

The Children of Nochikuppam

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Abstract: This report was created for a Public Action Group (PAG) coordinated by the Child Rights and You (CRY) organization. The report aims to reveal the current level of well-being for the children of Nochikuppam, Chennai, India. The ultimate aim is to provide an overall picture of the average life of a child in this upper-low SES fishing community. Furthermore, suggestions have been made to improve the services being provided by the PAG.

Keyword: child well-being, Nochikuppam, Chennai, India, tsunami, child rights.

I. INTRODUCTION

CRY Chennai has several dedicated volunteer teams working in various slums across the city. These teams are referred to as Public Action Groups (PAG). The PAGs are predominately made up of college and university students. The students are from various academic backgrounds, such as IT, Engineering, Business, and Social Work. Those involved in the PAGs are passionate and want to effectively address any problems affecting children in their slums. Unfortunately, due to the demands of their school schedule, they are rarely able to do more than play games with the children. Many volunteers have expressed their desire to attempt addressing issues and barriers faced by the community. Moreover, the lack of time and resources has made it difficult for PAGs to collect data on their respective neighbourhoods. Currently, CRY has two PAGs, one located in Surya Nagar and the other in the Santhome area.

Recently the Surya Nagar PAG benefitted from the input of a field report produced by a CRY intern (Satish, 2010). The report highlighted the community's request for English language support. Beyond this, the report also delved into cases of children dropping out of school; first, a brief overview of Surya Nagar.

The report identifies that, due to the disputable land the slum sits on, residents are at risk of being evicted. This is because, the slum is currently in the way of the city's highway extension plans; residents may have to be relocated by force in the near future. Knowing this, some parents in the community, are unwilling to pay for their child's school fees (tuition), out of the fear of relocation. Additionally, some of the children attending school have to wade through a large river in order to reach their school. This is due to the lack of public bus coverage for the area.

Using all this information, the Surya Nagar PAG has been able to create an education program (taught predominately in English), to provide some access to education for the children that have dropped out. For those that are enrolled in school, the program also places emphasis on developing leadership skills. PAG members also have the capacity to help families identify, and apply for, school scholarships. This is possible anytime they encounter a drop out case desiring to go back to school. Moreover, some members of the PAG are currently addressing the transportation issue of the neighbourhood.

This report aims to provide a similar sense of direction to the Santhome PAG. The PAG is active in the Nochikuppam neighbourhood, located within Santhome. Though the report is focused on Nochikuppam, the findings can be generalized to the surrounding neighbourhoods of Dummikuppam, Dooming Lane, and Nochinagar. These neighbourhoods, including Nochikuppam, make up Santhome.

The report will use a holistic approach of measuring child well being in Nochikuppam. The report will also aim to identify community members that can provide relevant information and support to the PAG. Furthermore, a section suggesting

potential future projects for the PAG is included. The report hopes to create a more clear sense of direction in program delivery.

II. OVERVIEW OF NOCHIKUPPAM

Nochikuppam is a low income fishing community located by the foreshore estate promenade directly across foreshore estate beach. After speaking with those living in the neighbourhood, it is evident that this is a community experiencing a decade of uncertainty. Ever since the Tsunami hit Chennai in 2004, neighbourhoods like Nochikuppam have been struggling to resume their lives to former conditions.

Nochikuppam was an active fishing community made up of tenements located in a cluster by the iconic Madras Light House. There are around 800 families that call Nochikuppam home. Since the Tsunami, the state government has had a difficult time repairing and restoring the affected buildings in the area. The state government has requested the residents of the community relocate to any of the temporary shelters provided 300m away from the neighbourhood (Lopez, 2011). These shelters make up the Tsunami Rehabilitation Township (TRT). Over the last few years, more families have cooperated and moved into the TRT. However, there are still a few who believe they will experience a loss of livelihood and cope with bad amenities in the temporary shelters (hindu.com, 2012). Thus, they continue to stay in the dilapidated tenements of Nochikuppam. Moreover, according to government officials, the defiance of these residents to relocate has prevented the reconstruction of Nochikuppam.

