Summer Training at
Urban Health Resource Centre, New Delhi
(April - June, 2013)

TO STUDY THE EXTENT OF ACCESS TO SERVICES, ENTITLEMENTS AND BENEFITS AMONG PROGRAM AND NON-PROGRAM SLUMS IN AGRA AND TO UNDERSTAND THE FACTORS CONTRIBUTING TO THESE DIFFERENTIAL SITUATIONS

By
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Post Graduate Diploma in Hospital and Health Management
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Institute of Health Management Research,
Jaipur
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CERTIFICATE

This is to certify that Ms. Kriti Vishnoi, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur has undergone summer training in Urban Health Resource Centre , New Delhi from April 1st to June 10th 2013.

The candidate has successfully carried out the study assigned to her during summer training and her approach to study has been sincere, scientific and analytical.

I wish her success in all her future endeavors.

Dr.Alok Mathur

Faculty and Mentor

IIHMR, Jaipur

Dr. Ashok Kaushik

Dean, Academics and Student affairs

IIHMR, Jaipur

URBAN HEALTH RESOURCE CENTRE

CERTIFICATE

This is to certify that Ms Kriti Vishnoi, pursuing Post Graduate Diploma in Health Care Management from Institute of Health management Research, Jaipur, has contributed admirably to UHRC's program documentation and improvement of monitoring formats during her summer internship. She helped in compiling data and report on different program components from Agra and Indore via email and phone. In Agra, she also participated in meetings of four federations of women's groups and engaged in discussion with UHRC's Agra team. Ms Kriti Vishnoi also facilitated drawing and coloring competitions for children of slums in Agra on the theme "Swachh Paryavaran-Swasth Jeevan" (Clean Environment: Healthy Life").

She also completed a study entitled "To study the extent of access to services, entitlements and benefits among program and non-program slums in Agra and to understand the factors contributing to these differential situations".

She started her internship on April 1, 2013 and completed it on 10, 6, 2013.

S Agarwal
10.6.2013

Dr. Siddharth Agarwal

Executive Director,

Urban Health Resource Centre,

New Delhi

Dated: June 10, 2013

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PREFACE

The summer training of two months at the end of first year is an integral part of PGDHM curriculum at IIHMR. As a part of this, I had a privilege to do my summer training at Urban Health resource Centre, New Delhi. We were given few aims by our college in order to have clear view about the summer training. I prepared my study plan and tried to observe and build my information as per the task assigned to me by the Director at the Urban Health resource Centre.

My objectives as per our institute were:

1. To understand the health delivery system and functional units like sub centre, primary health centre, community health centre, district hospital and tertiary care centre etc and learn various managerial inputs required in an organization.

2. To understand the working of Urban Health resource Centre in the field of health delivery where I was placed for my summer training.

3. To take notice of various projects conducted by the organization to date and observe how it delivers health care service at grass root level.

4. To undertake the task given by the organization.

5. To have an overview of the HR, finance and logistics related issues.

Task: When I joined my summer training, I was expected to assist the director Dr. Siddharth Agarwal in his undertaken projects. I worked on the project to evaluate the performance and improvements of the slums having women's groups. In due course, I not only vested managerial inputs to get the findings, to improve the capacity building session among women's groups but also prepared Data collection tool for monthly report of the organization and training to fill those formats was imparted to women's groups.

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ACKNOWLEDGEMENT

I am extremely indebted to all the professionals at Urban Health Resource Centre, New Delhi for sharing generously their knowledge and precious time which inspired me to do my best while conducting this project.

I owe a great debt to Dr. Siddharth Agarwal, Director, Urban Health Resource Centre, New Delhi for allowing me to pursue my internship in UHRC and in the same breath I would also like to thank him for his valuable guidance and at whose behest I received tremendous assistance from other staff members without which the project would not have been completed.

I would like to extend my special thanks to Program Managers, Peer Educators, Outreach workers and MAS members, without whose cooperation, I would not have been able to understand in depth the unique working of this project

Finally I also extend our heartfelt gratitude to the entire staff at my alma mater for sharing their knowledge and opening endless opportunities in healthcare sector.

ACRONYMS

MAS- Mahila Aarogya Samiti

UHRC- Urban Health Resource Centre

USAID- U. S. Agency for International Development

IEC- Information Education Communication

NGO- Non Governmental Organization

1. DESCRIPTION OF THE ORGANISATION

1.1 UHRC: An Overview

Urban Health Resource Centre (UHRC) is a non-government organization 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 India with special focus on women and children through –

- Demand-supply improvement and community-provider linkage focused demonstration programs. The demonstration urban health programs implemented by UHRC in diverse cities develop and test different strategies of improving health of the urban poor and provide evidence on the effectiveness and more importantly the how-to of implementing these strategies.
- Technical support to government and non-government agencies by working closely with governments, academic and research organizations, professional associations and other stakeholders for enhanced attention and resources for improving health and well being of the urban poor.
- Research, advocacy and knowledge dissemination i.e. Research activities undertaken by UHRC better inform policy making and urban health programming efforts.

UHRC has been institutionalized in November 2005 from the Environmental Health Project, a USAID supported project, initiated in March 2002. UHRC provides technical support on urban health to the Government of India, state governments, urban local bodies and NGOs.

1.2 MISSION STATEMENT

The mission of Urban Health Resource Centre is to bring about sustainable improvements in the health as well as in the living conditions of the urban poor by influencing policies and programmes and empowering the community.

Vision

Our vision is an urban India where every resident enjoys optimal health, nutrition and well-being, realizes his/her full potential and contributes to the nation's growth and development.

1.3 MAIN OBJECTIVES OF THE ORGANIZATION

Main Objectives of the Organization are to:

1. Develop innovative urban health programmes in cities of different sizes that can be adapted by the government and non-government agencies.

2. Strengthen Urban Health programming approaches and capacities at different levels among the Government and Non- Government partners.

3. Increase availability of urban poor specific health information and programme experiences among various stakeholders through research, documentation and dissemination.

4. Advocate enhanced attention on urban health, targeted policies and increased allocation of resources for slum dwellers.

5. Demonstrate and advocate for empowerment of slum communities, especially women and children as a means to achieve and sustain improvements in health care.

1.4 OBSERVATIONAL LEARNING'S

1.4.1. By understanding Urban Health Resource Centre (UHRC) Activities involved in the City Well-Being programs:

Urban Health Resource Centre implements demonstration programs in diverse cities (Indore, Agra, and the more recent initiative in North-East Delhi) such that these may be adapted, replicated and up-scaled by other agencies.

- **Federations of slum-level women's health groups:** UHRC has developed the community groups of the local areas i.e. at the slum that are being trained in different aspects of organizing ,savings, health of children and women, improving physical environment , hygiene and other aspects of well being. From about 15-30 urban slum families, the women volunteer and come together by the motivation of UHRC social facilitators to work for a cause i.e. development of their community as well as their lives. These women's groups formed were suggested to select a leader by their own consensus. One basti may have many women's group depending on the number of families residing in the bastis. These community groups are further networked into a larger congress called federation of women's groups. One to two democratically elected representatives from each slum-level women's group represent their respective neighbourhood in the Federation. The federation of women's groups is the entity that receives modest grants and regular supervision, training, mentoring and problem solving support from the UHRC teams. Urban Health Resource Centre partners with participating community groups and the federation and helps them access available services, schemes and resources. **In Agra, there are** four federations which have been formed in Naraych, Gadhi Chandni, Shahaganj and Tedi bagiya areas of Agra. The federation have been named by the women's group members suh as Parivartan Mahila Vikas samiti, Vishal Shaeri Mahila Vikas Samiti, Bharteeya and Chetna. These federations and their constituent women's groups work in partnership with UHRC to improve access of urban poor families in their respective neighbourhoods to services, health and social issues related knowledge, and entitlements. It is UHRC's constant endeavour to motivate and build capacity including through learning-by-doing, of slum-

level CBOs and Federation so that over time they emerge as strong grassroots civil society institutions that can continually serve as a support system for the community in these slums.

- **Negotiating with Authorities through Collective Petitions or Personal Representation for improving Physical environment**

  The programme also empowered the community-based organizations to negotiate directly with government officials to demand access to basic services and infrastructural improvements including issues that affect health and well-being more broadly in their neighborhoods. Training workshops are organised to built the confidence and capacity of group members to submit applications and petitions to authorities for slum improvements. More focus on sustaining community organisations and development of federations by facilitating their linkage with civic authorities through motivation and training. The community groups learn and use negotiation skills to engage in gentle persuasion with civic authorities to improve physical environment of their neighborhoods by pulling government resources e.g. roads, electricity, water, sewage lines, community toilets and service of regular cleaning of clogged drains to their For example, one cluster of slums was suffering from water scarcity. Women's group members visited their locally elected councilor and the office of the District Collector. After a series of negotiations, they secured a substantial reduction in the one-time cost for each household for improvement in the water supply.

- **Access to Picture ID, proof of Address and social benefit schemes and entitlements.**
- **Savings And Loans:**

  Our programs train slum-based women's and children's groups to steadily build community-based collective savings (that serve as social development funds) and building capacity of slum women to enable them take charge of processes that affect family economics and their health, nutrition, housing improvement and overall social wellbeing. UHRC trains slum-based community groups on maintaining records of collective savings; loans given from the savings' pool, interest received along with principal amount and learn the essential elements of managing savings and loans in a

systematic manner. UHRC works with resource poor families to enable them acquire knowledge and skills to access services, entitlements that are available through different government channels and agencies.

- **Improving Access To Healthcare**

  UHRC has encouraged and trained the federation teams to organise healthcare activities/camps in slums. The federations organise health camps at suitable places in slums such as schools or community halls in coordination with government health providers and encourage all families to avail of the services. When the government system is not able to respond to their request, the slum women's federations organize health camps where 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 for illnesses such as diarrhea, other gastro-intestinal infection and dengue. In event of need, one of the trained, confident women of the groups could accompany the person to the hospital for treatment. Women's federation teams also provide information, address and modalities to secure admission and services at government and charitable health facilities. They arrange awareness sessions in slum clusters to explain preventive measures that can be taken for vector borne diseases spread owing to environmental hygiene and care that can be taken at home. For example: Using boiled water with oral rehydration salt in event of diarrhoea.

- **Promotion Of Behavioural Changes**

  Women federations promote behavioral change by traditional methods for the awareness on the maternal and child like Ann Prashan and God Bharayi.

  Ann Prashan : Utilizing Traditional Childcare Practice to Promote Nutrition Behavior Anna Prashan is a celebratory traditional ceremony practiced commonly among families in India. It is a ceremony of food feeding and initiation of complementary feeding. UHRC's program has built on this community celebration which marks the

first time that an infant eats cereal/semi-solid food. They utilize this community ceremony to promote and encourage complementary feeding which is essential for prevention of infant and child malnutrition. At this event, the Mahila Saminiti gives a gift to each child that is 6 months of age—a steel bowl with kheer. Kheer, boiled rice, milk & sugar, is a healthy and nutritious food that is soft enough to be fed to the infants and is easily digestible. UHRC teams utilizes this ceremony to share information about essential nutrition practices for mothers and children up to 2 years old using pictorial educational materials. This community ceremony reinforces essential healthy behaviors, resulting in better nutrition and health outcomes for mothers and their children to prevent infant malnutrition. The program promotes maternal and child health by utilizing community traditions to promote positive health and nutrition behaviors. Another example of community empowerment similar to Anna- Prashan is God-Bharayi (baby shower), which promotes proper antenatal practices. UHRC transforms this cultural event to promote pre and post natal maternal and child health.

- **Hygiene and Hand Washing:**

We teach hygiene and hand washing through proper demonstration with water and soap to reduce the risk of the transmission and spread of bacteria, pathogens, and viruses that cause diseases, gastro-intestinal infections, and infections. As after the heavy rainfall in the slum areas, drains in the slums get blocked in turn garbage and waste accumulates in the streets therefore the risk of infections travelling through dirty hands increases. In the peak summer season, there is water shortage contributed by climate change and slum dwellers have to struggle a lot to fetch water often from long distance therefore it require extra motivation to promote proper hand washing with soap. Hand washing is promoted to women and children in the slum areas for the greater spread of the practice of proper washing of hands.

- **Children's Groups Formation and Activities:-**

Through empowered community groups, coordination with providers and synergizing efforts of stakeholders, and steadily building linkages of community groups with providers, UHRC's programs facilitate access of services and entitlements/rights to the vulnerable, socially backward sections of society. In the demonstration programs, with a focus to strengthen the social fabric in slums and address gender inequity, UHRC serves as an intermediary resource agency that focuses on building community

organizations with a concerted effort towards empowering slum-level women's groups and their federations. UHRC partners with these slum-level groups and federations and helps them access available services, schemes and resources. Community groups also sketch and color hand-drawn spatial maps of slum neighbourhoods depicting conditions of roads, drainage, water supply, garbage dumps, to track coverage of entitlements. They are also coached on negotiation skills and provided hand-holding support to enable them effectively negotiate with healthcare providers and other civic authorities through dialogue and formal applications to obtain health services, environmental services such as roads, drains, sanitation, water and garbage removal and other entitlements.

