

# BEYOND BOUNDARIES

**Unveiling Urban  
Governance and  
Service Delivery  
Dynamics**

# Beyond Boundaries

Unveiling Urban Governance and Service Delivery Dynamics in Mysuru City  
by Youth for Governance Fellows 2023 Batch

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**Disclaimer:**

This report is done by students / fellows of 2023 batch of Youth for Governance. GRAAM team as a facilitators reviewed the report. However, the field data collection is completely done by the fellows and GRAAM, and its team members cannot be held responsible for variance / discrepancies of the data. This study and report is done for the academic purposes towards the fulfilment of fellowship requirement. The Corporation of Mysuru City and/or other authorities may use this report to take appropriate measures to augment service delivery mechanisms for citizens of Mysuru.

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## Executive Summary: Governance, Mental Health, Anganwadi Services, and Welfare Schemes in Mysuru City

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### 1. Engaging Citizens in Governance: A Participatory Study of Mysuru City

#### Key Findings:

- **Citizen Perceptions:** Involvement in local governance varies significantly across different wards in Mysuru City. While some wards, like Vijayanagar 3rd Stage, demonstrated strong citizen participation leading to visible improvements, others, like Ward 9, faced challenges such as irregular waste collection, which required citizen intervention to resolve.
- **Governance Platforms:** Local civic organizations, youth clubs, and NGOs have played a pivotal role in enhancing citizen engagement, particularly in addressing issues related to education, employment, and infrastructure.
- **Impact of Participation:** Active participation by citizens has led to tangible improvements in city governance, such as the construction of housing for the underprivileged and the resolution of civic issues through collaborations with municipal authorities.

#### Recommendations:

- **Use of ICT for Better Communication:**
  - Develop a mobile application for civic education and real-time updates on local governance.
  - Use WhatsApp and SMS alerts to disseminate information about government schemes and local events.
  - Conduct bimonthly townhall meetings and live stream to increase accessibility and engagement.
- **Enhancing Municipal Initiatives:**
  - Implement localized data-driven decision-making with mobile surveys and public feedback.
  - Allow RWAs and NGOs to conduct surveys and present findings to the corporation / municipalities periodically.
- **Strengthening NGO-Government Collaboration:**
  - Establish clear MoUs with NGOs for joint projects, with shared project management dashboards for transparency.
  - Offer micro-grants to NGOs / young social enterprises for collaborative projects with measurable outcomes.
- **Strengthening Resident Welfare Associations:**

- Provide legal and administrative support to RWAs through an administrative support cell within the municipality.
- **Improving Inter-Agency Collaboration:**
  - Create joint development plans for major projects with regular progress reviews.
  - Facilitate quarterly stakeholder meetings focusing on collaborative project reviews and long-term urban planning.

## 2. Mental Health Status and Health-Seeking Behaviour among the People of Urban Slums of Mysuru

### Key Findings:

- **Mental Health Status:** The majority of urban slum residents reported good mental health, but concerns were more prevalent among females. Barriers to healthcare access included financial constraints, lack of awareness, and travel difficulties.
- **Health-Seeking Behaviour:** Many residents preferred government institutions for healthcare, but a significant portion relied on over-the-counter drugs and self-medication. Financial constraints and lack of awareness were major barriers to accessing formal healthcare services.

### Recommendations:

- **Fostering Mental Health Awareness:**
  - Train local youth volunteers as community mental health ambassadors for door-to-door campaigns.
  - Implement school-based mental health programs that engage children in promoting mental well-being.
- **Ensuring Availability of Mental Healthcare Facilities:**
  - Deploy mobile mental health clinics in slum areas on a rotational basis.
  - Establish / strengthen telemedicine services for mental health consultations.
- **Providing Awareness and Community Orientation:**
  - Organize regular health camps focusing on mental health in slum areas.
  - Partner with local FM stations to broadcast mental health awareness programs in local languages.

## 3. An Observational Assessment of the Infrastructure Facilities and Understanding the Roles of Anganwadi Workers in the Selected Anganwadi's of Mysuru City

### Key Findings:

- **Infrastructure Gaps:** Many Anganwadi centers in Mysuru City lack essential facilities, such as proper toilet facilities, drinking water, and alternative power sources. Enrolment of children in Anganwadi centers is also a significant issue, with a noticeable drop in attendance compared to enrolment figures.
- **Roles and Challenges of Anganwadi Workers:** Anganwadi workers face several challenges, including poor infrastructure, overburdened registers, and inadequate support from local authorities. Despite these challenges, they play a crucial role in providing nutrition, education, and healthcare services to the community.

**Recommendations:**

- **Regular Evaluations and CSR Investments:**
  - Partner with local engineering colleges for annual infrastructure audits of Anganwadi centers and attract private investments for targeted infrastructure upgrades if Govt funds are not available.
  - Implement a match-funding scheme where corporate donations are matched by local government funds.
- **NGO-Driven Awareness Campaigns:**
  - Collaborate with water-focused NGOs to provide low-cost, high-efficiency water purification solutions.
  - Conduct workshops at Anganwadi centers for parents and caregivers on child nutrition and the importance of Anganwadi services.
  - Engage local artisans to create culturally relevant educational posters / paintings for Anganwadi centers.
- **Support for Training Programs:**
  - Establish city training hubs where Anganwadi workers can receive regular training updates.
  - Create peer learning networks for experienced Anganwadi workers to mentor newer staff.
- **Youth Engagement in Community Service Projects:**
  - Organize youth-led renovation drives to improve Anganwadi facilities, offering small grants for materials.
  - Engage tech-savvy youth to teach digital literacy skills to Anganwadi workers.

**4. Reach of Welfare Schemes for Persons with Disabilities (PwDs)**

**Key Findings:**

- **Awareness and Accessibility:** There is a significant lack of awareness among PwDs regarding the extensive range of welfare services provided by the Mysuru City Corporation
-

and the Department of Empowerment of PwD and Senior Citizens. Barriers to accessing these services include bureaucratic hurdles, discrimination, and the limited impact of documentation such as the UDID card.

- **Beneficiary Experience:** PwDs who have accessed welfare schemes reported significant benefits in terms of financial support and livelihood opportunities, but challenges remain in the quality of services and the overall user experience.

### **Recommendations:**

- **Enhance Awareness Campaigns:**
  - Identify and train community members with disabilities as “champions” to lead awareness campaigns.
  - Set up information kiosks at zonal offices of MCC, where PwDs can access information on welfare schemes.
- **Implement Digitalization of Services:**
  - Develop a mobile-friendly website or app that consolidates all services for PwDs in one place, with options for text-to-speech and voice commands.
  - Establish one-stop service centers in different city zones where PwDs can apply for multiple services, get help with documentation, and track the status of their applications.
- **Ensure Grievance Redressal:**
  - Create a dedicated helpline staffed by trained personnel who can assist PwDs with service-related grievances, offering multi-language support.
  - Set up local grievance redressal committees that include representatives from PwD organizations, Urban Rehabilitation Workers, and government officials.
- **Strengthen Policy-Level Approaches:**
  - Establish regular review panels with policymakers, PwD representatives, and advocacy groups to assess the effectiveness of current policies.
  - Implement pilot programs in selected wards to test new inclusive policies and refine them based on results.

## SECTION A

"Beyond Boundaries: Unveiling Urban Governance and Service Delivery Dynamics" encapsulates the research's innovative approach. "Beyond Boundaries" conveys a commitment to changing conventional molds in urban governance exploration. "Unveiling Urban Governance" emphasizes transparency, to reveal intricate details for community comprehension. Incorporating "Service Delivery Dynamics" underscores a pragmatic focus, spotlighting the direct impact of governance on citizens. In essence, the title symbolizes an innovative journey, unraveling the comp-unraveling urban governance and delivering practical insights for community advancement.

### **About Youth for Governance (Y4G)**

The Youth for Governance Fellowship in Mysuru represents a dynamic initiative focused on cultivating the potential of Mysuru's youth to emerge as effective catalysts for positive change within their local communities. The program imparts training and equips participants with essential skills, knowledge, and practical experiences necessary to foster an active citizenry. Through a holistic approach, the Fellowship integrates capacity-building programs, exposure visits, expert mentoring, experiential learning, and participatory research.

A collaborative endeavor involving GRAAM, PRIA, and HSF, the Youth for Governance Fellowship aims to empower young leaders, nurturing their capacity for active engagement in governance. Currently, the program spans nine months and is being executed in partnership with the Mysore City Corporation in Mysuru. The fellowship selects 25 young individuals from diverse academic institutions in the city, providing them with a platform to develop into informed, responsible, and proactive citizens who can contribute meaningfully to the governance of their community. This initiative underscores a commitment to fostering a generation of leaders poised to address the challenges of local governance with competence and dedication.

### **1.1 Project Goal**

To promote understanding among youth in Karnataka on the values of federalism, principles and structures of decentralized governance in India, and confidence in Self to promote common good and contribute to participatory governance

### **1.2 Expected Project Outcomes**

The fellowship envisions the formation of a robust cohort of twenty-five youth members in Mysuru, positioned to actively contribute to effective urban governance through participatory methods. The project's primary objective is to enrich participants' understanding of governance, participation, citizenship, society, and social accountability, while simultaneously nurturing a profound awareness of self and identity. The anticipated outcomes involve a systematic enhancement of youth capacity through a comprehensive blend of theoretical and experiential learning methodologies, encompassing classroom training, field visits, and community research.

The project aims to empower the youth to engage in community-based research activities centered on participatory governance and social accountability. The expected results also include the dissemination of insightful findings through paper publications, thereby contributing valuable knowledge to the ongoing discourse on effective urban governance. Ultimately, the fellowship aspires to cultivate a cadre of informed and motivated young leaders who will play pivotal roles in advancing participatory and accountable governance practices in their communities.

## SECTION B

### 1. Engaging Citizens in Governance: A Participatory Study of Mysuru City, Karnataka

#### Introduction

In a democracy like India, citizens are the real owners of public services. They are the assets of the country. The quote; Democracy is the government of the people, by the people and for the people (Abraham Lincoln) justifies that the citizens and government are inseparable parts of a democratic system. India is the largest democracy in the world, having sustained a vibrant democratic system for 75 years of independence, Citizen Participation has proved to be a vital aspect of the decision-making process, and the quote; Success of democracy is impossible without participation of the people proves it. Citizen involvement in local governance pushes the governing body to be accountable for their actions. Greater accountability can push the governing body towards greater transparency, efficient and effective governance, and greater responsiveness, and ensuring good governance with the people's participation.

The influence of public sentiment is pivotal in shaping the policy-making process; while it is very crucial in a democratic set up that such type of public sentiment needs to be brought before the administration through the active participation of citizens in local governance. To enhance the deliberative and participative nature of democracy, the Government of India, through the 73rd and 74th Constitutional Amendment Act, has established local self-governance institutions. These institutions act as a vital link between people and other government tiers, enabling active citizen participation and promoting participatory democracy.

Given the chance through the research curriculum of 'Youth for Governance Fellowship-2023', our team has been involved in evaluating the extent of citizens' involvement in governance processes and to explore the effectiveness of current participation mechanisms, factors influencing or hindering citizen engagement, and potential improvements to foster a more active and informed citizenry in the decision-making processes of governance.

