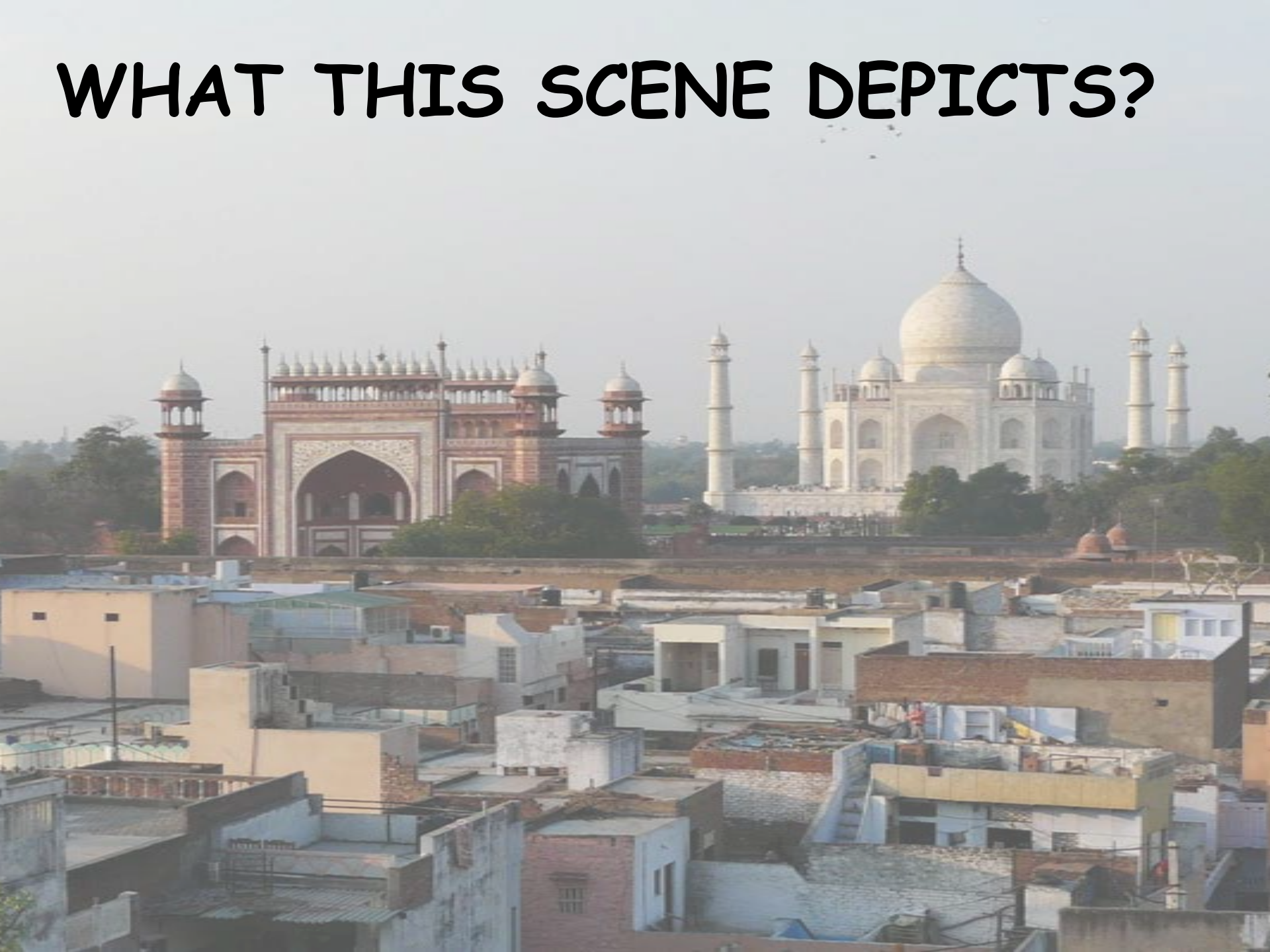
WHAT THIS SCENE DEPICTS?



Extent of Access To Services, Entitlements And Social Benefits by The Families Living In Urban Slums Of Agra, India and factors contributing to these situations

(Under UHRC, New Delhi)

By
Kriti Vishnoi
1329
PGDHM 17th

Presentation Outline

- Background
- Experiences with community organization at Agra.
- Need for Research
- Objectives
- Material and Methods
- Findings and Discussion
- Conclusion


WHY
ARE WE
TALKING
ABOUT
THIS?

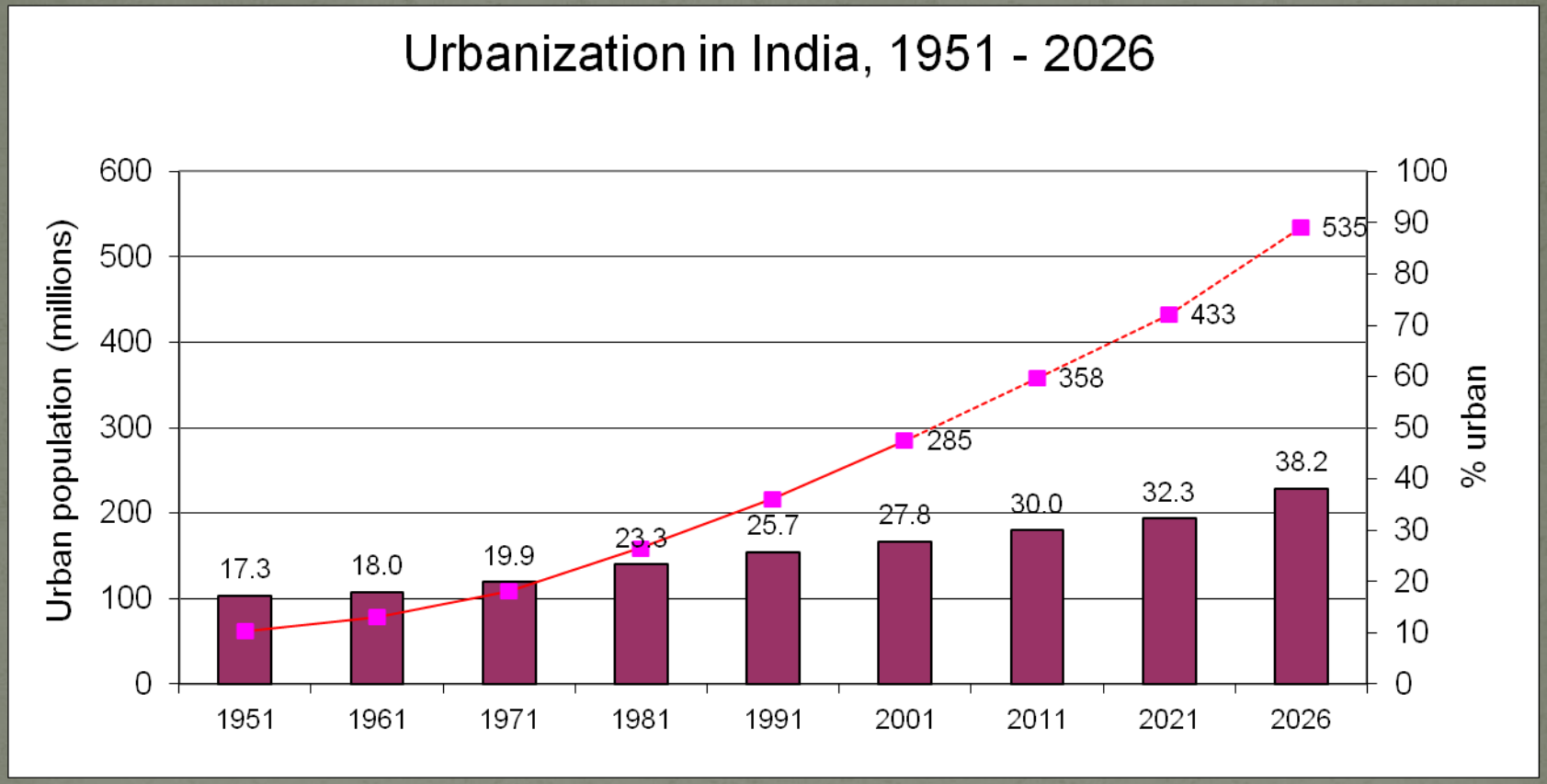
Section I- BACKGROUD

Urbanization, Growing Urban Poverty

Our India is Urbanizing

Another Face of an Urbanizing India- *Slums*

Urban Population Growth in India



- During the 20th century, urban population multiplied more than 10 times.
- Urban population projected to reach 535 million by 2026 (first quarter of 21st century).

