLP. At the most, they provide buildings for RSTCs where children below 14 Years are admitted after being rescued. Children are given free admission and enrolment, but in a few cases they have taken ration cards or any identification certificate for verification purposes. All the teachers in these remedial centres are of course trained teachers and they are appointed by the Project Director. Recently skill development has been added to the curriculum with the help of NGOs like Aide et Action".

### ICDS: Mohammed Imtiaz, CPO, Women's Development & Child Welfare, District Collectorate, Hyderabad

"Regarding social harm practices, our department has reported this year between January and October, 400 cases of Domestic violence, 44 cases of attempted rape and 57 Rape cases. But we have only 1 counselling Centre in each district.

We run 3 Orphan Homes in the city presently, but the government has given permission to NGOs to establish homes also subject to a list of conditions and capabilities. The role of our department is to ensure that all ICDS services are given to the children below 6 years of age. Our aim is to reduce IMR and child mortality rate by giving immunisation and regular medical checkups. No, we do not run any homes for street children. The department conducts a variety of awareness camps in poor neighbourhoods under the SABLA program for girl child nutrition celebration, health of children in general, and sanitation also. These programs are also targeted at boys' up to 6 years of age. Such programs are conducted monthly twice and a few are regularly conducted.

Our interaction and coordination with GHMC is limited to getting space or buildings for Anganwadi centres and providing some infrastructure for them. We are running 940 Centres in 5 project areas with 940 Anganwadi Workers and 200 ANMs. There are 5 CDPO's and 38 supervisors with each supervisor responsible for 25 centres which they check daily.

14,988 children are attending the Anganwadi's, while among pregnant women, the total eligible number is 13,207, 12,949 have enrolled in the centres, and 12,934 are receiving their entitlements. Of the total eligible 12, 135 lactating mothers, 11,949 women have enrolled and access their entitlements. For Children, we provide snack food, eggs, milk and weaning food, while for pregnant and lactating women, we provide eggs, sambar, rice and dal. We sometimes receive complaints about poor quality and delays in provisioning but these are tackled quickly through supervision".

### Education: Ms. Shankuntala, ASO, Rajiv Vidya Mission/SSA, Hyderabad

"Our role is to provide access to schools for free and compulsory education, and continuous and comprehensive evaluation. Among Private Schools, there are 716 Primary schools, 262 Upper Primary Schools and 776 High Schools. Among Govt Schools, there are 617 Primary, 4 Upper Primary, and 182 High Schools. 430 schools have their own buildings while 167 schools are running in rented premises. Among the Aided Schools, there are 127 Primary schools, 39 Upper Primary Schools, and 128 High Schools. There are 2298 Vidya Volunteers for Primary Schools and 2,565 Vidya Volunteers for High Schools. All government schools provide the midday meals, but for supervision of quality and timeliness of delivery, the responsibility lies with the District Collectorate and the Naandi Foundation which supplies the meals to all the schools in the city. Admission is free into govt schools and we do not ask for any verification proof at the time of admission, but if the children ask for a Transfer Certificate after 6<sup>th</sup> grade, and then we ask for verification proof. We do not charge any fees for exams, reports or uniforms.

Not all schools have the required infrastructure, and only a few schools have municipal water connections. Similarly, only a few schools have garbage bins that are cleaned once or twice in a week. There is no corporal punishment in schools as it has been banned. All parents are participating in the SMC meetings and 3 children in each school also attend them. The RTE is promoted through the SMC meetings as also the Child line".

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## 7. Summary of Field Findings: Assessing Urban Governance from a Child Rights Perspective & Recommendations

- The state government plays a dominant role in urban governance in Hyderabad by controlling fiscal responsibility while passing on political accountability to elected representatives. The city's reforms in municipal management have been State-led and the recourse to participation in many programmes was carried out through parallel structures rather than giving a role to local councillors. Elected representatives also have weak capacities in developing policy initiatives and their roles are restricted to addressing local area issues.
- A multiplicity of institutions is responsible for the delivery of various services and there is limited inter-departmental coordination with a potential for greater coordination due to the convergence of services delivery.
- Departmental functioning is also subject to political patronage over the implementation of schemes, and the lack of tenured and committed staff.
- There is a severe shortage of personnel in almost all departments and insufficient infrastructure for provision of basic services.
- In such a situation, children's needs are acknowledged and addressed through departmental responsibilities only. There is no integrated approach to addressing children's issues in urban governance.
- The JnNURM housing initiatives fall short of their original aims and objectives. Most projects initiated in Hyderabad have been constructed in remote locations without the provision of basic services such as primary schools, anganwadi centres, sewerage connections to the HMWS&SB's sewerage network, public transportation, PHCs/UHPs, community halls, or shopping centres. The quality of construction of the JnNURM housing projects is also very poor and the structures do not seem as if they will survive their estimated life span as the maintenance and repairs of the poorly constructed buildings has been totally neglected.
- The provision of basic services is nominal insofar as it focuses only on housing, water and power supply and public transport in some cases. While the GHMC has separate departments and budgets for libraries, sports, public parks and PHCs/UHPs, these are hardly visible in any of the surveyed localities.

- While communities in the surveyed slums display social cohesion as evidenced through their informal social control over children, youth and adults, they lack awareness from a rights perspective and the capacity for collective efficiency or collective action. None of the residents of the surveyed communities were aware of the Citizens Charter of the GHMC.
- Among the livelihood schemes, training and placement programmes under the Rajiv Yuva Kiranalu has been given priority by the state government as one of the major programmes of the Chief Minister while the other schemes are implemented perfunctorily. The Bangaru Thalli Act of May 2013 introduced a scheme for the girl child in BPL families and been launched with an initial investment of Rs.200 crores. Many SHGs are non-functional in the older slum areas while there are only a few in the newer slums. The self employment scheme is available in only some areas.

### 7.1. Recommendations

- The feedback from the children and communities in the study shows that there is an urgent need for common and integrated public spaces that can strengthen social cohesion and their sense of being a community with a better quality of life than before. Affordable housing initiatives must factor a common community centre/building that can house anganwadi centres, reading rooms/libraries and PHCs/UHPs. Similarly slums where there are no government housing projects also need such common and integrated public spaces.
- Children's feedback from the consultations also shows a crying need for designated open spaces for parks and/or playgrounds which can also strengthen the social cohesion of neighbourhoods. The need for greening the slum neighbourhoods is greater due to the higher pollution levels in these areas as they are located largely in neighbourhoods with manufacturing and production activities besides warehousing.
- Counselling services in the city are minimal with only two centres and need to be increased in light of the high number of cases of domestic violence in poor neighbourhoods. It is the social cohesion of the residents of the neighbourhoods that allows for such conflicts to be temporarily resolved but the resultant impact on the psyche of the children is not acknowledged by the communities while the counselling services in the municipality are aware but do not have the capacity for outreach.
- Infant and child care with immunization and supplementary nutrition for pregnant and lactating mothers is the one basic service that has widespread

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coverage in the city but needs to be inclusive to cover the JnNURM housing projects too.

- Transparency and accountability in governance requires that information from the GHMC's Citizens Charter be displayed prominently in all affordable housing projects in order to make the residents aware of their entitlements and the process to be followed to attain them.
- In the slums where there are no government housing projects, provision of more public toilets and bathrooms is a necessity especially for the girl child and women; however it is essential to develop a community ownership model for such services to be viable in the long term.

A three-fold strategy of identifying all stakeholders and bringing them together in a common forum/platform will aid in establishing a campaign strategy for dissemination of information on children in urban areas and highlight the critical issues to be solved in order to tackle urban inequity. At the same time, Zonal level Advisory Committees can be activated to play a role in building consensus with the GHMC and elected representatives on establishing coordinating mechanisms that will incorporate the voices of children and other stakeholders too. All these are however, contingent on further institutional reforms and devolution of power by the MA&UD to the Urban Local Bodies under the 74<sup>th</sup> Amendment.

#### Identifying the Stakeholders:

- Communities, Health Ministry, Urban Development Ministry, Policy makers, Politicians/Political parties, NGOs/CBOs, Academia, Policy advisors, Women & Child Welfare Ministry, Education, children.

#### Information Dissemination:

- Place information in the public domain to invite critical appreciation.
- Utilize seminars/conferences at various Govt. and academic forums, articles on urban children's issues in peer reviewed journals
- Issues of urban inequity highlighted through theatre, newspapers, magazines and electronic media.

#### Bringing Stakeholders Together:

- In order to build consensus and advocate, Zonal Level Advisory Committees can be activated to play a role in building consensus with the ULBs and Corporations.
- Convene consultations involving diverse govt and non-govt stakeholders and children.

#### Outcomes:

- Different stakeholders recognize need of policy focus on including children's voices in planning for urban poor neighbourhoods and voice it at urban, state and national level forums.

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## **Annexure 1. National Level Institutions, Legislations and Schemes**

### ***Important National Institutions***

1. Ministry of Women & Child Development, Government of India
2. National Commission for Protection of Child Rights
3. Central Adoption Resource Agency
4. National Institute of Public Cooperation and Child Development
5. Child line India Foundation

### ***Important Union laws Guaranteeing Rights and Entitlement to Children***

1. The Guardian and Wards Act, 1890
2. The Reformatory Schools Act, 1897
3. The prohibition of Child Marriage Act, 2006
4. The Apprentices Act, 1961
5. The Children (Pledging of Labour) Act, 1933.
6. The Hindu Minority and Guardianship Act, 1956
7. The Hindu Adoption and Maintenance Act, 1956
8. The Immoral Traffic prevention Act, 1956
9. The Women's and Children's Institutions (Licensing) Act, 1956
10. The Young Person's harmful Publication's Act, 1956
11. The Probation of Offender's Act, 1958
12. Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960
13. The Child Labour (Prohibition and Regulation) Act, 1986
14. The Juvenile Justice (Care and Protection of Children) Act, 2000, repealed the Juvenile Justice Act 1986. The 2000 act also has been amended in 2006 and 2010.
15. The Infant Milk Substitutes, Feeding bottles and Infant Foods (Regulation of Production, Supply Distribution) Act, 1992 and its amendment of 2003
16. The Pre- conception & Pre-natal Diagnostic Technique (Regulation, Prevention and Misuse) Act, 1994 and its amendment of 2002.
17. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995
18. The factories Act 1948
19. The Commissions for Protection of Child Rights Act, 2005

### ***Important Schemes for Well- being of Children***

1. Integrated Child Development Service Scheme
2. Integrated Child Protection Scheme
3. National awards for child Welfare.
4. National Child Awards for Exceptional Achievements.
5. Rajiv Gandhi Manav Seva Awards for Service to Children.
6. Balika Samriddhi Yojna.
7. Nutrition Programme for Adolescent Girls
8. Early Childhood education for 3-6 age group children.
9. Welfare of working children in need of Care and Protection
10. Child line services
11. Rajiv Gandhi National Crèche Scheme for children of working mothers.
12. UJJWALA: A Comprehensive Scheme for Prevention of trafficking and Rescue, Rehabilitation and Re-integration of Victims of Trafficking and Commercial Sexual Exploitation
13. Sarva Shiksha Abhiyan
14. National Rural Health Mission
15. Rajiv Gandhi Scheme for empowerment of Adolescent Girls – SABLA.
16. Dhana Lakshmi – Conditional Cash Transfer for Girl Child with insurance cover



## Annexure 2. List of Slums Surveyed for the Study

List of Slums and Participants in the Consultations for the Hamara Bachpan Study									
NS = Notified slum, NNS = Non-notified slum									
SNo	Name of the zone	Circle	Name of the Area	Name of the slum	No. of Males	No. of Females	Total participant	No. of children	Remark
1	East	1	Cherlapalli	Nehru Nagar	1	8	9	30	NS
2	East	2	Manikeshwari nagar (OU)	Vaddaar basti		20	20	22	NS
3	East	2	Ramanthapur	Church C'Iny	10		10	24	NS
4	East	3	Gaddi Annaram	Pochamma Basthi	4	5	9	25	NS
5	East	3	Saroonagar	Nandanavanam	4	11	15	25	NNS
6	East	3	Hayathnagar	RK Nagar	3	8	11	30	NNS
7	East	3	Mansoorabad	Fathullaguda	2	8	10	35	NS
8	South	4	Bhavani Nagar	Nasheman Nagar			0		NS
9	South	4	Edi Bazar	Ramchandra Nagar		30	30	9	NS
10	South	5	Chintalmet	Mahamood Nagar	6	15+1	6	18	NS
11	South	5	Bahadurpura	Ramnapura	8	9+1	8	14	NS
12	South	5	Falaknuma	Fatima Nagar	8	1	9	8	NS
13	South	5	Jahanuma	Biryani Shah Tekri	10		10	28	NS
14	South	6	Shivarampally	Hassan Nagar	9		9	23	NS
15	South	6	Attapur	Khaja Nagar	4	12	16	20	NS
16	Central	7	Karwan	Kishan Nagar	9	15	24	18	NS
17	Central	7	Karwan	Kashav Swamy Nagar	9		9	30	NS
18	Central	8	Sultan Bazaar	Boogulaadda	6	3+1	6	35	NS
20	Central	9	Domulguda	Bheemamaidain	1	9	10	26	NS
21	Central	9	Bagh Amberpet	Bathkama Kuntha	11	12	23	26	NS
22	Central	10	Jubilee Hills	Deendayal Nagar	2	8	10	12	NS
23	West	11	Serilingampally	Kondapur Weaker Section Colony - I, Izzath Nagar	1	9	10	40	NS
24	West	11	Serilingampally	Papi Reddy Colony	6	8	14	12	NS
25	West	12	Miyapur	Lakshmi Nagar	6	1	7	10	NNS
26	West	12	Hafeezpet	Sai Nagar	3	8	11	10	NS
27	West	13	Patancheruvu	Ambedkar Colony	7	7	14	10	NNS
28	West	13	Patancheruvu	Srinivas Nagar		8	8	30	NS
29	West	14	Kukatpally	Indira Nagar	7	5	12	15	NNS
30	North	15	Qutubullapur	Subash Nagar	4	9	13	8	NS
31	North	15	Chintal	NCL colony	1	12	13	12	NNS
32	North	16	Alwal	Shanthi nagar	5	6	11	10	NNS
19	North	18	Secunderabad	Rasoolpura	10+1		0	30	NS
33	North	18	Addagatta	Mondi Banda	4	7	11	12	NNS
			Total		151	227	378	657	

## Annexure 3: Circle Level Observations

### 1. ZONE: EAST, CIRCLE: 01, NAME OF THE AREA: KAPRA

Under the municipality of Kapra there are 51 slums, with a population of 1, 59,179. According the officials, there are 36 community halls, but no library or reading rooms. There is no collaboration or coordination between the municipality and the Anganwadi (ICDS centres), the details of the migrated children are also not available with the municipality. Under the Kapra office there is a one night shelter situated at the Old municipal office.

The livelihood schemes available for the people under the municipality are Rajiv Yuva Kirnalu, SHG, and Urban Self Employment Schemes. The number of Households accessing the above schemes is 1,526, at present there are 275 youth undergoing training in RYK schemes. The kind of training programs available for the youth are 52 in which they train the youth in Computer's, web designing, Non IT, patterns designs tec. The training depends on the qualification of the candidate. The training centres are available in all the 4 division – Mallapur, Cherlapally, Kapra and Kushaiguda.

### 2. ZONE: EAST, CIRCLE: 02, NAME OF THE AREA: UPPAL

According to the Uppal municipality the numbers of slums are 28 out of which 2 are non-notified. The numbers of households are 12,543, and the population are 1, 68,923. The numbers of community halls available in the circle are 32 which are in good condition. There are 3 libraries and 3 reading rooms under the municipality. The public toilets and bathrooms are 6 and are in the following areas: Opp. to HPS, Ramanthapur, Monday Market Uppal, Uppal X roads, Beside RTC bus stand Uppal, Warangal highway Uppal and near Vegetable market.

The municipality and the ICDS (Anganwadi) will collaborate only when there is a need. The migrated children details are not available with the municipality. There is only one night shelter available at Old MCH office Uppal near Gandhi statue.

At present there are no livelihood schemes running in the Uppal municipality, they are in the process of mobilization for the schemes. The previous data for the trained youth are 737 and the areas where the centres are: Uppal, Chilka Nagar, Adarsh Nagar, Ramanthapur and Habsiguda.

### 3. ZONE: EAST, CIRCLE: 03, NAME OF THE AREA: SAROORNAGAR

According to the Saroornagar municipality there are 75 slums out of which 54 are notified and 21 are non-notified. The population is 5, 83,589 and the population of the slums are 1,14,450. The numbers of community halls available are 41 out

of which 5 are not in good condition. There are no libraries and reading rooms under the municipality. There is no coordination between the municipality and the Anganwadi centres and the municipality has no record of the migrated children.

There is one night shelter available under the municipality. The livelihood scheme available is RYK and it is situated at LB Nagar, Karmanghat, Vanasthalipuram. The numbers of households accessing the scheme are 19,185, there are 16 batches and 456 are enrolled for the RYK program and out of which 347 have completed and 109 are under trainee. There are 35 placements done by the municipality.

### 4. ZONE: WEST, CIRCLE: 11, NAME OF THE AREA: SERILINGAMPALLY

According to the municipality of Serilingampally there are 28 slums out of which 6 are non notified and the number of households are 14,555, the population is 58,220. The number of community halls available are 30. There are 2 libraries which come under the Library department.

There are no reading rooms, no coordination between the municipality and the Anganwadi, no record of migrated children. There is one night shelter at Lingampally which is run by an NGO. The livelihood schemes available under the Serilingampally municipality are RYK, USES. Under the RYK schemes the training available are Computer training, fashion designing, tailoring etc. The areas where the centres are available are Serilingampally old municipal office, Raidurgam community hall and MIG. The health inspector checks the food quality monthly once.

### 5. ZONE: WEST, CIRCLE: 12, NAME OF THE AREA: SERILINGAMPALLY

According to the municipality there are 32 slums out of which 10 are notified and 22 are non notified. The numbers of households under the municipality are 11,718 and the total population is 1, 73,800. The total numbers of community halls available are 30 and there is one library at Huda colony. No reading rooms. There are 2 public toilets and bathrooms available at Shivaji Nagar and Indira Nagar. There is no coordination between the municipality and the Anganwadi, no track record on the migrated children.

There is only one night shelter available at Sai Nagar Hafeezpet. The number of livelihood schemes available are 08 and the number of youth trained under the RYK program is 670 and 1,695 SHG's. The kind of training available for the youth is computer training, fashion designing, tailoring. The centres are situated at Indira Nagar and Chanda Nagar.

### 6. ZONE: WEST, CIRCLE: 13, NAME OF THE AREA: RC PURAM AND PATANCHERU

According to the municipality the total number of slums is 26 in

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RC Puram and in Patancheru there are 20 slums. The number of households in RCPuram is 17,031 and the population is 70,622. The number of households in Patancheru is 11,376 and the population is 46,242. There are 5 parks and play grounds in Patancheru and in RC Puram there are 11. The total number of community halls in Patancheru is 09 and in RC Puram there are 05.

The number of library in RC Puram and Patancheru are 1 in each. No reading room available. Public toilets and bathrooms are available one in each. There is no coordination between the municipality and the Anganwadi and there is no record of migrated children. Night shelter proposal has been given and it is under process.

There are 24 livelihood schemes and 660 youth have been trained. The kind of trainings available is computers, tailoring, teachers training, bed set, sales and services etc. The centres are situated at Ashok Nagar, Patancheru. The health inspector checks the food quality once in a month.

**7. ZONE: WEST, CIRCLE: 14, NAME OF THE AREA: KUKATPALLY**

According to the Kukatpally Municipality the total number of slums is 68 out of which there are 42 are notified slums and non notified slums are 6. The total number of households' is 20,228 and the population is 85,052. The total slum population is 44,182. The number of community halls available is 126.

There are no libraries, reading rooms, public toilets, bathe rooms and there is no coordination between the municipality and the Anganwadi, There is no record of the migrated children's details. There is one night shelter which was recently opened at KPHB, the night meals are provided at the night shelter.