The study seeks to examine the issues mentioned below:

1. **Citizen perceptions about their Participation in Governance:** The notion of citizen participation in governance, as part of this research entails assessing whether citizens believe their opinions are valued, if they have access to information, and if they feel empowered to actively engage in governance.
2. **Platform of governance:** This includes both physical and digital platforms where policies are formulated, decisions are made, and services are delivered. Specifically, this study looks into the presence and role of local civic organizations, youth clubs, civil societies that closely work with the communities on civic issues, the significance of their engagement, the impact of these agencies on the community life etc.
3. **Impact of participation on city Governance:** This basically involves the examination of what citizen participation in governance has yielded in terms of delivering the quality of services to the citizens, resolving the local issues pertaining to the essential necessities such as water supply, shelter, roads, among others in the study areas.

The research has approached a diverse range of citizens in the process including marginalized groups, minority populations, and individuals for the conducting qualitative research on various perspectives of their engagement in governance. The research findings are action-oriented, with practical recommendations for improving citizens' participation in governance. The goal is often to drive positive change based on the insights gained from the participatory process. The methodology has provided deeper understanding of local contexts and the unique challenges faced by different communities. Readers can expect insights into the specific dynamics that influence citizens' participation in governance in a particular setting.

The study unravels the levels of citizen participation in governance in Mysuru City, shedding light on citizens' perceptions of their engagement in local governance.

The purpose of this study is to understand the current situation of citizen engagement in the sample study areas in order to bring out the glaring issues, highlight and replicate the best practices that may improve the quality of services provided to the communities. Secondly, it helps us in

understanding the aspects of barriers and enablers of citizen engagement in city governance by diverse strata of population.

### **Literature Review**

**Abba Sanda Zanna (2015)**, explains the critical role of citizen participation in bolstering democracy and fostering development at the local governance level is emphasized. It underscores the necessity for well-established democratic structures within local governments to facilitate citizen engagement. Furthermore, the paper advocates for innovative and proactive approaches by local government officials to enhance service delivery. It categorizes various forms of participation, including physical, mental, emotional, and interactive involvement.

**(Natesh and Chandrashekhar 2017)** explains how e-governance is the use of information and communications technology to carry out the functions and achieve the results of the governance which mainly involves ensuring equitable access to public services and benefits of economic growth to all, also involves the government being transparent, accountable for its activities and faster in its responses as part of good governance.

Technology such as e-Governance governance shapes the way governments interact with their citizens, understanding the awareness among citizens, the problems faced by citizens in using the services, and the purpose of use of these services is essential in evaluating the extent to which these initiatives have been able to successfully foster citizen participation.

**(Raghunandan, 2020)** points out the failure of citizens being able to assert their will over those who govern in the city of Bengaluru where the two large parks in the city Lalbagh and Cubbon Park have been steadily eroded by construction, the case of the parks being opened to the vehicular traffic despite protests from the public and also the city corporation, the horticulture department which manages the park opposed to it, yet the traffic police opened the gates of the park to the public despite PIL being filed to the high court and petitions to the government, yet the citizens protest being brushed aside by the administration to get the letters way through whatever the circumstances.

Additionally, the concept of Participatory Program Development (PPD) is introduced, emphasizing its importance in community-driven development. Overall, the paper highlights the significance of citizen participation for sustainable development and recommends capacity building while encouraging decentralization of programs for more effective governance.

## Objectives

1. To understand the citizen Participation Levels and Forms in Governance
2. To Analyse the Effectiveness of Participatory Mechanisms
3. To study the Barriers and enablers in citizen engagement in governance, challenges faced, and new opportunities in city governance

## Research Design

### Methodology

The current research uses the qualitative primary research methodology by adopting the quality data collection tools such as focus group discussions (FGDs) and in-depth interviews (IDIs) by directly approaching the citizens in sample study areas in Mysore city.

**Study sites:** Mysuru has 65 wards, we conducted three FGDs, 1<sup>st</sup> FGD in Vijayanagar 3<sup>rd</sup> stage, 2<sup>nd</sup> FGD in ward 15 (Kurimandi C Block) and 3<sup>rd</sup> FGD in ward 9 (Ambedkar Gyana lokha) were conducted. Three IDIs: The 1<sup>st</sup> IDI at Mysuru Grahak Parishad, 2<sup>nd</sup> with the District health Officer of MCC, 3<sup>rd</sup> IDI with Development officer at MCC were conducted.

### Data Collection Method:

Focus Group Discussions (FGD) and In-depth interview (IDI) methods were used to collect the qualitative data. The Focused Group Discussions were formed on the basis of objectives of the research study, trying to seek answers on how the citizens perceived their participation in governance, what modes of participation they involved and what were the effects.

One FGD in each locality was conducted to capture the insights of the group members and the perspectives on urban development and community engagement. Individual In-depth interviews (IDIs) were also conducted with key stakeholders, including community leaders, government officials, and representatives from Mysore Urban Development Authority (MUDA), Mysore City Corporation (MCC) and Mysore Grahak Parishad (MGP). These interviews have provided in-depth insights into individual perspectives, experiences, and roles within the urban development context.

The FGD and IDI tools covered a range of topics such as perceptions on urban development initiatives, satisfaction on community engagement efforts, and suggestions for improvement. The

tools were pre-tested with a small sample to ensure clarity, relevance, and reliability and validity of the questions.

### **Data Analysis**

Thematic analysis had been employed to identify recurring patterns, themes, and perspectives from the qualitative data obtained through open ended questions of FGDs and interviews. The analysis involves categorization of responses to derive meaningful insights. This was covered through In-depth interviews.

### **Ethical considerations**

Ethical Considerations were prioritized throughout the research process:

1. **Informed Consent:** Participants were provided with clear and comprehensive information about the study's purpose, procedures, and potential risks. Informed consent was obtained before participation.
2. **Confidentiality:** Participant identities and personal information have been kept confidential. Data has been anonymized and aggregated to ensure the privacy of individuals.
3. **Cultural Sensitivity:** Cultural nuances and local customs have been respected to avoid any inadvertent cultural insensitivity in the research process and reporting.

### **Scope and Limitations of the Study**

Given the time duration and resources utilized for the study, the was conducted in certain select areas within administrative vicinity of the MCC, where the local resident communities were considered for the study. As the study was designed to elicit the community perception on their engagement with the local governance in terms of their interaction with local officials and administration on services provided, a qualitative method of data collection was adopted. No quantitative analyses have been carried out for the study.

Further, the study considers only adult members of the community members above 18 years for FGDs and government officials working under MCC and government offices considered for IDIs.

**Results:**

The FGDs and IDIs conducted have provided useful insights on the state citizen participation in city governance and the group members from two FGDs, in two select areas have shed light on state their understanding of local governance, self-participation in resolving certain issues and functioning of NGO/CBOs as bridging gap between community members and local administration, among other aspects.

**1. Citizen Perceptions about their Participation in Governance:**

Ward 15, Kurimandi C-Block, exhibited a proactive community engagement model. The collaboration between residents, the local corporator, and MCC administration resulted in a remarkable positive transformation – the construction of new residential houses for the underprivileged. This transformative initiative underscored the tangible impact of citizen participation. Residents of Ward 9 faced irregular waste collection, leading to unauthorized dumping. The community association, in an exemplary display of civic responsibility, approached the MCC, prompting a responsive action plan. MCC's implementation of a regular waste collection schedule highlighted the pivotal role of an engaged citizenry in promoting environmental hygiene.

The study illuminated significant collaborations between local NGOs and the city administration in Ward 9. Hasiru Dhala's collaboration with MCC and Ward 9 to address educational and employment issues, including library infrastructure and vocational training, showcased the instrumental role of NGOs in enhancing community well-being.

The success story of Vijayanagar 3rd Stage was characterized by the active participation of the Resident Welfare Association in resource pooling for infrastructure development. Their efforts, including electric pole installation and road construction, reflected a strong sense of ownership, highlighting the residents' pivotal role in shaping their community's physical landscape. Collaboration with MUDA in the same ward demonstrated citizens' willingness to partner with governmental bodies for community development. Engaging with MUDA for initiatives like park renovation and bridge construction emphasized the effectiveness of public-private collaboration, showcasing a synergistic approach to driving neighborhood improvements.

## 2. Platforms of City Governance and the Impact on Civic Life:

In Ward 15, Kurimandi C Block, the Municipal Corporation's initiatives focused on housing improvement were noteworthy. The reconstruction of old huts into one BHK pucca houses exemplified a tangible platform for citizen participation in governance, emphasizing the transformative impact of municipal interventions on community living standards. Local citizen associations like Rural Literacy and Health Program (RLHP) and Kocche Vaasigala Okkoota played a crucial role in resolving civic issues. Their consistent engagement with the MCC served as a multifaceted platform, providing citizens with varied opportunities to participate in community development through collaborative efforts.

In Ward 9, NGOs such as 'Hasiru Dhala' played a pivotal role in addressing diverse civic needs. Their activities, including educational assistance, library setup for children and youth, and tailoring skills for women, showcased a platform created by non-governmental organizations to enhance community well-being.

Direct citizen engagement was evident in Ward 9 through community consultations with local corporators. These consultations, addressing issues like waterlogging near the railway bridge, established a platform for citizens to voice concerns and actively participate in decision-making processes, fostering a direct link with MCC authorities. The Resident Welfare Association in Vijayanagar 3rd Stage served as a local platform enabling citizens to collectively address community needs. Their active role, particularly in resource pooling for infrastructure development, exemplified the effectiveness of resident-driven initiatives in enhancing civic life.

Collaboration with MUDA in Vijayanagar 3rd Stage expanded the platform for citizen participation. Engaging citizens in collaborations with municipal authorities for broader initiatives, such as park renovation and bridge construction, demonstrated the impact of inter-agency partnerships on community development.

### **3. Impact of Participation in City Governance:**

The transition from Kaccha houses to permanent residences by MCC indicates a tangible impact of citizen participation in municipal initiatives. Education and Youth Empowerment: Educational initiatives by RHLP contribute to the holistic development of the community, showcasing a positive impact on youth. Development initiatives with the support of MCC by the NGO Hasiru Dhala in skill development and education showcases the collaborative effects of both the administration and civil society groups yields the positive impact on the lives of the citizens.

### **4. Perceptions about the Existing Challenges and Way Ahead**

The residents of Ward 9, have formed a trust named “Swabhimani Ambedkar Jana Kalyana Trust,” through which they inform the people about government facilities, city corporation services, and emphasize cleanliness. We understood the cooperation among the residents of Vijayanagar 3<sup>rd</sup> stage where the over bridge, electricity poles and water line were done by resident welfare associations by pooling resources.

A stakeholder during an FGD in Ward 15 mentioned about poor housing conditions, about the leaking ceilings and worn-out floors. Another participant of FGD from Ward 9 was concerned about the existing challenges in providing mesh to windows, that would prevent people from throwing waste through windows. While explaining the environmental concerns at Ward 15, the citizens expressed problem of blocked drainage and how that has caused breeding of mosquitoes, while few FGD members insisted on planting saplings as many trees were removed while building the road.

Although the community members expressed having the perks of active engagement with the city governance, they also highlighted few challenges of delays sanctioning of few services and prevalence of middlemen to get the works done fast. In addition, few members also opined about the lack of use of new technology such as communication technologies and other new strategies to take the welfare schemes and programs to the citizens, which would update them about new development and make them aware about new initiatives by the MCC.