Rapidly Growing Urban Poverty in India

2 – 3 – 4 - 5

All India Urban areas Large cities Slums

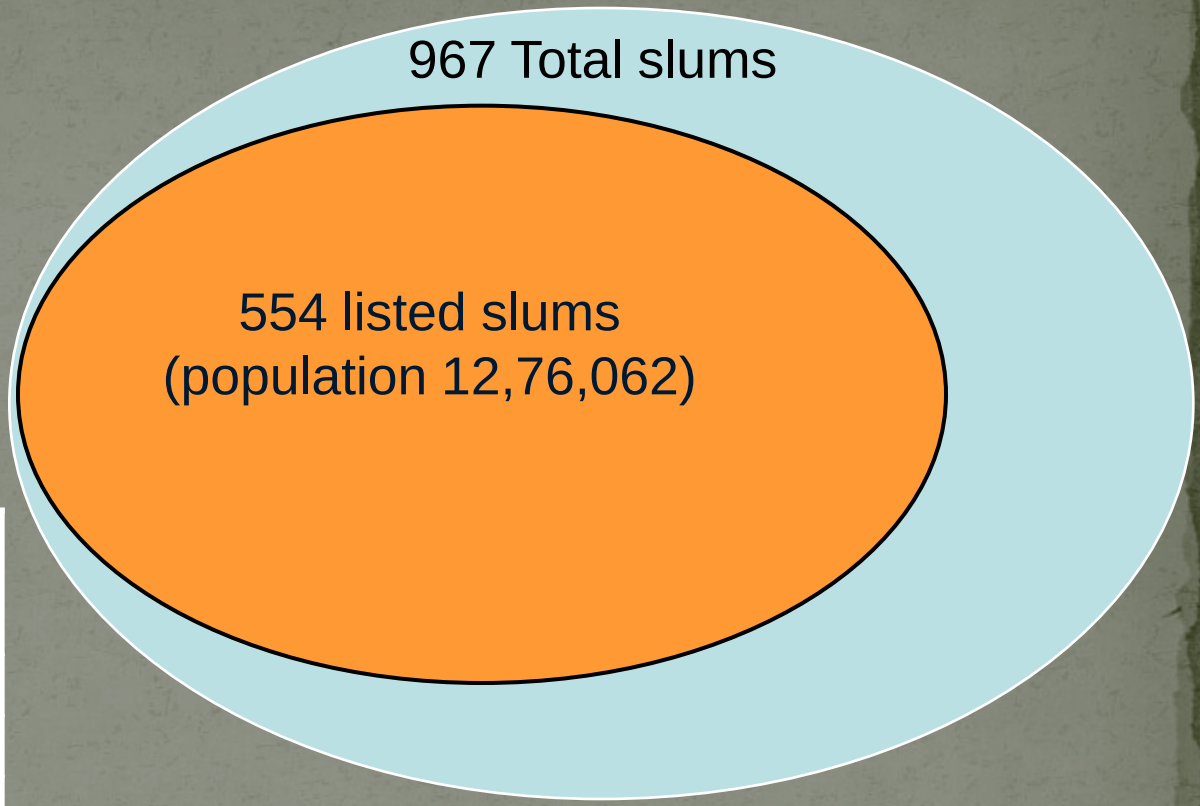
- Urban population - 336 million[1].
- India is expected to be more than 40% (550 million) urban by 2026[2].
- Urban poor estimated at 80.74 -100 million; projected to increase to 202 million by 2020[4].
- 12.6 million children under-5 among urban poor (based on 100 million population)[5].
- Estimated annual births among urban poor: 2.7 million[6].

1-Projections for 2010 by Technical Group on Population Projections
2-Census, 2001 population, Projections, 2001-26
3-Poverty Estimates 2004-2005 and 1999-2000
4-Planning Commission, Poverty Estimates for 2004-05 and National Population Policy, 2000; State of World's Cities, 2006/07
5- Calculated based on UNICEF-Demography-2007 data
6-Based on CBR 27.5 for urban poor population and 100 million urban poor population

Slum- Definition

- **Slum:** Any compact housing cluster or settlement of at least 20 households with a collection of poorly built tenements which are, mostly temporary in nature with inadequate sanitary, drinking water facilities and unhygienic conditions will be termed as slums.

A significant proportion of slums are unlisted



City	No. of Listed Slums	No. of Un-Listed Slums
Agra	215	178
Dehradun	78	28
Bally	75	45
Jamshedpur	84	77
Meerut	102	85
Total	554	413
Total population	1276062	727332

According to Govt. of India -NSSO 65th Round (2008-09) 49 % slums are non-notified in India

About the Study

- Urban Health Resource Centre (UHRC) is a NGO which works towards
  - The health and nutrition concerns,
  - socio-economic empowerment,
  - improving quality of life by improving physical environment,
  - wellbeing and building empowered social organizations among disadvantaged urban populations living in underserved slum settlements in cities like Agra and Indore (India)

  with special focus on women and children of the slums.
- Now, UHRC has aligned its activities and Programs towards addressing
  - Broader community needs i.e. focusing on multi-dimensional, overall social development, including issues that affect health and well-being more broadly and focusing more on sustaining community organisations and
  - further strengthening of **federations** by facilitating their linkage with civic authorities through motivation and training.

Section-2

Experiences with community organizations in slums –Agra, India

Federations of Women's Groups, Agra

Federation or Congress of slum women's groups gives stronger voice and greater negotiation power