1.5 Learning from UHRC's journey of over six years

a) The availability of money with CBO members and the CBO's association with banks and development organizations increases their chances of obtaining funds for livelihood activities as well under various schemes. Health funds also present a potential opportunity for overlaying need responsive group health insurance programs for the urban poor.

b) The approach of community groups managing collective savings with training and mentoring support has been valuable in mitigating the burden of debt due to expenditure on family needs (e.g. uninterrupted child education, healthcare, livelihood, and other needs) among the urban poor. Ready availability of modest value loans helps increase promptness in seeking care and thus reduces loss due to delayed treatment seeking and prolonged ill health.

c) The skills, confidence and capacity acquired through the process of generating, managing and utilising collective pools of savings for benefit of resource poor families help urban poor families take charge of processes towards better life.

d) Spatial Maps serve as very useful tools to identify both listed and unlisted slums as well as health facilities in the cities. The focus should be on spatial data rather than GIS. Such an approach enables less technology literate city officials and municipal bodies to adopt this useful tool. Basic finance, accounts and family economics related programs can with the use of these maps reach the unlisted urban poverty pockets.

e) Hand-sketched neighbourhood maps provide multiple practical benefits for poor urban communities. Slum-based organizations have an in-depth understanding of slums including the

number and location of households, physical infrastructure, facilities available and the facilities available.

f) Building capacity of human resources at the grassroots level (capable slum-level groups)helps develop a system that improves access of urban poor to services and entitlements.

g) Multi-sectoral convergence at the ward level or alternative feasible level facilitates complementary utilisation of resources, provisions of different government and non-government stakeholders.

h) Engagement of and partnership of public sector with civil society organizations/NGOs as helpful to the cause of improving lives of the urban poor.

i) It is crucial to keep in mind that the urban poor population in India is growing at a fast pace, hence at the time of budget forecasting activities it is better to overestimate the numbers.

j) Many urban slum families consists of migrant labour at construction sites, working as casual labour and engaged in unskilled work with uncertain livelihood. It is difficult for these voiceless and vulnerable families to negotiate with authorities and obtain a Ration Card (whether the 'below poverty line' (BPL) card or an 'above poverty line' (APL) card). Consequently, many urban poor families do not have any form of 'Identification document' (ID) which compromises their ability to access entitlements and services. Those poor families who are unable to obtain a 'BPL' and are consequently not able to avail health, food subsidy benefits, subsidised housing benefits and other social schemes that are mandated for BPL families. Since the BPL card based service-entitlement system is actually not able to cater to a significant proportion of urban poor, evolving an alternative approach where decision to provide the subsidy does not get limited to BPL card holders is required.

2. PROJECT

2.1. INTRODUCTION

During the year 2012-13 UHRC strengthen its approaches towards addressing broader well-being challenges of slums and informal settlements that the organization team had been observing and learning off during the past 2-3 years. In light with the observations and lessons over the past few years, UHRC aligned its activities of its Programs towards addressing broader community needs. There has been a greater focus on multi-dimensional, overall social development, including issues that affect health and well-being more broadly and focussing more on sustaining community organisations and further strengthening of federations by facilitating their linkage with civic authorities through motivation and training. The community groups learn and use negotiation skills to engage in gentle persuasion with civic authorities to improve physical environment of their neighbourhoods. Groups also engage in self-help for their entire community to **a)** pull government resources e.g. roads, electricity, water to their neighbourhoods; **b)** address challenges themselves through collective cash and time contribution e.g. temporary bridge over large drain, using mild force to remove local alcohol vending centres or gambling joints in neighbourhood areas; **c)** To make the Focus on rights, entitlements: e.g. efforts to increase access of slum and informal settlement families to Picture ID, proof of address. This is crucial for slum and informal settlement dwelling children and their families to be able to apply for various services, social benefits; **d)** The continuous efforts are being made towards improving gender inequity and addressing alcoholism, domestic violence and other social ills and building social capital among slum communities and associated governance improvement efforts all need to work in a coordinated manner for addressing the challenges of urban healthy in India; **e)** The collective savings at bastis as well as at the federation level prevents interruption in education, coming out of the trap of money lenders, step-by-step house improvement, maternal and child health and self-employment of the population of the bastis. And these collective savings are being used as the social funds for the slum dwellers.

Mostly, there are one to three women's groups in each of the programme slum having 8-15 women members in each group. Within the programme slum there are several families that whose women are not members of women groups of their slum. But there are some Slums in same local areas which are not covered by UHRC programme and hence termed as Non-Programme slum. The samples from these three categories had been selected as the samples for the study.

2.2 NEED FOR RESEARCH

We wanted to understand and evaluate 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 slum. One of the needs was also to understand what the various factors were contributing to any differential access to services and various entitlements. So, those findings can inform UHRC's programme as well as any other agencies which replicate the programme.

2.3 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.

2.3 MATERIAL AND METHODS

- **Study design and Site**

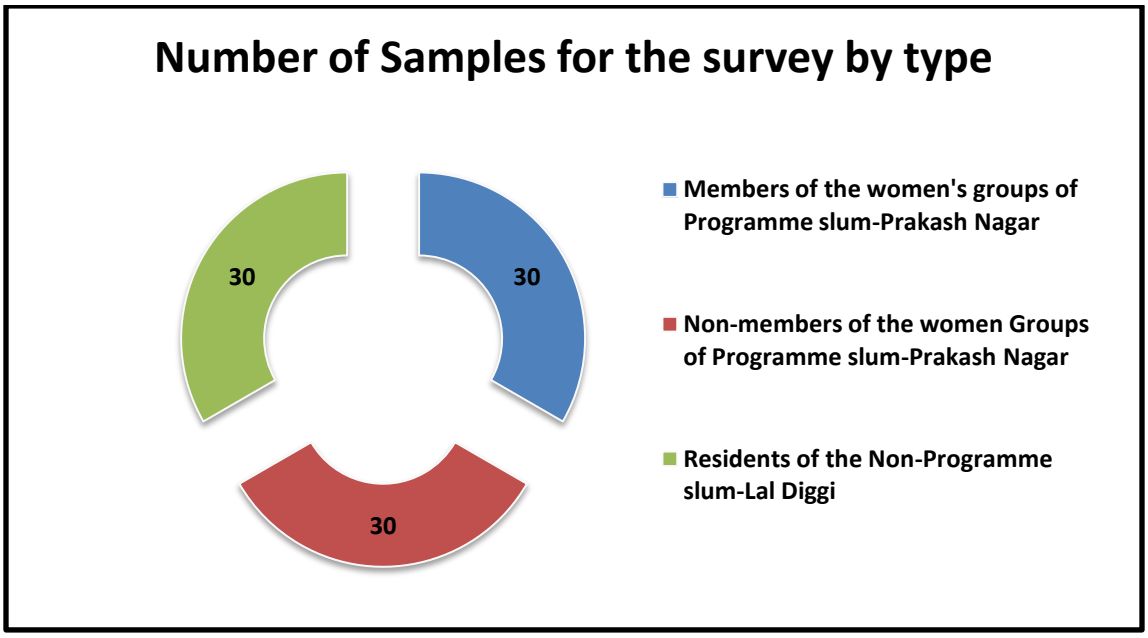
This cross-sectional study was conducted in 2 slums in Agra city in the state of Uttar Pradesh, India across three sample domains a) Members of UHRC mentored women's groups; b) Non-members residing in the programme slum; c) Residents of Non-programme slum. Agra, spread over 140 sq. km. along the banks of the river Yamuna in western Uttar Pradesh, is a good example of a fast growing. It is India's premier tourist destination – in 2007-08 it witnessed an inflow of 2.7 million foreign tourists bringing in revenue of US$ 2.3 million to the Taj Mahal alone. Demographic details: Between 1991 and 2001 Agra grew rapidly at 41.14%. Agra has a sizeable urban poor population, mostly residing in its burgeoning slums. A slum situation analysis and baseline study conducted by Environmental Health Project-India in Agra in 2005 (2) revealed the extent of urban poverty in the city. The population living in slums or squatter settlements was estimated at 8.41 lakh, which is about 50% of the city's total population. This is much higher than official estimates. A major reason for under-estimation of slum population is that large numbers of slums are unlisted in official records. Unlisted slums generally remain outside the purview of health and other civic services by virtue of not being recognized by the authorities, and are thereby deprived of even those basic services and entitlements made available to population residing in notified slums. As per the official slum list of Agra available with the District Urban Development Agency (DUDA), the city had 252 slums. In fact, the actual slums in Agra were found to number 393, inclusive of 178 slums not contained in the slum list.

- **Sampling**

The 2 slum where the present study was conducted was among the slums covering the population of 200,000 where city well-being programme of a non-governmental organization (NGO)—Urban Health Resource Centre (UHRC)-has been operational since 2005. Considering the time and resources available, 2 slums (One programme and One Non- programme slum) were purposively selected for the present study after consulting the UHRC field supervisors and social facilitators. These slums were comparable with regard to the services and facilities available to them by the civic authorities with regard to health, entitlements, physical environment and schemes. The total population in these 2 slums at the time of initiation of this study was 6,000. I was helped by UHRC

social facilitators and women group members in collection of data during April-May 2013. Total sample of 90 participants is selected and stratified by the random sampling into three categories for the comparison. Sample stratifies into three categories. The data was collected according the convenience sampling during the high temperature of 48 to 50 degree and who were available and willing to share their time were interviewed.

Name of Slum	**Type of Slum**	**NO. of Participants**	**Type of Sample**
Prakash Nagar	Programme Slum	30	Women's group members
Prakash Nagar	Programme Slum	30	Non-members of Women's groups
Lal Diggi	Non- Programme Slum	30	Randomly selected
Total		**90**	



- **Data collection Method**

Both Qualitative and quantitative approach was used. The research methods used for data collection were:

- 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 the questions are listed and record the replies in the space meant for the same in the Performa during the field survey. Visits to home were made for data collection from slum families until the required sample-size was covered. In total, 100 women were interviewed about their families, and complete data were collected from 90 of them. Using an interview schedule, the following aspects were enquired from the woman of each family in Hindi: a) Household level Information, including size of family, ownership and 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 card, domicile certificate, Income certificate, Kanya Vidhya Yojna (Girl child education incentive scheme), widow pension scheme, old age pension scheme; d) saved money- place of saving money, and place to borrow money; e) Health including place for health checkups and pregnancy characteristics, including the mother availed the antenatal services while pregnant: received Injections during pregnancy, received at least three antenatal check-ups (ANCs), antenatal services were received either during monthly antenatal 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, immunization information, and polio drops; g) Family Planning and Contraception including knowledge about birth spacing, family planning and their

methods, use of methods and place of sterilization. Unprompted spontaneous responses were sought out from the woman of the families who were interviewed.

- Focused Group discussions on understanding the situation of Roads/pathways, water supply, cleaning of drains, Anganwadi (description), electricity, sewage. A) 3 group discussion with the members of the women's groups of the intervention slum (Prakash nagar) having 10-13 members in each discussion, B) 3 group discussion with non-group members of the intervention slum (Prakash Nagar) having 9-10 members in each FGD and C) 4 group discussion with the people of the non-intervention slum (Lal Diggi) 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.

2.4 DATA COMPILATION AND ANALYSIS

Collected data were consolidated on Excel sheets. The consolidated data were re-checked for completeness and accuracy. Data Analysis was also done by for the quantitative data and 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.

2.5 FINDINGS AND INTERPRETATIONS

1. Out of 90 Household, 30 are members of women's groups, 30 non- members of Women's groups of the program (intervention) slums and 30 households are of non-program slum.

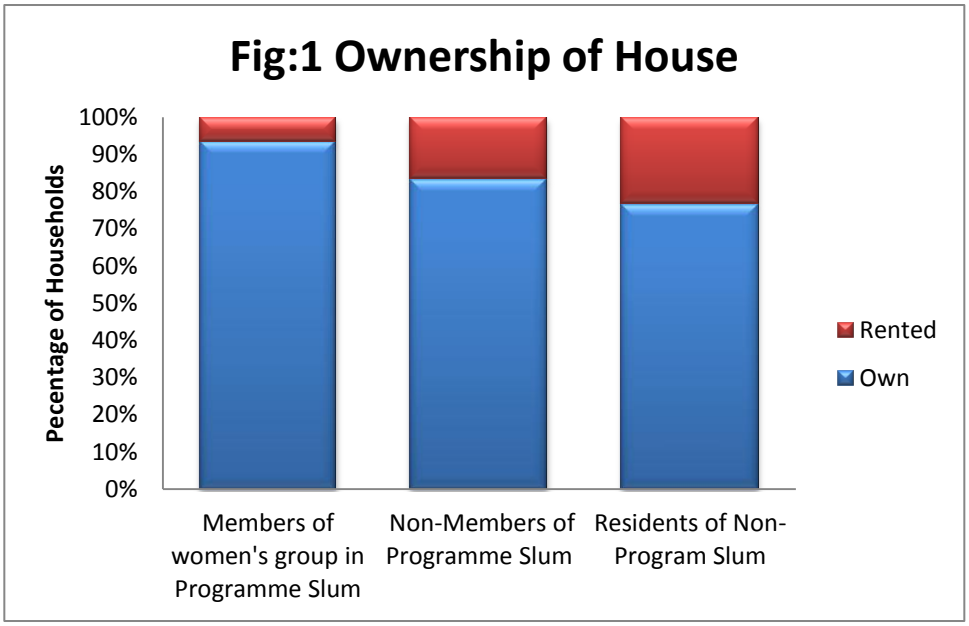
Household Level

2. Ownership of the House

a. Out of 30 households of members of women's groups, 28 households have their own house and 2 households are rented.

b. Out of 30 households of Non-members of women's groups but of programme slum, 25 households have their own house and 5 households are rented.

c. Out of 30 households of Non-programme slum, 23 households have their own house and 7 households are rented.