There are 3 livelihood schemes like RYK, USEP and UWSP. The total number of trained youth is 1,170. The training provided are computer training, web designing, tally, data entry, tailoring, spoken English. The centres are situated at Jagathrigutta, KPHB, Allywin colony and old Bowenpally.

**8. ZONE: CENTRAL, CIRCLE: 07, NAME OF THE AREA: KHAIRATHABAD**

According to the municipality the number of slums is 147 out of which 115 are notified and 32 non notified. The total population is 1, 48,850. There is 1 park and playground under the municipality. There are 30 community halls and there is no library or reading rooms. There is 1 public toilet near Masab Tank.

There is no coordination between the Municipality and the Anganwadi, no record of migrated children. Only one Night shelter is available at Tappachabutra, Karwan. The livelihood schemes are RYK, USEP, UWSP and SJSRY. The number of youth trained under the program is 600 and the kind of trainings

available is computers, tailoring and embroidery. The areas in which these centres are situated are Murad Nagar, Asif Nagar, Mehidpatanam, Langer house and New Karwan.

**9. ZONE: CENTRAL, CIRCLE: 08, NAME OF THE AREA: ABIDS**

According to the municipality the number of slums is 36 out of which 29 are notified and 7 are non notified. The number of households is 4,709 and the total population is 24,079. The number of community halls is 30 and there are no libraries, reading rooms.

The number of public toilets and bathrooms are 15, but the people do not utilize the same as it is very unhygienic. There is no collaboration between the municipality and the Anganwadi. There is no record of the migrated children available. There is only one night shelter at Gowliguda, but people of the community do not want the shelter to be there.

The number of livelihood schemes is 3 and they are RYK, USEP and UWSP. There are 500 SHG groups, and the training available is tailoring. The centre is situated at Fathe Sultan lane, Ragavarathnam tower.

**10. ZONE: CENTRAL, CIRCLE: 09, NAME OF THE AREA: ABIDS**

According to the municipality the total number of slums is 183 out of which 143 are notified and 40 are non notified. The total number of households is 33009 and the population is 1, 42,573. There are 3 parks and play grounds. 110 community halls are there under the municipality.

There are no libraries and reading rooms available. There is only one public toilet which is not in use. There is no coordination between the municipality and the Anganwadi. No records of migrated children. There is one night shelter at Golnaka.

The number of livelihood schemes available is 05 and they are RYK, UWEP, SHG, USEP and Bangaru thali. There are 15,000 households accessing the schemes. The kind if training available is computer, tailoring, fashion designing and data entry. The areas of the centres are Narayanguda, Ram Nagar, Barkatpura and Amberpet. The health inspector checks the quality of food.

**11. ZONE: CENTRAL, CIRCLE: 10, NAME OF THE AREA: KHARATHABAD**

According to the municipality the number of slums is 157 out of which 145 are notified and 12 are non notified. The number of households is 43,209 and the population is 2, 15,850. The population of the slum of Deendayal Nagar is 906 and 192 households. There are 80 community halls out of which 13 under construction and 1 is self constructed.

There is one night shelter at Yousufguda near ward office.

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The livelihood program is RYK and the trainings available are computer, tally, web designing etc. The centres' are at Ameerpet. The health inspector checks the quality of food.

**12. ZONE: NORTH, CIRCLE: 15, NAME OF THE AREA: QUTHBULLAPUR**

According to the municipality, the number of slums is 63. The total number of households is 44,312, and the population is 1,96,845. There are 47 community halls. Only one night shelter is available at Nehru Nagar.

Livelihood schemes available are 05 and they are RYK, SLF, VLR, USEP and UWSP. The number of households accessing for Deepam scheme is 1401, Bangaru Thali 71 and RYK 282. The kind of trainings available is computers, data entry, customer relations, sales, accounts. The areas in which the centres' are available are Roda Mistry Nagar, Gajularamaram, Shapoor, Adrash nagar, Subash Nagar, Suraram and Ranga Reddy Nagar.

**13. ZONE: NORTH, CIRCLE: 16, NAME OF THE AREA: ALWAL**

According to the municipality the number of slums is 50 out of which 1 is non notified. The total households are 30,000 and the population is 1,41,120. Slum household is 7,670 and the population is 38,077. The number of community halls is 25, 3 libraries and they are situated at Yaprul, Bollaram and Kowkur.

The livelihood schemes are 35 in total, the number of household accessing the programs are SHG's 1,202, RYK 58 and PPTC 37. The different trainings are computers, PPTC. The centre is located at Kowkur.

**14. ZONE: NORTH, CIRCLE: 18, NAME OF THE AREA: SECUNDERABAD**

According to the municipality the number of slums is 134 out of which 19 are non notified. The number of household is 31,028, the population is 1,56,571. There are 15 parks and playgrounds. The number of community halls is 62. There are 7 public toilets and bath rooms. There are 2 night shelters at Bible house for Men's and one for female at Namalgundu.

Livelihood schemes are 10 in total, and they are USEP, UWEP, RYK, SHG, SLF, TLF, Bangaru Thali etc. Number of households accessing the programs is SHG – 1,928, RYK- 720, and 800 are under training. The programs are computers, tailoring, stitching, fashion designing. The centres' are located in Addagutta, Warisiguda, Sithaphalmandi and Regimental Bazaar. The health inspector checks the quality of food twice in month.

**15. ZONE: SOUTH, CIRCLE: 04, NAME OF THE AREA: CHARMINAR**

According to the municipality the number of slums is 211, households is 58,670 and the population is 2,87,000 approx.

There are 45 community halls approx. There is 1 night shelter which is not under maintenance.

Livelihood schemes are RYK and run in batches 40 per batch and each batch consist of 40 members. The training programs taken place are computers and Tailoring. The areas in which the centres' are Kalidhar Nagar near Owasi Hospital, Hafeez Baba Nagar, and Kandikal Gate.

**16. ZONE: SOUTH, CIRCLE: 05, NAME OF THE AREA: CHARMINAR**

According to the municipality the number of slums is 94, the population is 1,17,165. The population of Fatima Nagar is 1,445, BST 3,250, Ramnaspura 3,500 and Mahmood Nagar 1,950. There are 39 community halls.

Livelihood schemes are SHG, RYK and SLF. Training completed under RYK is 183, under process 67 and registration 170. SHG people are accessing 1535 and SLF 84. The training programs taken place are computers, Tailoring, Data entry, Home care, Supply chain management, Media and Journalism. The area in which the centre is located Shah Ali Banda.

**17. ZONE: SOUTH, CIRCLE: 06, NAME OF THE AREA: RAJENDRANAGAR**

The total number slums in the circle are 45 out of which 7 are non-notified. The population of the slum is 64,532 approx and households 16,133. The total numbers of community halls are 7 out of which 2 are under construction. The municipality consists of 1 night shelter at Shivarampally weaker section colony run an NGO for men. Livelihood scheme is RYK at Hassan Nagar. At present 4 batches are running at the centre. Total number of people accessing are 1,200.





## Annexure 4: Slum Level Observations

### 1. West Zone, Circle: 13, Ambedkar Nagar – Rama Chandra Puram



#### Ward Committee:

The community is not aware of ward committees and area sabhas. The committee members do not visit the community let alone solve their issues. The community has no role in local area development and in ensuring children's rights. But the community has groups called "Budaga Jangam" in their area. The school comes under the GHMC but the area is under Medak district.



#### Community:

The community has nearly 30 huts; all are illegal, staying nearby the railway track. They have been staying in this place from the past 25-30 years. There is no proper teaching in the school and even a 5<sup>th</sup> class child is not able to recite even the alphabets properly. Some families have enrolled their children in private schools. The community does not check on school issues like corporal punishment, sanitation, teacher's attendance, infrastructure etc, but the maintenance of the high school is good. The community is aware of the SMC but the school management does not inform them about the SMC meetings. The community has identified about 20-25 child labourers and the main reason for working is poverty. Parents have been counselled in the group meetings conducted by officials but to no avail. The community is not aware of the local authority under RTE Act.

- There is no access to Anganwadi centre.
- The community does not have access to public parks, play ground, reading room, public toilets, bathrooms etc. the community has access to community hall.

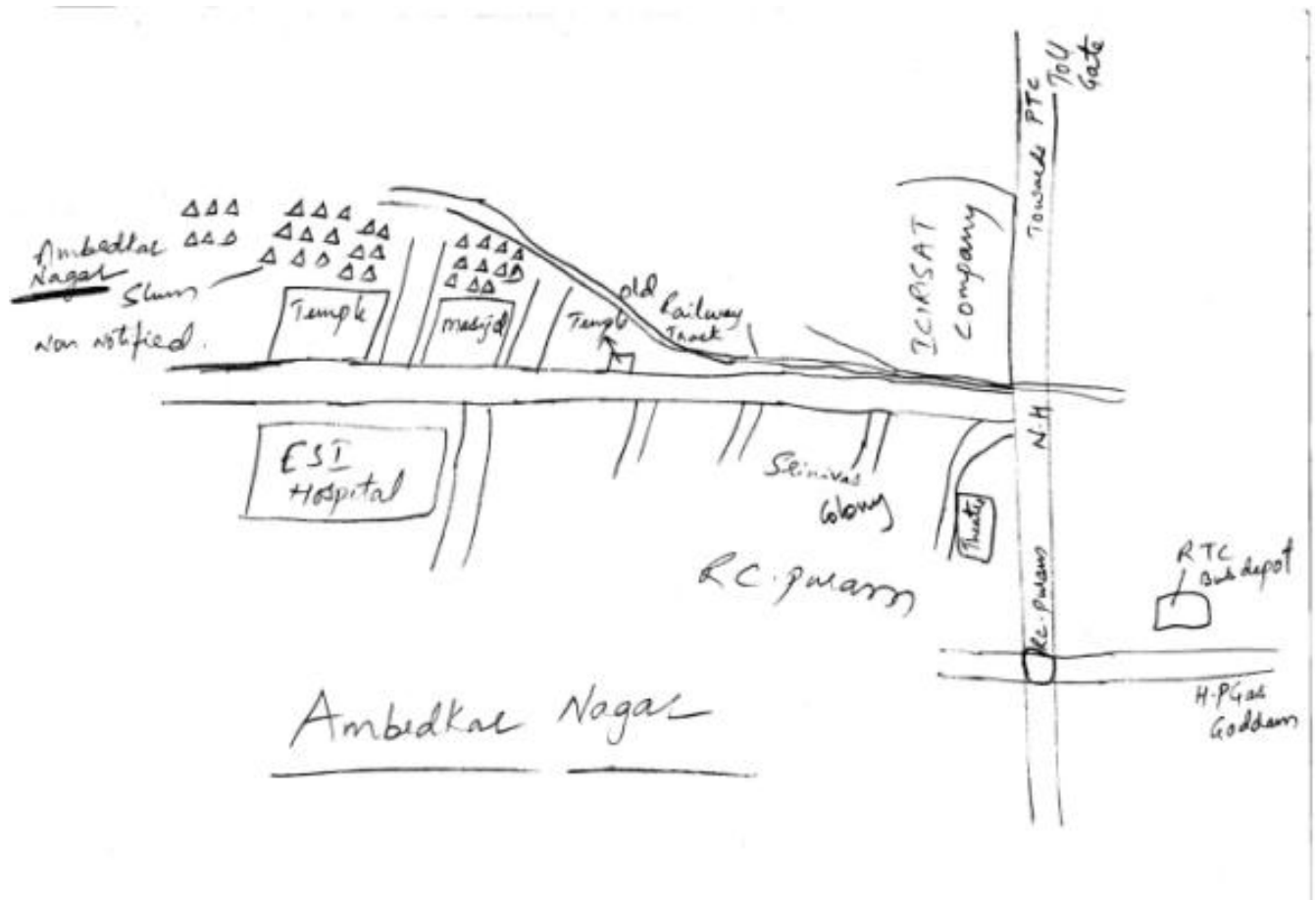
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- There is no identification of street children, homeless and destitute.
  - The community has no issues of domestic violence, child abuse, trafficking, early marriages and delinquent issues.
  - They have no access to PHC, they go to private clinic.
  - The approach of internal roads is good and everyone has identification cards like ration cards.
  - The community rates public transport linkage as poor.
  - They live nearby railway track and now due to repair of track works they are forced to move away from that place, they don't have permanent houses. The overall grading of the community environment is below poor.

**Children:**

The children in the community don't like their area because of the unhygienic conditions and terrible smell. The community does not have Regular Street cleaning and the garbage is not cleaned regularly. The neighbourhood has street lights and paved roads, but the community does not have drainage system and public toilets. The neighbourhood has trees but there is a need to plant more number of trees. The community has access to parks called Sunday parks nearby. The community has no access to play ground, community hall and library. There are few children here who do not go to school. All these children are engaged as rack pickers. One child goes to work because her parents are not working due to ill health. The children are not aware of the Child Helpline number- 1098. The children are not aware of Anganwadis as they did not attend one before, and they have not had any medical checkups. There is 1 GPS and 1 private primary school and high school; the children here walk to their schools as they are nearby. They get midday meals in the government schools. The facilities available at the school are class-wise classrooms, class-wise teachers, toilets etc. But they don't have drinking water and benches for all classes. The teachers sometimes beat the children in the school. They are not aware of the SMC and they are none of them are members of the SMC. When they are sick/ill they access the ESI hospital which is located opposite to their area nearby and the frequent illnesses that affect them are fever, stomach pain, head ache, cold, cough etc. There some cases of child abuse in the community. The overall ranking of the children for basic urban services is poor.







2. Central Zone, Circle: 9, Bathukamakunta

Ward Committee:

The community is aware of the ward committee and area sabha which has been formed but meeting were not conducted regularly. The role of the ward sabha members in ensuring children rights is nil.



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## Community:

The role of the community members in the local area development is about their permanent houses which are located at nearby railway track and education of the children. The community has a check on the following issues in the school like corporal punishment, sanitation, teacher's attendance, infrastructure etc, the frequency of monitoring is whenever they visit or if any issues arise they will report to HM/headmistress. The community is aware of the SMC and is members in the SMC. The community identify child labour and around 20-25 children are going as rack pickers. The reasons for child labour are due to poverty and they belong to "chenchu community" and no action has been taken. They have little awareness about the RTE act. The community has Anganwadi centres' working effectively and community members ensure that all infants and children up to 6 years are immunized monthly once. The community hall is under construction from past 1 year. The community has no access to public parks, play ground, reading room, no public toilets, bathrooms etc. Identification of street children by the local leaders and they are joined in the hostels. There are some homeless/ destitute people identified but there are no night shelters and no one takes cares about them. Domestic violence prevails in the community daily. The community has some delinquent issues. No access to PHC, they go to private clinic, but UHP is on the way to koti at a distance of 2kms. They have patta houses in Bombay scheme. The water supply to their community is good. The overall grading of the community is poor.



## Children:

The children like their community because of the facilities like drinking water, electricity and play ground. The community lacks Regular Street cleaning but the garbage is cleaned weekly once. The neighbourhood has paved roads but few are not proper, street lights and drainage system. The neighbourhood does not have trees and they need to plant more number of trees. The community has no access to parks, play ground,



community hall and library. Only few children in the group go to school regularly. Most of the children in the community go for work as rack pickers due to poverty and lack of interest. In the school one girl got married at a young age. The children are aware of the child helpline number- 1098. The community has Anganwadi centre and when children were young they have been to the centre in order to accustom to school and get food. They would get injection and health services from the centre. The community has 1 primary government school and model school, they go by walk. They don't get midday meals in that school. The facilities available at the school are 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> have benches, class wise class rooms, class wise teachers etc. The teachers punish the children by beating the children in the school. They are aware of the SMC but they don't know that they can be a member of the SMC. When they are sick/ill they access to private clinics and the frequent illness that effect them are stomach pain, fever, head ache etc. Domestic violence prevails in the community and creates a lot of disturbance to the people. They have lot of problem with stray dogs in the community. The overall ranking of the children is Average.





### 3. Central Zone, Circle: 9, Bheema Maidan

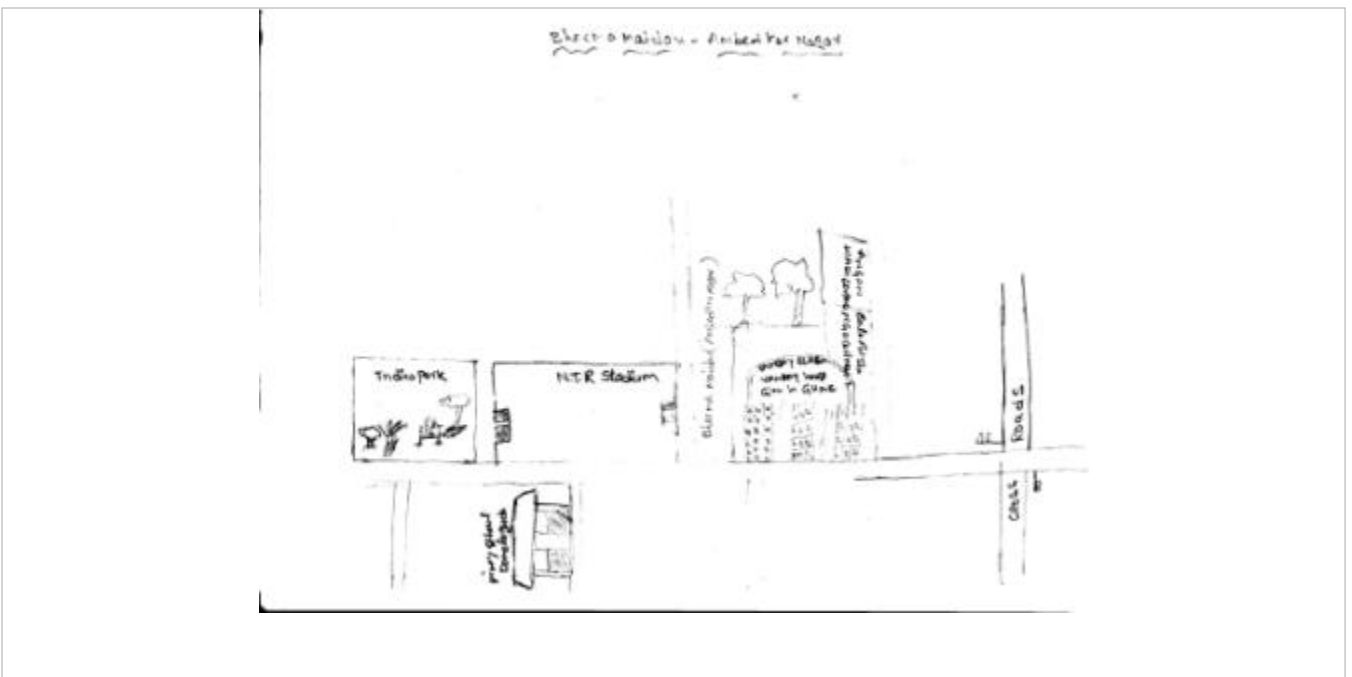
#### Ward Committee:

The community is aware of the ward committee and area sabhas and the Ward Committee has been formed. However, the community says it has no role in the local area development and ensuring of children's rights.



#### Community:

The community checks on the following issues in the school - corporal punishment, sanitation, teacher's attendance, and infrastructure. The frequency of monitoring is monthly. The community is not aware of the SMC and no one is a member in the SMC. As per the community there is no child labour in the area. The community is aware of the local authority under RTE Act. The community has access to Anganwadi centre and immunization is done monthly once there. There is no access to public parks, play grounds, reading rooms, public toilets, bathrooms, community halls, libraries, reading rooms etc. The community has no street children but they do identify homeless / destitute people. However there are no night shelters and nobody takes care of them. The community has no issues of child abuse, early marriage and delinquency but domestic violence does occur. The community has access to a PHC nearby 1km. Public transport linkage is good but the overall grading of basic services by the community is poor.