Network of slum-based community groups in Agra

1 Project coordinator
2 Field coordinators

Training, Monitoring, Supervision & problem solving

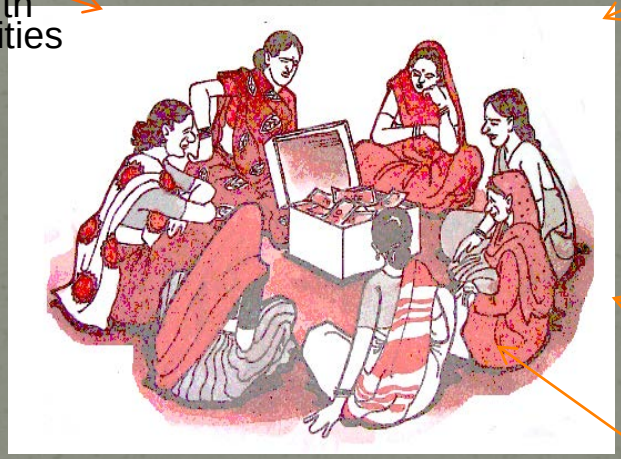
UHRC Agra

Linkage with Civic Authorities

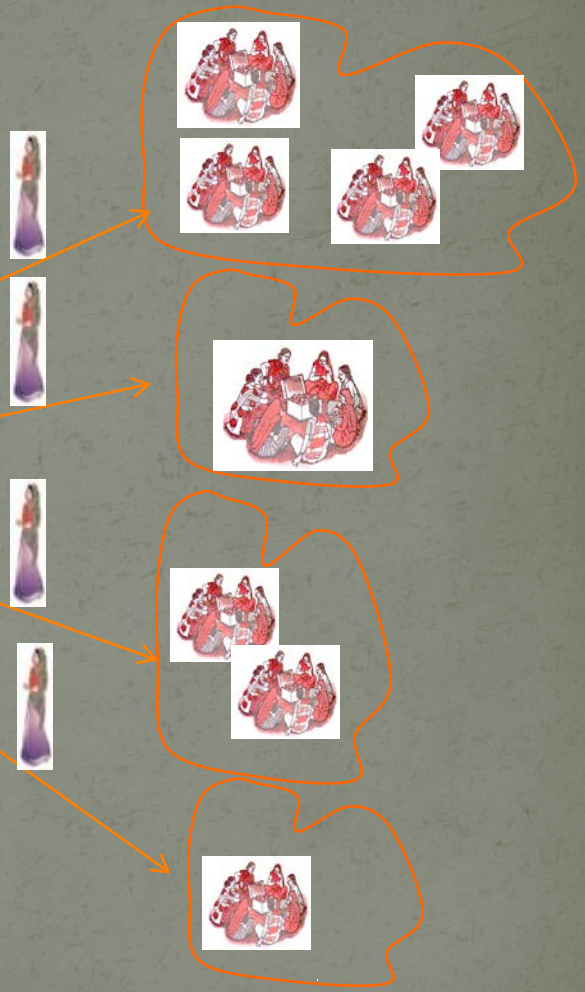
Grant to Federation

Programme Monitoring

UHRC Delhi

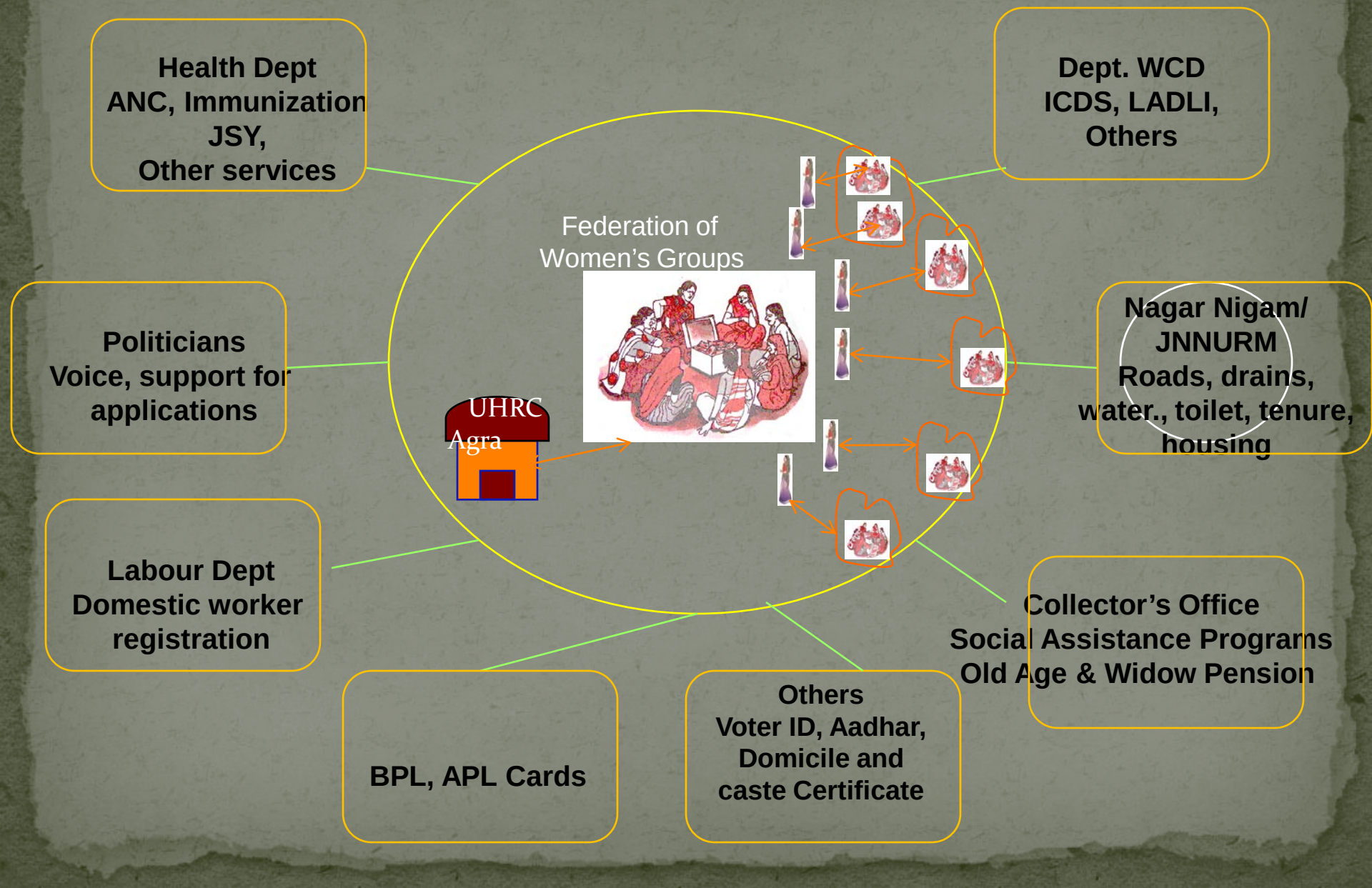


- Four federations
- 7-37 members/ federation
- 1 member from each Group form federation.



- 42 women groups in a large slum cluster
- 10-14 members per group
- 30 to 70,000 slum population per federation

Multi-Dimensional Efforts



Section 3

Need For Research

- This study is done for understanding and evaluating the programme areas based on the conditions of women group member's families when compared with the Non-Members families of the programme slum and with families of the non-programme slums.

- But later it was realized that one also needs to understand about the various factors which are contributing to any differential access to services and various entitlements.

- These findings can inform UHRC's programme as well as any other agencies which replicate the programme in urban slums of India.

Section 4

Objectives

- **Main Objective:** To study the extent of access to services, entitlements and benefits between a) families of Members of Women's groups of the Programme Slum; b) Families of Non-group members of the programme slum and c) families of the non-programme slum and to understand the factors contributing to these differential situations.

- **Specific Objectives:**
  - To find out the difference between the living condition at household level like toilets, Individual waters supply, electricity, garbage disposal,
  - To compare the physical environment conditions like Roads, water supply, sewage, cleaning of clogged drains, Anganwadi centers and community toilets.
  - To find out the access to picture ID and Proof of Address of both the slums.
  - To compare the access to social benefit schemes and Entitlements like Kanya Vidhya Yojna (Girl child education incentive scheme), widow pension scheme, old age pension scheme, ration card (Food Subsidy card), Domicile certificate and Income certificate.
  - To determine the Access to fair credit without risk of being exploited like by taking loans from money lenders at high rate of interest.

Section 5

Material and Methods

Study design and Site

- Cross-sectional study
- Conducted in 7 slums in Agra city in the state of Uttar Pradesh, India
- Three sample domains:-
  - a) Members of UHRC mentored women's groups;
  - b) Non-members residing in the programme slum;
  - c) Residents of Non-programme slum are being studied and compared.

Sampling

Total sample of 310 participants is selected and stratified by the random sampling into three categories for the comparison.

Name of Slum	Type of Slum	NO. of Participants	Type of Sample
➢ Prakash Nagar ➢ Gadi Hussani ➢ Nagla Khushali ➢ Ramnagar ➢ Kacchpura	Programme Slum	**130**	Women's group members
➢ Prakash Nagar ➢ Nagla Khushali ➢ Ramnagar ➢ Kacchpura	Programme Slum	**114**	Non-members of Women's groups, but not the near by neighbors or relatives of women's groups
➢ Lal Diggi ➢ Nasbandi Nagar	Non- Programme Slum	**66**	Randomly selected
Total- 7		**310**	

Data collection Method

- **Primary data collection**:

  Observation, discussion and interviews with key informant like Women's groups' members and Non-members of Women's groups of the intervention slums and women of the non intervention slums, UHRC facilitators, peer educators and outreach workers through **Survey Schedules** (Performa containing a set of questions) asked by the enumerators to the respondents and put the questions verbally from the Performa in the order questions are listed and to record the replies.

