The Care Imperative

Strengthening Childcare to Enable Women's Work in Urban India

An Assessment of Ahmedabad, Bhubaneswar, Cuttack and Puri

July 2026

Prepared by:

Urban Management Centre

Making cities work for everyone

This publication is the outcome of extensive research, implementation and development undertaken by Urban Management Centre as technical support unit (TSU) operational from 2017-2026, to the Ministry of Housing and Urban Affairs for the Deendayal Antyodaya Yojana - National Urban Livelihoods Mission (DAY-NULM) and its successor, the Deendayal Jan Aajeevika Yojana (Shehri). The support has been enabled through funding from the Gates Foundation under the Strengthening Resilience and Inclusion with Voice and Economic Empowerment of the Urban Poor Women (STRIVE) program, aimed at embedding gender intentionality within urban livelihoods mission.

Research by: Abhishek Brahma, Anurag Anthony, Manvita Baradi, Meghna Malhotra, Nikita Popat, Pankaj Barik, Ramchandra Samal, Rashmita Patel, Roshan Mishra, Saurabh Bhatt, Soumya Mishra

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Urban Management Centre (UMC) is a home-grown, bootstrapped, women-promoted organization working towards professionalizing urban management in India and making cities work for everyone. UMC works across sectors to support policy design and implementation for cities, providing technical assistance to urban local bodies and facilitating change through peer-to-peer learning processes. It strengthens the capacity of city governments by offering technical expertise and enabling access to innovations in good governance from India and around the world. UMC's work spans key areas including urban water and sanitation, heritage management, urban planning, urban health, municipal finance, urban transport, and institutional strengthening.
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A-202 GCP Business Centre, Opp Navrangpura Fire Station, Navrangpura, Ahmedabad
www.umcasia.org | info@umcasia.org

Director’s Message

India's cities are expanding rapidly, creating new opportunities for economic growth, innovation, and employment. Yet, an important question remains largely unanswered: who is able to participate in this growth, and under what conditions? While considerable attention has been given to creating jobs, improving skills, and expanding livelihoods, far less attention has been paid to one of the most fundamental enablers of women's economic participation- childcare.

For millions of women, particularly those engaged in informal and vulnerable occupations, the decision to work is often determined not only by the availability of employment, but by the availability of someone to care for their children. This study emerged from a simple but important question: What prevents women’s participation in urban livelihoods? While previous work has highlighted issues of skills, finance, mobility and safety, our interactions consistently pointed towards another barrier that remains largely invisible within urban policy around care responsibilities.

Through structured conversations with women across Ahmedabad, Bhubaneswar, Cuttack and Puri, this study brings forward voices that are often absent from policy discussions. It documents not only the significant care responsibilities women shoulder every day, but also the strategies they adopt in the absence of reliable childcare services.

At Urban Management Centre, our work over the years has focused on making cities more inclusive by strengthening urban systems and expanding livelihood opportunities for vulnerable communities. This report builds on that commitment by positioning childcare within the broader urban development agenda. We hope it encourages governments, urban local bodies, development practitioners to work towards building comprehensive urban care systems that recognise childcare as an investment in both people and cities.

Ultimately, enabling women to work is not only about creating jobs. It is equally about creating the conditions that allow women to access those jobs. Investing in childcare is therefore an investment in women's economic empowerment, children's future, stronger families, and more productive, equitable and resilient cities.

Manvita Baradi
Director & Co-Founder
Meghna Malhotra
Deputy Director & Co-Founder

Executive Summary

Executive Summary

India's urban transition is reshaping labour markets, livelihoods and the nature of work. As cities continue to expand, increasing women's participation in the labour force has emerged as both an economic necessity and a development priority. The Government of India has taken several important steps to strengthen women's livelihoods and economic empowerment through initiatives focused on skills, entrepreneurship, self-help groups, financial inclusion and employment, alongside significant investments in early childhood development through the Anganwadi system and the Palna Scheme. These efforts are both timely and commendable.

However, this study reinforces a reality that has long been recognised but remains insufficiently addressed in practice: affordable, accessible and reliable childcare continues to be one of the most significant structural barriers to women's sustained participation in the workforce. The findings suggest that alongside strengthening livelihood opportunities, investments in childcare must be viewed as equally essential if women are to fully benefit from these opportunities.

This study argues that childcare should be recognised not merely as a welfare intervention, but as essential social infrastructure that enables women's workforce participation, supports children's development, strengthens household resilience and contributes to inclusive urban growth. **Drawing on evidence from Ahmedabad, Bhubaneswar, Cuttack and Puri, the study does not seek to present a new problem; rather, it brings fresh ground-level evidence that validates and deepens existing understanding of the care burden experienced by women in vulnerable occupations.** It highlights the gap between policy intent and everyday realities and identifies practical measures that can strengthen India's evolving care ecosystem.

Using qualitative research methods, including household surveys and stakeholder consultations, it analyses how childcare responsibilities influence women's employment decisions, work intensity, earnings and livelihood choices while assessing the adequacy of existing public childcare systems.

The key learnings emerging from the study are as follows:

1. **Childcare is a fundamental determinant of women's work force participation.** Women consistently identified childcare responsibilities as one of the primary factors influencing whether they could enter, remain in, or progress in paid work. The absence of reliable childcare restricts working hours, occupational choices, income levels, and long-term economic security beyond gendered social norms.

2. **Care arrangements for urban poor women workers is PREDOMINANTLY INFORMAL and UNRELIABLE**
   Grandparents, neighbors, older siblings and extended family members constitute the primary childcare system across the cities under the study, for women participating in work force. These arrangements enable women to continue working but are often unreliable, inconsistent and place additional care responsibilities on other family members, particularly adolescent girls. This again comes at the cost of unpaid work of

people bearing the childcare responsibilities resulting from either non-participation in to workforce or at the cost of educational loss by elder female child.

3. **Existing public childcare services are grossly inadequate to meet the needs of working women.**
   As per PLFS 2025 data, 90% of workforce in India is informal, women represent a majority section in this who do not have the classic 8-hours work structure. The existing care service designed under Palna scheme ignores this fact. Limited operating hours, infrastructure constraints and restricted service coverage reduce their usefulness for women engaged in informal and vulnerable occupations.

4. **Existing public childcare services are limited to children under six years of age, while the demand for childcare extends well beyond this age group**
   Women highlighted the need for childcare services that cater to school-age children, including after-school care and learning support. Such services can help improve school attendance and retention, enhance educational outcomes, and reduce the care burden on working parents.

5. **Women demand comprehensive childcare services that support child development, not just supervision.**
   Women reported spending 10–12 hours a day in paid work, while continuing to shoulder the majority of unpaid domestic and care responsibilities. As a result, they have limited time and capacity to provide direct childcare or support their children's learning at home. This challenge is compounded by low educational attainment among many parents, which constrains their ability to assist with schoolwork and early learning. Consequently, women emphasized that childcare services should extend beyond safe supervision to include early childhood education, nutrition, after-school learning support, recreational activities, flexible operating hours, and nurturing environments that promote children's overall development.

6. **Women expressed willingness to pay for a affordable, safe and learning based childcare, but will require viability gap to be funded by government.**
   Women demonstrated willingness to pay for childcare services provided they were affordable, reliable, located close to workplaces or residential areas, and offered quality care. This indicates the potential for mixed financing models supported by targeted public subsidies.

The findings collectively point towards a broader policy challenge. Childcare continues to be viewed largely as a welfare programme rather than an enabling component of urban social and economic infrastructure. The study therefore proposes a shift from programme-based childcare provision towards the development of integrated urban care systems. Childcare should be recognised as essential social infrastructure.

The study recommends establishing neighbourhood-based childcare centres that provide comprehensive child development services, integrating early childhood education, nutrition,

after-school support, recreational activities and emergency childcare. Strengthening governance, improving financing, developing standards for quality assurance, introducing income-linked user charges with targeted subsidies are identified as essential steps towards building sustainable urban childcare systems.

Women earning a livelihood through roadside vending in Dahod, Gujarat.

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Swachh Sathis engaged in street sweeping and road cleaning in Cuttack, Odisha

1. The Context of Care

Background

Care work forms the foundation of household well-being, children's development and labour market participation, yet it remains one of the least recognised components of India's economy. Women continue to perform the overwhelming share of unpaid childcare, domestic work, and caregiving responsibilities, limiting the time available for paid employment and reinforcing gender inequalities in the labour market. According to the Time Use Survey 2024 (National Statistics Office, 2024), women spend 283 minutes per day on unpaid domestic and caregiving activities compared to 37 minutes for men. Between 2019 and 2024, women's participation in paid work increased by only 10 minutes per day, while time spent on unpaid caregiving also increased by 10 minutes, indicating that paid work has been added, rather than replaced, to existing care responsibilities.

The consequences of this unequal distribution of care extend beyond households. Women's labour force participation continues to remain concentrated in informal, home-based, and lower-paying occupations that get organised around caregiving responsibilities. Evidence consistently shows that childcare responsibilities influence not only whether women participate in paid work, but also where they work, how long they work, and the type of work they are able to undertake (It Takes a Village: Childcare and Women's Paid Employment in India, 2022) (Access to childcare to improve women's economic empowerment, 2023). As India advances towards women-led development, strengthening the care economy has become essential not only for gender equality but also for improving labour productivity, household incomes, children's development, and inclusive urban growth.

Recognising this need, the Ministry of Women and Child Development, Government of India has introduced several programmes to support childcare, including the Integrated Child Development Services (ICDS), the Anganwadi system, and more recently the Palna Scheme under Mission Shakti. Launched in 1975, ICDS is India's flagship programme for early childhood development. As of February 2025, the programme is delivered through a network of more than 14 lakh Anganwadi Centres, supported by around 13.15 lakh Anganwadi Workers and 11.83 lakh Anganwadi Helpers across the country (WCD, 2025). These centres provide supplementary nutrition, health services and pre-school education to children below six years of age, while also supporting pregnant and lactating women.

Despite this extensive network, Anganwadi Centres were not designed to function as full-day childcare facilities for working mothers. It is within this context that the Government introduced the Palna Scheme to strengthen childcare services through dedicated

Anganwadi-cum-Crèche facilities. The Palna Scheme aims to establish 17,000 Anganwadi-cum-Crèches (AWCCs) to provide daycare services for children aged six months to six years and support working mothers. However, implementation has remained limited. As of February 2025, although 11,395 AWCCs had been approved, only 1,761 Anganwadi-cum-Crèches and 1,284 standalone crèches were operational across the country, together serving approximately 52,000 children.