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### Children:

The children like the community because they have the Indira Park nearby. The area has Regular Street cleaning and garbage is cleaned once in a week. The neighbourhood has drainage system, paved roads but they are not well maintained and there are no street lights. The neighbourhood has trees but the children feel the need to plant more number of trees. The community has no access to parks, playgrounds and libraries or a community hall. There are very few children who not going to school. The ones who do not attend school are working in the hotels, car cleaning, mechanic works etc and the children attribute their working to family problems. The children are aware of the Child Helpline number- 1098. The children are aware of the Anganwadi and they have been at the centre when they were young and learnt poems, learnt by playing methods, alphabets and numbers. The community has 1 government primary school and 8 private schools. They get midday meals in the government schools. They don't have class-wise teachers, benches, toilets, drinking water, class-wise class rooms and play ground to play. They are aware of the SMC but they don't know that they can be a member of the SMC. When they are sick/ ill they access to private clinics and the frequent illnesses that effect them are stomach pain, fever, jaundices, head ache etc. They have problem with stray dogs. The overall ranking of basic services by the children is poor.

#### 4. Central Zone, Circle: 8, Boggula Kunta

### Ward Committee:

The community is aware of Ward Committees and Area Sabhas. There are 2 committees that have been formed but they have no role regarding children's rights. The role of the community for the development of the local area depends on the issues as they arise.

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The community does not check on any school issues like sanitation, teachers' attendance, corporal punishment and infrastructure. The community is aware of the SMC but none of them are members of the SMC. There is no identification of child labour, and no awareness of the role of the local authority under the RTE Act. The community members ensure that all infants and children up to 6 years are immunized. They have no access to public spaces like parks, play grounds, reading rooms, library, public toilets, bathrooms and night shelters. There are 2 community halls. There is no identification of street children, homeless and destitute. Domestic violence prevails in the community but the matter is solved internally without approaching the police. There is no PHC but they go to the government hospital at King Koti. The overall ranking of basic services by the community is good.



### Children:

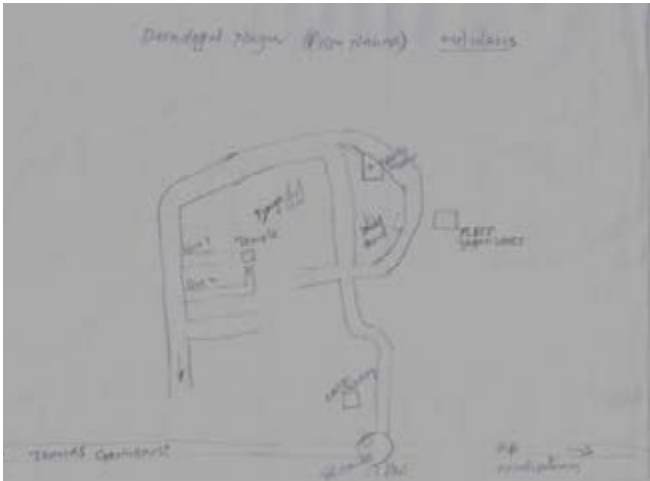
Children claimed that the streets and garbage are cleaned on alternate days. The community has street lights but no proper roads and drainage system. They feel that more trees are required. There are no parks and libraries. The community has a play ground and community hall. All the children are regular to school. There are a few children who do not go to school and work in shops, hotels, and as street vendors etc, which the children claim is because of the family's poverty. There are few cases of early marriages as the parents of the girls feel that they are a burden to them or because the match is good. The children are aware of the Child Helpline number- 1098. The children are aware of the Anganwadi centre and they have been to the centre where they learnt alphabets, numbers, rhymes etc. They also received injections and regular medical checkups at the centre. The community has 1 government and 2 private schools which are very close by. The midday meal is provided at the government school but sometimes the quality of the food is not good, claim the children. The facilities available in the school are benches, toilets, electricity, class-wise class rooms, class-wise teachers etc. Corporal punishment is still prevalent in the schools. The children are aware of the SMC in the school but they do not know that they can be a member of the SMC. The community go to private clinics when they fall ill and the frequent illness they are affected by, are headaches, colds, stomach pain, vomiting, fevers etc. The overall ranking of basic services by the children is poor.



5. Central Zone, Circle: 10, Deendayal Nagar

**Ward Committee:**

The community is aware of the ward committee/ area sabha and it has been formed. If any issues arise they inform the Corporator. The ward sabha members have no role in ensuring children rights.



**Community:**

The community has no role in the local area development. The community does not check on issues in the school like sanitation, teacher's attendance, infrastructure and corporal punishment. The community is aware of the SMC but they are not the member of the SMC. No identification of child labour. The community is not aware of the role of RTE Act. All the infants and children up to 6 years are immunized and Anganwadi centre is working properly. The community has no access for public spaces for leisure and sports activities such as parks and play grounds. The community does not have access to library, reading room, community hall, public toilets and bath rooms. No identification of street children, homeless/destitute. There is no access to PHC/UHP centre, for any health issues they go to private clinic. The overall ranking of the community is average.



**Children:**

The children of the community like the area in which they live because they live together peacefully. The streets and garbage are regularly cleaned by the municipality. The community has paved roads, street lights and good drainage system. The community has no greenery and thus the children feel that trees needs to be planted. The children of the community go regularly to school. There are few children who beg after school hours because of poverty. The children are aware child help line- 1098. The community is aware of the Anganwadi centre and have access, when the children were young they have been to the centre and learnt alphabets, numbers etc. They have got injections and regular medical checkups. The neighbourhood has a primary school which is very nearby and the children go by walk. There is one model school and 8 private schools. The get their midday meals and the facilities available in the school are benches, fans, computers, library, class wise class room, teachers etc. The children aware of the SMC but they are not aware that they can be a member of the SMC. When they fall ill they go to private clinic and the kind illness that effect them are cold, fever, cough, stomach pain etc.

6. East zone, Circle: 03, Fathulla Guda

**Committee:**

The Community is not aware of ward committee or area Sabha. Whenever common issues arise, they are addressed locally.

**Community:**

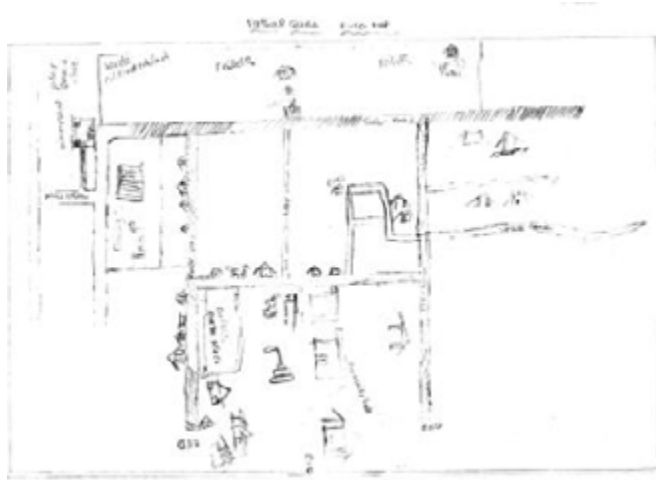
The community has no role in the local area development. The community member visit the school where their children study and check the issues like sanitation, teacher attendance and infrastructure of the school, this done once in a month, the community members not aware of SMC. The community identified nearly 10 to 15 child labours in the local area because of parent's negligence and illiterates; they didn't take any action

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for the child labour in the locality. The community members are not aware of local authority under the RTE Act and also community not ensures that all infants and children up to six years are immunized. There is no Anganwadi and they don't have access to public space for leisure and sports activities such as parks and ply grounds in the local area.

The community has access to community hall and they don't have library, reading room, public toilets and bathrooms, there is no street children, homeless or destitute in the local area. There is no domestic violence, child marriages, child abuse and trafficking. If the community falls ill they don't have access to go government hospital PHCs, UHPs, there are no self employment schemes, SHGs youth training and employment programs and public transportation.



### Children:

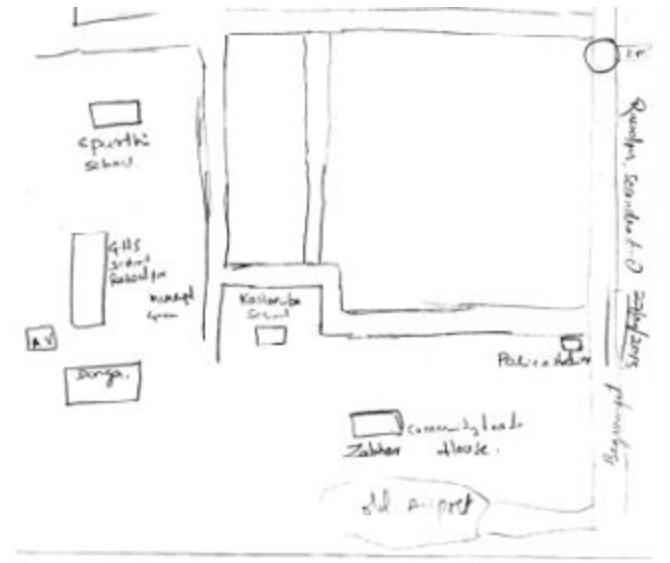
The community does not have Regular Street cleaning by the municipality. The garbage is also not cleaned. The community does not have proper street lights, paved roads, drainages system. The children do not have access to parks, play ground and library. The children in the group are regular to the school and they do not go for work. The children are not aware of child help line number-1098. The community children have government primary school and they go by walk. There are 3 private high schools. The children get their midday meals regularly. The facilities available in the school are benches, toilets, class wise rooms etc. the primary school in which they are studying have class room for each class but only 2 teachers to handle all the classes. The teachers in the school sometimes shout on children. The children are aware of the SMC but they are not the members of the SMC. Children are affected by stomach pain, cold, fever, tooth pain etc. The environment of the community is not so good according to the ranking given by the children. Overall the community ranking stands poor in Anaganwadi centre, PHC, parks, play grounds, library, reading room, street lights, drainage, street cleaning, garbage pickup,

police patrolling and transportation. They are facing problem with stray dogs.

### 7. East Zone, Cantonment Board-2, Circle: 8, Gun Bazaar- Rasoolpura

#### Ward Committee:

The community is not aware of the ward committee and area sabha but it is under Cantonment Board. They have group named "Basthi vikas" which has 10-15 members in the group. They have meeting monthly once. They discuss on the problems like water and neatness of the environment. There is a NGO working in that area called "CRF" and they take care of the local area development. No one take care about the children rights.



### Community:

The community has a check on the following issues in the school like corporal punishment, sanitation, teacher's attendance and infrastructure. The frequency of monitoring is monthly once and if any arise they will report to principle but not rectified. They even went to cantonment board, DEO and collector but no action taken. The community is aware of the SMC but they are not a member in the SMC. About 60% of the children are child labours. They work in the bakery and milk shop. The community with help of NGO started night school and nearly about 150 children are coming to that school and still more child labour are there, but it closed now. The community is not aware of the role of local authority under RTE Act. The community has Anganwadi centres' working effectively and need more as the community is big. The community has no access to public parks, playground, community halls, library/reading room, public toilets, bathrooms etc. there is no Identification of street children, homeless and destitute. The community prevailed issues of domestic violence, trafficking, child abuse and delinquent issues. The community has access to PHC and UHP. The overall grading of the community is Average.

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**Children:**

The children like the community because they have hockey stadium, science lab in the school (Mahita). The community has Regular Street cleaning and garbage is cleaned daily. The neighbourhood has paved roads, street lights and drainage system. The community needs more street lights. The neighbourhood has trees but need to plant more number of trees. The community has no access to parks, playground, community hall and library. All children in the group go to school regularly. But few children in the community do not go to school due to lack of interest. There are few children who go to work and they engaged at panipuri stalls and supplying milk. In the community there some cases of early marriages (Radhika -7<sup>th</sup>, Ambika -7<sup>th</sup>, Nagamani-8<sup>th</sup>). The children are not aware of the child helpline number- 1098(only one girl knows). The community has Anganwadi centre and when children were young they have been to the centre in order to accustom to school and get food. They would get injection and health services from the centre monthly once. There are 1 primary government schools, 1 government high schools and private schools and children's go by walk. They get midday meals in the government schools but they don't eat because of unhygienic. The facilities available at the school are class wise class rooms, class wise teachers, benches etc. The teachers beat and shout at the children in the school. They are aware of the SMC and they know that they can be a member of the SMC. When they are sick/ill they access to private clinics and the frequent illness that affect them are stomach pain, fever, head ache, cough, vomit, body pains etc. The overall ranking of the children is below average.

**8. South Zone, Circle: 05, Biryani Shah Tekri**

**Ward committee:**

Biryani shahi tekri community are aware of ward committee/ area Sabha but there was not formed. If any problem arises the

community will go to basthi leader, his solves the problem and he did street lights, CC roads, water and drainage.

**Community members:**

Community members are not checking issues in the school where their children are studying like sanitation, corporal punishment, teacher attendance and infrastructure. The community members are aware of SMC, but they are not member in the SMC, they find child labours in the local area, due to financial problem, head master enrolled 40 children this academic year (2013). The community ensure that all infants and children up to 6 year are immunised and they has Anganwadi centre.

The community don't have access to parks, community hall, library, reading room, public toilets/bathrooms and public spaces for leisure and sports activities. In the community has street children, homeless/ destitute but the community did not taken any action for them and no child marriages found. If the community falls ill they are going to private hospital due to government hospital far away. The community don't have proper solid waste management, roads, ration cards, title deeds for properties and self employment schemes, SHGs, youth training and employment programmes.

**Children:**

In this area GHMC cleaning in the basthi lines once in a month, they don't have street lights and roads. There is good greenery in the area children wants more trees. Children don't have access to parks, play grounds and library but they access to community hall. Children are regularly going to the school; few children are working lack of interest, child marriages happening due to good match. Some of children are working in flower shop, cloth shops, hotels and Zari works due to poverty. Children are not aware of child help line (1098), all the children went to Anganwadi when they are young, they learn ABCD, 123, games method, poems, receiving etc and they got injection for healthy.

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In the Biryani Shahi Tekri there is one government primary school, they don't have high school and they are going by walk and they are getting midday meals in the school. They have benches, drinking water and toilets. They don't have access class wise rooms and teachers. Children aware of SMC but they are not a member in the SMC. If the children fall ill they are going to private hospital due to government hospital far away. Domestic violence prevails in the community and child abuse is solved internally. They don't have access to PHCs, parks/play grounds/reading room/library/community hall/drainage etc.

sports activities but they have play ground. The community has no identification of street children and homeless/ destitute. Domestic violence, delinquency issue such as eve teasing, anti social elements is prevailing in the community and no identification of early marriages. The community have access to UHPs/sub centre. If the community falls ill they are going to UHPs/Sub centre. The community does not have Sewerage, drainage, solid waste management and youth training and employment programs.

9. South zone (Rajendra Nagar), Circle:06, Hasan Nagar

Ward committee:

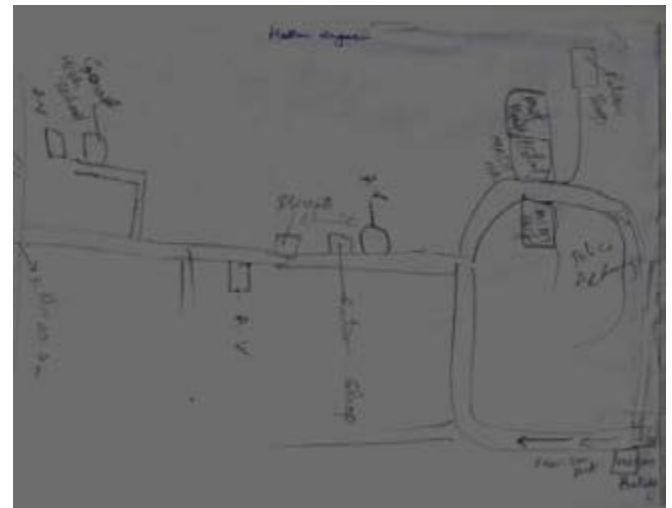
Hasan Nagar people aware of ward committee/area Sabha and formed with 19 members among them 10 are males and 9 female members, meeting conducting twice in a month. If any problem arises the committee will solve.

Community members:

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Community members are going to check issues in the school where their children are studying like sanitation, corporal punishment, teacher attendance and infrastructure; The community members are aware of SMC and RTE Act and they are member in the SMC, if they find any issues in the school they will give complaint to higher officials. The community identified child labour in the local area due to lack of interest. For the child labour committee members give support to the parents to send their children to school. Community ensure that all infants and children up to 6 year are immunised and they has Anganwadi centre.

The community getting benefits like immunisation, care & nutrition for pregnant & lactating women once in a month at first Wednesday and ANMs also visiting. The community don't have access to parks, community hall, library, reading room, public toilets/bathrooms and public spaces for leisure and



Children:

In the Hasan Nagar there is no cleaning in the basthi lines regularly, they have street lights, all the roads are paved. The



area is green but children want more trees. Children do not have access to parks, play grounds, library and community hall. Children are regularly going to the school; children are working because of family problems and poverty and few of the children are rag pickers due to family's financial problem.

Children are aware of child help line (1098), all the children went to Anganwadi when they are young, they learn ABCD, games method, poems, receiving etc and they got injection for healthy, there is one government high school and nearly ten private schools, children are going by walk and they are getting midday meals in the school. In the high schools they have only benches and water. In case of primary school there are no facilities like high school and they don't have drinking water & toilets. They have class rooms and teachers. Teachers are not punishing but they are shouting. Children are aware of SMC but no one member in that. If the children fall ill they are going to private hospital due to government hospital far away. In case of violence against, child abuse is happening sometimes. They do not have access to parks/play grounds/reading rooms etc.

**10. South Zone, Circle: 05, Mahmood Nagar-A:**

**Ward committee:**

People of Mahmood Nagar-A not aware of ward committee/area Sabha there was not formed. If any problem arises the community will go to basthi leader, his solves the problem.

**Community members:**

Community members do check issues in the school where their

children are studying like sanitation, corporal punishment, teacher attendance and infrastructure; they find no proper sanitation, no drinking water, no toilets, no subject wise teachers and benches. But they do not take any action for the problem. The community members are aware of SMC and RTE Act but they are not member in the SMC, they do not find any child labour in the local area. The community ensure that all infants and children up to 6 year are immunised and they have Anganwadi centre.

The community gets benefits like immunisation; care & nutrition for pregnant & lactating women once in a month on the first Wednesday and ANMs are also visiting at that time. The community don't have access to parks, community hall, library, reading room, public toilets/bathrooms and public spaces for leisure and sports activities. There are no street children and homeless/ destitute and no child marriages. If the people fall ill they go to private hospitals due to the government hospital being far away. The community does not have proper solid waste management, roads, self employment schemes, SHGs, youth training and employment programmes.

**Children:**

In the Mahmood Nagar-A colony, GHMC does cleaning in the basthi lanes regularly, with roads getting cleaned on alternate days and garbage cleaning weekly twice. They have street lights, and all the roads are paved. There is good greenery in the area but the children want more trees. Children don't have access to parks, play grounds and library but they have access to community hall. Children are regularly going to the school; few children are working in mechanic sheds due to poverty and



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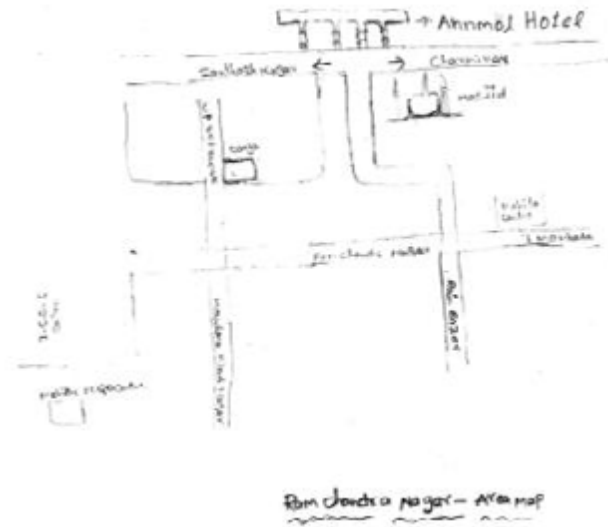
few of the children are working after school hours in houses (housekeeping) due to financial problem.

Children are not aware of child help line (1098), all the children went to Anganwadi when they are young, they learn literacy and numeracy through games, poems, etc, and they got immunisation for staying healthy. In Mahmood Nagar-A, there is one government primary school, but they don't have high school and the children are going by walk and they are getting midday meals in the school. They have benches, drinking water, class wise rooms but no class wise teachers. Children are aware of SMC but no one is a member in that. If the children fall ill they are going to private hospitals due to the government hospital being far away. In the case of violence, child abuse is happening sometimes. They don't have access to PHCs, parks/play grounds/reading room/library/community hall/drainage etc.