Indicators covered in Survey Schedules

- Using an interview schedule, the some aspects which were enquired from the woman of each family in Hindi were

  a) **Household level Information** including type of house, information about the water supply, toilet facility and electricity connection and place of garbage disposal;

  b) **Educational Attainment** including educational level of mother, educational status of children and case of drop outs;

  c) **Picture ID, Proof of Address**, social benefit schemes and entitlements like Aadhaar card, Voter ID, ration, Kanya Vidhya Yojna (Girl child education incentive scheme), widow pension scheme, old age pension scheme;

  d) **Savings and Loaning-** place of saving money, and place to borrow money;

  e) **Assess to Health** including place for health checkups and pregnancy characteristics, including the mother availed the antenatal services while pregnant: outreach sessions/camps conducted by trained paramedic (ANM or medical professional) or during ANC visit to health facility; Place of delivery and any government scheme taken during pregnancy; f) Child Immunization including age of child g) Family Planning and Contraception methods.

- **Focused Group discussions:-**

  For understanding the situation of Roads/pathways, water supply, cleaning of drains, Anganwadi (description), electricity, sewage. A) **5 group** discussion with the members of the women's groups of the intervention slum having 10-13 members in each discussion, B) 5 group discussion with non-group members of the intervention slum having 9-10 members in each FGD and C) 5 group discussion with the people of the non-intervention slum having 8 members in each group discussion.

- Discussion with UHRC teams of Agra and participation in UHRC team review meetings with four Federations (Parivartan, Vishal, Bharteeya and Chetna) in Agra of women's groups.

Section 6

Data Compilation and Analysis

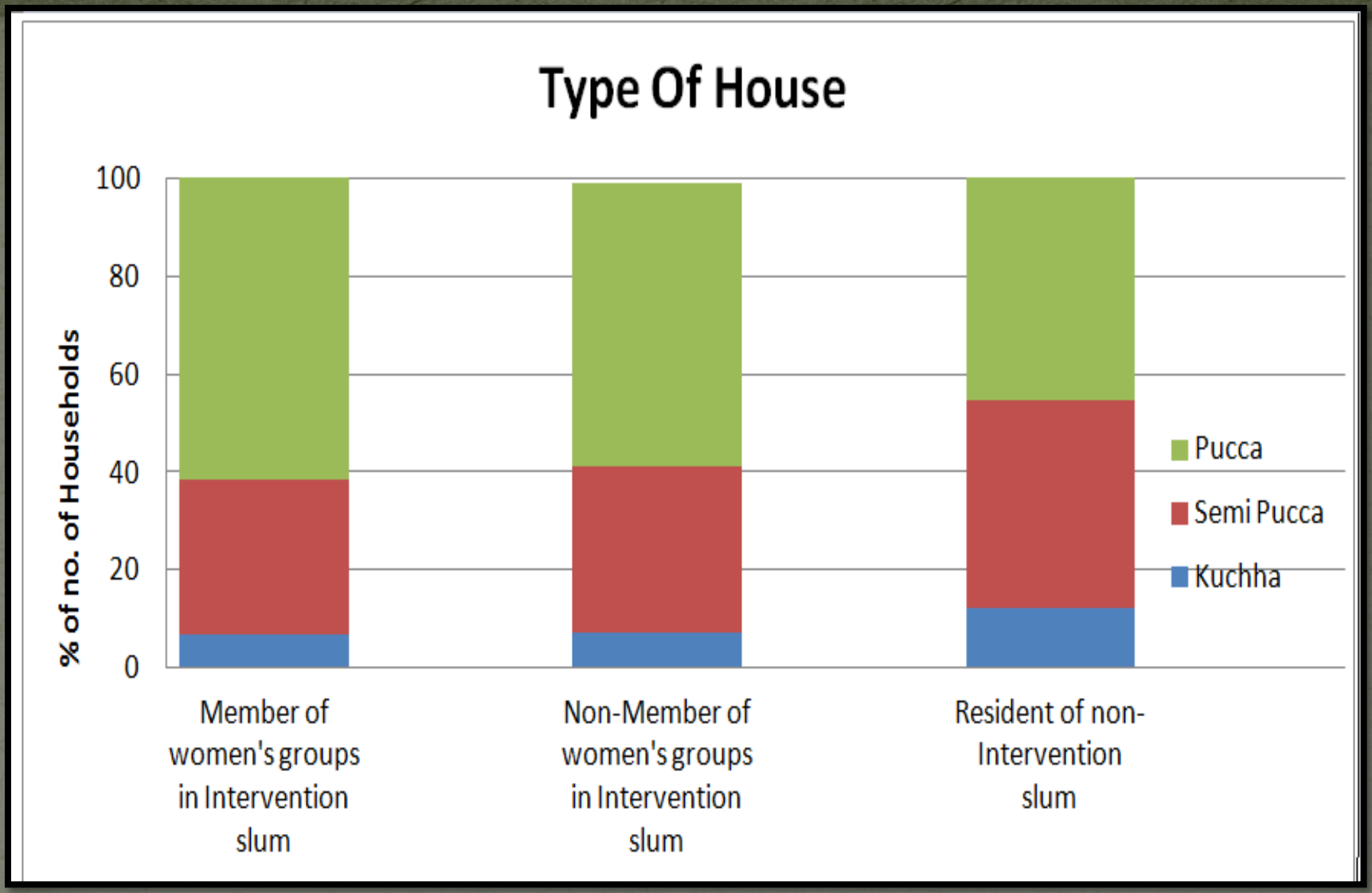
- Collected data were consolidated in Software name as Statistical Package for the Social Sciences (SPSS).
- Data Analysis was also done by SPSS for the quantitative data by using cross tabulation.
- The data collected by the audio recordings and the notes during the group discussion was analyzed manually.
- The ideas, opinions and attitudes that emerged were noted related to the objectives. Comparison and critical analysis of the ideas led to the findings and interpretations.

Section 7

Findings and Discussion

Part A

Slum Status



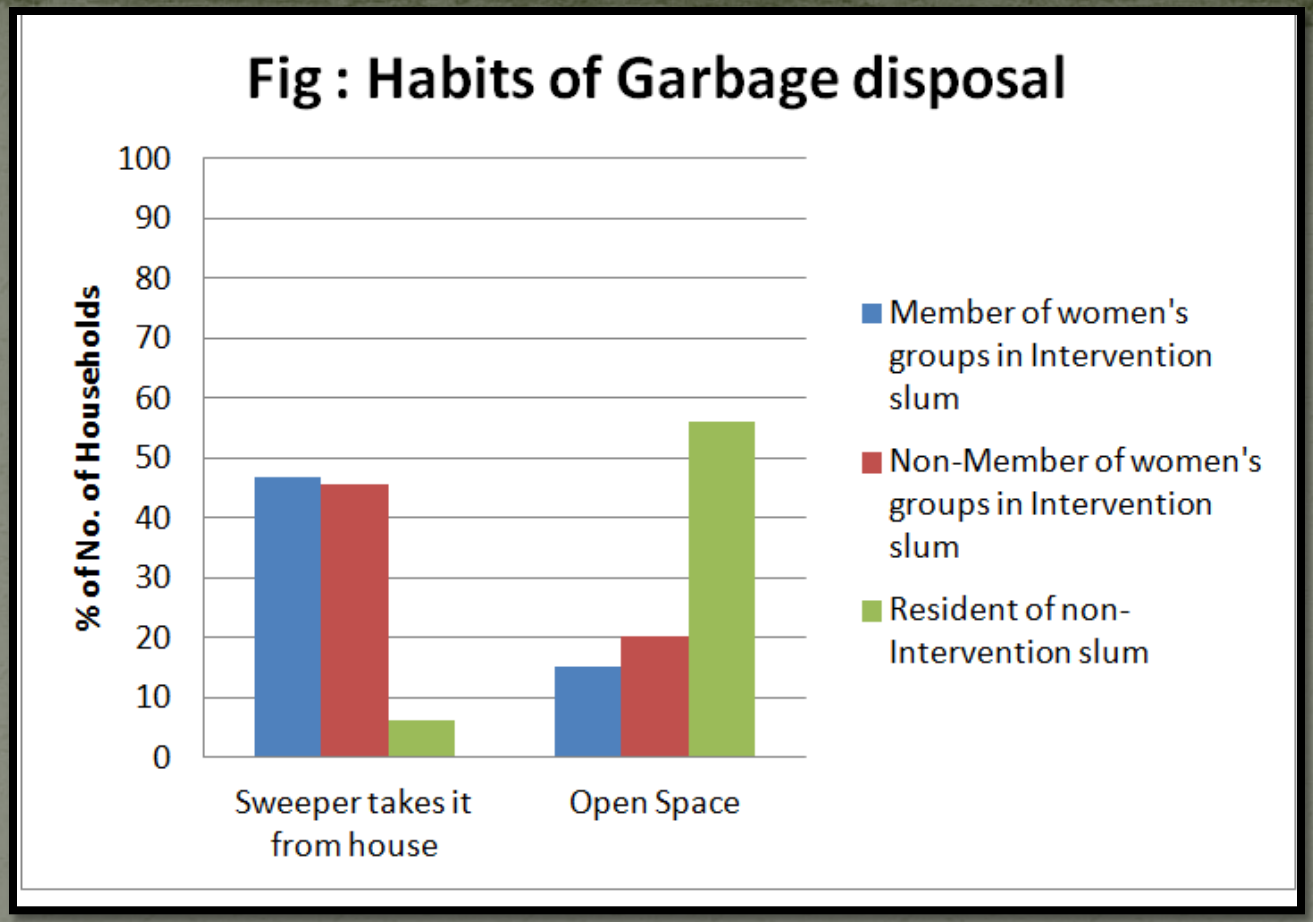
The **official status** of the slum is a crucial yet not very acknowledged factor determining the health and overall living of standard of the slum dwellers . A significant number of slums in any city remain unlisted and vulnerable to demolition .

