Situation Analysis

Creating Learning Opportunities and Better Nutritional Practices for the Children on Move in West Bengal

Save the Children

SIGMA FOUNDATION

ORACLE

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*Alphabetically arranged

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Contents

Abbreviations

AWC	Anganwadi Centre
AWW	Anganwadi Worker
BEPC	Bihar Education Project Council
CAPI	Computer Assisted Personal Interview
CDPO	Child Development Project Officer
COVID	Corona Virus Disease - 2019
CPCR	Child Protection and Child Rights
DEO	District Education Officer
FGD	Focus Groups Discussion
GoWB	Government of West Bengal
GP	Gram Panchayat
HH	Household
ICDS	Integrated Child Development Scheme
JEPC	Jharkhand Education Project Council
KII	Key Informant Interview
MAC	Multi-Activity Centre
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MHM	Menstrual Hygiene Management
NCLP	National Child Labour Project
NGO	Non-Government Organization
OBC	Other Backward Classes
RTE	Right to Education
SBCC	Social Behaviour Change Communication
SC	Schedule Caste
SDG	Sustainable Development Goal
SRS	Simple Random Sampling
ST	Scheduled Tribe
STC	Save the Children
TLM	Teaching Learning Material
ULB	Urban Local Body
VHND	Village Health Nutrition Day
WASH	Water Sanitation Hygiene
WCD	Women and Child Development

Executive Summary

The industries which run mostly on migrant labour is brick making or brick kilns.Up to 63% of the brick kilns are found in the northern Indo-Gangetic plains in the Punjab, Haryana, Uttar Pradesh and West Bengal.Brick kiln workers are mainly seasonal migrant workers who migrate for six months or more with their families to the kiln sites. Lack of livelihood sources in the villages forces parents to migrate along with their children to work at the brick kilns. Children accompanying migrant parents to the brick kilns face a more difficult life due to factors like social and cultural isolation, participating in work alongside parents, vicious cycle of extreme poverty, poor health conditions, language barriers, poor educational attainment etc. With outbreak of the pandemic and resultant nation-wide lock-down, many of the migrant workers were stuck at brick kilns and had to face acute financial crisis. Thus, the situation for the children of the migrant families further deteriorated with regard to their access to education, nutrition and other essential services. Within this backdrop, Save the Children India planned for a project viz. "*Creating Learning Opportunities and Better Nutritional Practices for the Children on Move in West Bengal*" in Malda and North 24 Parganas districts (where brick kiln industry thrives and child labour is considerably high) to support the children of the migrant families in brick kilns in accessing nutritional supplementary services, education and other essential services. To assess the present status of these migrant children in the brick kilns related to their education, nutrition care and WASH in post-COVID situation and to provide a reference to the above-mentioned project, a baseline study has been conducted by SIGMA Foundation.

The study has followed a mixed method approach and the research tools have been designed to collect both quantitative information using structured questionnaires and qualitative information through Key Informant Interviews (KII) or Focus Groups Discussions (FGD) using appropriate semi-structured discussion points. The primary survey was conducted across brick-kilns in one block of North 24 Parganas and 2 blocks of Malda. The primary target group were mothers of

child aged 0 to below 18 years old and adolescents (aged 11+ to below 18 years).

The Baseline study found that around two-third of the mothers were illiterate. The households stayed at labour hutment, provided by brick-kiln owners within the premises of the brick kilns. The walls of these hutment were made of brick and the roofs were made of plastic sheets in most of the cases. The living arrangement was unhygienic. In Malda, majority of the workers were inter-state migrants while in North 24 parganas, majority were intra-state migrants. The major reasons for migration were higher income prospect and lack of earning opportunities at the native village. The monthly wage was found to be higher in Malda compared to that in North 24 Parganas and the main reason of this higher wage rate was existence of trade unions having bargaining power.

52.1% mothers in Malda and 92% mothers in North 24 Parganas reported that their child is enrolled at the AWC. Enrolment and accessibility to the services throughout the year was found to be a serious issue, especially among the child of inter-state migrant families. As mentioned by AWWs and officials of ICDS department, the services from AWCs were provided only to the enrolled children and women. Therefore, non-enrolled children were not receiving any services from AWCs. The counselling services from the AWCs were very limited and the availability of child friendly infrastructures was also found to very limited in both the districts.

On an average, 62.7% boys and 73.1% girls (aged 11+ to below 18 years) were enrolled to formal educational institution. The enrolment rate was higher for girls in both of the districts. Out of the enrolled children of inter-state migrant families, in 96.6% and 100% adolescents in Malda and North 24 Parganas respectively enrolled at the institution located at their native place. Therefore, it can infer that although these children had enrolled, they did not have access to such institutions nearly for half of the year since they were staying at brick kilns with their parents. The activities of schools during the period of pandemic were very limited. In North 24 Parganas, none of the adolescents mentioned of conducting online classes by their schools. According to more than half of the adolescents, learning during closure of schools was less than that during normal time. There was hand wash basin in only a few schools. 16% boys and 14.1% girls were dropped from the institution. The major reasons for dropping out were lack of interest in studies, engagement in household chores etc. A higher proportion of boys in Malda had access to MAC compared to their female counterpart while the accessibility was marginally higher among girls in North 24 Parganas.

49.3% boys and 47.4% girls reported that they worked as labour at the brick-kilns. In both the study districts, the proportion of boys engaged as labour was little higher than that for girls. In North 24 Parganas, all the adolescents got weekly-off at their workplace while 66.7% boys and 80% girls got the weekly-off in Malda. Remaining adolescents had to work every day.

Tube-well was the most common source of water for households. Community toilet was used for defecation by most of the households. 1.8% households in Malda practiced open defecation. 14.4% mothers and 13.1% adolescents reported of washing hands with soap and water always at all five critical occasions - before eating, after defecation, before cooking, before feeding child and after cleaning child.20.8% adolescents in Malda and 50% adolescents in North 24 Parganas were unaware of their age at menarche. The adolescent girls had very limited knowledge on MHM.

Non-institutional delivery was found in both the study districts. 19.9% mothers in Malda and 7.9% mothers in North 24 Parganas had knowledge on at least 6 food groups. It was found that cereals

were consumed by 100% of the children of all age groups from 6 months onwards. The most common food items consumed were rice, biscuit, *roti* and puffed rice).

Based on the findings of Baseline survey, the key recommendations for future actions are following:

- Need to develop a system of identity card for the children, who are likely to migrate along with their parents so that they can get admitted to the AWCs/schools nearest to the place of destination by using the card.

- The state government may network with suitable NGOs to extend support by visiting the brick kiln at regularly to the migrant children to identify persons who can speak the language of the people.

- There is need for advocacy with the officials of the Labour Department, School Education Department and the Women & Child Development Department who are working on the status of the migrant children in the brick kiln and how they can act to ensure that all children irrespective of their state of origin can enjoy their rights.

- Monitoring of basic amenities and infrastructure at schools and AWCs by the departments concerned for improving those and also by the Gram Panchayat for improving the infrastructures through Gram Panchayat Development Plan (GPDP)

- Sensitisation of Block Development Officers, Sub-Inspectors of school and the Child Development Programme Officers (CDPOs) on the conditions of the migrant children and encouraging them to visit those places and ensure that due services are made available.

- Need for building capacities of the teachers to be able to communicate better with the migrant children and to be able to counsel them in case they find difficult to get integrated with the social environment of the destination state and extend other psychosocial supports.

Fact Sheet

Sl. No.	Indicators	N	Malda	North 24 Parganas
	Household Characteristics			
1	% of mothers literate	Malda- 271 N. 24 Parganas - 139	22.4	45.3
2	% of households had MGNREGS card		14.0	33.1
3	Mean Monthly Wage at Households (Rs.)		19,800	9,300
4	% of inter-state migrant family		86.3	6.5
	Knowledge and Access to WASH Facilities at Household Level			
5	% of households having drinking water sources within the premises	Malda- 271 N. 24 Parganas - 139	100	100
6	% of households performed water treatment at household level		18.5	-
7	% of households used toilet for defecation		98.2	100
8	% of mothers had knowledge on considering "after defecation" as critical occasion of handwashing with soap		87.5	98.6
9	% of mothers washed hands with soap and water at all five[1] critical occasions		12.9	17.3
10	% of mothers mentioned of having knowledge on six-steps of handwashing	Malda- 271 N. 24 Parganas - 139	62.7	55.4
11	% of adolescents washed hands with soap and water at all five[2] critical occasions	Malda- 101 N. 24 Parganas - 52	17.8	3.8

Sl. No.	Indicators	N	Malda	North 24 Parganas
12	% of adolescent girls aware about of their age at menarche	Malda- 48 N. 24 Parganas -28	79.2	50
13	% of adolescent girls had complete knowledge on menstrual hygiene[3]	Malda- 48 N. 24 Parganas -28	20.8	-
	Nutrition: Care, Knowledge and Practice of Mothers			
14	% of mothers fed colostrum to all of their children	Malda- 163 N. 24 Parganas -74	98.2	91.9
15	% of mothers breastfed their child for less than 6 months	Malda- 163 N. 24 Parganas -74	24.6	14.9
16	% of mothers had knowledge on at least 6 food groups	Malda- 271 N. 24 Parganas - 139	19.9	7.9
17	% of mothers could mention at least 5 signs of malnutrition	Malda- 271 N. 24 Parganas - 139	9.6	8.6
18	% of mothers could mention at least 5 reasons of malnutrition	Malda- 271 N. 24 Parganas - 139	8.5	7.2
	Issues related to COVID -19 and Psychosocial Aspects			
19	% of households in which all the members received both doses of vaccination	Malda- 271 N. 24 Parganas - 139	41.9	18.6
20	% of adolescents reported of having contact with friend during the period of pandemic	Malda- 101 N. 24 Parganas - 52	Boy – 54.9 Girl - 30	Boy – 92.8 Girl – 91.7
21	% of adolescents whose burden on HH chores increased during pandemic	Malda- 101 N. 24 Parganas - 52	Boy – 43.1 Girl - 64	Boy – 4.2 Girl – 17.9
22	% of adolescents received psychosocial support from school/MAC	Malda- 101 N. 24 Parganas - 52	Boy – 21.6 Girl - 24	Boy –33.3 Girl – 28.6
23	% of adolescents received life skill training	Malda- 101 N. 24 Parganas - 52	Boy – 25.5 Girl - 22	Boy –20.8 Girl – 25
	Services from AWCs and related issues			
24	% of mothers mentioned that their child is enrolled at AWC	Malda- 163 N. 24 Parganas - 74	52.1	92
25	% of mothers mentioned of receiving THR from AWC for their child	Malda- 163 N. 24 Parganas - 74	42.3	81.1
26	% of mothers received advice on breastfeeding from AWW	Malda- 163 N. 24 Parganas - 74	26.4	66.2
27	% of mothers received advice on food groups to be consumed by mothers and children	Malda- 163 N. 24 Parganas - 74	0.6	27

Sl. No.	Indicators	N	Malda	North 24 Parganas
28	% of mothers mentioned that their child received pre-school education from AWCs	Malda- 163 N. 24 Parganas - 74	33.7	64.9
29	% of mothers mentioned of receiving learning material for their children	Malda- 163 N. 24 Parganas - 74	17.8	36.5
30	% of mothers reported of having at least 3 child friendly infrastructures at AWCs	Malda- 163 N. 24 Parganas - 74	42.9	66.2
	Services from Schools and related issues			
31	% of adolescents enrolled at formal educational institution	Malda- 101 N. 24 Parganas - 52	Boy – 58.8 Girl - 70	Boy – 70.8 Girl –78.6
32	% of adolescents dropped from school	Malda- 101 N. 24 Parganas - 52	Boy – 15.7 Girl - 18	Boy – 16.7 Girl –7.1
33	% of adolescents never enrolled at educational institution	Malda- 101 N. 24 Parganas - 52	Boy – 25.5 Girl - 12	Boy – 12.5 Girl –14.3
34	% of adolescents mentioned of having at least 3 services at schools	Malda- 101 N. 24 Parganas - 52	Boy – 21.6 Girl - 18	Boy – 46.4 Girl –62.5
35	% of adolescents mentioned that the school conducted online classes	Malda- 101 N. 24 Parganas - 52	5.9	-
36	% of adolescents reported of learning nothing or less during pandemic	Malda- 101 N. 24 Parganas - 52	Boy – 83.3 Girl –85.7	Boy – 100 Girl –100
37	% of adolescents enrolled at MAC	Malda- 101 N. 24 Parganas - 52	Boy – 14 Girl –30	Boy – 25 Girl –20.8

1. *Five critical occasions are before eating, after defecation, before cooking, before feeding child, after cleaning child.*
2. *Ibid.*
3. *Complete knowledge on menstrual hygiene: Know age at menarche, know that bleeding during menstruation is a natural phenomenon and this is not a reason to worry, hygiene during menstruation can be maintained by using sanitary napkin/clean cloth, changing napkin/cloth depending on flow and perspiration, washing hands after changing napkin/cloth, daily bathing.*

Chapter 1: Background of the Study

Introduction

There are over 1,00,000 brick kilns in India, which produce around 150-250 billion bricks annually and employ 10-15 million workers.[4] India accounts for about 10% of the global brick production; consequently, the brick making industry in India is vast. Brick Kilns in India are highly labour-intensive and are characterized by the use of manual labour, primitive and age-old technology, low capital-intensity, seasonal employment and lack of adequate regulations.

Brick kiln workers are mainly seasonal migrant workers who migrate for six months or more with their families to the kiln sites. They belong mostly to Scheduled Castes/ Tribes, inhabit some of the poorest areas in the country and constitute one of the most exploited sections amongst unorganized sector workers. They are the 'industrial reserve army' created due to the vicious cycle of poverty and inequality. They work for long hours each day (often 16 hours), receive meagre wages and endure difficult working and living conditions. As a result, majority of the workers accumulate debts that they are never able to repay, thus converting them to bonded labour. Their bondage is to the owners as well as the contractors who give them an advance payment with the promise of providing them secure work at the brick-kilns. Studies suggest that the availability of this vast pool of cheap labour has hindered modernization of the industry as employers have no incentive to invest in labour-saving technology.[5]

Underprivileged and vulnerable families from the states of Bihar, Jharkhand and Odisha migrate to the brick kilns of West-Bengal (Malda and North 24 Parganas) every year during the brick making season. Lack of livelihood sources in the villages forces parents to migrate along with their children to work at the brick kilns. Children who come along with their parents are also compelled to work with them at the brick kilns. They are particularly susceptible to child labour as they are forced to participate in paid and unpaid work to support household incomes.[6] Children accompanying migrant parents to the brick kilns

face a more difficult life due to factors like social and cultural isolation, participating in workalongside parents, vicious cycle of extreme poverty, poor health conditions, language barriers, poor educational attainment etc. Children whose parents migrate seasonally are more vulnerable as they have to shift between two different social environments continuously and face difficulties in adjusting.[7] Thus, they are the most"at risk" group, in terms of educational vulnerability and capability formation. They are deprived of basic education and many of them are not identified for special education services in a timely manner, thus restricting their accessibility of educational schemes and keepingthem perennially illiterate or under-educated. Therefore, they too become bonded to the low-skill–low-wage trap that their parents are currently in.

These migrant families and children face many challenges and risks while working and living at the brick kilns.[8] Protection, education, health and sanitation are some of the major issues that children of all ages face at the brick kilns. Children are not only exploited and abused but they also have no access to education due to the seasonal migration. The precarious living conditions and the hazardous nature of work at the brick kilns also poses negative affect to their health. Having to carry heavy loads, well above the recommended limit and to remain in squatted posture for long periods doing repetitive tasks poses threats to an individual's musculoskeletal system;[9] more so to children, due to their developing bodies and weaker immune systems as compared to adults.

Project Creating Learning Opportunities and Better Nutritional Practices for the Children on Move

With outbreak of the pandemic and resultant nation-wide lock-down, the situation for migrant workers has worsened. Millions of migrant workers were either stuck in their workplace without food or other basic amenities or, they had to return back to native place without any means of transport or communication. Many of them including child labourers faced fatal accidents and died. Many of them were stuck at brick kilns and had to face acute financial crisis. Thus, the situation for the children of the migrant families further deteriorated with regard to their access to education, nutrition and other essential services.

Within this backdrop, Save the Children India, Bal RakshaBharat (SC) a leading Child Rights humanitarian organization, planned for a project viz. "*Creating Learning Opportunities and Better Nutritional Practices for the Children on Move in West Bengal*" in Malda and North 24 Parganas district (where brick kiln industry thrives and child labour is considerably high) to support the children of the migrant families in brick kilns in accessing nutritional supplementary services, education and other essential services. SC envisages to provide health, nutrition, education, and WASH support for children and women in vulnerable communities of West Bengal who have been impacted by COVID-19, through immediate response and system strengthening approach using existing Health, ICDS and education platforms. The project will ensure that ICDS Centres, schools are prepared and equipped for safe return of such children to schools.

To assess the present status of these migrant children in the brick kilns related to their education, nutrition care and WASH in post-COVID situation and to provide a reference to the above-mentioned project, a baseline study has been proposed by SC. The findings of the study will help in streamlining the project activities and will be used to improve the interventions and contribute to achieving the results of the project. Based on the findings, the study will further provide recommendations that will be instrumental in bringing the aspired change through the project intervention.

SIGMA Foundation, a 'not for profit' society with head office at Kolkata has taken up thebaseline study. The organization has specialization in disciplines related to various social and economic development including public health and nutrition. SIGMA Foundation has conducted various assessment study in the states of Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Maharashtra, Madhya Pradesh, Odisha, Rajasthan and West Bengal.

Objective/Purpose of the Situation Analysis (Baseline)

The broad objectives of the proposed Situation Analysis (Baseline) study will be the following:

- To assess an overall scenario of the children on move, especially related to education, nutrition care and WASH practices
- To assess the issues related to access and continuity of education in ICDS Centres and schools of migrant children in the brick kiln areas
- To understand the knowledge and capacity of the School Teachers and AWWs on psychosocial support and well-being of children, School Safety protocols and WASH practices to be followed in emergency context including COVID 19
- To assess the preparedness and awareness of government and community with regard to Safe Return of Children to School and ICDS Centres
- To assess the status of ICDS service delivery and its coverage (provisioning and functional status and quality of services) related to child nutrition (growth monitoring, supplementary nutrition, nutrition and health education, immunization, health check-up and referral services) and integrated WASH
- To understand the knowledge level and practice among mothers and care givers and service providers related to child nutrition care and WASH
- To understand the gaps and challenges in inter-state coordination at the government level (Officials from West Bengal) for addressing the learning continuity of migrant children
- Provide recommendations to formulate the strategies for an integrated intervention leading to improved knowledge and practices of the target group and strengthening education, child nutrition and integrated WASH services

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Chapter 2: Methodology of the Study

This chapter describesthe methodology adopted for the Baseline (Situation Analysis) study. It includes the study design and description of all the steps followed throughout the study.

Study Design

The study is a situation analysis which will help to know the current status of the migrant children in the brick kilns related to their education, nutrition care and WASH in post-COVID situation. The study will help developing strategies for addressing the issues of access and learning continuity of migrant children that has been caused due to migration as well as the closure of schools due to the COVID pandemic. It will also help to assess and identify the children who are to be mainstreamed in the ICDS Centres and Schools. Further, the baseline study has been designed to understand the knowledge and capacity of the School Teachers and Anganwadi Workers (AWWs) on providing psychosocial support to children. Further, the gaps and challenges in providing child friendly learning environment in schools and ICDS centres are identified to develop the effective Social Behaviour Change Communication Strategy (SBCC) for the respective target groups. On the other hand, the government officials at different administrative levels have been interviewed to gain insights about their perception on the issues and challenges involved and coordination across departments for addressing the issues faced by the migrant children.

The study followed a mixed method approach i.e., a combination of quantitative and qualitative research. Therefore, the research tools were designed to collect quantitative information using structured questionnaire and qualitative information through Focus Group Discussion (FGD) / Key Informant Interview (KII) using appropriate semi-structured discussion points. With the help of the research tools, the target population were probed to get the required information. This helped to understand the service delivery arrangement and actual service uptake by the marginalized section of the community and to also assess the gaps/barriers faced by the target group. Through the process of identifying the

gaps/barriers, the study made an effort to highlight the priority areas of intervention. Under the proposed study, the list of the stakeholdersreached for assessment were identified as: (i) the mothers/care givers of children, (ii) adolescents (aged 11+ to below 18 years), (iii) AWWs, (iv) school teachers, (v) GP/ULB representatives, (v) key official of Women and Child Development (WCD) and School Education Department, (vi) brick kiln owners and (vii) representatives of Civil Society Organizations (CSO) working for prevention of child labour, well-being of migrant children etc.

Table 1 describes the broad areas of enquiry with these aforesaid stakeholders and how the areas of enquiry are related to the objectives of the proposed study.

Table 1: Broad areas of Enquiry for Different Objectives of the Study

Broad Areas of Enquiry	Associated Study Objectives	Name of the Stakeholder(s)	Study Tool
i. Knowledge of mothers/care givers on child nutrition ii. Feeding practices, food intake iii. Knowledge of mothers on hygienic WASH practices	To assess the status of children in regard to nutrition care, the knowledge of mothers related to nutrition, WASH	Mothers/care givers of Children aged 0 to 11 years	Structured - Questionnaire based survey
i. Accessibility to AWCs, learning practice, status of child friendly environment at AWCs, existence of WASH infrastructures	To understand issues related to accessibility and services from AWCs	Mothers/care givers of Children aged 0 to 6 years	Structured - Questionnaire based survey
ii. Continuity of service received (such as Take-home ration) during the pandemic period	To assess the continuity of nutrition services during the pandemic	Do	Do
iii. Satisfaction on the services from AWCs	To understand the level of satisfaction of the ICDS services	Mother of child of age 0-6 years	Do
i. Accessibility to Schools ii. The learning practice at schools iii. Sufficiency of WASH infrastructures iv. Overall environment at schools from viewpoint of service recipients	To assess the status of the service-delivery at schools	Children (11 to below 18 years) Mothers/Care-givers of children aged 11 to below 18 years	Structured - Questionnaire based survey
i. Knowledge and capacity of AWWs/teachers ii. Continuity of education and other services during the period of lock-down iii. Existence of Drop-out children iv. Steps to bring back the dropped-out children to schools	To assess the knowledge of AWWs/teachers on psychological support for wellbeing of children	AWWs School Teachers	KII
i. Growth monitoring, immunization, health-check-up and various referral services at AWCs ii. WASH Infrastructure at AWCs and schools iii. Safety protocols followed in context of the pandemic	To assess the service delivery of ICDS and its coverage, safety protocols	AWWs, School Teachers	KII, Physical Inspection
Gaps and barriers in continuity of education of migrant children, related policies	To understand the gaps and challenges in inter - state coordination at the government level	Key functionaries at GP/ULB, WCD and education department	KII

Methodology

The study hasbroadly divided into four phases - desk review of secondary data, process of sample selection and designing the survey tools (structured questionnaire and discussion points) for data collection, field survey and concurrent checking of the captured data and analysis of data and writing report. The activities are elaborated in the sections below.

Desk Review

A background document review was carried out at the beginning, to understand the context of the project, especially with respect to international commitments in nutrition. The review included: the concept note; approval documents, project log-frame and other project management documents. There was also a review of the secondary literatures in the area of child nutrition, education with a focus on status for migrant families. Further, the various schemes and programme of the government for improving the health and nutritional condition of pregnant and lactating mothers, child and adolescents were swotted.

Study Geography

The study has been carried out in Kazigram GP of English Bazar block, Bhabuk, Mangalbari and Mahish Bathani GPs of Old Malda block, 4 wards of Old Malda Municipality in Malda district; and Minakhan and Bamanpukur GPs of Minakhan block under North 24 Parganas district of West Bengal.

Designing of Sample Size for Quantitative and Qualitative Survey

The situation analysis has followed mixed method sampling. The target group for the quantitative survey were mothers/care givers of children of 3 different age group (0-5 years, 5+ to 11 years and 11+ to below 18 years) and adolescents of age group 11+ to below 18 years.

The sample size for the quantitative survey was based on margin of error method which is described below.

$$\text{sample size} = z^2(p*q)/d^2$$

Where:

$z = 1.96$ (given a 95% confidence level and thus an alpha or Type I error = 0.05)

p = estimated or expected minimum prevalence of the condition or service in the target population in the selected intervention area. (50 % p value gives maximum sample size)

$q = 1-p$

d = the absolute accuracy (± an absolute percent from the estimated minimum prevalence) of the measurement at the given confidence level.