### 11. South zone, Circle:04, Ramachandra Nagar

#### Ward committee:

People of Ramachandra Nagar are aware of ward committee/area sabha but they are not formed. If any problem arises the community will go to the basthi leader, and he solves the problem.



#### Community members:

Community members check on issues in the school where their children are studying like sanitation, corporal punishment, teacher attendance and infrastructure; they find no proper sanitation, no drinking water, no toilets, no subject wise teachers and benches. But they do not take any action for the problem. The community members are aware of SMC and RTE Act but they are not members in the SMC, and no identification of child labour in the local area. Ramachandra Puram community ensures that all infants and children up to 6 year are immunised and they have an Anganwadi centre.

The community is getting benefits like immunisation, care & nutrition for pregnant & lactating women once in a month at first Wednesday and ANMs also visiting. The community don't have access to parks, community hall, library, reading room, public toilets/bathrooms and public spaces for leisure and sports activities but they have play ground. In the community there are no street children and homeless/ destitute. Domestic violence is frequently happening along with delinquency issue such as eve teasing, anti social elements but there is no security for them and there are no child marriages.

If they fall ill they are going to private hospitals due to the government hospital being far away. The community don't have proper roads, self employment schemes, SHGs, youth training and employment programmes and public transport linkages.

#### Children:

In the Ramchandra Nagar there is no regular cleaning in the basthi lanes but the main roads are cleaned on alternate days and garbage cleaning is weekly twice. They have street lights,



all the roads are paved but when the GHMC workers come for cleaning they are asking for money. There is no greenery in the area and the children want more trees. Children don't have access to parks, play grounds and library but they have access

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to community hall. Children are regularly going to the school; nearly 10 children are not going to school because of family problems and poverty and few of the children work in cloth shops, bangle works and mechanic works. Financial problems at home are the main reason for the children working.

Children are aware of child help line (1098), and all the children went to Anganwadi when they are young, they learn alphabet and numeric through games, and poems, etc and they got immunisation for staying healthy. There are two government primary and two high schools, they are going by walk and they are getting midday meals up to 1<sup>st</sup> to 5<sup>th</sup> class only, remaining 6<sup>th</sup> to 10<sup>th</sup> class children are not getting midday meals in the school. In the schools they have only benches and they don't have drinking water & toilets. Mainly the children suffering with less class rooms and class wise teachers, in fact there are no teachers for Telugu, Mathematics and Social Science. Teachers punish children by beating them on the hands and shout at them. Children are aware of the SMC but no one is a member in that. If the children fall ill they go to private hospitals due to the government hospital being far away. In case of domestic violence, child abuse happens sometimes they said. They don't have access to parks/play grounds/reading rooms etc.

**12. South Zone, Circle: 05, Ramnaspura**

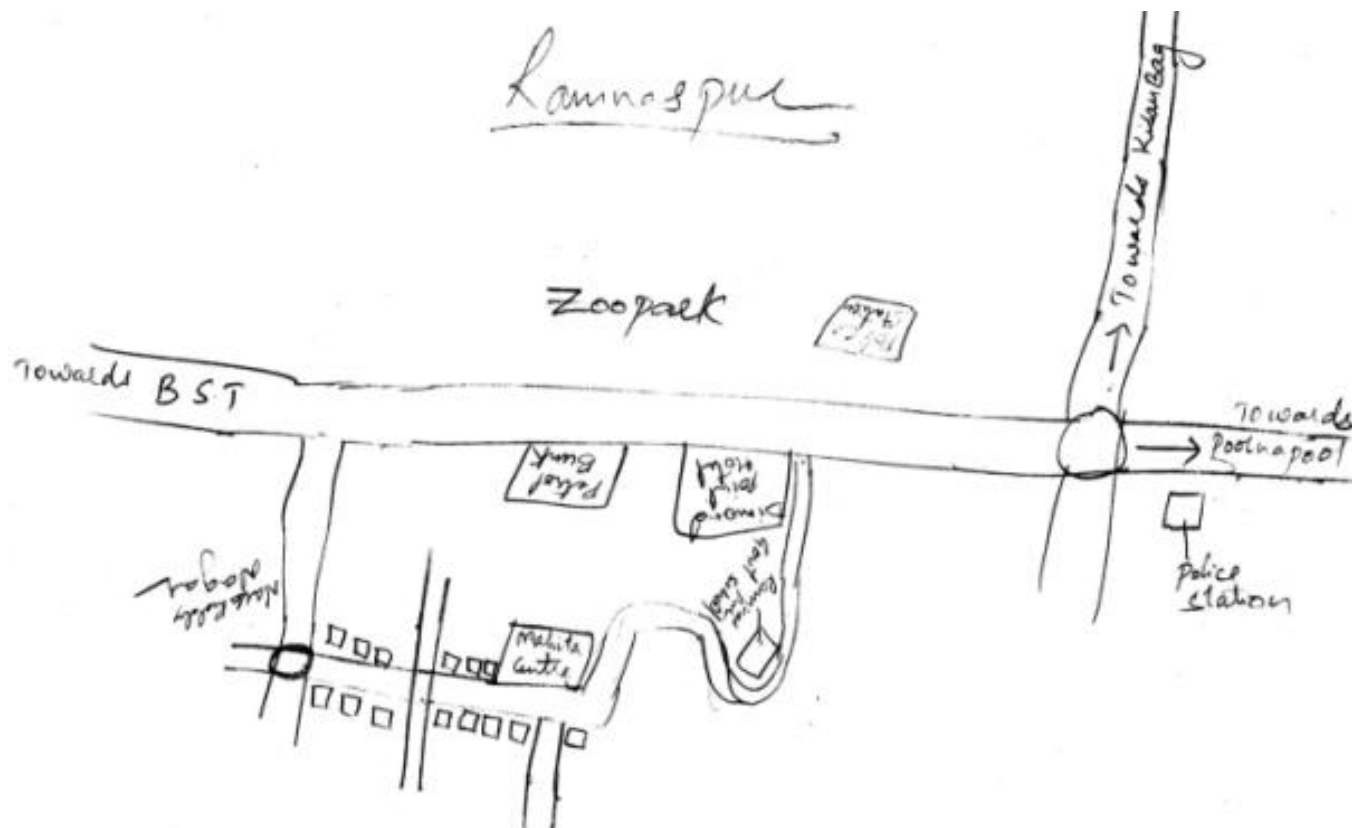
**Ward committee:**

People of Ramnaspura are aware of ward committee/area Sabha, and they have been formed with 20-22 members. Meetings are

conducted twice in a month they are not aware of children's rights and the committee members solve the drainage problem, roads etc.

**Community members:**

Community members are going to check issues in the school where their children are studying like sanitation, corporal punishment, teacher attendance and infrastructure; The community members are aware of SMC and RTE Act, in the SMC 40-50 members are members in the Ramnaspura and it conducts monthly once, they dint find any child labour in the local area but few of migrants working in the hotels due to poverty. Community members ensure that all infants and children up to 6 years are immunised. The community getting benefits monthly once like immunisation, care & nutrition for pregnant & lactating women once in a month at first Wednesday and ANMs also visiting. The community don't have access to parks, library, reading room, public toilets/bathrooms and public spaces for leisure and sports activities but they have community hall and play ground. In the community there is no identification of street children and homeless/ destitute. Domestic violence, delinquency issue such as eve teasing, anti social elements is still prevailing in the community and no child marriages. If the community falls ill they are going to private hospital due to government hospital far away. The community do not have self employment schemes and drainage system properly.



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**Children:**

In the Ramanspura cleaning roads are done regularly they have street lights, all the roads are paved and there is a good greenery in the area but children wants more trees to be planted. Children do not have access to parks, play grounds and library but they access to community hall. Few Children are regularly not going to school but they are going to Mahita centre. Few of children are going to work due to financial and family problems. Children are not aware of child help line (1098), all the children went to Anganwadi when they are young, they learn ABCD, games method, poems, receiving etc and they got injection for healthy. In the Ramanaspura there is one government primary school, private school and they are going by walk and they are getting midday meals up to 1<sup>st</sup> to 5<sup>th</sup> class only. In the schools they have benches, drinking water and toilets. Mainly the children suffering with class rooms and class wise teachers. Children aware of SMC. If the children fall ill they are going to private hospital due to government hospital far away. In case of domestic violence, child abuse happening sometimes. They don't have access to parks/play grounds/reading rooms etc.

**13. South zone, Circle: 05, Fathima Nagar**

**Ward committee:**

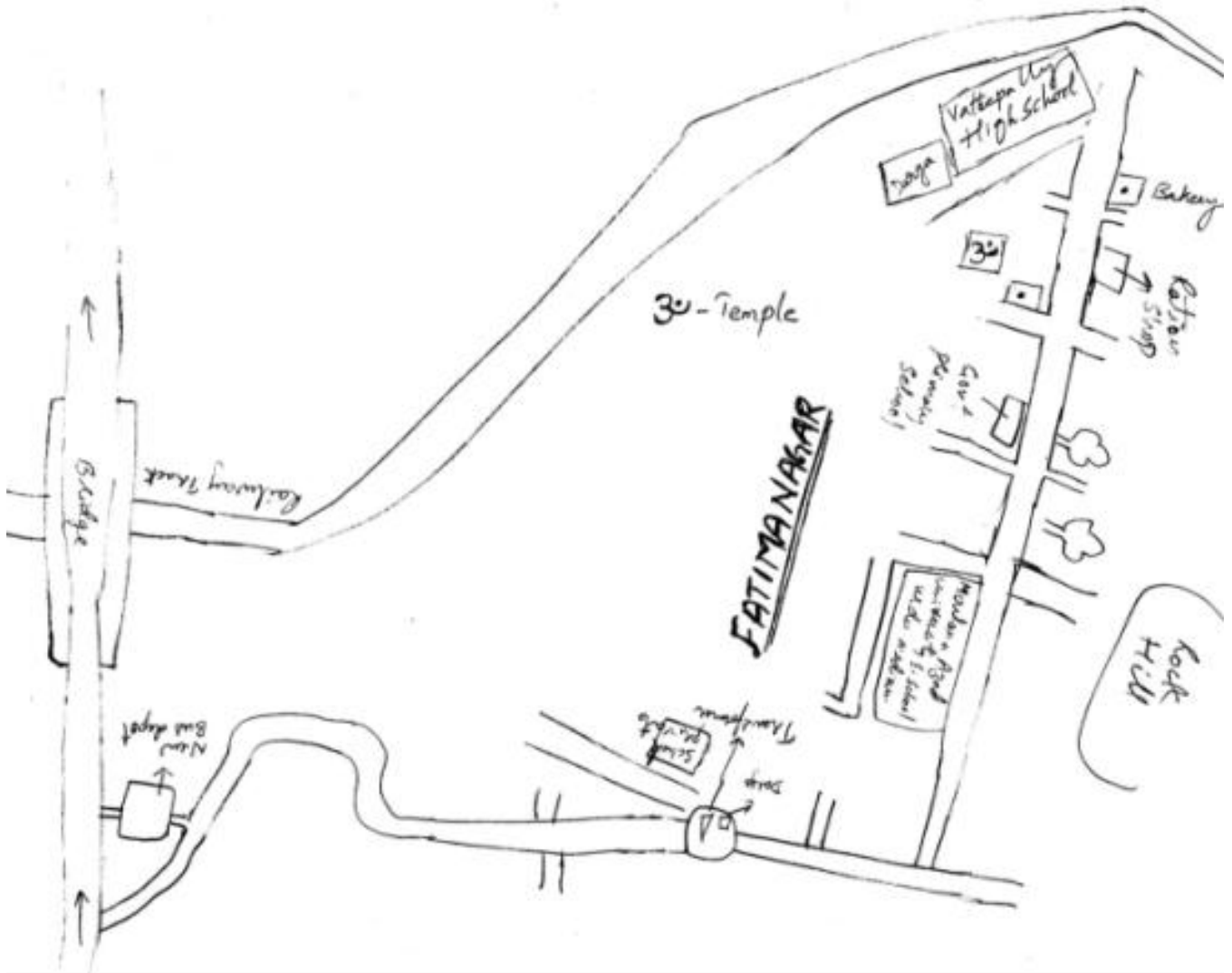
The People of Fathima nagar are not aware of ward committee/ area and the wards are not formed. If any problem arises the community will solve the problem themselves.

**Community members:**

The community members are not interested to check issues in the school where their children are studying like sanitation, corporal punishment, teacher attendance and infrastructure. The community members are aware of SMC and but they are not member in the SMC, the community find child labour in the area due to parents uneducated and financial problem. Community ensure that all infants and children up to 6 year are immunised and they do not Anganwadi centre.

The community not getting any benefits like immunisation, care & nutrition for pregnant & lactating women. The community do not have access to parks, community hall, library, reading

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room, public toilets/bathrooms and public spaces for leisure and sports activities. The community has no street children and homeless/ destitute. Domestic violence, delinquency issue such as eve teasing, anti social elements still prevails in the community and no early marriages are identified.

If the community falls ill they are going to private hospital due to government hospital far away. The community do not have proper roads, water, sewerage, solid waste management, self employment schemes, SHGs, youth training and employment programmes and public transport linkages.

**Children:**

In Fatima Nagar cleaning the roads are regular, garbage and they have street lights, all the roads are paved. There is good greenery in the area children wants more trees. Children don't have access to parks, play grounds, library, and community hall. Nine children are regularly going to the school and few of them not going to school because lack of interest. Child labour still prevails due to poverty.

Children aware of child help line (1098), the children have not been to the Anganwadi due to non accessibility. They got injection from school. In the Fatima Nagar there is one government primary and high school, they are going by walk and they are getting midday meals. In the schools they have benches drinking water, quality education, uniforms & toilets. They have class wise rooms and class wise teachers, teachers punishing by beating on hands and shouting. Children are aware of SMC but they are not a member of SMC. If the children fall ill they are going to private hospital due to government hospital far away. They don't have access to parks/play grounds/reading rooms etc.

**14. West Zone, Circle: 14, Indira Nagar- Balanagar**

**Ward Committee:**

The community is not aware of the ward committees and area sabha. The ward sabha members do not ensure children's rights. It is a non-notified slum and they have a basthi leader to whom they refer all their problems.





**Community:**

The role of the community members in the local area development is nil. The community has a check on the following issues in the school like corporal punishment, sanitation, teacher's attendance, and infrastructure. The frequency of monitoring is monthly when they go for the SMC meeting and they report to the principal (Moosapet) when issues arise. The community is not aware of the purposes of the SMC but they attend the meetings without know that it is an SMC meeting. The community identifies child labour and the main reason for it is poverty, but no action has been taken. The community is not aware of the local authority under RTE Act. The community members ensure that all infants and children up to 6 years are immunized and that the Anganwadi centre is working efficiently. There is no access to public parks, playgrounds, reading rooms, public toilets, bathrooms etc. There is no identification of street children, homeless and destitute people. The community hall has been constructed by the community people. The community has issues like child abuse and domestic violence but these are solved internally by the basthi leader. The community has no issues of early marriage, trafficking and delinquency. They have no access to PHCs or hospitals, so they go to private clinics. Drinking Water supply in the community is done through a single water tap. They have only one Mahila Mandal group. Only 10% of the people don't have ration cards. The public transport linkage is good. The overall grading of basic services by the community is poor.

There are few children who go to work and they engaged in labour work, lack of interest and idling themselves. The children are aware of the child helpline number- 1098. The children are aware of Anganwadi and now that is shifted to other community so they are not accessing the centre. They get injection and regular medical checkups. There is no government school; they are taught under tree and go by walk as it near. For high school studies they go to Moasapet high school. They get midday meals in the government schools. There are no facilities available at the school as it is under the tree and only one teacher. Teacher punishes the children by beating. No drinking water and play ground. They are aware of the SMC but they don't know that they can be a member of the SMC. When they are sick/ill they access to private clinics and the frequent illness that affect them are skin diseases, fever, cold, cough etc. the community prevails domestic violence occasionally and child abuse. The overall ranking of the children is poor.

**15. South Zone, Circle 11, IZZATH NAGAR**

**WARD COMMITTEES:**

The community is aware of the ward committee and the area sabha. The frequency of the meeting depends on the necessity when any issue arises. The committee ensures the children's right and has resolved the Kothaguda school problem.



**COMMUNITY:**

The community does not play a role in the local development of the area. They do not check the issues in the school like sanitation, corporal punishment, teacher attendance and infrastructure etc. The community is aware of the SMC but the teachers do not speak to the parents about the child's progress, they just take their signatures. The child labours prevails because of poverty, family problems etc. The community is aware of the role of local authority under the RTE act. The community members ensure that all the children up to the age of 6 years are immunized. The community is availing the

**Children:**

There are around 100-150 children who do not go to school. The community has Regular Street cleaning but the garbage is burned there itself. The neighbourhood has kaccha roads and no drainage system. The community has street lights at the entrance. The neighbourhood has trees. The community has no access to parks, playground and library. The children do not attend the school are because of poverty and family problems.

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services of Anganwadi. The community does not have access to public spaces for leisure and sports activities such as parks, playground, no community hall, library, reading room, public toilets, bath room and night shelters. The community does not identify any street children, destitute or homeless. The community has incidence of domestic violence, child abuse, trafficking and early marriages. Delinquent issues also prevail in the community such as eve teasing, anti social elements, petty crimes etc. The community has no access to the Primary Health Centre. The overall grading of the community is Average.

**CHILDREN:**

The children like the area as the people in the community are good and live together. The community streets and garbage is cleaned by the municipality regularly, but the community does not have a garbage bin. The neighbourhood has street lights, paved roads and proper drainage system. The neighbourhood has sufficient trees but the children have voiced for more trees to be planted in the community. The children in the group regularly go to school and they know children who do not go to school because of lack of interest. In the group there are few children who work after school hours, the kind of work that

they are engaged in to are working in chicken shops, bakery etc; they work due to financial problems , family problem etc. The children are not aware of the child help line number 1098. The children are aware of the Anganwadi centre and they have been to the centre when they were young. They learnt alphabets, numbers and have played in the centre. They got injections and regular checkups in the centre. The community has access to 02 primary government schools and 1 private high school which is very nearby and the children go by walk. The children get midday meal in the government school. The facilities available in the school are: benches', sports items like carom board, volley ball, class wise rooms, class wise teachers etc. The children are aware of SMC but they do not know that they can be a member of the SMC. Whenever the children fall sick they go to the private hospital, the kind of sickness they are infected are stomach pain, fever, cold, cough etc. There are incidences of domestic violence, child abuse in the community. The overall grading given by the children is poor.

**16. Central Zone, Circle: 7, Keshav Swamy Nagar**

**Ward Committee:**

The community is aware of the ward committee and area sabha which has been formed. The frequency of the meeting is every 3 months.