Budget allocations for the Palna Scheme have increased over successive years; however, utilisation has consistently lagged behind allocations. In 2023–24, against a budget allocation of ₹85 crore, actual expenditure was ₹64.15 crore, representing 75.47% utilisation. In 2024–25, the Budget Estimate (BE) of ₹150.11 crore was revised downward to ₹75 crore under the Revised Estimates (RE). As of 31 January 2025, actual expenditure stood at ₹43.66 crore, equivalent to 29.08% of the original Budget Estimate and 58.21% of the Revised Estimates, pointing to persistent implementation challenges (Rajya Sabha, 2025).

Discussions with policymakers and programme stakeholders indicate that these implementation gaps are not solely financial but also structural. Constraints such as inadequate establishment costs, limited space within existing Anganwadi Centres, overlap between Anganwadi and crèche operations, location mismatches between residential Anganwadi Centres and women's workplaces, shortages of trained care workers, and low remuneration continue to limit the operationalisation and sustainability of childcare services. These challenges suggest that expanding childcare requires more than scaling existing schemes; it requires rethinking how childcare services are planned, financed, located, staffed, and integrated within urban systems.

Against this backdrop, this study examines the urban care landscape by assessing women's childcare needs, existing care arrangements, public care infrastructure, service delivery models, and institutional mechanisms. By combining evidence from women engaged in vulnerable occupations with perspectives from service providers and policymakers, the study seeks to identify practical pathways for building an affordable, accessible, and reliable urban childcare ecosystem that supports both women's economic participation and children's development.

Problem Statement and Research Methodology

Women’s educational attainment has not translated into workforce participation as the care burden falls disproportionately on them. Across income levels, education levels, and geographies, women are the default providers of childcare, eldercare, and domestic services within households. This is deeply entrenched in social norms that assign care as a female responsibility. When care cannot be arranged, it is women who withdraw from paid work, reduce their hours, or accept employment that can be done from or near home.

Women in vulnerable occupations and economically weaker sections carry this burden most acutely. They cannot purchase market-based childcare solutions. They rely instead on informal arrangements; older siblings, neighbours, elderly relatives, or simply leaving young

children unattended; that are unreliable, unsafe, and invisible to any planning or policy system. These coping mechanisms are the evidence of an unmet need.

Formal childcare in India is overwhelmingly private in nature and priced beyond the reach of women in low-wage informal employment. The market has responded to the demand from middle and upper-income households. It has not responded to the demand from women who need it most. For a domestic worker, street vendor, or garment piece-rate worker, the monthly cost of private daycare can equal or exceed a month's earnings. Affordable formal childcare, as a practical option for women in economically weaker sections, does not exist at any meaningful scale in Indian cities.

The Government of India has recognised this gap and introduced the Palna scheme. However, it has failed to achieve the desired scale and results The question this raises is what are the institutional, financial, administrative, and design-level factors that have repeatedly prevented public crèche programmes from scaling? What needs to change in how these schemes are designed, financed, staffed, and monitored for them to reach the women they are intended to serve? This study is an attempt to understand the care ecosystem for urban poor in India as it actually functions, and how it can be improved.

Study Objective

The study aims to understand the care landscape in urban India by analysing the relationship between unpaid care work, women's labour force participation, urban care infrastructure, and welfare systems. It examines the childcare needs and care demands of women engaged in vulnerable occupations and from economically weaker sections and examines the informal and formal coping strategies women currently use to manage childcare responsibilities.

Probing Questions for the Study

1. **Demand and Need Assessment**
    1. What is the care demands and needs of women engaged in vulnerable occupations and from economically weaker sections?
    2. What coping mechanisms do women currently use to fulfil these care responsibilities and demands?
2. **Existing Support Systems**
    1. What formal mechanisms, schemes, programmes, and institutions currently support women in meeting their care needs?
    2. What are the gaps in the existing care ecosystem, including service delivery, scheme architecture, and infrastructure provision?
    3. What types of care services and care infrastructure are required to address the existing demand and supply gap, and where should they be located?
3. **Service Delivery Models**
    1. What should be the operational modalities of different care facilities, including service types, timings, staffing patterns, and day-to-day functioning?

2. What horizontal linkages currently exist within the care ecosystem, and what additional linkages can be established?
3. What community partnership models can be leveraged to improve the functioning, outreach, and sustainability of care facilities and care ecosystem at large?

Research Design and Methodology

The study adopts a mixed-methods approach, combining quantitative household-level data collection with qualitative inquiry across select cities in Gujarat and Odisha. The design is structured around five respondent groups, each selected to capture a distinct perspective on the care ecosystem, from the lived experience of women carrying the care burden, to the frontline workers delivering care services, to the officials and experts responsible for policy and programme design.

The household survey draws on responses from three categories of women: those currently engaged in informal paid work, those not engaged in any paid work, and those who left paid work due to childcare responsibilities. The survey tool is designed to enable in-depth capturing of care demand, the coping mechanisms women use in the absence of formal support, and women's own specifications of what accessible and affordable public care infrastructure should look like. Structured questionnaires will be administered to 29 households in low-income urban settlements.

Key Informant Interviews will be conducted with government officials from Urban Local Bodies and ICDS, and with academics and policy researchers working on care, labour, and urban development. These interviews provide the institutional and policy perspective on scheme design, implementation barriers, and governance gaps that survey and FGD data alone cannot capture.

The four study cities, drawn from Gujarat and Odisha, are selected to reflect variation in regional context, city size, and urban poverty profile, allowing the study to test whether findings are context-specific or point to systemic patterns with broader applicability.

S. No	Respondent Groups	Sample (n)	Tools
1	Urban Poor Women and Households in Low-Income Settlements	29 HH	Structured Questionnaire
2	Government Officials (ULBs, ICDS)	1 in Gujarat and Odisha each	KII

2. Understanding the Urban Childcare Burden

A total of 29 household surveys were conducted with primary care providers in urban poor settlements across four cities; Ahmedabad in Gujarat, and Bhubaneswar, Cuttack, and Puri in Odisha. All respondents were women, confirming at the outset what the study set out to examine that primary care responsibility in households sits with women.

Household Profile

The average household size across the sample is 4.8 members, with every surveyed household reporting at least one child, confirming that active childcare responsibility is universal across the sample. Respondents have an average of two children per household, of whom one, on average, is below 6 years of age. The remaining two school-age children (6 to 18 years) represent a continuing care demand that extends beyond early childhood.

Indicator	Value
Average household size	4.8
Average number of children	2
Average number of children below 6 yrs	1
Average number of school-age children (6-18)	2
Households with children (%)	100%
Households with elderly (%)	19%
Households with disabled children (%)	3.6%

"I am the only earning member of my family and also care for my child with multiple disabilities. When my elderly mother is unavailable, I have no one to look after my child. Sometimes I have to take my child to work, and at other times I am forced to leave them alone at home because neighbours are unwilling to help. A full-day childcare and support centre with trained caregivers would make a huge difference for families like mine and help me continue working without fear."

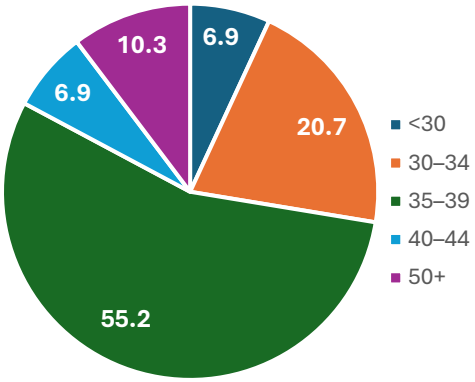
Runu Khatuala, Domestic Worker and Waste Collection Worker

Respondent Profile -Age, Marital Status, Education, Employment and Income

Respondents had a mean age of 38 years and a median age of 36 years. This age profile places the sample squarely within the period when childcare obligations and workforce participation overlap most acutely.

More than half of the respondents (55%) are between 35 and 39 years of age, while another 21% fall in the 30 to 34 years age group. Together, over three-fourths of the respondents (76%) are in the 30–39 years age bracket. The remaining respondents are distributed across

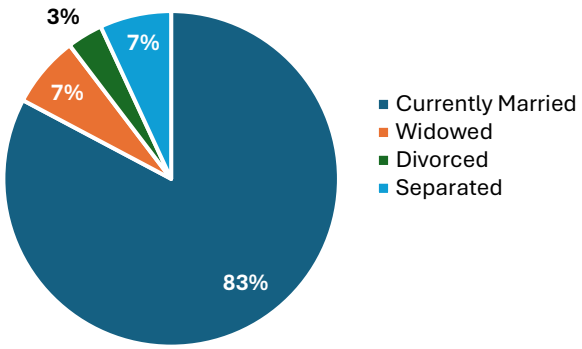
Age Profile of Respondents (n = 29)



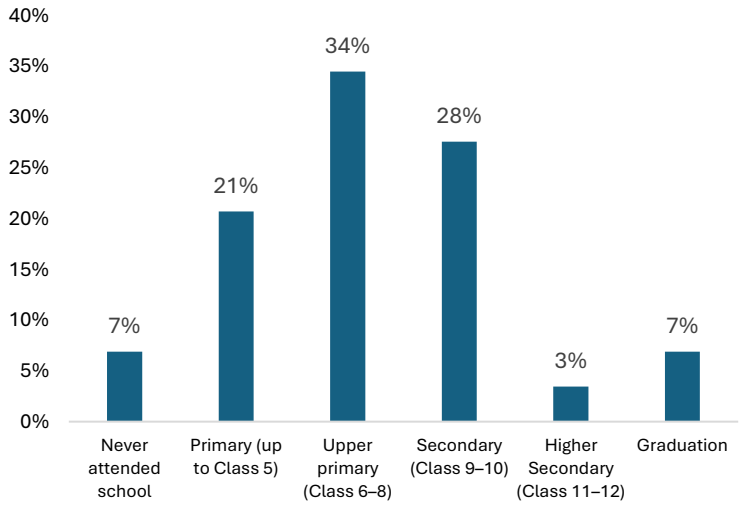
below 30 years (7%), 40–44 years (7%), and 50 years and above (10%). This concentration in the 30–39 age group is particularly significant, as it represents the life stage where childcare responsibilities, household duties, and participation in paid work often overlap, making it highly relevant to understanding the care burden experienced by urban women workers.

Majority of respondents are currently married (82%), with the remaining 18% distributed across widowed (7%), separated (7%), and divorced (4%). 18% who are widowed, separated, or divorced are managing care and livelihood entirely without a co-resident partner, a condition that compounds both the care burden and the economic pressure to remain in paid work.