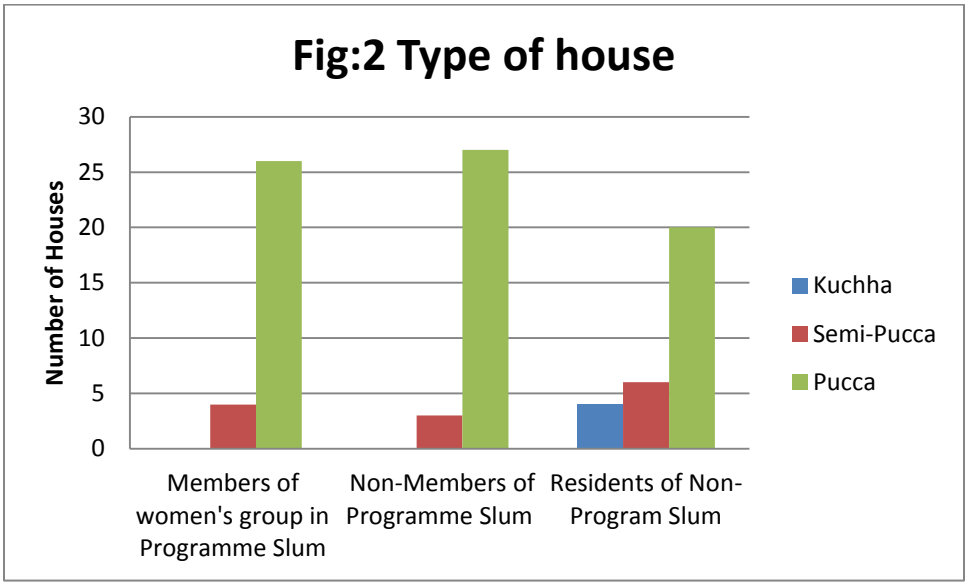
3. Type of house

a. Out of 30 households of members of women's groups, 26 households have Pucca house and 4 households have Semi-Pucca house.

b. Out of 30 households of Non-members of women's groups but of programme slum, 27 households have Pucca house and 3 households have Semi-Pucca house.

c. Out of 30 households of Non-programme slum, 20 households have Pucca house, 6 households have Semi-Pucca house and 4 household have kuchha house.

NOTE: Kuchha House is being defined as the house whose walls and roof both are made up of temporary material like plastic, mud, partial brick mud, wood etc. Semi -Pucca house can be defined as the house whose walls are made up of permanent material but roof of temporary material. And Pucca house are those houses in which roof, floor and walls all are made up of permanent material.



4. Source of Drinking Water

a. Out of 30 households of members of women's groups

i. Out of these 12 households have Piped water into dwelling-operational, 4 households uses Public Submersible and 14 households use to buy 20 liters of reversed osmosis water bottles from the market for drinking water.

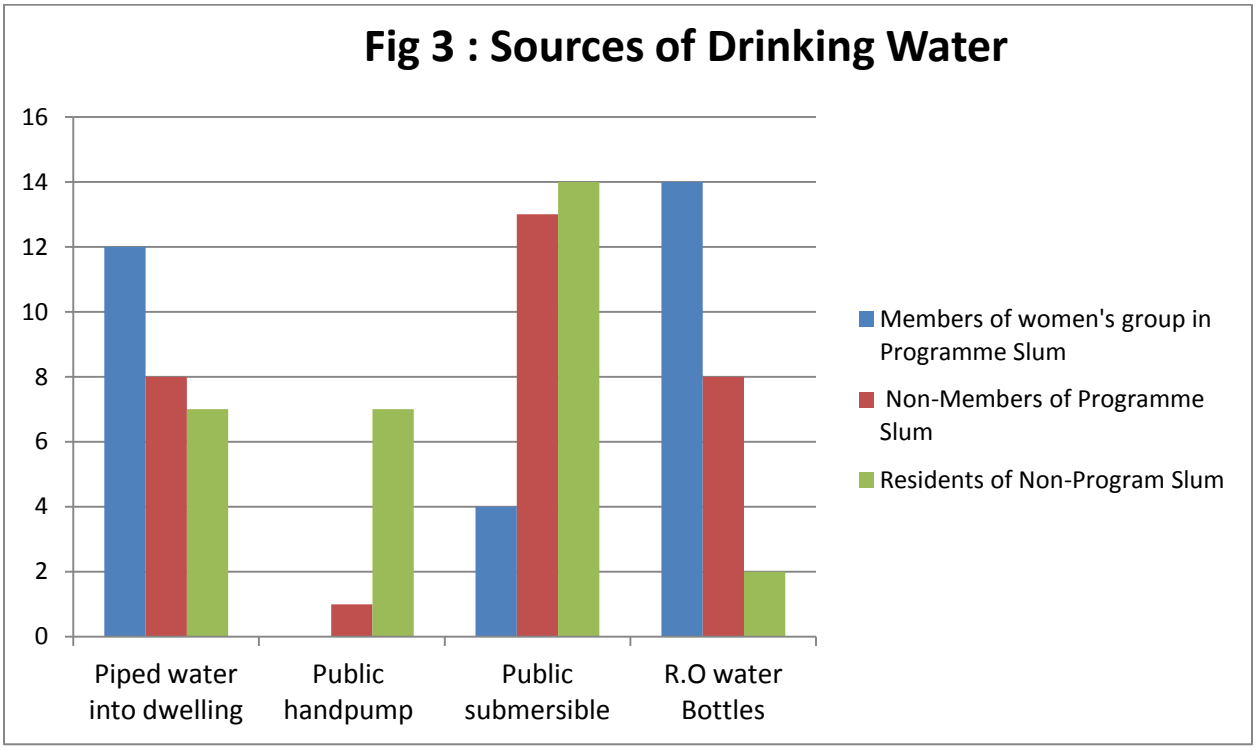
b. Out of 30 households of Non-members of women's groups but of programme slum,

i. Out of these 8 households have Piped water into dwelling-operational, 1 households uses Public Hand Pump, 13 households uses Public Submersible and 8 households use to buy 20 liters of water bottles from the market for drinking water.

c. Out of 30 households of Non-programme slum,

i. Out of these 7 households have Piped water into dwelling-operational, 7 households uses Public Hand Pump, 14 households uses Public Submersible and 2 households use to bought 20 liters of water bottles from the market for drinking water.

Note-Many families of intervention slum use to bought drinking water bottles costing Rs-5-7 per 20 liter. And one has to pay delivery charges if the bottles are delivered at their homes i.e. Rs.5-7.



5. Water Supply-Sources of Water other than drinking water

a. Out of 30 households of members of women's groups

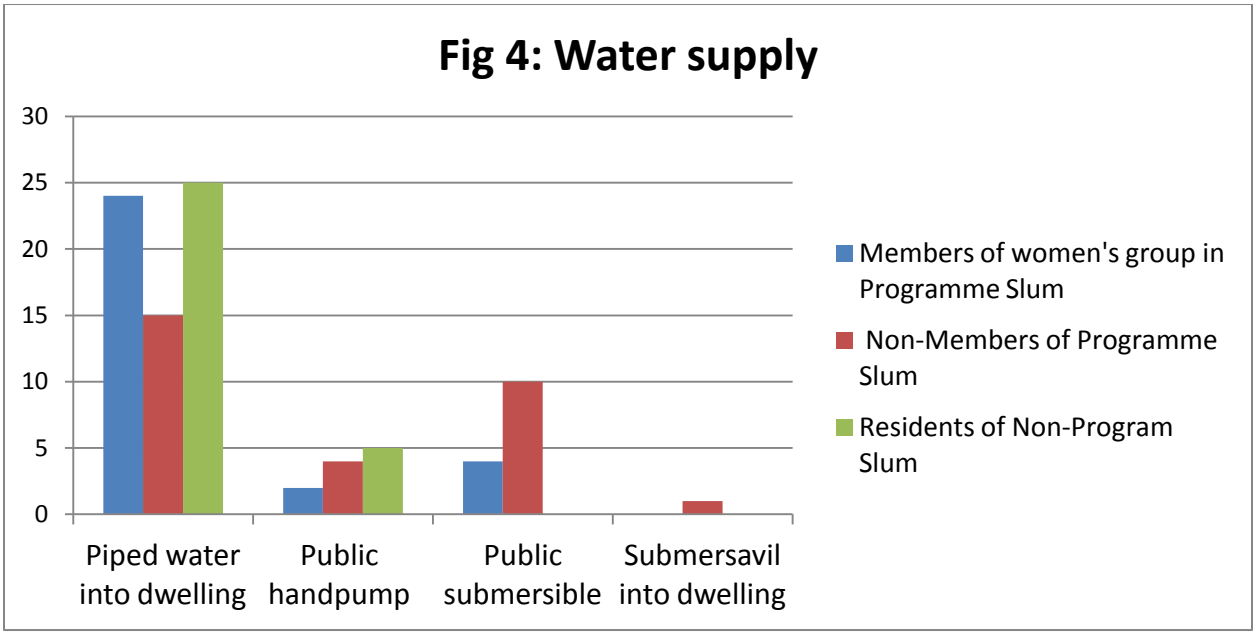
i. Out of these 24 households have Piped water into dwelling-operational, 2 households uses Public Hand Pump, and 4 households uses Public Submersible.

b. Out of 30 households of Non-members of women's groups but of programme slum,

i. Out of these 15 households have Piped water into dwelling-operational, 4 households uses Public Hand Pump, 1 households have Submersible into dwelling, and 10 households uses Public Submersible.

c. Out of 30 households of Non-programme slum,

i. Out of these 25 households have Piped water into dwelling-operational and 5 households uses Public Hand pump.



6. Toilet Facility

a. Out of 30 households of members of women's groups

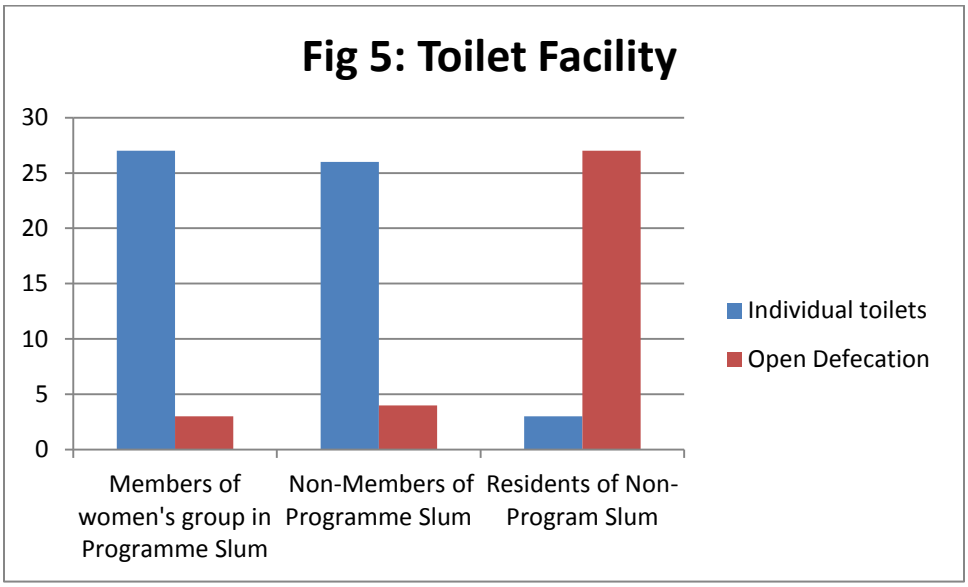
i. Out of these, 27 households have Individual toilets in their houses and 3 household have no toilet facility so open defecation occurs.

b. Out of 30 households of Non-members of women's groups but of programme slum,

i. Out of these, 26 households have Individual toilets in their houses and 4 household have no toilet facility so open defecation occurs.

c. Out of 30 households of Non-programme slum,

i. Out of these, 7 households have Individual toilets in their house and 23 household have no toilet facility so open defecation occurs.



7. Type of Toilet Facility

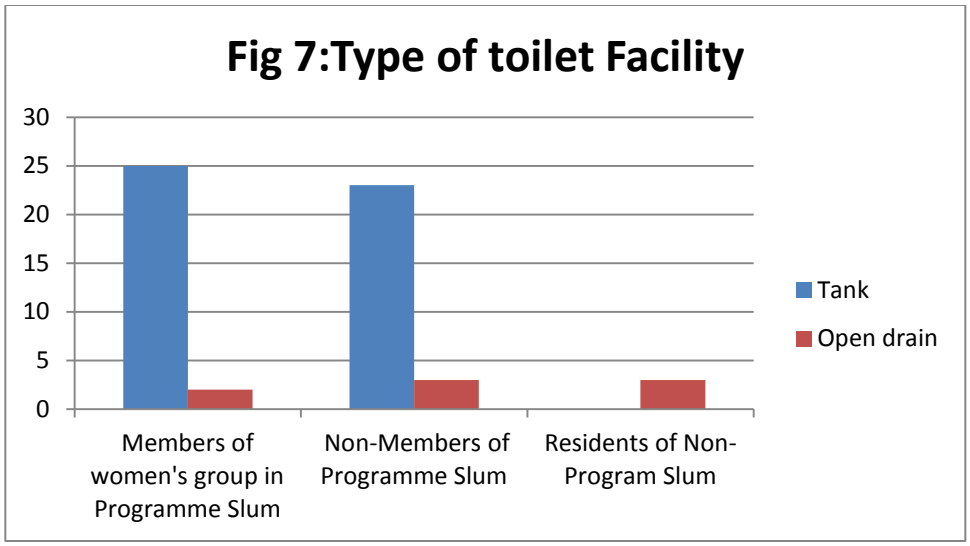
a. Out of 27 households of members of women's groups who have individual toilets

i. Out of these, 2 toilets were flowing into open drains and 25 had 5-6 feet deep cement structure which act as an individual tank for each households.

b. Out of 26 households of Non-members of women's groups but of programme slum,

i. Out of these, 3 households were soak pits toilets, 3 were flowing into open drains and 23 had 5-6 feet deep cement structure which act as an individual tank for each households.

c. All the 7 households of Non-programme slum who have individual toilets were flowing into open drains.