Part B

Location of the Slum and Housing

- Slums with inadequate housing are more likely to have worse health indicators. Improper housing in terms of lack of ventilation, overcrowding, lack of cleanliness, dampness leads to faster spread of many communicable diseases like measles and TB.
- **Garbage Disposal** is the main problem in the Slums as improper practices led to clogging of drains and as a result become breeding sites for many infections in slums.

Comparison showing the situation of Drains in Programme and non-programme slum



Factors:-The families of the programme slum were encouraged and motivated by the members of the women and children groups of the slum to maintain cleanliness and hygiene in their living environment. The children groups in the slums visits houses in their lane and tell them to dispose off garbage in proper manner i.e. in Bins.

Part C

Basic Services (Water supply, Drainage and Toilet)

Fig : Sources of Drinking water

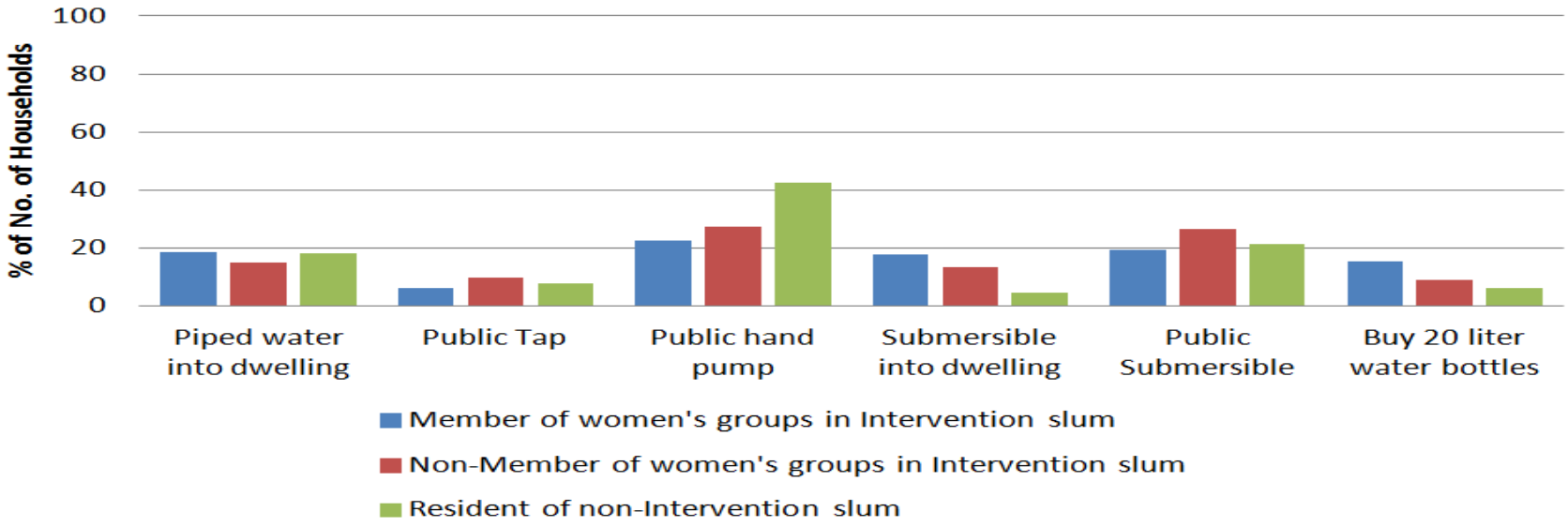
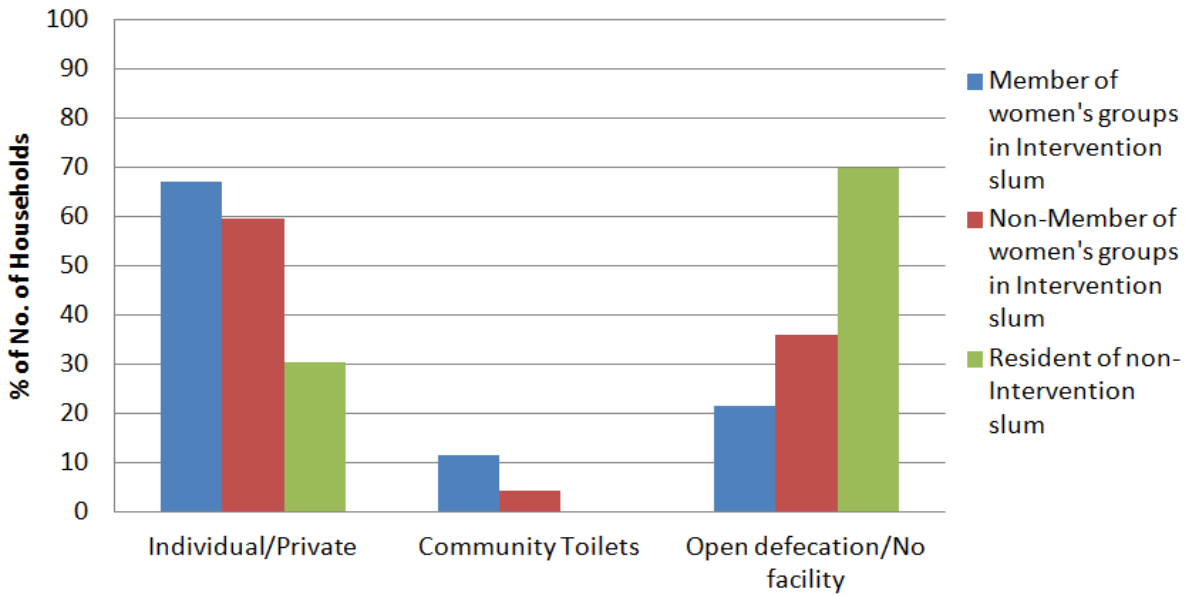


Fig : Toilet Facility



- Availability and access to basic services has a direct impact on the health status of the community i.e. Child mortality and morbidity (diarrhoea in particular) have been associated with poor water quantity and quality, lack of sanitation and poor hygiene practices.
- **Factors:-**The presence of women's groups which are regularly trained and mentored by UHRC helped household in the programme slum to **upgrade** their house structure as well construction of improved toilets and availing metered electricity.
- Group discussion revealed that the factors contributing to these situations are a) better understanding of health risks of open defecation; b) easy availability of fair credits from the women's groups and federation; c) the steady building of confidence and motivation to improve their living condition from the ongoing programme from 8 years.


