Summer Training at
Prayas Juvenile Aid Centre (JAC) Society
(9th April 2012 – 1st June 2012)

Role of Education in Shaping the Hygiene and Health Status in Urban Slums

By
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Under the guidance of
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Post Graduate Diploma in Hospital and Health Management
2011-2013

Institute of Health Management Research,
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2012

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CERTIFICATE

This is to certify that Ms. Jeetika Jain has undergone summer training in Prayas Juvenile Aid Centre Society, New Delhi from 9th April to 1st June, 2012

The candidate carried out all the studies related to summer training herself. Her approach to the studies has been sincere, scientific, and analytical. This summer training in partial fulfillment of the course requirement is recommended for the award of Post Graduate Diploma in Hospital & Health Management.

I wish her success in all future endeavors.

Dr .P. R.Sodani

(Dean Academics and Student Affairs)

Dr.Nirmal Kumar Gurbani

(Associate Dean)

(Pharmaceutical Management)

FROM DARKNESS TO LIGHT
PRAYAS
JUVENILE AID CENTRE

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4/06/2012

Letter of Appreciation

This is to certify that Ms. Jeetika Jain, Student of Institute of Health Management Research, Jaipur has worked as an intern with Prayas JAC Society. She has worked here from April 9th, 2012 till June 1st, 2012 and was actively involved in Primary Health Centre(PHS) & Education, Resource and Training Centre (ERTC).She Studied Project Management, made suggestions to overcome the challenges in the smooth functioning of a community based project. She also has prepared a survey form on Health & Hygiene in urban slums. She also assisted in the Child Protection Unit and studied the health graph of children staying in urban slums.

"Prayas-JAC Society" is a National- Level- Organization operating its diversified activities in 8 States and U/Ts of India viz Assam, Arunachal Pradesh, Jharkhand, Bihar, Delhi, Gujarat, Haryana, and Andaman & Nicobar Islands. Prayas today has branched out into performing various developmental activities that include provision of education, health, livelihood and skill up-gradation programme, anti-trafficking, addressing underprivileged youth and women living in slums and rural communities.

During her stay she has worked diligently and sincerely. We wish her all the success in future.

Warm Regards,

Priyanka Pathak

Sr. Manager CSR &Volunteers Programme.

Prayas JAC 59, Tughlakabad Institutional Area, New Delhi 110062

ACKNOWLEDGEMENT

Any accomplishment requires the effort of many people and there are no exceptions. The report being submitted today is a result of collective effort. Although the report has been solely prepared by me with the purpose of fulfilling the requirements of the course of Post Graduate Diploma in Health and Hospital Management at the Institute of Health Management Research, Jaipur, there are innumerable hands behind it who have guided me on my way.

First of all I would like to thank the General Secretary of Prayas, **Mr. Amod K. Kanth** who gave me the opportunity of working in their organization and doing my summer training from there. I would also like to give my special thanks to **Ms. Priyanka Pathak, Ms. Jyoti Agrawal, Ms. Pooja** and the whole staff of Prayas who helped me in my project and throughout my training period in Prayas.

I would like to thank **Dr. P. R. Sodani**, Dean (Training), IIHMR who allowed me to do training at Prayas and helping me in finding the training. Also I would like to give special thanks to my mentor **Dr. Nirmal K. Gurbani**, Dean (PG Pharma), IIHMR and **Mr. Dinesh**, Research Officer, IIHMR who helped me a lot in completing my report. Without his guidance and support making a good report would not have been possible.

I would also like to thank my family, friends and god for their support and guidance.

Finally, if I have mistakenly omitted to giving credits, I want to accept the humble apology and I want them to know that without their support this would not have been possible.

Jeetika Jain

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ABBREVIATIONS

JAC	Juvenile Aid Center
IPS	Indian Police Service
AIDS	Acquired Immunodeficiency Syndrome
NACO	National AIDS Control Organization
DSACS	Delhi State AIDS Control Society
UNDP	United Nations Development Programme
UNIFEM	United Nations Development Fund for Women
CSR	Corporate Social Responsibility

Introduction

The Post Graduate Diploma in Hospital and Health Management (PGDHM) at the Institute of Health Management Research (IIHMR), Jaipur, is a two-year full time programme approved by All India Council of Technical Education (AICTE), Government of India. After the first year we are required to do our summer training for a period of eight-week in a health care organization. This summer training is an integral part of the course and is aimed to provide a better understanding of the health system in our country. I did my summer internship from 'Prayas Juvenile Aid Centre Society' – a non-profit organization working for the underprivileged and underserved children in Delhi from 9th April 2012 – 1st June 2012.

About The Organization

'Prayas Juvenile Aid Centre (JAC) Society – Prayas from Darkness to Light' came into existence in 1988 in a disaster situation when a devastating fire broke out at Jahangirpuri, one of the largest resettlement slums of Delhi, destroying thousands of families who lost their home and livelihood. Prayas started with 25 children in Jahangirpuri (North Delhi), today Prayas caters to the need of 50,000 neglected, street and marginalized children, youth and women in Delhi, Gujarat, Bihar, Assam, Arunachal Pradesh, Andaman and Nicobar Islands, Haryana and Jharkhand. Prayas has its headquarters in Delhi.