8. Electricity Connections

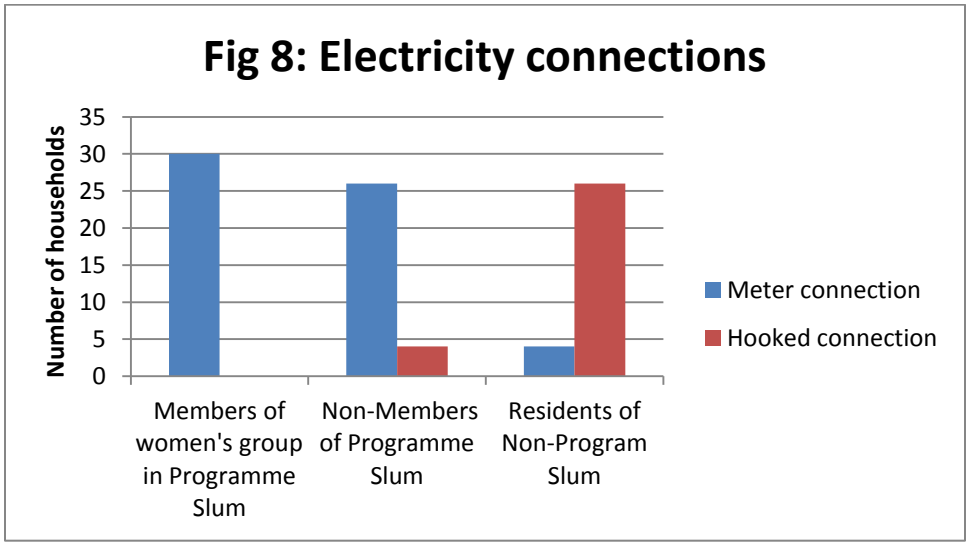
a. All 30 households of members of women's groups have metered electricity connections.

b. All 30 households of Non-members of women's groups but of programme slum have electricity connections

   i. Out of these, 26 households have electricity connection with meter and 4 households have illegal hooked electricity connections.

c. All 30 households of Non-programme slum have electricity connections.

   i. Out of these, 4 households have electricity connection with meter and 26 households have illegal hooked electricity connections.



9. Disposal of household garbage

a. Out of 30 households of members of women's groups,

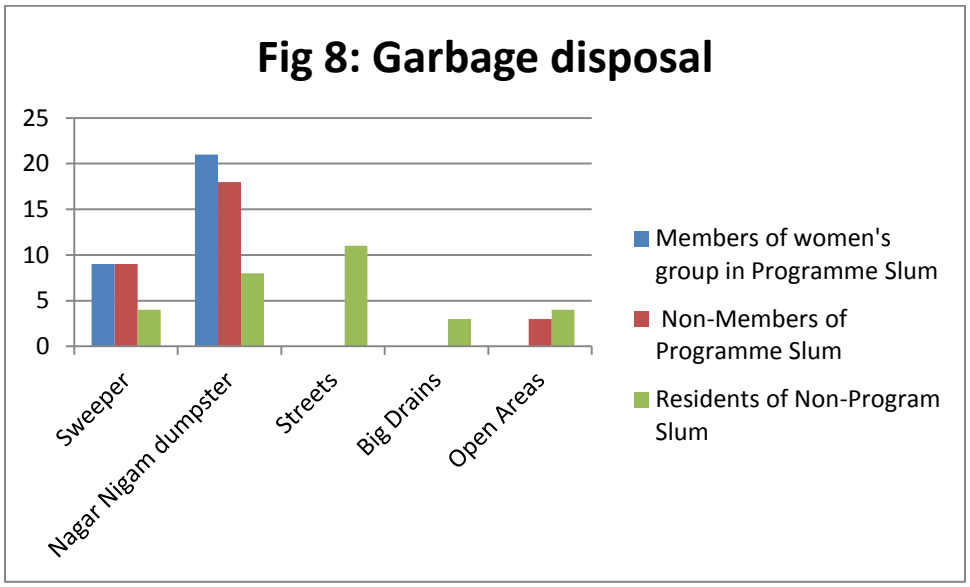
   i. Out of these, the garbage of 9 households was taken by the sweeper from house and 21 households throws the household garbage at the Nagar Nigam Garbage Dumpster.

b. Out of 30 households of Non-members of women's groups but of programme slum,

   i. Out of these, the garbage of 9 households was taken by the sweeper from house, 18 households throws the household garbage at the Nagar Nigam Garbage Dumpster and 3 households throws the households garbage in the open space in their slums.

c. Out of 30 households of Non-programme slum,

   i. Out of these, the garbage of 4 households was taken by the sweeper from house, 8 households throws the household garbage at the Nagar Nigam Garbage Dumpster, 11 households throws the garbage on the streets, 3 households throws the garbage at nala (Big Drains) and 4 households throws the households garbage in the open space in their slums.



NOTE: Group members and children collectively motivate the slum dwellers to throw garbage in dustbins and to maintain cleanliness. Throwing polythene into drains has reduced as polythene and plastic material clogged the large drains of Agra.

10. Children's education

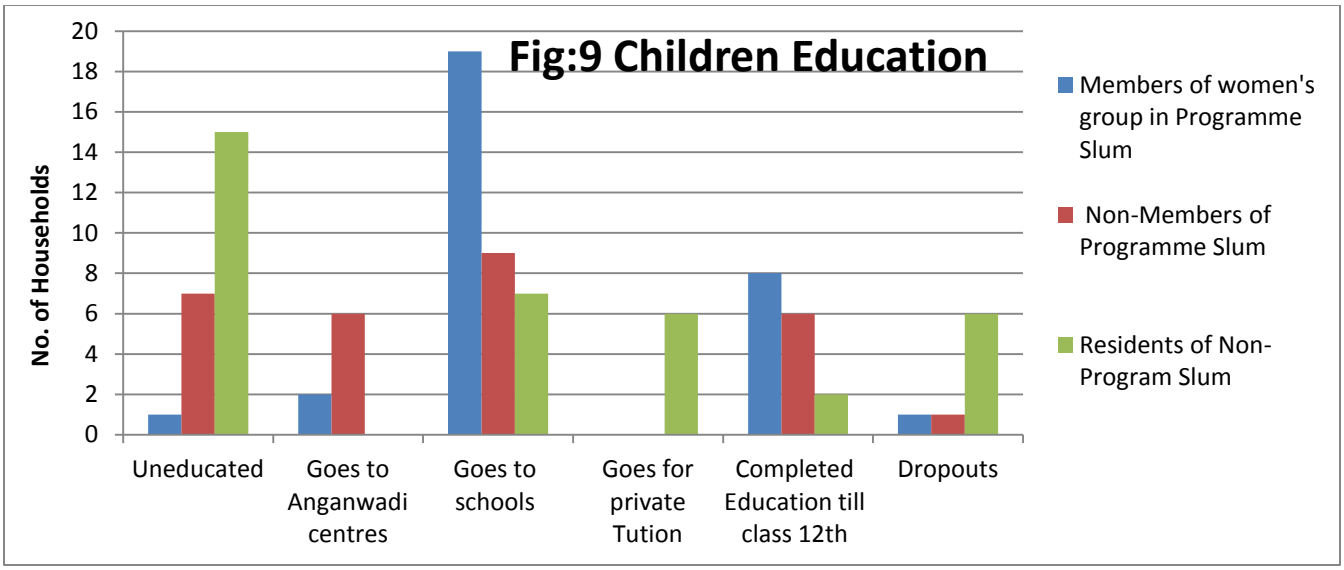
a. Out of 30 households of members of women's groups
    i. Out of these, children of 1 household don't study, children of 2 households study at Anganwadi centre, children of 19 households goes to school (private/government) and children of 8 households have completed their education till class 12^{th} or higher.

b. Out of 30 households of Non-members of women's groups but of programme slum,
    i. Out of these, children of 7 households don't study, children of 6 households study at Anganwadi centre, children of 9 households goes to school (private/government) and children of 6 households have completed their education till class 12^{th} or higher.

c. Out of 30 households of Non-programme slum,
    i. Out of these, children of 15 households don't study, children of 7 households goes to school(private/government), children of 6 households don't goes to school but goes to tution and children of 2 households have completed their education till class 12^{th} or higher.

d. **Drop Outs**
    i. Out of 30 households of members of women's groups, case of dropout was recorded in 1 family due to money.
    ii. Out of 30 households of Non-members of women's groups but of programme slum, case of dropout was recorded in 1 family due to child weak at studies.
    iii. Out of 30 households of Non-programme slum, case of dropout recorded were in 6 families due to money, girl child and child weak at studies.

NOTE: Private tuitions are those in which any student of the slum who have studies 12^{th} or more teaches students at their home. It is cheaper than the schools and it cuts down the cost for dresses, bags and books which is an additional cost for the children who goes to school other than the fees.



Picture Id and Proof of Address

11. Aadhaar Cards

a. Out of 180 persons from the 30 families of members of women's groups
    i. Out of these, 104 persons applied for Aadhaar card and 36 have received the Aadhaar cards.
b. Out of 180 persons from the 30 families of Non-members of women's groups but of programme slum,
    i. Out of these, 48 persons applied for Aadhaar card and 11 have received the Aadhaar cards.
c. Out of 180 persons from the 30 families of Non-programme slum
    i. Out of these, 100 persons applied for Aadhaar card and 46 have received the Aadhaar cards.

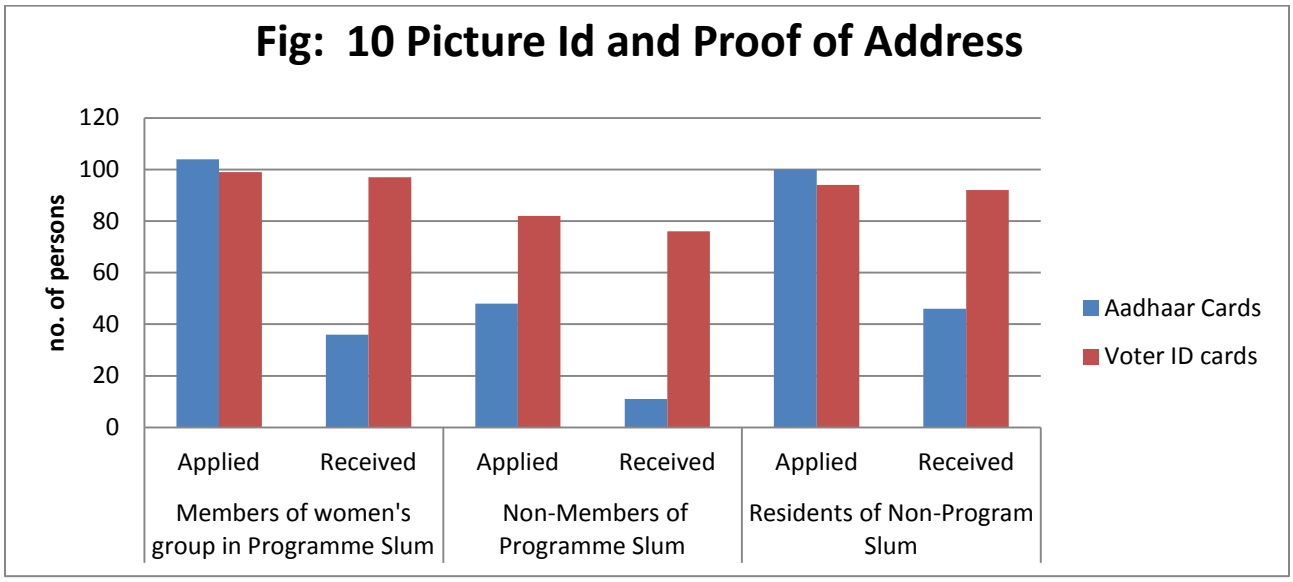
12. Voter Id cards

a. Out of 104 persons from the 30 families of members of women's groups
    i. Out of these, 99 persons applied for Voter Id card and 97 have received the Voter Id cards.
b. Out of 104 persons from the 30 families of Non-members of women's groups but of programme slum,

i. Out of these, 82 persons applied for Voter Id card and 76 have received the Voter Id cards.

c. Out of 104 persons from the 30 families of Non-programme slum

i. Out of these, 94 persons applied for Voter Id card and 92 have received the Voter Id cards.



Social benefit schemes and Entitlements

13. Ration Card

a. Out of 30 households of members of women's groups, 25 households have ration cards and 1 household have applied for it.

i. Out of 25 households, 24 have APL (Above poverty line) cards and 1 have BPL (Below poverty line) cards.

b. Out of 30 households of Non-members of women's groups but of programme slum, 22 households have ration cards and 1 household have applied for it.

i. Out of 22 households, 19 have APL (Above poverty line) cards and 3 have BPL (Below poverty line) cards.

c. Out of 30 households of Non-programme slum, 26 households have ration cards.

i. All 26 households have APL (Above poverty line) cards.