Submersavil pump connected to Public water tank for water storage
Person using Public Hand Pump to get Water
Submersavil Pump

Part-D

Improving Access To Healthcare Services

Slum Environment Constraints Affect Child Health

Poor water quantity and quality

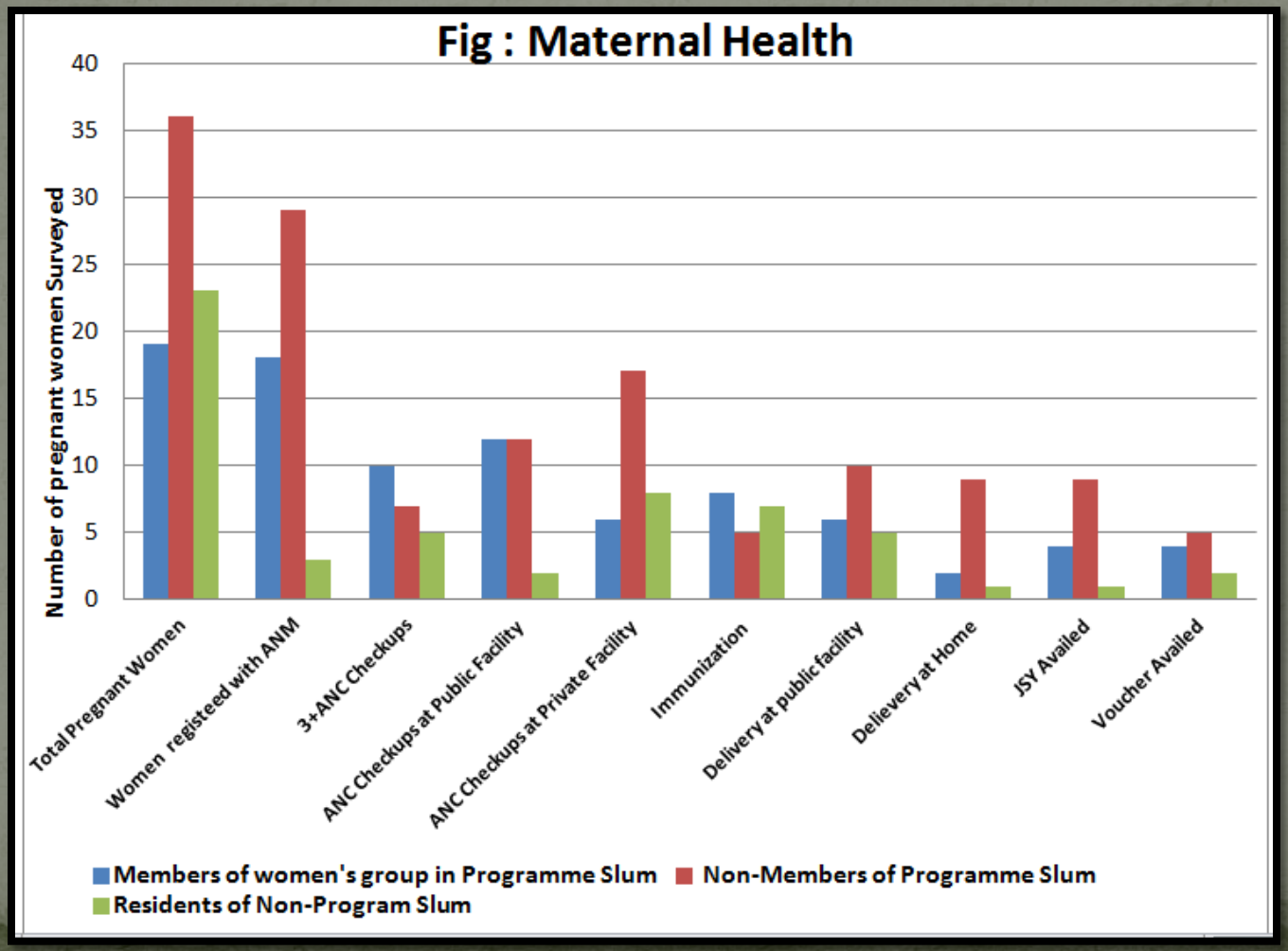
Lack of sanitation and hygiene

Un conducive social and family environment

Overcrowding

Poor healthcare services

- **Three-fourth** of the families in programme slum prefer to go to private hospitals and doctors while 90% of the families of non programme slum goes to private facility.
- Reason came out that no nearby public facility and no functional Anganwadi centres in the slums.



- **Factors:-**Regular outreach camps targeted on the urban poor. These outreach camps covers all clusters of slums. Trained federation teams in Programme slum

  a) organise healthcare activities/camps in slums,

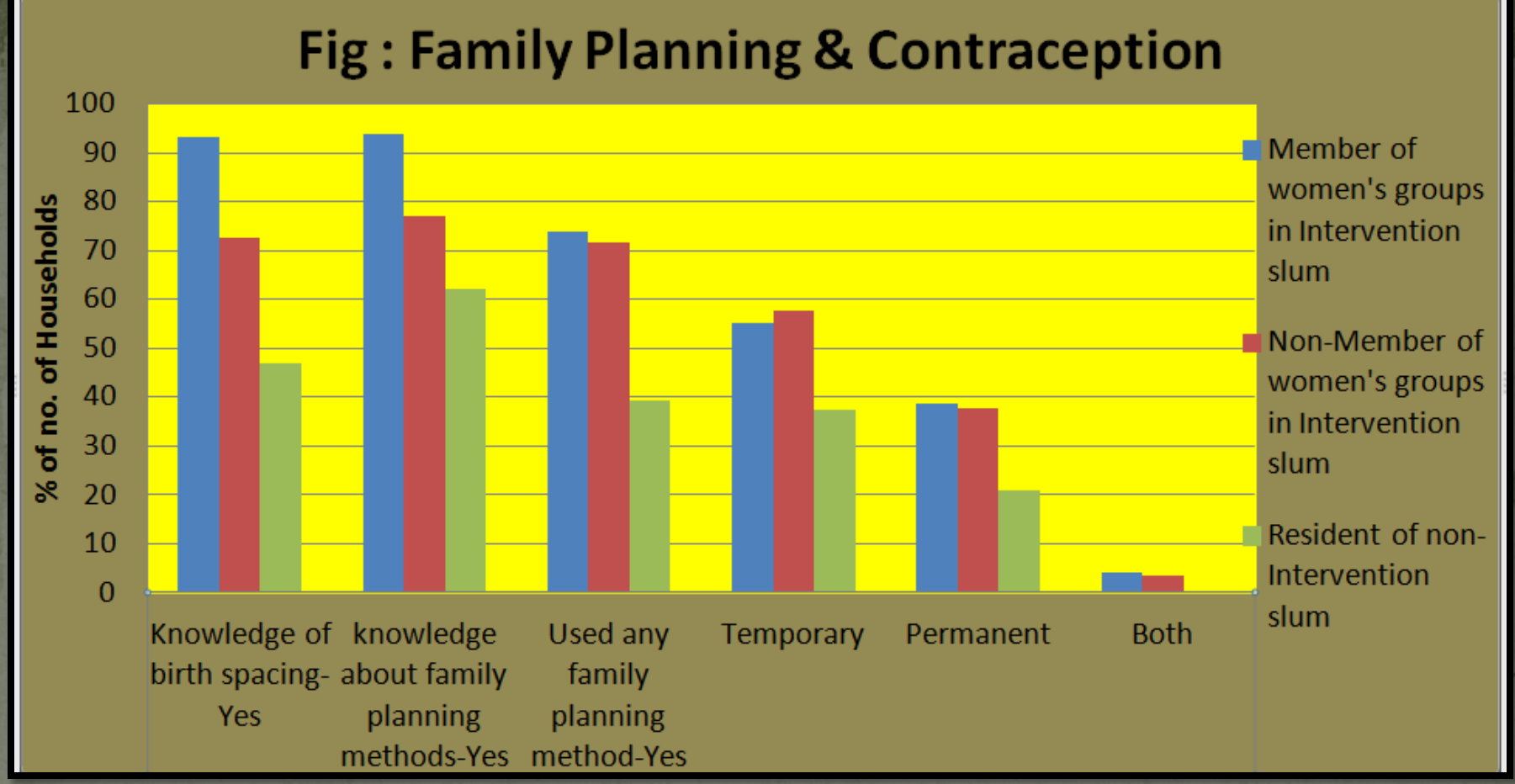
  b) Improve reach of outreach sessions by government health workers (ANM);

  c) facilitate improved utilized usage of government primary health centers and

  d) Improve access to government hospitals by helping slum residents negotiate the hospital burecacy.