Taking 95% CI and 8% precision, and keeping in mind the population size of the blocks to draw a representative sample, the calculated sample size for the study was 410. Therefore, the sample size for the mothers/care givers was 410. This was distributed among mothers/care givers of children of 3 different age group (0-5 years, 5+ to 11 years and 11+ to below 18 years). Further, the adolescents of age group 11+ to below 18 years (of whom mothers were interviewed) were covered for quantitative survey. It is important to mention that the sample was selected in such a manner that member(s) of all of these families are engaged in brick kiln as labour. The population and the number of brick kilns was taken under consideration for sample size distribution across GP/municipality. The distribution of this sample size across study geography is presented in Table 2.

Table 2: Distribution of Sample for Quantitative Survey				
District	**Block**	**GP/Municipality**	**Sample Size for Mothers/care givers of children of 3 different age groups**	**Sample Size for Children of 11+ to below 18 years**
Malda	English Bazar	Kazigram GP	48	20
	Old Malda	Bhabuk GP	61	21
		Mangalbari GP	29	11
		Mahish Bathani GP	39	14
		Old Malda Municipality (Ward no. – 1,2,11 and 19)	94	35
North 24 Parganas	Minakhan	Minakhan GP	88	35
		Bamanpukur GP	51	17
TOTAL			**410**	**153**

On the other hand, the qualitative survey has followed the snow-balling method in regard to determination of sample size. The proposed sample size for various level of stakeholders were:

(i) Mothers: There was one FGD with mothers in each of the two study districts. Thus, there were 2 FGDs with mothers.

(ii) Adolescents (aged 11+ to below 18 years): There was one FGD with the adolescents in each of the study districts.

(iii) Anganwadi Worker (AWW): There was KII with two AWWs in each of the 6 GPs and two KIIs at Old Malda Municipality. Thus, the study covered14 KIIs with AWWs. The AWCs were also inspected physically.

(iv) School Teachers: There was KII with 2 school in each of the 6 GPs and the municipality. Thus, there were 14 KIIs in this segment. The facilities at schools were also inspected physically.

(v) Panchayat/ULB representatives: KII was carried out with the functionaries of each of 6 GPs and one ULB. Thus, there were 7 KIIs in this segment.

(vi) Functionaries of WCD Department: There was KII with the key functionaries of the WCD department at each of the 3 study blocks (English Bazar, Old Malda and Minakhan), 2 study districts and also at state level in West Bengal. Therefore, 6 KIIs were be carried out with official of WCD department in West Bengal. Further, to understand, the context of inter-state government coordination, the key official of this department was interviewed in Bihar.

(vii) Functionaries of School Education Department: There was KII with the key functionaries of School Education department at block level (each of the 3 study blocks), district level (2 study districts) and at state level. Moreover, similar to the earlier, the key official of this department (at state level) was interviewed in Bihar and Jharkhand. Thus, in total, 8 KIIs were conducted at this segment.

(viii) Functionaries of Labour Department: There was KII with official of labour department at block level (each of the 3 study blocks), district level (2 study districts) and at state level. Thus, in total, 6 KIIs were conducted at this segment.

(ix) Official of Commission for Protection of Child Rights (CPCR): There was a KII with

the director of CPCR at state level of West Bengal.

(x) Brick Kiln Owners: There was one KII with brick kiln owners in each of Minakhan and English Bazar blocks and 2 KIIs (one at rural and another at urban area) at Old Malda block. Thus, there were 4 KIIs in this segment.

(xi) Representative of Civil Society Organization (CSO) working for prevention of child labour: There was KII with key official of a CSOs working for prevention of child labour in West Bengal.

Preparation of Survey Tools

There were 2 different quantitative survey tools (one for mothers/care givers and another for children) and 10 semi-structured discussion points for FGDs/KIIs with 10 different stakeholders. The quantitative tools for mothers focused on their knowledge and practice regard to child nutrition care and WASH, overall status of their children, accessibility at AWCs and schools, access to various government schemes etc. The tool for children included questions to know their educational level, food habits, testing of cognitive power, school-going practices, work etc. On the other hand, the AWWs and school teachers were enquired to know their capacity in providing psychosocial support to children during pandemic, the practices followed regarding learning of children, returning of dropped-out children etc. All the aspects were enquired with a lens of COVID-19 pandemic in mind. There was discussion with GP/ULB representatives to know their role in supporting nutrition and education of the children, strategy taken for safety of children of migrant workers etc. The functionaries of respective government department were queried to know their knowledge on the ground level, plans, coordination across departments. Further, a checklist was prepared for physical observation at schools and AWCs in regard to child friendly environment, WASH infrastructures etc. All the survey tools were shared with Save the Children team for their feedback. After incorporating their feedback, the tools were finalized and translated into the local language – Bengali.

Development of Computer Assisted Personal Interviewing (CAPI) Tool

The quantitative survey was done using Computer Aided Personal Interviewing (CAPI) tool and the responses have been stored digitally, to enable checking and further processing of the data. After finalization of the survey tools, the questionnaires were put in a mobile application for CAPI. KoBo collect platform was used for development of the CAPI. After preparation of the CAPI, the application was checked internally (especially for the logics) and modified the errors accordingly, before the hands-on training. The application was bilingual – English and Bengali. It aimed to capture the geographical location and relevant image during the survey to keep track of the location of the survey. The platform allows to capture data in offline mode also, so that the captured data could be synced/uploaded as and when the internet was available.

Training for Primary Data Collection

To ensure quality of data collection within the stipulated time frame, training of the field coordinators and the field investigators was given on 18th December, 2021. The training was conducted virtually considering the pandemic situation. The purpose of the study was elaborated at first and then the quantitative tools were discussed in detail using the CAPI. At the end, the ethical issues and protection policies were also elaborated. There was hands-on training using CAPI at the field on 21st December, 2021.

Field Survey

The quantitative and qualitative survey was carried out simultaneously in both the study districts. The

survey was conducted between 22nd December, 2021 and 5th January, 2022. During the field survey, the data was checked concurrently to share feedback with the enumerators and maintain the data quality. The field supervisors were present throughout the survey. They made surprise visits and also looked after various support needed by the field team. All the standard ethical guidelines were followed during the field survey. The informed consent was collected in hard copy from all the respondents in the format given by Save the Children. The discussion with the official of various department at the state level was conducted in virtual mode.

Compliance with Ethical Standard

The following ethical guidelines were followed throughout the data collection process under the proposed Baseline study.

- All the interviews and discussions started with an introduction explaining the objectives and purpose of the study including the risks and the benefits of participating in the survey.
- It was clearly mentioned that the participation in survey is completely voluntary. The interviews were conducted only after obtaining the informed consent of the respondents.
- It was stated that the data collected will be subjected to confidentiality norms and no names or personal details of the respondents will be shared.
- While recording of discussions and capturing of visual stills/moving images (if required), prior permission was taken.

Along with maintaining all the aforesaid ethical norms, data masking was done for protection of the data and all the transcripts of the KIIs were anonymized. The study followed SC'sChild Safeguarding Policy throughout the entire period. All protocols related to COVID-19 were followed strictly on field and the investigators were thoroughly trained on it.

Data Cleaning and Analysis

The collected quantitative data was extracted from the digital platform and thoroughly checked. In case of dubious responses from the survey, the respondents were contacted again, to correct the reply. The raw data was shared with Save the Children team. After cleaning of data, it was exported to software for analysis. After merging and appending of data, the variables were created for analysis, following which, explanatory and confirmatory analysis were performed and data tables were generated. Cross-tabulation was carried out to delineate the findings, which were in turn segregated with respect to indicators.

On the other hand, final transcription of the KIIs were prepared with the help of field notes, recordings etc. The process of content analysis was followed to define the findings from such discussions. Data triangulation with response of various stakeholders was performed to gain better insights.

Limitations of the Study

The members of study team could not conduct the discussion with the officials of the ICDS department at Bihar and Jharkhand due to their unavailability.

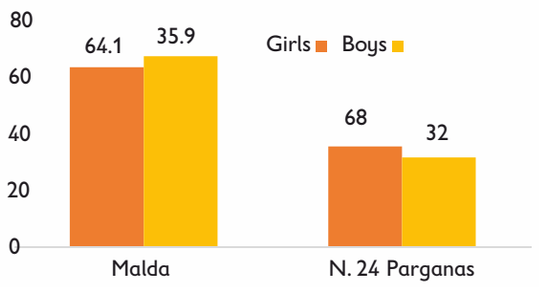
Chapter 3: Findings related to Services from AWC and Schools and Issues related to Access to Education

General Information and Socio-Economic Characteristics

Sample Distribution

As mentioned in Chapter II, the household survey was conducted across 23 brick kilns in 2 GPs of North 24 Parganas and 25 brick kilns in 4 GPs and one ULB of Malda district. At the household level, the target group was mothers and adolescents. 66.1% of the surveyed mothers were from brick kilns of Malda and remaining 33.1% was from North 24 Parganas. Moreover, the sample distribution of adolescents is shown in Graph 3.1. Out of the girls surveyed, 64.1% and 35.9% were from Malda and North 24 parganas respectively.

Graph 3.1: Sample distribution of Adolescents n = 101 (Malda) 52 (N.24Parganas)



Social Classification

In Malda, 56.5% households were Muslim followed by Hindu (43.5%). The corresponding figures were 58.3% and 41.7% in North 24 Parganas. Thus, there is prevalence of Muslim population at the brick kilns of both the districts. In Malda, 61.3% of the households belonged to General Category, 27.7% belonged to Scheduled Caste (SC) category, other backward classes (OBC) were 7%, and remaining 4% were Scheduled Tribes (ST). In North 24 Parganas, 95% surveyed households reported to belonged to General category, 2.9% were ST, 0.7% SC and remaining 1.4% were from OBC category. Hence, the majority of the sample households were categorized under General category.

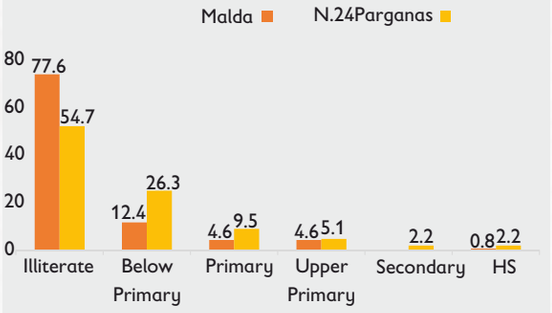
Mother tongue of 93.5% households were Bengali in North 24 parganas while the same was only 12.2% in Malda. 86% and 3.6% mothers in Malda

and North 24 Parganas reported their mother tongue to be Hindi. Mother tongue of minor percentage of respondents were Santhali and Mundari.

Education Level

The Baseline survey revealed that more than two-third (69.3%) mothers were illiterate. This varied

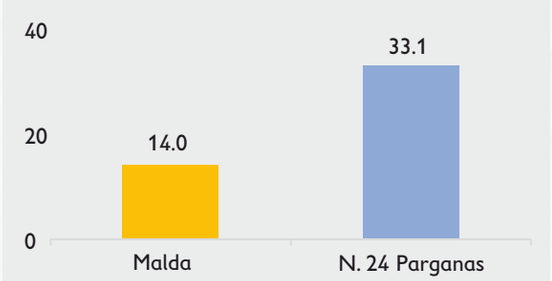
Graph 3.2: Education Level of Mothers n = 271 (Malda) 139 (N.24Parganas)



from 77.6% in Malda to 54.7% in North 24 Parganas as shown in Graph 3.2. 17.5% respondents were literate at below primary level. Only 1.3% mothers (0.8% in Malda and 2.2% in North 24 Parganas) were educated up to higher secondary level. Thus, majority of the respondents were illiterate and the education level was low in Malda compared to that in North 24 Parganas.

Availability of Identity Proof Documents

Graph 3.3: Availability of MGNREGS Card n = 271 (Malda) 139 (N.24 Parganas)



91.7% mothers had ration card and this figure varied from 98.6% in North 24 Parganas to 88.2% in Malda. Out of the respondents having ration card, majority own priority ration card in Malda and Rastriya Kadhya Sathi Yojana card in North 24 Parganas as shown in Table 3X.1 in the annex. In 1.3% cases, the respondents were unaware of the type of ration card they hold. Further, 98.5% and 99.3% mothers possess Aadhar card in Malda and North 24 parganas respectively. On the other hand, the percentage of the household having any member holding Mahatma Gandhi National Rural Employment Scheme (MGNREGS) card was only 20.5% (33.1% in North 24 Parganas and 14% in Malda as shown in Graph 3.3). Thus, brick kilns of North 24 Parganas were in better position compared to that of Malda with regard to availability of three type of identity proof documents.

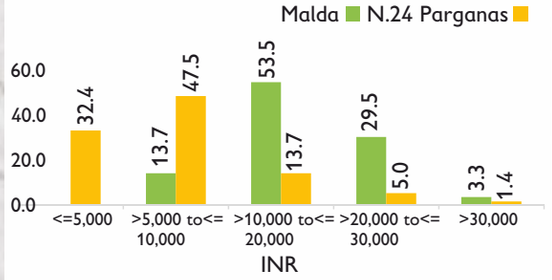
Status of Dwelling at Brick Kilns

All the respondents stayed at labour hutment within the premises of the brick kilns. The walls of these hutment were made of brick and the roofs were made of plastic sheets in most of the cases. As per observation,the huts were very small in size and adjacent to each other, the height of the roof is very low and none of the huts have any separate kitchen facility. This hutment was provided by the brick-kilns owners. While all these hutments in North 24 Parganas reported to have electricity, the same was present in 99.6% cases in Malda.

Wage Earning of Family

There was difference with respect to the basis of the wage payment to the labourers at the brick kilns in Malda and North 24 Parganas. According to 87.1% respondents in North 24 Parganas, the wage payment was made to them on weekly basis and this figure was 53.8% in Malda. 45.8% mothers in Malda reported that they used to receive the wage based on the number of bricks they made

Graph 3.4:
Monthly Wage Income of Households (in%)
n = 271 (Malda) 139 (N.24 Parganas)



and this figure was only 12.9% in North 24 Parganas. The wage was paid on daily basis as said by 0.4% mothers in Malda. Thus, the practice of wage payment on basis of number of bricks made was more common in Malda than that in North 24 Parganas.

Graph 3.4 shows monthly wage income of the households from the brick kilns. The average monthly wage earning was Rs. 9,300 in North 24 Parganas and Rs. 19,800 in Malda. 32.4% of the households in North 24 Parganas earned less than equal to Rs. 5,000 monthly from the brick kiln while none of the households in Malda has such low level of income. The monthly income of more than half of the households (53.5%) in Malda was between Rs. 10,000 and Rs. 20,000. However, highest monthly income reported was Rs. 40,000 in both the districts.

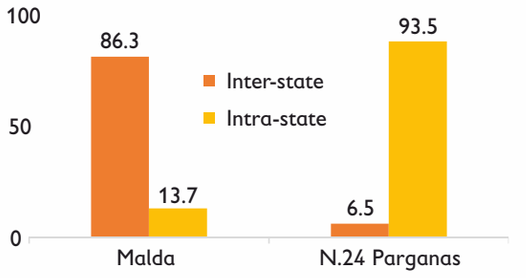
It was found that the average number of household members engaged in Malda and North 24 Parganas were 2.1 and 1.9 respectively. Thus, the difference was not so significant between the study districts in regard to no. of household members engaged in brick-kiln. Further, as per responses received during FGD, wage rate was higher in Malda as there is negotiation meeting between Trade union and the brick kiln owner's association every year for setting wage rate in Malda. Thus, this bargaining power of trade unions in Malda may lead to increase in the wage rate.

Issues related to Migration

Status of Migration – Source/Native Place

The picture of migration with respect to the native place of the migrants (workers in the brick kilns) was very different across the study districts. In Malda, the majority (86.3%) were inter-state migrants while in North 24 Parganas, majority (93.5%) were intra-state migrants as shown in Graph 3.5. In both of the states, the source states were Jharkhand, Bihar and Chhattisgarh. The most common source districts in these states were Godda, Raajmahal, Hazaribagh, Paschimi Singhbum, Bhagalpur, Banka. On the other hand, in North 24 Parganas, out of intra-state migrants, 83.8% were from same district (North 24 Parganas), 15.3% were from South 24 Parganas and only 0.8% were from Purba Medinipur. Contrarily, in Malda, out of

Graph 3.5: Status of Migration (in%)
n = 271 (Malda) 139 (N.24 Parganas)

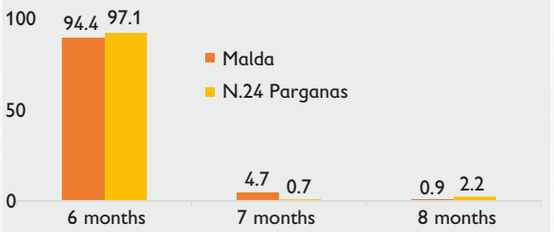


intra-state migrants, 73% were from same district and the remaining 27% were from Uttar Dinajpur. Thus, it can be conferred that majority of the intra-state migrants belonged to the same district, i.e., intra-district migration has taken place. Due to this inter-state migration feature in Malda, mother tongue of majority of the respondents was Hindi (as discussed earlier) and the proportion of workers holding identity proof was less compared to that in North 24 Parganas.

Nature of Migration

88.1% mothers in Malda and 92.7% mothers in North 24 Parganas reported that they come to the brick-kiln for work every year. As shown in Graph

Graph 3.6: No. of Months Stayed at Brick Kiln
n = 271 (Malda) 139 (N.24 Parganas)

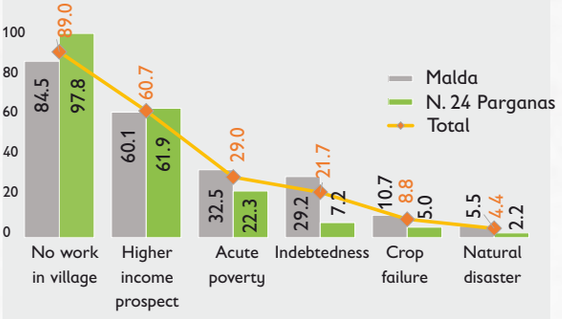


3.6., majority of the respondents stayed for 6 months in the brick kilns. Thus, the nature of migration is seasonal. In case of Malda, the migrant families used to come at the worksite in the month of October-November, while the same took place in September-October in North 24 Parganas. On the other hand, they used to go back to their native place in April-May as said by respondents in Malda and in February-April in North 24 Parganas.

Reasons for Migration

The respondents mentioned various reasons for their migration as shown in Graph 3.7. The most common reasons found were lack of work in their native village and prospect for higher income. These were common irrespective of the study districts. However, indebtedness as a reason was mentioned by higher proportion of the respondents in Malda compared to that in North 24 Parganas.

Graph 3.7: Reason for Migration (%)
n = 271 (Malda) 139 (N.24 Parganas)



Engagement of Work other than at Brick-Kiln

59.4% mothers in Malda and 72.6% in North 24 Parganas reported that they remained engaged in other works when they were not in the brick kiln. The type of work they remained engaged in their native place varied across study districts. In Malda, 44.7% and 34.2% were engaged as farm labour and construction labour respectively and the remaining 21.1% respondents remained self-employed. On the other hand, in North 24 Parganas, 86.1%, 5% and 8.9% mothers were engaged as construction labour, farm labour and self-employed respectively. Thus, engagement in the farm sector was relatively common among migrants of brick kilns at Malda.

Services from AWCs: Service Recipients (Mothers) V/S Service Providers

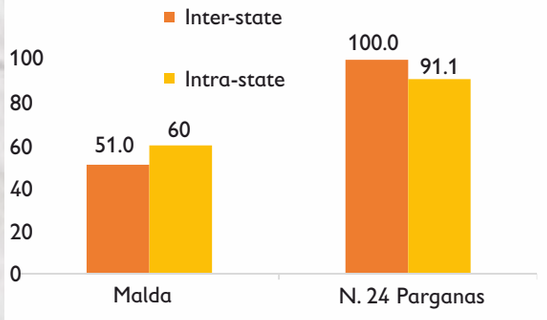
According to Integrated Child Development Scheme (ICDS), the pregnant women, lactating mothers and children of 0-6 years are entitled to received various services related to health, nutrition supplement and early childhood education (for child of 3 to 6 years). In the Baseline survey, the mothers of children of 0 to 6 years were interviewed to understand the services received from the AWCs and related issues.

Enrolment at AWCs

52.1% mothers in Malda and 92% mothers in North 24 Parganas reported that their child is enrolled at

the AWC. In North 24 Parganas, the enrolment was 91.1% among intra-state migrants and 100% among inter-state migrants. On the other hand, in

Graph 3.8: Enrolment Rateat AWCs (in%) n = 163 (Malda) 74 (N.24 Parganas)



Malda, the enrolment rate among intra-state and inter-state migrants were 60% and 51% respectively as shown in Graph 3.8. The overall enrolment rate at AWCs for the two districts taken together was 64.6%.

In Malda, among the enrolled children of intra-state migrants, 58.3% were enrolled at both source and destination, 16.7% at destination and remaining 25% were enrolled at the source area. On the other hand, among children of inter-state migrant families, 56.2% were enrolled at both source and destination, the enrollment was at source and destination in 39.7% and 4.1% cases respectively.

In North 24 Parganas, among the enrolled children of intra-state migrants, 74.2% were enrolled at both the places, 12.9% each were enrolled at the destination and the source. Further, among inter-state migrants, the corresponding figures were 33.3%, 16.7% and 50% respectively. Therefore, it can be conferred that out of inter-state migrant families whose child was enrolled at AWC, the child did not have access to the services of AWCs almost half of the year in 39.7% cases in Malda and 50% cases in North 24 Parganas since they are only enrolled at their native place. Thus, enrolment and accessibility to the services throughout the year was found to be a serious issue, especially among the child of inter-state migrant families. The enrolment and accessibility to AWCs (in absolute number) among inter-state and intra-state migrants is shown in Table 3.1.

Table 3.1: Enrolment and Accessibility to AWCs

District	No. of children	No. of children Enrolled			Access to services from AWCs		
		Both the places	Only source	Only destination	Round the year	Partial	No access
Intra-state migration							
Malda	20	7	3	2	7	5	8
N. 24 Parganas	68	46	8	8	46	16	6
Inter-state migration							
Malda	143	41	29	3	41	32	70
N. 24 Parganas	6	2	3	1	2	4	-

> *There is no special drive for enrolment of children and mothers belonging to migrant families.*
>
> Director, ICDS, GoWB

All the surveyed AWWs mentioned that they used to provide service (pre-school education to the children, nutrition supplements to the women and child, counselling services, immunization etc.) only to the enrolled mothers and children at their centre. No services are being provided without enrolment. The AWWs also reported that the registration (name enlisting) process was done once a year. However, the Director of ICDS department of Government of West Bengal mentioned that the process of registration continued throughout the year. She has also stated that the department has 402 functional creches (running in support with NGOs) where the children could be kept for 8 hours a day. These creches are constructed especially for the children with working parents. There is no special policy for children belonging to migrant families and no inter-state coordination in this regard.

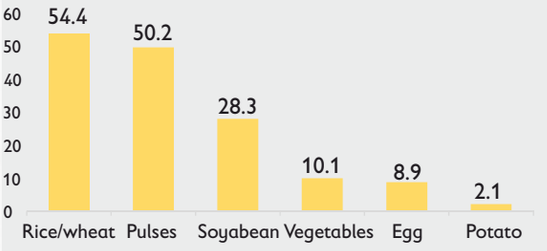
Discontinuity of access to services from the AWCs by the migrant children is a major problem. The problem needs to be addressed jointly by the authorities of the source as well as the destination. However, it is operationally difficult, as mentioned by the Director ICDS of Bihar, since there is no system of tracking the children who are migrating out. He further mentioned that there is an order for extending support to the children who come back to their village but there is need for more proactiveness of the Anganwadi Sevika to track them and bring them back to the ICDS Centres.