No household was found with the Antyodaya Ration Cards.

14. Domicile Certificate

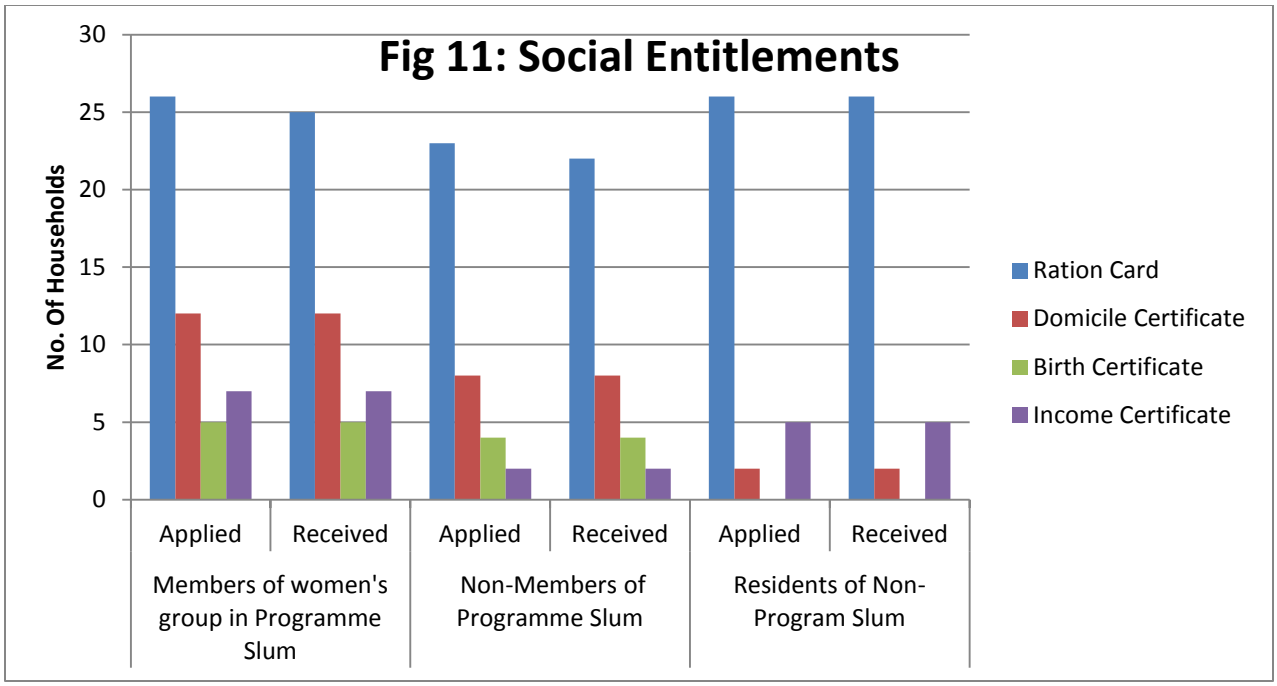
a. Out of 30 households of members of women's groups, 12 households have domicile certificate.
b. Out of 30 households of Non-members of women's groups but of programme slum, 8 households have domicile certificate.
c. Out of 30 households of Non-programme slum, 2 households have domicile certificate.

15. **Birth Certificate- (**We are including households having either birth certificate, issued by hospital as well as by municipal cooperation)

a. Out of 30 households of members of women's groups, 5 households have birth certificate of their children.
    i. Out of 5 households, 3 have the certificate which is issued by the hospital and 2 have the certificate issued by the municipal cooperation.
b. Out of 30 households of Non-members of women's groups but of programme slum, 4 households have birth certificate of their children.
    i. Out of 4 households, 2 have the certificate which is issued by the hospital and 2 have the certificate issued by the municipal cooperation.
c. Out of 30 households of Non-programme slum, no households have birth certificate of their children.

16. Income Certificate

a. Out of 30 households of members of women's groups, 7 households have income certificate.
b. Out of 30 households of Non-members of women's groups but of programme slum, 2 households have income certificate.
c. Out of 30 households of Non-programme slum, 5 households have income certificate.



17. Widow pension scheme

a. Out of 30 families of members of women's groups, 3 families had widows.
    i. Out of these, 3 applied for Widow Pension scheme and 2 received the benefit of Widow Pension scheme.

b. Out of 30 families of Non-members of women's groups but of programme slum, 7 families had widows.
    i. Out of these, 7 applied for Widow Pension scheme and 4 received the benefit of Widow Pension scheme.

c. Out of 30 families of Non-programme slum, 5 families had widows.
    i. Out of these, 2 applied for Widow Pension scheme and none received the benefit of Widow Pension scheme.

18. Kanya vidhya dhan yojna (Girl child education incentive scheme)

a. Out of 30 families of members of women's groups, 3 girls were eligible for the scheme.
    i. Out of these, 1 applied for Kanya vidhya dhan yojna and 1 received the benefit of Kanya vidhya dhan yojna

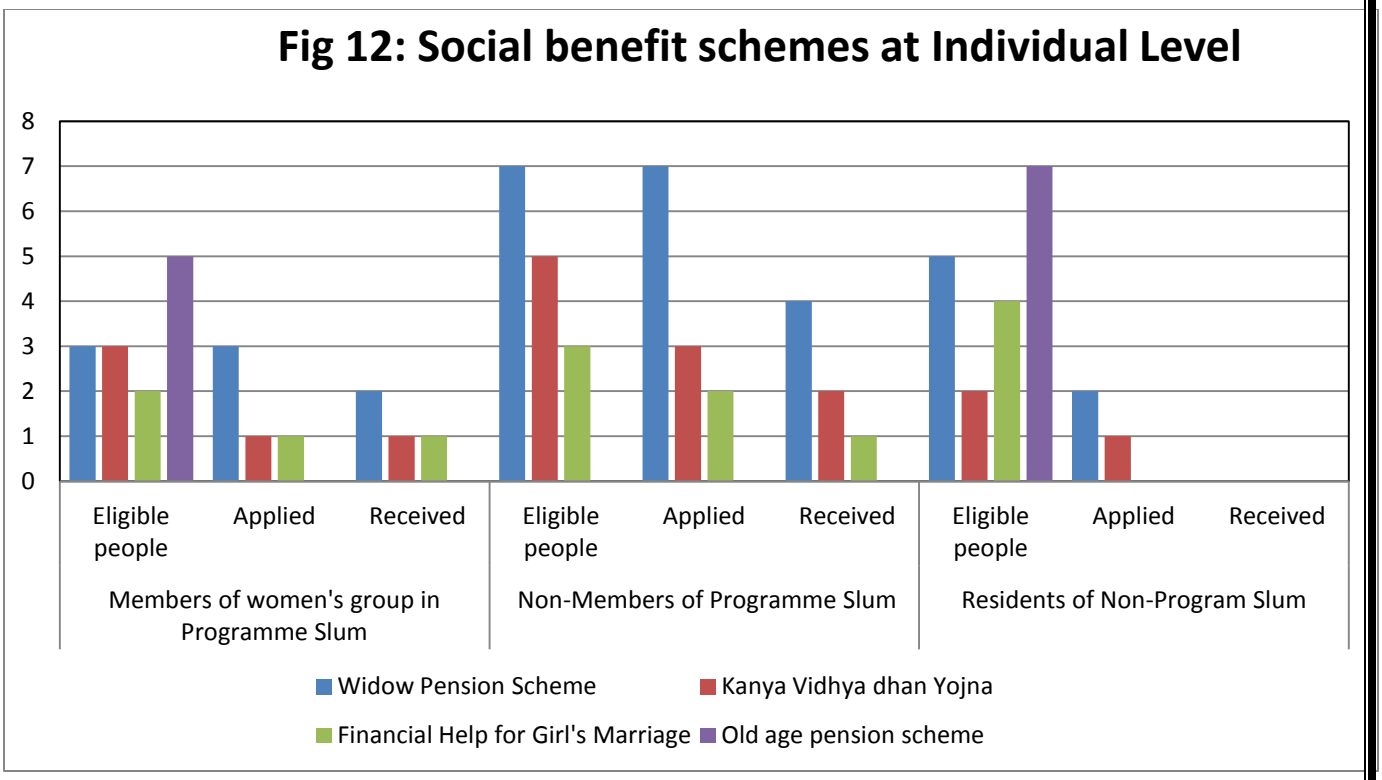
b. Out of 30 families of Non-members of women's groups but of programme slum, 5 girls were eligible for the scheme.
    i. Out of these, 3 applied for Kanya vidhya dhan yojna and 2 received the benefit of Kanya vidhya dhan yojna
c. Out of 30 families of Non-programme slum, 2 girls were eligible for the scheme.
    i. Out of these, 1 applied for Kanya vidhya dhan yojna and none received the benefit of Kanya vidhya dhan yojna

19. Financial help for girl's marriage

a. Out of 30 families of members of women's groups, 2 girls were eligible for the scheme.
    i. Out of these, 1 applied for scheme and 1 received the benefit of the scheme for the financial help of the family for girl's marriage.
b. Out of 30 families of Non-members of women's groups but of programme slum, 3 girls were eligible for the scheme.
    i. Out of these, 2 applied for scheme and 1 received the benefit of the scheme for the financial help of the family for girl's marriage.
c. Out of 30 families of Non-programme slum, 4 girls were eligible for the scheme.
    i. Out of these, none applied for the scheme for the financial help of the family for girl's marriage.

20. Old Age Pension scheme

a. Out of 30 families of members of women's groups, 5 old persons were eligible for the scheme but no one applied for the scheme.
b. Out of 30 families of Non-members of women's groups but of programme slum, no old persons were found eligible for the scheme.
c. Out of 30 families of Non-programme slum, 7 old persons were eligible for the scheme but no one applied for the scheme.

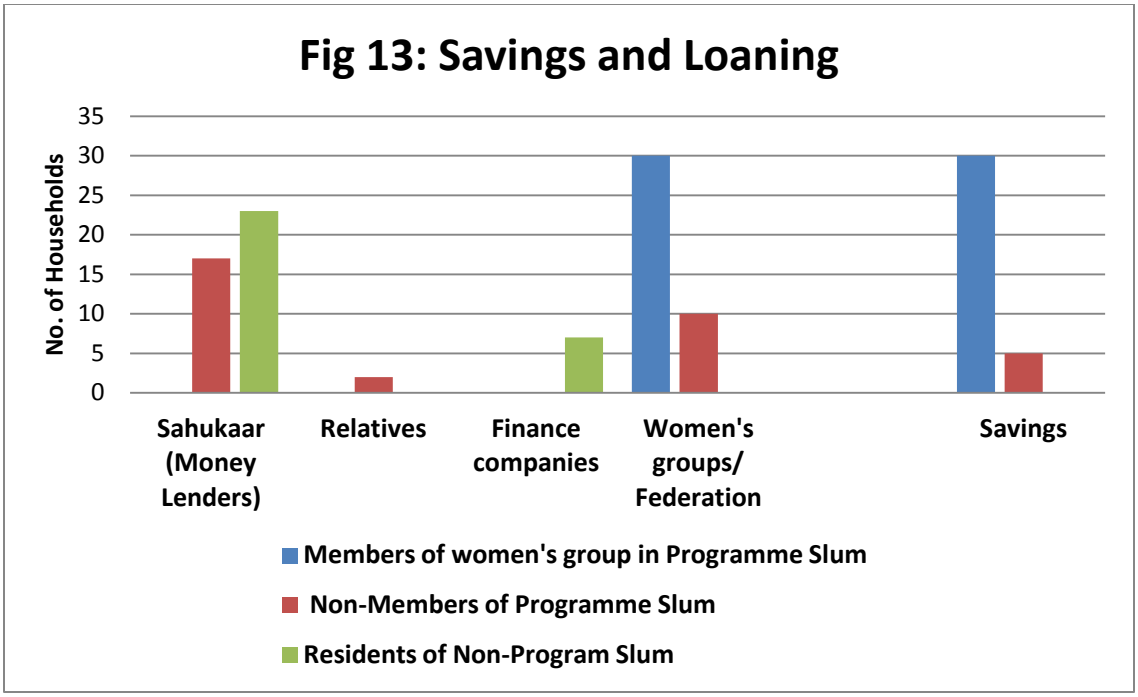


21. Savings and Loans

a. Out of 30 households of members of women's groups,
    i. Out of these, all 30 households use to take loans from the women's groups only in case of any need of money.
    ii. Out of these, women of 30 households do the savings.

b. Out of 30 households of Non-members of women's groups but of programme slum,
    i. Out of these, 1 household avoid expenses, 17 take loan from sahukaar (money lenders), 2 borrow from relatives and 10 take loans from women's groups or federation of their area.
    ii. Out of these, women of 5 households do the savings.

c. Out of 30 households of Non-programme slum,
    i. Out of these, 23 take loan from sahukaar (money lenders) and 7 take loans from finance companies (Jag Jeevan finance company).
    ii. Out of these, no women do the savings.