Marital Status Distribution of Respondents (n = 29)

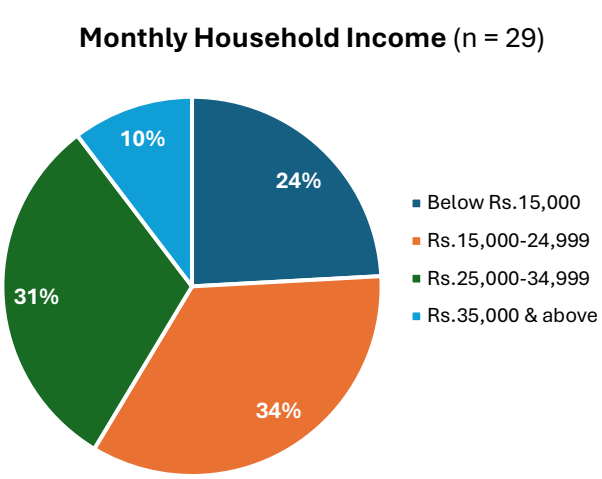


Education Level of Respondents (n= 29)



The education profile of respondents spans a wide range, with the largest share holding upper primary qualifications (32%), followed by secondary (29%) and primary (21%). A small proportion had never attended school (7%) and an equally small proportion had reached graduation (7%).

The average monthly household income across the sample is Rs. 21,853, with a median of Rs. 20,250. The closeness of the mean and median indicates a relatively even income



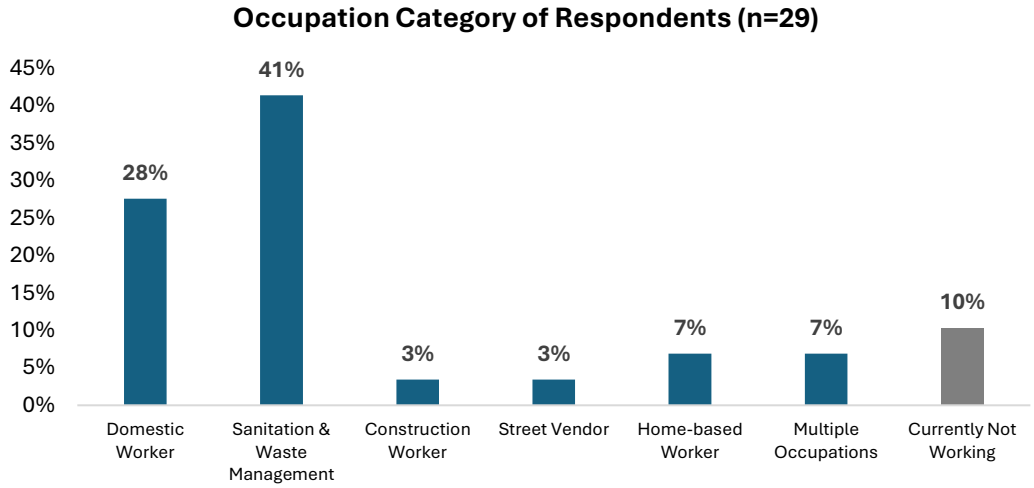
distribution without significant outliers pulling the average upward, suggesting the sample is internally consistent in its economic profile. With over one-third (35%) reporting a monthly household income between ₹15,000 and ₹24,999, followed by 31% earning ₹25,000–34,999 per month. Nearly one-fourth of respondents (24%) reported household incomes below ₹15,000, while only 10% belonged to households earning ₹35,000 and above.

A woman worker engaged in waste segregation at a Material Recovery Facility (MRF)

Employment and Occupation Profile

90% of respondents are currently engaged in paid work, with 9% reporting no current employment. Among those not working, the study's sampling design specifically sought to include women who had left paid work due to care responsibilities, making this group analytically significant beyond their small share of the sample.

Among the 26 respondents who were engaged in paid employment, a majority (58%) were employed in the informal sector, while the remaining 42% were engaged in formal employment**.** The occupational distribution is heavily concentrated in two categories. Sanitation and waste management work accounts for the largest share at 40%, covering sweepers, drain cleaners, Swachh Karmis, and CT&PT sanitation workers.



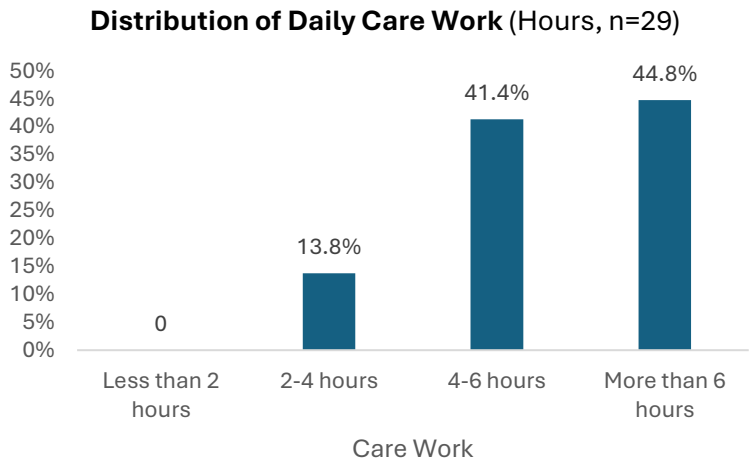
Domestic work follows at 26.7%, comprising maid services, housekeeping, cooking, and cleaning. Together these two categories account for nearly 67% of the working sample. Both are characterized by fixed reporting times, employer-determined schedules, and no provision for childcare, conditions that sit directly in tension with the care obligations these women carry at home.

Women construction workers undertaking manual labour at an urban construction site

Who Provides Childcare? And How much?

Understanding the Distribution of Care Responsibilities

Respondents reported spending an average of 5.6 hours per day on unpaid care work, with childcare alone accounting for 3.9 hours (69%) of that daily total unpaid care work. Importantly, women across the study consistently identified themselves as the primary caregivers for their children, highlighting that childcare responsibilities continue to rest predominantly with women, with no or minimal support from the partner. Nearly half the sample (46%) reported spending more than 6 hours per day on unpaid care and domestic responsibilities.



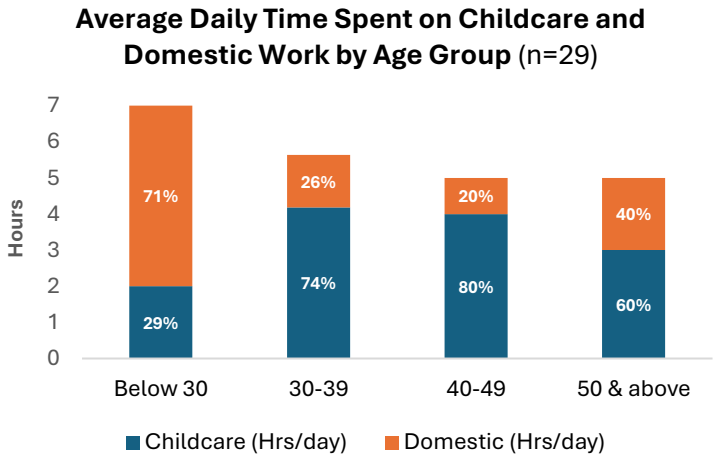
"I leave home very early for work and return in the afternoon. Most of the time, I depend on family members or neighbours to look after my child. When they are not available, I have to take leave from work else I keep worrying about my child throughout the day."

Salma Hembram, MCC Swachha Karmi

The care burden in this sample is not a fixed condition uniform across all women; it varies significantly by age, marital status, income, and employment status.

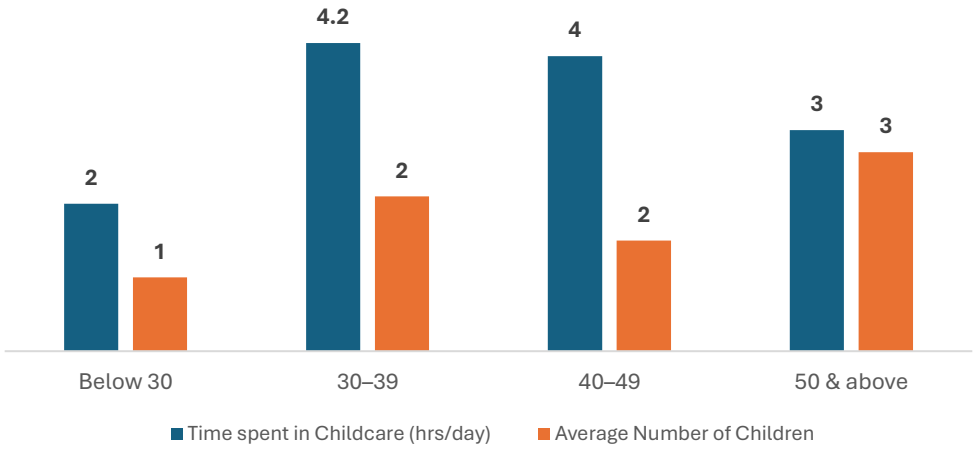
By Age

While the overall unpaid care burden remains relatively consistent across age groups, averaging 5–7 hours per day, the composition of this care evolves over the life course. Childcare responsibilities emerge early in adulthood and remain a significant component of women's unpaid work for nearly two



decades, particularly among women aged 30–49 years, where the unpaid care burden is also the highest. As women age beyond 50 years, the time spent caring for their own children declines; however, childcare responsibilities often persist through the care of grandchildren. Consequently, although the nature of childcare changes across the life course, it does not disappear entirely. This intergenerational transfer of caregiving, combined with continued domestic responsibilities, means that women's overall unpaid care burden remains consistently high even in later years.

Average Daily Childcare Hours and Number of Children by Age Group (n=29)



The above chart depicts that the greatest childcare intensity occurs during the ages when women are expected to engage in paid work. The findings indicate that childcare intensity is influenced more by the care needs of children than by the number of children under care. Women in the 30–49 age group spend the most time on childcare despite caring for fewer children on average than women aged 50 years and above, suggesting that the age and dependency of children are more important determinants of caregiving time than household size.

Finding

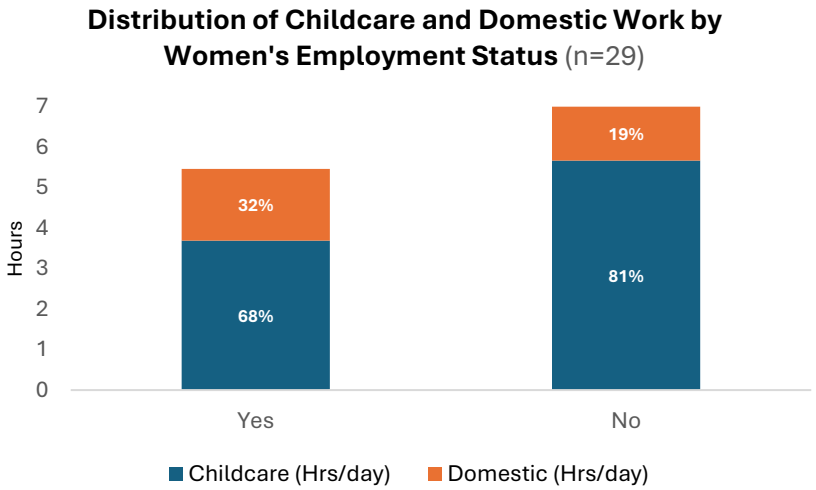
- ***Childcare is a life-course responsibility rather than an early childhood responsibility.*** Women continue to spend significant time on childcare well beyond their children's early years, indicating that care needs extend throughout the school-going years and are not limited to the 0–6 age group. It extends for children until adulthood and varies across gender.