Currently, as mentioned by the residents of the temporary shelters, majority of the families have relocated to the TRT. The relocation period was only meant to be limited to 12 months. However, this one year commitment has slowly turned into several years for many. Without the full cooperation of all the families in Nochikuppam, the state government has stated it will be unable to repair and reconstruct. In addition, several families accept to relocate, only to claim their temporary shelter. They then rent out the temporary shelter while residing in their original homes. Some of this is due to the distrust residents have toward the Tamil Nadu Slum Clearance Board (TNSCB). TNSCB has already denied some residents from coming back to claim a reconstructed unit (Lopez, 2011). This has continued to fuel the defiance of those not willing to relocate.

The children of Nochikuppam have easy access to various schools and medical facilities surrounding their neighbourhood. Children between the ages of three to five years are able to stay in a crèche, commonly known as an aganvadi in India, from 9am – 2pm on weekdays. The aganvadi and staff are provided by the Government of India through the Integrated Child Developmental Service programme (ICDS). The responsibilities of aganvadis vary between neighbourhoods. Nochikuppam's aganvadi provides pre-school education, and supplementary meals. Additionally, the aganvadi is responsible for community events, conducting area wide family surveys for the ICDS, and measuring the BMI of all children, below 6 years of age. There is focus, from ICDS, to prevent malnutrition through the aganvadis.

For this study we focus on the TRT as it houses majority of the families of Nochikuppam. The temporary shelters are located on a ground that spans around 100m by 70m. Each shelter houses around 20-24 units. Families are provided with their own unit, a square room roughly 7ft by 7ft. Water is provided by the government every other day. While electricity is constant, provided there are no city wide power cuts. The neighbourhood has an apparent sanitation issue, with waste and sewage management. Residents have to rely on public toilets that are in a squalid condition. Since the area does not have a connection to the sewer system, the residents of Nochikuppam are now adjusting to or have adjusted to slum conditions. Most residents are willing to hold on to their current housing situation in the hopes that Nochikuppam will be reconstructed in the near future.

III. CHILD WELL-BEING

In order to understand the wellbeing of children in Nochikuppam, it is important to define child wellbeing. For this study child wellbeing is defined by three indicators of wellbeing. These are: socio-economic status (of the family), health, and education.

The three indicators were chosen after speaking with various Nochikuppam community members, including children, and exploring existing research on the topic of child wellbeing. Community members helped us understand what the

Nochikuppam community considers crucial to a child's wellbeing and development. While our research, ultimately, created a framework that matched the criteria set forth by the community.

The community, generally, placed a strong emphasis on the poverty experienced by most families. The parents of children currently enrolled in school, generally mentioned not being able to buy basic writing utensils and other materials for school. In some cases people would mention not being able to provide clothing and/or food. Over all, parents worried about the lack of job/career opportunities for their children. It should also be noted that majority of the community members we spoke to, felt education was very important to their child's future wellbeing. There was an understanding, that speaking English was extremely beneficial to the child, as this would lead to better career opportunities. Moreover, amongst some of the community members, pursuing higher education was also considered very important.

In addition to the Nochikuppam community's understanding of child wellbeing, we had to consider the interests of the Santhome PAG. This group aims to promote the fundamental rights that CRY advocates for:

"According to the United Nations Convention on the Rights of the Children - that India ratified in 1992 - all children are born with fundamental rights.

- *Right to Survival - to life, health, nutrition, name, nationality*
- *Right to Development - to education, care, leisure, recreation, cultural activities*
- *Right to Protection - from exploitation, abuse, neglect*
- *Right to Participation - to expression, information, thought, religion" (cry.org)*

By defining wellbeing to the three indicators (socio-economic status, health, and education), we are able to capture the 17 elements that make up CRY's four primary rights.

Much of our framing of child wellbeing stems from the Child Developmental Index (CDI), created by Save the Children. The CDI is an assessment tool that captures the wellbeing of children at a global level. Child wellbeing is defined by three elements of wellbeing: health, education, and basic needs. The element 'basic needs' is broadly defined as a socio-economic indicator. However, the CDI report aims to focus this element, mostly, on nutrition.