Access to Health facility

22. **Access to type of health Facility**

a. Out of 30 households of members of women's groups,

   i. Out of these, ill people of 14 households visit government facility and of 16 households visit private facility.

   ii. Out of these, 9 households visited the private facility due to the reason that there was no nearby govt. facility, 4 households stated the transportation cost to be the reason and 3 households face the condition of too long waiting time.

b. Out of 30 households of Non-members of women's groups but of programme slum,

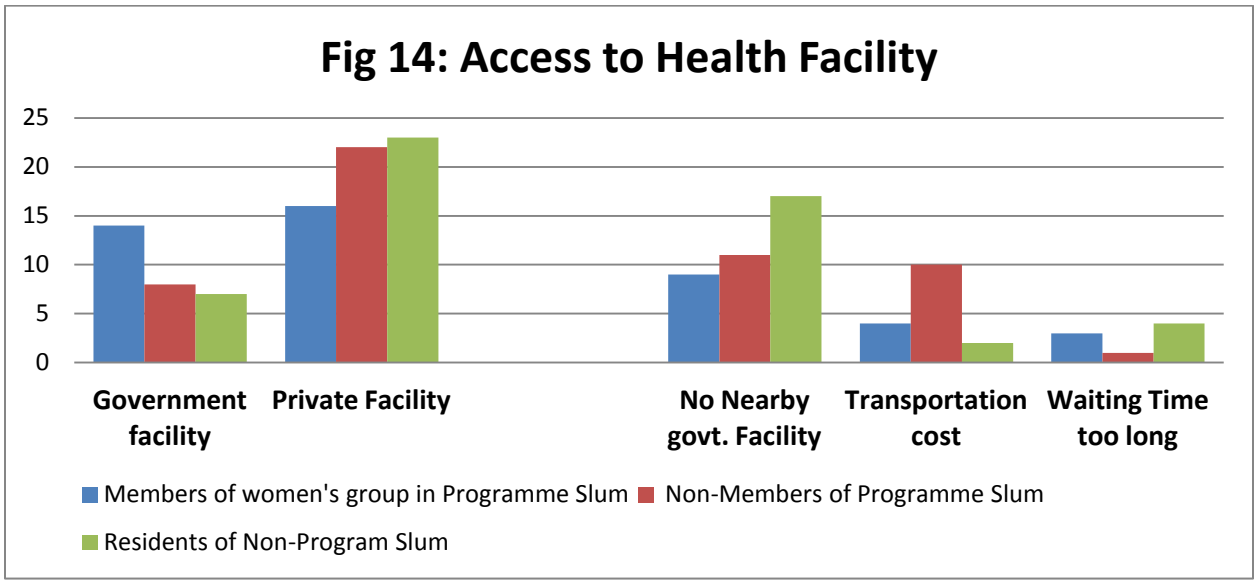
   i. Out of these, ill people of 8 households visit government facility and of 22 households visit private facility.

   ii. Out of these, 11 households visited the private facility due to the reason that there was no nearby govt. facility, 10 households stated the transportation cost to be the reason and 1 household face the condition of too long waiting time.

c. Out of 30 households of Non-programme slum,

i. Out of these, ill people of 7 households visit government facility and of 23 households visit private facility.

ii. Out of these, 17 households visited the private facility due to the reason that there was no nearby govt. facility, 2 households stated the transportation cost to be the reason and 4 households face the condition of too long waiting time.



23. **Maternal and Child Health**

a. Out of 30 households of members of women's groups, 9 pregnant or recently delivered women and 7 children below 2 years were recorded.

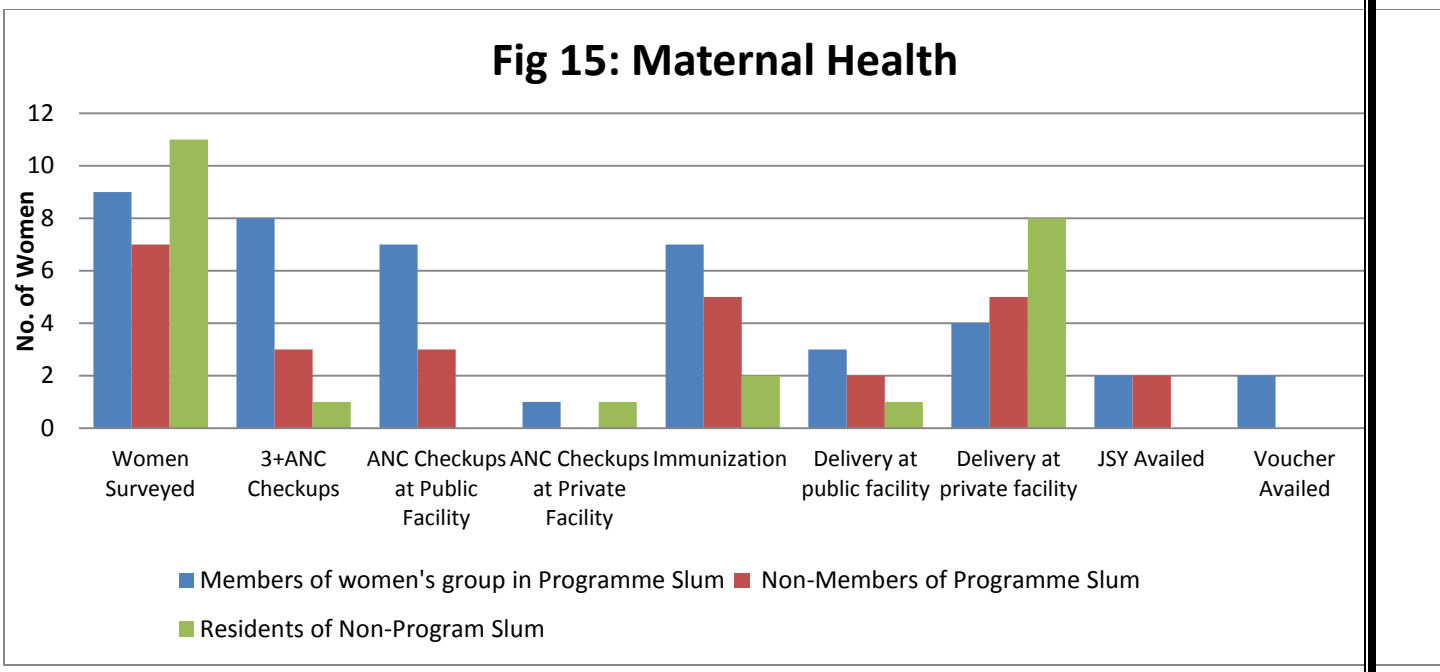
i. Out of these, 8 women gone for all ANC checkups but 7 women took it in public facility and 2 took it in private facility.

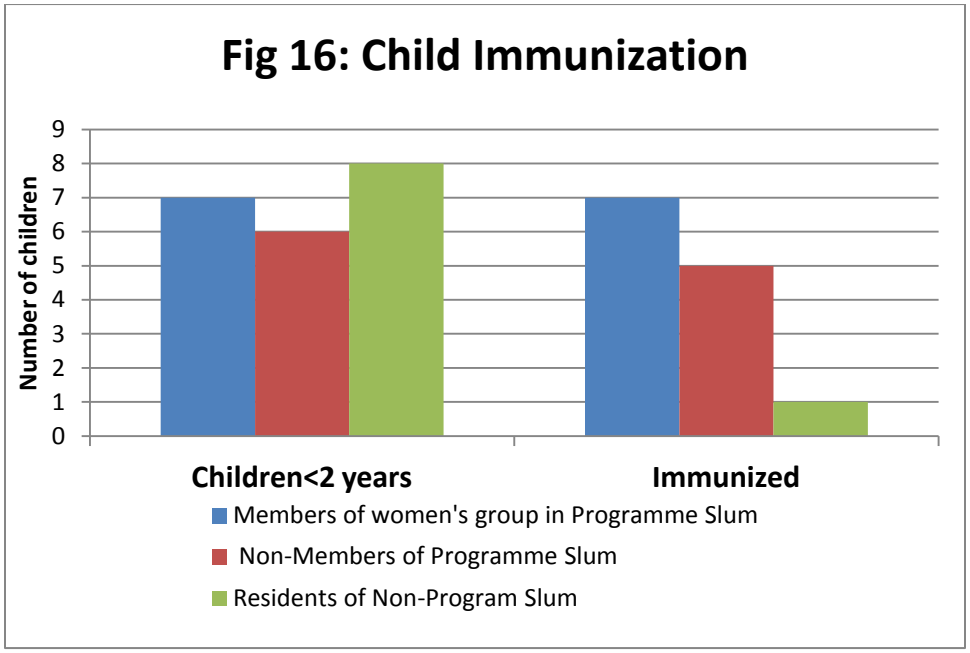
ii. Out of these, 7 women took all the injection required during pregnancy.

iii. Out of these, 3 women delivered the baby in government hospital and 2 availed the JSY scheme and 4 women delivered the baby in private hospitals/ nursing homes and 2 availed the Voucher scheme.

iv. All the 7 children were fully immunized as per the age out of which 5 got immunizations at government facility while 2 got immunizations at camps in slums.

b. Out of 30 households of Non-members of women's groups but of programme slum, 7 pregnant or recently delivered women and 6 children below 2 years were recorded.
    i. Out of these, 3 women went for all ANC checkups in public facility.
    ii. Out of these, 5 women took all the injection required during pregnancy.
    iii. Out of these, 2 women delivered the baby in government hospital and 2 availed the JSY scheme, 5 women delivered the baby in private hospitals/ nursing homes and 1 woman delivered at home as it was a tradition.
    iv. Out of these, 5 children were fully immunized as per the age at government facility.
c. Out of 30 households of Non-programme slum, 11 pregnant or recently delivered women and 8 children below 2 years were recorded.
    i. Out of these, 1 woman went for all ANC checkups at private facility.
    ii. Out of these, 2 women took all the injection required during pregnancy.
    iii. Out of these, 1 woman delivered the baby in government hospital and 8 women delivered the baby in private hospitals/ nursing homes and didn't avail any scheme.
    iv. Out of these, 1 child was fully immunized as per the age at private facility.





24. Family Planning and Contraception

a. Out of women of 30 households of members of women's groups,

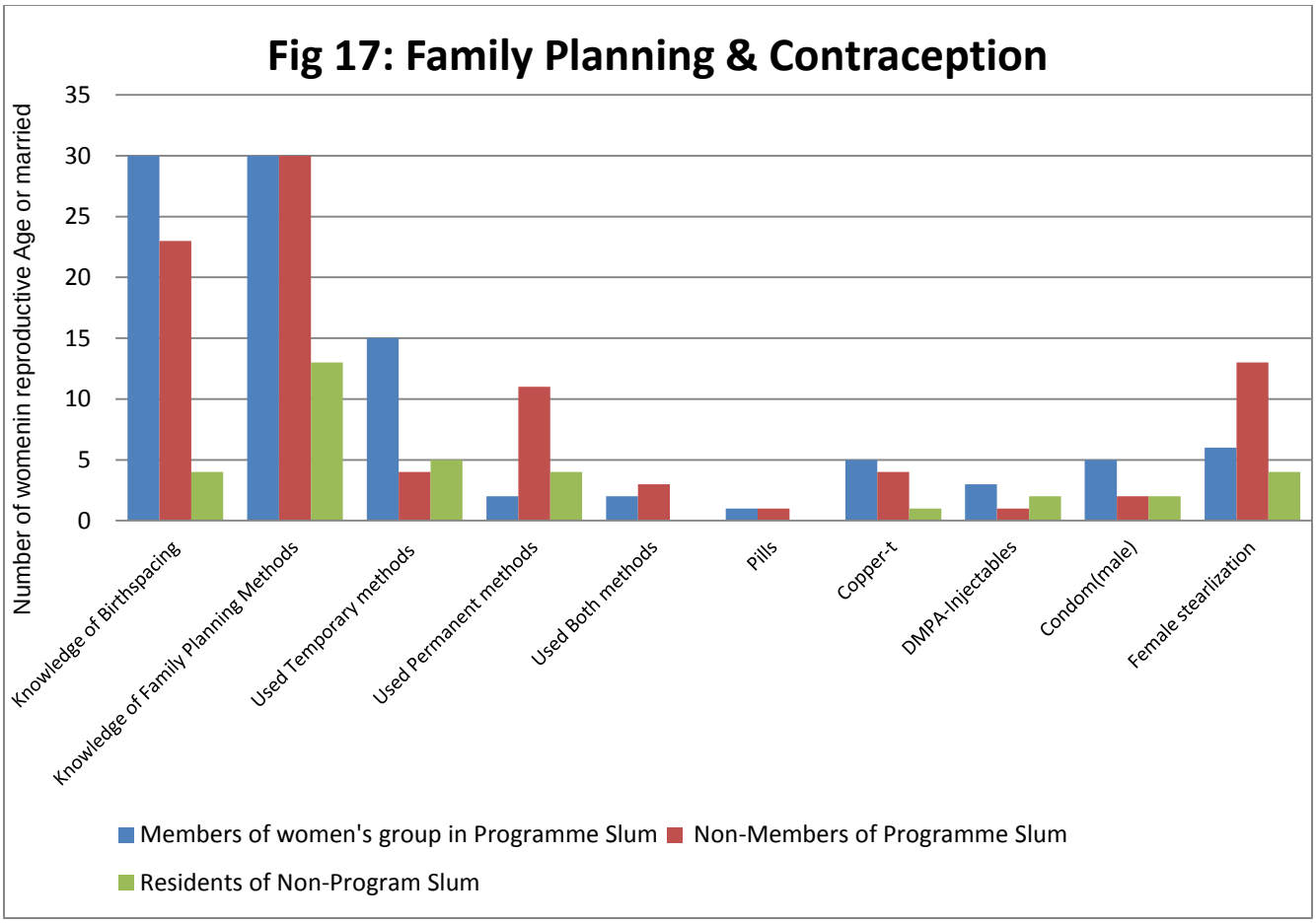
i. Out of these, all women in the reproductive age and who are married have the knowledge about birth spacing and family planning methods.

ii. 19 Women have used the family planning methods out of which 15 used temporary, 2 used permanent and 2 used both the methods.

iii. Out of these, 1 woman used pills, 5 women used copper-t, 3 women used DMPA-Injectables, 5 women used condoms and 6 women gone for female sterilization.

b. Out of women of 30 households of Non-members of women's groups but of programme slum,
    i. Out of the women in the reproductive age and who are married, women of 23 households have the knowledge about birth spacing and women of all 30 households have knowledge of family planning methods.
    ii. 18 Women have used the family planning methods out of which 4 used temporary, 11 used permanent and 3 used both the methods.
    iii. Out of these, 1 woman used pills, 4 women used copper-t, 1 women used DMPA-Injectables, 2 women used condoms and 13 women gone for female sterilization
c. Out of women of 30 households of Non-programme slum,
    i. Out of the women in the reproductive age and who are married, women of 4 households have the knowledge about birth spacing and women of 13 households have knowledge of family planning methods.
    ii. 9 Women have used the family planning methods out of which 5 used temporary and 4 used permanent methods.
    iii. Out of these, 1 women used copper-t, 2 women used DMPA-Injectables, 2 women used condoms and 4 women gone for female sterilization

Birth spacing and other family planning methods- denominator may be less than total households since question was not asked where there were no married women of reproductive age.