- ***Childcare responsibilities are intergenerational.*** Women aged 50 years and above continue to devote considerable time to childcare, with discussions indicating that much of this care is provided to grandchildren, demonstrating that caregiving responsibilities persist across generations.

By Employment Status

Among women who are currently engaged in paid employment, 68% of their unpaid care time is devoted to childcare, while the remaining 32% is spent on domestic work. In

contrast, among women who are not currently employed, 81% of their unpaid care time is spent on childcare, with only 19% devoted to domestic work.



Women engaged in paid employment experience significant time poverty, balancing long hours of paid work alongside substantial unpaid care responsibilities. Among working women, 68% of unpaid care time is devoted to childcare and 32% to domestic work, indicating that participation in paid employment does not reduce their caregiving responsibilities. For women living at or below subsistence income levels, participation in paid work is often an economic necessity rather than a choice, requiring them to accommodate both paid and unpaid work within limited time. In contrast, women who are not currently engaged in paid employment devote a larger share of their unpaid care time to childcare (81%), suggesting an alternative choice in economic participation, women are able to allocate more time to direct childcare. The findings underscore that women's time allocation is shaped not only by caregiving responsibilities but also by household economic circumstances.

The findings also suggest that improving household incomes alone is unlikely to result in greater labour force participation among women or increased uptake of childcare services. As economic pressures ease, women appear to allocate more time to childcare rather than transitioning into paid work, reflecting the persistence of gendered norms around caregiving. This indicates that the redistribution of care responsibilities does not occur automatically with rising incomes. Enabling women to participate in paid employment will therefore require more than income growth; it will necessitate investments in affordable, high-quality childcare, greater engagement of men in caregiving, and broader efforts to challenge entrenched social norms around women's role as primary caregivers.

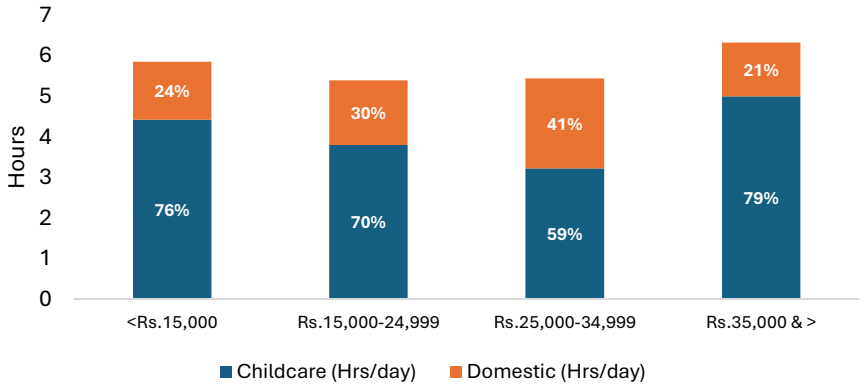
“I would like to earn and support my family financially, but I spend most of my day taking care of my children and managing household responsibilities. There is no one else at home who can share these duties, so taking up regular work is difficult."

Laxmipriya Sahoo, Home maker

By Income

The relationship between household income and the distribution of unpaid care work does not follow a simple linear pattern in this sample. While the share of childcare declines from 76% among households earning below ₹15,000 per month to 59% among those earning ₹25,000–34,999, it increases again to 79% among households earning ₹35,000 and above. However, this uptick appears to be explained by women's employment status rather than income itself.

Distribution of Childcare and Domestic Work Across Household Income Groups (n=29)

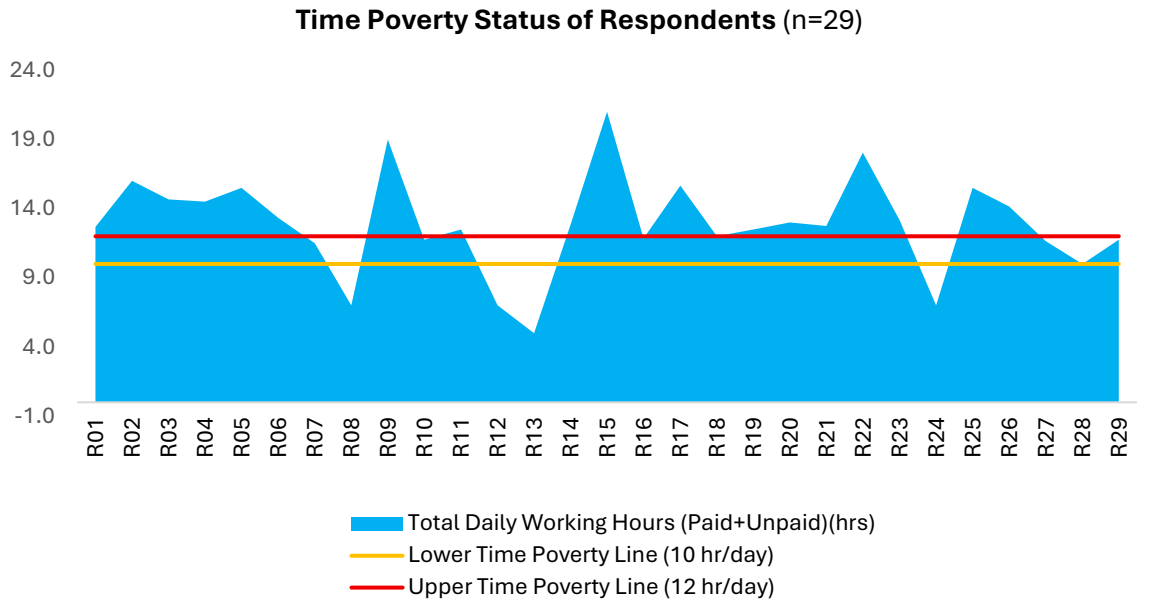


Respondents in the higher-income category who were not engaged in paid employment reported devoting a larger share of their unpaid care time to childcare, suggesting that higher household incomes may enable some women to remain outside the labour force and assume greater caregiving responsibilities. At the same time, the findings indicate that childcare alone does not determine women's participation in paid employment. Employment decisions are shaped by multiple, intersecting factors, including household income, prevailing social norms, availability of support within the household, nature of employment opportunities, and women's own preferences and circumstances. Childcare is therefore an important, but not the sole, factor influencing women's labour force participation.

Time Poverty Status

Time poverty[2] is highly prevalent among the respondents. Of the 29 women surveyed, 25 (86%) are classified as time poor. Among the 26 women currently engaged in paid employment, 22 (85%) are classified as time poor. All 11 women in formal employment (100%) are classified as time poor, compared to 11 of the 15 women (73%) in informal employment.

[2] Time poverty was assessed using the lower (10 hours) and upper (12 hours) daily time poverty thresholds adopted from the Ministry of Statistics and Programme Implementation (MoSPI) Time Use Survey.



This indicates that time poverty is pervasive across all employment categories, with the highest prevalence observed among women in formal employment. While women in informal employment also experience high levels of time poverty, the results suggest that formal employment does not necessarily reduce women's overall time burden. Instead, women continue to combine paid work with substantial childcare and domestic responsibilities, resulting in extended working days that frequently exceed the MoSPI time poverty threshold.

Finding:

- ***Time poverty is widespread across all employment categories.*** More than four-fifths of respondents are classified as time poor, regardless of employment category.

The Cost of Care: How Childcare Shapes Women's Employment

Work Characteristics (Among Employed)

Among the 89.7% of respondents currently in paid employment, the average working pattern is 28 days per month and 8 hours per day, which effectively amounts to a full working day with very few scheduled rest days across the month. The average one-way travel time to work is 16 minutes. Discussions with respondents indicate that many women prefer work opportunities located close to their homes, enabling them to better manage childcare responsibilities and respond quickly to care-related emergencies.

Only 24% of working respondents reported any flexibility in their working hours. The remaining 76% do not have the ability to adjust when they start, end, or pause their workday to respond to a dependent's needs. As a result, any care emergency or disruption in regular childcare arrangements often has to be managed by missing work, reducing working hours, or bringing the child to the workplace.

Even within this small proportion reporting flexibility, discussions with respondents suggest that what many women describe as "flexible timings" is often not an employer-provided benefit, but rather an adjustment they make within the nature of their work. This was particularly evident among women engaged in domestic work and municipal sanitation activities, where tasks could be completed at different times of the day despite the absence of formal flexible work arrangements. Rather than reflecting institutional workplace flexibility, these arrangements demonstrate how women adapt their work schedules around childcare and other caregiving responsibilities.

Findings

- ***Workplace flexibility is limited***. Only one-fourth of employed women reported having flexible working hours, while the majority continue to work on fixed schedules with limited ability to accommodate childcare needs.
- ***Women largely create their own flexibility***. Where flexibility exists, it is often a feature of informal work arrangements rather than an employer-provided benefit, allowing women to adjust their work around caregiving responsibilities without formal workplace support.

BOX

When does Care Responsibility become a BURDEN?

Care responsibility becomes a burden when the time required to fulfil it exceeds what an individual can manage without foregoing paid work, rest, or personal development. The International Labour Organization defines this threshold as time poverty “the condition in which unpaid obligations leave insufficient hours for economic participation, skills acquisition, or adequate rest” (ILO, 2018).

The burden is compounded when care responsibility is assigned not by capacity or choice but by gender. Across cultures and economies, social norms, patriarchal household structures, and cultural expectations designate women as the natural and primary providers of care for children, the elderly, the sick, and the household itself. The UN Women Beijing Platform for Action (1995) recognised this gendered assignment as a structural barrier to equality, and the CEDAW Committee has consistently held that the unequal distribution of unpaid care work between men and women constitutes a form of discrimination that states have an obligation to address.

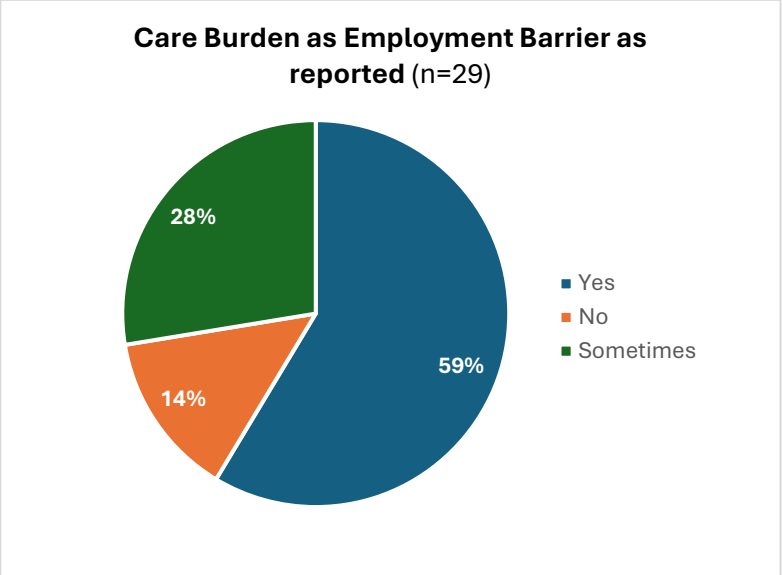
Thirty years later, the ILO's Resolution on Decent Work and the Care Economy (2024) reaffirms that care work becomes a burden specifically when it is unequally distributed by gender, unsupported by public infrastructure, and invisible in economic planning and labour policy.