**Community:**

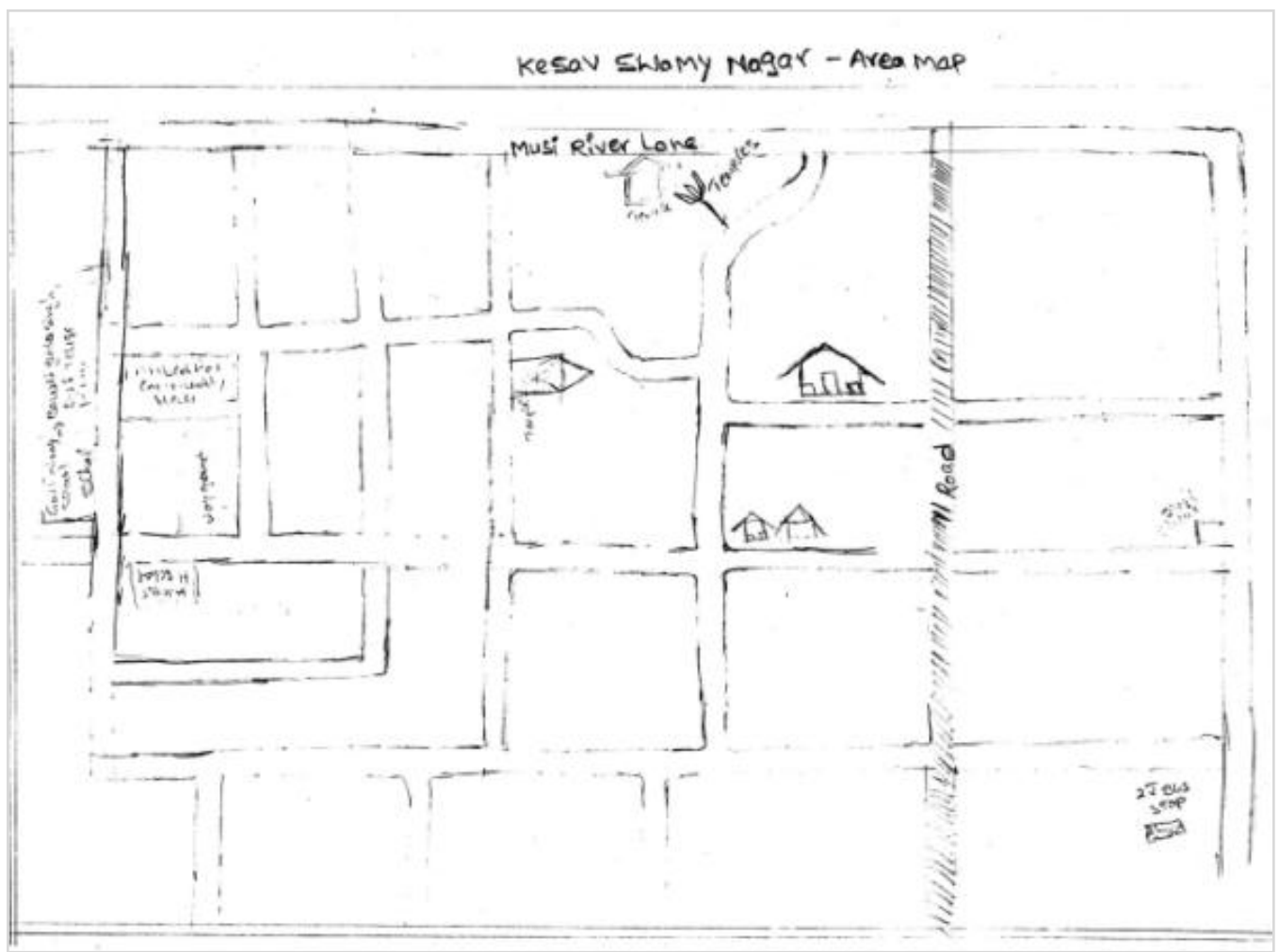
The role of the community members in the local area development is to set up the community hall, library etc. The community do check on the following issues in the school like corporal punishment, sanitation, teachers attendance, infrastructure etc, the frequency of monitoring is monthly once and if any issue arises they will report to HM/headmistress. The community is not aware of the SMC. About 10% of the children are rag pickers. The community has Anganwadi centres' working effectively. The community has no access to public parks, play ground, reading room, no public toilets, bathrooms etc. The community identified street children and informed to the NCLP department. The community has no issues of violence and delinquent. No access to PHC, they go to private clinic at karwan area. The overall grading of the community is average.

**Children:**

The community lacks Regular Street cleaning but the garbage is cleaned regularly. The neighbourhood has paved roads, street lights and proper drainage system. The neighbourhood has trees but there is a need to plant more trees. The community has no access to parks, play ground, community hall and library. Only few children in the group go to school regularly.



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Few children do not go to school because of poverty and family problems. There are few children who go to work and are engaged in domestic work. The children are not aware of the child helpline number- 1098. The community has Anganwadi centre and when the children were young they have been to the centre in order to accustom to school and get food. They also got injection and health services from the centre. There are 3 primary government schools (1-Marathi), 3 government high schools and 5 private schools. They get midday meals in the government schools. The facilities available at the school are class wise class rooms, class wise teachers, benches etc. The teachers shout at the children in the school. They are aware of the SMC but they don't know that they can be a member of the SMC. When the children are sick/ill they access to private clinics and the frequent illness that effect them are stomach pain, fever, head ache etc.

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**17. South Zone, Circle: 6, Khaja Nagar**

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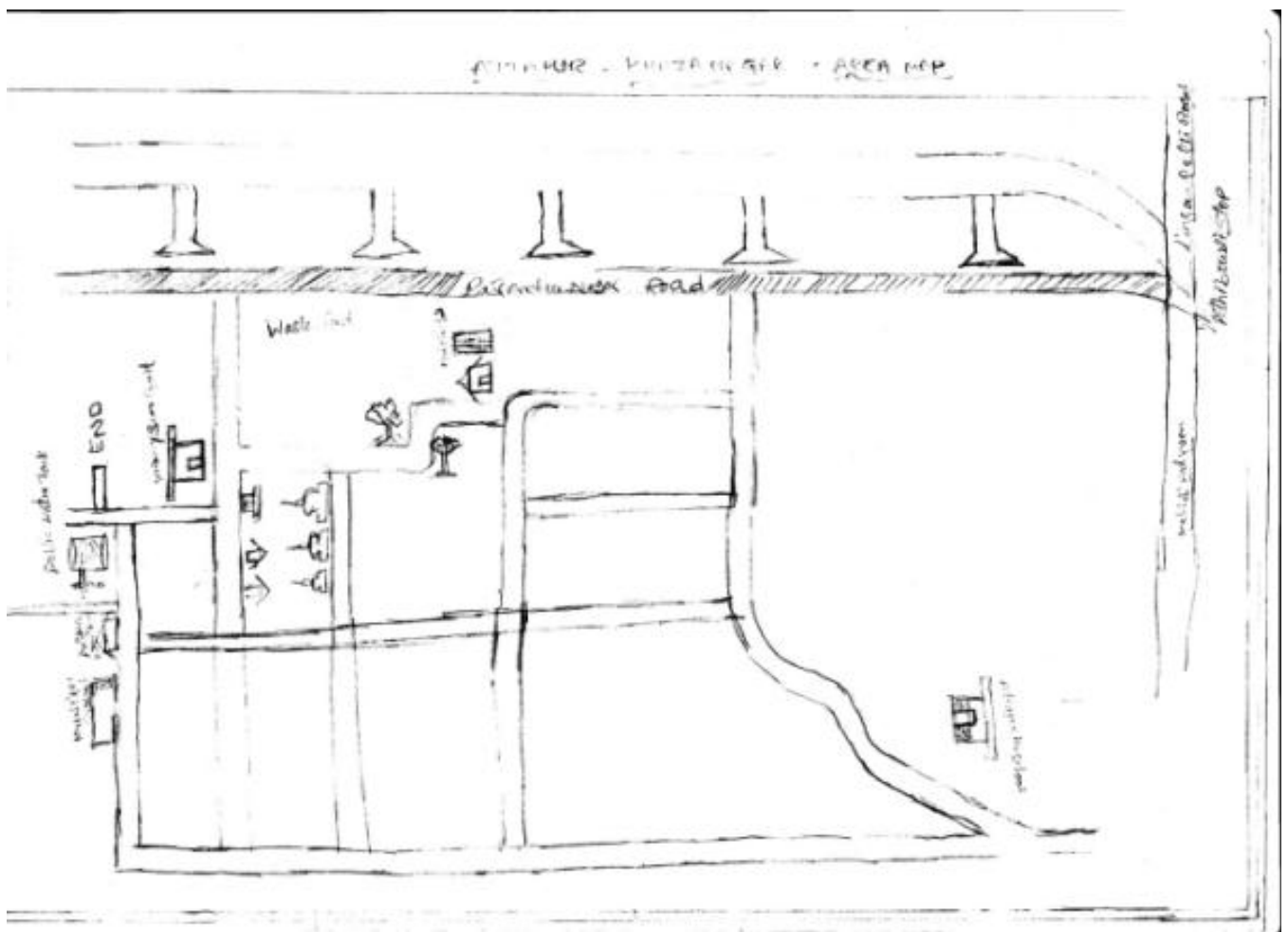
**Ward Committee:**

In community some are aware of ward committee/ area Sabha. It has not been formed. They do not ensure any kind of children rights.

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The community do check on the issues like sanitation, teacher's attendance, corporal punishment, and infrastructure, frequency of monitoring is monthly once. When issues are identified they report to HM/headmistress. The community is not aware of SMC. Child labour is identified in the community due family problem, poverty etc. The community is not aware of RTE Act. Community ensures that all infants and children up to 6 years are immunized. Care and nutrition for the pregnant and lactating women is done by the Anganwadi staff. The community has no access to public space for leisure and sports activities such as parks and play grounds.



No access to community hall, library, reading room, night shelters, public toilets and bath room. No identification of homeless and destitute. Domestic violence prevails in the community. No issues of Child Abuse, Trafficking, Early Marriages, Delinquent issues. No PHC and UHP in the community. Apart from self employment schemes, youth training and employment program the community has graded as average.

**Children:**

The children like the community and the special feature of the community is the school in which the children study. The street cleaning and garbage cleaning is done by the municipality regularly. The community has sufficient street lights, good roads and drainage system. The community has no park, community hall, library but they have access to play ground. The children regularly





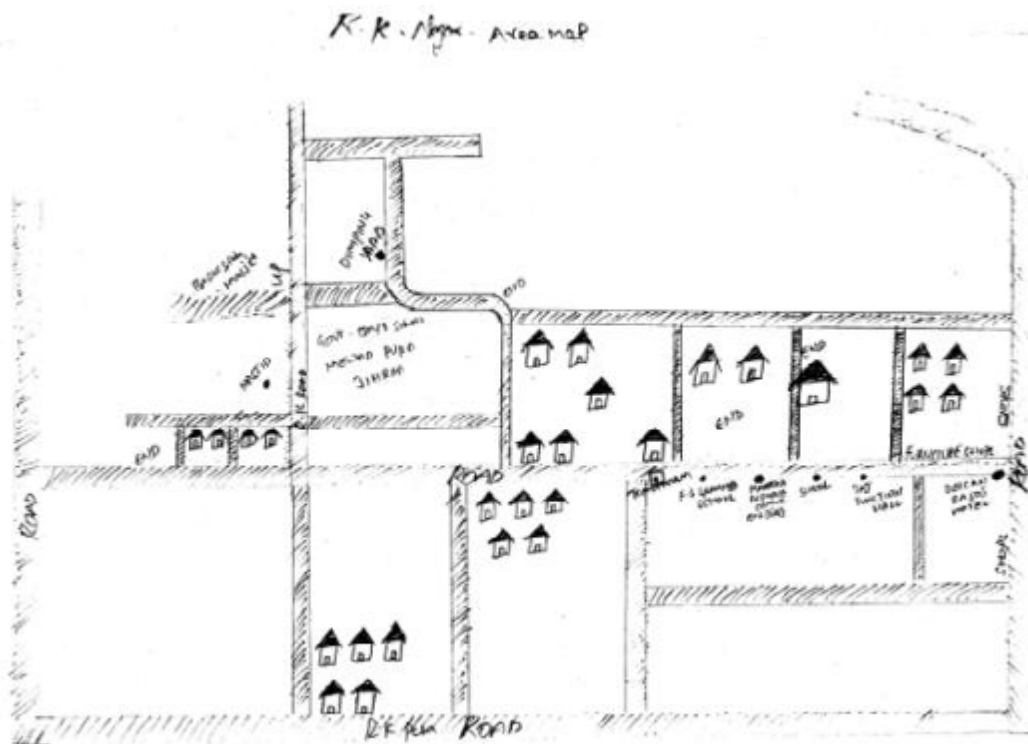
go to school but there are around 30 children who do not go to school, as the parents send them to work. These children are engaged in furniture work, bakery, mechanic etc which is due to poverty.

The children are not aware of the child help line number- 1098. The community has the Anganwadi centre but the children have not been to the Anganwadi centre. The children get injections from private clinics. The community has one primary Urdu medium school, one Telugu medium high and 2 private English medium school; they get midday meals in the school. The facilities available in the school are benches, toilets, water, class wise class rooms etc. There are no sufficient teachers in the school. They are not aware of the SMC. They have access to private clinics only and the kind of illness effect them are fever, stomach ache, head ache etc. The overall ranking given by the children is average.

**18. Central Zone, Circle: 7, Kishan Nagar**

**Ward Committee:**

The community is aware of the ward committee/ area sabha and is formed. The ward sabha members have no role in ensuring children rights.





**Community:**

The community has no role in the local area development. The community checks on the issues in the school like sanitation, teacher’s attendance, infrastructure and corporal punishment. The community is aware of the SMC but they are not the member of the SMC. The community identified child labour in the local area due to financial and poverty children engaged in paper plates making, shop works, flower works etc. The community is aware of the role of RTE Act. All the infants and children up to 6 years are immunized and Anganwadi centre is working properly. The community has no access for public spaces for leisure and sports activities such as parks and play grounds. The community does not have access to library, reading room, public toilets but they have access to community hall. No identification of street children but homeless/destitute are there. Domestic violence, child abuse and child marriages still prevail in the community. There is no access to PHC/UHP centre, for any health issues they go to private clinic. The overall ranking of the community is poor except ration cards.

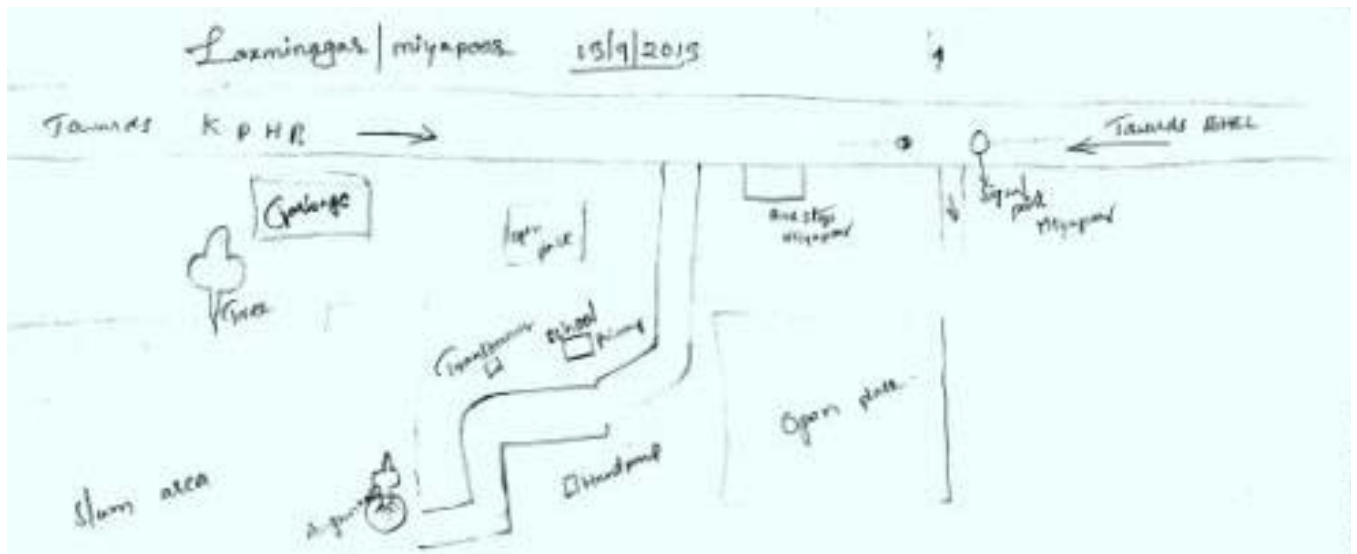
**Children:**

The children of the community like the area. The streets and garbage are regularly cleaned by the municipality. The community has paved roads, street lights and good drainage system is very poor. The community has no greenery and thus the children feel that trees needs to be planted. The children of the community go regularly to school. The children are aware child help line- 1098. The community is aware of the Anganwadi centre and have access, when the children were young they have been to the centre and learnt alphabets, numbers etc. They have got injections and regular medical checkups. The neighbourhood has a primary school which is very nearby 2 primary government schools and 1 high school and the children go by walk. There are 8 private schools. The get their midday meals and the facilities available in the school are benches, fan, library, class wise class room, teachers etc. The children aware of the SMC but they are not aware that they can be a member of the SMC. When they fall ill they go to private clinic and the kind illness that effect them are cold, fever, cough, stomach pain etc.

**19. West Zone, Circle: 12, Lakshmi Nagar (Miyapur)**

**Ward Committee:**

The community is not aware of the ward committee and area sabha which has been formed.



**Community:**

There is no role of the community members in the local area development. The community has do not check on the following issues in the school like corporal punishment, sanitation, teacher’s attendance, infrastructure etc. The community is not aware of the SMC. About around (45 -60) of the child labour in the area and they are mostly rack pickers. The community does not have access to Anganwadi centre. The community has no access to public parks, play ground, reading room, public toilets, bathrooms etc. The community has identified street children but no action has taken for them. The community has no issues of violence and delinquent issues. No access to PHC, they go to private clinic at Chanda Nagar. The overall grading of the community is very poor.

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**Children:**

No Street cleaning in the community and there is no garbage bin. In the area they do not have minimum facilities like water, pacca house, toilets etc. Neighbourhood has no paved roads, Street lights and drainage system. The neighbourhood has no trees but need to plant more number of trees. The community has no access to parks, play ground, community hall and library. In this area around 250 children are there but only 20 to 25 children are going to school regularly, remaining children do not attend the school because of poverty and family problems. There are 50 children who go to work and they are engaged in street vendors, rag pickers and beggars. The children are not aware of the child helpline number- 1098. The community do not have Anganwadi centre. There is 1 primary government schools and 1 high school 1km far from the community. They get midday meals in the government school. The facilities available at the school are class wise class rooms, class wise teachers, benches etc. The teachers shout beating sometimes at the children in the school. They are not aware of the SMC. When they are sick/ill they access to private clinics and the frequent illness that effect them are stomach pain, fever, head ache etc.

**20. North Zone, Circle: 18, Mondri Banda**

**Ward Committee:**

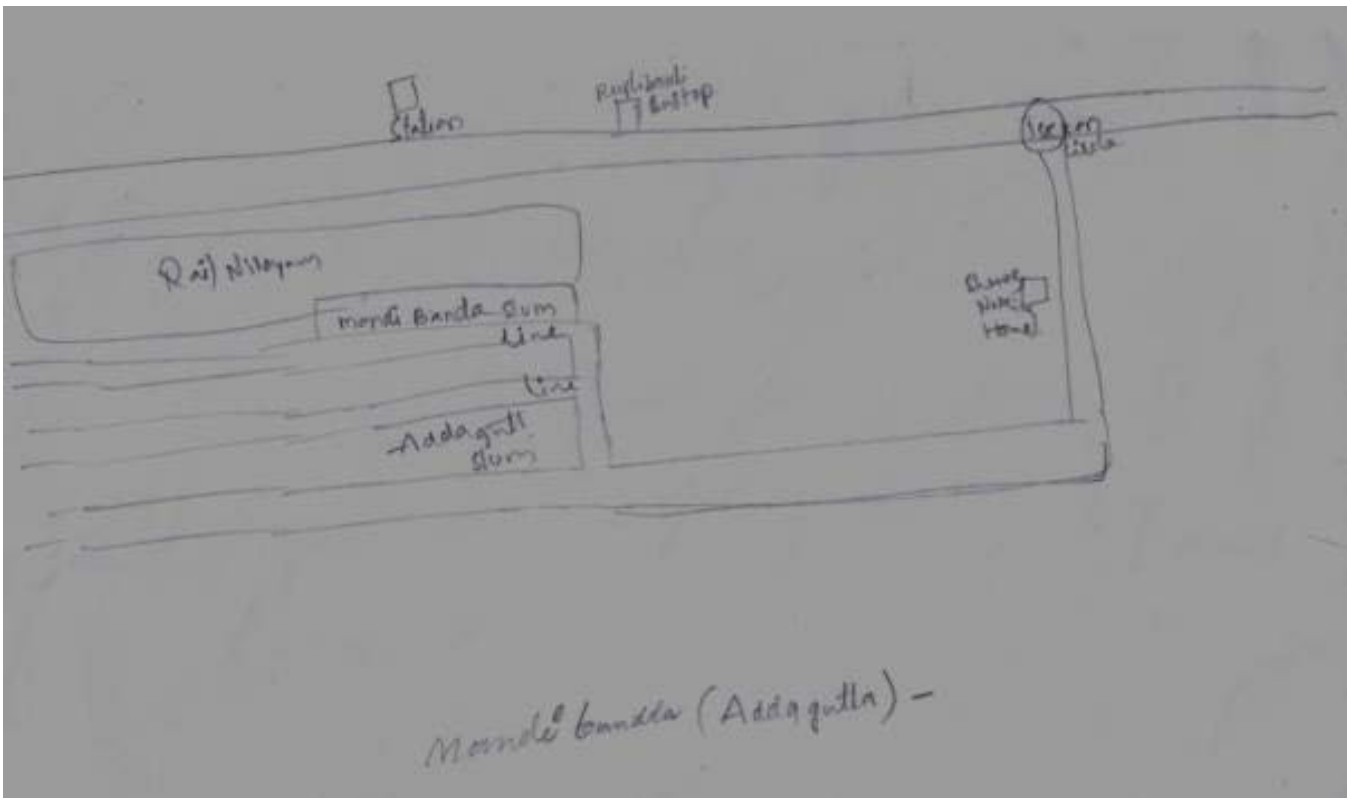
The community is not aware of the ward committee and area sabha. No role of the community for the local area development and they do not ensure children rights.