➢ GROUP DISCUSSION FINDINGS

Physical and social environment- It is not related to number of families or number of people residing there or with whom we interacted with.

- **ROADS:-**The condition of roads (known as kharanja) was observed and is discussed with the women's groups during the Focused group discussion in both programme and non-programme slum. The roads in Programme Slum were paved with the cement bricks. The construction of roads only happened after the submission of number of applications and reminders to the civic authorities by the slum level women's groups with the help of UHRC facilitators. The women's group leaders also go to parshad (councilor) for the same. The roads were partially paved in the non-programme slum. The FGD revealed that those roads were constructed by the civic authorities around 5 years ago as that slum lie nearby to the Tehsil of that area.

- **Sources of Water Supply:-**Due to the bad taste and low levels of ground water in Agra people of slums faced lot of problems for both drinking water and water for other uses. In the programme slum, the women's groups and federation were motivated to write collective applications for repairing of defective Hand Pumps and for installing new submersavil pump in the slum for water supply. But in the non-programme slum there was no hand pumps and submersavil pumps in the slums. They have to go to near slums for filling up the water for their use. In both the slums there were operational water pipe line into dwellings but during the discussion people told that the water supply is not continuous and the water coming from the taps is bad in taste as well as it seems to be highly contaminated.
- **Sewage lines:** - The women's groups of the programme slum have submitted lot of application and reminders for the sewage lines but no action was taken till now. Hence, people of the slum were motivated by the members of the women's groups to keep clean drains in front of their houses for proper drainage. But in the Non-programme slum there was non-operational sewer line laid about 2 years ago. All the drains in the slum were clogged leading to collection of waste at different places. further
- **Garbage sweeping**- Usually slum dwellers have to call the sweepers and pay them for cleaning the drains. The slums where women's groups are active they make regularity in cleanliness of the slum other than the bastis having parhad residing there.
- **Community toilets**:—In spite of community toilets in the slums, the people do open defecation due to shortage of water in toilets. Secondly, toilets were not cleaned and maintained regularly and at the end locks are put on them. In the slum, Nawal ganj the community toilet were working but they charge Rs. 30 from each household which uses them.

2.6 DISCUSSION:

Among group members 27 out of 30 were living in self owned houses whereas among non group members 20 out of 30 were living in self owned houses. During group discussion on utilization of savings and loan scheme it was learnt that several group members borrowed loans for building new house. We also learnt that families who owned houses have greater confidence in continuing in women's groups and continuing the regular savings as compared to families who lives in rented houses. There was almost no difference in the house ownership pattern of the programme and the non-programme slum.

The trend pertaining to type of house among members and non group members was similar with about 3-4 out of 30 households having semi-pucca house but in n=p s have 4 semi pucca and 6 kuccha houses. The trend was similar in terms of presence of toilets connected to tank as well as metered electricity connection among members and non-members. However in the nps a substantially larger proportion of families (23 used open defecation and 7 had toilets flowing out in the open drain) . In the nps only … had metered connection. These findings suggests that 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.

Almost three-fourth of the houses of both the members and non-members of programme slum and the non-programme slum had operational piped water into dwelling. Among the group members (15 out of 30) and non-group members (8 out of 30) used to buy reverse osmosis 20 liters water bottles for drinking from the market of the programme slum but the families of the non-programme slum use to drink the piped water. Due to the bad supply condition and taste of the piped water into dwelling people use to buy drinking water (R.O water) as women group members make them aware about the health and hygiene regarding water during camps or other events in the slum.

The household garbage disposal practices are in same trend among the members and the non-group members of the programme slum as they use to dispose off garbage in the dustbin which is took by the

sweeper from the home or at the Nagar Nigam garbage dumpster area but most of the families of the non-programme slum use to dispose off garbage in the open space, on streets and in the drains. These practices led to clogging of drains and as a result become breeding sites for many infections. The group discussion revealed that 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 education attainment among children of the families of the group members (29 0ut of 30) and non group members (23 out of 20) of the programme slum which includes all the children who goes to Anganwadi centre, school (private and Government) and who completed their education till 12 as compared to the children of the families of non programme (7 out of 30) very few goes to the school. But some families of the non-programme slum (6 out of 30) send their children for the private tution classes as it is cheap and within the reach of parents as located inside the slum only. The findings states that 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 (1 out of 30) among the members and non-members as women's groups also provide loans facility for child education of both boy or girl child. As compared to programme slum the tution is not able to serve the purpose of school education as there is no system of classes and course division which implies that the non-programme slum also requires same type of motivation which programme slum has received to send their children to school.

The trend of applying and getting Aadhaar cards is almost same among the families of group members of the programme slum and families of the non-programme slum as out of total 180 members in each above mentioned strata 100-104 people have applied for Aadhaar cards and some have also received the cards. But the situation among the non-group members regarding application for Aadhaar card is less (45 out of 180). Then factors related to these findings revealed are that 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. But no camp was held in the programme slum, instead the residents who were informed about the camp in the nearby slum went there to apply and others left behind due to the lack of knowledge and

accessibility. Almost all the people of both programme slum and non-programme slum have Voter Id cards or have applied for them. As this 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.

The Food subsidy Ration cards are present with almost 23-25 out of 30 families in both the programme slum and non-programme slum but the families who don't have ration card, don't apply for them as they have lack of knowledge about the benefits of these entitlements.

2.7 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 were received during interaction with UHRC team.

APPENDIX

SURVEY SCHEDULE

WOMEN'S QUESTIONNAIRE FOR URBAN SLUMS

Identification Details	Code
Name of the Slum Area/ Locality/Ward No_____	☐☐☐
Type of the Slum Area: (Intervention …1, Non-Intervention () 2	
Name of the Head of the Household _____	
Total members in the household	
No. of Male Members No. of Female Members	
Name of the Respondent_____	
Interviewer's Name_____	☐☐
Signature of the Supervisor _____	
Date of Interview	☐☐

Signature: Date:	

HOUSEHOLD INFORMATION (Collect the household information from any adult member of the household)

परिवार की जानकारी(परिवार के किसी वयस्क सदस्य से परिवार की जानकारी लें)

Kindly provide background information on household members who are sharing the same kitchen and staying in this house. (*Include those who are temporarily away. Exclude guests and those members who usually have not been staying in this house for a period of six months or more).* Record the relationship of the members with respect to the head of the HH. Please start taking down HH details from the head of the household.
कृपया परिवार के उन सदस्यों की पृष्ठभूमि की जानकारी दें जो इस घर में रहते है और एक ही रसोई का इस्तेमाल करते है।(उन लोगों को शामिल करे जो लोग इस समय कुछ समय के लिये बाहर है।मेहमानों और उन सदस्यों को न जोड़े जो आमतौर पर इस घर पर 6 महीनें या उससे ज्यादा समय के लिये बाहर रहते हैं।(परिवार के मुखिया के साथ उस सदस्य का रिश्ता लिखें।कृपया परिवार के मुखिया से जानकारी लेने की शुरूवात करें)

Line No.	***Usual Residents and Visitors*** आमातौर पर रहने और आने वाले	**Relationship to head of HH** घर के मुखिया से सम्वन्ध	**Sex** लिग	**Age** उम्र	**Marital Status** वैवाहिक स्तर	**Education** शिक्षा

(1)	**Please give me names of persons who usually live in your HH, starting with the head of HH** कृपया उन व्यक्तिओं के नाम बतायें जो आमतौर आपके परिवार में रहते है,परिवार के मुखिया से शुरू करें **(2)**	What's the relationship of (NAME) to the head of HH? (नाम)का परिवार के मुखिया से क्या रिश्ता है **(3)**	Is (NAME) male or female? (नाम)महिला है या पुरूष **Male –1** पुरूष **Female -2** महिला **(4)**	How old is (NAME)? (In years) Record '00' if < 1 year **(5)** (नाम)की उम्र(सालों में)अगर 1 साल से कम है तो 00 लिखें	What is (NAME's) current marital status? (नाम)का वर्तमान वैवाहिक स्तर क्या है? **(6)**	What is highest standard (NAME) has completed? **(In completed Years)** (नाम)की उच्चतम शिक्षा क्या है(पूरे वर्षो में) **(7)**
01					1 2 3 4 5 6	
02					1 2 3 4 5 6	
03					1 2 3 4 5 6	
04					1 2 3 4 5 6	
05					1 2 3 4 5 6	
06					1 2 3 4 5 6	
07					1 2 3 4 5 6	
08					1 2 3 4 5 6	
09					1 2 3 4 5 6	
10					1 2 3 4 5 6	
11					1 2 3 4 5 6	
12					1 2 3 4 5 6	
13					1 2 3 4 5 6	
14					1 2 3 4 5 6	
15					1 2 3 4 5 6	

16					1 2 3 4 5 6	
17					1 2 3 4 5 6	
18					1 2 3 4 5 6	

Codes for Col. 3

99	Head मुखिया	16	Parent-in-law सास–ससुर		
11	Wife or Husband पति या पत्नी	17	Uncle or Aunt चाचा या चाची		
12	Son or Daughter बेटा या बेटी	18	Brother/ sister भाई बहन		
13	Son-in-law or Daughter-in-law दामाद या बहू	19	Brother-in –law/ Sister-in-law जीजा/भाभी		
14	Grand child पोता पोती	20	Cousin (Brother or Sister) चचेरे भाई या बहन		
15	Parent माता पिता	96	Other relation अन्य रिश्ता		

	Codes for Col. 6
1	Currently Married वर्तमान में विवाहित
2	Marriage but No Gauna विवाहित लेकिन गौना नही हुआ
3	Divorced तलाकशुदा
4	Separated/ Deserted अलग हो गये

5	Widow/Widower विधवा/विधुर
6	Never Married कभी विवाह नही हुआ

Section-1-Household Information-BASIC HOUSEHOLD INFORMATION परिवार की सामान्यः जानकारी

S.No	Questions	*Code Category*	Codes
S1.1	Mark the type of house hold it is?	Member of women's groups in Intervention slum	1
		Non-Member of women's groups in Intervention slum	2
		Resident of non-Intervention slum	3
1.3	What is the ownership of House? क्या आपका परिवार इस घर का मालिक है?	Owned घर	1
		Rented घर	2
1.4	Type of house? घर किस प्रकार का है **(DO NOT ASK. OBSERVE AND RECORD)** पूछें नही,देख कर लिखें)	Kuchha- made of partial brick mud,wood and plastic-कच्चा	1
		Roof of non permanent material -सेमी पक्का/कुछ कच्चा कुछ पक्का	2
		Pucca-floor ,walls and roof of permanent material- पक्का	3
1.5	What is the main source of drinking water? आपके परिवार के सदस्यों के लिए पीने का पानी का मूख्य स्त्रोत क्या है?	Piped water into dwelling-operational निवास स्थन में पाईप	1
		Public tap- सार्वजनिक नल	2
		Public hand pump- सार्वजनिक चापाकल	3
		Submersible into dwelling- निवास स्थन में	4
		Public Submersible- सार्वजनिक	5

		Buy 20 liter water bottles	6
1.6	What is the main source of water not for drinking? आपके घर में जो पानी पीने के लिये नही इस्तेमाल किया जाता है(बर्तन साफ करने के लिये,कपड़े धोने आदि के लिये)उसको पाने के लिये क्या मुख्य स्त्रोत है	Piped water into dwelling-operational निवास स्थन में पाईप	1
		Public tap- सार्वजनिक नल	2
		Public hand pump- सार्वजनिक चापाकल	3
		Submersible into dwelling- निवास स्थन में	4
		Public Submersible- सार्वजनिक	5
1.7	Type of Toilet facility of your household have? आपके परिवार के लिए शौचालय की किस तरह की व्यवस्था है?	Individual/private- व्यत्गित / प्राइवेट	1
		Community- सामुदायिक	2
		No facility/Open defecation- कोई सुविघा नहीं / खुले में षौचालय	3
1.8	If Individual, type of toilet facility? (Observe and fill)	Soak pit-	1
		Toilet to septic tank-षौचालय होकर सैप्टिक टैंक में	2
		Toilet to open drain-फ्लष होकर खुली नाली में	3
		Toilet to 5-6 feet deep cement pipe(Tank)-षौचालय होकर टैंक में	4
		Others(specify)	9
1.9	Do you have an electricity connection? घर ?	Yes-हा	1
		No- नही	2
1.10	If yes, Which type of connection? अगर , तरह	With electricity meter-	1
		Hook connection(illegal)-	2