## Recommendations

Some of the key recommendations are:

### 1. Use of ICT for better Communication:

- **Civic Education via Mobile Apps:** Develop a simple, user-friendly mobile application that provides information on civic duties, governance structures, and avenues for citizen participation. Include a feature for real-time updates on local governance issues and civic events.
- **Awareness Through WhatsApp and SMS Services:** Use WhatsApp groups and SMS alerts to disseminate information about new government schemes, town hall meetings, and emergency notifications. Ensure these groups include local leaders, Resident Welfare Associations (RWAs), and municipal officials.
- **Town Hall Meetings with Live Streaming:** Conduct bi-monthly town hall meetings with an option for citizens to attend virtually via live streaming. This would increase participation from those unable to attend in person and allow for broader engagement.
- **Empowered Ward Committees:** Formalize the role of ward committees by providing them with a small budget for local projects and decision-making authority on minor civic issues. Ensure diverse representation, especially from marginalized groups.

### 2. Enhancing Municipal Initiatives:

- **Localized Data-Driven Decision-Making:** Implement neighbourhood-specific data collection (e.g., waste management issues, water supply) using mobile surveys and public feedback forms available in local languages. The municipality can use this data to prioritize issues and allocate resources efficiently. For instance, the urgent issue of the impassable railway bridge near Ambedkar Gyana Lokha requires immediate attention, necessitating a comprehensive survey to find a prompt solution.
- **Citizen-Initiated Surveys:** Allow RWAs and local NGOs to conduct surveys and present findings to the municipal corporation. Provide small grants to these organizations to incentivize participation and ensure the surveys address key local issues.

### 3. Strengthening NGO-Government Collaboration:

- **Clear Memorandums of Understanding (MoUs):** Establish MoUs between the municipality and NGOs that clearly define roles, timelines, and expected outcomes for joint projects. Create a shared project management dashboard accessible to both parties for transparency.
- **Micro-Grants for Collaborative Projects:** Offer micro-grants (e.g., INR 1,00,000 - 2,00,000) to Young NGOs under the mentorship / monitoring of experienced NGOs that collaborate with the municipality on specific projects, such as sanitation drives or educational workshops. These grants can be performance-based, tied to measurable outcomes.

### 4. Strengthening Resident Welfare Associations:

- **Administrative Support Cells:** Set up an administrative support cell within the municipality that provides legal advice, financial management training, and project planning support to RWAs. Offer free or subsidized access to these services for associations involved in community development projects.

### 5. Improving Inter-Agency Collaboration:

- **Integrated Project Planning:** Foster integrated project planning between the MCC and other governmental bodies, such as MUDA. Establish joint committees for specific projects to ensure seamless collaboration, efficient resource utilization, and timely completion of community development initiatives.
- **Regular Stakeholder Meetings:** Facilitate regular stakeholder meetings involving representatives from MCC, MUDA, NGOs, and citizen groups. These meetings should focus on collaborative project reviews, issue resolution, and long-term urban planning, fostering a culture of continuous communication and cooperation.

## 2 Mental Health Status and Health-Seeking Behavior among the People of Urban Slums of Mysuru

### Introduction

As urbanization increases, the prevalence of slums and associated health issues rises, exacerbating disparities in healthcare access. Factors like socioeconomic status, education, cultural beliefs, and treatment preferences (AYUSH, allopathy and traditional medicine) influence healthcare utilization (Priya. V, 2023). Mental health is integral to overall well-being and it extends beyond the absence of illnesses, encompassing prevention, treatment, and rehabilitation (Mental Health, n.d.). According to the WHO, mental health disorders in India contribute to a burden of 2443 disability-adjusted life years (DALYs) per 100,000 population, with a suicide incidence of 21.1 per 100,000, resulting in an anticipated economic loss of USD 1.03 trillion from 2012 to 2030. (Latunji & Akinyemi, 2018).

The study of health-seeking behavior involves understanding the dynamic process individuals undergo in making decisions about their health. This process is influenced by personal beliefs, cultural factors, socioeconomic conditions, and accessibility to healthcare services. Addressing these complexities is vital in developing effective strategies for healthcare delivery and ensuring equitable access, especially in the context of urbanization and its impact on health outcomes.

### Review of Literature

In a mixed-method study by Ramnath Subbaraman et al. (2020) conducted in the slum of Kaula Bandar in Mumbai, with a population of approximately 12,000, the prevalence of common mental disorders (CMD) was investigated. The study aimed to assess the impact of mental health on functional impairment and understand the influence of the slum environment on mental health. The General Health Questionnaire (GHQ) was used to assess CMD, and active status was evaluated using the WHO Disability Assessment Schedule 2.0. Qualitative methods, such as interviews and focus group discussions, were employed to assess slum adversity. The findings indicated a CMD risk prevalence of 23.2%, with factors like high water prices, limited home space, severe food insecurity, and difficulties in obtaining PAN cards due to address issues associated with higher CMD risk. Coping strategies included sleeping in shifts, sending children to neighbors' homes, storing water in drums, making daily food purchases to avoid rat invasion, and providing expensive bribes for legal document completion. Slum adversities, such as government-initiated home demolitions (4.4%), slum fires

leading to loss of house (7.9%), and electricity meter unavailability (52.8%), were also prevalent. Severe functional impairment was observed in 25% of cases due to physical disability and activity restriction.

A qualitative study by Moumita Das et al (2019) in the urban slums of Kolkata focused on healthcare-seeking behavior among men and women. Women tended to prefer informal care, including herbalists and fortune tellers, due to confidentiality, privacy, and trust issues. Formal care was sought when health issues became severe. Men were more inclined toward formal medical care, believing in quicker recovery. Misunderstandings about each other's health issues and gender biases influenced healthcare choices, emphasizing the need for awareness and addressing societal stigma. The World Health Organization (WHO) and the Netherlands renewed their partnership in 2023 to strengthen mental health and psychosocial support in humanitarian crises. A Minimum Service Package (MSP) for Mental Health and Psychosocial Support in Humanitarian Emergencies was developed and tested in collaboration with UNICEF, UNHCR, and UNFPA. This highlights global efforts to address mental health challenges in crises.

Divya Rani et al (2019) conducted a community-based cross-sectional study in Varanasi to explore the relationship between household food insecurity and mental health problems in teenage girls. Girls from food-insecure households had higher odds of anxiety, depression, loss of behavioral control, and psychological distress.

These studies collectively shed light on the complexities of mental health, healthcare-seeking behavior, and the impact of social determinants on well-being in diverse settings, ranging from urban slums to humanitarian crises. The findings emphasize the need for targeted interventions, awareness programs, and policy initiatives to address mental health challenges and improve healthcare accessibility and quality.

### **Objectives**

1. To assess the mental health status among people of the urban slum of Mysuru
2. To evaluate the health-seeking behavior among people of the urban slum of Mysuru

## Research Design

### Methodology:

**Mixed methods research** is a dynamic strategy that combines quantitative and qualitative research methodologies to create a more comprehensive knowledge of a study subject. This methodology recognizes the strengths and drawbacks of both systems and strives to capitalize on their relative benefits.

**Cross-Sectional Study** collects the data from a population at a single point to analyze relationships between variables. It provides a snapshot of the prevalence and distribution of a particular condition or characteristic within the study population.

### Data Collection

Data was collected after taking informed consent from the participants. We used a mixed-method approach. The qualitative data was collected using the WHO's Self-Reporting Questionnaire (SRQ) approach to assess mental health status which consisted of 20 open-ended questions about the health-seeking behavior. Each question for assessing mental health was measured on 5 points Likert scale as follows: 1(never), 2(rarely), 3(sometimes),4 (often), and 5(always). The score ranges from 20-100.

A higher score represents a higher concern for mental health. The score was divided as 20-40: Good mental health,41-60: Mild Concern, 61-80: Significant concern and 81-100: Severe concern.

### Sampling technique

Convenience sampling is a non-probability sampling technique where researchers select participants based on their accessibility and ease of inclusion, often sacrificing randomization for practicality. While this was convenient to this study in terms of limited time duration and availability of respondents within the given proximity of geographical areas and time consumed to collect the data. However, this method may introduce biases, as individuals chosen may not accurately represent the broader population.

**Study Profile:** Urban Slums of Mysuru

**Duration of the Study** Months (Aug 2023-Nov 2023).

**Sample size:** 60

**Inclusion criteria:** Adult women and men aged between 18 to 45.

**Exclusion criteria:** Except adult women and men aged 18-45, all other family members were excluded

### **Data Analysis:**

Both the qualitative and quantitative data were collected using the open-ended mental health assessment tool and in-depth interview (IDI) questionnaire, respectively. Data was coded and entered into MS Excel, followed by analysis using SPSS software version 25. For analyzing the quantitative data, descriptive statistics such as frequencies and percentages, as well as mean and standard deviation, were calculated for continuous and categorical data and represented as tables and graphs as relevant. Qualitative data was analyzed in MS Excel and divided into thematic areas.

### **Limitation of the Study**

The study has limitations that should be considered. Firstly, the generalizability of findings may be limited, as urban slums exhibit significant variations, making results context-specific. Additionally, residents in urban slums struggle to access quality healthcare due to financial constraints and insufficient healthcare facilities. Another constraint is the prevalence of poverty and various stressors within these communities, which can contribute to mental health issues. Recognizing these limitations is essential for a nuanced understanding of the study's implications and underscores the importance of contextual factors in shaping individual's experiences in urban slum settings.

### **Scope of the Study**

The study boasts several strengths. Firstly, its holistic approach, evaluating mental health status and health-seeking behavior, offers a comprehensive understanding of the community's well-being. Secondly, the presence of robust community support networks within slums fosters a sense of belonging and solidarity, contributing to overall resilience. Lastly, the adaptability of residents is evident through the development of creative strategies for resource navigation and problem-solving, showcasing the community's resilience and resourcefulness in addressing challenges.

## Results

Our study comprised 60 participants with 28 males and 32 females (46.7% and 53.3%), the mean age was 32.3, and the standard deviation was 9.3. Hindus constituted 70%, and Muslims comprised 30%. Most participants were illiterate (26.7%), while 20% completed high school, 16.7% finished primary and middle school each, and 16.7% graduated; 3.3% completed a Diploma. The majority were unemployed (38.3%), including housewives and students; 8.3% were unskilled workers, 25% were semi-skilled, and 11.7% were skilled; 11.7% worked in shops and farms.

Marital status revealed 70% married, 28.3% unmarried, and 1.7% divorced, with most from nuclear families. Income status indicated 56.7% in the upper-lower class and 20% in the lower-middle class.

In terms of mental health, 81.7% had good mental health, 13.3% had mild concerns, and 5.0% had significant concerns, with no severe cases. Concerns were more prevalent in females (71.8%) than males (92.8%), and mild concerns were higher in females (18.7%) than males (7.1%). Significant concerns were reported more by females (9.3%) than males (0%).

Regarding health-seeking behavior among all the respondents, 16.67% never accessed external healthcare (with self-medication visiting the local pharmacy), 10% rarely, 43.33% sometimes, 13.33% often, and 16.67% always. Most preferred government institutions (56.67%), 35% private hospitals, and 3.3% both. Visits in the last 2-3 months were at 30%, routine checkups in the last month at 28.33%, 21.67% had stayed for over a year, 15% in the last 6 months, and 5% could not recall. Over-the-counter drugs were favored for mild to moderate health concerns.