**Community:**

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The community has a check on the following issues in the school like corporal punishment, sanitation, teachers attendance, infrastructure etc, the frequency of monitoring is thrice in a month but they don't report to any one when issues arise. The community is aware of the SMC but they are not the member of the SMC. The community identifies child labour and the reasons are poverty and parents are illiterates. The community is not aware of the local authority under RTE Act. There is no access to Anganwadi centre, public parks, play ground, reading room, public toilets, bathrooms etc. The community identifies of street children but action has been taken. The community identifies homeless people but there are no night shelters and nobody takes care about them. The community has no issues of child abuse, early marriage and delinquent issues. Domestic violence privileges in the community and are solved internally. No access to PHC, they go to private clinic and if anything serious they go to Gandhi hospital. The overall grading of the community is poor.

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**Children:**

The community lacks regular Street cleaning but the garbage is cleaned monthly once and the environment of the community is unhygienic. The neighbourhood has paved roads. The community has only one street lights and no proper drainage system. The neighbourhood has no trees and need to plant more number of trees. The community has no access to parks, play ground, community hall and library. There some children who are not going to school. The children do not attend the school because of poverty and family problems. There are few children who go to work and they are engaged in rag picking, balloon sellers and hair buyers. The children are not aware of the child helpline number- 1098. The children are not aware Anganwadi and they have not been at the centre when they were young. There are 1 primary government schools, 1 government high schools and 4 private schools; they go to school by walk as it is nearby. They get midday meals in the government schools. The facilities available at the school are class wise class rooms, class wise teachers, benches, toilets, water etc. But they don't have drinking water and play ground to play. The teachers sometimes beat the children in the school. They are aware of the SMC but they don't know that they can be a member of the SMC. When they are sick/ill they access to private clinics and the frequent illness that effect them are stomach pain, fever, head ache, cold, cough etc. The overall ranking of the children is poor.



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**COMMUNITY:**

The community does not have any role in the local development of the area. The parents of the children studying in government school have a check on the issues in the school like the sanitation, corporal punishment, teachers' attendance and the infrastructure. They visit the school when ever feasible to them. The issue is taken to the HM when identified and in this regard there was an issue with the drinking water and this matter was taken to the HM. The community is not aware of the SMC. The community identifies child labour which is prevailing because of poverty. The community is not aware of the role of the local authority under the RTE Act. The community has no access to Anganwadi centre, parks, playground, library, reading room, community hall, public toilets, bath rooms and night shelters. The community identifies street children, homeless and destitute but no action has been taken by the community. Incidences of domestic violence, child abuse, trafficking, early marriages, delinquent issues are prevailing in the community. No access to Primary Health Centre, they go to private hospitals. The overall grading of the community given by the group is poor.

**CHILDREN:**

The community streets are cleaned ever day and the garbage is cleaned weekly once by the municipality. The community has street lights, but the roads are not good and also the drainage system. Few trees are there in the community but the children feels that there needs to be more trees planted. The children in the group are regular to school and they are aware of many children who do not go to school and are working like rag pickers, daily labour, hotel workers, mechanics etc. they work because of poverty, family problem, illiteracy etc. There are incidences of early marriage because parents think that girls are burden to them and also because of the girls own interest. In the group only one girl work during holidays along with her parents to pick rag. The children are not aware of the child help line 1098. The community children have access to 01 primary government school and 1 Upper primary school; there are 6 private schools in the neighbourhood. The children go to school by walk as the school is close by to the community. The children get mid day meal in the school, but the quality and quantity of the food is very bad and thus the children



do not have their meal at school. The facilities available in the school are benches, toilets, 6 class rooms, 7 teachers etc. The school has no drinking water and also to use in the toilets, 6th and 7<sup>th</sup> class students sit together in one class room. Corporal punishment prevails in the school and the teachers use stick to beat the children. The children are aware of the SMC, but they do not know that they can be a member of the SMC. The community does not have access to Primary Health Centre, they access to private hospitals. The frequent health issues which affect the children are stomach pain, head ache, cold, cough, fever etc. There are incidences of domestic violence, child abuse prevailing in the community. The overall grading given by the children for basic services is poor.



**22. South Zone, Circle: 4, Nasheman Nagar**

**Ward Committee:**

The community is aware of ward committee and area Sabha. The ward committee has been formed which consist of 5 females and 4 males. The frequency of the meeting depends on the availability of the members. The role of ward Sabha members in ensuring children rights is done accordingly. All the community play vital role in the development of the local area.

**Community:**

The community identify child labour which is due poverty, large families etc. To tackle these issues the community asks parents to send the children to school but in vain. The community is not aware of the role under RTE Act. The community ensures that all infants and children up to 6 years are immunized. The Anganwadi day care, ECE, care & nutrition for pregnant & lactating women – attendance of staff and ANM visits are regular. The community has no access to public space for leisure, sports activities like park and play ground. No access to library or reading room. The community has 5 community halls. The community has no public toilets, bath rooms, night shelters. No identification of street children, homeless, destitute. There are some cases of early marriages and eve teasing. The community has no access to PHC but they have 2 UHPs. The community faces problem with solid waste disposable. The community has no Self employment schemes and youth training and employment programs. Public transport linkages to the community are poor.

**Children:**

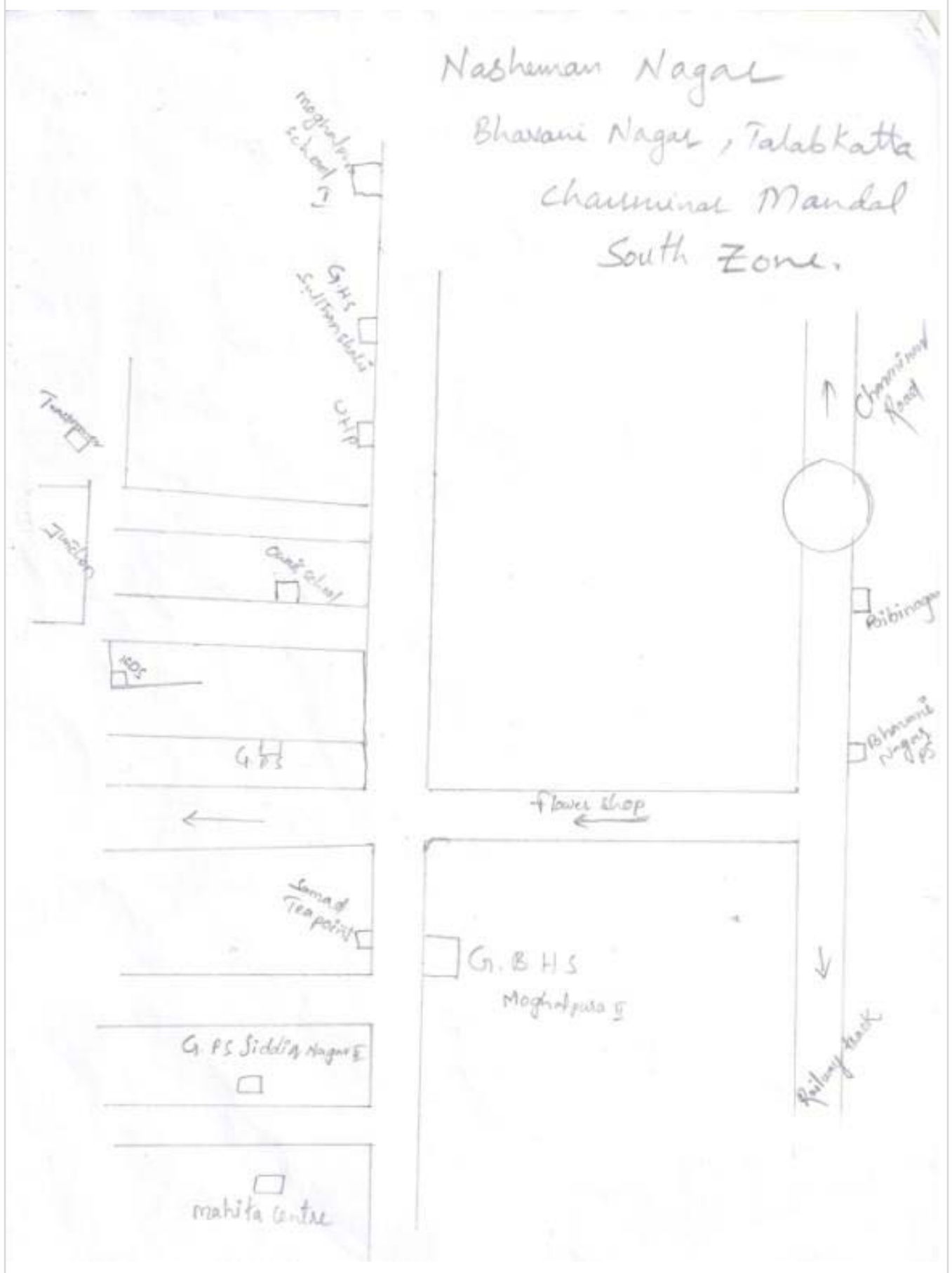
The children need garden in the community. The street cleaning and garbage picking is done regularly. They have street light, paved roads and nice drainage system. The community has no trees in the neighbourhood. The children feel that more trees to be planted as it very important. There is no play ground, park and library in the community. They have community hall which they use for any occasions. All the children go to school regularly. There are some children who do not go to school but are in work. According to the children they have witnessed early marriage, as the girl's parents passed away and her relatives felt that she was a burden to them.

There are some children in the group who go to school and then go for work. They kind of work there are engaged in to bangle making, bakery and hotels due poverty. The children know about child helpline- 1098 but they don't what it is useful for. The community has Anganwadi centre, when the children were young they have been to the centre and learnt alphabets, numbers and

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# Nasheman Nagal

Bharani Nagal, Talabkatta  
Chaurminar Mandal  
South Zone.



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rhymes. They got injections and regular checkups at the centre. There are 3 government primary and high school; the children go to school by walk. There are 5 private high schools in the community. The children get their midday meal regularly. There are no proper facilities in the primary school as the building is rented and is very congested. The primary schools do not have class rooms for each class and have no class wise teachers. The high school has no water and toilet facility. The teachers punish the children. All the children are aware of SMC and aware that there can be member of SMC. If they fall ill they will go to private clinic. They don't have access to PHC and UHPs. They usually suffer from fever, head ache, vomit etc. They have seen street children and homeless destitute in the community and they gave some food. There are some incidents of domestic violence, child abuse in hotel and early marriage.

### 23. North Zone, Circle: 15, NCL colony

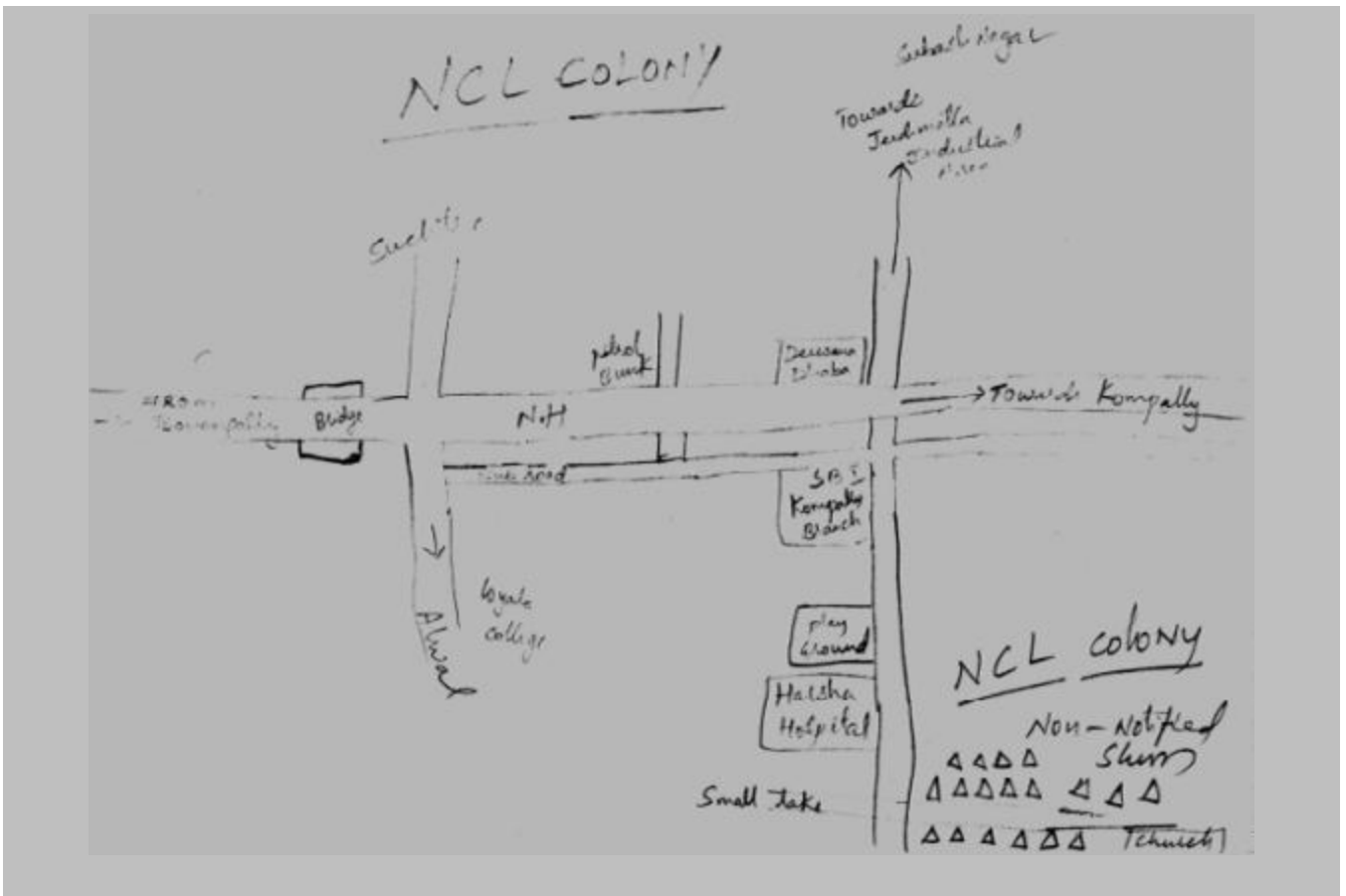
#### Ward Committee:

The community is not aware of the ward committee and area sabha. No role of the community for the local area development and they do not ensure children rights.

#### Community:

The community has a check on the following issues in the school like corporal punishment, sanitation, teacher's attendance, and infrastructure. The frequency of monitoring is monthly once and no takes care of these problems. The community is aware of the SMC but no one is a member in the SMC. As per the community there are some children as child labour. The community is not aware of the local authority under RTE Act. The community does not have access to Anganwadi centre and immunization. There is no access to public parks, play ground, reading room, public toilets, bathrooms, community halls, library, reading rooms etc. The community has no street children and homeless/destitute. There are no night shelters. The community has no issues of child abuse, early marriage and delinquent issues. Domestic violence privileges in the community. The community goes to Gajularamaram for checkups. All most 90-95% of the community people have ration cards. The overall grading of the community is poor.

#### Children:

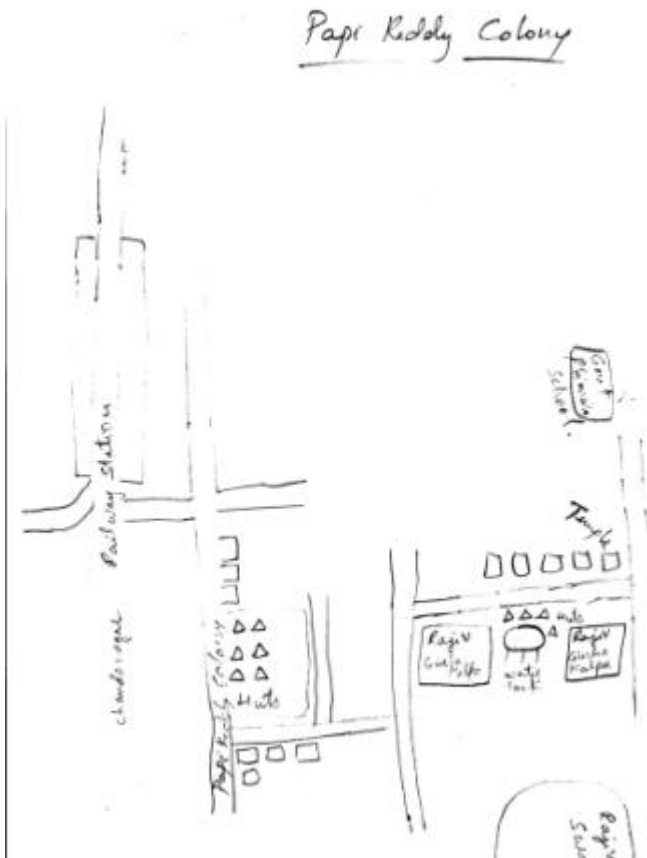


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The community does not have regular street cleaning and garbage. The neighbourhood has no drainage system, paved roads and no street lights. The neighbourhood has trees and need to plant more number of trees. The community has no access to parks, community hall playground and library. The community has no access to community hall. There are very few children who are not going to school. The children do not attend the school because of family problem and lack of interest. They are working as driver, cleaner etc. The children are not aware of the child helpline number- 1098. The children are not aware of Anganwadi and they have been not been at the centre when they were young. The community has government school, but it is very far and they go by bus/ auto. They get midday meals in the government schools. They don't have benches, toilets, drinking water and play ground to play. They are aware of the SMC but they don't know that they can be a member of the SMC. When they are sick/ill they access to private clinics and the frequent illness that affect them are fever, head ache etc. They have problem with stray dogs. The overall ranking of the children is poor.



24. West Zone, Circle: 11 (South Serilingampally), Papi Reddy colony



**Ward Committee:**

The community is aware of the ward committee and area sabha which has been formed. But there is no frequency of meetings.

**Community:**

There is no role of the community members in the local area development. The community do not check on the following issues in the school like corporal punishment, sanitation, teacher's attendance, infrastructure etc. The community is not aware of the SMC. About 30% of the children are rag pickers. The community has Anganwadi centres working. The community has no access to public parks, play ground, reading room, no public toilets, bathrooms etc. The community identifies street children but no action has been taken for them. The community has no issues of violence and delinquent issues. No access to PHC, they go to private clinic at Chandanagar, Devnuri hospital. The overall grading of the community is average.