Access to good nutrition is a significant determinant of health and wellbeing. However, our small group of interns were not equipped to formally assess nutrition. Fortunately, a concurrent report, focused solely on the BMI of the children in Nochikuppam, addresses this issue to some degree.

In order to provide a picture of child wellbeing in India one must understand the CDI findings. According to the CDI, India ranks in at 112 out of 141 countries. A more significant statistic, marked 'change 1995-2010', shows that India has dropped 12 places between this period (pg 24, Cobham et al.). The report attributes much of this drop to a higher infant mortality rate, along with undernutrition, and poor access to healthcare.

However, as the CDI report as mentioned, there is a significant dearth of data that shows the overall picture. Similarly, we find that there is an equal lack of data, or access to data, on low income and slum communities in Chennai. Thus, our current understanding of child wellbeing in Chennai, is very limited.

IV. RESEARCH PRINCIPLES AND METHODOLOGY

When deciding upon how best to understand the state of affairs for the children of Nochikuppam, there were several approaches available. However, upon speaking to the Developmental Support Unit (DSU) at CRY, the Public Rural Appraisal (PRA) method came highly recommended. The DSU is an authority on such matters due to the vast number of developmental projects they have established throughout India (cry.org). They do this by assisting and empowering the various stakeholders involved (i.e. communities, and grassroots organizations). PRA can be understood as:

"A family of approaches and methods to enable rural people to share, enhance, and analyze their knowledge of life and conditions, to plan and to act."(Chambers, 1994)

After exploring this methodology it was clear that, while PRA was very inclusive of various stakeholders, the approach would focus on empowering the local community. This was to be done by having the community commit to a sustainable action, that they deem important to the well being of their neighbourhood. Unfortunately, due to the short term nature of those involved in this field study, our immediate goal was limited to generating data of an exploratory nature. The long term outcome of this report would be, primarily, the responsibility of the Santhome PAG. In tandem with the Nochikuppam community, the PAG will address any issues brought forth by this report. Though we could not commit to the ambitious goals of the PRA approach, we wanted to ensure the data collection allowed for community members to feel involved in the future outcomes of this report. Thus, we found our approach under the umbrella of PR:

“Participatory Research (PR) is the collaborative co-governance of research, involving researchers and those affected by issues under study or who are in positions to act on the knowledge generated by research”. (Jagosh et. al, 2011)

Our initial step was to spend time in Nochikuppam and discover the key community members who would be willing to get involved in our study. After establishing relationships with said members, we were able to understand the prevalent issues faced by the community. We relied on the guidance provided by Mrs. Rosie, an Aganvadi teacher and community leader, and Mrs. Jayadevi, leader of Nochikuppam’s Women’s group. We were able to collect oral histories (pertaining to Nochikuppam’s history) from, Mrs. Rosie and Mrs. Jayadevi, as well as several other community members. By doing this we were able to identify several key issues that affected the lives of the children in Nochikuppam. Additionally, we held two after-school free play sessions for the children. During these sessions we introduced ourselves and explained our intentions to the children. We played various games with the children and got to know them at a personal level. This helped us understand Nochikuppam from a child’s perspective.

In order to ensure we were not capturing rare issues, a survey was created based around our findings from the oral histories provided by the various community members. The survey was then conducted by a group of interns via door-door. The survey collected information on 89 families.

The issues the survey attempts to capture are, both, brought up by community members, and are feasible issues for our PAG to tackle. We were able to further structure the data collection process by framing our survey around key social determinants of health identified in the child wellbeing section of this report. Originally, we aimed to frame the survey around the four basic rights that CRY advocates for. However, due to the many sub components of each right, we found it quite difficult to structure our survey around 17 elements of well being. To simplify the number of elements while representing the rights CRY advocates, we drew inspiration from the CDI. As mentioned earlier, the CDI relies on three main elements that capture the 17 elements of CRY. These are: health, education, and basic needs (socio-economic indicator).

The survey aims to capture the health, and socio economic status of the child and their family. Furthermore, a section was included to identify children who have dropped out of school. Additionally, the survey acts as a conversation guide between the surveyor and the individual being surveyed. This means that, though our survey captures answers for likert type questions, participants would give us more detailed answers (i.e. specific monthly income). These answers were also recorded and considered in our analysis. It should also be noted that the sample survey provided in this report is slightly compressed for formatting reasons (See appendix).