Service Related to Take-Home Ration (THR) from AWCs

The THR was received by 54.4% children during the period of closure of the centres due to pandemic. This figure varied from 42.3% at Malda to 81.1% at North 24 Parganas. Further, in Malda, the proportion of child receiving THR were 55% and 40.6% among intra-state and inter-state migrant families respectively. These figures were 79.4% and 100% in context of North 24 Parganas.

It was found that rice/wheat was received as THR from AWCs in 54.4% cases. The other common

Graph 3.9: Receiving of Food Items as THR from AWCs (in%) n = 237



food items received were pulses (50.2%), soyabean (28.3%) as shown in Graph 3.9. The mothers mentioned egg as one of the food items received in only 6.1% cases in Malda and 14.9% cases in North 24 Parganas (Table 3X.2 in the annex). The vegetables were received only by 10.1% respondents and this figure varied widely from 1.2% in Malda to 29.7% in North 24 Parganas. .

The THR was received monthly as reported by 93% mothers whose children were enrolled in the AWCs. The same was received weekly and fortnightly in 3.9% and 3.1% cases respectively. The case of fortnight distribution of THR was only mentioned at Malda.

The mothers of children of age 0 to 6 years of North 24 Parganas were unaware of the reason for not receiving the THR from the AWC. On the other hand, in Malda, the reasons for not receiving THR were enrolled at native place and staying at

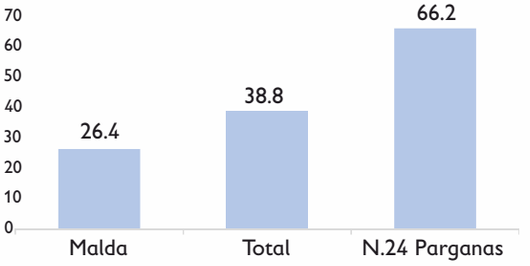
worksite (43.8%), not provided by the centre (31.2%). In another 25% cases, the reason was not known by the respondents.

The Child Development Project Officer (CDPO) at the block level as well as Director, ICDS at the state level mentioned that the THR is provided only to the registered children from the respective centres. The non-enrolled child is not entitled to receive THR.

Receiving of Advice on Breastfeeding

As Graph 3.10 shows, 38.8% mothers (having child 0 to 6 years) mentioned that they received advice on breastfeeding from AWW. This figure varied widely from 66.2% in North 24 Parganas to 26.4% in Malda.

Graph 3.10: Receiving of Advice on Breastfeeding from AWWs (in%) n = 237

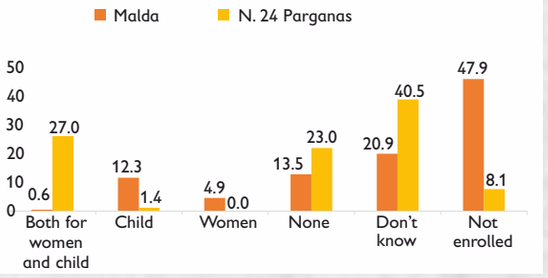


Out of the mothers who received such advice, the advice on feeding of colostrum was received by 24.9% mothers and this varied from 18.4% in Malda to 39.2% in North 24 Parganas (Table 3X.3 in annex). Moreover, the advice on exclusive breastfeeding for first 6 months and continued breastfeeding till 24 months was received in 23.9% and 64.9% cases in the said districts respectively.

Receiving of Advice on Balanced Diet, Malnutrition and Food Groups

The Baseline study shows that the advice on balanced diet from the AWWs was received by 42.6% mothers. This varied from 30.1% in Malda to 70.3% in North 24 Parganas.

Graph 3.11: Receiving Advice on Food Groups from AWCs (in%) n = 163 (Malda) 74 (N.24 Parganas)



40.1% mothers (27% in Malda and 68.9% in North 24 Parganas) reported that they received advice on malnutrition from the AWW. Further, 8.9% mother mentioned that they received advice on 10 food groups to be consumed by women and 7 food groups to be consumed by child. This figure varied widely from 0.6% at Malda to 27% at North 24 Parganas as shown in Graph 3.11. No such advice on food groups was received as reported by16.5% mothers whereas 27% mothers was unaware of whether they have received such advice on food groups from the AWWs.

An important finding is that 20% of the visited AWWs in Malda had not taken any action for severely malnourished children. All the surveyed AWWs in North 24 Parganas and 40% AWWs in Malda reported that they provided double ration to the severely malnourished children. Further, the AWWs advised for home care in 60% cases of Malda, but none of the surveyed AWWs mentioned the same. On the other hand, in Malda, the AWWs mentioned of the service provided to adolescents such as distribution of IFA (30%), health check-up (40%), referral services (40%), counselling (60%). In North 24 Parganas, the magnitude of these services was as mentioned by AWWs: health

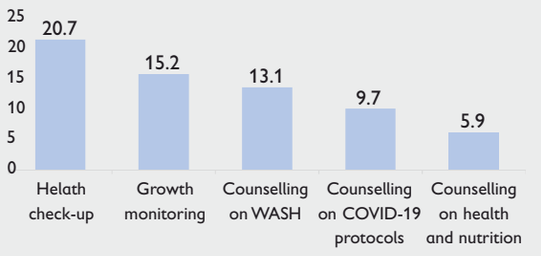
check-up (50%), counselling (25%), life-skill education (25%) etc. Further, all the visited AWWs mentioned that they faced COVID-19 related restrictions in regard to growth monitoring of the children and the problem of equipment was reported by 20% AWWs in Malda.

Receiving of Scheduled Immunization from AWCs

33.3% mothers of child aged 0 to 6 years mentioned that they as well as their child received scheduled immunization from AWCs during COVID period. This varied from 35.6% in Malda to 28.4% in North 24 Parganas as shown in Table 3X.4 in the Annexure. The scheduled immunization was received only by children of 17.7% households and only mother in 0.8% households. In 5.9% cases, neither child nor mother received the scheduled immunization during the period of COVID-19. Thus, although relatively higher proportion of mothers in North 24 Parganas reported of receiving advice on various issues from AWWs, the immunization coverage was lower compared to that in Malda.

In 39.2% cases, (31.3% in Malda and 56.8% in North 24 Parganas) the AWW had visited their household

Graph 3.12: Services received during HH visit by AWWs (in%) n = 237



for monitoring during closure of the centres due to pandemic. 20.7% mentioned of receiving health check-up during pandemic as shown in Graph 3.12. The services related to counselling were mentioned by less than 10% of the respondents in North 24 Parganas (Table 3X.5 in the Annexure).

Pre-School Education and Related Issues

43.5% mothers (33.7% in Malda and 64.9% in North 24 Parganas) reported that their child received pre-school education from the AWC. Among the inter-state migrants, these figures were 67.1% and 16.7% in Malda and North 24 Parganas respectively. On the other hand, the proportion of receiving pre-school education from AWCs among intra-state migrants was 50% and 75.8% in Malda and North 24 Parganas respectively.

Learning material from the AWC was received to continue education during the closure of the centres in 23.6% (17.8% in Malda and 36.5% in North 24 Parganas) cases. In Malda, the child from inter-state migrant families who received pre-school education material were enrolled at their native place and thus received the learning material in Hindi. Thus, they did not face any difficulty in regard to the language of the learning material. On the other hand, the child from inter-state migrant families in North 24 parganas, who received pre-school education material (16.7%) were enrolled at their workplace and therefore received the learning material in Bengali and faced language barrier since the language of the learning material was different from their mother-tongue. Therefore, the language difficulty with regard to learning material was faced only at North 24 Parganas. However, it can be inferred that the child of the migrant families would face language barrier in reading materials if they are not enrolled at the centre at their source states.

Availability of Drinking Water and Sanitation Facility at AWCs

The Baseline survey data at household level revealed that on an average 88.2% mothers and 98.5% mothers mentioned of presence of drinking

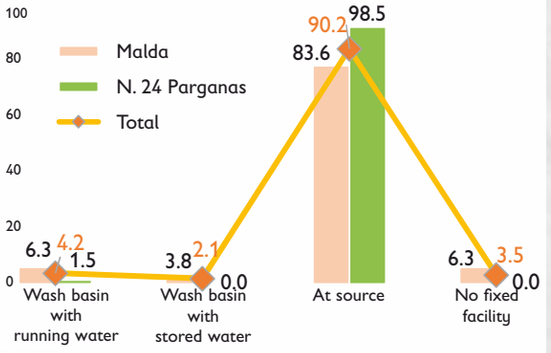
water source at the AWCs. On the other hand, 80.4% mothers reported of having toilet facility. Out of these AWCs having toilet facility, toilet was child friendly as per response of 52.8% respondents (57.3% in Malda and 47.5% in North 24 Parganas).

On the other hand, according to physical observation, all the centres had its drinking water source. Tube-well was the drinking water source in all the visited centres in North 24 Parganas. In Malda, there was tube-well in 40% and sub-mersible pump in remaining 60% cases. However, water source was of low height only in 40% cases in Malda. In regard to the location of the water sources, the source was present outside the premises (within 50 meters) in all the centres of North 24 Parganas and 30% in Malda. In another 70% centres of Malda, the water source was present within the premises.

There was toilet facility at 90% and 50% AWCs in Malda and North 24 Parganas respectively as per the findings of physical observation. Out of these, toilet of 50% centres was functional.

Handwashing Facility at AWCs

Graph 3.13: Handwashing Facility at AWCs (%)
n = 79 (Malda) 65 (N.24 Parganas)



94.1% respondents were aware of the type of handwashing facility at the AWCs in which their child was enrolled. As Graph 3.13 shows, the hands were washed at the 6.3% AWCs, 4.2% (6.3% for Malda and 1.5% for North 24 Parganas) had running water. On the other hand, there was no fixed facility for washing hands as per response of 6.3% mothers in Malda.

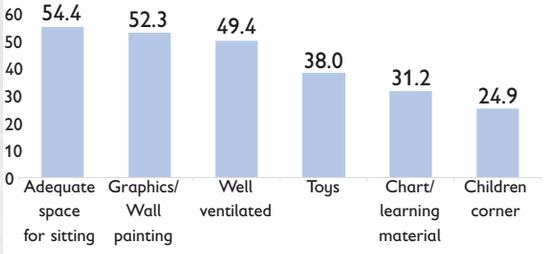
As per direct observation at the AWCs, wash basin with running water was present only in 30% cases in Malda. In 20% centres, handwashing was done at the water source and there was no fixed place at remaining 50% centres. On the other hand, in North 24 Parganas, handwashing was done at the water source at 75% cases and 25% centres had no such fixed place for handwashing. Out of the centres having wash basin, the same was child-friendly (low height) in 66.7% cases and the soap was available at 66.7% wash basins.

Drainage System and Waste Bin at AWCs

As found during physical observation at AWCs, there was open drain in all the visited centres of North 24 Parganas and 70% centres in Malda. The outlet of the drain was to soak pit and septic tank in 20% and 10% cases respectively in Malda. Further, the waste bin was available only in 50% of the visited centres in Malda whereas none of the centres in North 24 Parganas had the same.

Availability of Child Friendly Infrastructures at AWCs

Graph 3.14: Availability of Child Friendly Infrastructures at AWCs (in%)
n = 237



As per response of 54.4% mothers, the AWC had adequate space for sitting of the children. Further, graphics/wall painting were present as reported by 52.3% mothers (Graph 3.14). 31.2% and 24.9% mothers mentioned of the availability of learning material and children corner at the AWCs respectively. There was wide variation across study districts with respect to availability of chart/learning material and children corner (Table 3X.6 in the annex). While presence of children corner at AWCs was mentioned by 28.2% mothers in Malda, the same was only 17.6% in North 24 Parganas.

However, during the physical observation at the AWCs, child friendly graphics, pictorials on walls to help in learning was present in 10% AWCs in Malda and 50% AWCs in North 24 Parganas. There was display of charts and learning materials in 10% of the observed AWCs in both of the districts. Moreover, nutrition related Information, Education and Communication (IEC) material was present in all the visited AWCs in North 24 Parganas, but there were no materials on handwashing and other WASH related issues. Therefore, a huge gap was found in regard to the availability of child friendly infrastructures at AWCs between the response of the mothers and findings during direct observation. It may be due to the fact that the mothers had no knowledge on the infrastructures of the AWCs.

Satisfaction with the Services Received from AWCs

73.2% mothers were satisfied with the services from AWCs, 13.7% had no opinion. 9.8% mothers were not satisfied with the services and in remaining 3.3% cases, the mothers did not know it. The reasons for dissatisfaction regard to the services given by AWCs were unavailability of services during lock-down (80%), poor quality of service (73.3%) and service not provided in time (40%).

Maintenance of COVID Protocols at AWCs

During the physical observation at AWCs, hand sanitizer was found in 21.4% AWCs – 20% in Malda and 25% in North 24 Parganas. Further, face mask was available in 50% centres in North 24 Parganas but none of the centres in Malda had the same.

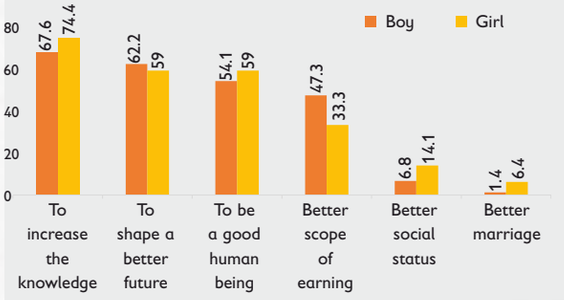
Services from Schools: Service Recipients (Mothers/Adolescents) V/S Service Providers (School Teachers)

The responses from adolescents were considered for delineating services from schools for 11+ to below 18 years aged children while the responses from mothers were considered to understand the services from schools for child aged 6+ to 11 years. On the other hand, the response of school teachers was taken as representative of service provider.

Importance of Education

The respondents (mothers as well as adolescents) were asked about the importance of education. Graph 3.15 shows the importance of education as per view of adolescents. The mostly stated

Graph 3.15: Importance of Education according to Adolescents (in%) n = 75 (Boy) 78 (Girls)



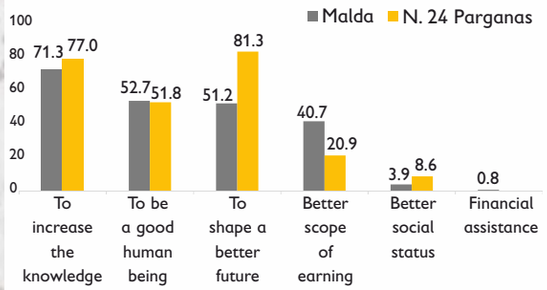
responses as importance of education were to increase knowledge and to shape better future according to both boys and girls. 20.8% boys and 32.1% girls in North 24 Parganas mentioned that the education is important for better social status

whereas the same was mentioned by only 4% girls in Malda (shown in Table 3X.7 in annex). Better marriage was considered as the only importance of education by 1.4% boys and 6.4% girls and all of these adolescents were belonged to brick-kilns at Malda.

> *I want to send my child to school to receive financial assistance and also to get food.*
>
> Mother of 7 years old boy, Brick Kiln at Malda

On the other hand, while all the surveyed mothers could mention some importance of education in North 24 Parganas, 4.8% mothers at Malda were unaware of importance of education. On an average, 73.3% mothers thought that education is important to increase the knowledge. There was wide variation with respect to considering better scope of earning as one of the importance of education across the study districts – 40.7% mothers in Malda and 20.9% in North 24 Parganas

Graph 3.16: Importance of Education according to Mothers (in%) n = 258 (Malda) 139 (N.24 Parganas)

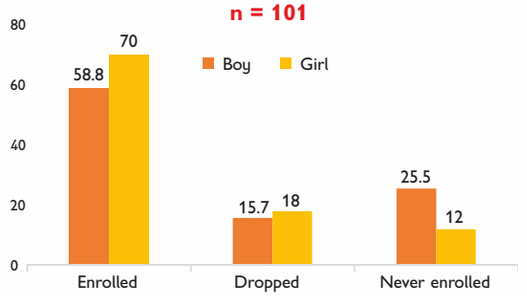


thought so as shown in Graph 3.16. Moreover, as per view of 0.8% mothers in Malda, education is important to get financial assistance from school.

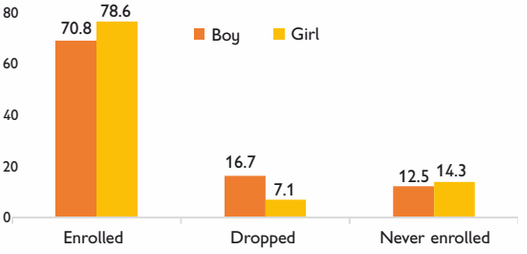
Enrolment Status at Formal Education Institution

Adolescents (11+ to below 18 years): On an average, 62.7% boys and 73.1% girls (aged 11+ to below 18 years) were enrolled at formal educational institution, 16% boys and 14.1% girls were dropped from the institution. Remaining

Graph 3.17A: Enrolment Rate of Adolescents at Educational Institution in Malda (in %) n = 101



Graph 3.17A: Enrolment Rate of Adolescents at Educational Institution in N 24 Parganas (in %) n = 52



adolescents were never enrolled. The district wise variation is shown in Graph 3.17A and 3.17B. The enrolment rate is higher (for both boys and girls) in North 24 Parganas relative to that in Malda. Further, the enrolment rate was higher for girls in both of the districts. 25.5% adolescent boys in Malda had never enrolled at any formal educational institution. In Malda, 61.7% adolescents of inter-state migrant families and all adolescents of intra-state migrant families were enrolled at formal educational institution. The corresponding figures were 100% and 74% in North 24 Parganas.

Out of the adolescents enrolled, 91.5% boys and 89.5% girls were enrolled at the institution of their native place and remaining adolescents were enrolled at the place of brick-kilns. It is important to note that out of the enrolled children of inter-state migrant families, in 96.6% and 100% adolescents in Malda and North 24 Parganas respectively enrolled at the institution located at their native place. Therefore, it can infer that although these children had enrolled, they did not have access to such institutions nearly half of the year since they were at staying at brick kilns with their parents.

Child aged 6+ to 11 years: The data was collected regarding the child aged 6+ to 11 years from their mothers. On an average, mothers of 63.4% boys and 75.8% girls mentioned that their child is enrolled at formal educational institution. The enrolment was high among child aged 6+ to 11 years in North 24 Parganas compared to that in Malda. As per response of mothers, 4.3% boys and 3.3% girls were dropped from school whereas 29% boys and 20.9% girls were never enrolled at the schools. The rate of never enrolment was found to be very high among children in Malda relative to that among the children in North 24 Parganas. 4.5% mothers reported that their children were not enrolled at school, but did not know whether the child has dropped out or got never enrolled.

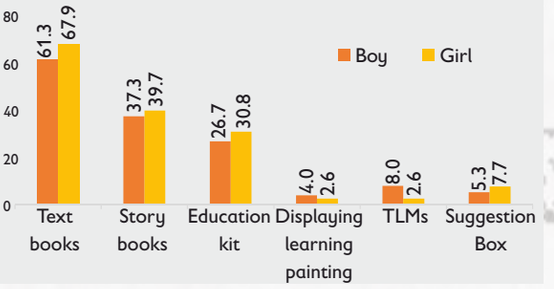
Out of the adolescents enrolled, 81.4% boys and 84.1% girls were enrolled at the institution of their native place and remaining adolescents were enrolled at the place of brick-kilns. The proportion of enrollment at native place was higher in Malda compared to that in North 24 Parganas. Out of the enrolled children (aged 6+ to 11 years) of inter-state migrant families, the enrolment was at the native place in 91% cases in Malda and 100% cases in North 24 Parganas. Thus, although these children had enrolled, they did not have access to school as they stayed at different place with their parents.

It was found that 90% school teachers in Malda and all the teachers from North 24 Parganas reported that the school openly accept and cater all the children including inter-state migrants, even who speak in different language. According to response of teachers of 50% schools in Malda and 90% schools in North 24 Parganas, there are children from the brick-kilns in their school while the teachers of remaining schools were unaware on the same. There were enrolled children from inter-state migrant families in 40% schools in Malda and 33.3% schools in North 24 Parganas.

Services Available at Schools for Continuity of Education

Adolescents (11+ to below 18 years): It was found that 61.3% boys and 67.9% girls reported of availability of text books from school for continuity of education and this is the most mentioned services available from school according to adolescents as shown in Graph 3.18.

Graph 3.18: Services Available for Continuity of Education acc. to Adolescents (in%) n = 75 (Boy) 78 (Girl)



Higher proportion of boys and girls in North 24 Parganas mentioned it compared to their counterpart in Malda. There was display of child learning painting at schools as per response of adolescents (5.9% boys and 4% girls) only in Malda (Table 3X.8 in annex). None of the girls in North 24 Parganas reported the availability of TLM, suggestion box at school.

Child aged 6+ to 11 years: According to 1.6% mothers of child aged 6+ to 11 years, there was no services available at schools for continuity of education and all of these mothers belonged to brick kilns at Malda. Text books and story books were the mostly stated materials available at schools. Mothers in more than 80% of child between 6+ to 11 years in North 24 Parganas reported of availability of text books at schools. The services like TLMs, suggestion box was mentioned only by the 8.5% and 2.4% mothers respectively in Malda as shown in Table 3X.9 in annex. Thus, in regard to services available, the response of mothers of child aged 6+ to 11 years is almost similar to that reported by adolescents.

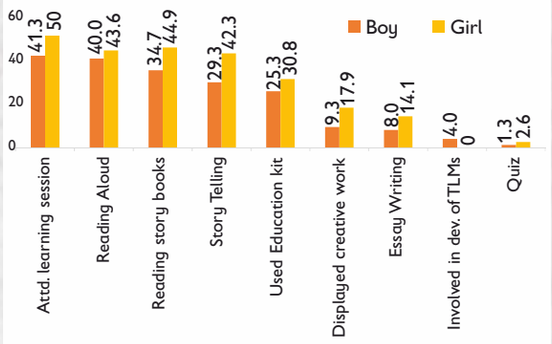
> *Since we are staying here for 6 months, my child could not go to school at that time. There is discontinuity of education at this time. If there is any school nearby where they can study during the period, it will better*
>
> Mother, At Brick-Kiln at Minakhan Block, North 24 Parganas

The response of the teachers was corroborated with the adolescents as all the teachers reported of availability of text books from school for continuity of education. Story books, education kit was available as said by teachers of 64.3% schools. Moreover, suggestion box was available in 7.1% schools only. Although, TLMs were available according to small number of adolescents, the availability of the same was mentioned by teachers of 78.6% schools. Therefore, there exists huge gap between responses of service providers and service recipients in regard to the availability of TLMs.

Participation of Learning Activities at Schools

Adolescents (11+ to below 18 years): Graph 3.19 shows participation of adolescents in various learning activities at the schools. It was found that the participation of girls in learning activities were higher among girls relative to boys (except in development of TLMs). None of the girls had participated in development of TLMs. The adolescents (2% boys and 4% girls) only from Malda participated in the quiz at schools.

Graph 3.19: Participation of Learning Activities at School by Adolescents (in%) n = 75 (Boy) 78 (Girl)



Child aged 6+ to 11 years: On the other hand, the participation of learning activities as per mothers of children aged 6+ to 11 years is shown Table 3.2. 49.5% boys and 56% girls aged 6+ to 11 years participated in the learning sessions at schools as reported by their mothers. Quiz at schools was only mentioned by mothers of 1.7% girls in Malda.