**Children:**

The community lacks regular street cleaning and garbage cleaning. The neighbourhood has paved roads, but Basthi roads are kaccha roads, street lights and drainage system. The

neighbourhood has trees but need to plant more number of trees. The community has no access to parks, play ground, community hall and library. All the children in the group go to school regularly; few children do not attend the school because of poverty and family problems. There are few children who go to work and they are engaged in rag pickers and begging. The children are not aware of the child helpline number- 1098. The community does not have Anganwadi centre. There is 1 primary government schools and 4 private schools. They get midday meals in the government school. The facilities available at the school are class wise class rooms, class wise teachers, benches etc. The teachers shout sometimes at the children in the school. They are aware of the SMC and they are members in the SMC. When they are sick/ill they access to private clinics and the frequent illness that effect them are stomach pain, fever, head ache etc.



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25. East Zone, Circle:03, POCHAMMA BASTHI

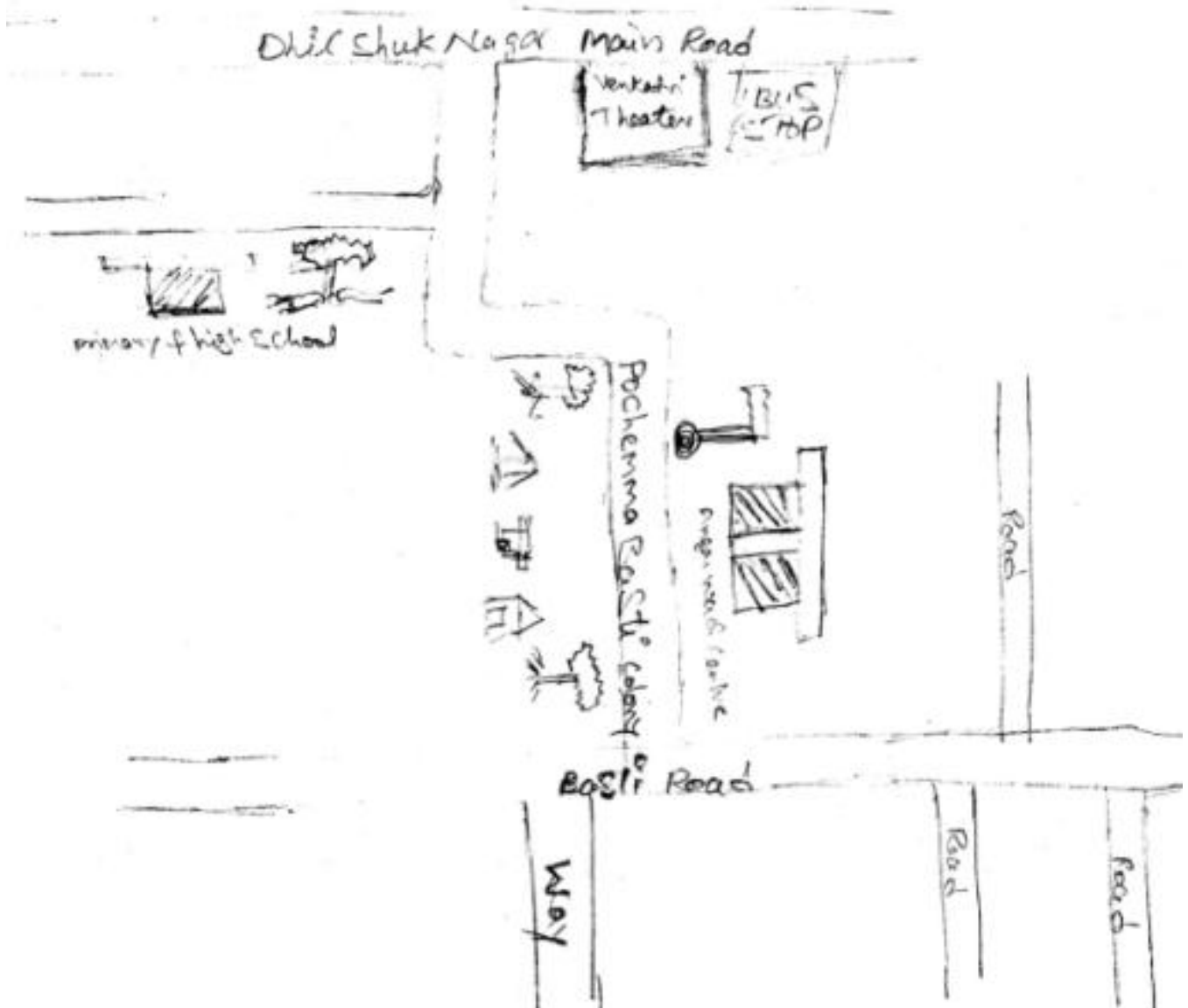
**Community:**

The community is not aware of committee/area Sabha; Community has no role in the local area development. The elders of the community check the issues in the school like sanitation, infrastructure, corporal punishment etc, the community monitoring monthly once.

parcs. The community has access to community hall.

Community has no street children, no destitute people in local area. There are no domestic violence/child abuse/trafficking/early marriages, and no delinquent issue. The community don't have access to primary health centre, UHP's/sub centres. They don't have self employment schemes and youth training and employment programs.

Pochamma Basthi Area Map



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The community aware of SMC but no one is the member in the SMC. There is no child labour in the locality. The community is aware of local authority under the RTE Act. The community members ensure that all infants and children up to 6 years are immunized. The community access to Anganwadi, no play ground, public spaces for leisure and sports activities such as

**Children:**

Pochamma Basthi lanes are been regularly cleaned by the municipality, roads and street lights are good but there are no trees. In this area there is one community hall but they don't have access to play ground, library reading room, parks etc.

but there is one park 2 km distance from the Pochamma Basthi. Child marriages are prevailing occasionally due to poverty, family problems or illiterates.



In this area there is one primary and one high school, they are going by walk. In the schools they are getting midday meals and all of the children are eating, in the school they don't have benches except 10<sup>th</sup> class, mainly they are facing problem with drinking water and toilets. They have class wise class rooms and teachers. Teacher punishes the children for not attending the class. If the community falls ill they will go to Red Cross hospital as there is no PHC, UHPs/sub centres.

The community is aware of SMC and the meeting is conducting once in a month and Anganwadi centre is working properly. There is no domestic violence, child abuse and trafficking. The community is facing problem with stray dogs.

**26. North Zone, Circle: 18, Mondri Banda**

**Ward Committee:**

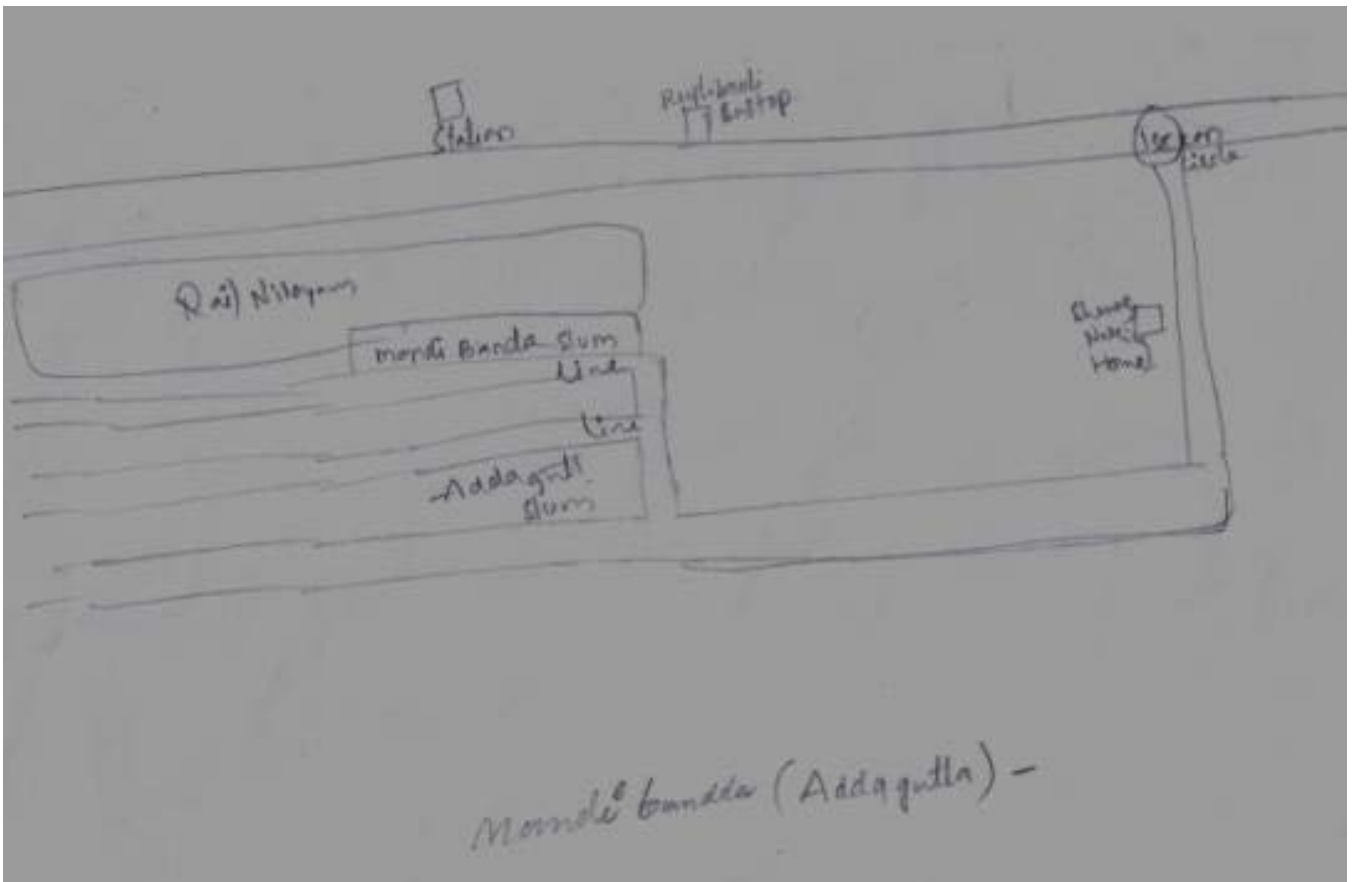
The community is not aware of the ward committee and area sabha. Because 3 months back this area was taken by GHMC. No role of the community for the local area development and they do not ensure children rights.

**Community:**

The community has a check on the following issues in the school like corporal punishment, sanitation, teacher's attendance, and infrastructure. The frequency of monitoring is 2 months once they report to headmistress when issues arise. The community is not aware of the SMC. As per the community there is no child labour. The community is not aware of the local authority under RTE Act. There is no access to public parks, play ground, reading room, public toilets, bathrooms etc. The community has access to Anganwadi centre and immunization is done monthly once. Identification of 15-20 street children in the community, but no action has been taken. The community identifies homeless people but there are no night shelters and nobody takes care about them. The community has no issues of child abuse, early marriage and delinquent issues. Domestic violence privileges in the community. No access to PHC, they go to private clinic and if anything serious they go to Gandhi hospital. Public transport linkage is good. The overall grading of the community is poor.







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### Children:

The children like the community because of the environment and greenery and celebrating festivals. The community has regular Street cleaning but the garbage is collected door to door by rickshaw puller daily. The neighbourhood has paved roads and street lights. The community has no drainage system. The neighbourhood has trees and need to plant more number of trees. The community has no access to parks, play ground and library. The community has access to community hall. There some children who are not going to school. The children do not attend the school are because of poverty. They are working in the company for cleaning bottles. The children are not aware of the child helpline number- 1098. The children are aware of the Anganwadi and they have been at the centre when they were young and learnt poems, alphabets and numbers. The community has no government school and the children will go to THATI ANNARAM School which is at distance of 2 Kms, they go to school by walk. They get midday meals in the government schools. The facilities available at the school are class wise teachers, benches, toilets, water etc.



But they do not have drinking water, class wise class rooms and play ground to play. They are aware of the SMC but they do not know that they can be a member of the SMC. When they are sick/ill they access to private clinics and the frequent illness that effect them are stomach pain, fever, head ache, cold, cough etc. The overall ranking of the children is Average.

**27. West zone (North Serilingampally). Circle: 12, Sai Nagar**

**Ward Committee:**

The community is not aware of the ward committee and area sabha as it is not formed.

**Community:**

The role of the community members in the local area development is nothing. The community has do not check on the following issues in the school like corporal punishment, sanitation, teacher's attendance, infrastructure etc. The community is aware of the SMC. No child labour in the area. The community don't have access to Anganwadi centres. The community has no access to public parks, play ground, reading room, no public toilets, bathrooms etc. The community has no issues of violence and delinquent issues. No access to PHC, they go to private clinic. The overall grading of the community is average.

**Children:**

The community lacks regular Street cleaning is not exactly but the garbage is cleaned monthly once. The neighbourhood has paved roads, street lights and drainage system. The neighbourhood has trees but need to plant more number of trees. The community has no access to parks, play ground, community hall and library. Only few children in the group go to school regularly among them three children are not going to school. The children do not attend the school because of lack of interest. There are few children who go to work and they engaged in domestic work. The children are not aware of the child helpline number- 1098. The community does not have access to Anganwadi centre. There is 1 primary government schools and 5 private schools. They get midday meals in the government schools. They don't have sanitary facilities in the school; they have class wise class rooms, class wise teachers, benches etc. The teachers shout at the children in the school. They are aware of the SMC but they don't know that they can be a member of the SMC. When they are sick/ill they access to private clinics and the frequent illness that effect them are stomach pain, fever, head ache etc.

**28. North Zone, Circle: 16, Shanthi Nagar**

**Ward Committee:**

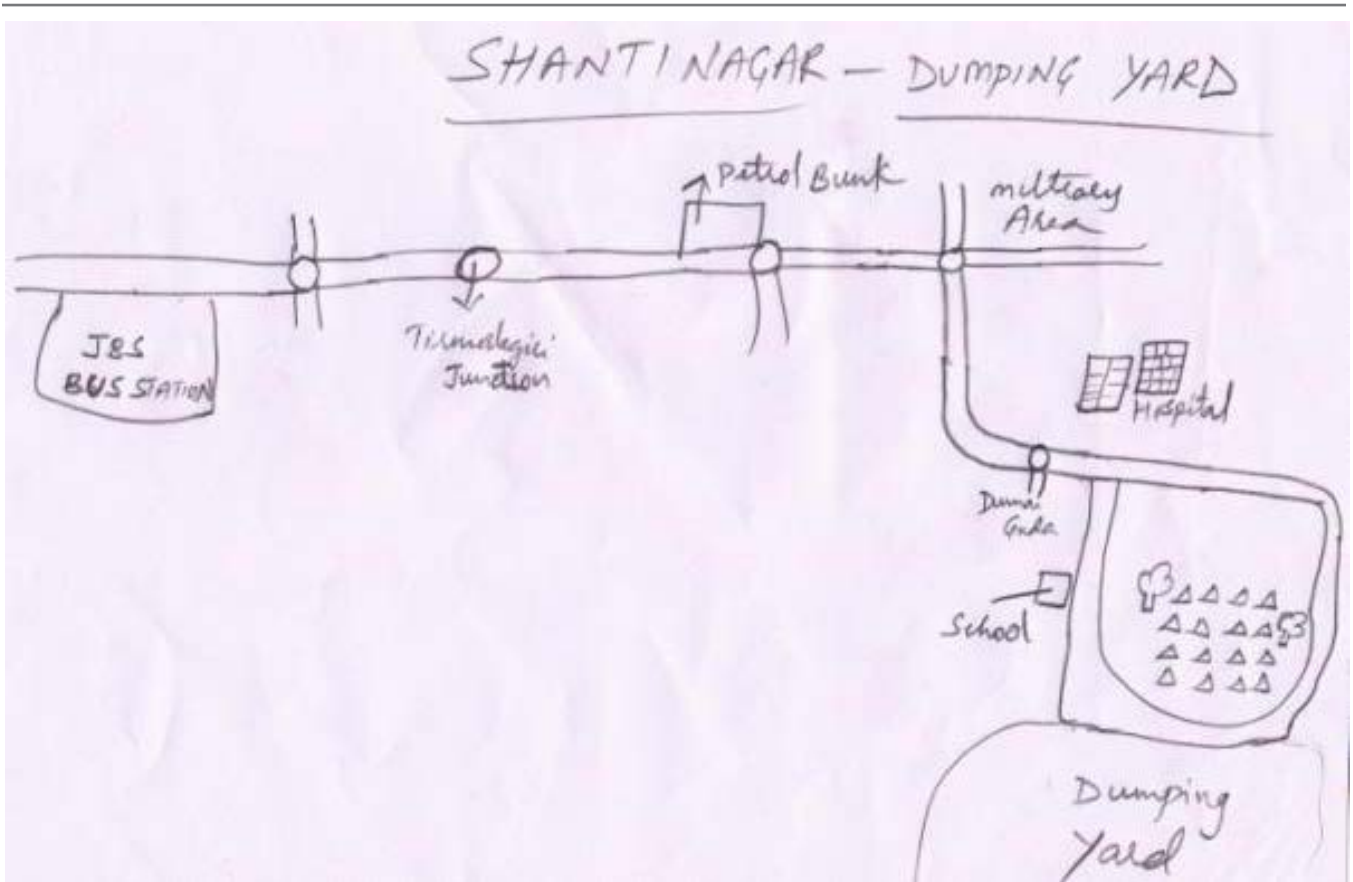
The community is aware of the ward committees and area sabha

and has been formed. The ward sabha members do not ensure children's rights. They have regular area sabha meetings.

**Community:**

The role of community member in the local area development is in process. The community has a check on the following issues in the private school like corporal punishment, sanitation, teacher's attendance, and infrastructure. The children are joined in the school just one month back. The community is aware of the SMC but they don't know that they can be members of SMC. The community identifies child labour and the reason for child labour is poverty and non-accessibility of school, they are trying to send children to school. The community is not aware of the local authority under RTE Act. The community members ensure that all infants and children up to 6 years are immunized and Anganwadi centre working efficiently. There is no access to public parks, playground, reading room, public toilets, bathrooms etc. There is identification of 6 street children were they are identified and have been admitted into hostel, there are homeless and destitute people. The community hall is constructed by the community people. The community has issues like domestic violence and solved internally. The community has no issues of early marriage, trafficking, child abuse and delinquent issues. No access to PHC, they go to private clinic. They have UHP at Balajinagar 3kms away. All the community members have identification cards (ration card). The overall grading of the community is poor.