Feminist economists Elson and Waring have long argued that the burden emerges not from care itself but from the absence of alternatives when a woman has no crèche to send her child to, no eldercare facility for her parent, and no employer who accommodates her responsibilities, her care load becomes the ceiling on everything else she does (Waring, 1988; Elson, 1999).

Care Burden as Employment Barrier

59% of respondents stated directly that care responsibilities had affected their ability to work, with a further 28% reporting that this was sometimes the case. Only 14% reported no

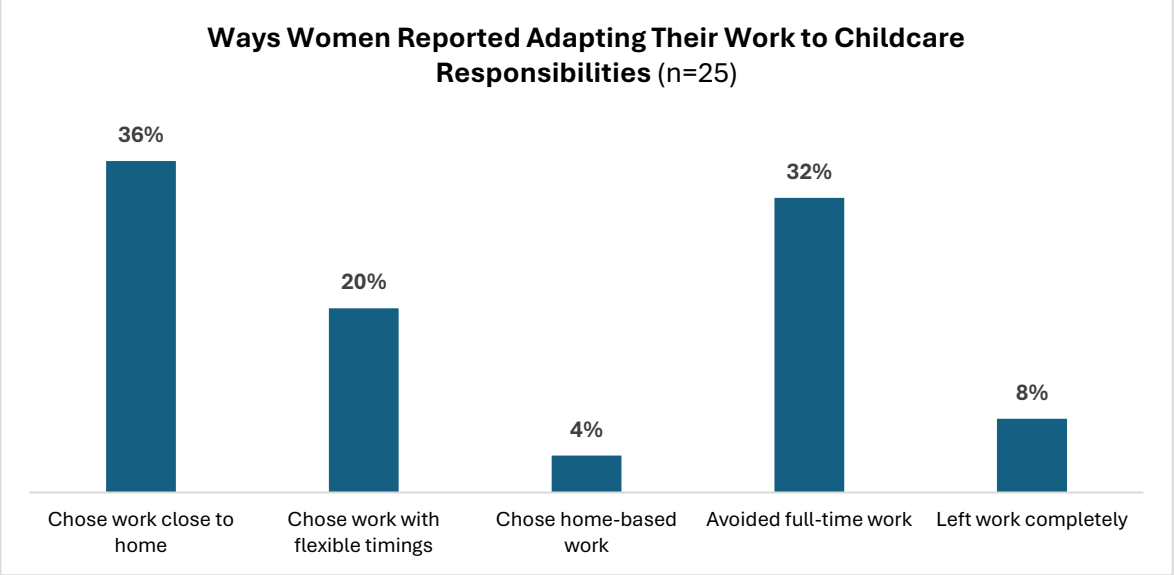
impact. Taken together, 85% of the sample acknowledge some degree of interference between their care obligations and their employment, establishing that care burden as a near-universal employment constraint within this population.



Among the 25 respondents who reported that childcare had affected their work, the most common response was choosing work close to home (36%), followed by avoiding full-time work (32%). 20% reported choosing work with flexible timings to manage childcare responsibilities, while 4% opted for home-based work. A smaller proportion (8%) reported leaving paid work altogether due to childcare responsibilities, the sharpest form of the employment penalty, where care obligations made continued participation in paid work untenable rather than merely inconvenient.

"I stopped working as a construction labourer after my second child was born because there was no one to look after the children. Earlier, I used to take my eldest child to the construction site, but it was unsafe and very difficult to manage. I want to return to work, but I need a full-day childcare facility where my children can receive proper care, nutritious food, and learning support while I earn for my family."

Babita Digal, Former Construction Worker



"I work in four to five houses every day. If my child is sick or the person who usually looks after them is unavailable, I have to miss work. The families I work for, expect me to come regularly, so missing work affects both my income and my commitment with employers."

Chandrakanti, Domestic Worker (Cleaning and Housekeeping)

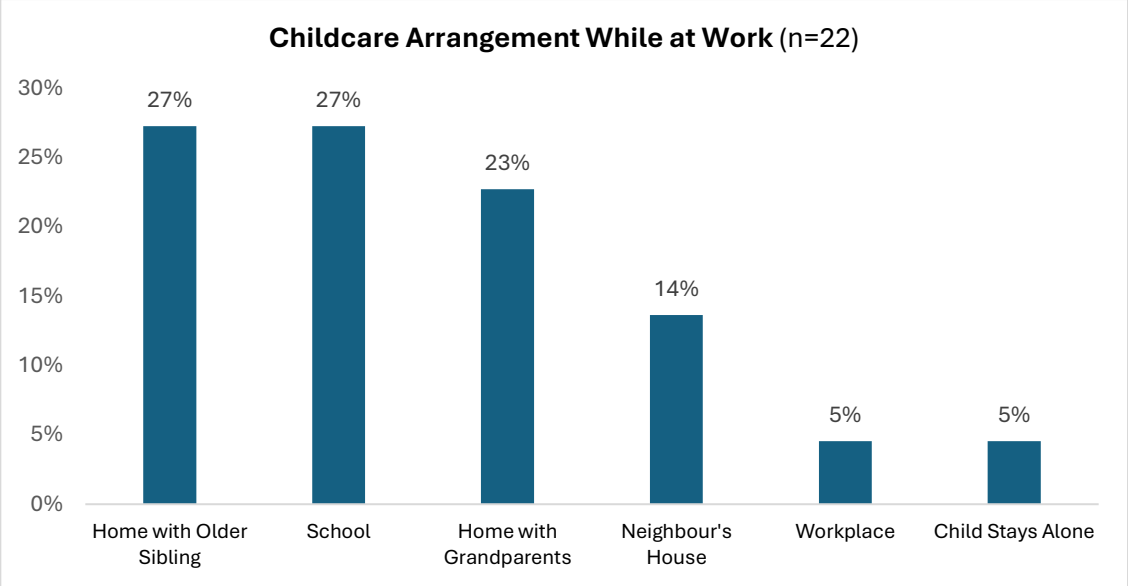
Across these responses, a consistent pattern emerges that the study's probing questions around care and workforce participation were designed to surface; women in this sample are not being kept from work by lack of skill, education, or opportunity. They are reorganising their entire workforce participation including where they work, when they work, how much they earn, and whether they work at all, around the absence of reliable, affordable, and proximate childcare.

Findings

- ***Childcare shapes women's participation in the labour force***. A majority of respondents reported that childcare responsibilities affected or sometimes affected their ability to work, influencing where they work, the type of work they undertake, and the number of hours they are able to work.
- ***Women adapt their employment rather than childcare***. Instead of exiting the workforce, most respondents modified their employment by choosing jobs closer to home, avoiding full-time work, or seeking flexible work arrangements to accommodate childcare responsibilities, as the choice of not working is not an option.

Current Childcare Arrangements: How Families Manage Care

In the absence of affordable and accessible formal childcare services, women rely predominantly on informal childcare arrangements to care for their children while they are at work. The most common arrangements include leaving children with older siblings (27%), at school (27%), or with grandparents (23%), followed by neighbours (14%). A small proportion of women reported bringing children to the workplace (5%) or leaving children alone at home (5%).



"My work starts early in the morning and again in the evening. Managing childcare between these work hours is difficult. I often turn down additional cooking work because I need to be at home to take care of my children."

Mamata, Cook

These arrangements reflect household and community-based coping mechanisms adopted in the absence of accessible and reliable childcare services. Rather than representing planned childcare choices, they illustrate the ways in which families redistribute caregiving responsibilities to manage women's participation in paid work.

Findings

- ***Informal care networks remain the primary source of childcare.*** In the absence of affordable and accessible formal childcare services, women rely predominantly on older siblings, grandparents, neighbours, and schools to manage childcare while they are at work.
- ***Existing childcare arrangements are largely coping mechanisms rather than planned care choices.*** Families redistribute caregiving responsibilities within the household and community to enable women's participation in paid work, highlighting the absence of reliable formal childcare support.

A street vendor selling fruits from a roadside cart in Ahmedabad, Gujarat

Reliability of Childcare Arrangements

The informal arrangements that constitute the entirety of childcare provision for this sample are, by the respondents' own assessment, neither consistently available nor universally perceived as safe. Only 28% of respondents reported that their current childcare arrangement was available whenever needed. Among the 25 respondents using childcare arrangements, 56% perceived their existing arrangement to be safe. However, 69% reported that their childcare arrangement had been unavailable at least once during the previous month, indicating frequent disruptions in childcare availability. These findings suggest that while families develop informal care arrangements to support women's employment, these arrangements are often inconsistent and cannot be relied upon on a regular basis.

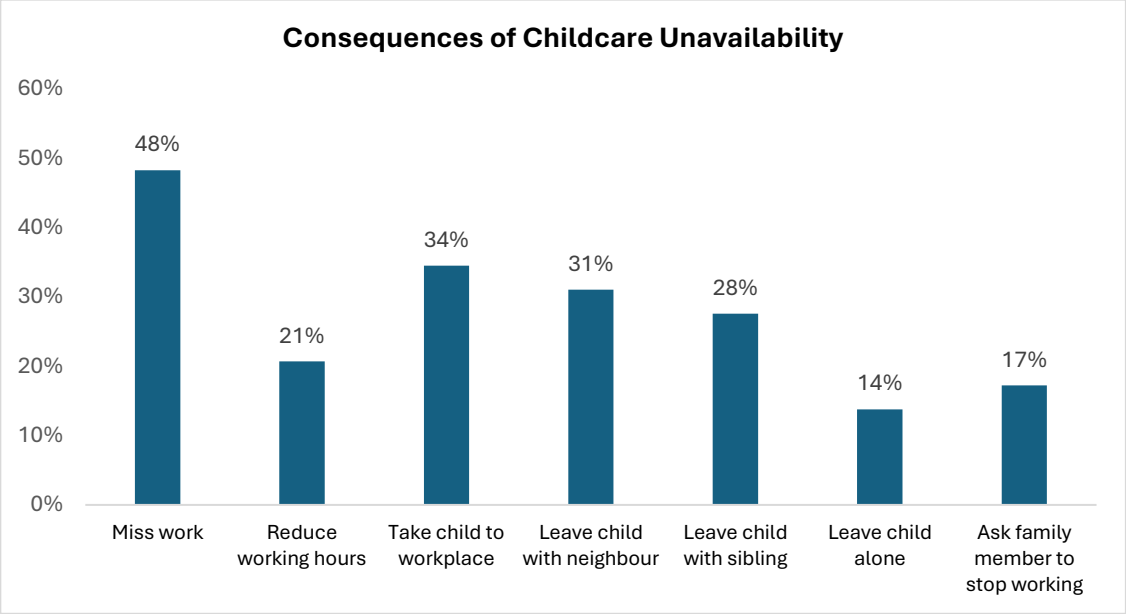
Findings

- ***Existing childcare arrangements lack reliability***. Only 28% of respondents reported having a childcare arrangement that was available whenever required, while nearly seven in ten experienced at least one instance of childcare unavailability in the previous month.
- ***Perceived safety does not necessarily translate into dependable care***. Although over half of the respondents considered their childcare arrangements to be safe, the high incidence of unavailability indicates that safety and reliability are distinct dimensions of childcare adequacy.