Table 3.2: Participation in Learning Activities at Schools as per Mothers of Children aged 6+ to 11 years (in %) n = Malda: 67 (Boy), 60 (Girl), N. 24 Parganas: 26 (Boy), 31 (Girl)

	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
Attending learning session	34.3	46.7	88.5	74.2	49.5	56.0
Used Education kit	9.0	11.7	50.0	41.9	20.4	22.0
Displaying materials	3.0	15.0	7.7	3.2	4.3	11.0
Development of TLMs	10.4	6.7	0.0	3.2	7.5	5.5
Reading aloud	40.3	26.7	57.7	41.9	45.2	31.9
Reading story books	16.4	18.3	57.7	41.9	28.0	26.4
Story telling	22.4	15.0	23.1	25.8	22.6	18.7
Essay writing	6.0	6.7	3.8	3.2	5.4	5.5
Quiz	0.0	1.7	0.0	0.0	0.0	1.1

Barriers faced Due to Language of Learning Material and Medium of Instruction

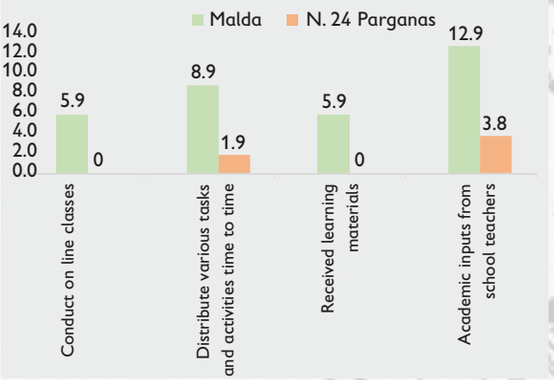
Among the adolescents enrolled at formal educational institution, the barrier in regard to the language of learning material and medium of instruction has been found to be low. In Malda, the language of learning material and medium of instruction was Hindi for 87.7% of enrolled adolescents and Bengali for reaming 12.3% cases. In North 24 Parganas, the corresponding figures were 5.1% and 94.9% respectively. 3.1% adolescents in Malda (who belonged to inter-state migrant families and enrolled at destination) faced difficulties related to language at schools as the mother tongue is different from the medium of instruction. On the other hand, none of the adolescents in North 24 Parganas faced language barrier in learning as all adolescents of inter-state migrant families were enrolled at their native place.

> *Although the school has no problem in enrolling children from inter-state migrant families, they face serious problem related to language as the language of books and communication is different from their mother tongue.*
>
> School Teacher, School under Minakhan Block, North 24 Parganas

Activities of Schools for Continuity of Learning during Pandemic Period

13.3% adolescent boys and 23.1% adolescent girls reported that their school have done some activities for continuity of education during the period of closure of schools due to pandemic. The situation is adverse in North 24 Parganas where only 4.2% boys and 3.6% girls (1 boy and 1 girl)

Graph 3.20: Activities of School during Pandemic acc. to Adolescents (in%) n = 101 (Malda) 52 (N.24 Parganas)

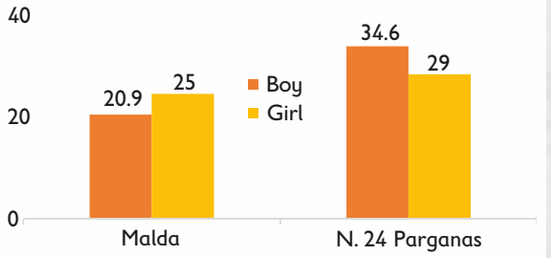


reported so compared to that in Malda where 17.6% boys and 34% girls reported of activities at school during the pandemic.

The activities of schools during pandemic for learning of the adolescents is shown in Graph 3.20. While distribution of tasks and activities and learning materials from time to time were done by schools as per adolescents of both the districts, the online classes were mentioned by 5.9% of the enrolled adolescents belonging brick-kilns at Malda. All of these adolescents came from other states and they were enrolled at their native place. Further, 5% adolescents (in Malda) reported that they had accessibility to online classes.

On the other hand, the mothers of 24.7% boys and 26.4% of girls of aged 6+ to 11 years mentioned that some activities were conducted by school during pandemic to continue education. In both the districts, the higher proportion of mothers of boys stated of such activities compared to that by mothers of girls as shown in Graph 3.21. The online class was reported to be conducted by 3.8% mothers (4.7% in Malda and 1.8% in North 24 Parganas) of child of this age group.

Graph3.21: Activities by School during Pandemic acc. to Mothers of Child aged 6+ to 11 years (in%) n = 91 (Boy) 93 (Girl)



In Malda, according to school teachers, the activities to continue education during the closure of schools were providing lessons through home visit (60%), online education (20%), distribution of tasks and activities (30%). On the other hand, teachers of 75% and 25% schools mentioned of online classes and distribution of tasks and activities respectively in North 24 Parganas. Thus, the responses of teachers were completely different from that of adolescents in regard to the online classes. While none of the adolescents from North 24 Parganas mentioned of online classes, the same was found as response of 75% teachers.

Continuation of Education at Home during Pandemic Period

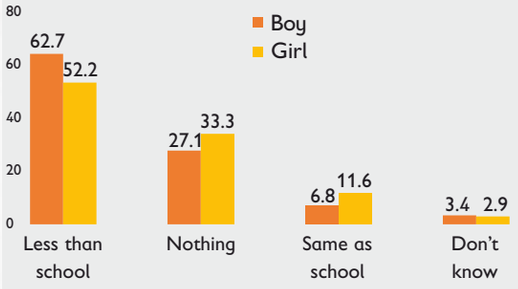
57.3% adolescent boys and 64.1% adolescent girls reported that they continued their education at home during closure of the schools due to pandemic. The situation is similar in both the study districts, the proportion of girls is lower than the proportion of boys who could continue education at home. Out of these respondents, 57.4% boys and 42.1% girls revealed that they took assistance to continue education at home and remaining adolescents continued their education by themselves. 10.6% boys and 12.3% girls though that they did not learn anything during pandemic period as shown in Table 3.3. More than three-fourth of the adolescents learnt less than at home compare to the learning at school as per their self-assessment. Thus, there is no doubt that the pandemic has severely negative impact on the learning outcome of school-going children which could be assessed and revealed by adolescents

Table 3.3: Level of Learning during Closure of Schools by Adolescents (in %)
n = 47 (Boy), 57 (Girl)

	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
As much as when they were at school	16.7	14.3	-	-	10.6	8.8
Less than that when they are at school	73.3	71.4	88.2	90.9	78.7	78.9
Nothing at all	10.0	14.3	11.8	9.1	10.6	12.3

On the other hand, for the children aged 6+ to 11 years, the education was continued at home during the period of closure of schools due to pandemic as reported by mothers of 71.2% boys and 68.1%

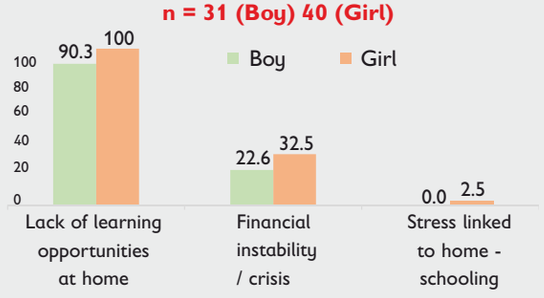
Graph 3.22: Level of Learning at Home acc. to Mothers of Child aged 6+ to 11 years (in%)
n = 69 (Boy) 69 (Girl)



girls. The proportion of mothers reported of continuing education by their children was higher in North 24 Parganas compared to Malda. According to more than half of the mothers of child aged 6+ to 11 years, their children learnt at home during pandemic less than that when they are in school. Moreover, 33.3% mothers thought that their child did not learn anything at home during the period of pandemic.

20.2% adolescents (25.2% boys and 15.8% girls) responded that there is no concern for continuation of education during the period of pandemic. Another 11.5% adolescents were unaware of this issue. Out of the remaining adolescents, lack of learning opportunities was the

Graph 3.23: Primary Concerns in Continuation of Education during Pandemic acc. to Adolescents (in%)
n = 31 (Boy) 40 (Girl)



primary concern as per 95.8% adolescents. Only girls (from North 24 Parganas) mentioned of stress linked with home schooling as shown in Graph 3.23. themselves.

> *I don't want to continue study. I don't like it.*
>
> Adolescent Boy, Minakhan Block, North 24 Parganas

Service related to Dry Ration from Schools

57.3% adolescent boys and 66.7% adolescent girls received dry ration from school during the pandemic. In this respect, the coverage was high in North 24 Parganas (70.8% boys and 75% girls) than that in Malda (51% boys and 62% girls). In

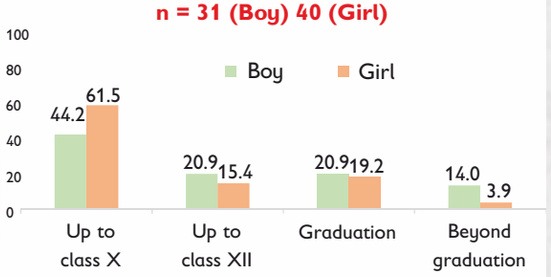
North 24 Parganas, the dry-ration was received on monthly basis while in Malda, the dry-ration was distributed monthly and once in 2 months as per 50.5% and 5.9% adolescents respectively. In regard to the food items received as dry ration, the mostly mentioned items were rice/wheat, pulses and soyabean. 56% boys and 66.7% girls received rice/wheat as dry ration as shown in Table 3X.10 in the Annexure. Vegetables were received by only 4% boys and 5.1% girls.

The reasons for not receiving dry ration were not provided by schools (75%) and enrolled at native place and staying at worksite (25%),

Aspiration of Adolescents on Highest Level of Education

8.5% adolescent boys and 9.6% adolescent girls (all from Malda) did not think of on which level they wish to study. On an average, the aspired level of

Graph 3.24: Aspiration of Adolescents on Highest Education Level (in%) n = 31 (Boy) 40 (Girl)

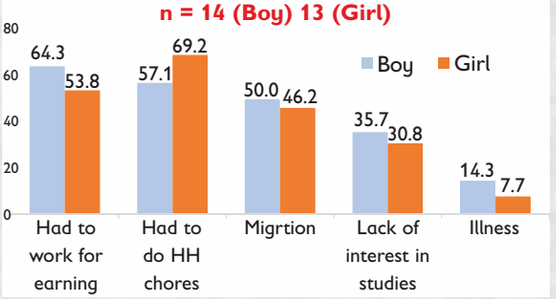


education among girls were less than that of boys. While 14% boys wished to study beyond graduation, the corresponding figure was 3.9% among girls as shown in Graph 3.24. None of the girls from North 24 Parganas had desire to study beyond graduation. In Malda, 50% boys and 73.3% girls wished to study up to class X (Table 3X.11 in annex).

Regularity at Schools before Pandemic

68.1% adolescent boys and 77.2% adolescent girls reported that they were regular at school before closure of schools due to pandemic. This figures in

Graph 3.25: Reasons for Irregular Attendance at Schools before Pandemic for Adolescent in Malda (in%) n = 14 (Boy) 13 (Girl)



Malda were 53.3% and 62.9% and in North 24 Parganas were 94.1% and 100% respectively for boys and girls. Thus, the girls were more regular (compared to boys) at schools in both the districts and the adolescents in Malda were less regular compared to that of North 24 Parganas. The remaining adolescents who were irregular in schools reported the reasons behind their irregularity. In North 24 Parganas, the only reason was compulsion to work for earning as reported by boys. On the other hand, the reason in case of Malda is depicted in Graph 3.25. The mostly stated reason was compulsion of work for earning for boys and involvement in household chores for girls. Moreover, nearly half of the adolescents mentioned the migration to other place with family as the reason for non-regularity at schools.

On the other hand, 13.9% boy and 31% girls of aged 6+ to 11 years in Malda were irregular in schools before the pandemic and the corresponding figure was 3.7% (1) among girls in North 24 Parganas (according to response of mothers). Therefore, the irregularity was higher among girls relative to boys. The reason for irregular attendance in Malda was migration to another place and the reason was illness in regard

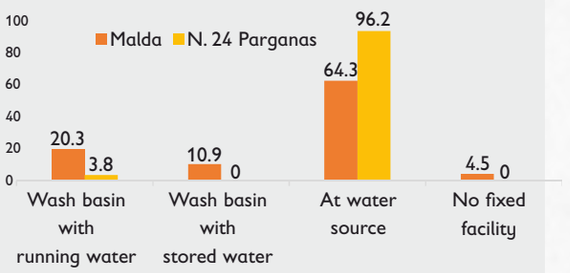
to North 24 parganas.

In this regard, the teacher of 85.7% schools in Malda and 50% schools in North 24 Parganas mentioned that the rate of attendance of these children was less than that of other students.

Availability of Water Sanitation and Hygiene (WASH) Facility at Schools

All the adolescents mentioned on availability of drinking water facility within the premises of the school. On the other hand, there is toilet at school as per response of all the girls and 95.7% boys (94.1% in North 24 Parganas and 96.7% in Malda). In regard to the handwashing facility at schools, most common practice was at water source. Wash basin was present at schools according to 31.2% adolescents in Malda and 3.8% in North 24 Parganas as shown in Graph 3.26.

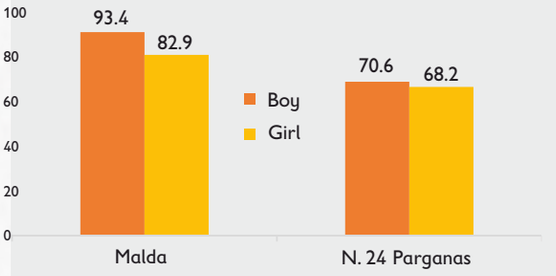
Graph 3.26: Handwashing Facility at Schools (in%)
n = 65 (Malda) 39 (N.24 Parganas)



Return to School after Reopening

The respondents were enquired on whether they will go to school once the school reopens after pandemic. 85.1% boys and 77.2% girls of aged 11+ to below 18 years expressed willingness to return to school after reopening. The picture across study districts is presented in Graph 3.27. In both districts, the proportion of girls willing to go back to school was less than that of the boys. Moreover, the less proportion of adolescents of North 24 Parganas were willing to go back to school after reopening compared to that in Malda.

Graph 3.27: Return to School of Adolescnets after Pandemic (in%)
n = 65 (Malda) 39 (N.24 Parganas)



The reasons for not willing to go back to school were almost similar to the reasons behind their irregularity at schools before pandemic. Thus, it can be said that the outbreak of the pandemic triggered their irregularity in attendance at schools to drop out of school. The mostly stated reason was their engagement in work for earning as shown in Table 3.4.

Table 3.4: Reasons for not Returning to School after Pandemic by Adolescents (in %)
n = 6 (Boy) 11 (Girl)

	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
Engaged in work for earning	100.0	25.0	80.0	85.7	83.3	63.6
Lost interest in education	0.0	25.0	40.0	42.9	33.3	36.4
Need to do HH chores	100.0	50.0	0.0	0.0	16.7	18.2

On the other hand, in North 24 Parganas, all the surveyed mothers of child aged 6+ to 11 years reported that they will send their child to school after reopening. In Malda, 97.4% mothers of aged 6+ to 11 years mentioned of sending their child to school once reopening. In the remaining cases, the mothers were unable to decide.

Training Received by School Teachers

The teachers of 80% schools in Malda and 75% schools in North 24 Parganas did not participate in any training on education in last 2 years. Remaining teachers received training (2-day long) once (in virtual mode) during this period. The teachers mentioned that the number of trainings has fallen after outbreak of the pandemic. The training was received on teaching techniques and allied issues. The teachers who received training found it useful for them and they were satisfied.

Issues Related to Dropping out from School

Adolescents (11+ to below 18 years): As mentioned earlier, 12 (16%) adolescent boys and 11 (14.1%) adolescent girls dropped out from the school. The proportion of dropped out girls was higher in Malda than that in North 24 Parganas and the picture was reverse in context of boys. Out of the dropped adolescents, 3 (25%) boys and 4 (36.4%) girls dropped out before completing primary level of education. Another 4 (33.3%) boys and 4 (36.4%) girls dropped just after completing primary level of education. The remaining 5 (41.7%) boys and 2 (18.2%) girls were dropped out before reaching upper-primary level of education. Another one (9.1%) girl dropped after completing secondary education. The district wise picture is shown in Table 3X.12 in the Annex. In North 24 Parganas, all dropped girls did so before completing primary level of education.

The adolescents in North 24 Parganas stated only 2 reasons for dropping-out– engagement in household chores and engagement in work for earning as shown in Table 3.5. On the other hand, in Malda, apart from these two reasons various reasons were mentioned. The family did not allow schooling as stated by 33.3% girls in Malda.

Table 3.5: Reasons for Dropping-out from School by Adolescents (in %)
n = 12 (Boy),11 (Girl)

Reasons	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
Don't have interest in studies	87.5	55.6	-	-	58.3	45.5
Engaged in HH work	50.0	55.6	75.0	100.0	58.3	63.6
Engaged in work for earning	12.5	33.3	100.0	100.0	41.7	45.5
Had to migrate frequently	12.5	33.3	-	-	8.3	27.3
School is very far	-	22.2	-	-	-	18.2
Family did not allow schooling	-	33.3	-	-	-	27.3
Financial problem	25.0	11.1	-	-	16.7	9.1

Moreover, the decision for drop-out of adolescents in North 24 Parganas were taken by father in all the cases. However, in Malda, for girls, the decision was taken by themselves (66.7%) and father (33.3%) cases. For boys, the decision was taken by themselves (69.2%), father (23.1%) and mother (7.7%).

Child aged 6+ to 11 years: As reported by mothers of child aged 6+ to 11 years, 4.3% boys (4 – 3 from Malda and 1 from North 24 Parganas) and 3.2% girls (3 girls from Malda) had dropped out of schools. In North 24 Parganas, the boys had dropped at Class III and financial crisis was the reason for this drop-out. On the other hand, in Malda, all the boys and girls dropped out before completing primary education level. The reasons for dropping out in Malda were lack of interest in studies and engagement in work for earning.

> *The drop-out rate is very high among these children. The drop-out rate is high for girls relative to boys as the parents don't feel it safe to send their girls to schools in a place whether they don't belong to.*
>
> DIS, Malda

57.1% teachers in Malda and 66.7% teachers in North 24 Parganas, mentioned of drop-out among the children of the migrant families. Further, only 33.3% teachers considered the drop-out rate for girls was more than that for boys. The remaining teachers considered the drop-out rate to be same for both boys and girls.

Issues Related to Never Enrollment at Schools

As stated earlier, 16 boys (21.3%) and 10 girls (12.8%) of aged 11+ to below 18 years were never enrolled at school. While the proportion of never enrolment was higher among boys (25.5%) in Malda compared to their counterpart in North 24 parganas (12.5%). The reverse picture was found for girls between two districts. The reasons for never enrolling at schools by the adolescents is shown in Table 3.6. Lack of interest in studies was mostly mentioned reason for never enrollment at schools. Frequent migration was mentioned only by 33.3% girls in Malda. While engagement at household work was the reason for non-enrolment for 50% girls, the corresponding figure was 18.8% for boys.

Table 3.6: Reasons for Never Enrolling at School of Adolescents (in %)
n = 16 (Boy), 10 (Girl)

Reasons	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
Don't have interest in studies	76.9	83.3	-	-	62.5	50.0
Engaged in HH work	15.4	33.3	33.3	75.0	18.8	50.0
Engaged in work for earning	23.1	16.7	66.7	50.0	31.3	30.0
Had to migrate frequently	-	33.3	-	-	-	20.0
Illness	7.7	-	-	-	6.3	-
Family did not allow schooling	30.8	16.7	-	25.0	25.0	20.0
Financial problem	30.8	33.3	33.3	25.0	31.3	30.0

> *The main reasons for non-enrolling and dropping-out the children from the families working at the brick-kilns are lack of interest in education of children and illiteracy of the parents*
>
> School Teacher, School under Old Malda Block, Malda

As discussed earlier, according to mothers of child aged 6+ to 11 years, in Malda, 25 (37.3%) boys and 15 (25) girls were never enrolled at school. In North 24 Parganas, 2 boys and 4 girls age 6+ to 11 years were never enrolled. The reasons for never enrolling of these children is shown in Table 3.7.

Table 3.7: Reasons for Never Enrolling at School of Child (6+ to 11 years) (in %)
n = 27 (Boy), 19 (Girl)

Reasons	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
Don't have interest in studies	32.0	33.3	-	-	29.6	26.3
Engaged in earning	4.0	20.0	50.0	25.0	7.4	21.1
Had to migrate frequently	24.0	46.7	-	25.0	22.2	42.1
Engaged in HH work	12.0	13.3	-	-	11.1	10.5
Financial problem	24.0	6.7	-	-	22.2	5.3
Far from school	4.0	33.3	-	-	3.7	0.0
Family did not allow schooling	32.0	20.0	50.0	50.0	3.7	10.5

Concern in Continuation of Education of Children of Migrant Families

The primary survey with all school teachers revealed similar concerns in continuation of education of children of the migrant families. As

> *The parents have to bring their children with them at work place as they stayed for 6-8 months. The extreme poverty triggered them to move to another place for work and this movement affects the continuity of education of their children.*
>
> School Teacher, School under Minakhan Block, North 24 Parganas

mentioned by the teachers, the major concerns were extreme level of poverty, lack of awareness among the parents, illiteracy of the parents, migration from another place etc. Therefore, enrolment at institution of one place and staying at another place was responsible for their educational discontinuity and low learning even if they are enrolled. On the other hand, the children of inter-state families who were enrolled at the schools at destination (place of work) faced various difficulties regard to language of learning material and medium of instruction (as it is in different language from their mother tongue), teasing etc. Therefore, in a nutshell, there are three types of barriers against continuity of education. The first barrier was at the family level (lack of awareness, illiteracy and poverty). Secondly, the problem of irregularity is there in case of enrolment at native place and lastly different hindrances (language related barriers and teasing) at the case of enrolment at the institution of destination place.

> *The primary need is to arrange the text books in Hindi. Further, either the existing teachers need to be trained on Hindi or Hindi speaking teachers are required to be engaged.*
>
> School Teacher, School under English Bazar Block, Malda

In this context, one school teacher in Malda mentioned that they learnt Hindi language in their own initiative to address the issues while another school teacher in North 24 Parganas reported that they were taking help from Civil Society Organizations (CSOs) for enrolment and effectively handling of the issue.

All the surveyed school teachers stated that the education department has very important role to play to address the issue of discontinuity of education of these children. All the teachers of both the districts mentioned the requirement of learning materials in Hindi and Hindi speaking teachers. According to teachers of 90% school, the department had not taken any steps to address this issue of discontinuity of education. The remaining 10% teachers mentioned that the School Inspector (SI) of the block informed that these children of migrant families can be enrolled at school without the identity proof.

> *We are the only district in the state in which we have allocation of budget for these children. The amount is Rs. 6,000/- per student per visit.*
>
> DIS, Malda

According to District Education Officer (DEO), North 24 Parganas, the department conducted a survey on the identification of dropped-out children last year and the survey found 170 dropped-out children, but none of them were belonged to families working at brick-kilns. The officer mentioned that it is very difficult to enroll the students at schools and especially make them regular at schools as these families moved frequently from one place to another in search for job. Thus, the department needs to take special initiatives (like special schools, bridged course etc.)

> *We requested education department of neighbouring states to provide text books, which they obliged with, but then appeared another problem:* we did not have teachers who can teach in Hindi.
>
> DIS, Malda

> *The department had no data on status of education of children belonged to families working at brick-kilns. I am not aware on whether there is inter-state coordination to address the issues related to education of migrant children.*
>
> DEO, North 24 Parganas

to solve this issue. On the other hand, the District Inspector Schools, Malda mentioned that the children of these families majorly face language barrier as the children of the neighboring states speak in their local language which is even different from Hindi. Thus, the medium of instruction is the most important problem faced by the children of inter-state migrant families. The official revealed that a Baseline survey was conducted by an NGO namely RCHSS in collaboration with Save the Children to assess the enrolment status of these children belonged to brick-kilns. An important information found was that 60% - 70% families used to visit same brick-kilns every year. It was also mentioned that the district department regularly conveys the findings in regard to these

children to the education department of their native states.

The Director, Jharkhand Education Project Council (JEPC) were aware of the out-migration but they did not have updated data on education status of children of such out-migrant families. To identify the drop-out and out-of-school children, the department took various initiatives (none especially for brick-kiln workers) like they had created a group of ground-level NGOs to get information

> *The department run various residential schools, especially constructed for child of working parents. We make people aware to enrol in such schools. Also, the department have special training centre for dropped-out and n ever enrolled children.*
>
> Director, JEPC

from the fields. The official stated that Bal Sansads are very active in schools and the members of Bal Sansads used to enquire the reason if any child found to be absent for 3 days consecutively. They considered a child to be dropped-out if he/she is absent for 30 days without any medical reasons. The department is very much willing to support the children belonged to Jharkhand even after migrating to other states by sending learning materials in Hindi and other language, if needed. However, it is very difficult to know the destination place for the out-migrants.

It was learnt from Bihar Education Promotion Council (BEPC) that there was no specific mechanism yet to track the children migrating out of the state of Bihar. They were considering conducting a survey to know the situation on the ground to take possible measures.