	?		
1.11	Where do you dispose off Household garbage? आपके घर का कूडा / करकट कहाँ फैका जाता हैं?	Sweeper takes it from house-सफाई वाला घर से उठाता है	1
		Nagar Nigam garbage dumpster- नगर निगम के कूडेदान में	2
		Street Throw- गली में	3
		Nala- नाले में	4
		Open Space-खुली जगह पर	5

II: Education Attainment				
Q. No.	**Question**	**Code**	**Code No.**	**Skip**
2.1	What is level of education attainment by mother?	No Schooling-स्कूल नही गय	1	
		Literate without formal schooling- शिक्षित लेकिन औपचारिक षिक्षा नही	2	
		Up to primary- प्राइमरी तक	3	
		Up to middle- माध्यमिक तक	4	
		Up to secondary- सेकंडरी तक	5	
		Up to Higher Secondary- हायर सेकेडरी तक	6	
		Others(specify)- अन्य(लिखें)	9	
2.2	How many children do you have of age 4-18 years? ४-१८	No. of male child		
		No. of Female child		
2.3	Are your children educated? ?	No-- नही	1	
		Yes, goes to Anganwadi centre- ,	2	
		Yes, goes to School- ,	3	
		Yes, don't go to school but study by private slum tution- , जगह	4	
		Have completed the School-	5	

2.4	Out of total children of 4-18 years, how many are studying? ४-१८	No. of male child		
		No. of Female child		
2.3	Is there any case of drop out in your Family? ?	Yes-हा	1	
		No- नही	2	
2.4	What are the Reasons for Dropout from school? ?	Money-	1	
		Money + Girl child- +	2	
		Child don't want to study	3	
		Child was weak at studies	4	
		Bad Health	5	
		Other (specify)- अन्य(लिखें)	9	

III: Individual entitlements and social benefit schemes				
Q. No.	**Question**	**Code**	**Code No.**	**Skip**
3.1	Do you have Aadhaar card? ?	Yes-हा.	1	
		No, but applied- पर	2	
		No- नही	3	
3.2	How Many Family members have Aadhaar cards including you? ( )			
3.3	How Many Family members have applied for			

	Aadhaar cards including you?			
3.4	Do you have Voter Id card? ?	Yes-हा.	1	
		No, but applied- पर	2	
		No- नही	3	
3.5	How Many Family members have Voter Id cards including you? (( )			
3.6	How Many Family members have applied for Voter Id cards including you? (( )			
3.7	Do you have Ration card? ?	Yes-हा	1	
		No- नही	2	
3.8	Which type of ratio card you have?	APL- ऐ ल	1	
		BPL- ल	2	
3.9	Have you Applied for Ration card?	Yes-हा	1	
		No- नही	2	
3.10	Do your family members have domicile certificate?	Yes-हा	1	
		No- नही	2	
3.11	Do your children have Birth certificate? जनम	Yes-हा	1	
		No- नही	2	

3.12	How many children have Birth certificate?	male child		
		Female child		
3.12	Which type of Birth certificate?	Issued by the hospitals-	1	
		Issued by the Municipal Cooperation-	2	
		Both- दोनों	3	
3.13	Does your family member have income certificate? आय	Yes-हा	1	
		No- नही	2	
	अगर			
3.14	Have you got the benefit of widow pension scheme (applicable to widows)	Yes-हा	1	
		No- नही	2	
3.15	Have you applied for widow pension (applicable to widows)	Yes-हा	1	
		No- नही	2	

Q. No.	Question	Code	Code No.	Skip
	अगर घर	(ADD AGE)		
3.16	Have you got the benefit of Kanya Vidhya dhan Yojna (Applicable to families having girl child) धन	Yes-हा	1	
		No- नही	2	

3.17	Have you applied for kanya vidhya dhan yojna (Applicable to families having girl child)	Yes-हा	1	
		No- नही	2	
3.18	Have you got the benefit of scheme for getting financial help for girl's marriage(Applicable to families having girl child) धन	Yes-हा	1	
		No- नही	2	
3.19	Have you applied for scheme of getting financial help for girl's marriage (Applicable to families having girl child) इस	Yes-हा	1	
		No- नही	2	
अगर घर ६० ऊपर				
3.20	Have you got the benefit of old age pension scheme?(Applicable to families having old person above the age of 60)	Yes-हा	1	
		No- नही	2	
3.21	Have you applied old age pension scheme?(Applicable to families having old person above the age of 60) इस	Yes-हा	1	
		No- नही	2	

IV: Savings and Loans

Q. No.	Question	Code	Code No.	Skip
4.1	Do you have you individual bank account?	Yes-हा	1	
		No- नही	2	
4.2	When you need money what you do? जब आप	Avoid expenses-	1	
		Take loan from Sahukaar(Money	2	

		lenders)-		Skip 4.3
		Borrow money from relatives-	3	
		Take loan from finance companies-	4	
		Take loan from Banks-	5	
		Take loan from Women's groups/ federation-	6	
4.3	Are you Satisfied by loan service of women's group/ federation? अगर आई	Yes-हा	1	
		No- नही	2	
		Can't say-कह	3	
4.4	Do you do the savings? आप	Yes-हा	1	
		No- नही	2	
4.5	Place to do savings? अगर ,	Women's groups-	1	
		In private committee (kitty)- /	2	
		Bank		
		Others (specify) अन्य(लिखें)	9	

Q. No.	Question	Code	Code No.	Skip
V: Health (Ante Natal checkup(s),Immunization, Delivery)				
5.1	When members of your household	District hospital- जिला अस्पताल	1	

	get sick, where do they generally go for treatment? जब आपके घर के सदस्य बिमार होते हैं, तब वह आमतौर पर ईलाज के लिए कहाँ जाते है।	Govt. Municipal hospital- सरकारी नगर नि क्षेत्र अस्पताल	2	Skip 5.2
		UHC/UHP-शहरी स्वास्थय केन्द्र / शहरी स्वास्थ्य पोस्ट / शहरी परिवार कल्याण केन्द्र	3	
		Anganwadi centre- आंगनवाडी सेन्टर	4	
		Other public health facility- अन्य सामुदायिक स्वास्थ्य सुविधा	5	
		Pvt. Hospital- प्राइवेट अस्पताल	6	
		Pvt. Doctor/clinic- प्राइवेट डा0 / क्लीनिक	7	
		Pharmacy- फार्मेसी / दवाखाना	8	
		Other (specify)- अन्य (स्पश्ट करें)	9	
5.2	Why don't members of your household generally go to a government facility when they are sick? जब आपके घर के सदस्य बिमार होते है तब वह सरकारी सुविधाएँ के लिए क्यों नहीं जाते? Any other reason?और कोई कारण	No nearby facility- पास में सुविधा नहीं	1	
		Transport cost-यातायात खर्च	2	
		Waiting time too long- लम्बे समय तक इन्तजार करना	3	
		Attitude- रवैय	4	
		Other(specify)- अन्य (स्पष्ट करें)	9	
If pregnant women or child below 2 years is present				
5.3	Were /are you registered by ANM when you last/presently pregnant? जब आप पिछली बार/ वर्तमान गर्भवती थीं, तो क्या ए0एन0एम0 ने पंजीकरण किया था ?	Yes-हा	1	
		No- नही	2	
		Don't know About ANM- जानती / याद नहीं	3	
5.4	When you were pregnant, did you undergo antenatal check up			

		Not Done-	0	Skip 5.5
5.5	What were the reasons you did not receive an ANC? प्रसवपूर्व जांच न होने की क्या वजह थी ?	Didn't feel the need- आवश्यक नहीं है	1	
		Scared of the doctor/ procedures- डर	2	
		Financial problem- इसमें अधिक पैसा लगता है	3	
		Lack of knowledge- जानकारी नहीं थी	4	
		Other- अन्य (स्पष्ट करें)	9	
5.6	Where was the antenatal checkup conducted?	Government hospital-सरकारी अस्पताल	1	
		Anganwadi centre- **आंगनवाडी सेन्टर**	2	
		Other public health facility- अन्य सार्वजनिक क्षेत्र की सुविधा	3	
		Private hospital- प्राइवेट अस्पताल / क्लीनिक	4	
		Other private clinics- अन्य प्राइवेट स्वास्थ्य देखभाल सुविधा	5	
		Home- -घर	6	
		Camps in bastis-	7	
		Others(specify)- अन्य (स्पष्ट करें)	9	

5.7	During your last pregnancy, were you given an injection in the arm to prevent you and your child from getting tetanus? How many times were you given these	Once ,क बार	1	
		Twice दो बार	2	
		More than twice दो बार से ज्यादा	3	

	injections?	Don't know नही जानते	4	
5.8	During your last pregnancy, were you given IFA tablets/ syrup?	Yes-हा		
		No- नही		
		Don't know About ANM- जानती / याद नहीं		
5.9	Where did you deliver?	Government Hospital- सरकारी अस्पताल	1	Skip to 5.10
		Private Hospital- प्राइवेट अस्पताल	2	
		Clinic- प्राइवेट क्लीनिक	3	
		Other Private Health Care Facility अन्य प्राइवेट स्वास्थ्य देखभाल सुविधा	4	
		Home.घर	5	
5.10	Why you delieved at home? घर ?	Financial problem-	1	
		Just like that-	2	
		Fear of the doctor/ hospital- डर	3	
		Too sick to go to the hospital-	4	
		No support– परिवार ने अनुमति नही दी	5	
		Other- अन्य(लिखें	6	
5.11	Have you taken the Benefit of delivery schemes by government? समय	JSY-	1	
		Voucher-	2	
		Any other govt. scheme- और	3	
		None-	4	

		Others(specify) अन्य (स्पष्ट करें	9	

Q. No.	Question	Code	Code No.	Skip
VI. Child Immunization				
6.1	What is the Age of your smallest child?			
6.2	Is the Child full immunization as per the age? ?	Yes-हा	1	
		No- नही	2	
		Don't know	3	
6.3	From where did child received most of his/her vaccinations?	Government hospital-सरकारी अस्पताल	1	
		Anganwadi centre- आंगनवाडी सेन्टर	2	
		Other public health facility- अन्य सार्वजनिक क्षेत्र की सुविधा	3	
		Private hospital- प्राइवेट अस्पताल / क्लीनिक	4	
		Other private clinics- अन्य प्राइवेट स्वास्थ्य देखभाल सुविधा	5	
		NGO/trust-एन0जी0ओ0 / ट्रस्ट अस्पताल		
		Home-घर	6	
		Camps in slums-	7	
		Other(specify)- अन्य (स्पष्ट करें)	9	
6.4	Has your Child received the Pulse polio drops regularly?	Yes-हा	1	
		No- नही	2	
		Don't know	3	

VII: Family Planning and contraception( )				
7.1	Do you have Knowledge about birth spacing?	Yes-हा	1	
		No- नही	2	
7.2	Do you have Knowledge about family planning methods? ??	Yes-हा	1	
		No- नही	2	
7.3	Have you Ever used any family planning method? ?	Yes-हा	1	
		No- नही	2 →	End ख़तम
7.4	Which method you have used? ?	Temporary-	1	
		Permanent-	2	
		Both-	3	
7.5	Which temporary method are you using presently? आप कर ?	Pill- गेलियां	1	
		Condom(male /female)- कंडोम / निरोध	2	
		Copper-T- -	3	
		DMPA-Injectables- म **इन्जेक्शन**	4	
		Others(specify) अन्य	9	
7.6	From where did you obtain this method?	Government municipal Hospital- सरकारी / म्यूनिसपल अस्पताल	1	

		Government dispensary- सरकारी दवाखाना	2	
		Government paramedic- **सरकारी पैरामेडिक**	3	
		Other public health facility- अन्य सार्वजनिक क्षेत्र की सुविधा	4	
		NGO/Trust hospital/Clinic. एन0जी0ओ0 / ट्रस्ट अस्पताल / क्लीनिक	5	
		Private hospital/clinic- प्राइवेट अस्पताल / क्लीनिक	6	
		Private doctor- प्राइवेट डाक्टर	7	
		Private paramedic- प्राइवेट पैरामेडिक	8	
		Pharmacy/drug store- फार्मेसी / दवा की दुकान	10	
		Other Private sector health facility- अन्य प्राइवेट सेक्टर सुविधा	11	
		Others(specify)- अन्य(लिखें)	9	
7.8	Have you Gone for any sterilization?	Yes-हा	1	
		No- **नही**	2	
7.9	Type of sterilization- ?	Female-	1	
		Male-	2	
		Government municipal Hospital-	1	

7.10	Where the operation for stearlization have taken place? ?	सरकारी / म्यूनिसपल अस्पताल		
		Government paramedic- **सरकारी पैरामेडिक**	2	
		Other public health facility- अन्य सार्वजनिक क्षेत्र की सुविधा	3	
		NGO/Trust hospital/Clinic- ,न0जी0ओ0 / ट्रस्ट अस्पताल / क्लीनिक	4	
		Private hospital/clinic- प्राइवेट अस्पताल / क्लीनिक	5	
		Other Private sector health facility- अन्य प्राइवेट सेक्टर सुविधा	6	
		Others(specify)- अन्य(लिखें)	9	

THANK THE RESPONDENT AND TERMINATE THE INTERVIEW