To assess the socioeconomic level of the families surveyed, we relied on the Kuppuswammy scale. The scale was originally created in 1976, to assess urban SES in India. The score of a family will determine their respective socioeconomic level. This ranges through five classes: Lower, Upper Lower, Lower Middle, Upper Middle, and Upper. The scale has received proposed updates, particularly to the way it assesses income level (adjusted for inflation). Though there are many proposed updated versions available, for the purpose of this study, we will rely on the 2012 edition (Bairwa et al., 2013). It should be noted that the scale has its limitations. The article states that the scale does not consider the size of families for comparisons between groups. However, our findings are mostly made up of the same family size.

The survey conducts a brief exploration of education in Nochikuppam. In addition to this, two focus group discussions were conducted. The two groups were comprised of children between the age of 6-12, and 13-18. The questions put forward aimed to assess the quality of education the children were receiving, through their perspective. There was a focus

to capture the treatment of children in the neighbouring schools. This focus was inclusive of access to nutrition, recreation, information, expression, and protection from abuse, and neglect.

V. STATE OF AFFAIRS; LIFE OF A CHILD LIVING IN NOCHIKUPPAM

Our findings from the surveys and focus group discussions highlight some important information for our PAG. For the sake of presenting the findings in an organized manner, the data will be presented under their respective indicator of wellbeing.

A. Socioeconomic-Status

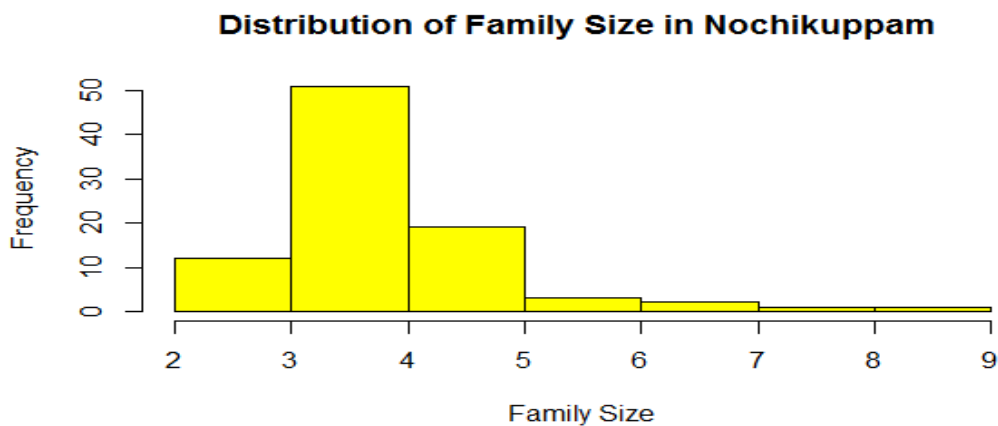


Fig. 1-Distribution of the size of families surveyed for this report

As Fig. 1 shows, the most common family in Nochikuppam is made up of four members. Usually, these families consist of a Mother, Father, and two children. There are only four cases of large families (>5) living in a combined space of two or three units. These families include grandparents and cousins living with the primary family.

81% of the people interviewed have access to a TV. Families do not have access to a home computer for live news, so the TV and/or radio are the primary mediums for receiving natural disaster warnings and any other relevant news.

Only 14% of the individuals interviewed report owning a refrigerator and gas stove. This raises questions regarding the storage and preparation of food. It should be noted that those who do not have gas stoves usually rely on homemade kerosene stoves. Some of these stoves may be very unsafe, if not used carefully. Beyond the stoves being a fire hazard, the use of kerosene has also shown to increase the risk of cancer, and respiratory and cardiovascular disease, amongst other things (Lam et al, 2012).

Gas connections and refill supplies are monitored by the state government. In order to claim subsidies on the refill supplies, families need to have a ration card. 32% of the surveys report not having ration cards. In many cases, those who have ration cards sell their subsidised gas refills. Upon further questioning, those who do not have ration cards say that the government is not willing to issue new ration cards. This is due to the families residing in a temporary shelter. However, as previously mentioned, there is no set date for the families to relocate to their previous homes.