Services from Multiple-Activity Centre (MAC)

Multiple-Activity Centre (MAC) is the centre where different activities were conducted to train children (from the families working at the brick kilns) on various issues on life skills, continuation of education, physical activities etc. to improve the learning of them. There are various learning materials (charts, posters, wall writing) in these centres.

Awareness on Existence of MAC

It was found that 45.7% mothers of child aged 6+ to 11 years had awareness of existence of MAC which is equipped with learning materials to support children for continuity of their education. This figure varied from 36.2% in Malda to 66.7% in North 24 Parganas. On the other hand, the awareness of mothers of adolescents aged 11+ to 18 years was relatively lower compared to that of mothers of child aged 6+ to 11 years. 32% (38% in Malda and 21.2% in North 24 Parganas) of such mothers were aware of existence of the MAC.

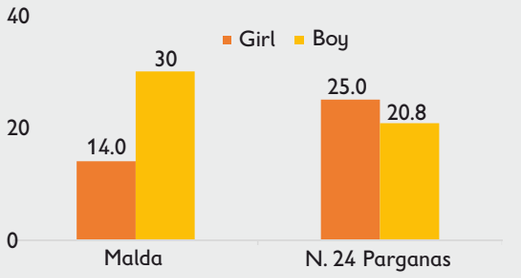
In Malda, 30% of the surveyed adolescent boys were aware of the MAC at the brick-kilns while the awareness was there among 24.5% girls. The corresponding figures were 20.8% and 25% among boys and girls respectively in North 24 Parganas. Thus, the higher proportion of boys had awareness in Malda relative to girls while it was just the opposite in North 24 Parganas.

Accessibility to MAC

As per response of 40.2% mothers of child aged 6+ to 11 years, the child had access to the MAC which is equipped with learning materials to support children for continuity of their education. This figure varied widely from 28.3% in Malda to 66.7% in North 24 Parganas.

The accessibility of the adolescents to MAC is depicted in Graph 3.28. The higher proportion of boys in Malda had access to MAC compared to

Graph 3.28: Accessibility of Adolescents to MAC (in%) n = 100 (Malda), 52 (N. 24 Parganas)

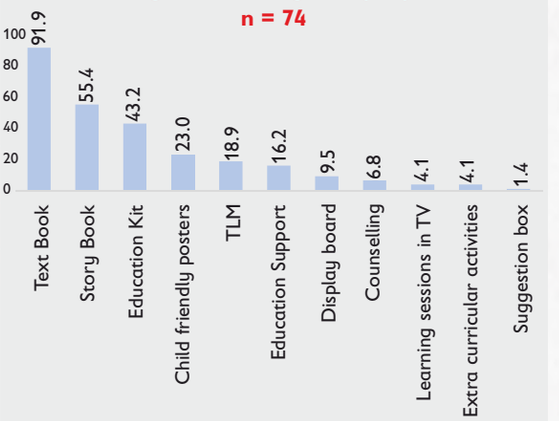


their female counterpart while the accessibility was marginally higher among girls in North 24 Parganas.

Services Available at MAC

The mothers whose child had access to the MAC were enquired on the services available at the MAC. The most common materials mentioned were text book (91.9%), story book (55.4%) and education kit (43.2%). There was difference in regard to availability of services across study districts (Table 3X.13 in annex). The materials/services like learning sessions in TV, display board showing the activities of children, teaching-learning material (TLM), suggestion box etc. was only mentioned by mothers from Malda. Further, higher proportion of mothers in North 24 Parganas reported of availability of story books, text books and education kit compared to that in Malda. The counselling services, presence of suggestion box, display board showing various activities of children were mentioned by small proportion of mothers.

Graph 3.29: Availability of Services at MACs according to Mothers of Child aged 6+ to 11 years (in%) n = 74



The pattern of response of adolescents on availability of services at MAC was quite similar to that of mothers. 65% boys and 78.6% girls reported the presence of text books at MAC. As per 35% boys and 21.4% girls, the MAC provided educational support to them. Only 6.7% boys in Malda mentioned of existence of display board and suggestion box at MAC (Table 3X.14 in annex). None of the adolescents from North 24 Parganas reported presence of suggestion box, display board and learning sessions through TV.

Participation of Activities at MAC

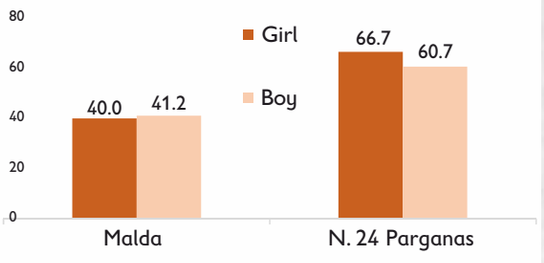
As per response of mothers, the common activities in which the children aged 6+ to 11 years participated were reading aloud (50%), reading story books (38.2%) and using of education kit (32.3%). All these 3 activities were mentioned by higher proportion of mothers in North 24 Parganas (Table 3X.15 in annex). The participation in activities like development of TLMs and quiz was reported only in Malda. 13.9% mothers in Malda and 2.6% mothers in North 24 Parganas revealed that their child did not participate in any activities at MAC.

Likewise, the common activities in which the adolescent participated were storytelling, reading aloud and reading of story books. It was found that in development of TLM, only boys participated while in essay writing the participants were only girls (Table 3X.16 in annex).

Existence of Child Labour at Brick Kilns

The response of the adolescents helps to understand the existence of child labours at the brick-kilns. 49.3% boys and 47.4% girls reported that they worked as labour at the brick-kiln. In both the study districts, the proportion of boys engaged as labour was little higher than that for girls. Moreover, the proportion of engagement of adolescents as labour was higher in North 24 Parganas compared to that in Malda. The age of starting work as labour was low for boys relative to girls as 5.4% boys (all from Malda) started work at the age of 5 years while none of the girls has started work at that low age. 21.6% boys and 8.1% girls reported that they have started work before reaching age of 10 years.

Graph 3.30: Existence of Child Labour (in %)
n = 100 (Malda) 52 (N. 24 Parganas)



48.4% children of migrant labour worked as labourers. Nearly one fifth of the boys and one-tenth of the girls started to work before the age of 10 years and that was as low as 5 years for boys.

Children at this brick-kiln work with their parents, due to their poor economic condition.

Mother, At Brick Kiln under Minakhan Block, North 24 Parganas

The mean hours of working per day was found to be 9. There was no variation across the girls and boys and also across the districts in this regard. It was found that parents were decision-maker to work as labour at brick-kilns for 67.5% boys and 72.9% girls. The segregation across districts is presented in Table 3.7.

In North 24 Parganas, all the adolescents got weekly-off at their workplace while 66.7% boys and 80% girls got the weekly-off in Malda. Remaining adolescents had to work every day.

The official of Right to Education (RtE) Forum mentioned that the children at the brick kilns are the worst victims due to their tender age and their compulsory dependency on their families. The abysmal condition not only poses their families incapable to take care of them but also exploiter of their labour.

Table 3.8: Decision on Working at Brick Kiln (in %)
n = 37 (Boy), 39 (Girl)

Reasons	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
Parents	52.3	70.0	87.5	76.5	67.5	72.9
Adolescents themselves	47.6	25.0	12.5	23.5	32.4	24.3

> *The Children start working around 10 years of age. They mainly carry bricks (8 to 10 bricks at a time) on their head and cover on an average 4 km distance per day by making 15-20 rounds. The children, who are unable to carry bricks, mix the mud for brick-making.*
>
> Official, RtE Forum

The official of labour department, North 24 parganas stated that the department does not have any official information on the existence of child labour at brick-kilns. The system of routine inspection has closed. In earlier days, no child labour is found at the site at the time of visit because the hidden problem of law in which the

> *In recent years, there is no way to go for inspection without complaint. The system of routine inspection is now closed.*
>
> Joint Labour Commissioner, North 24 Parganas

child supporting their family business is not considered as labour. In most of the cases, the child was working with their family and thus cannot be considered as child labour. Further, it is very difficult to understand the age of the child due to absence of documents. Therefore, it is very difficult to understand the existence of child labour at the brick-kilns. There exists much conflict between social side and legal side.

> *The problem of child labour persists only in unauthorized brick-kilns. There is almost no case of child labour in authorized brick-kilns.*
>
> *We have all the 40 schools sanctioned under National Child Labour Project (NCLP) functioning in the district, which is quite a large number compared to other districts in the state.*
>
> Assistant Labour Commissioner, Malda

The Assistant Labour Commissioner of Malda district mentioned that the number of child labour at the brick kilns has fallen over time. Similar to the official of labour department at North 24 Parganas, it was also mentioned in Malda that no compliant has come from the brick kilns regarding the existence of child labour. Considering the fact of no complaint on existence of child labour, the official stated that there is no doubt on presence of some problem related to information in the system.

> *We do not employ any child in our kiln.*
>
> *We ensure that the children staying at the brick-kilns with their families does not enter in the working area.*
>
> Brick Kiln Owner, Malda

In all the cases, the brick-kiln owners were aware of the act on child labour. According to them, there was no violation of child labour act at the brick kilns.

Key Findings

- More than two-third (69.3%) mothers were illiterate. This varied from 77.6% in Malda to 54.7% in North 24 Parganas.
- All the respondents stayed at labour hutment within the premises of the brick kilns. The walls of these hutment were made of brick and the roofs were made of plastic sheets in most of the cases.
- The practice of wage payment on basis of number of bricks made was more common in Malda than that in North 24 Parganas. The average monthly wage earning was Rs. 9,300 in North 24 Parganas and Rs. 19,800 in Malda.
- In Malda, the majority (86.3%) were inter-state

migrants while in North 24 Parganas, majority (93.5%) were intra-state migrants.

- 52.1% mothers in Malda and 92% mothers in North 24 Parganas reported that their child is enrolled at the AWC.

- Out of inter-state migrant families whose child was enrolled at AWC, the child did not have access to the services of AWCs almost half of the year in 39.7% cases in Malda and 50% cases in North 24 Parganas since they are only enrolled at their native place. Thus, enrolment and accessibility to the services throughout the year was found to be a serious issue, especially among the child of inter-state migrant families.

- The THR was received by 54.4% children during the period of closure of the centres due to pandemic. This figure varied from 42.3% at Malda to 81.1% at North 24 Parganas.

- 20% of the visited AWWs in Malda had not taken any action for severely malnourished children.

- 62.7% boys and 73.1% girls (aged 11+ to below 18 years) were enrolled at formal educational institution, 16% boys and 14.1% girls were dropped from the institution. Remaining adolescents were never enrolled.

- 13.3% adolescent boys and 23.1% adolescent girls reported that their school have done some activities for continuity of education during the period of closure of schools due to pandemic.

- 57.3% adolescent boys and 66.7% adolescent girls received dry ration from school during the pandemic.

- 30% of the surveyed adolescent boys were aware of the MAC at the brick-kilns while the awareness was there among 24.5% girls.

- 49.3% boys and 47.4% girls reported that they worked as labour at the brick-kiln. In both the study districts, the proportion of boys engaged as labour was little higher than that for girls.

- The age of starting work as labour was low for boys relative to girls as 5.4% boys (all from Malda) started work at the age of 5 years while none of the girls has started work at that low age. 21.6% boys and 8.1% girls reported that they have started work before reaching age of 10 years.

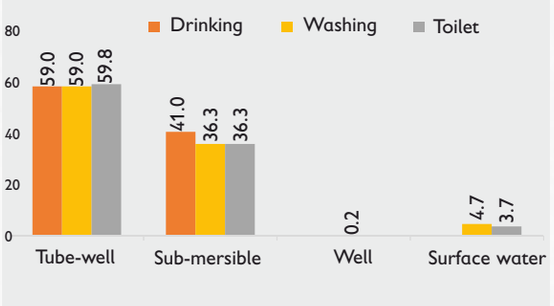
Chapter 4: Findings related to WASH and Nutrition

The Baseline study (Situation Analysis) had captured the accessibility of the households (who stayed at the brick kilns) to the Water, Sanitation and Hygiene (WASH) facilities and related knowledge and practice. The sections below elaborate the findings based on the primary survey.

Accessibility to WASH Facilities at Households and Related Practices

Primary Source of Water at Households

Graph 4.1: Primary Source of Water at Households (in%) n = 410



The primary survey data revealed that tube-well is the most common source of water for drinking, washing and toilet purposes for the households staying at the brick-kilns as shown in Graph 4.1. The piped water was not used for any other purposes. Moreover, it is important to note that tube-well/bore well fitted with pumps was the primary source of drinking water for all the surveyed households in North 24 Parganas and this source was used in 98.6% and 99.3% cases for washing and toilet purposes respectively in this district as shown in Table 4X.1 in annex. The water from well was used for toilet purposes only in Malda district. The surface water was being used for washing and toilet purposes in both of the study districts.

The primary source of drinking water was located within the premises of the brick-kilns as mentioned by all the respondents.

Treatment of Drinking Water at Household Level

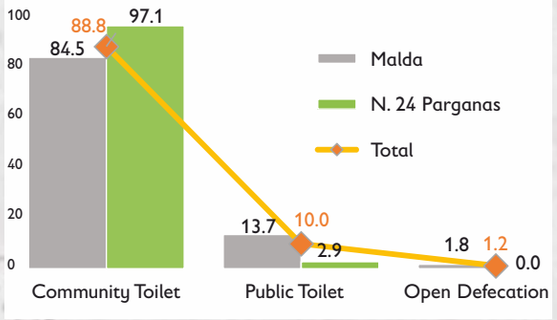
18.5% respondents from Malda reported to treat water before drinking while none of the surveyed households in North 24 Parganas did such treatment at household level. Out of the households treating water, they boiled the same in 94% cases and remaining 6% households strained water through a cloth.

Availability of Drinking Water

All the surveyed households of North 24 Parganas revealed that they got the drinking water sufficiently throughout the year from the primary water source whereas the corresponding figure was 98.9% in Malda. Another 1.1% households faced water shortage during summer months.

Access to Toilet Facility

Graph 4.2: Place of Defecation (%)
n = 271 (Malda) 139 (N.24 Parganas)



Graph 4.2 shows the place of defecation for the households staying at the surveyed brick kilns. Most of the households (88.8%) used community toilet within the brick kiln for defecation and this figure varied from 97.1% in North 24 Parganas to 84.5% in Malda. None of the households in North 24 Parganas practiced open defecation whereas 1.8% households in Malda practiced open defecation.

> *In the morning, we have to wait for long to use the toilet because too many families use the same facility.*
>
> Adolescent Girl, At Brick Kiln under Minakhan Block, North 24 Parganas

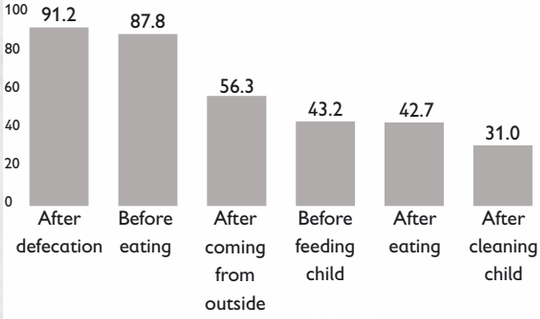
42% toilets were soak pit type with slab, 31.4% toilets were single pit type, 24.4% were septic tank type. 1.2% and 1% toilets were twin pit type and pit without slab respectively. Twin pit toilet was present only in Malda. The most common type of toilet was a pit with slab (57.5%) in Malda and single pit type (84.9%) in North 24 Parganas (Table 4X.2 in annex).

92.5% households in Malda and 99.3% in North 24 Parganas had access to the toilet facility throughout the year.

Knowledge of Mothers and Adolescents on Critical Occasions for Handwashing with Soap

96% mothers (97% in Malda and 94.2% in North 24 Parganas) felt that it is necessary to practice handwashing with soap.

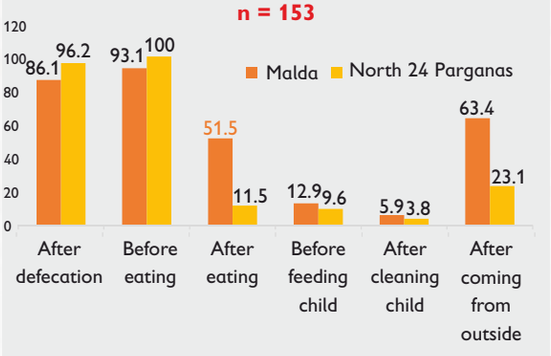
Graph 4.3: Knowledge of Mother son Critical Occassions of Handwashing (%)
n = 410



The knowledge of mothers on critical occasions of handwashing is shown in Graph 4.3. 91.2% and 87.8% mothers mentioned respectively that the

critical occasions were after defecation and before eating for handwashing with soap. The knowledge varied widely (63.8% in Malda and 41.7% in North 24 Parganas) across the study districts in regard to knowledge of considering the occasion "after coming from outside" as critical (Table 4X.3.in annex). Moreover, 10.7% mothers mentioned all these six occasions as critical for handwashing with soap. Both after defecation and before eating were considered as critical occasion for handwashing with soap by 80.5% mothers.

Graph 4.4: Knowledge of Adolescents on Critical Occassion of Handwashing (in%) n = 153



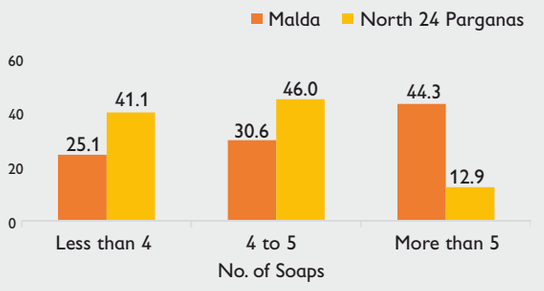
On the other hand, 89.5% and 95.4% adolescents considered after defecation and before eating respectively as critical occasion of handwashing with soap. In both of these occasions, higher proportion of adolescents had knowledge in North 24 Parganas relative to that in Malda as shown in Graph 4.4. Moreover, only 2.6% adolescents could mention all these 6 occasions as critical for handwashing with soap. 86.9% adolescents mentioned both "after defecation" and "before eating" as critical occasions for handwashing with soap.

Handwashing Facility

The handwashing facility varied across both the study districts. 69.4% respondents in Malda mentioned of using moveable facility (like mug, jug etc.) for handwashing while this figure was 18.7% in North 24 Parganas. 29.9% and 81.3% respondents in Malda and North 24 Parganas respectively washed their hands at the water source (pond, tube-well). There was no fixed place for handwashing in 0.7% households in Malda. Thus, common handwashing facility in Malda and North 24 Parganas were moveable facility and at water source respectively.

Availability of Soap at Households

Graph 4.5: No. of Soaps Used for Bathing and Handwashing Purposes (in%) n = 153

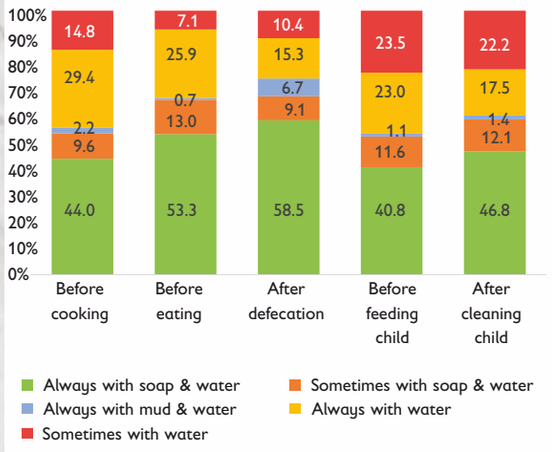


88% respondents reported of availability of soapat the households and this figure was 88.9% in Malda and 86.3% in North 24 Parganas. It was found that 44.3% respondents in Malda and 12.9% in North 24 Parganas mentioned that they require more than 5 soaps at the household level per month for bathing and handwashing purposes (Graph 4.5). 10.3% respondents at Malda mentioned that only one soap was needed monthly for bathing and handwashing purposes.

Handwashing Practice of Mothers at Various Critical Occasions

The mothers were asked on the practice (frequency as well as the material used) of handwashing during five critical occasions – after using toilet, before having food, before cooking, before feeding child and after cleaning child. It was found that mothers never washed their hands

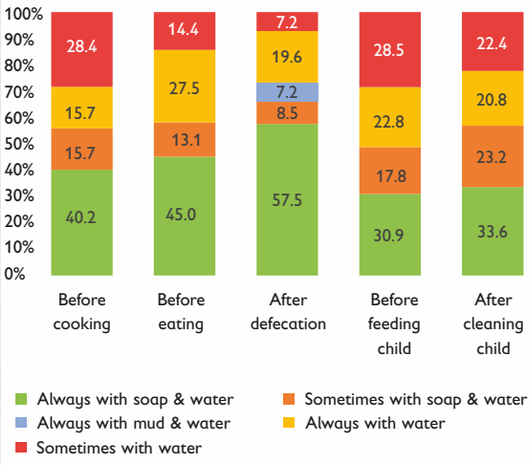
Graph 4.6: Handwashing Practice of Mothers at Crtical Occassions (in%) N = 410



before cooking, before having food, before feeding child and after cleaning child in 1.2%, 0.2%, 9.8% and 11% cases respectively. Out of the remaining respondents, the practice of handwashing is depicted in Graph 4.6. On an average, nearly half of the mothers practiced handwashing with soap always considering the critical occasions separately. Only 1.1% mothers reported of washing hands with soap and water always at all five critical occasions. The practice was found to be quite different between the study districts. The proportion of mothers using soap for washing hands always was higher in North 24 Parganas in all the critical occasions (considered separately) compared to that in Malda. For instance, 50.4% mothers in Malda reported of using soap always for handwashing after defecation while the corresponding figure was 74.1% in North 24 Parganas (Table 4X.4 in annex). In regard to the handwashing practice after cleaning child and before feeding child, the situation was poor as 35.1% and 34.3% mothers washed their hands sometimes in the occasions before feeding childand after cleaning child respectively. Further, it was found that the practice of not washing hands at all before cooking, before eating was found only in Malda. Only 14.4% mothers reported of washing hands with soap and water always at all five critical occasions. This figure varied from 17.3% in North 24 Parganas to 12.9% in Malda.

Handwashing Practice of Adolescents at Various Critical Occasions

Graph 4.6: Handwashing Practice of Adolescents at Crtical Occassions (in%) N = 152



The Baseline survey data found that 17%, 19.6% and 18.3% adolescents never practiced handwashing before cooking, before feeding child and after cleaning child respectively. Out of the adolescents practicing handwashing, the frequency of washing and materials used at 5 critical occasions is shown in Table 4.1. 57.5% adolescents washed their hands after defecation. This varied from 59.4% in Malda to 53.8% in North 24 Parganas (shown in Table 4X.5 in annex). 13.1% adolescents (17.8% in Malda to 3.8% in North 24 Parganas) practiced handwashing with soap always at all 5 critical occasions.

Prevalence of Diarrhoea/ Dysentery among Children in last 30 days of Survey

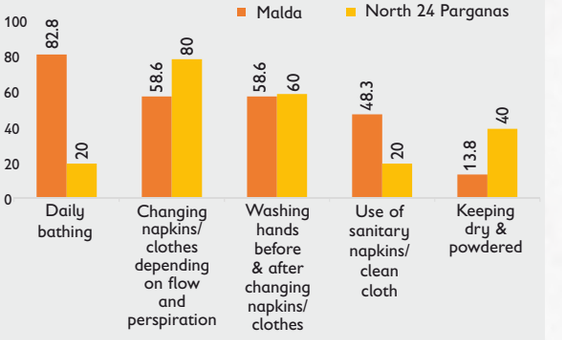
In 4.2% households, child suffered from diarrhoea / dysentery in last 30 days of the survey. This figure varied from 5.5% in Malda to 1.4% in North 24 Parganas. Out of these households, 11.8% practiced open defecation. In 23.5% cases, mothers never practiced handwashing after cleaning the child.

Knowledge and Practice of Adolescents on Menstrual Hygiene Management (MHM)

The Baseline survey data revealed that 20.8% adolescents in Malda and 50% adolescents in North 24 Parganas were unaware of their age at menarche. The remaining adolescents could tell their age at the time of menarche.