- The federations organise health camps at suitable places in slums such as schools or community halls in coordination with government health providers .
- A *private doctor and private nurse* and helper provide services and UHRC's team arranges the medicines, Vaccines are requested and obtained from the nearby government health centre. The private doctor, nurse and helper are paid *modest honorarium*.
- Residents of slums are able to avail of healthcare as well as receive information about which Government/ charitable/private hospital to seek care during pregnancy, delivery, for illnesses such as fever, diarrhea, other gastro-intestinal infections.

- These outreach health camps also focused on ensuring proper check up by specialist doctors for all pregnant women and children in the age group of 0-6 years, Immunization of 0-5 year's children and pregnant women, distribution of IFA (if available), ORS (On demand/availability), Chlorine (once in year during rainy season).
- Slum volunteers also provide knowledge about the referral services, diagnostic services which are available for the urban poor and can be availed free of cost or at discounted prices.



In Programme slum women prefer to use Copper-T and DMPA-Injectables as it helps in birth spacing or they go for female sterilization in the government hospitals.

Women's groups and ANM works together as a team and raise awareness and knowledge about the family planning methods and its use. They also distributed condoms and Oral contraceptive pills (if beneficiary asked) on the camp sites. Sometimes, counseling about institutional delivery and family planning surgeries is being provided.

Part-E

Educational Status

Comparison of Level of education of mother to their children in slums.

Level of education of mother	Level Of Education of Children				
	No	Yes, goes to Anganwadi centre	Yes, goes to School	Yes, dont go to school but study by private slum tution	Have completed the School
No schooling	29.38%	8.75%	51.25%	8.13%	2.50%
Literate without formal schooling	9.68%	9.68%	58.06%	3.23%	19.35%
Up to primary	13.95%	23.26%	55.81%	2.33%	4.65%
Up to middle	8.70%	8.70%	65.22%	4.35%	13.04%
Up to secondary	13.79%	6.90%	62.07%	13.79%	3.45%
up to higher secondary	0.00	0.00	100.00	0.00	0.00

The importance of education is more realized by the residents of the programme slum due to the *awareness and motivation of slum residents by the UHRC team as well as the women's groups*. The case of dropouts among the programme slum has reduced to 18% among the members and 41% among the non-members as women's groups also provide loans facility for child education of both boy or girl child while it is 60% in the non-Programme slum.

Part-F

Micro Financing

- ***For Health and related Emergency, Child Education, Starting a small business, purchasing food grains, Marriage, getting assets back from money lenders.***
- The findings shows that all women who are members of women's groups do savings for this micro financing system and 95% members of the women's group in the programme slum have taken the benefit of this loaning from their own raised funds while 50% of the families of Non-members of programme slum and non-programme slum are still taking loans from Sahukaars at high rate of interest of 12%.

- Women's groups in the slums encourage slum women's and children's groups to steadily build community-based collective savings (that serve as social development funds).

Advantages of Micro financing at Slum Level

- The money of community stay within the basti.
- The interest rate is more for non-member, but still it is lower from the private money lender
- Small amount of fund are not provided by private money lenders. Such loans can needed and are provided by these Women Groups (MAS).

Part-G

Improved access to Picture ID, proof of address and benefit schemes

Picture Id and Proof of Address in slums			
		Applied	Received
Aadhar cards	Members-Prog slum	47%	28%
	Non-Members Prog. Slum	36%	16%
	Non-Prog. Slum	24%	15%
Voter Id Cards	Members-Prog slum	8%	79%
	Non-Members Prog. Slum	13%	64%
	Non-Prog. Slum	15%	49%

Factors:- The information about the official provisions about Aadhaar cards is not available in Agra. As a result only people above the age of 14 years applied for the cards in these slums.

•Secondly, the Aadhaar outreach camp for applying Aadhaar cards was held some months back in the non-programme slum due to its location near the police station which made most of the people of the non-programme slum to apply for Aadhaar cards.

•The system of issuing of Voter Id is linked to election, so several forces are instrumental in pushing families for applying and issuing of the cards like issuing authority as well as politicians

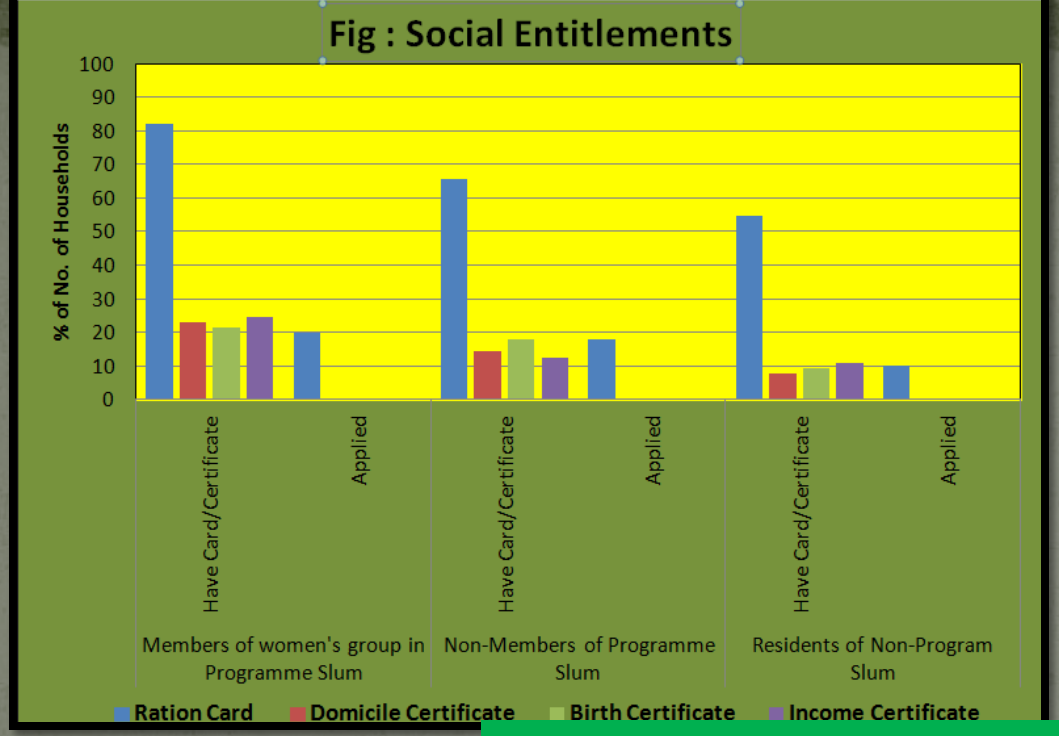


Fig : Social Entitlements
% of No. of Households
100
90
80
70
60
50
40
30
20
10
0
Have Card/Certificate
Applied
Have Card/Certificate
Applied
Have Card/Certificate
Applied
Members of women's group in Programme Slum
Non-Members of Programme Slum
Residents of Non-Program Slum
Ration Card
Domicile Certificate
Birth Certificate
Income Certificate