Enablers for healthcare seeking included proximity to primary healthcare, adequate income, awareness, BPL card for free healthcare, better treatment facilities, and easy access to doctors. Barriers comprised financial constraints faced by the respondents, as some were students, unemployed youth, and members. In addition, the personal negligence for their health issues, delay travel constraints such as no timely availability of transportation and healthcare facilities available at very remote places far from residences, and often lack of awareness about personal health (mental) issues, hindering access to healthcare services.

**Table 3.1 Respondents Demographic Profile**

Characteristics		Frequency	%
<b>Total</b>		<b>(N) 60</b>	<b>100</b>
<b>Age (in years)</b>	<b>Mean(SD)</b>	32.3(9.3)	
	Male	28	46.7
<b>Education level</b>	Female	32	53.3

**Table 3.2 Respondent Educational Attainments**

Education level	Number	Percentage
Illiterate	16	26.7
Primary School	10	16.7
Middle School	10	16.7
High School	12	20.0
Intermediate/ Diploma	2	3.3
Graduate	10	16.7

**Table 3.3 Occupational Level**

Occupation	Number	Percentage
Unemployed	23	38.3
Unskilled worker	5	8.3
Semi-skilled worker	15	25.0
Skilled worker	7	11.7
Clerical/ Shop/ Farm	7	11.7
Semi-profession	3	5.0
Religion		
Hinduism	42	70.0
Muslim	18	30.0

<b>Table 3.4 Marital Status</b>		
<b>Marital status</b>		
Unmarried	17	28.3
Married	42	70.0
Divorced	1	1.7
<b>Table 3.5 Type of Family</b>		
<b>Type of family</b>		
Nuclear	43	71.7
Joint	17	28.3
Number of family member    Mean (SD)	4.6	2.3
Monthly income    Mean    (SD) Socio-economic status	14583.3	8227.5
Lower class	1	1.7
Lower middle class	12	20.0
Upper class	1	1.7
Upper lower class	34	56.7
Upper middle class	12	20.0
Mental health Score		
Good mental health	49	81.7
Mild concern	8	13.3
Significant concern	3	5.0
Severe concern	0	0.0

Graph 3.1 Socio-Demographic Details

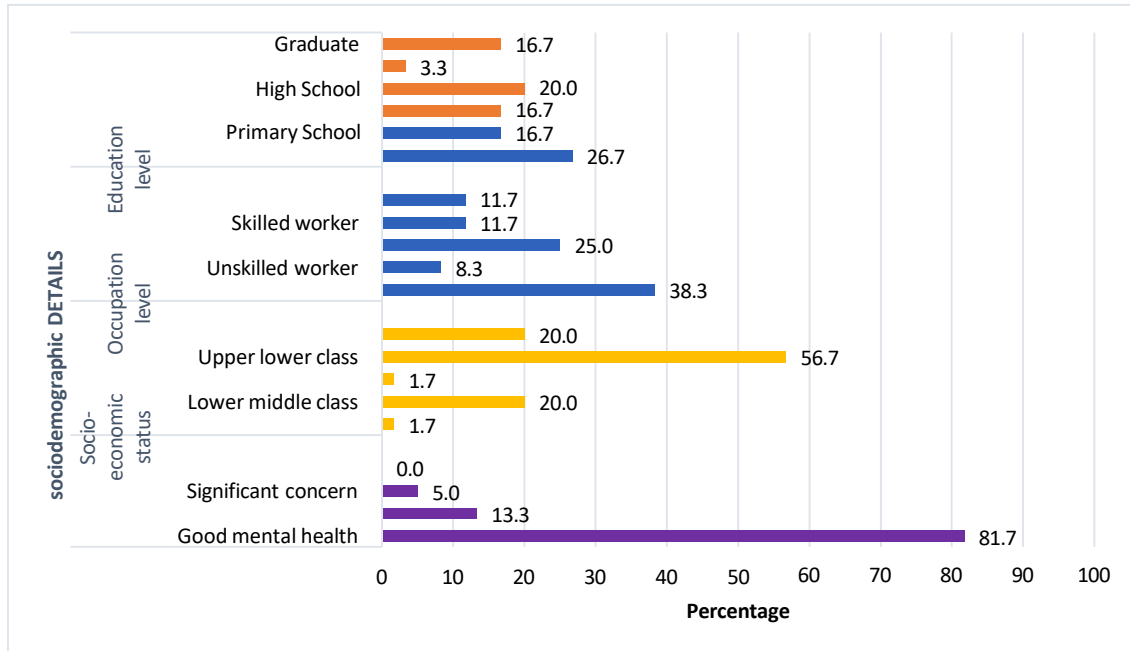
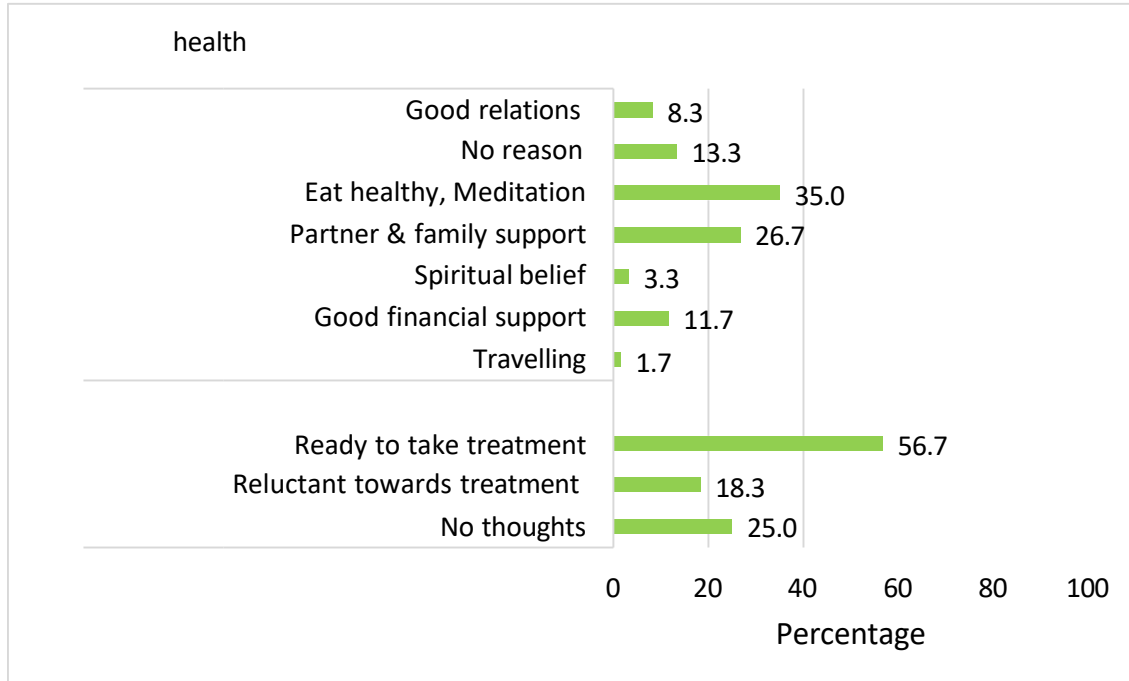


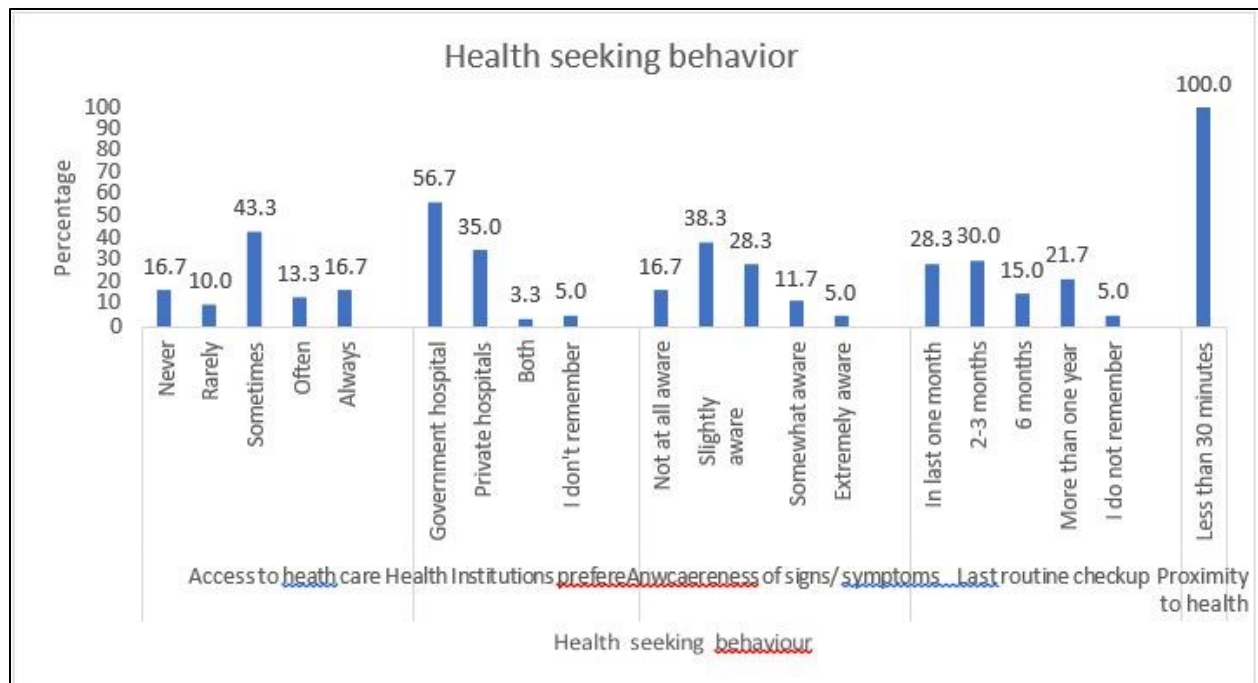
Table 3.6- Gender wise level of mental health status among people of urban slum

		Mental health status classification			Total
		Good mental health	Mild concern	Significant concern	
Gender	Male	26(92.8%)	2(7.1%)	0	28
	Female	23(71.8%)	6(18.7%)	3(9.3%)	32
Total		49(81.7%)	8(13.3%)	3(5%)	60

Graph 3.2 shows the thoughts on receiving the treatment & various protective factors for good mental health



Graph 3.3 Health seeking behavior of the people



**Table 3.7: Health Seeking Barriers**

Barriers	
<b>Lack of Awareness</b>	Some participants were not fully aware of the government-provided facilities that could be accessed for free.
<b>Financial constraints</b>	The amount of money earned by participants is not enough to access healthcare services
<b>Travelling constraints</b>	Despite the short travel time of less than 30 minutes, individuals cannot walk when unwell from home to the hospital. Therefore, they rely on auto-rickshaws, which can be expensive.
<b>Neglect &amp; Delay</b>	Some individuals prefer not to visit the hospital, opting instead to address their health issues by obtaining medications from a nearby pharmacy.

## Recommendations

### Fostering Mental Health Awareness:

- **Community Health Volunteers:** Train local volunteers as community mental health ambassadors. These volunteers can conduct door-to-door campaigns to raise awareness about mental health, identify individuals in need of support, and guide them to appropriate services.
- **School-Based Mental Health Programs:** Implement mental health awareness programs in schools within slums. Engage children in activities that promote mental well-being and encourage them to share the information with their families.