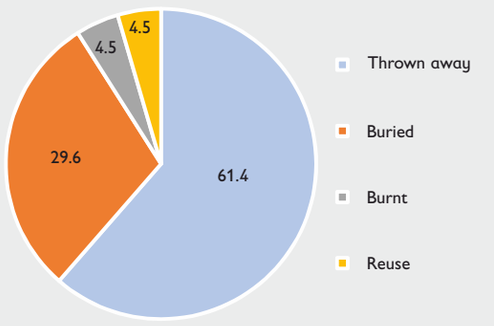
According to 61.4% adolescents, bleeding during menstruation is natural phenomena and there is no need to worry for that, this figure varied 83.3% in Malda to 14.3% in North 24 Parganas. 31.8% adolescents (6.7% in Malda and 85.7% in North 24 Parganas) thought that there is something wrong related to the bleeding during menstruation. 6.8% girls (all of these girls were from Malda) considered this bleeding as disease.

Graph 4.8: Knowledge of Adolescents on Ways of Maintaining Hygiene during Menstruation (in%) n = 29 (Malda) 5 (N.24 Parganas)



In regard to the use of material during menstruation, the picture was found to be very different in two study districts. In Malda, 73.3% girls used sanitary napkin/pad and remaining 26.7% girls used cloth during menstrual period. On the other hand, sanitary napkin and cloth were used by 7.1% and 92.9% girls respectively in North 24 Parganas.

Graph 4.9: Disposal of Materials used duirng Menstruation (in%) n = 44



3.3% adolescents from Malda and 64.3% from North 24 Parganas had no knowledge on how hygiene can be maintained during menstruation. Out of remaining adolescents, 70.6% adolescents mentioned daily bathing as one of the ways to maintain hygiene. While mostly mentioned way of maintaining hygiene was daily bathing in Malda, the common way in North 24 Parganas was changing of napkins/clothes depending on flow and perspiration as shown in Graph 4.8. Thus, the knowledge of adolescents in North 24 Parganas on this issue was found to be very poor as nearly two-third of the girls (64.3%) were unaware on ways of maintaining hygiene.

The disposal of materials used during menstruation is presented in Graph 4.9. 85.7% and 50% adolescents in Malda and North 24 Parganas respectively thrown the materials away outside after using the same (Table 4X.6). 6.7% girls from Malda reported that they did not dispose the cloth after use, the practice was to clean the cloth and reuse in the next month. The practice of burning was only found in North 24 Parganas. Thus, the disposal mechanism was unscientific in most of the cases.

Nutrition: Care, Knowledge and Practices

Place of Delivery of Child

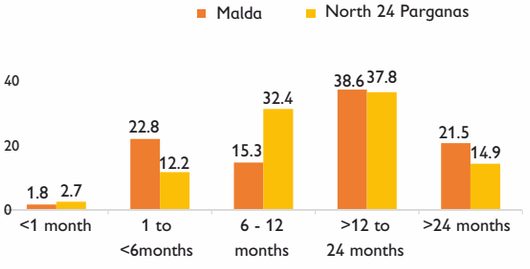
As per response of mothers, the instance of non-institutional delivery was found to be quite high in both of the districts. In Malda, 53.3% mothers reported that their child was born at home and the corresponding figure was 37.8% in North 24 Parganas. In the reaming cases, the deliveries were institutional.

Practice of Feeding Colostrum

96.2% (98.2% in Malda and 91.9% in North 24 Parganas) mothers of child aged 0 to 6 years mentioned that they fed colostrum to all of their children. 0.8% mothers fed colostrum only to their boy child and this figure varied from 0.6% in Malda to 1.4% in North 24 Parganas. Another 3% (1.2% in Malda and 6.8% in North 24 Parganas) mothers did not fed colostrum to their child. In this regard, it is important to mention that none of these mothers (3%) received advice on breastfeeding from AWWs. The reasons for not feeding colostrum or feeding only to boy were sickness of mothers (77.8%), insufficient milk production (11.1%) and lack of knowledge (11.1%).

Practice of Breastfeeding

Graph 4.10: Duration of Breastfeeding (in%)
n = 163 (Malda) 74 (N.24 Parganas)

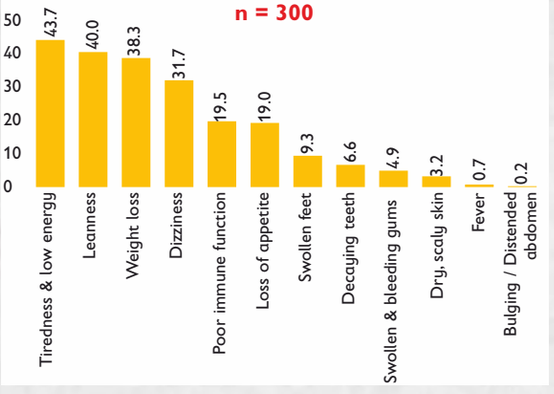


The duration of breastfeeding (in months) by the respondents is depicted in Graph 4.10. It was found that 2.1% mothers breastfed their child for less than a month and this figure varied from 2.7% in North 24 Parganas to 1.8% in Malda. Further, breastfeeding was done for less than 6 months in 19.4% cases. Thus, while the exclusive breastfeeding is recommended for first 6 months, this was not followed for 24.6% and 14.8% children in Malda and North 24 Parganas respectively. On the other hand, on an average 19.4% mother reported that they breastfed their child for more than 24 months.

Knowledge of Mothers on Malnutrition

In regard to the knowledge on malnutrition, the mothers were enquired on the signs and reasons of malnutrition. The Baseline survey data found that 73.2% mothers had some knowledge on malnutrition and this figure varied from 68.6% in Malda to 82% in North 24 Parganas. The remaining respondents had no knowledge on signs of malnutrition.

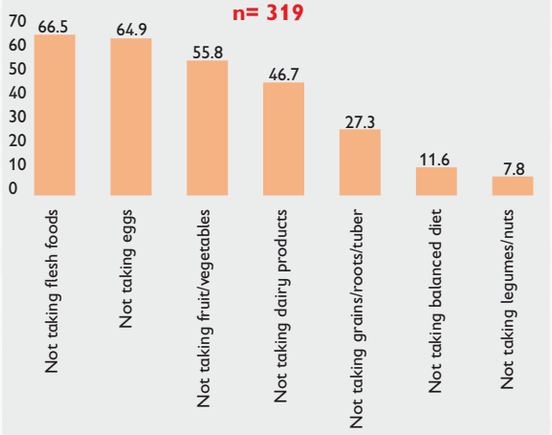
Graph 4.11: Knowledge of Mothers on Signs of Malnutrition (%)
n = 300



As shown in Graph 4.11, the mostly mentioned signs of malnutrition are tiredness and low energy (43.7%), leanness (40%) and weight loss (38.3%). Higher proportion of mothers in North 24 Parganas could mention the common signs like

leanness and weight loss compared to that in Malda (Table 4X.7 in annex). 24% mothers from Malda reported poor immune function as a sign of malnutrition while the same was 13.1% in North 24 Parganas. The signs like decaying teeth, swollen and bleeding gums and bulging/distended abdomen were mentioned only by mothers in Malda. Moreover, 12.7% mothers (14% in Malda and 10.5% in North 24 Parganas) could mention at least 5 signs of malnutrition.

Graph 4.12: Knowledge of Mothers on Reasons of Malnutrition (%) n= 319



On the other hand, 74.9% and 83.4% mothers in Malda and North 24 Parganas respectively had knowledge on reasons for malnutrition. Out of these respondents, the mostly stated reasons of malnutrition were lack of consumption of flesh foods (fish, meat etc.), eggs and fruits and dairy products as shown in Graph 4.12. Higher proportion of mothers in North 24 Parganas stated the insufficiency of taking eggs, fruits and vegetables as reason for malnutrition relative to that in Malda (Table 4X.8 in annex). 59.6% mothers mentioned of not taking dairy products as reason for malnutrition whereas this figure was only 24.1% in North 24 Parganas.

Awareness of Mothers on Food Groups

The surveyed mothers were asked on whether they were aware on various food groups. 10 food groups were considered which are cereals/grains/roots, pulses, nuts and seeds, dairy products, eggs, flesh food (meat, fish, poultry meat and organs etc.), dark green leafy vegetables, Vitamin-A rich fruits and vegetables, other fruits and other vegetables. The findings in this regard are shown in Table 4.1. 91% mothers had some awareness on food groups. The remaining mothers were completely unaware of food groups. None of the respondents could mention 10 food groups. Nearly half (48.3%) of the mothers could mention less than 4 type of food groups. It was found that mostly stated food groups were flesh foods (70.2%), egg (55.5%), pulses (54.4%), dairy products (52.5%).

Table 4.1: Awareness of Mothers on Food Groups (in %) n = Malda – 271, North 24 Parganas – 139

	Malda (%)	North 24 parganas (%)	Total (%)
Had awareness	92.3	88.5	91.0
Out of mothers having knowledge N = Malda – 250, N. 24 Parganas – 123			
1 group	4.0	0.0	2.7
2 groups	14.8	29.3	19.6
3 groups	29.2	19.5	26.0
4-5 groups	30.4	42.3	34.3
6-7 groups	19.6	8.1	15.8
8-9 groups	2.0	0.8	1.6

Awareness of Mothers on Iron-rich Foods

77.8% mothers (74.2% in Malda and 84.9% in North 24 Parganas) had awareness on iron-rich foods. Green leafy vegetables and flesh foods were mostly mentioned iron-rich food as these are stated by 55.8% and 47% mothers respectively as shown in Table 4X.9 in annex. In North 24 Parganas, 41.5% mothers could mention name of only one iron-rich food. Yellow/orange fruits were reported only by 8.2% mothers.

Complementary Feeding Practices

Introduction of solid, semisolid or soft foods 6–8 months: The percentage of infants of 6–8 months of age who consumed solid, semi-solid or soft foods during the previous day was 100% (both cumulative and across each of the districts).

Minimum dietary diversity: The percentage of children of age 6–23 months who consumed foods and beverages from at least five out of eight defined food groups[10] during the previous day was 53.1% which varied from 50% in Malda to 62.5%in North 24 Parganas.

Minimum meal frequency: The percentage of children of 6–23 months of age who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day was 100% (both cumulative and in North 24 Parganaswhile in Malda it was 0%).

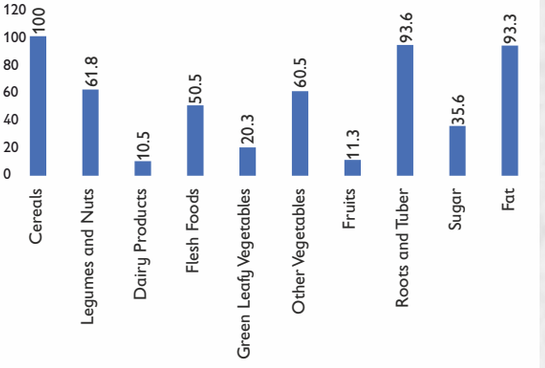
Minimum acceptable diet: The percentage of breastfed children of 6–23 months of age who consumed a minimum acceptable diet during the previous day was 35.4% (41.6% in Malda and 14.3% in North 24 Parganas) while that was 100% for the non-breastfed counterparts (both cumulative and in North 24 Parganas while in Malda it was 0%).

Consumption of iron-rich or iron-fortified foods: The percentage of children of children 6–23 months of age who receive an iron-rich food or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home was 3.1% (4.2% in Malda and 0% in North 24 Parganas).

Dietary Composition

From the Baseline evaluation, it was found that cereals were consumed by 100% of the children of all age groups from 6 months onwards. The most common food items consumed wererice, biscuit, roti and puffed rice). 93.6% of the children mentioned of consuming roots & tubers in the form of potato. Green leafy vegetables were consumed by 20.2% children while 60.5% mentioned that they had consumed other vegetables during the last 24 hours. However, consumption of eggs was mentioned by only 24.6% of the respondents. Pulses and legumes were consumed by 61.8% of the respondents while fruits were consumed by 11.3% of the respondents. Only 10.5% of the respondents mentioned of consuming milk and milk products during the recall. Processed foods like biscuits, cake, chocolates, potato chips and Bombay mix (Chanachur in Bengali) were also found to have a proportionately high average intake (28.2%). Fish was consumed by 24.6% of the respondents on a daily basis while only 15.1% mentioned of consuming chicken during the recall. However, red meat was consumed by 3.8% of the respondents.

Inclusion of Food Groups in daily Diet (%)



The overall variation in consumption of different food groups has been shown in thefollowing figure.

Key Findings

- Tube-well is the most common source of water for drinking, washing and toilet purposes for the households staying at the brick-kilns. Primary source of drinking water was located within the premises of the brick-kiln as mentioned by all the surveyed households.

- 18.5% respondents from Malda reported to treat water before drinking while none of the surveyed households in North 24 Parganas did such treatment at household level.

- 88.8% used community toilet within the brick kiln for defecation and this figure varied from 97.1% in North 24 Parganas to 84.5% in Malda. Moreover, 1.8% households in Malda practices open defecation.

- 96% mothers (97% in Malda and 94.2% in North 24 Parganas) felt that it is necessary to practice handwashing with soap.

- Common handwashing facility in Malda and North 24 Parganas were moveable facility and at water source respectively.

- 88.1% households mentioned of availability of soap for handwashing.

- The proportion of mothers using soap for washing hands always was higher in North 24 Parganas in all the critical occasions (considered separately) compared to that in Malda.

- 17%, 19.6% and 18.3% adolescents never practiced handwashing before cooking, before feeding child and after cleaning child respectively.

- 20.8% adolescents in Malda and 50% adolescents in North 24 Parganas were unaware of their age at menarche.

- In Malda, 73.3% girls used sanitary napkin/pad and remaining 26.7% girls used cloth during menstrual period. On the other hand, the corresponding figures were 7.1% and 92.9% respectively in North 24 Parganas.

- In Malda, 53.3% mothers reported that their child was born at home and the corresponding figure was 37.8% in North 24 Parganas.

- 2.1% mothers breastfed their child for less than a month and this figure varied from 2.7% in North 24 Parganas to 1.8% in Malda.

- 73.2% mothers had some knowledge on malnutrition and this figure varied from 68.6% in Malda to 82% in North 24 Parganas.

- Mostly mentioned signs of malnutrition are tiredness and low energy (43.7%), leanness (40%) and weight loss (38.3%).

- 74.9% and 83.4% mothers in Malda and North 24 Parganas respectively had knowledge on reasons for malnutrition.

- Cereals were consumed by 100% of the children of all age groups from 6 months onwards. The most common food items consumed were rice, biscuit, roti and puffed rice.

- Fish was consumed by 24.6% of the respondents on a daily basis while only 15.1% mentioned of consuming chicken during the recall.

10. *The foods consumed by the respondents have been grouped into 10 categories based on ICMR guidelines.*

Chapter 5: Findings on issues related to COVID-19 and Psychosocial Support to Children

This chapter describes the findings in regard to the awareness of the target group on COVID- 19 appropriate behaviour, current practice, change in the behaviour and feeling due to the outbreak of the pandemic. Moreover, this chapter also contain the psychological condition of the children, support received in respect to that etc.

Issues related to COVID-19: Awareness and Practice

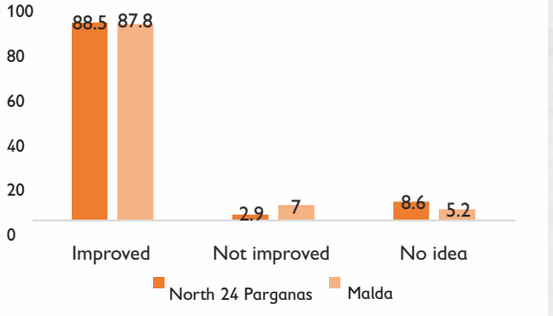
Knowledge on Six-steps of Handwashing as Precaution against COVID-19

The survey data revealed that 55.4% mothers in North 24 Parganas and 62.7% mothers in Malda had mentioned that they had knowledge on six-steps of handwashing as precaution against COVID-19. The situation varied widely across the GPs in North 24 Parganas as the figures were 54.5% and 31.8% in Minakhan and Bamanpukur GP respectively. However, it varied from 70.5% in Bhabuk GP to 56.4% in Old Malda Municipality. The details are shown in the Annexure.

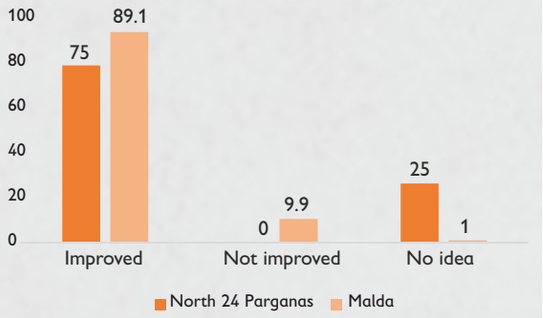
Further, the findings varied significantly between study districts about the knowledge of adolescents (11+ to 18 years) on six steps of handwashing. 61.4% of the surveyed adolescents of Malda district reported that they had knowledge whereas the corresponding figure was as low as 9.6% in North 24 Parganas.

The mothers as well as the adolescents were enquired on their perception on improvement of handwashing practice after outbreak of the pandemic. 88.1% mothers mentioned that they

Graph 5.1A: Perception on Improvement in HW Practice after Pandemic among Mothers (in %) n = 271 (Malda), 139 (N. 24 Parganas)



Graph 5.1B: Perception on Improvement in HW Practice after Pandemic among Adolescents (in %) n = 101 (Malda), 52 (N. 24 Parganas)



thought that the handwashing practice has improved after outbreak of the pandemic. According to 5.6% mothers, the practice has not improved, and another 6.3% mothers had no idea on this issue. On the other hand, the perception of 84.3% adolescents was towards improvement of handwashing practice after pandemic. 6.5% though that the practice has not improved. The situation across the study districts among both the target group is shown in Graph 5.1A and 5.1B. It was found that none of the adolescents in North 24 Parganas reported that there was no improvement in handwashing practice.

Awareness on COVID-19 Appropriate Behaviour

89.8% mothers (87.1% in North 24 Parganas and 91.1% in Malda) reported that they were aware of COVID-19 appropriate behaviour. 6.3% mothers were not aware of any such behaviour and remaining 3.9% respondents had no idea about the same. Coming down to the district level, while 1.1% mothers in Malda had no idea on, the figure was 9.4% in North 24 Parganas as shown in Table 5X.2 in Annex. On the other hand, 77.8% of the surveyed adolescents were aware of COVID-19 appropriate behaviours and this figure varied widely from 94.1% in Malda to 46.2% in North 24 Parganas. 15% adolescents were not aware of the same and this figure was as high as 32.7% in North 24 Parganas.

Adaption of COVID Appropriate Behaviour

In the primary survey, the mothers were asked on whether they and their children have adapted COVID-19 appropriate behaviour. Similarly, adolescents were enquired about their behaviour. 1.7% mothers mentioned that they had not adapted any COVID appropriate behaviour, and

Figure 5.1: Adaption of COVID Appropriate Behaviour

COVID Appropriate Behaviour	Mothers (%) N= 403	Child according to Mothers (%) N=397	Adolescents (%) N=152
 Frequent Handwashing with Soap	64.0	59.2	70.4
 Wearing Facial Mask	82.1	79.6	78.9
 Social Distancing	85.9	83.6	77.6
 Not touching mouth/nose	56.1	56.2	42.1
 Visit to doctor in case of flu/fever	11.9	9.3	12.5
 Avoid giving own usable things to others	15.1	13.6	15.1
 Do not humiliate COVID infected persons	1.2	1.3	2.0

3.2% mothers reported that their child had not adapted any COVID appropriate behaviour.

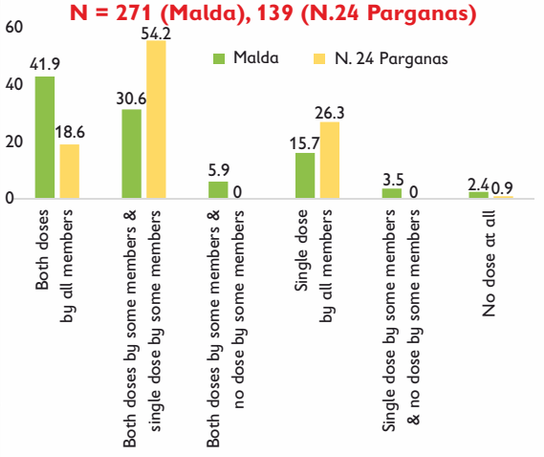
Figure 5.1 shows adaption of COVID appropriate behaviour among target group. Most common behaviour adapted as reported were wearing of face mask and maintaining social distancing. The practice of frequent handwashing was mentioned by only around 60% mothers. Thus, although around 80% of the surveyed mothers though that the practice of handwashing has improved after outbreak of the pandemic (as shown in earlier section), the practice found was not so high. Further, the behaviour like consultation with doctor/medical professional in case of fever/flu, avoid giving own usable things to others etc. were very low. Moreover, the adaption of all the behaviour was high in Malda compared to that of North 24 Parganas except the practice of frequent handwashing as shown in Table 5X.3 in the Annexure. 53.3% mothers (49.1% in Malda and 61.9% in North 24 Parganas) had adapted all 3 behaviours – wearing mask, frequent handwashing and maintaining social distancing.

On the other hand, 0.7% adolescents mentioned that they had not adapted any COVID appropriate behaviour. All these adolescents belonged to brick kilns of Malda district. Similarly, as per the response of the adolescents, the three most common behaviour found was wearing mask, maintaining social distancing and frequent handwashing with soap. Further, 55.6% adolescents (61.4% in Malda and 44.2% in North 24 Parganas) had adapted all 3 behaviours – wearing mask, frequent handwashing and maintaining social distancing.

Status of Receiving COVID Vaccination by Household Members

Graph 5.2 depicts the vaccination status of eligible members of surveyed households against COVID-19. On an average, all the eligible members received both of the doses of vaccination in 34.6% households and this figure varied from 41.9% in Malda to 18.6% in North 24 Parganas. Further, in 1.9% households, none of the eligible members received any of the doses of vaccination. At more than half (54.2%) of the households in North 24 Parganas, some of the members received both the doses and some members received single dose. Thus, as show in the Graph 5.2, in 8.3% households (11.8% in Malda and 0.8% in North 24 Parganas), there are members who have not received any of the doses.

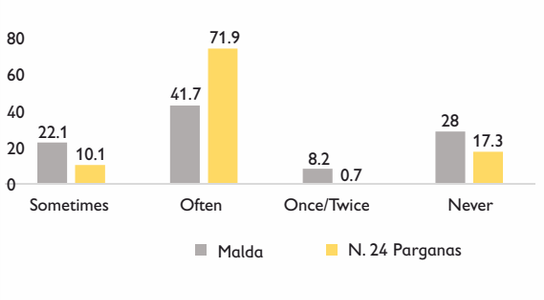
Graph 5.2: Status of Receiving COVID Vaccination (in%)
N = 271 (Malda), 139 (N.24 Parganas)



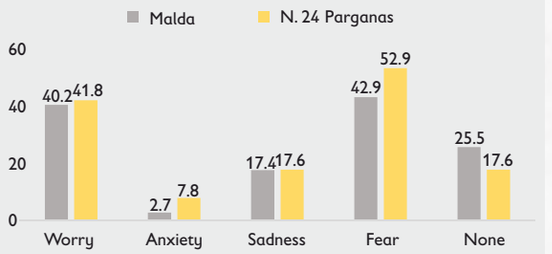
Discussion between Mother and Child on COVID – 19 and Reaction of Child

The Baseline survey found that 24.4% mothers had

Graph 5.3: Discussion on COVID-19 (in%)
N = 271 (Malda), 139 (N.24 Parganas)



Graph 5.4: Expression of Child on COVID-19 as per Mothers (in%) N = 184 (6 to 11 years), 153 (11+ to below 18 years) 6 – 11 years 11+ – <18years



never talked with her child on the issues related to COVID-19 and there is wide variation in this respect between two study districts as shown in Graph 5.3. 18.1% mothers talked sometimes with their child about COVID-19. This figure varied from 22.1% in Malda to 10.1% in North 24 Parganas. In North 24 Parganas, more than two-third of the mothers talked often with their child on this matter compared to 41.7% mothers doing so in Malda.