Using the Kuppaswamy scale it is clear that Nochikuppam is an upper-lower socioeconomic class neighbourhood, with a strong lower-middle class community. Through a financial perspective, this community would be considered 'middle-income' by World Bank standards (The World Bank, 2014). Majority of the families report earning around ₹6000 per month, this results in an annual income of around \$1,171. According to the calculations of the *World Bank Atlas* method, middle income would fall between earnings that are greater than \$1,045 but less than \$12,746. It should be noted that the reason why families fall under the lower middle SES is primarily due to the parents' low education level (<8th grade). Specifically, only 35% of the adults surveyed, report having some secondary education. Notably, 40% of the families surveyed are considered to be in the lower middle SES.

After speaking with parents from various families, it is clear that most are dedicated to ensuring a good future for their children. Generally, children in Nochikuppam have access to the financial support needed to attend college. However, they cannot always maintain hobbies or discover and pursue talents (i.e. learning to play a drum set) due to a lack of a disposable income.

B. Health

83% of the families reported that at least one child has been sick in the last 12 months. 54% of the children that have been sick, in the last year, have had a viral fever. It is unclear exactly which virus is causing the fever; families have reported influenza and the dengue virus. There are also a notable number of typhoid cases. Moreover, a significant number of children had had Cholera. At a glance, much of the typhoid and cholera cases could be due to the open air sewage found in and around the public toilets (WHO). No deaths were reported due to a disease or inability to access a medical facility.

Most of the families report taking their children to hospitals or clinics, more than 3km away from Nochikuppam. Some of the medical facilities, mentioned in the survey findings, are located in neighbouring villages (100km+). It should be noted that parents are aware of medical facilities closer to home if they is an emergency. Additionally, parents reported that mobile clinics used to visit the neighbourhood. Unfortunately, the community does not know why this service has stopped.

Children have good access to medical facilities. Families have a choice of visiting government run hospitals if they do not have too much money to spare. However, all families, surveyed, tend to avoid government hospitals as they believe the quality of service and care is extremely low. Most families access private medical treatment for their children. It should be noted that there are an alarming number of children missing school due to an illness. This also causes many families to have to tend to a sick child several times a year; not to mention the financial drain of medical treatments.

C. Education

According to the surveys collected, a total of 10 children have dropped out of school and are also eligible to be re-enrolled into the public school system. Three of the children attest their dropping out to family problems. One of the girls we interviewed explained her situation to us. Shortly after her parents were divorced, she moved into Nochikuppam to be with her father. Unfortunately, her father was not supportive of her continuing her education. When asked if she would like to re-enrol, she mentioned that she had lost interest in school. She believes the loss of interest is due the many arguments she has had, with her father, about her education. She has now made it clear that she does not want to re-enrol in secondary school.

In another case, also due to divorce, the child is living with his grandmother. Unfortunately, the grandmother has yet to start the enrolment process for primary school. Currently, the child, a four year old, spends most of his day in the Aganvadi. After lunch he spends the rest of the day roaming around the TRT by himself. Understandably, his behaviour is very antisocial and indicative of severe depression. Moreover, the grandmother does not feel well enough to go through the enrolment process.

The last case involved a parent becoming very ill; forcing a child to drop out of school to support and care for the parent and family. The child mentioned, if the parent's health improved, they would be interested in going back to school. However, it is clear that the child feels the need to stay home and help look after their family.

The remaining children dropped out of school due to disinterest. Upon further explanation, from the children, it is clear that they understand the simple value of an education. Children understood that completing school would increase their income opportunities. However, they do not find school engaging enough for them. Moreover, these children are satisfied with their current jobs, and income of around ₹1,500 (<\$30) per month. These children work an array of jobs such as horse handlers, carpenters, and painters. Needless to say, the work conditions can be very unsafe.

The FGDs delved into the quality of education provided by the neighbouring schools. Our findings were very similar between the two age groups. The 6-12 and 13-18 age groups report that all schools are within walking distance and there are no challenges in getting to their school. There are a few cases where children have to walk more than 30 minutes to reach their school. However, no child complains of being too tired or drained after this walk. Bus passes are provided to students who live further away.