Consequences of Childcare Unavailability

When childcare arrangements break down, the consequences are absorbed directly through women's paid work and household coping strategies. Nearly half of the respondents (48%) reported missing work, 21% reduced their working hours, and 34% took their child to the workplace. Around 31% relied on a neighbour at short notice, 28% left the child with an older sibling, 17% asked another family member to stop working to fill the care gap, and 14% reported leaving their child alone. These responses illustrate that the absence of reliable

childcare often translates into immediate employment disruptions or the redistribution of care responsibilities within the household rather than the availability of formal alternatives.



The multiple-response nature of this question reflects the reality that women do not rely on a single fallback arrangement when childcare becomes unavailable. Instead, they draw upon a combination of strategies depending on what support is available on a given day.

"I work as a Swachh Karmi, and on regular school days I do not face many childcare problems because my child is in school. However, during school holidays or when my child falls ill, managing both work and childcare becomes difficult, and I often have to miss work. A childcare centre near my workplace or home that operates during holidays would help working mothers like me continue our jobs without interruption."

Kanti Pradhan, Swachh Karmi

Discussions with respondents revealed that women clearly understand the importance of quality childcare for their children's learning, development, and overall well-being. However, many described having little choice but to compromise on the quality of care because of financial necessity. For most respondents, participation in paid work was driven not by preference, but by the need to support household income. In the absence of affordable and reliable childcare services, childcare often became a compromise between ensuring household survival and providing the quality of care that women believed their children deserved.

Findings

- ***Childcare disruptions translate directly into employment and income disruptions.*** Nearly half of the respondents reported missing work when childcare arrangements failed, while others reduced their working hours or took their children to the workplace, indicating that childcare gaps have immediate consequences for women's ability to participate in paid work.

- **Women rely on multiple coping mechanisms rather than a single alternative.** When childcare is unavailable, respondents cycle through a range of informal arrangements including relying on neighbors, older siblings, other family members, or, in some cases, leaving children alone, demonstrating the absence of reliable and dependable childcare support.
- **Economic necessity forces women to compromise on the quality of childcare.** While respondents recognised the importance of quality childcare for children's learning and development, the absence of affordable formal childcare meant that many accepted less suitable care arrangements in order to remain in paid employment and support their households.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Public Care Infrastructure and Coverage

Anganwadi Centre Access and Usage

Physical access to Anganwadi Centres is not the primary constraint in this sample. 93% of respondents reported having an Anganwadi Centre within walking distance, with an average travel time of 9 minutes. The distribution confirms this proximity: 41% can reach their nearest Anganwadi in 5 minutes, 45% in 10 minutes, and 14% in 15 minutes. By any standard measure of service accessibility, the Anganwadi network is physically present within these settlements.

The constraint is functional, not geographic. When asked about challenges in using Anganwadi services, 47% of respondents reported that they were not using the centre because their children had aged out or the service was not relevant to their current household situation. 16% cited limited timings or duration as the barrier, indicating that the Anganwadi operating window does not align with their working hours. 11% raised quality or safety concerns, while another 11% reported other challenges. Only 16% reported no challenges at all.

"My worksite changes frequently, and there is usually no childcare facility available. Sometimes I bring my child to the site because I have no one to leave them with. I don't feel the environment is comfortable for my child, but I have no other choice and can't afford to miss my work for the day"

Rabibari Singh, Construction Worker

Taken together, the Anganwadi data tells a consistent story across the sample: the infrastructure is close, the doors are open, and many women are not using it because it does not meet the specific care needs they have. A centre that closes before the work shift begins, or that serves children who have already moved to school, is physically accessible but functionally unavailable.

Palna Crèche Access and Usage

The findings indicate an almost complete absence of Palna crèche services within the study sample. None of the respondents (0%) reported having a Palna crèche within walking distance of their residence or workplace, and no respondent reported that their child was currently attending a Palna crèche. The absence of accessible Palna services means that respondents have little or no opportunity to utilise this form of institutional childcare, despite the scheme's objective of supporting working mothers. This points to a significant gap in the availability of formal childcare services within the study areas.

"I work in multiple households every day, but I cannot take up full-time work because I have to balance my job with childcare. During the day, when there is no one to look after my child, I often have no option but to take my child along to my workplace."

Anita Ben, Domestic Worker (Housekeeping in multiple households)

Government Outreach on Childcare

Only 19% of respondents reported that their household had ever been contacted by a government body, municipality, or any organisation regarding childcare needs or available

childcare services. The remaining 81% had never received any such outreach. Given that 93% of respondents live within walking distance of an Anganwadi Centre, the limited level of demand-side outreach points to a gap in how existing childcare programmes are communicated and targeted at the community level. The infrastructure may be physically proximate, but the connection between available services and the women they are intended to serve remains limited.

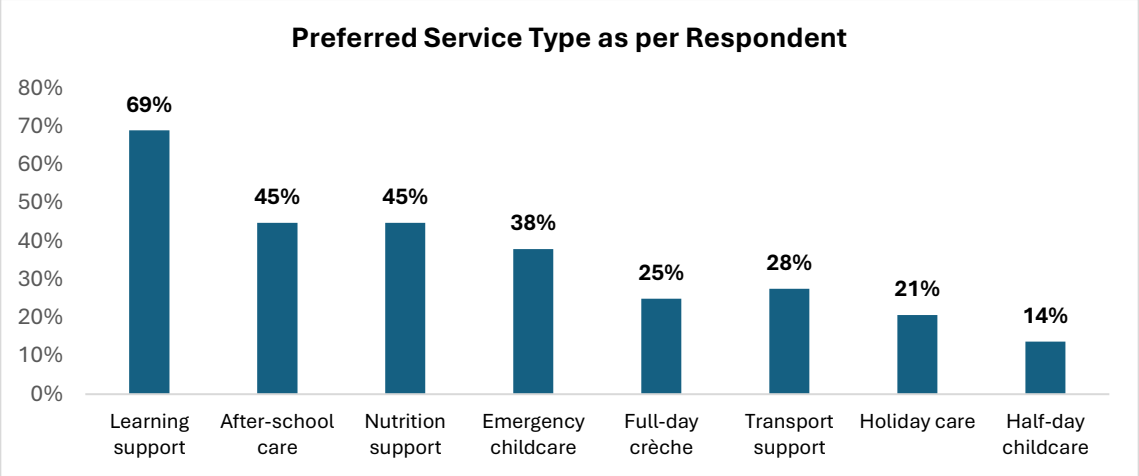
Findings

- ***There is a near-complete absence of accessible formal childcare and day-care services***. None of the respondents reported having access to a Palna crèche within walking distance or currently using one, leaving a significant gap in formal childcare provision.
- ***Existing public childcare infrastructure does not adequately support working women***. While Anganwadi Centres are physically accessible to most respondents, limitations related to age eligibility, operating hours, and limited government outreach reduce their effectiveness as childcare support for working mothers.

What Women Want in a Childcare or What an affordable childcare look like?

Respondents are not merely seeking access to childcare, but reliable, affordable, and accessible childcare services that are compatible with their working lives. Across the study, respondents consistently expressed a preference for childcare arrangements that are dependable, located close to their homes, available during their working hours, and affordable for low-income households. The following sections present women's preferences regarding the services, location, timing, affordability, and delivery models that would enable them to better balance paid work and caregiving responsibilities.

Learning support is the most frequently selected service type at 69%, followed by after-school care (45%), nutrition support (45%), and emergency childcare (38%). Transport support was selected by 28% of respondents, followed by full-day crèche (25%), holiday care (21%), and half-day childcare (14%).



The dominance of learning support and after-school care over full-day crèche reflects the age composition of children in the sample, with most children in the school-going age group rather than the 0–6 years age group. The gap in care is therefore concentrated in the hours after school ends rather than during the full working day. The demand for emergency childcare (38%) further reinforces the findings on childcare reliability, indicating that women require a dependable fallback option alongside routine childcare arrangements. Read together, these preferences describe a demand for flexible, multi-purpose childcare services that support children's learning and development while responding to the diverse care needs of working families, rather than a single-format facility operating fixed hours for a fixed age group.

Findings

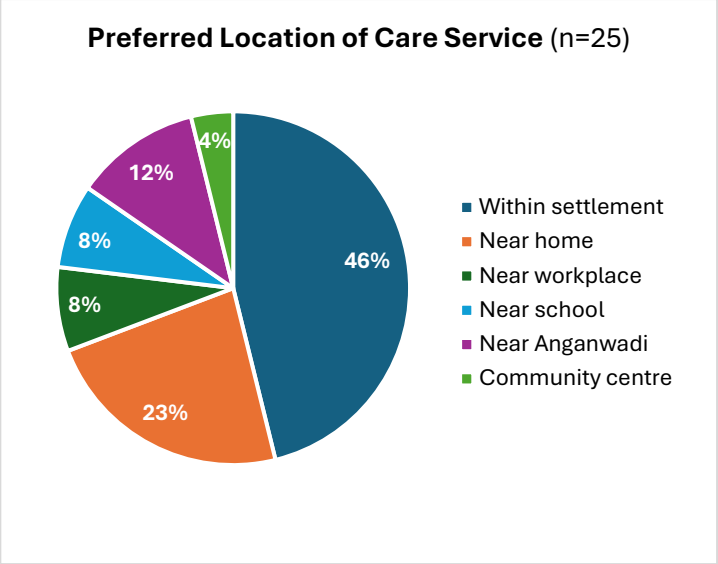
- ***Women seek childcare services that support children's development, not just supervision.*** Learning support, after-school care, and nutrition emerged as the most preferred services, indicating a strong demand for childcare that contributes to children's overall development.
- ***Women prefer flexible childcare services that respond to diverse care needs.*** The demand for after-school care, emergency childcare, transport support, and holiday care suggests that women require childcare services that align with their work schedules and accommodate both routine and unexpected caregiving needs.