### Ensuring Availability of Mental Healthcare Facilities:

- **Mental Health Clinics:** Weekly clinics in UPHCs to provide mental health consultations and medication.
- **Telemedicine Services for Mental Health:** Establish a telemedicine hotline where residents can schedule virtual consultations with mental health professionals. Promote this service through local community centers and during health camps.

### Providing Awareness and Community Orientation:

- **Local Health Camps with Mental Health Focus:** Organize regular health camps in areas that include mental health check-ups and workshops on recognizing early signs of mental health issues. Involve local leaders to enhance participation.

- **Radio Programs in Local Languages:** Partner with local FM / community radio stations to broadcast mental health awareness programs in regional languages. These programs can include expert interviews, call-in segments, and success stories from the community.

## Conclusion

Our study investigates the mental health status and health-seeking behavior of individuals in the urban slums of Mysuru. While the majority, regardless of gender, reports good mental health, gender differences emerge in the prevalence of mild and significant mental health concerns, with females exhibiting higher percentages. These findings underscore the need to consider gender-specific factors in mental health assessments and interventions. Further exploration of contributing factors can offer insights for targeted mental health support. Recognizing and addressing these issues can foster an inclusive healthcare system, reduce stigma, and improve mental health treatment access. This study lays a foundation for future programs aiming at positive and lasting changes in the lives of urban slum residents, promoting a holistic approach to health and well-being.

### **3 An Observational Assessment of the Infrastructure Facilities and Understanding the Roles of Anganwadi Workers in the Selected Anganwadi's of the Mysuru City: A Mixed Method Study**

#### **Introduction**

"Anganwadi Centre" refers to a community-level play center in villages or underdeveloped areas, serving as a hub for delivering services to children under 6 years, pregnant and lactating women, and adolescent girls. Established on October 2, 1975, as part of the Integrated Child Development Services (ICDS) program, Anganwadi is a government-sponsored initiative to address child hunger and malnutrition. Each center is managed by an Anganwadi worker from the same community. Despite being the core of ICDS implementation, the National Family Health Survey 2020-21 reveals that only 81% of mothers received counseling at Anganwadi centers in Karnataka.

NFHS-5 data for Karnataka indicates a reduction in child wasting from 26% to 20% and stunting from 35% to 33% since NFHS-4. However, Karnataka still faces higher rates of stunting and wasting compared to neighboring states. The report highlights that over four-fifths (83%) of mothers received services from Anganwadi centers during pregnancy. Despite these improvements, Karnataka grapples with high levels of undernutrition, especially in urban areas like Mysuru, which has fewer Anganwadi centers than required.

The ICDS scheme, operating through Anganwadi, is a massive early childhood care and development program with 12.41 lakh Anganwadi centers. However, the adequacy of infrastructure, equipment, tools, and drugs at each center is crucial for achieving ICDS goals. This study in Mysuru Urban aims to assess Anganwadi infrastructure and children's nutritional status, recognizing the need for a comprehensive understanding to enhance the effectiveness of existing programs and address challenges in achieving desired outcomes.

#### **Review of Literature**

Several studies have provided insights into the effectiveness and challenges faced by Anganwadi workers (AWWs) under the Integrated Child Development Services (ICDS) program. Takur et al.

(2015) found that while AWWs were trained and provided services, there was a need to strengthen Anganwadi Centres regarding structure and supplies. It emphasized the necessity of higher salaries for AWWs to enhance motivation and engagement in project activities. Agarwal et al. (2018), conducted in Meerut's rural areas, this study indicated that AWWs possessed sufficient knowledge but faced challenges in on-ground implementation. Joshi et al. (2018) conducted a cross-sectional study that echoed the need for structural and supply enhancements. It emphasized on providing AWWs with more in-service educational and training programs and improved salaries. Vakilna et al. (2018) studied ICDS workers in Surat and highlighted insufficient awareness about growth monitoring, preschool education, and health counseling, indicating the need for increased training and education. Hemamalini et al (2018) reflected on food safety practices and this study suggested that AWWs had high practices but recommended facility improvements for better hygienic practices. Khobragade et al (2020) conducted a study in Kerala on child growth monitoring, which revealed that AWWs had over 80% knowledge about growth charts, emphasizing the importance of practical reorientation training for better knowledge and communication skills. An urban slum case study in Delhi highlighted that ICDS implementation had a mean coverage of only 53%. Maternal and child health services were unsatisfactory, with poor community perception, except for Supplementary Nutrition (SN) services (Meena et al., 2017). In the Wardha district, the study showed that 64% of AWWs were trained, 19% received revised training, and 17% were untrained workers (Gotarkar et al,2018). A community-level study in Patiala district, Punjab, revealed that 48.02% of children received regular supplementary nutrition. Satisfaction with the quantity and quality of food served was reported at 61% and 45.90% among mothers, respectively Jain et al. In South India's rural areas, a community-based study emphasized the importance of enriching ICDS content. It found that 52.4% of workers had "good" knowledge, 38.1% had "poor" knowledge and 9.5% had "satisfactory" knowledge regarding delivering different services under the ICDS scheme (Ipsita et al.,2015).

### **Objectives**

1. To assess the infrastructure facilities in the selected Anganwadi Centres
2. To assess the quality and frequency of the nutritional and immunization services among the selected Anganwadi's.
3. To understand the roles, responsibilities, and challenges encountered by the Anganwadi workers

## **Research Design**

### **Methodology**

#### **Mixed Method (Sequential Explanatory Design)**

The research design employed is a Mixed Method, specifically the Sequential Explanatory Design. This approach involves two consecutive phases, beginning with quantitative data collection, followed by a qualitative phase to offer detailed explanations and insights. The combination of both methods enhances the comprehensiveness and depth of the study, providing a more holistic understanding of the research topic.

### **Data Collection**

**Quantitative:** A semi-structured observational tool was developed from an extensive literature search and standard guidelines for Anganwadi Centres (AWCs now on). The AWCs were observed as per the parameters. Informed consent for collecting information was taken from the AWWs.

**Qualitative:** In-depth interviews were done among the AWWs using an interview guide designed with an inductive approach, and the interviews were recorded after taking informed consent. The interviews were conducted in Kannada at the AWCs and lasted 15-20 minutes.

### **Sampling technique**

#### **Non-probability Convenience sampling**

The sampling technique employed in this study is Non-probability Convenience Sampling. In this method, participants are selected based on their convenient accessibility and willingness to participate. While this approach may lack the randomness of probability sampling, it offers practical advantages in terms of time and resources. However, the findings should be interpreted cautiously, recognizing the potential for bias due to the non-random selection process.

### **Study Site**

The study was done among the selected 26 Anganwadi in Mysore.

**Study Timeline:** 3 months

**Inclusion Criteria:**

The AWW which has served for more than 6 months in the present AWCs.

**Exclusion Criteria:**

The AWW who did not give consent for data collection and to provide information.

**Data Analysis**

In the quantitative analysis, data entry was performed in MS Excel, and analysis was conducted using SPSS version 25. Demographic characteristics like age and gender were expressed using mean, standard deviation, and percentages. Qualitative information was presented thematically, and quantitative data analyses were presented using absolute and relative frequencies. In the qualitative phase, audio-recorded files were transcribed and translated into English. Thematic analysis was conducted manually, employing an inductive approach to derive themes from the data.

**Results**

**Quantitative Results**

		<b>Frequency (N=26)</b>	<b>Percentage(%)</b>
<b>Age</b>	<b>30-40</b>	<b>9</b>	<b>34.6</b>
	41-50	10	<b>38.5</b>
	51-60	7	26.9
<b>Religion</b>	Hinduism	20	<b>76.9</b>
	Muslim	5	19.2
	Christianity	1	3.8
<b>Educational qualification of the worker</b>	Graduate	5	19.2
	Intermediate	13	<b>50</b>
	o		
	diploma		

	High School	7	26.9
	Certificate		
	Professional Degree	1	3.8
<b>Marital status</b>	Married	25	96.2
	Widowed	1	3.8
<b>Monthly Income</b>	5000-10000	3	11.5
	11000-11500	23	88.5
<b>Pre-service training</b>	Yes	23	88.5
	No	3	11.5

Table 1: Sociodemographic characteristics of AWW's

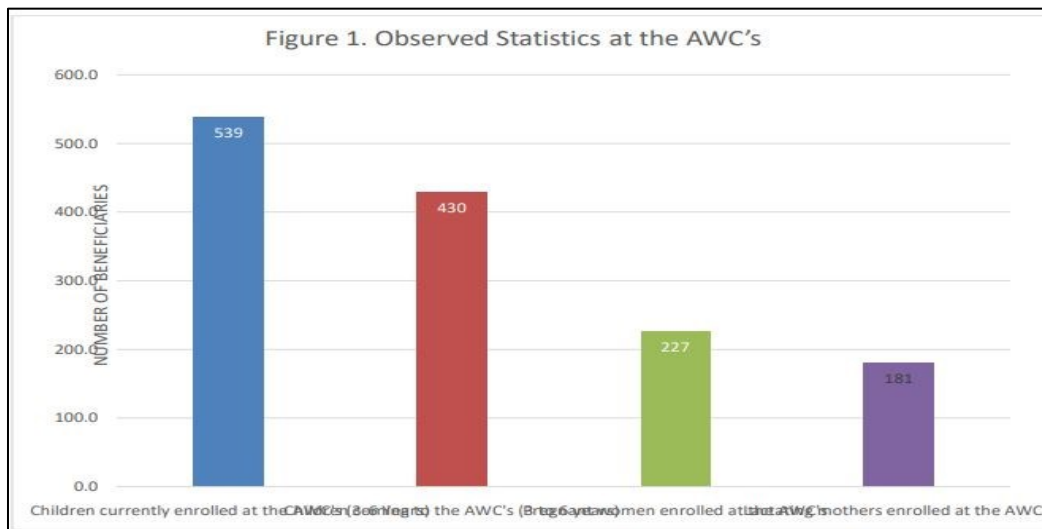
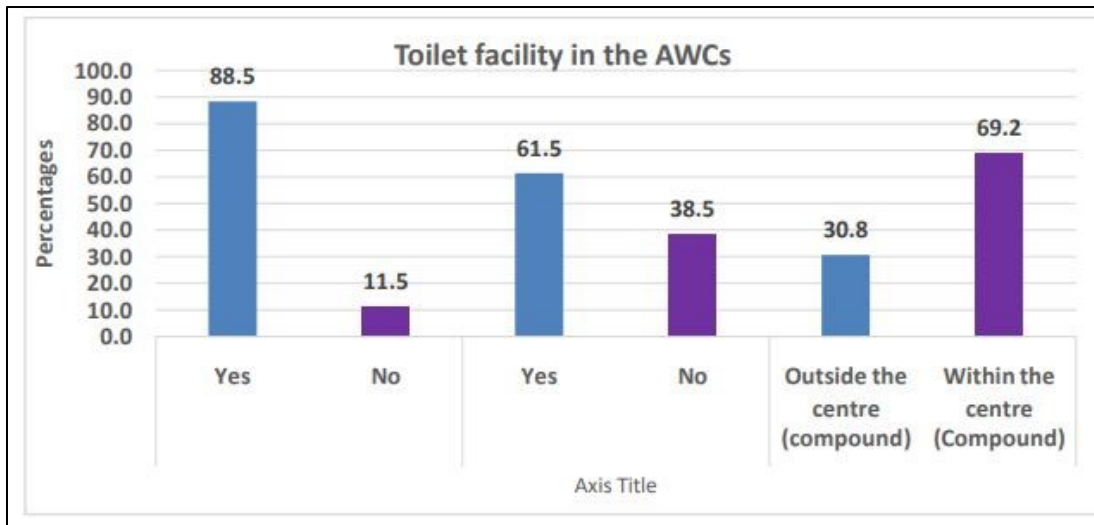


Figure1 indicates that children currently enrolled at AWC is 539; among them, only 430 children are coming to AWCs. Pregnant women enrolled at the AWC are 227. Lactating mothers registered at the AWC's are 181.