All primary and middle schools have more than 300 students enrolled. Secondary schools have around 2500-3000 students enrolled. Depending on the school, the class size ranges from 24 -32 students to 46-60 students. Christian Schools International (CSI) St. Thomas and Santhome School are reported as having very large class sizes (45<). Class groups are fixed in these schools, on any given day up to 8 different teachers will visit the children. Each teacher will teach their specialized subject. This model of teaching is consistent between primary, middle, and secondary schools.

All schools have at least one fan per classroom to deal with the oppressive heat. Desks and chairs are available to all participants. Playgrounds and washrooms are also available and in good condition. Canteens and stores are present on campus for all primary schools. This prevents the need for children to leave school grounds for lunch or breaks. There are no reports of children feeling hungry during school hours.

Primary and Middle school students do not have access to a computer lab or any computers. It should be noted, some children report that they learn about computers through pictures and notebooks. Some secondary schools do have a student computer lab. These schools offer computer classes. However, students have very limited access to the lab.

Annual enrolment fees are between ₹600-₹10,000 per year. It should be noted that only one participant mentioned that his parents were paying ₹10,000 per year. Most children in the FGDs are enrolled in schools charging between ₹600-₹3000 per year. All schools provide at least one uniform.

Most schools, discussed, have several playgrounds and recreational spaces. If a child is hurt while playing, teachers are able to treat small wounds accordingly. They also have other first aid related medicine available. The schools do not have nurses. It should be noted that many children have stated that their schools do not make enough time for physical activity. In some cases, there are no physical education classes provided by the school.

Some corporal punishment does occur in these schools. However, children say they feel loved by their teachers. Additionally, both children and parents have said that these schools are supportive when a child's family is looking for financial aid. There are several scholarships and bursaries available to those who excel in academics. However, most of the schools are private and do not offer any subsidized programs.

VI. STRATEGIES/RECOMMENDATIONS FOR THE PAG

Before delving into the problems that can potentially be addressed by the PAG, it should be noted that there needs to be a stronger relationship between CRY interns and the PAG. As mentioned earlier, the PAG cannot dedicate enough time to address many of these problems. Ultimately, the PAG will have to coordinate with CRY interns to ensure that projects receive attention throughout the week. As it stands, the PAG is only able to dedicate weekends, with the exception of a handful of members that are available for the occasional evening. This sentiment is also supported in the Surya Nagar report.

There are several potential challenges brought forth by this report. A handful of these problems are unique to Santhome. Many of the problems identified are issues faced by slums across India (pg 15-16, Satish, 2010). Further still, one issue, the issue of a poor sewage system, is unique to the TRT, within the Santhome area. This is due to the temporary nature of the TRT. An adequate sewage system connection has not been provided. The surrounding neighbourhoods are all made up of permanent structures that are connected to the city sewers. Thus, the first recommendation would be to further explore this problem.

There is enough evidence to show the link between an inadequate sewage system and the presence of various faecal-oral diseases. One such study also finds a strong link between poor water sanitation and the presence of water-related vector diseases i.e malaria (Muchukuri et al., 2009). The PAG should connect with Mrs. Rosie, as she will be able to provide guidance in finding the right government official to speak to, regarding this problem. A town hall meeting can be arranged to assess the residents support for addressing this matter. Furthermore, CRY staff will also be able to provide useful input and guidance on this matter.

Another concern is the use of homemade kerosene stoves. This issue is applicable to the Santhome area and, to a small extent, households across India. A study, commissioned by the Directorate of Census Operation Madhya Pradesh, has shown that, as of 2011, 2.9% of households across India rely on kerosene as a cooking fuel (2013). These kerosene stoves can be crude in construction and may pose a fire hazard for the entire neighbourhood. More investigation has to be done

to better understand the risk. Moreover, a community based solution should be created to addressing an alternative to the homemade kerosene stove.