Preferred Location

69% of respondents preferred childcare services to be located within their settlement or close to their home, with 46% specifically preferring services within their settlement and 23% near their home. A smaller proportion preferred childcare services near an Anganwadi Centre (12%), while 8% preferred services near their workplace and another 8% near their child's school. Only 4% preferred a community centre as the location for childcare services.

"I work as a housekeeper and part-time nanny, but childcare responsibilities still affect my own work. I cannot take up full-time employment because I need to be available for my family. During school holidays, I depend on my children's grandparents to help with childcare."

Shabana Malik, Domestic Worker and Part-time Nanny



Findings

- ***Women prefer neighbourhood-based childcare services***. Nearly seven in ten respondents preferred childcare facilities to be located within their settlement or close to their homes, highlighting the importance of proximity in accessing childcare.
- ***Childcare services are expected to be integrated into women's daily routines.*** Preferences for locations within settlements, near homes, schools, and Anganwadi Centres indicate that women value childcare facilities that are easily accessible within their existing activity spaces.

Preferred Timings

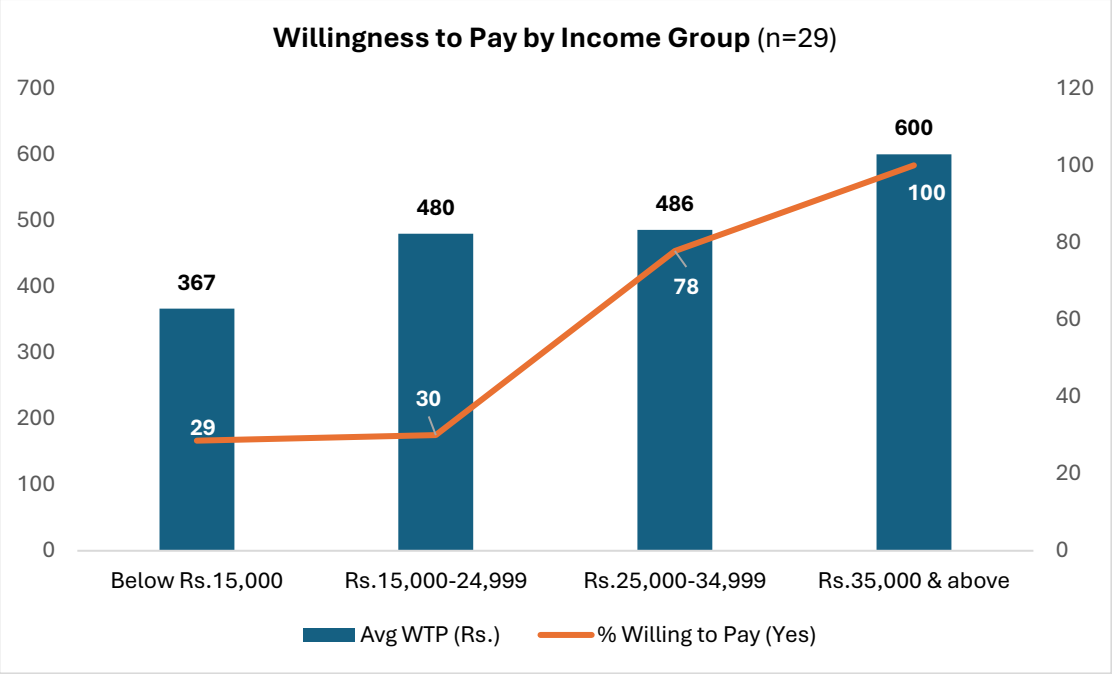
The earliest preferred opening time reported by respondents is 7:00 AM, while the latest preferred closing time is 8:00 PM. The most commonly requested operating window is 8:00 AM to 8:00 PM, while the average preferred operating hours extend from 10:00 AM to 6:00 PM. Compared with the effective operating hours of Anganwadi Centres (approximately 9:00 AM to 1:00 PM), respondents consistently expressed a preference for childcare services that remain available for substantially longer durations and better align with their working schedules. No existing public childcare facility in the study cities currently operates within the full range of timings preferred by respondents.

Affordability and Willingness to Pay

52% of respondents indicated that they were willing to pay for a childcare service, while 38% said they were not willing to pay and 10% were uncertain. Among those willing to pay, the average monthly willingness to pay was ₹483, while the median willingness to pay was ₹500 per month, indicating a relatively consistent range of affordability among respondents willing to contribute financially towards childcare services.

"The biggest concern for me is my daughters' safety. My youngest daughter is only eight years old and still needs supervision. Although my older daughters help care for her, I choose to work from home because I don't feel it is safe to leave my children alone."

Artiben, Home-based Piece-rate Worker



The willingness-to-pay data by income group shows a clear affordability gradient. Households earning below ₹15,000 per month reported an average willingness to pay of ₹367, with only 29% willing to pay for childcare services. Among households earning ₹15,000–24,999, the average willingness to pay increased to ₹480, although only 30% reported willingness to pay. In comparison, 78% of households earning ₹25,000–34,999 expressed willingness to pay, with an average amount of ₹486, while all respondents (100%) in households earning ₹35,000 and above were willing to pay an average of ₹600 per month. This indicate that household income is a key determinant of affordability, suggesting that any user-fee model for childcare services should consider household income while determining who should contribute towards service costs and the level of contribution required.

Findings

- ***Affordability varies significantly across income groups***. Willingness to pay increases sharply with household income, indicating that lower-income households are less able to contribute towards childcare services despite recognizing their value.
- ***Household income should guide childcare financing models***. The findings suggest that childcare fees should be linked to household income through differential pricing, subsidies, or other financing mechanisms to ensure that affordability does not become a barrier to accessing childcare services.

Preferred Operator for a Childcare Centre

Government-operated facilities are the most preferred delivery model, selected by 55% of respondents, followed by the Anganwadi system (45%) and SHG/Community Organisations (34%). A government-community partnership was preferred by 28% of respondents, while NGOs (10%) and private organisations (7%) were the least preferred options.

Two patterns stand out in this distribution. The preference for government involvement is strong and consistent. Government-operated centres, the Anganwadi system, and government-community partnerships together emerge as the most preferred institutional

arrangements for delivering childcare services. At the same time, the relatively high preference for SHG/Community Organisations (34%) suggests that respondents are also willing to accept community-led service delivery, provided it is supported by trusted public institutions. Private organisations remain the least preferred option at 7%, reflecting limited trust in market-based childcare provision among the study population.

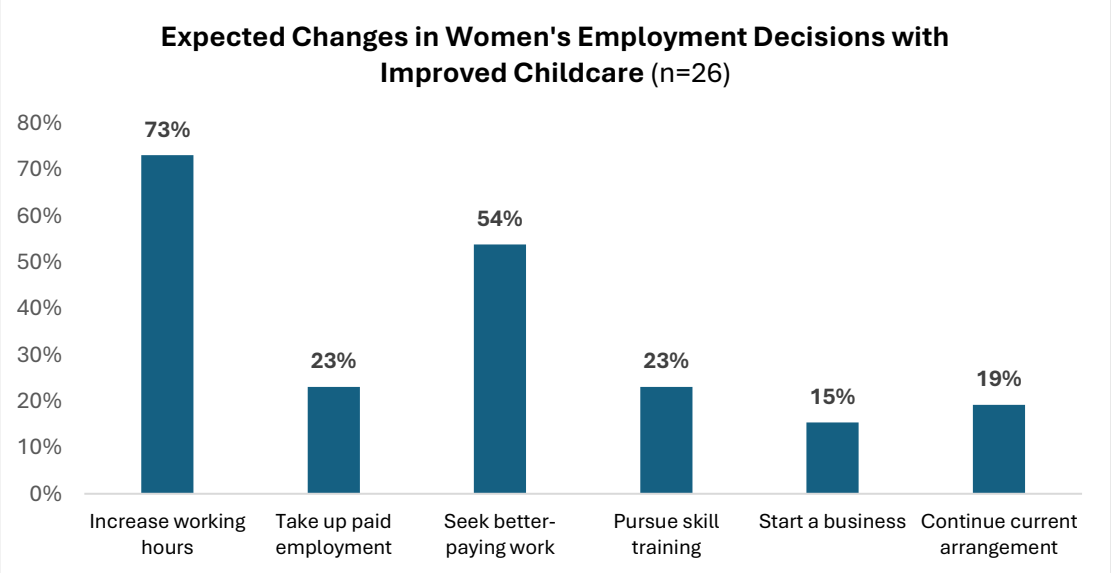
Findings

- ***Women place the highest trust in government-supported childcare services***. Government-operated centres and the Anganwadi system emerged as the most preferred institutional arrangements for childcare delivery.
- ***Community-based childcare is acceptable when supported by public institutions***. The preference for SHG/Community Organisations and government-community partnerships indicates support for community-led models backed by government oversight, while private providers remain the least preferred option.

Employment Potential: What Women Would Do If Care Were Available

When asked how reliable and affordable childcare services would influence their employment, 73% of currently employed women reported that they would increase their working hours, while 54% said they would seek better-paying work. A further 23% reported that they would take up paid employment or additional work, and an equal proportion (23%) expressed interest in pursuing skill training. 15% indicated that they would start a business, while 19% said they would continue with their current employment arrangement.

These responses suggest that the childcare burden affects not only women's participation in employment but also the quality and extent of their economic engagement. This indicates that women are currently underemployed despite being engaged in full-time work. Rather than choosing jobs based on earnings, skills, or career aspirations, they often select work that is compatible with childcare responsibilities by limiting working hours, staying close to home, or avoiding employment opportunities that require longer hours or travel. Reliable childcare therefore has the potential to improve not only labour force participation but also the quality, productivity, and earnings associated with women's existing employment.



Among women who were not currently in paid employment, 67% reported that they would take up paid employment if reliable and affordable childcare services were available, while the remaining 33% stated that they would seek better-paying work.

Although the number of unemployed respondents is small, the findings indicate that childcare remains an important barrier to labour force entry. Discussions with respondents revealed that several women viewed employment as feasible only if dependable childcare arrangements were available, suggesting that access to childcare could enable women who are currently outside the workforce to participate in paid employment.

Findings

- ***Reliable childcare has the potential to improve both labour force participation and employment quality.*** While unemployed women reported that they would enter paid employment, employed women indicated that they would work longer hours, seek better-paying jobs, pursue skill development, or start businesses if childcare constraints were reduced.
- ***Women are currently underemployed because of childcare responsibilities.*** Qualitative discussions suggest that many women organise their employment around caregiving responsibilities rather than their skills or earning potential, indicating that the childcare burden limits both the quantity and quality of women's economic participation.