1. Enrollment of the children in the Anganwadi's has been a major issue.
2. The above data shows that there is almost a 20% decline in the number of students coming to the number of students enrolled in the Anganwadi's, which is concerning.

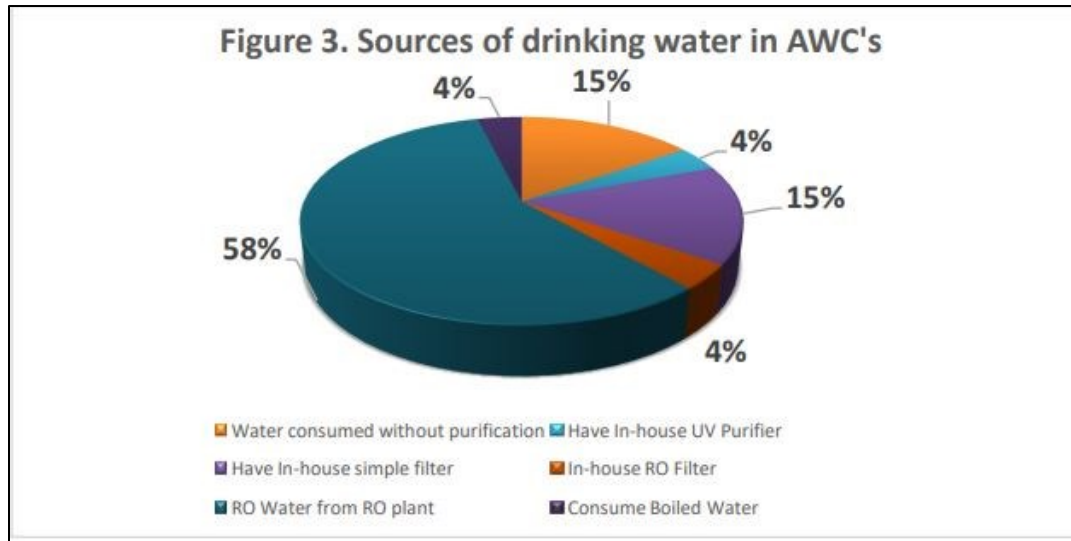
### Infrastructure of the AWC's



The graph indicates that 88.5% of Anganwadis have a toilet facility in the AWC, and the remaining 11.5% of AWC do not have proper toilet facilities. Around 61.5% of AWCs have toilet cleanliness, and 38.5% of them do not have toilet cleanliness. Again, 30.8% AWC toilets are located outside the compound, and 69.2% of the toilets are within the AWC compound.

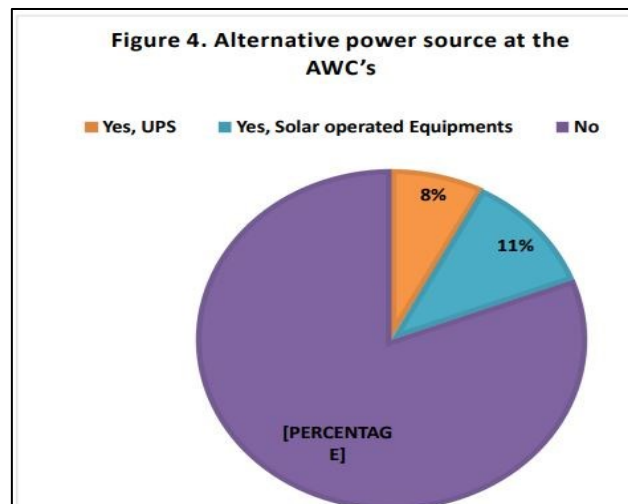
1. The data indicates that a majority of the surveyed Anganwadi Centers (AWCs) have toilet facilities. Locating toilets within the centers compound (69.2%) highlights positive accessibility, emphasizing a potential focus area for enhancement.
2. However, there is room for improvement, particularly in maintaining cleanliness (38.5%) and considering the location of toilets for enhanced accessibility and hygiene

**Figure 3. Sources of drinking water in AWC's**



It indicates that 58% of the water source is RO water from the RO plants, 4% of AWCs consume boiled water, in 15% AWC water is consumed without purification, 4% of AWCs have an in-house simple filter, and 15% of them have water from the inhouse simple water filter and 4% of AWC are having in-house UV filter.

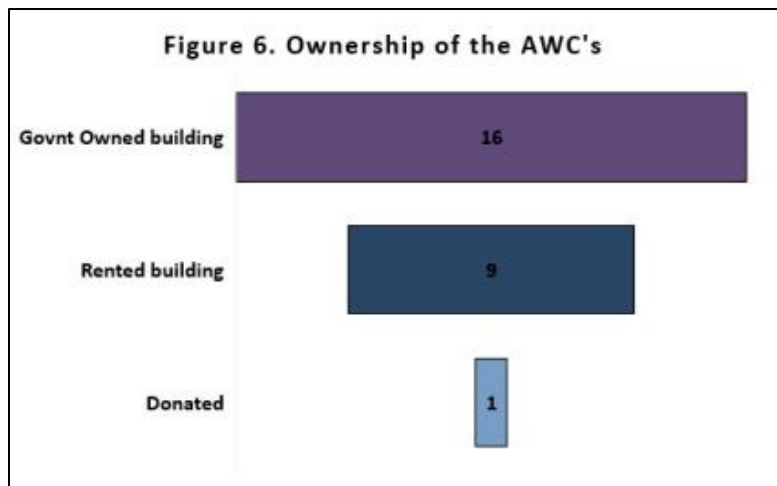
**Figure 4. Alternative power source at the AWC's**



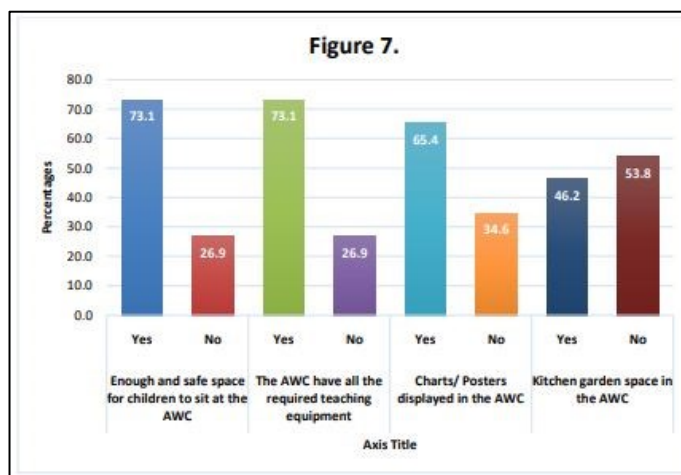
It indicates that 81% of AWCs do not have alternative power sources. 11% of AWCs are using solar-operated equipment. 8% of them have UPS in AWC.

1. The survey highlights a concerning trend, revealing that 58% of Anganwadi Centers (AWCs) in Mysuru rely on external water sources.
2. Alternative power sources reported at the AWCs were UPS, and Solar operated Equipments
3. Moreover, 15% of centers consume water without any purification, posing potential health risks.
4. Additionally, the absence of an alternative electricity source raises questions about the infrastructure limitations of these AWCs.

Figure 6. Ownership of the AWC's



The figure.6 indicates that 16 AWs are government-owned buildings and 9 of the AWCs are rented buildings



1. The data reveals that 73.1% of Anganwadi Centers (AWCs) have sufficient and safe seating for children, along with necessary teaching equipment.
2. However, there is a room for improvement, as only 65.4% have educational charts/posters displayed, and merely 46.2% feature a kitchen garden space, indicating potential areas for enhancement in AWC infrastructure.

**Table 2: Practices concerning the ICDS services**

Practices concerning the ICDS Services		Frequency	Percentages
		(N=26)	(%)
Observation of the Nutrition Day	Yes	26	100
Nutrition education sessions for the community	Never	3	11.5
	Sometimes	11	42.3
	Always	12	46.2
Response from the community engagement during the sessions	Negative	2	7.7
	Positive	21	80.8
	Neutral	3	11.5
Beneficiaries prefer grains over premix	Never	4	15.4
	Occasionally	11	42.3
	Always	11	42.3

Bala Vikasa Samiti is functional	Yes, meets regularly	26	100
VHND is organized	Yes, regularly	24	92.3
	Yes, but inactive	2	7.7
Maintenance or keeping track of routine immunization	Never	9	34.6
	Occasionally	2	7.7
	Always	15	57.7
The community previously informed about the sessions	Never	3	11.5
	Occasionally	8	30.8
	Always	15	57.7
The immunization sessions are done at AWC	Monthly	8	30.8
	Once weekly	2	7.7
	Once in 2 week	12	46.2
	Rarely	4	15.4
People need motivation to attend immunization sessions	Never	3	11.5
	Occasionally	9	34.6
	Always	14	53.8

**Data Source: Primary Survey**

The table indicates that 100% of AWCs are celebrating Nutritional Day. 46.2% of AWCs are always having nutritional education sessions for the community. 80.8% of the respondents have responded positively to community engagement for the sessions. 42.3% of the beneficiaries always prefer grains over premix. 100% of AWC meets regularly for the Bala vikasa samiti functions. 93.3% are regularly organised for VHND . 57.7% of AWCs are keeping track of routine immunization. 53.8% of people need motivation to attend immunization sessions.

### Qualitative Results for AWWs

Themes	Categories and Codes
Roles and responsibilities	<ul style="list-style-type: none"> <li>• Maintenance of cleanliness and hygiene</li> <li>• Register maintenance and attendance</li> <li>• Community Awareness and motivation sessions</li> <li>• Growth monitoring</li> <li>• Non-formal Education to the Children</li> </ul>
Poor Infrastructure and limited resources in provision of:	<ul style="list-style-type: none"> <li>• Drinking water</li> <li>• Toilet facilities and Electricity supply</li> <li>• Chairs and tables</li> <li>• Wall writing</li> <li>• Compound</li> <li>• Own building</li> </ul>
Nutritional supplementation and Immunization services	<ul style="list-style-type: none"> <li>• Providing Milk, Egg, Peanut <i>Chikkis</i></li> <li>• Cooked meals for children and pregnant women</li> <li>• Weekly Immunization sessions</li> <li>• Double quantity of food for SAM Children</li> </ul>
Psychosocial and personal factors	<ul style="list-style-type: none"> <li>• Negligence of personal health</li> <li>• Overburdened by registers</li> <li>• Stress and lack of family support</li> <li>• Insufficient time for family and children</li> </ul>

Concerns	<ul style="list-style-type: none"><li>• Lack of support from MCC</li><li>• Parents’s resistance to sending children</li><li>• Uniform dress code for enrolled AAW children Pregnant women and lactating women reluctant to partake meals at the AWC’s</li></ul>
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## Recommendations

### Regular Evaluations and CSR Investments:

- **Annual Infrastructure Audits with Local Partnerships:** Partner with local engineering colleges to conduct annual infrastructure audits of Anganwadi centers. Use the audit findings to attract public – private investments for targeted infrastructure upgrades, such as building repairs or installing new sanitation facilities.