A solution to the kerosene stove issue can be found by addressing another issue. This is the lack of a ration card to purchase a gas connection and subsidized gas supplies. The PAG and CRY interns can speak with families to identify those without a ration card. CRY staff possess the knowledge to be able to guide the PAG in helping the community apply for ration cards. That is, helping those who are still eligible for a ration card. Additional research needs to be conducted to better understand why the government will not issue ration cards to some residents. Moreover, we have yet to identify a solution for these residents.

A similar approach needs to be applied when addressing the issue of school drop outs. Generally, the community, and the parents of the children who have dropped out, would like to see the children re-enrolled in school. The PAG needs to address each case individually to effectively re-enrol children who would like to go back to school.

The children who participated in the FGDs have also made their own recommendations and suggestions. They enjoy the company of the PAG volunteers; however, they would like the volunteers to help them. The help the children seek is predominately career advice and skill building. Participants of both FGDs have expressed their desire to pursue careers in policing, engineering, teaching, and some hope to become doctors. The children feel they do not have the adequate guidance to prepare for the higher education these fields require. They would like for various professionals to visit them and answer their queries about these careers. They seek general advice on how to be successful in these career paths. There are youth in the community who are already pursuing these careers; the PAG could involve them in the career advice workshops.

Specific skill building workshops were suggested by the children. They have requested help in physical training, art, improving their handwriting, and playing games associated with brain development, i.e. chess. Community members have also requested that the PAG provides the children with take home gifts after each session, i.e. a pencil or other small inexpensive school supplies. This is to provide incentive for children to commit to the PAG program. Many recommendations have been made by this report, as well as the children and residents of Nochikuppam. In order to effectively address the majority of these issues the PAG will need to reach out to CRY interns.

VII. CONCLUSION

The children of the Nochikuppam community share some similar challenges to the children of the Surya Nagar community. Both neighbourhoods struggle with several dropout cases, some issues accessing healthcare and an uncertain future. However, Nochikuppam's uncertainty is of a different nature. Residents are waiting to move into their former homes, located 300m from their current location. The residents of Surya Nagar are waiting to be evicted from their current homes to an unknown location. Thus, while families of Surya Nagar are waiting to restart their lives in a new neighbourhood, families of Nochikuppam are waiting to rebuild their lives after a devastating natural disaster. Parents in both communities believe that poverty alleviation coupled with education provide a key to ensuring a better future for their children.

Specific suggestions have been made by various community members, including the children of Nochikuppam. The Santhome PAG can review the suggestions in detail. However, if there is one takeaway suggestion for the PAG, it would be to include community members when developing any future programs for the children of Nochikuppam or any neighbourhood in Santhome.

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the full story behind many of the issues faced by the children of Nochikuppam. The ongoing advice of these individuals has also made implementing the findings of this study a possibility. Ms. Shruti, leading the Santhome PAG, has been instrumental in providing a sense of direction for this study. Additionally, there were many CRY staff members that helped us along the way. Thank you all very much for your assistance with this report.

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APPENDIX - A

Nochikuppam Field Survey

House Number:

Socio-economic Status:

SES 1) Profile of Family Members:

S. No	First Name	Age	Gender	Marital Status	Education [Please add (D) if the child has dropped out]	Occupation	Kinship

SES 2) Do you/does your family have a ration card?

SES 3) Total income of the family per month:

A. Below ₹2000 B. ₹2000 - ₹4000 C. Above ₹4000

SES 4) Do you have access to stable electricity?

Yes Somewhat No

SES 5) Do you have regular access to drinking water?

Yes Somewhat No

SES 6) Please mark the boxes next to the items you own:

Fan Fridge TV AC Gas Stove **Child Health:**

CH 1) Has your child been sick in the last 12 months?

Yes No

CH 2) If yes please explain what sickness they have experienced:

CH 3) Where does your family access health care? Provide name of hospital/clinic:

Hospital Clinic Mobile Clinic Other (specify below)

CH 4) How far is the selected health facility?

Less than 1km 1km – 3km 3km or more

Dropouts:

Please explain why you had to dropout from school (note for survey, example: Family Problems)

Would you like to continue your studies? Why?

Are you currently working? What kind of work do you do?

Current income per month:

A. Below ₹1000 B. ₹1000 - ₹2000 C. Above ₹2000