The findings present a consistent picture of the urban childcare landscape. Childcare remains a predominantly female responsibility, requiring women to devote substantial time to unpaid care alongside paid work. In the absence of reliable and affordable childcare services, women rely almost entirely on informal and often unreliable arrangements that shape where they work, how long they work, and the employment opportunities they are able to pursue. While public care infrastructure, particularly the Anganwadi network, is physically present, it is not designed to meet the childcare needs of working women in terms of age coverage, operating hours, service design, or accessibility.

At the same time, respondents articulated a clear vision of what a functional childcare system should provide: reliable, neighbourhood-based services with extended operating hours, support for children's learning and development, affordable user fees, and trusted public delivery models. Together, these findings demonstrate that strengthening childcare is not simply a welfare intervention but an essential investment in women's economic participation, children's development, and the creation of an inclusive urban care ecosystem.

A domestic worker performing routine household tasks at her employer's home.

3. Policy Recommendations

Reimagining Childcare as Urban Social Infrastructure

The findings of this study demonstrate that childcare is not merely a welfare service but an essential component of urban social infrastructure that enables women's participation in the labour market.

Given the diversity of employment patterns, income levels, settlement characteristics, and existing public infrastructure across cities, a uniform national childcare model is unlikely to address local needs effectively. While the Central Government should establish minimum service standards, financing mechanisms, and broad policy guidelines, State Governments and Urban Local Bodies should be empowered through greater fiscal transfers and operational flexibility to design context-specific childcare ecosystems that respond to local labour markets and community needs.

The recommendations advance a systems approach to childcare by recognising it as essential social infrastructure and strengthening its planning, financing, governance, monitoring, and service delivery.

1. Expand the Childcare Policy Framework Beyond Early Childhood

Current public childcare programmes primarily focus on children aged 0–6 years. However, the study demonstrates that childcare responsibilities extend well beyond early childhood, with women continuing to provide care throughout children's school-going years and later assuming caregiving responsibilities for grandchildren.
Future childcare policies should therefore adopt a life-cycle approach by expanding childcare support up to 18 years of age, with differentiated services for preschool children, school-going children, and adolescents.

2. Establish Extended-Hour Urban Daycare Centres

The study finds a significant mismatch between existing public childcare timings and women's working hours. Women working in sanitation, domestic work, and other informal occupations typically begin work early in the morning and return late in the evening, while existing public childcare services operate for only a few hours during the day.
Urban childcare centres should therefore provide 12-hour operational coverage, with services available from approximately 8:00 AM to 8:00 PM, allowing women to use the service according to their individual work schedules rather than requiring continuous attendance.

3. Develop Comprehensive Child Development Centres with a Professional Care Workforce

Women consistently expressed that childcare services should contribute to children's learning, nutrition, and overall development rather than merely providing safe supervision. Future childcare centres should therefore integrate:

- Early childhood education
- After-school learning support
- Homework assistance
- Nutritional support
- Recreational and developmental activities
- Emergency childcare services
- Age-appropriate psychosocial development

Expanding such comprehensive childcare services will require a trained and professional care workforce. Governments should establish structured training, certification, and accreditation systems for childcare workers covering:

- Child development
- Nutrition
- Early learning
- Child protection
- First aid
- Inclusive care for children with disabilities
- Parent engagement

This would shift childcare from being a basic service to an investment in children's long-term development while improving service quality and simultaneously creating new dignified employment opportunities for women. Creating skilled care workforce will enable the care supply to expand with affordability.

4. Build an Integrated Urban Care Ecosystem with schools for elder children to provide after school care.

Childcare services should not function as isolated facilities but as part of a broader urban care ecosystem.
Cities should establish institutional linkages between:

- Daycare centres
- Anganwadi Centres
- Schools
- Public health facilities
- Emergency response systems
- Safe transport services

For example, mechanisms should exist for transporting children safely from schools to daycare centres when parents are still at work, enabling continuity of care throughout the day.

5. Promote Community-Based Childcare Models

The study indicates a high level of trust in government-supported community models.
State Governments should explore **Self Help Group (SHG)-led childcare centres** operating under government supervision, combining community ownership with institutional accountability.
Such models can:

- reduce operating costs,
- generate local employment,
- improve community ownership,
- increase trust,
- improve service accessibility within settlements.

6. Establish Quality Assurance and Regulatory Mechanisms

Expanding childcare infrastructure without quality assurance risks compromising child safety and development.
Governments should establish:

- minimum infrastructure standards,
- staffing norms,
- caregiver-child ratios,
- service quality indicators,
- regular inspections,
- grievance redressal systems,
- periodic monitoring and independent evaluations.

Quality assurance should become an integral component of childcare governance rather than an afterthought.

7. Introduce Income-Responsive Financing Mechanisms

The study shows that willingness to pay varies significantly by household income, indicating that affordability remains a major determinant of service uptake.
Childcare financing should therefore adopt an **income-responsive approach**, including:

- free childcare for the poorest households,
- subsidised fees for low-income families,
- graduated user charges for middle-income households,
- cross-subsidisation where feasible.

Such an approach would improve financial sustainability while ensuring that cost does not become a barrier to access.

8. Position Childcare as an Employment Enabling Service

The study consistently demonstrates that childcare influences not only whether women participate in paid work but also where they work, how long they work, what occupations they choose, and how much they earn.
Accordingly, childcare should be formally recognised within urban livelihood and employment programmes as employment-enabling infrastructure. Greater convergence

between childcare services and programmes such as urban livelihoods missions, labour welfare initiatives, and municipal service delivery systems would strengthen women's economic participation while improving household wellbeing.

9. Establishing Sustainable Financing Models

Although many women expressed willingness to contribute financially towards reliable childcare, the study demonstrates that affordability varies significantly across income groups. Financing mechanisms should therefore balance financial sustainability with equitable access.

Policy actions

- Introduce income-linked user charges (e.g., BPL, Antyodaya, Priority Household, and Non-Priority ration card categories).
- Provide full subsidies for low-income households.
- Adopt sliding-scale payment mechanisms.
- Leverage welfare schemes and employer contributions where feasible.

10. Viability Gap Funding (VGF) Framework for Urban Care Centers

Affordable childcare services constitute a public-good with significant social and economic benefits. While urban care centers generate direct benefits for enrolled children and their families, they also create broader public value by increasing women's labor force participation, reducing unpaid care work, improving early childhood development outcomes, and supporting to urban economic growth.

However, these benefits cannot be fully monetized through user fees alone. The study found that women from economically weaker households are willing to pay only ₹300-₹600 per month for childcare services, whereas the actual cost of providing quality childcare including trained caregivers, nutrition, learning materials, utilities, and maintenance is substantially higher.

Consequently, relying solely on user fees would either compromise service quality or make childcare unaffordable for the intended beneficiaries. A structured Viability Gap Funding (VGF) mechanism is therefore essential to bridge the difference between operational expenditure and affordable user contributions while ensuring long-term financial sustainability.

Proposed Operational Model

Proposed Operational Characteristics of the Standard Urban Care Centre.

Sr No	Parameter	Proposed Standard
1	Capacity	30 Children
2	Age Group	1-18 Years
3	Operating Hours	12 hours
4	Capital Cost	Excluded
5	Focus	Annual O&M Cost

Human Resource Structure

Based on the KALIKA operational framework (SOP) of the Government of Odisha and adjusted for a 30-child, 12-hour centre:

Proposed Human Resource and Annual Salary Cost for a Standard Urban Care Centre.

Sr No	Position	Unit	Quantity	Rate	Monthly Amount	Annual Amount
1	Centre Supervisor (Government staff)	Existing Staff				
2	Assistant Teachers	Month	2	25,000	50,000	6,00,000
3	Kalika Co-Coordinator	Month	2	5,000	10,000	120,000
4	Kalika Sahayika	Month	10	3,500	35,000	420,000
5	Cleaner	Month	1	5,000	5,000	60,000
	Total HR				1,00,000	**12,00,000**

** The Supervisor is assumed to be deputed from the Government, consistent with the KALIKA SOP.*

Estimated Annual Operating Cost for One Urban Care Centre

Annual O&M Cost for a Standard Urban Care Centre

Sr.No	Cost Component	Basis of Estimation	Monthly	Annual Cost
1	Electricity	*Estimated consumption of lights, fans, refrigerator, microwave, CCTV, water purifier (700–800 kWh/month)*	7,000	84,000
2	Nutrition	*30 children × ₹150/child/day*	4500	54,000
3	Cleaning Supplies	*Detergents, disinfectants and cleaning materials*	1,000	12,000
4	Hygiene Consumables	*Soap, antiseptic, diapers, tissues, wet wipes*	5,000	60,000
5	Learning & Activity Materials	*Chart paper, crayons, colours, stationery, craft material*	1,000	12,000
6	Rent	*As per the City*	25,000	3,00,000
7	Repairs & Maintenance	*Minor civil works, furniture, electrical repairs, replacement of learning materials*	4,000	48,000
	Total Operating Cost			**5,70,000**
	Grand Total	**(HR+ Operating Cost)**		**17,70,000**

Note. The above costs are indicative estimates prepared for financial planning of a standard 30-child Urban Care Centre operating for 12 hours per day. Capital expenditure, land, building construction, rent, water charges, insurance, and administrative costs have been excluded. Staffing is adapted from the KALIKA Standard Operating Procedure, while salary levels have been revised to reflect a realistic remuneration framework for policy analysis. Electricity

estimates are based on prevailing Odisha electricity tariffs, and nutrition costs are derived from government nutrition programmer benchmarks. Consumables and activity materials are based on the indicative monthly procurement list provided in the KALIKA SOP.

Care Service Plans

The proposed fee structure is designed to balance household affordability with partial cost recovery. The user charges have been aligned with the willingness-to-pay findings from the household survey and range from ₹300 to ₹600 per month depending on the duration of care required. Since these fees recover only a small proportion of the actual operating expenditure, the remaining cost is proposed to be financed through Viability Gap Funding.

Proposed Care Service Plans and User Fee Structure for Urban Care Centers

Sr No	Care Service Plans	Duration	Monthly Fees (WTP)
1	Basic Care	4 hours	300
2	Extended Care	8 hours	500
3	Full Day Care	12 hours	800

Viability Gap Funding

Time Period	Actual Cost Per Student	User Contribution (Rs.800/Month)	Government Support Required (VGF)
Yearly	59,000	9,600	**49,400**
Monthly	4,917	800	**4,117**

Note. The actual monthly cost per student is derived by dividing the estimated annual operating cost (₹17.70 lakh) by the center capacity of 30 children over a 12-month period. User fees are indicative and aligned with the willingness-to-pay (WTP) assessment conducted under this study. The remaining cost is proposed to be financed through Viability Gap Funding (VGF).

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Head Office:
A202, GCP Business Centre,
Opp. Navrangpura Fire Station,
Navrangpura, Ahmedabad-380009