### Introducing Water Purification Systems:

- **Partnerships with Water NGOs:** Collaborate with water-focused NGOs to provide low-cost, high-efficiency water purification solutions. Use these partnerships to secure funding for the installation and maintenance of these systems.

### NGO-Driven Awareness Campaigns:

- **Community Workshops on Child Nutrition:** NGOs can conduct workshops at Anganwadi centers for parents and caregivers, focusing on child nutrition and the importance of utilizing Anganwadi services. Provide take-home materials and incentives like free nutritional supplements.
- **Educational Materials through Local Artisans:** Engage local artisans to create culturally relevant educational posters and materials for Anganwadi centers. This initiative can be part of a broader campaign to increase community ownership and pride in Anganwadi facilities.

### Support for Training Programs:

- **Anganwadi Worker Training Hubs:** Establish regional training hubs where Anganwadi workers can receive regular training updates. Include practical workshops on topics like early childhood education, health monitoring, and community engagement.
- **Peer Learning Networks:** Create peer learning networks where experienced Anganwadi workers mentor newer staff. Use these networks to share best practices and problem-solving strategies.

### **Youth Engagement in Community Service Projects:**

- **Youth-Led Renovation Drives:** Organize youth-led renovation drives to improve Anganwadi facilities. Provide them with small grants for purchasing materials and offer recognition for their contributions through community awards or certificates.
- **Digital Literacy Programs for Anganwadi Workers:** Engage tech-savvy youth to teach basic digital literacy skills to Anganwadi workers, enabling them to better manage records and communicate with parents via mobile apps.

### **Conclusions**

The study reveals several critical findings about Anganwadi Workers (AWWs) and Anganwadi Centres (AWCs). Firstly, a concerning 70% of AWWs did not receive any training in the past two years. There is a notable gap in the number of enrolled children (539) compared to those attending (430) AWCs. Inadequate infrastructure is indicated by the lack of toilets, drinking water, alternate power sources, and chairs/tables. Despite having resources for cooked meals, 43% prefer grains over premix for children. The study explores the psychosocial and personal challenges AWWs face due to the burden of maintaining registers and unorganized work.

## 4 Reach of Welfare Schemes for Persons with Disabilities (PwDs)

### Introduction

Disability, encompassing activity limitations, impairments, and participation restrictions, underscores the adverse interplay between an individual's health condition and environmental and personal factors. The amalgamation of physical, mental, intellectual, or sensory impairments with existing societal barriers impedes individuals' full and equitable participation in global society. Approximately 1 billion people, or 1 in 7 individuals worldwide, grapple with disabilities, with 80% of this population residing in developing nations.

In India, disability prevalence stands at 4.52%, with the elderly males, particularly those aged 75 and above, experiencing the highest occurrence. Karnataka and Lakshadweep report notable disability rates at 5.77% and 8.88%, respectively. The Rights of Persons with Disabilities (RPwD) Act of 2016, under the Ministry of Social Justice and Empowerment, delineates provisions spanning education, employment, accessibility, and penalties for offenses against disabled individuals. Complementary initiatives, such as the Deendayal Disabled Rehabilitation Scheme, Sugamya Bharat Abhiyan, and the Unique Disability ID Project, aim to enhance the lives of individuals with disabilities.

Mysuru district in Karnataka accommodates 60,470 individuals with disabilities, and the Mysore City Corporation (MCC) and the Department of Empowerment of PwD and Senior Citizens have implemented various provisions to address their needs. These include subsidies for musical instruments, artificial limbs, medical equipment, and educational and health support initiatives. Urban Rehabilitation Workers (URWs) in Mysuru, appointed by both the MCC and the Department of Empowerment for PwDs, play a pivotal role in championing inclusivity, appointing individuals with disabilities themselves, and contributing to the community's overall well-being.

Despite the extensive initiatives, challenges such as limited resources, cultural biases, and attitudinal barriers persist, hindering the optimal impact of these efforts. Challenges include transportation woes, deficit in caregiver understanding, and continued marginalization, impacting access to employment, education, housing, and public spaces. To evaluate government scheme effectiveness, it is crucial to delve into the awareness levels among persons with disabilities (PwDs) and identify barriers and

perceptions affecting service delivery utilization. The study seeks to illuminate these aspects, aiming to enhance the efficiency of support services and promote the well-being and inclusion of individuals with diverse abilities.

### **Rationale**

Existing literature emphasizes a lack of sufficient studies at the local levels (specifically for the area under study) done to assess the awareness and accessibility of welfare schemes by the PwDs. Such an exploration is essential to shed light on the existing challenges and formulate actionable recommendations and inform policy decisions.

By assessing the reach of welfare services for people with disabilities, we aim to identify areas of improvement, ensure inclusivity, and contribute to developing more effective and equitable support systems ensuring **Health For All**

### **Review of Literature**

Deepshikha (2015) conducted a comprehensive investigation into the welfare of physically challenged individuals in Haryana, focusing on assessing government initiatives. The study involved 160 participants representing diverse social and economic backgrounds. Primary data was collected through a structured questionnaire, supplemented by secondary data from published reports, literature by voluntary organizations, press articles, and relevant journals. Government services for the disabled, including rehabilitation centers, educational scholarships, job reservations, employer incentives, and legislative acts empowering rights enforcement. While participants demonstrated awareness of these policies, over two-thirds lacked familiarity with the District Welfare Officer. The study concluded that existing policies and programs had the potential to meet disabled individuals' needs but were hindered by inadequate quality and quantity of aid distribution, coupled with delayed execution. Proposed solutions included a streamlined institutional hierarchy, centralized aid provision, stringent quality standards for prosthetic devices, simplified aid requisites, and enhanced financial oversight.

Chellamuthu (2015) delved into factors influencing differently-abled individuals' participation in government rehabilitation programs in Dindigul District, Tamil Nadu. With a focus on understanding aspects related to participation and overall well-being, the study aimed to examine program coverage, identify reasons for gaps, locate facilitating factors, assess program impact, analyze beneficiary problems, and propose improvements. The study involved 505 differently-abled respondents, utilizing census methodology. Findings revealed common disabilities, factors facilitating program participation,

and challenges such as remote locations, transportation issues, and poor aid quality. Recommendations included skill upgrades, increased job reservations, accessibility improvements, and streamlined issuance of identity cards. The study emphasized the importance of tailored interventions for improved quality of life.

Reddy (2021) conducted a survival analysis on barriers to accessing Social Welfare benefits for Families of Children with Intellectual and Developmental Disorders (IDD) in Rural Karnataka. Using an inductive qualitative method, the study involved stakeholder interviews with 20 families, government officials, NGOs, and mental health professionals. Findings highlighted barriers like lack of awareness, unavailability of local facilities, and stringent application processes. Government schemes existed but were underutilized, with recommendations for special schools, daycare centers, and community empowerment to broaden reach in unreached areas.

Mariana Mohamed Osman et al. (2015) assessed the social welfare department service delivery system in Malaysia, specifically in Perak, through a case study. The study aimed to identify vulnerable and disadvantaged groups, recognize issues in service delivery, and evaluate performance. Data from 250 respondents, representing various vulnerable groups, revealed a correlation between government service delivery and respondents' well-being. Suggestions for enhancing the delivery system included improvements in customer service, staff quality, and service performance. These studies collectively underscore the challenges faced by individuals with disabilities and vulnerable groups in accessing government initiatives. The findings emphasize the importance of targeted interventions, streamlined processes, and enhanced coordination to ensure the effectiveness of social welfare programs and improve the well-being of diverse communities.

### **Objectives**

1. To assess the awareness regarding welfare services provided by the Municipal Corporation and Department of Empowerment of PwD beneficiaries.
2. To explore the accessibility and barriers to these schemes and services by the PwD beneficiaries.
3. To list actionable recommendations and suggest policy changes for effective implementation and maximum reach of the program services among PwDs.

### **Research Design**

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## Methodology

### A Qualitative Study

The study involved two Focused Group Discussions (FGD) with the beneficiaries and one in-depth interview with the department official. This qualitative method allowed us to gain a nuanced understanding of the experiences, perceptions, and challenges faced by PwDs in accessing services and the effectiveness of the existing programs from their perspectives.

**Place of Study:** Mysore has 9 zones, our study was conducted in 2 underdeveloped areas from different zones (zone 3, and 5). The FGDs were conducted in Tilak Nagar and Ashok Puram Anganwadi.

**Tools of data collection:** Semi-structured schedule/questionnaire for FGD and Interviews consisting of a mixture of open-ended and closed-ended questions.

A 14-item questionnaire was used to collect data to assess 3 domains:

1. Awareness of Services
2. Ease of access to Welfare Schemes and barriers faced
3. Perceptions of PwDs on benefits availed and suggestions for improvements

Secondary data, such as the list of services provided by the Mysore City Corporation and Department of Empowerment of PwD and Senior Citizens, was collected from the departments, respectively.

Several challenges were encountered during the data collection process as officials expressed reservations regarding disclosing certain information. The concerns were mainly regarding the sensitivity and confidentiality of beneficiary-specific data. Acknowledging and respecting officials' concerns, the report may not encompass certain data points due to these reservations, and the analysis provided is based on the currently accessible information.

**Sampling Frame:** Beneficiaries listed for welfare services under the Department of Empowerment of PwD and Senior Citizens.

This sampling frame aligned directly with the core objective of our study, which is to assess the social welfare services provided by MCC to Persons With Physical Disabilities (PWDs). By focusing on the individuals who are intended to benefit from these services, we ensure that our research is directly relevant to the population of interest.

**Sampling technique:** purposive sampling (non-probability sampling)

Purposive sampling, a non-probability sampling technique, was a justifiable choice for our study. This approach well-suited the study's specific focus on a distinct target population: Persons with Physical Disabilities (PWDs), who were the current beneficiaries of the MCC and or government schemes. By

intentionally selecting individuals from this population, we can ensure that our sample represents those directly affected by the services in question, providing a comprehensive understanding of their experiences, challenges, and perspectives.

**Data Analysis:** A thematic analysis was done to analyze the qualitative data obtained from the FGDs. The insights from the IDI were analyzed and used as a basis for formulating recommendations.

## Results

### Awareness of Services

The Focus Group Discussion (FGD) conducted with 17 participants aimed to gauge awareness levels concerning welfare services for persons with disabilities (PwDs) provided by the Mysore City Corporation (MCC) and the Department of Empowerment of PwD and Senior Citizens. Additionally, the study explored the role of non-governmental organizations (NGOs) in creating awareness. The responses were systematically categorized into themes for comprehensive analysis.

The first area of investigation centered on the awareness of MCC welfare services. Among the 17 participants, only 3 demonstrated understanding of the MCC's diverse welfare initiatives. Those who were informed mentioned specific services, such as the provision of vehicles, pensions, and bank loans, designed to augment livelihood opportunities. This highlighted a significant deficit in awareness among participants regarding the extensive range of 18 services offered by the MCC, of which only pensions, loans, and wheel chairs and vehicles were prominent.