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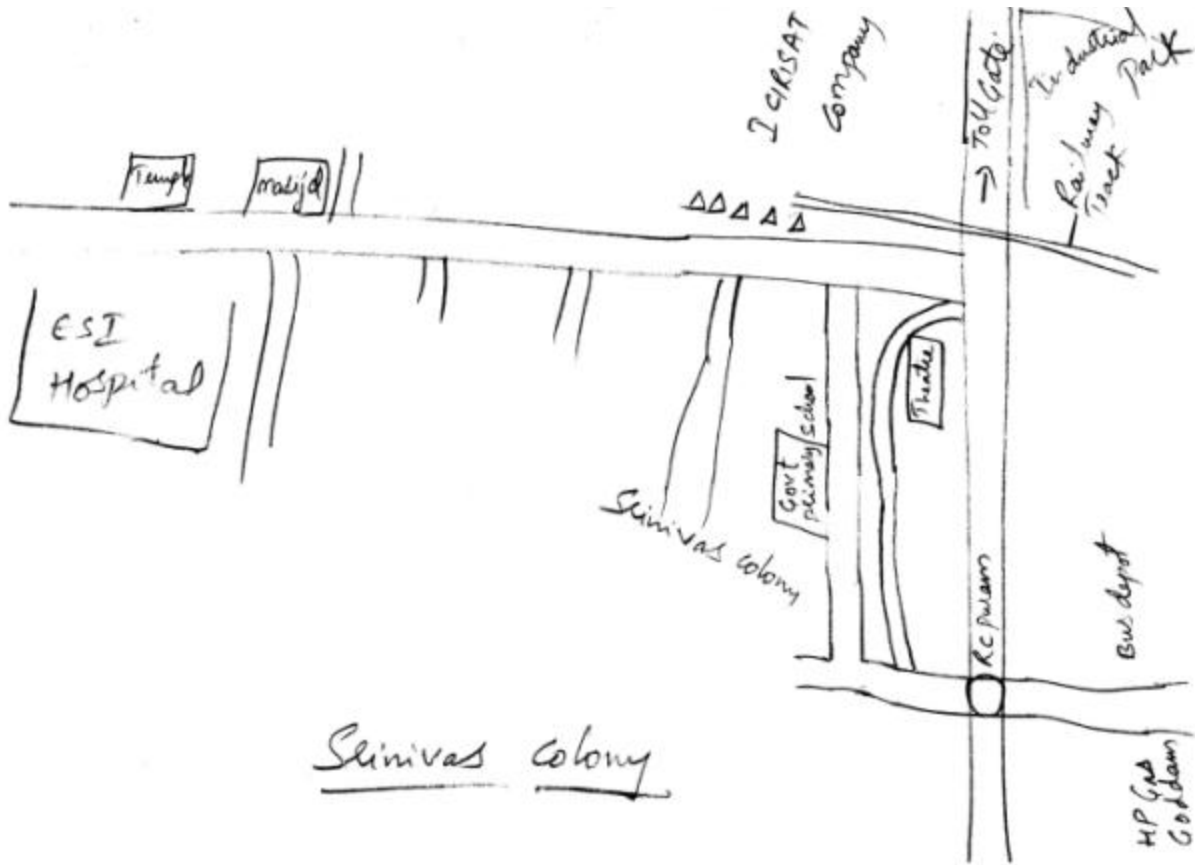
**Children:**

The children like the garden in front of their area but they are not allowed inside. The community is surrounded with solid waste and is very unhygienic. Only the main road has street lights and paved roads. The neighbourhood had lot trees before, but most of them were cut down and need more trees. The community has no access to parks, playground and library. The children do not attend the school because of poverty and family problems. There are few children who go to work and they engaged in rack picking. The children are not aware of the child helpline number- 1098. The children are aware of Anganwadi and some of the children were at Anganwadi centre when they were young and learnt alphabets, poems and numbers. They get injection and regular medical checkups. There is no government school. They don't get midday meals as there is no government school. But they don't have drinking water, toilets and play ground to play in private school. They have only 2 class rooms and 2 teachers. They are aware of the SMC but they don't know that they can be a member of the SMC. When they are sick/ill they access to UHP which is 2kms far and the frequent illness that affect them are skin diseases, fever, cold, stomach pain, cough etc. Domestic violence prevails occasionally and child abuse. The overall ranking of the children is poor.

29. West Zone, Circle: 13, Srinivasa colony (RC Puram)

Ward Committee:

The community is not aware of the ward committee and area sabha which is not formed.



Community:

No role of the community members in the local area development. The community has a check on the following issues in the school like corporal punishment, sanitation, teachers attendance, infrastructure etc, the frequency of monitoring is monthly once and if any issue arise they will report to HM/headmistress. The community is aware of the SMC and some of them members. Some of child labour is there due to family problems and poverty. The community has Anganwadi centres working effectively. The community has access to public parks, play ground, no public toilets, bathrooms etc. domestic violence is there but nobody take care about it and the community has no issues of violence and delinquent issues. The community has access to PHC. The overall grading of the community is average.

Children:

The community lacks regular Street cleaning and garbage is cleaned twice in a week. The neighbourhood has paved roads, street lights. The neighbourhood has trees but need to plant more number of trees. The community has access to Sunday Park, play ground, community hall and nearby library children are going to use only Sundays. All the children in the group go to school regularly. The children do not attend the school because of poverty and family problems. There are few children who go to work and they are engaged in market work. The children are not aware of the child helpline number- 1098. The community has Anganwadi centre and when children were young they have been to the centre in order to accustom to school and get food. They would get injection and health services from the centre. There are 1 primary government school, 1 government high and schools and 1 private school. They get midday meals in the government schools. The facilities available at the school are class wise class rooms, class wise teachers, benches etc. The teachers shout at the children in the school. Some of them are aware of the SMC but they don't know that they can be a member of the SMC. When they are sick/ill they access to government hospital and the frequent illness that effect them are stomach pain, fever, head ache, cold etc.

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**30. North Zone, Circle: 15, Subash Nagar**

**Ward Committee:**

The community is aware of the ward committee and area sabha (2-members). The committee members do not visit the community. No role of the community for the local area development and they do not ensure children rights

**Community:**

The community has a check on the following issues in the school like corporal punishment, sanitation, teacher's attendance; infrastructure etc, the frequency of monitoring is whenever they visit the school. The community is aware of the SMC but they are not the member of the SMC. The community identifies child labour and the reasons are poverty and family problems. The community is not aware of the local authority under RTE Act. There is access to Anganwadi centre and community members ensure that all infants and children up to 6 years are immunized. The community does not have access to public parks, play ground, reading room, public toilets, bathrooms etc. There is no identification of street children, homeless and destitute. The community has no issues of domestic violence, child abuse, trafficking and delinquent issues. There are some cases of early marriages in the community due to poverty. No access to PHC, they go to private clinic. They have UHP but it is very far from the community. The community rates public transport linkage, ration cards and SHGs as good. The overall grading of the community environment is below Average.

**Children:**

The community has regular Street cleaning and the garbage is cleaned regularly. The neighbourhood has street lights. The community does not have paved roads and no drainage system. The neighbourhood has trees and need to plant more number of trees. The community has no access to parks, play ground, community hall and library. There are few children who do not go to school. The children do not attend the school because of poverty and family problems. There are few children who go to work and they are engaged in supply of news paper. There are some cases of early marriages in the community due to poverty. The children are not aware of the child helpline number- 1098. The children are aware of Anganwadi and it has started recently. There are 1 primary government schools, 1 government high schools and 10 private schools; they go to school by walk as it near. They get midday meals in the government schools. The



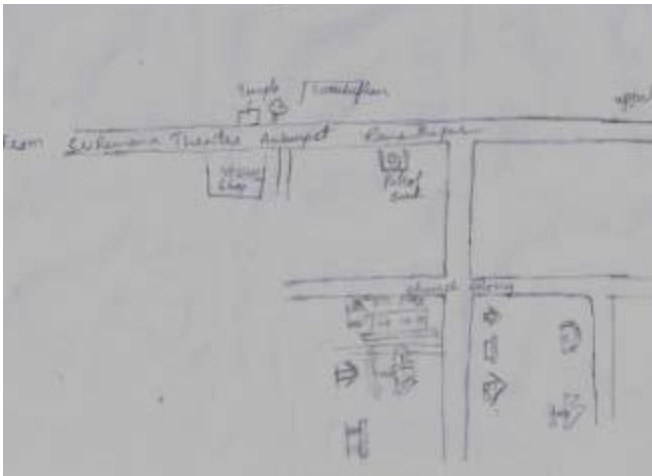


facilities available at the school are class wise class rooms, class wise teachers, benches, toilets etc. But they don't have drinking water and play ground to play. The teachers sometimes beat the children in the school when they don't do home work. They are aware of the SMC and they are member of the SMC. When they are sick/ill they access to private clinics and the frequent illness that effect them are fever, head ache, cold, cough etc. As per the children there was some cases domestic violence in the community. The overall ranking of the children is Average.

### 31. East Zone, Circle 2, Church colony

#### Ward Committee:

The community is aware of ward committees and area Sabha, the committee has been formed and meeting held monthly once. But the ward Sabha members has no role in ensuring children rights and they don't focus on area development.



#### Community:

The community members visit the school and check the issues like sanitation, corporal punishment, teacher's attendance, infrastructure etc. they visit the school whenever possible and they are not aware of SMC and they are not members in it. In this community they don't have child labour. They are aware of the role of local authority under RTE Act. The community has access to Anganwadi and all the members ensure that all infants and children up to 6 years are immunized.

They have access to open land/place which is used as park and play ground and community hall. They don't have library, reading room, toilets in the community. They don't have street children, destitute and homeless. There is no occurrence of domestic violence, child abuse/ trafficking/early marriages and delinquent issues. The community has no access to PHC's and UHP or sub centres. The community has problem with solid waste management, drainage system. They don't have self employment schemes and they do not interest about SHG's and they are facing problem with transportation.



#### Children:

All the children of the group regularly attending the school, some of children are labours because of poverty and parents demises; in fact 10 to 15 school going children also going to do work in holidays and every Sundays. Few child marriages happened because of good match. There is one primary and high school they are getting midday meals in the school and they have good facilities like drinking water, toilets, computers and benches for every class etc, they have sufficient class rooms and teachers. But the schools are running by two sessions' morning time 08:30 am to 12:30 noon primary school and 12:30 to 05:00 pm high school. Corporal punishment is very high in the higher school.

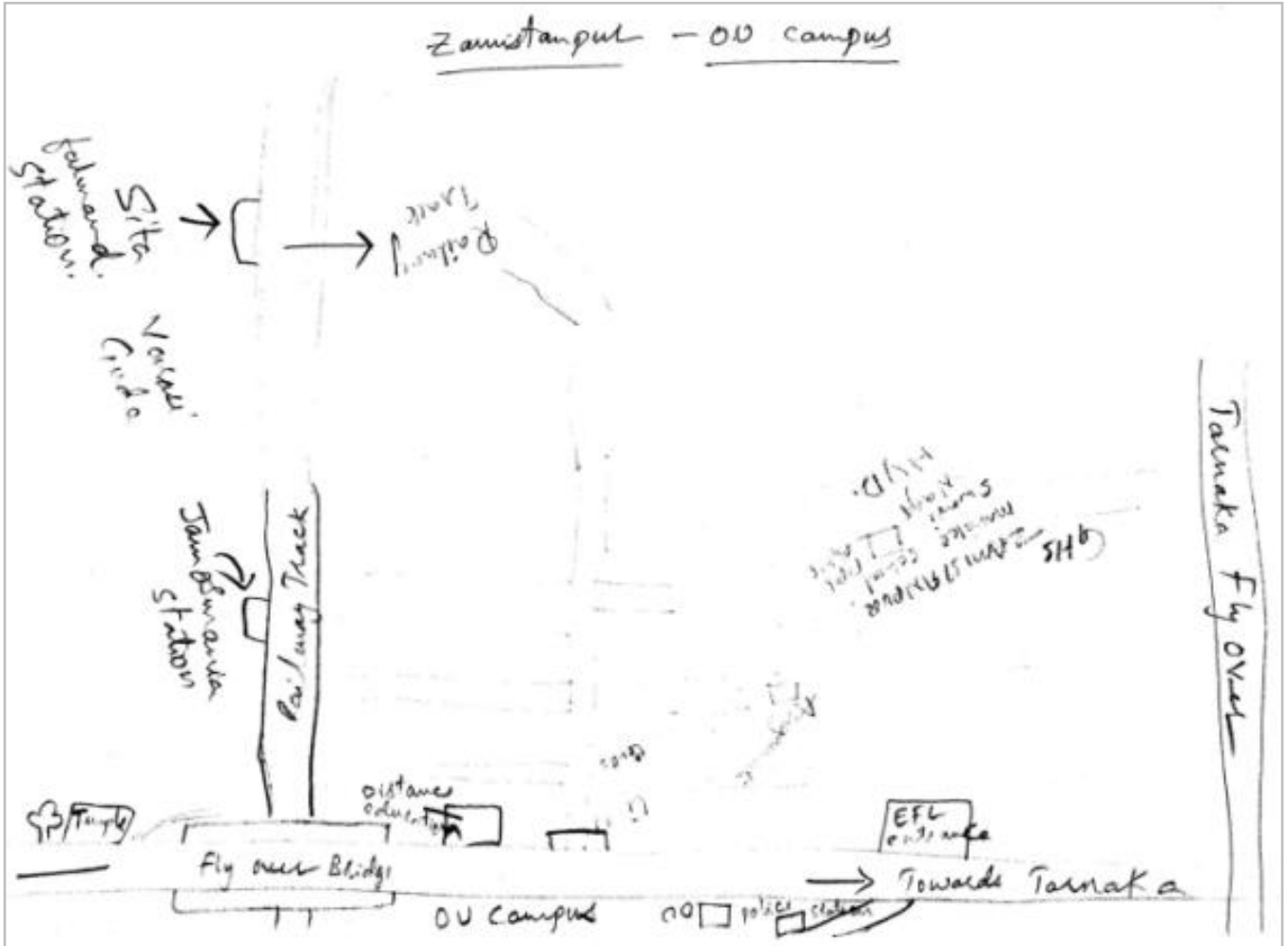
In this area there is no government hospital if the community falls ill they are going to private hospitals. Domestic violence still prevails in the community. Children are aware of 1098(child help line) and Anganwadi is functioning very well. They don't have access to play ground, parks, library, reading room and community hall. Recently sanctioned community hall from government and it is now under construction. Area environment is good.

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32. East Zone, Circle 2, Manikeshwari Nagar

Ward Committee

Community people are aware of ward committee/area Sabha and the same has been formed. The frequency of the meeting depends at the time of festival. There is no role of ward Sabha members in ensuring children's right. There is no role of the community in the local development.



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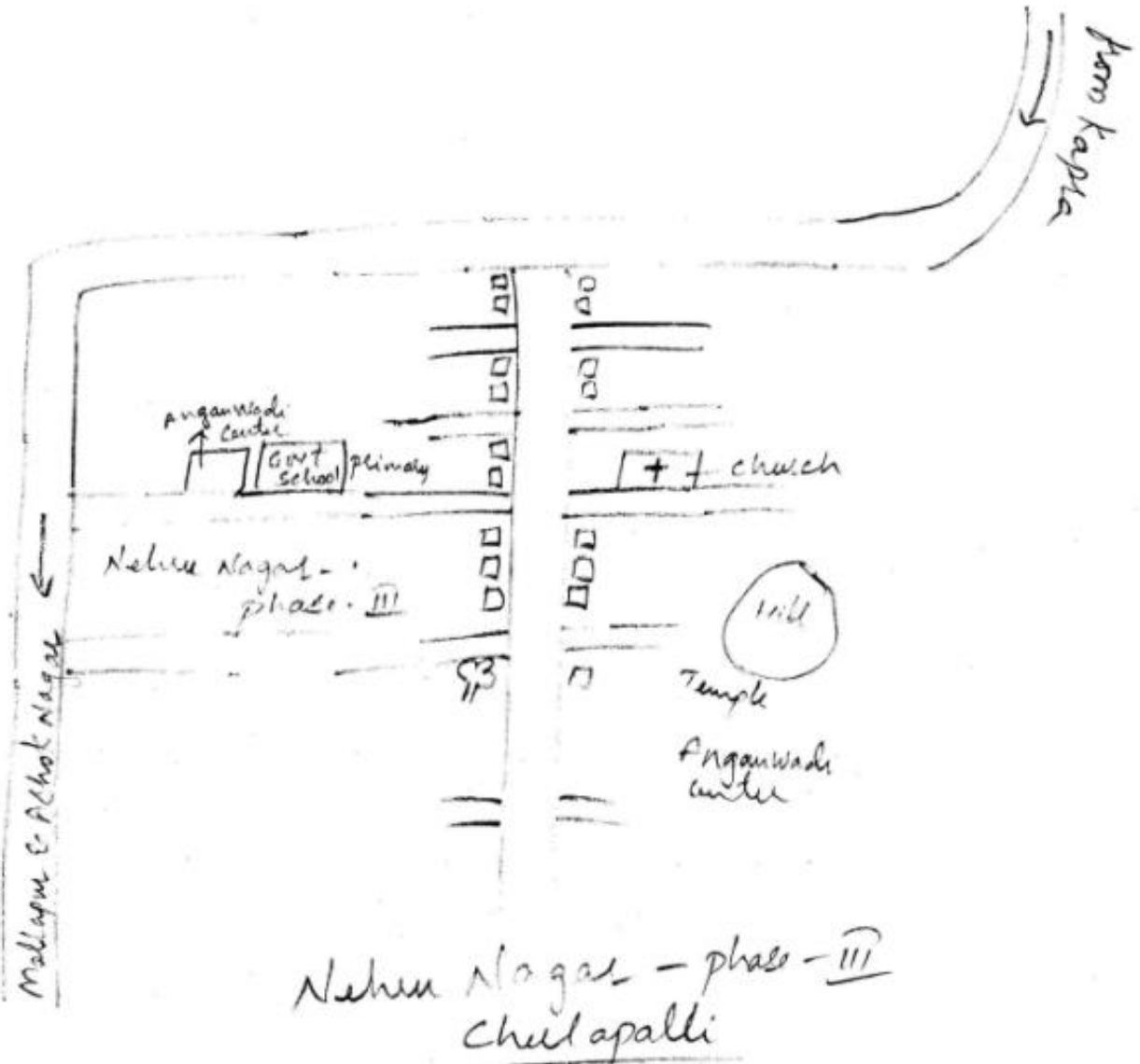


**Community:**

The community checks the issues whenever possible in schools like sanitation, infrastructure, teacher's attendance, corporal punishment etc. When any issues are identified it is reported to the HM's/Principle of the school. The community is aware of the SMC but they are not the member of the SMC. The community identifies child labour which is prevailing due to poverty. The community is not aware of the role of local authority under RTE Act. Community has access to Anganwadi centre and they ensure that all infants and children up to 6 years are immunized. The community has no access to public spaces like parks, play grounds, public toilets, library, reading rooms etc. they have only access to community hall. No identification of street children, destitute, homeless etc. No incidents of child abuse, trafficking and delinquent issues etc but has issues in regard to domestic violence and they solve among themselves. The community faces problem with sewerage and drainage system. They do not have access to self employment and youth training programs schemes provided by the government.

**Children:**

The environment of the slum is terrible due to improper wastage and drainage. They have proper CC roads and their streets are cleaned weekly once or twice. They have access to community hall, but they don't have access to reading rooms, parks, play grounds, library etc. In this community child labour is prevailing, they are working in hotels and labour work. Four children were married (child marriage), school going children also do labour works and hotel works because of poverty. Children are not aware of 1098(child help line), there is one primary and two high schools they go by walk. In the school they have good facilities like midday meals, library, computers, drinking water, benches and tables, toilets etc, they are getting school uniforms and they have sufficient class rooms and class wise teachers.



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### 33. East Zone, Circle: 1, Nehru Nagar Phase-III

#### Ward Committee:

Community is not aware of the ward committee/ Area Sabha. When an issue arises the community gets supplement support from the corporator and nearby industrial owners where the community people work.

#### Community:

The community has no role in the local area development. The community members visit the school in which their children study and check the issues like sanitation, corporal punishment, teacher's attendance and infrastructure of the school once in a month. When the community people identify any issues they report to the corporator and further action will be taken by him. They are aware of the SMC and they are not the members of SMC. The community has more number of child labours due to poverty, the community play a role in sending the children to go school but they don't go. The community is not aware of the role of local authority under RTE Act.

The community have Anganwadi centre where there is no proper supply for adolescent girls and lactating women. The community has no access to public space like parks, play ground, library, reading room, public toilets and bath rooms. But they have access to community Hall. There is no destitute, street children identification, no night shelters, PHC and UHPS or sub centres in the community. There are no incidents of Domestic violence, early marriages, delinquency issues, child abuse etc.

The community has problem regarding drinking water supply, very poor practice solid waste disposable. The community has no awareness on self employment schemes nor youth training and employment programs.



#### Children:

All the children in this group go to school regularly. There are nearly 10-15 children who are child labour, this is due to lack of interest in education, they are vagrant, vegetable vending, working in companies etc. The children have access to primary schools but no high school. The dropout rate of higher class children is more in number because of non accessibility of high school in the neighbourhood. The present primary school has sufficient class room and class wise teachers. Street cleaning and garbage picking is done regularly in community by the GHMC workers. They have sufficient street lights and trees in the community. Anganwadi centre is functioning as per required. There is no PHC and UHPS or sub centres are not available in the community or the surroundings neighbourhood. The community has access to private hospitals/ clinics they have to come to Gandhi Hospital- Musheerabad or ECIL government hospital. The quality and quantity of the midday meal is good, but the children have no proper toilets and sufficient water to use. The children have health issues like fever, cold, vomiting, stomach ache, head ache etc. They have problem with stray dogs. Children are not aware of this child help line number 1098.

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[www.humarabachpan.org](http://www.humarabachpan.org)



## HUMARA BACHPAN CAMPAIGN

National campaign on  
safe and healthy environment  
for young children

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