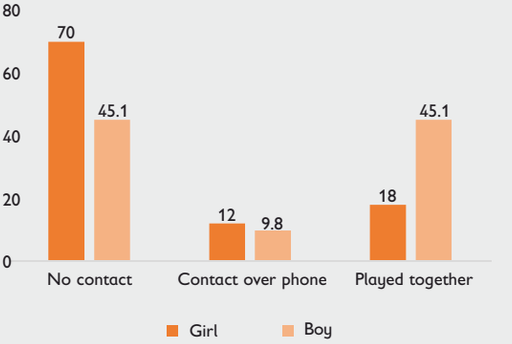
During the survey, mothers were asked about the mood of their child on the COVID-19 pandemic. 17.6% of mothers of 11+ to below 18 years child reported that their child had no expression about COVID-19 and this figure was 25.5% among the mothers of child between 6 to 11 years. The most common expression found was worry and fear. Among the mothers of child aged 6 to 11 years, 8.8% in North 24 Parganas had mentioned of not having any expression and the corresponding figure was as high as 33.1% in Malda (shown in Table 5X.4 in the annex). The trend in various expressions of the child was quite similar in both the districts.

As per response of 58.5% mothers, the child talked to someone when he/she had worries / concerns / needs. This figure varied from 71.2% in North 24 Parganas to 52% in Malda. 33.2% (14.4% in North 24 Parganas and 42.8% in Malda) mothers mentioned that their child had not talked to anyone in such instances and another 8.3% mothers had no idea on the behaviour of their child in such circumstances.

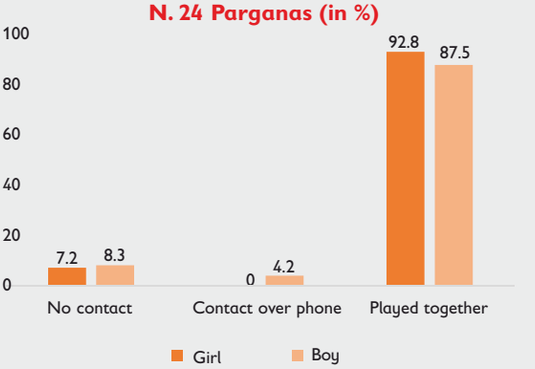
Activities of Adolescents – Comparison between the Situation Before and After Pandemic

The Baseline survey enquired for whether the adolescents staying in the brick kilns were able to contact with their friends during the period of pandemic. The findings varied widely across the study districts as shown in Graph 5.5A and 5.5B. Further, within Malda, the situation varied significantly between girls and boys.

Graph 5.5A: Connection with Friends during Pandemic among Adolescents in Malda (in %)

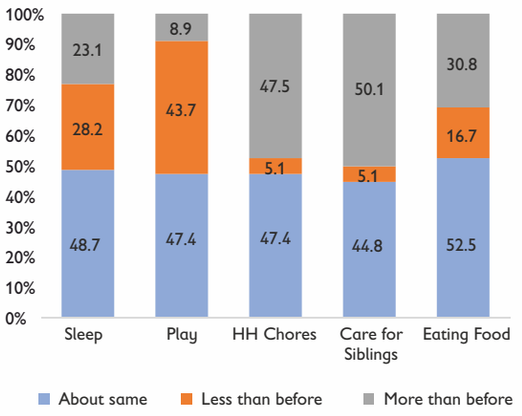


Graph 5.5B: Connection with Friends during Pandemic among Adolescents in N. 24 Parganas (in %)

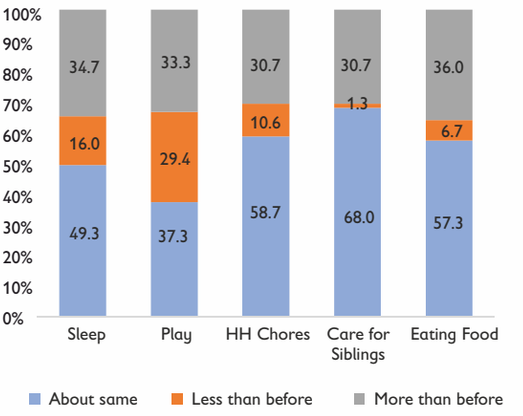


In Malda, 45.1% boys mentioned that they have no contact with their friends during pandemic while as much as 70% girls replied so. On the other hand, only 7.2% girls and 8.3% boys were disconnected from their friends in North 24 Parganas. Most of the adolescents in this district could play with their friends ever during the period of pandemic. In this context, the response of the mothers also showed similar pattern. 51.2% mothers in North 24 Parganas reported that their child was in touch with friends outside the households during pandemic and the corresponding figure was only 37.6% in Malda. 10.8% mothers in North 24 Parganas were not aware of the same. Thus, it can be said that the adolescents in North 24 Parganas were more in contact or in touch with their friends during pandemic compared to that in Malda.

Graph 5.6A: Activities of Adolescent Girls: Before & After Pandemic (in %) (N = 78)



Graph 5.6B: Activities of Adolescent Boys: Before & After Pandemic (in %) (N = 75)



The comparison of various activities (like sleeping, playing, caring for siblings, doing household chores etc.) before and after pandemic by adolescent girls and boys are depicted in Graph 5.6A and 5.6B respectively. In this respect, significant finding was that the activities like household chores and caring for siblings has increased after pandemic as said by 47.5% and 50.1% adolescent girls respectively while the corresponding figures for boys were 30.7% only. Thus, in general, the burden of activities like household chores and caring for siblings had increased on the adolescent girls compared to that of the boys. In this context, variation can be seen between two study districts as shown in Table 5X.5 in the Annexure. In Malda, the higher percentage of girls (64%) reported that their activity of household chores increased after pandemic compared to 17.9% girls in North 24 Parganas reported the same. Among boys, while in Malda, this activity has increased in 43.1% cases, the corresponding figure was only 4.2% in North 24 Parganas. Further, 50% boys and 57.1% girls in North 24 Parganas mentioned that they needed to be involved more in caring for their siblings after the pandemic. The negative impact of pandemic on food consumption was higher among adolescents in North 24 parganas compared to than in Malda. And within North 24 Parganas, deprivation was more for girls than boys in regard to food consumption.

Feelings of Adolescents – Comparison between the Situation Before and After Pandemic

Under Baseline survey, the change in the feeling of

adolescents after outbreak of the pandemic compared to the same before the pandemicwere captured. The findings in the regard are presented in Table 5.1. The various feelings like happiness, hope, sadness, worry etc. had not changed after outbreak of the pandemic in comparison with the situation before pandemic as reported by more than half of the surveyed adolescents. 28.2% girls and 24% boys mentioned that they felt less happy after outbreak of the pandemic and the figure for girls varied widely between two study districts as 46.4% and 18% girls in North 24 Parganas and Malda reported the same. Further, the higher proportion of girls (57.1%) in North 24 Parganas felt more worried after the pandemic compared to that in Malda (28%) and the finding was exactly opposite for boys (20.8% in North 24 Parganas and 35.3% in Malda). While 26% girls in Malda felt sadder after the pandemic, the corresponding figure was 53.6% in North 24 Parganas (Table 5X.6 in annex).

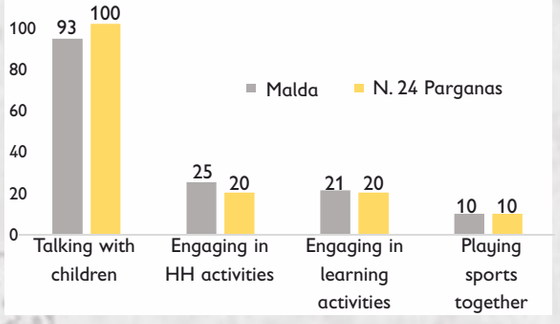
Table 5.1: Feelings of Adolescents: Before and After Pandemic (in %)

Feeling	Change during pandemic from before	Girl (%) (N= 78)	Boy (%) (N=75)
Happiness	About same	62.8	56
	Less	28.2	24
	More	9.0	20
Hope	About same	60.2	69.3
	Less	28.3	17.4
	More	11.5	13.3
Worry	About same	53.8	65.3
	Less	7.7	4
	More	38.5	30.7
Sadness	About same	61.5	65.3
	Less	2.6	6.7
	More	35.9	28
Safety	About same	70.5	68
	Less	23.1	20
	More	6.4	12
Boredom	About same	59	65.3
	Less	6.4	4
	More	34.6	30.7

Change in the Behaviour of Child after Outbreak of the Pandemic and Steps taken to Address the same – View of Mothers

According to 44.3% mothers in Malda and only 8.6% mothers in North 24 Parganas, they had noticed some change in the behaviour of their child after outbreak of the pandemic. Remaining mothers had not noticed any changes in the behaviour of their child. Out of the mothers noticed change in the behaviour, most common changes found were change in the sleeping pattern (70.5%) and change in the appetite (41.7%). The behaviour of unusual screaming and crying was reported by 1.7% and 8.3% mothers in Malda and North 24 Parganas respectively (as shown in Table 5X.7 in annex). 5.3% and 4.5% mothers noticed aggressive and violent behaviour respectively in their child after outbreak of the pandemic.

Graph 5.7: Steps taken by Mothers to address Behaviour Change among Adolescents (in%) N = 100 (Malda), 10 (N.24 Parganas)



Out of the mothers noticed change in the behaviour in the child, 16.7% (both in Malda and North 24 parganas) did not take any step to address such issues. Out of the remaining mothers who took steps, 93.6% mothers started communicating with their child regarding the behaviour change. This has found as the most common step among mothers in both the study districts. Engaging child in learning activities, household activities like fetching/filling of water were the other steps taken to address the behaviour change.

Teachers of 10% and 25% schools in Malda and North 24 Parganas observed considerable stress and low self-esteem among these children of migrant families.

Receiving psychosocial support from school/MAC
25.6% girls and 25.4% boys reported that they received psychosocial support from school/MAC. In Malda, the figures were 24% and 21.6% among girls and boys respectively and in North 24 Parganas, the corresponding figures were 28.6% and 33.3%. Thus, higher percentage of adolescents reported of receiving psychosocial support in North 24 Parganas compared to that in Malda.
Moreover, mothers were asked on whether their child received psychosocial support from school/MAC. 47.7% mothers of child aged 6+ to 11 years reported that their child received psychosocial support, and this varied from 43.9% in North 24 Parganas to 37.8% in Malda. On the other hand, 35.3% mothers (38.5% in North 24 Parganas to 33.7% in Malda) of adolescents (11+ to below 18 years) mentioned of receiving of such support.

Moreover, teachers of 11.1% schools in Malda and 25% schools in North 24 Parganas reported that they provided psychosocialsupport to the children of migrant families when they needed it. 15.4% (11.1% in Malda and 25% in North 24 Parganas) school teachers mentioned that the children of these families faced ostracization from the local children at the school. All these teachers reported

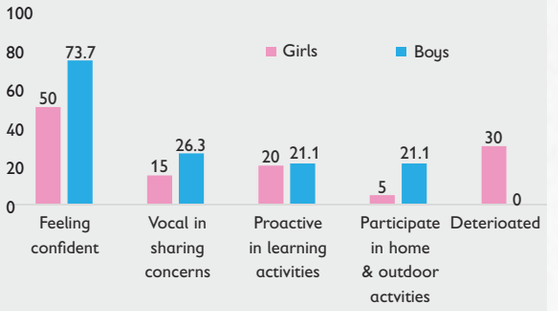
> *I came to see an incident of ostracization faced by a student from brick-kilns at our school. He was teased by a group of students of local area by addressing him as "Vatar Chhele (boy from brick kiln)".*
>
> School Teacher, School under Minakhan Block, North 24 Parganas

that they effectively sorted out these cases through discussion with the students.

Psychosocial Support of Children

Changes in Adolescents through the Intervention of Psychosocial Support

Graph 5.8: Changes in Adolescents after Receiving Psychological Support (in%) N = 20 (Girls), 10 (Boys)



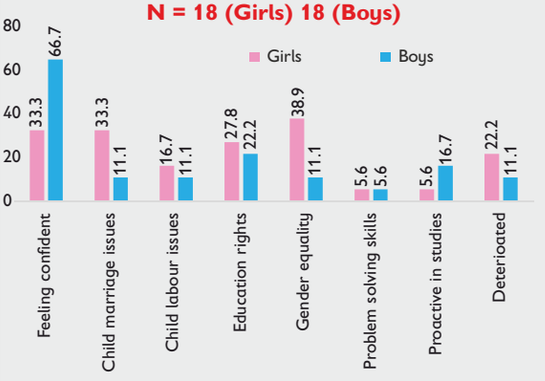
Adolescents who mentioned of receiving psychosocial support from school/MAC elaborated the changes that took place in them after receiving such support. The changes as reported by the adolescents is depicted in Graph 5.8. Most common change found was increasing the confidence level as mentioned by 50% girls and 73.7% boys. However, in 30% cases, girls revealed that the impact of psychosocial support was negative on them. All of these girls belonged to the brick kilns in Malda district.

Receiving of training on Life skills and Changes

23.1% adolescent girls and 24% adolescent boys received training on life skills. It was found that the higher proportion of girls (25%) in North 24 Parganas received training compared to that in Malda (22%) and the finding was exactly opposite for boys (20.8% in North 24 Parganas and 25.5% in Malda).

Graph 5.9 shows the changes which took place in the adolescents after receiving training on life skills. 66.7% of such boys mentioned that their confidence level has increased. 38.9% girls mentioned that their knowledge on gender equality has increased after getting trained on life skills and the corresponding figure was 11.1% among boys. Further, as per 22.2% girls and 11.1% boys, life skill training has negative impact on their behaviour. All these adolescents belonged to the brick kilns in Malda district.

Graph 5.9: Changes in Adolescents after Receiving Life Skill Training (in%) N = 18 (Girls) 18 (Boys)



On the other hand, 33.3% mothers of the child aged 6+ to 11 years were aware that their child received training on life skills. It varied from 31.6% in North 24 Parganas to 26% in Malda. Further, 28.1% (34.6% in North 24 Parganas and 24.8% in Malda) mothers of the child aged 11+ to below 18 years were aware of receiving training on life skills by their adolescents.

Key Findings

- 55.4% mothers in North 24 Parganas and 62.7% mothers in Malda had mentioned that they had knowledge on six-steps of handwashing as precaution against COVID-19. 61.4% of the surveyed adolescents of Malda and 9.6% in

North 24 Parganas had knowledge on six-steps of handwashing as precaution against COVID-19.

- 89.8% mothers and 77.8% adolescents reported that they were aware of COVID-19 appropriate behaviour.
- Most common behaviour adapted under COVID protocols were wearing of face mask and maintaining social distancing.
- All the eligible members received both of the doses of vaccination in 34.6% households whereas none of the members received any of the doses in 1.9% households.
- 24.4% mothers had never talked with her child on the issues related to COVID-19.
- In Malda, 45.1% boys and 70% girls mentioned that they have no contact with their friends during pandemic while the corresponding figures were 8.3% and 7.2% in North 24 Parganas.
- The activities like household chores and caring for siblings has increased after pandemic as said by 47.5% and 50.1% adolescent girls respectively while the corresponding figures for boys were 30.7% only. Thus, in general, the burden of activities like household chores and caring for siblings had increased on the adolescent girls compared to that of the boys.
- According to 44.3% mothers in Malda and only 8.6% mothers in North 24 Parganas, they had noticed some change in the behaviour of their child after outbreak of the pandemic.
- 25.6% girls and 25.4% boys reported that they received psychosocial support from school/MAC.
- 23.1% adolescent girls and 24% adolescent boys received training on life skills.

Chapter 6: Conclusion & Key Recommendations

Conclusion

The present study aimed to carry out a situation analysis of the children working within the family labour unit at few selected brick kilns in Malda and North 24 Parganas, regarding the status of access to education, nutrition and WASH facilities. The study also helped to identify the key issues and challenges which deprive children of the migrant brick kiln labourers of their right to food, education and a healthy life.

Profile of the Migrant children at the brick kilns

1. Most of the brick kiln workers held ration and Aadhar cards as proof of citizenship rights, however percentage of workers having job card for MGNREGS is very low.

2. The method of wage payment was different in the two districts. In Malda, wage rate depends on a fixed number of bricks produced daily, which encourages family labour in which the children are also likely to join. The average monthly income varied considerably between Malda and North 24 Parganas(higher by about Rs. 10,500 for Malda).

3. Most of the brick kiln workers were migrants. In Malda, the majority (86.3%) were inter-state migrants while in North 24 Parganas, majority (93.5%) were intra-state migrants. Therefore, migrant labourers were mostly engaged in the brick kiln workforce from neighboring states and within the state.

4. The duration of stay for most of the migrants was seen to be around 6 months in both the districts. It implies that most of the labourers are seasonal migrants according to study findings and they migrated for a part of the year when there was no livelihood opportunity at their place of origin. At other time of the year, they remain engaged as farm and non-farm labour or as self-employed.

5. The most common reasons for migration

were found to be lack of work in their native village and prospect for higher income. Even access to wage employment under MGNREGS was also poor. However, indebtedness as a reason was mentioned by higher proportion of the respondents in Malda compared to that in North 24 Parganas.

Access to AWC and associated services among brick kiln children

1. The enrollment rate of children at AWCs as reported by mothers was seen to be moderate in Malda and quite high in North 24 Parganas. It was also observed that the gap in enrollment status between inter-state and intra-state varied by around 9% in both districts although there is difference in rate of enrollment. Around 40% children of inter-state migrant households did not have access to the AWC services for almost half of the year and that was 50% in North 24 Parganas, since they were mostly enrolled at their source region which was within the state.

2. During the closure of AWCs due to the pandemic, the enrolled children regularly received THR, which mainly composed of cereals and pulses and occasionally protein-rich foods or fresh fruits/vegetables. THR was provided on a much more regular basis in Malda to mothers of enrolled children aged 0-6 years. In North 24 Parganas the mothers were unaware of the reason for not receiving the THR from the AWC.

3. AWWs also gave advice to mothers on exclusive breastfeeding and feeding of colostrum to the newborn child in both areas, however the reported case percentage varied between the districts, with North 24 Parganas in a better condition.

4. Relatively higher proportion of mothers in North 24 Parganas reported of receiving advice on various issues from AWWs, but the immunization coverage was lower compared to that in Malda. Incidentally, impact of COVID-19 was higher in North 24 Parganas than that in Malda. The lower immunization coverage may be for the non-functioning of VHND.

5. Children enrolled at the AWCs usually received pre-school education. However, the figures varied considerably, and Malda reported a higher proportion of children receiving pre-school education than that of North 24 Parganas.

6. The issue of language barrier was common among inter-state migrant children at the destination areas and will have an outcome on their access to education.

7. In most cases, drinking water source was present within the premises of the AWCs and therefore was accessible. However, it does not guarantee safe and adequate drinking water since the water source was tube well or submersible pump in most of the cases. Sanitation facilities were found in good proportion of AWCs in Malda, while only half of the surveyed AWCs of Malda had a toilet facility.

8. As per direct observation, wash basin as the place of handwashing station was not found to occur in most of the AWCs surveyed in both the districts (found only in 30% cases in Malda and none in North 24 Parganas). Among those AWCs having wash basin, those were usually constructed at low height to facilitate handwashing of children and soap was also available in 67% of the facilities.

9. Waste bin was found to be present in 50% of the visited centres in Malda, while there was none in any of the centres in North 24 Parganas.

10. According to the survey reports, adequate space was available for sitting in most of the centres, followed by graphics/wall painting, good ventilation, toys for playing, chart/learning materials and also few of them had a children

corner. However, physical observation suggested a slightly different picture. Learning materials in the form of graphics and charts were not available in most of the centres, but nutrition related Information, Education and Communication (IEC) material was present in all the visited AWCs in North 24 Parganas, but there were no materials on handwashing and other WASH related issues.

Access to Education among brick kiln children

1. Most of the adolescents (both boys and girls) reported that education is required to increase knowledge and shape a better future and also to become a good human being, followed by around 30-40% reporting that it would lead to better earning opportunities. While most of the mothers in North 24 Parganas reported that it will help to shape a better future for the child and that it will lead to increase in knowledge, majority of the mothers in Malda reported that it will create better scope of earning.

2. A good proportion of adolescents (11 years and above) i.e., around 70% of the girls as compared to only 58% of the boys were enrolled at some educational institution in Malda, while the respective figures for North 24 Parganas were around 71% and 79% respectively.

3. Proportion of never enrolled children (6-11 years) was higher in Malda compared to North 24 Parganas, which reflects different situations in the respective places of origin.

4. Majority of the migrant children at both places were enrolled in schools at their place of origin (90% and above). Therefore, it can be inferred that although these children had enrolled, they did not have access to such institutions nearly half of the year since they were staying at brick kilns with their parents.

5. Textbooks were available in most of the schools, followed by story books and education kit, however learning/painting display, TLMs and suggestion box (feedback/complaint box) was not present in most of them. Gender gap in this particular report was found to be insignificant.

6. The major barrier in access to education was the migration for work in brick kilns for half of the year. There is little access to education (whether formal or informal) at the destination areas. Therefore, the children remained drop-outs for around half of the year till they return to their native places. Even if they go back to school in their native places, the quality of learning is surely to be badly affected.

7. Wide gap is found in response with regards to the availability of TLMs between adolescents (who reported non-availability of TLMs) and teachers (who reported availability of TLMs).

8. In many cases, where the migrant children even managed to get enrolled in the local schools in the brick kiln areas, they face major problem in communication or studying in the local language.

9. The surveyed adolescents in North 24 Parganas reported that during the pandemic, most of them received learning materials from schools, while half of them in Malda reported that teachers gave academic advice and inputs to them during the pandemic when schools were closed, followed by distribution of tasks and activities to be done by students.

10. The level of learning ensured by these activities during the pandemic period however could not be ensured to a satisfactory level according to the adolescents, more so in North 24 Parganas. Most of the mothers also reported of less learning due to the closure of schools.

11. Lack of learning opportunities at home was the prime concern for the children during the pandemic, while a few reported about financial instability/crisis as the main concern.

12. In many cases, the services provided from schools such as THR was not received because the children were present at the worksite.

13. Most of the adolescents had an aspiration of studying up to at least secondary level followed by around 15-20% expressing desire to study higher. However, it was found that the level of aspiration declined as the level of education increased, more so in case of girls.

14. Irregularity in schools was mostly due to engagement in income generating activities, followed by domestic responsibilities and also migration.

15. The proportion of both boys and girls returning to schools after the 2nd wave of pandemic was found to be higher in Malda compared to North 24 Parganas. The main reasons for not returning to schools were joining for work in the brick kilns, and the need for doing household chores as well as loss of interest in education.

16. In North 24 Parganas it was found that the main reason for dropping out of school was being engaged in work and household chores, while in Malda it was lack of interest in studies. Discontinuation of education was mainly driven by extreme poverty of the migrant families which compelled them to move as a family labour unit and employ their children as well in the brick kiln.

Recommendations for Future Actions

Program level recommendations

- Need to develop a system of identity card for the children, who are likely to migrate along with their parents so that they can get admitted to the AWCs/schools nearest to the place of destination by using the card.
- Coordination and information exchange between the Directorate level officials of the Departments of School Education and Women & Child Development for ensuring continuity of care and education of the migrant children.
- Safe migration along with continuation of child services can be promoted by the Panchayats, particularly the Gram Panchayats. The Gram Panchayats of both the source and the destinations need to be sensitized to identify them and to ensure that all supports are extended to the migrant children. There is a drive country wide for promotion of Child Friendly Panchayats and one important component of the same should that the Panchayats should be proactive to ensure continuation of rights of the migrant children.
- There is need for advocacy with the Panchayat Departments of the state governments and they should include the issues of services to the migrant children and protecting their rights in their training curriculum.
- The language barrier could be a problem to be faced by inter-state migrant and it may be difficult to have teachers/workers to be able to communicate with the children with different mother tongue. The state government may network with suitable NGOs to extend support to the migrant children to identify persons who can speak the language of the people and extend support by visiting the brick kiln at regularly. If the number of such children is very large, the state government may be requested to make a formal arrangement for continuation of education of such children in their mother tongue.

- A baseline survey to know the status of migrant children should be conducted by both the source and the destination state so that the extent of the problem can be known and there is more information to make appropriate intervention. A system of submitting certain information by the migrant family with their Gram Panchayat/Municipality and also informing the Gram Panchayat/Municipality at the destination may be put in place so that in future the database of the migrant children will be easily available at both the source and the destination end.

- There is need for advocacy with the officials of the Labour Department, School Education Department and the Women & Child Development Department who are working on the status of the migrant children in the brick kiln and how they can act to ensure that all children irrespective of their state of origin can enjoy their rights.