Moving on to the awareness of services provided by the Department of Empowerment of PwD and Senior Citizens, including the District Rehabilitation Center (DRC), all 17 participants demonstrated awareness of the department's welfare services. However, their awareness was notably restricted to specific services, primarily pensions and loans, out of the 26 services available. This illuminated gaps in participants' understanding regarding the full spectrum of welfare services provided by the department, indicating a need for broader awareness campaigns.

The FGD delved into the role of NGOs or Community-Based Organizations (CBOs) in creating awareness among participants. In one FGD group (Ashok Puram), participants acknowledged the presence of a proactive local NGO, Abhyoodaya, which contributed to their awareness of various

welfare services offered to PwDs. Despite this positive acknowledgment, participants noted the NGO's limitations in assisting them with applying and utilizing these services. In contrast, participants in the second FGD group were unaware of NGOs in their locality, pointing to variations in NGO presence and impact across different communities.

The final segment focused on information sources and media channels through which participants acquired information about available services. Notably, the participants identified Urban Rehabilitation Workers (URWs) as their primary source of information. Some participants also mentioned noticing newspaper advertisements inviting applications for various schemes and services. However, the underutilization of available media channels emerged as a concern, with participants expressing insufficient information.

Responses from participants underscored the pivotal role of URWs as the primary source of information, emphasizing the absence of alternative sources and a pressing need for more comprehensive awareness campaigns through various media channels.

In summary, the FGDs revealed a pervasive lack of awareness among participants regarding the extensive range of welfare services provided by the MCC and the Department of Empowerment of PwD and Senior Citizens. While local NGOs were acknowledged for their potential impact, their limited access to the PwDs were evident. Additionally, the study highlighted the necessity for more effective utilization of media channels to enhance awareness and ensure the comprehensive reach of welfare services to beneficiaries.

### **Ease of access to welfare schemes and barriers faced**

The Focus Group Discussion (FGD) delved into the ease of access to welfare schemes for persons with disabilities (PwDs) and the obstacles faced during the application process. The participants' responses were analyzed, revealing several themes related to their experiences.

The first set of questions aimed to capture the participants' experiences while accessing welfare services. Participants shared their reliance on Urban Rehabilitation Workers (URWs) for scheme submissions, reflecting a challenge in independent service access. Moreover, they disclosed instances

of facing discrimination at hospitals and from hospital staff due to their disabilities. Expressing unawareness about the status of their applications, participants described enduring long queues, running around for officials' signatures, and returning empty-handed. One person even encountered application rejection due to missing documents, highlighting the absence of a dedicated helpdesk for PwDs to seek assistance or address grievances. Challenges were also noted during the application process for the Unique Disability ID (UDID) card, with difficulties arising from doctors' unavailability at the facility for medical certificates. The entire process, from application to card reception, was reported to be time-consuming. Incidents of physical mistreatment, such as being pushed by a security guard, underscored the lack of sensitivity among health professionals. The overall experience indicated restricted access to officials and significant service waiting times.

The second set of questions focused on discussing any issues regarding the submission of documents, necessary documents required for application for PWD benefits etc. The participants listed general documents such as Aadhar cards, caste certificates, income certificates, and the UDID card, reflecting the standard documentation process for accessing welfare services.

The third question explored the impact of the UDID card on the participants' experiences. Despite all participants possessing UDID cards, they reported no noticeable improvement in their encounters with health facilities, officials or while accessing services. This finding highlighted the limited impact of UDID cards in enhancing the overall experience for PwDs.

Responses from participants provided poignant insights into their struggles during the application process. Stories of applications being rejected due to missing documents, mistreatment at offices, and the absence of a dedicated helpdesk depicted a disheartening reality. Participants expressed frustration over the lack of responsiveness regarding their application status and shared instances of attempting to bribe individuals for updates without success. Their statements, such as "Banks are very reluctant to approve the loans" and "Sir, we are asking just for the bare minimum, to have a good life," underscored the plea for essential support and highlighted the financial challenges faced by individuals with disabilities.

In summary, the FGD highlighted the considerable challenges PwDs faced in accessing welfare services. The participants' experiences reflected a lack of independent access, discrimination,

bureaucratic hurdles, and the limited impact of documentation such as the UDID card. The narratives shared by participants underscored the urgent need for systemic improvements, increased sensitivity among officials, and the establishment of dedicated assistance mechanisms to enhance the overall welfare service experience for persons with disabilities.

### **Perceptions of PwDs on benefits availed and suggestions for improvement**

The Focus Group Discussion (FGD) aimed to gather insights into the perceptions of persons with disabilities (PwDs) regarding the benefits availed through welfare schemes and their suggestions for improvement. The responses were categorized into themes based on the participants' experiences and perspectives.

The first set of questions sought to understand the extent to which the welfare schemes had been helpful for the participants. In FGD 1, respondents shared how the services, particularly financial support and bank loans, played a crucial role in supporting their families and creating livelihoods. They expressed a desire for the schemes to extend support beyond financial aspects, including facilitating access to quality education, career opportunities, and sustainable livelihood options. However, disappointment was expressed regarding the quality of the vehicles received for commercial use. In contrast, participants from FGD 2 had not received any services from the Mysore City Corporation (MCC), thus preventing an analysis of their perceptions.

The second set of questions delved into the impact of the benefits on the overall well-being of the participants' families and how specific schemes complemented their skills for livelihood. Participants shared their experiences with loans and vehicles, highlighting the significant impact these resources had on sustaining livelihoods, initiating small businesses, and enabling independent living. They expressed satisfaction in being able to financially support their families and lead dignified lives. The responses captured the transformative impact of the schemes on individual lives, with participants citing examples of setting up on-wheel vegetable shops, establishing a shop for a family cobbler profession, and learning tailoring skills for income generation. The narratives emphasized the importance of these benefits as lifelines, contributing to financial independence, dignity, and the pursuit of livelihood opportunities.

Responses of PwDs echoed the sentiments of participants who highlighted the life-changing impact of the benefits received. One participant expressed, "The vehicle has been a lifeline," citing the establishment of a vegetable shop and newfound independence. Others spoke of the loans enabling them to establish businesses and continue family professions, while another participant emphasized the desire to earn independently through livelihood schemes. The role of Urban Rehabilitation Workers (URWs) in providing information about opportunities, such as learning tailoring skills, was acknowledged.

In summary, the FGD illuminated the significant impact of welfare schemes on the lives of PwDs, particularly in terms of financial support, livelihood opportunities, and family well-being. While participants expressed satisfaction with the transformative effect of the benefits received, there were also concerns about the quality of certain services. The participants' suggestions for improvement emphasized the need for a more comprehensive approach, including support for education, career opportunities, and sustainable livelihood options. The responses vividly portrayed the positive changes brought about by the schemes, underlining their critical role in empowering PwDs to lead dignified and independent lives.

### **Recommendations**

To enhance the support and well-being of persons with disabilities (PwDs), the following recommendations outline the roles of the Mysore City Corporation (MCC) and the youth community across key components:

#### **Enhance Awareness Campaigns:**

- **Community Champions for Disability Awareness:** Identify and train community members with disabilities as “champions” to lead awareness campaigns. These champions can conduct outreach through local events, schools, and religious centers.
- **Information Kiosks at Public Places:** Set up information kiosks at public places like bus stands, hospitals, and community centers where PwDs can easily access information on available welfare schemes. Include brochures, posters, and digital touchscreens with audio-visual aids.

#### **Implement Digitalization of Services:**

- **Mobile-Friendly Service Portals:** Develop a mobile-friendly website or app that consolidates all services for PwDs in one place. Ensure that the interface is simple and accessible, with options for text-to-speech and voice commands.

- **One-Stop Service Centers:** Establish one-stop service centers in different city zones where PwDs can apply for multiple services, get help with documentation, and track the status of their applications. Staff these centers with trained personnel familiar with PwD issues.

**Ensure Grievance Redressal:**

- **Local Grievance Redressal Committees:** Set up local grievance redressal committees that include representatives from PwD organizations, URWs, and government officials. Hold monthly meetings to review and resolve grievances in a timely manner.

**Strengthen Policy-Level Approaches:**

- **Regular Policy Review Panels:** Establish regular review panels with policymakers, PwD representatives, and advocacy groups to assess the effectiveness of current policies and suggest improvements. Include an annual public report on progress and challenges.
- **Pilot Programs for Inclusive Policies:** Implement pilot programs in selected wards to test new inclusive policies, such as reserved seating for PwDs on public transport or priority access to healthcare services. Use the results to refine and expand successful initiatives.

These recommendations align with a holistic approach, incorporating awareness, accessibility, beneficiary experience, and policy-level initiatives. By synergizing the efforts of the MCC and the youth, there is potential to create a more inclusive and supportive environment for persons with disabilities, ensuring their active participation and well-being in society.

**Conclusion**

In conclusion, our study on the Reach of Welfare Schemes for Persons with Disabilities (PwDs) in Mysuru highlights key challenges impeding service effectiveness. Limited awareness and obstacles in independent access result in underutilization. The study underscores the vital role of Urban Rehabilitation Workers (URWs) and the necessity for improved communication. Discrimination and insufficient support underscore the need for inclusivity training. While existing schemes have benefited some PwDs, opportunities for livelihood improvement and streamlined processes exist. Our recommendations encompass targeted awareness campaigns, a centralized application process, and a dedicated helpdesk for PwDs. Addressing these issues aims to create more accessible, inclusive, and impactful welfare services for Persons with Disabilities in Mysuru.

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## Photo feature – Field Visits and Interactions



Team A conducting FGD and Interview with the community and stakeholder



**K G Koppal Vidyaranyapuram AWC**



Nanjumalige

**Team C Sharing some glimpses of the current scenario of the AWCs**



**Team D with URW and Representatives from GRAAM conducting FGD with People with disability in Ashoka Puram, Mysore.**



**GRAAM**

GRAAM IS A DEVELOPMENT RESEARCH AND POLICY ENGAGEMENT INITIATIVE IN INDIA. GRAAM'S EXTENSIVE EXPERTISE SPANS OVER POLICY RESEARCH, IMPACT EVALUATION, COMMUNITY CONSULTATION, POLICY ENGAGEMENT, STRATEGIC CONSULTATION AND ACADEMIC PROGRAMS. GRAAM WORKS IN COLLABORATION WITH ALL THE FOUR KEY STAKEHOLDERS OF DEVELOPMENT I.E. GOVERNMENT, CITIZENRY, CIVIL SOCIETY ORGANIZATIONS AND CORPORATE. GRAAM BELIEVES THAT THE KEY STAKEHOLDERS OF DEVELOPMENT – THE COMMUNITY, THE STATE, THE NGO/CSO AND THE PRIVATE SECTOR ARE ESSENTIAL IN THE PROCESS OF DEVELOPMENT. GRAAM AIMS TO ENSURE THE 'VOICES' OF THE COMMUNITIES AT THE GRASSROOTS ARE SIGNIFICANTLY ACCOUNTED FOR IN THE PROCESS OF DEVELOPMENT. WE PROVIDE EVIDENCE-BASED AND ACTIONABLE POLICY/PROGRAM INPUTS INCORPORATING GRASSROOTS PERSPECTIVES, AIMING TOWARDS A CITIZEN-CENTRIC PUBLIC POLICY. GRAAM STRIVES TO IMPACT DEVELOPMENT THROUGH BUILDING HUMAN AND SOCIAL CAPITAL.

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