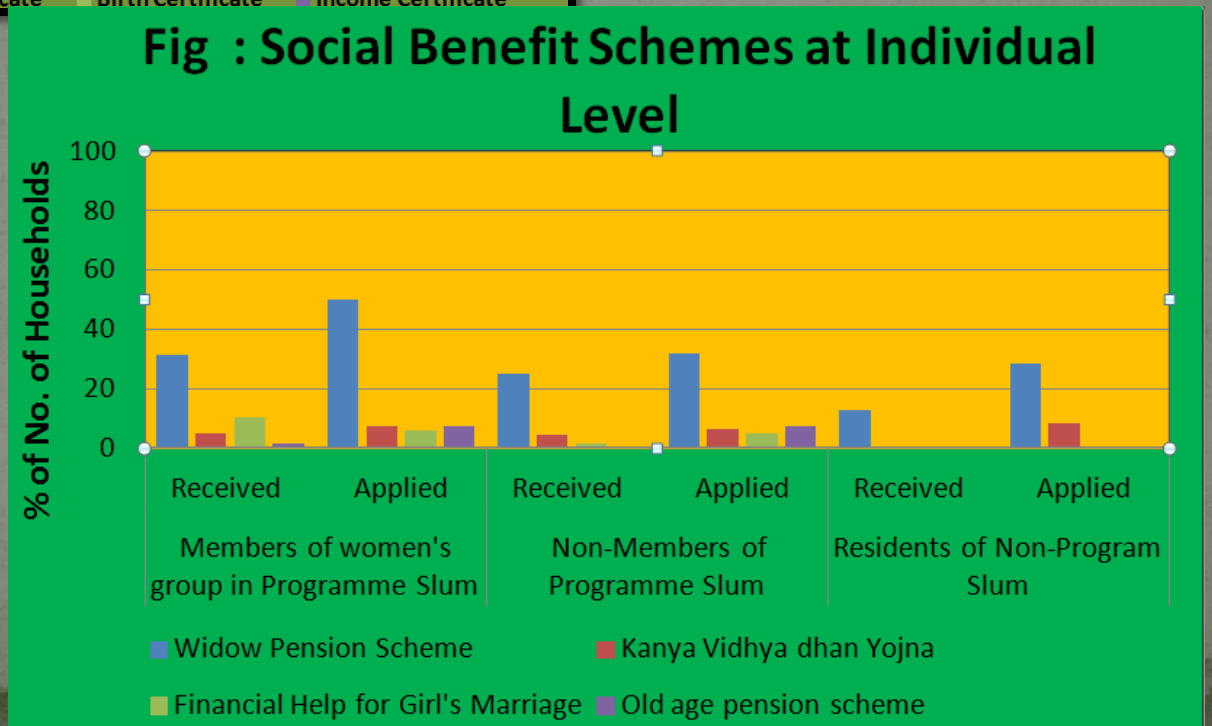


Fig : Social Benefit Schemes at Individual Level
% of No. of Households
100
80
60
40
20
0
Received
Applied
Received
Applied
Received
Applied
Members of women's group in Programme Slum
Non-Members of Programme Slum
Residents of Non-Program Slum
Widow Pension Scheme
Kanya Vidhya dhan Yojna
Financial Help for Girl's Marriage
Old age pension scheme

Individual Applications for cards/documents and entitlements

(for Picture ID, Unique ID, Birth Certificates, Income certificates, Domicile Certificates, Ration Cards and for availing social benefit schemes)

Part-H

Negotiating with Authorities

Tool: Collective Petitions

Written requests to officers of Health Dept, Nutrition Dept, Environmental

सेवा में,

अधीक्षण अभियंता, दशम मण्डल,
उ० प्र० जल निगम, आगरा

विषय :- पीने के पानी की समस्या हेतु धन्यवाद।

महोदय

उपरोक्त विषयक अनुसार नगला किशनलाल में पेयजल की पाइप लाइन पड़ चुकी है।
पुनः महोदय से नम्र निवेदन है कि आप पाइप लाइन के शीघ्र से शीघ्र चालू कराने की कृपा करें। हमारी कल्याणी महिला स्वा० समूह व बस्ती के लोग आपके सदा आभारी रहेंगे।

धन्यवाद

दिनांक :) 22/12/2011

भवदीय
राधा
09368297056

स्थान :) नगला किशन लाल

क्रम	नाम	पद	कोन्टेक्ट	हस्ताक्षर
1.	श्रीमती पिंकी	सचिव	9528283725	पिंकी
2.	" नीरादेवी	कोषाध्यक्ष	9267220257	नीरादेवी
3.	" पूरनदेवी	सदस्य		
4.	" कपिलेश	उपाध्यक्ष		कपिलेश
5.	" मनीषा	सदस्य		मनीषा
6.	" सुशीला	सदस्य		सुशीला
7.	" महादेवी	सदस्य		महादेवी
8.	" मुन्नी	सदस्य		मुन्नी
				चन्द्रवती
10.	" राधा	सदस्य		राधा

कार्यालय सचिव प्रबंधक, जलकल विभाग नगर निगम, आगरा

पत्रांक:— /रा०प्र०/ज०क०वि०/पाइप लाइन दिनांक 17—08—2011

सेवा में,
अधीक्षण अभियंता,
दशम मण्डल,
उ०प्र० जल निगम, आगरा।

विषयः— पीने के पानी की समस्या हेतु धन्यवाद !

महोदय,

उपरोक्त विषयक कल्याणी महिला आरोग्य समिति, नगला किशन लाल, ठंडी भगियां, आगरा के शिकायती—पत्र को मूल रूप में संलग्न कर प्रेषित किया जा रहा है। कृपया पत्र में वर्णित स्थल पर पेयजल की पाइप लाइन डलवाने हेतु आवश्यक निर्देश संबंधित को देने का कष्ट करें।

संलग्नकः— उपरोक्तानुसार,

भवदीय,

सचिव प्र
जलकल
नगर निगम,

पृ०सं० 1684 दिनांक तदैव,

प्रतिलिपि:—
1) श्रीमती पिंकी, अध्यक्ष, कल्याणी महिला आरोग्य समिति, नगला किशन
आगरा—6 को सूचनार्थ।

सचिव प्रबंधक,
जलकल विभाग,

Federations Represent deprived Neighborhoods at Public Hearings, Assert against alcoholism /gambling;

Parivartan and Vishal Federations coordinate these efforts as UHRC's partner with grants and mentoring support from UHRC's social facilitators.

दैनिक भास्कर

dainikbhaskar.com सोमवार

मोर्चा | नंदबाग में अवैध शराब बिक्री करने वालों के खिलाफ विधायक ने बांटे लट्ठ

'अब खदेड़ देंगे शराबियों को'

शराबियों से थीं परेशान, आईजी से भी की थी शिकायत, सुनवाई नहीं होने पर महिलाएं खुद आगे आईं।

महिलाओं ने ली साथ लड़ने की कसम

पुलिस-आबकारी की भी मिलीभगत

शिवराज के राज में त्रस्त हैं लोग

दे घुमा के...

Results of Collective Petition

Water tank erected in one of the slums.

Children bathing and women filling water

Unpaved Roads

Recently Paved Roads

Smaller lane needs to be paved again

Section-8

Conclusion

How the Programme is trying to address ongoing challenges?

- Steps to form more groups in intervention Slums so that most of the population can be covered and Motivation sessions for the women of the non-intervention slums to make new women's groups.
- New Training sessions is being planned by the UHRC team of Agra to enhance the knowledge of women group members regarding social benefit schemes, entitlements and Proof of Address, formation and handling of the children's groups and their activities .
- The process of making the family cards for each of the women group members has been started in four federations of Agra. The family card will be like the indentify proof for the women's group members from the side of UHRC.
- Understanding regarding many issues was received during interaction with UHRC team.


THANK
YOU
THANKS FOR YOUR
HELP...