- There is need for sensitization of the brick kiln owner so that rights of the children are protected and basic facilities like functional toilets are provided to all the migrant workers' families.

Infrastructure, service delivery and its quality and access issues

- Monitoring of basic amenities and infrastructure at schools and AWCs by the departments concerned for improving those and also by the Gram Panchayat for improving the infrastructures through Gram Panchayat Development Plan (GPDP)

- The Jal Jeevan Mission aims to provide Functional House Tap Connections to all the rural households to receive 55 litres of safe water per capita per day (LPCD). There is need for advocacy with the Public Health Engineering Department and the panchayats as to how the access to safe water can be augmented for those living in the brick kiln.

- Sensitisation of Block Development Officers, Sub-Inspectors of school and the Child Development Programme Officers (CDPOs) on the conditions of the migrant children and encouraging them to visit those places and ensure that due services are made available.

- Sensitization of the service providers like the AWWs and teachers to extend possible support to the migrant children and keep their superior officers of the issues they face for such children.

- Sensitization of the block health officials and ANMs for providing public health services and vaccination of the children including COVID vaccination as per government policy.

- Sensitization of the brick kiln owners and their association on the rights of the children and to seek their support so that children living within the brick fields are not deprived of their rights.

- Sensitization of the teachers to help the children to overcome the language barriers and to protect such children against any discrimination or bullying by the other students.

- Supplying reading materials in mother tongue of the children and to also report the need to their superiors.

Implementation Level

- The Anganwadi workers and the teachers of the region which are the usual sources and destination need to be sensitized on the rights of the children to receive services from the facility anywhere so that there care and education are continued.

- The Block, Gram Panchayat/Municipality and village level child protection committees of the brick kiln areas may be trained on the issues of migrant children and their protection. The local NGOs should also be sensitized to extend possible support for continuation of right of the children in the brick kiln and the children may also be made aware of the Childline to receive support on distress.

- Strengthening Gram Panchayats to enable them to play a critical role in alleviation of poverty and hunger, particularly in the source states and to extend more work to such families under the MGNREGS.

- Improving access to social protection schemes to all the migrant families.

- Availability of smart phones among the stakeholders, including the family of the migrant workers, to remain networked for coordinated actions.

- Sensitizing the migrant family on child safety measures on the online space.

- Need for specialized training to develop a skilled cadre of effective trainers for capacity building.

- Creating alternative educational arrangements for brick kiln children at the worksite to ensure they attain a minimum level of education, such as free night classes, free distribution of textbooks and learning materials in their native language, assisting schools in providing access to education to the migrant children and helping them to continue with education at the native place.

- Provision of child friendly environment and providing a safe space for the children in the brick kilns.

- Need for building capacities of the teachers to be able to communicate better with the migrant children and to be able to counsel them in case they find difficult to get integrated with the social environment of the destination state and extend other psychosocial supports.

- Co-ordination of governmental and non-governmental agencies in the state of origin and the state of destination to ensure safe migration and continuation of child rights.

- Training on media literacy and internet safety in schools. Use of short video films and social media to break the barriers in communication.

- Improving capacities of SHGs, and they may be funded out of Corporate Social Responsibility (CSR) to act as the NGO facilitators for a better life of the migrant labourers.

In conclusion, it can be said that the study helps to identify and explore the status of access to education and nutrition services of migrant children at the brick kilns and the provision of basic facilities at the schools and AWCs. It is suggested that alongside identifying the current status of migrating adults, the following conditions in children's lives and engagement with education should be understood and appropriate actions must be taken. It is important to identify what education, health and welfare supports are present at the worksite. Finally, it should be ascertained if and when children have disassociated from education altogether and if the is scope of putting back the drop out children to schools. Further, it should also be ascertained as to what exploitative child labour and or child trafficking risks exist in the brick kilns that require mitigation and child safeguarding action.

Annexure to Chapters

Chapter 3

Table 3X.1: Owning of Ration Cards among Mothers (in %)
N = 410 (Malda – 271, North 24 Parganas – 139)

	Malda (%)	North 24 parganas (%)	Total (%)
Have ration card	88.2	98.6	91.7
Out of mothers noticed behaviour change N = 239 (Malda), 137 (N.24 Parganas)			
Priority ration Card	67.4	9.5	46.3
Rajya Khadya Suraksha Yojana	28.1	85.4	48.9
AAY	3.3	3.6	3.5
Don't know	1.3	1.5	1.3

Table 3X.2: Receiving of Food Items as THR from AWCs (in %)
N = 237 (Malda – 163, North 24 Parganas – 74)

	Malda (%)	North 24 parganas (%)	Total (%)
Rice/wheat	42.3	81.1	54.4
Dal	37.4	78.4	50.2
Vegetables	1.2	29.7	10.1
Soyabean	22.7	40.5	28.3
Egg	6.1	14.9	8.9
Potato	1.8	2.7	2.1

Table 3X.3: Advice on Breastfeeding received from AWWs (in %)
N = Malda – 163, North 24 Parganas – 74

	Malda (%)	North 24 parganas (%)	Total (%)
Feeding of colostrum	18.4	39.2	24.9
Exclusive breastfeeding for first 6 months	23.9	64.9	36.7
Continued breastfeeding till 24 months	15.3	36.5	21.9

Table 3X.4: Receiving of Scheduled Immunization from AWCs (in %)
N = Malda – 163, North 24 Parganas – 74

	Malda (%)	North 24 parganas (%)	Total (%)
Received by both child and women	35.6	28.4	33.3
Received by Child only	6.7	41.9	17.7
Received by Mothers only	1.2	0.0	0.8
None	8.0	1.4	5.9
Don't know	0.6	20.3	6.8
Not enrolled at AWCs	47.9	8.1	35.4

Table 3X.5: Receiving of Various Service during HH visit by AWWs (in %)
N = Malda –163, North 24 Parganas – 74

	Malda (%)	North 24 parganas (%)
Growth monitoring	14.7	16.2
Counselling on health and nutrition	8.0	1.4
Counselling on WASH	17.8	2.7
Counselling on COVID-19 protocols	11.0	6.8
Health check-up	16.6	29.7

Table 3X.6: Availability of Child Friendly Infrastructures at AWCs (in %)
N = Malda –163, North 24 Parganas – 74

	Malda (%)	North 24 parganas (%)
Graphics/Wall painting	39.3	81.1
Chart/learning material	37.4	17.6
Well ventilated	42.9	63.5
Adequate space for sitting	46.0	73.0
Toys	35.0	44.6
Children corner	28.2	17.6

Table 3X.7: Importance of Education as per Adolescents (in %)
N = Malda –101, North 24 Parganas – 52

	Malda (%)		North 24 parganas (%)	
	Boy	Girl	Boy	Girl
To increase the knowledge	54.0	64.0	95.8	92.9
To shape a better future	52.0	40.0	83.3	92.9
To be a good human being	46.0	54.0	70.8	67.9
For better scope of earning	42.0	26.0	58.3	46.4
Better social status	0.0	4.0	20.8	32.1
Better marriage	2.0	10.0	0.0	0.0

Table 3X.8: Services Available at Schools as per Adolescents (in %)
N = Malda – 101, North 24 Parganas – 52

	Malda (%)		North 24 parganas (%)	
	Boy	Girl	Boy	Girl
Text books	56.9	62	70.8	78.6
Story books	25.5	24	62.5	67.9
Education kit	13.7	20	54.2	50
Displaying child learning painting	5.9	4	0	0
TLMs	7.8	4	8.3	0
Suggestion Box	5.9	12	4.2	0

Table 3X.9: Services Available at Schools as per Mothers of Child aged 6+ to 11 years (in %)
N = 93 (Boy), 91 (Girl)

	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
Text Books	50.7	60.0	88.5	87.1	61.3	69.2
Story Books	28.4	28.3	53.8	45.2	35.5	34.1
Education Kit	9.0	15.0	42.3	38.7	18.3	23.1
Display material	3.0	6.7	3.8	0.0	3.2	4.4
TLM	10.4	6.7	0.0	0.0	7.5	4.4
Suggestion Box	1.5	3.3	0.0	0.0	1.1	2.2

Table 3 X.10: Food Items Received by Adolescents under Dry Ration (in %)
N = 75 (Boy), 78 (Girl)

	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
Rice / wheat	49.0	62	70.8	75.0	56.0	66.7
Dal	39.2	42	70.8	75.0	49.3	53.8
Vegetables	3.9	0	4.2	14.3	4.0	5.1
Soyabean	29.4	30	66.7	75.0	41.3	46.2
Egg	7.8	8	4.2	0	6.7	5.1

Table 3X.11: Aspiration of Adolescents on Highest Level of Education (in %)
N = Malda – 56, North 24 Parganas – 39

	Malda (%)		North 24 parganas (%)	
	Boy	Girl	Boy	Girl
Up to class X	50.0	73.3	35.3	45.5
Up to class XII	30.8	13.3	5.9	18.2
Graduation	11.5	6.7	36.4	20.9
Beyond Graduation	7.7	6.7	23.5	-

Table 3X.12: Level of Dropped out for Adolescents (in %)
N = Malda –17, North 24 Parganas – 6

	Malda (%)		North 24 parganas (%)	
	Boy	Girl	Boy	Girl
Before primary	12.5	22.2	50	100
At primary level	37.5	44.4	25	-
After primary but before completing upper -primary	50	22.2	25	-
At secondary level	-	11.2	-	-

Table 3X.13: Availability of Services at MAC according to Mothers (in %) N = Malda – 36, North 24 Parganas – 38		
	Malda (%)	North 24 parganas (%)
Text book	86.1	97.4
Story book	50.0	60.5
Learning sessions in TV	8.3	-
Education kit	25.0	60.5
Child friendly posters	36.1	10.5
Display board	19.4	-
TLM	38.9	-
Suggestion box	2.8	-
Extra-curricular activities	5.6	2.6
Education support	30.6	2.6
Counselling	11.1	2.6

Table 3X.14: Availability of Services at MAC according to Adolescents (in %) N = Malda –22, North 24 Parganas – 12				
	Malda (%)		North 24 parganas (%)	
	Boy	Girl	Boy	Girl
Text book	60.0	85.7	80.0	71.4
Story book	46.7	42.9	80.0	57.1
Learning sessions in TV	0.0	28.6	-	-
Education kit	20.0	28.6	60.0	42.9
Child friendly posters	26.7	42.9	20.0	28.6
Display board	6.7	-	-	-
TLM	20.0	14.3	40.0	-
Suggestion box	6.7	-	-	-
Extra-curricular activities	26.7	-	-	-
Education support	26.7	14.3	60.0	28.6
Counselling	20.0	14.3	20.0	14.3

Table 3X.15: Participation of Activities by Child (6+ to 11 years) at MAC according to Mothers (in %)
N = Malda – 36, North 24 Parganas – 38

	Malda (%)	North 24 parganas (%)	Total (%)
Activities participated	86.9	97.4	91.9
Out of participated			
Attending learning session	38.7	10.8	23.5
Used education kit	16.1	45.9	32.4
Development of TLM	35.5	0.0	16.2
Reading aloud	29.0	67.6	50.0
Reading story books	29.0	45.9	38.2
Story telling	22.6	27.0	25.0
Essay writing	16.1	8.1	11.8
Quiz	6.5	0.0	2.9

Table 3X.16: Participation of Activities by Adolescents at MAC (in %)
N = 20 (Boy), 14 (Girl)

	Malda (%)		North 24 parganas (%)		Total (%)	
	Boy	Girl	Boy	Girl	Boy	Girl
Activities participated	80	85.7	100	100	85	92.9
Out of participated						
Attending learning session	26.7	14.3	20.0	14.3	25.0	14.3
Used education kit	33.3	14.3	60.0	42.9	40.0	28.6
Displaying of work	20.0	42.9	20.0	57.1	20.0	50.0
Development of TLM	20.0	0.0	40.0	0.0	25.0	0.0
Reading aloud	20.0	14.3	80.0	100.0	35.0	57.1
Reading story books	40.0	28.6	80.0	85.7	50.0	57.1
Story telling	26.7	42.9	60.0	85.7	35.0	64.3
Essay writing	0.0	28.6	0.0	28.6	0.0	28.6
Quiz	6.7	0.0	0.0	0.0	5.0	0.0

Chapter 4

Table 4X.1: Primary Water Source for Drinking, Washing and Toilet Purposes (in %)
N = Malda – 271, North 24 Parganas – 139

Purpose	Type of source	Malda (%)	North 24 parganas (%)
Drinking	Tube well	37.6	100.0
	Sub-mersible	62.0	0.0
	SSP	0.4	0.0
Washing	Tube well	38.8	98.6
	Sub-mersible	55.0	0.0
	Surface Water	6.2	1.4
Toilet Purposes	Tube well	39.4	99.3
	Sub-mersible	55.0	0.0
	Well	0.4	0.0
	Surface Water	5.2	0.7

Table 4X.2: Type of Toilet (in %)
N = Malda – 266, North 24 Parganas – 139

	Malda (%)	North 24 parganas (%)	Total (%)
Septic Tank	35.7	2.9	24.4
Single Pit	3.4	84.9	31.4
Soak Pit with slab	57.5	12.2	42.0
Soak pit without slab	1.5	0.0	1.0
Twin Pit	1.9	0.0	1.2

Table 4X.3: Knowledge of Mothers on Critical Occasions of Handwashing Soap (in %)
N = Malda – 271, North 24 Parganas – 139

	Malda (%)	North 24 parganas (%)
After defecation	87.5	98.6
Before eating	89.3	84.9
After eating	46.5	35.3
Before feeding child	44.3	41.0
After cleaning child	31.0	30.9
After coming from outside	63.8	41.7

Table 4X.4: Handwashing Practice of Mothers on Critical Occasions of Handwashing Soap (in %) N = Malda – 271, North 24 Parganas – 139			
		Malda (%)	North 24 parganas (%)
Before Cooking	Never	1.9	0.0
	Out of remaining mothers		
	Always with soap and water	31.6	67.6
	Always with mud and water	3.4	0.0
	Always with only water	35.3	18.0
	Sometimes with soap and water	9.4	10.1
	Sometimes with only water	20.3	4.3
Before Eating	Never	0.4	0.0
	Out of remaining mothers		
	Always with soap and water	46.3	66.9
	Always with mud and water	1.1	0.0
	Always with only water	31.5	15.2
	Sometimes with soap and water	11.1	16.5
	Sometimes with only water	10.0	1.4
After Defecation	Always with soap and water	50.4	74.1
	Always with mud and water	9.4	1.4
	Always with only water	18.0	10.1
	Sometimes with soap and water	12.8	2.2
	Sometimes with only water	9.4	12.2
Before Feeding Child	Never	9.2	10.8
	Out of remaining mothers		
	Always with soap and water	29.7	62.9
	Always with mud and water	1.6	0.0
	Always with only water	28.9	11.3
	Sometimes with soap and water	17.5	0.0
	Sometimes with only water	22.3	25.8
After Cleaning Child	Never	10.7	11.5
	Out of remaining mothers		
	Always with soap and water	32.2	75.6
	Always with mud and water	2.1	0.0
	Always with only water	23.6	5.7
	Sometimes with soap and water	17.4	1.6
	Sometimes with only water	24.7	17.1

Table 4X.5: Handwashing Practice of Adolescents on Critical Occasions of Handwashing Soap (in %) N= Malda – 101, North 24 Parganas – 52			
		Malda (%)	North 24 parganas (%)
Before Cooking	Never	11.9	15.4
	Out of remaining adolescents		
	Always with soap and water	34.9	50.0
	Always with only water	22.9	2.3
	Sometimes with soap and water	13.3	20.5
	Sometimes with only water	28.9	27.3
Before Eating	Always with soap and water	45.5	44.2
	Always with only water	31.7	19.2
	Sometimes with soap and water	10.9	17.3
	Sometimes with only water	11.9	19.2
After Defecation	Always with soap and water	59.4	53.8
	Always with mud and water	10.9	-
	Always with only water	7.9	42.4
	Sometimes with soap and water	10.9	3.8
	Sometimes with only water	10.9	-
Before Feeding Child	Never	22.8	13.5
	Out of remaining adolescents		
	Always with soap and water	29.5	33.3
	Always with only water	21.8	24.4
	Sometimes with soap and water	15.4	22.2
	Sometimes with only water	33.3	20.0
After Cleaning Child	Never	19.8	15.4
	Out of remaining adolescents		
	Always with soap and water	17.7	43.2
	Always with only water	13.8	18.2
	Sometimes with soap and water	12.2	29.5
	Sometimes with only water	18.3	9.1

Table 4X.6: Disposal of Materials Used during Menstruation (in %) N = Malda – 30, North 24 Parganas – 14		
	Malda (%)	North 24 parganas (%)
Buried	43.3	-
Burnt	-	14.3
Reuse	6.7	-
Thrown away	50.0	85.7

Table 4X.7: Knowledge of Mothers on Signs of Malnutrition (in %) N = Malda – 271, North 24 Parganas – 139		
	Malda (%)	North 24 parganas (%)
Had knowledge	68.6	82.0
Out of mothers having knowledge N = Malda – 186, N. 24 Parganas - 114		
Tiredness and low energy	45.4	49.1
Dizziness	32.5	36.8
Poor immune function	24.0	13.2
Dry, scaly skin	4.1	1.8
Swollen and bleeding gums	7.4	0.0
Decaying teeth	10.0	0.0
Swollen feet	12.5	3.5
Weight loss	34.3	56.1
Leanness	33.9	63.2
Loss of appetite	20.7	19.3
Bulging / Distended abdomen	0.4	0.0
Fever	0.4	1.8

Table 4X.8: Knowledge of Mothers on Reasons of Malnutrition (in %) N = Malda – 271, North 24 Parganas – 139		
	Malda (%)	North 24 parganas (%)
Had knowledge	74.9	83.4
Out of mothers having knowledge N = Malda – 203, N. 24 Parganas – 116		
Not taking grains/roots/tuber	37.4	9.5
Not taking legumes/nuts	9.9	4.3
Not taking dairy products	59.6	24.1
Not taking flesh foods	72.9	55.2
Not taking eggs	55.7	81.0
Not taking fruit/vegetables	45.3	74.1
Not taking balanced diet	12.8	9.5

Table 4X.9: Knowledge of Mothers on Iron-rich Foods (in %) N = Malda – 271, North 24 Parganas – 139			
	Malda (%)	North 24 parganas (%)	Total (%)
Had knowledge	74.2	84.9	77.8
Out of mothers having knowledge N = Malda – 201, N. 24 Parganas – 118			
Green leafy vegetables	45.3	73.7	55.8
Molasses	10.0	4.2	7.8
Date palm	7.0	3.4	5.6
Fish meat egg	56.7	30.5	47.0
Rice/wheat	40.8	26.3	35.4
Yellow/orange vegetables	10.0	11.0	10.3
Dairy products	47.8	28.8	40.8
Yellow/orange fruits	8.0	8.5	8.2

Chapter 5

Table 5X.1: Knowledge on Six steps of Handwashing among Mothers (in %) N = 410 (Malda – 271, North 24 Parganas – 139)		
District	GP/ULB	Percentage had knowledge
Malda	Bhabuk	70.5
	Kazigram	66.7
	Mahishbathani	64.1
	Mangal Bari	58.6
	Old Malda Municipality	56.4
North 24 Parganas	Minakhan	54.5
	Bamanpukur	31.8

Table 5X.2: Awareness on COVID-19 Appropriate Behaviour (in %) N = Mothers - 410 (Malda – 271, North 24 Parganas – 139) Adolescents – 153 (Malda – 101, North 24 parganas – 52)				
Awareness	Malda		North 24 parganas	
	Mothers (%)	Adolescents (%)	Mothers(%)	Adolescents(%)
Aware	91.1	94.1	87.1	46.2
Not aware	7.8	5.9	3.6	32.7
Don't know	1.1	-	9.3	21.1

Table 5X.3: Adaptation of COVID-19 Appropriate Behaviour (in %)						
	Malda {N = 271 (Mothers), 101 (Adolescents)}			N. 24 Parganas {N = 139 (Mothers), 52 (Adolescents)}		
	Mothers (%)	Child according to Mothers (in %)	Adolescents (%)	Mothers (%)	Child according to Mothers (in %)	Adolescents (%)
Has adapted behaviour	97.8	96.3	99%	99.3	97.8	100%
Behaviour	Type of Behaviours adapted					
	N = 265	N = 261	N = 101	N = 138	N = 136	N = 52
Maintaining social distancing	87.2	83.1	85	83.3	84.6	63.5
Wearing face Mask	82.3	78.2	88	81.9	82.4	61.5
Not touching nose/mouth	58.1	56.3	57	52.2	55.9	13.5
Frequent HW with soap	62.6	56.3	80	66.7	64.7	51.9
Avoid to give own usable things to others	20.4	19.2	20	5.1	2.9	5.8
Consult doctor in case of fever/flu	15.8	12.6	18	4.3	2.9	1.9
Do not humiliate COVID infected persons	1.9	1.9	3	0	0	63.5

Table 5X.4: Expression of Child about COVID-19 as per Mothers (in %)				
Awareness	Malda		North 24 parganas	
	6 to 11 years (%) (N = 127)	11+ to <18 (%) (N = 101)	6 to 11 years (%) (N = 127)	11+ to <18 (%) (N = 101)
Worry	24.4	33.7	75.4	57.7
Anxiety	2.4	8.9	3.5	5.8
Sadness	13.4	19.8	26.3	13.5
Fear	43.3	44.6	42.1	69.2
None	33.1	23.8	8.8	5.8

Table 5X.5: Activities of Adolescents: Before and After Pandemic (in %)					
Activity	Change during pandemic from before	Malda		N. 24 parganas	
		Girl (%) (N = 50)	Boy (%) (N = 51)	Girl (%) (N = 28)	Boy (%) (N = 24)
Sleep	About same	50	51	46.4	45.8
	Less	20	3.9	42.9	41.7
	More	30	45.1	10.7	12.5
Play	About same	46	33.3	50	45.8
	Less	44	21.6	42.8	45.8
	More	10	45.1	7.2	8.4
HH Chores	About same	32	47.1	75	83.3
	Less	4	9.8	7.1	12.5
	More	64	43.1	17.9	4.2
Care for Siblings	About same	46	76.5	42.9	50
	Less	8	2	-	-
	More	46	21.5	57.1	50
Eating Food	About same	56	54.9	46.4	62.5
	Less	6	-	35.7	20.8
	More	38	45.1	17.9	16.7

Table 5X.6: Feelings of Adolescents: Before and After Pandemic (in %)

Activity	Change during pandemic from before	Malda		N. 24 parganas	
		Girl (%) (N = 50)	Boy (%) (N = 51)	Girl (%) (N = 28)	Boy (%) (N = 24)
Happiness	About same	70	54.9	50	58.3
	Less	18	21.6	46.4	29.2
	More	12	23.5	3.6	12.5
Hope	About same	60	68.6	60.7	70.8
	Less	24	17.6	35.7	16.7
	More	16	13.8	3.6	12.5
Worry	About same	60	60.8	42.9	75
	Less	12	3.9	-	4.2
	More	28	35.3	57.1	20.8
Sadness	About same	70	68.6	46.4	58.3
	Less	4	5.9	-	8.3
	More	26	25.5	53.6	33.4
Safety	About same	66	60.8	78.6	83.3
	Less	26	23.5	17.8	12.5
	More	8	15.7	3.6	4.2
Boredom	About same	60	68.6	57.2	58.3
	Less	8	3.9	3.6	4.2
	More	32	27.5	39.2	37.5

Table 5X.7: Behaviour Change of Child after Pandemic as per Mothers (in %)
N = 410 (Malda – 271, North 24 Parganas – 139)

Behaviour	Malda (%)	North 24 parganas (%)	Total (%)
Noticed change in the behaviour	44.3	8.6	32.2
Out of mothers noticed behaviour change N = 120 (Malda), 12 (N.2 4 Parganas)			
Bed wetting	10.8	8.3	10.6
Change in sleeping	71.7	58.3	70.5
Change in appetite	40	58.3	41.7
Change in emotional regulation	15.8	8.3	15.2
Unusual crying and screaming	1.7	8.3	2.3
Aggressive	5.8	0	5.3
Violent	4.2	8.3	4.5
Lack of concentration	14.2	16.7	14.4

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