Prayas operates around 231 centers including 11 homes for children across the country in the above mentioned 8 states/union territories.

VISION

Prayas aims at providing health services to a number of street children in Delhi.

A child is a part of a family and family is a part of a larger community. Hence the plan is to cover all the 3 levels (i.e. child, family and community). The health services would include awareness programs in health related issues.

FUNCTIONS

Prayas essentially works at the grass root level and most of its centers are located in the slums, in the midst of the community it serves. It has been committed to the integrated model of development, to meet the fundamental needs of care, protection, shelter, food, clothing, health, recreation and above all alternative education for holistic development of the destitute children. Vocational training and life skill enhancement training is being imparted to older children and women with a view to settle them in life.

PARTNERSHIP

It was started in 1988 with a unique collaborative effort that started as a partnership between Delhi Police, Delhi School of Social work (DU) and Shramik Vidyapeeth. Now it works in collaboration with Child Welfare Committee (CWC) and Delhi Commission for Protection of Child Rights (DCPCR).

WORKING

Whenever any street, runaway or abused child is rescued from the streets by Delhi Police or Child Line, the child is brought to the shelter home of Prayas and is kept in the shelter home and he/she is given all the facilities like food, shelter, clothing, counseling etc. A case profile of the child was prepared and his/her case was then taken to the CWC for deciding about the further action for the child in case the child wanted to go back to his/her home. In case the child wants to go back the family is visited to determine whether the child can live their happily and won't have to suffer any problem and then if there is no obstacle regarding the family the child is restored to the family. During this process the counseling of the child and their family is also done.

SUPPORTERS

The network of supporters includes all organizations, Government of India, State Government, Public/Private Sector, Foundations / Institutes which Prayas collaborates with in order to achieve its goals.

The list of supporters includes:

- Project Partners
    - International Agencies
    - NORAD, Royal Norwegian Embassy, New Delhi
    - International Programme for Elimination of Child Labour (IPEC), International
    - Labour Organisation, New Delhi
    - Terre Des Homme (TDH), Germany
    - United Nations Education, Scientific and Cultural Organisation (UNESCO)
    - UN-AIDS
    - Japanese Embassy (JICA)
    - United Nations Children's Emergency Fund : (UNICEF)
    - Action Aid
    - Children's Hope, USA
    - South Yorkshire Police, UK
    - Canadian International Development Agency (CIDA)
    - Rotary International, New Delhi
    - UNDP

- Catholic Relief Services (CRS)
- Bodhraj Sawhney Charitable Trust
- UNIFEM

➢ Government of India

- Ministry of Social Justice and Empowerment
- National AIDS Control Organisation (NACO)
- Ministry of Health and Family Welfare
- Ministry of Human Resource Development
- Ministry of Textiles
- Ministry of Labour

➢ State Government

- Directorate of Social Welfare. Government of Delhi
- Directorate of Education. Government of Delhi
- Delhi State AIDS Control Society (DSACS), Government of Delhi
- Directorate of Technical Education. Government of Delhi
- Department of Social Justice and Empowerment, Government of Gujarat

GOVERNING BODY

The director of Prayas is film actor Mr. Shatrughan Sinha and the other board members come from various fields like retired IPS officers, Delhi Police, professors, advocates and personnels from various education related departments etc.

STRUCTURE

The various departments work in collaboration with each other for efficient working of Prayas. These departments include:

1. Finance Department
2. Resource and Sponsorship Unit
3. Education Resource and Training Centre
4. Administration and Human Resource
5. Child Protection Unit
6. Counselors
7. Shelter home

Project

On

ROLE OF EDUCATION IN SHAPING THE HYGIENE AND HEALTH STATUS IN URBAN SLUMS

Introduction

Prayas is running various alternative education and remedial education centers for street children and children living in the slums for their education and vocational training. I was placed in one of the remedial education center located in the slums of Dakshinpuri, South Delhi, a CSR activity run in collaboration with Ernst & Young Foundation since 2004 during my summer internship program. My work there was to look after the smooth running of the project. I was also asked to develop a questionnaire regarding the hygiene and health status in the nearby slums from where the children came to study in the center. I was also asked to make this questionnaire in a way that the education part of the children also gets covered.

Availability of basic civic facilities, like potable water, water disposal and sanitation, are vital human needs for health and efficiency of human beings. Inability of the city management and city institutions to provide this facility to their citizens leads to high incidence of diseases and mortality rates. The problems which the women and children face in these conditions are much worse. An analysis of the performance of various "total environment schemes" in the country carried out by the Planning Commission, Government of India, brings out that sanitation program has not been pursued in an integrated manner. It has not been provided as an integrated service which includes availability of water, waste water disposal, women welfare, primary healthcare etc. The analysis also brings out that there was a wide gap between provision for safe disposal of waste and drinking water supply.[1]

On assessment by various organizations, it has been found that available situation in the villages/urban slums in sanitation and water supply is not satisfactory. Location, distance, water source, time to travel, facilities to clean water and cost involved are some important components.[1]

Open defecation alone is responsible for many diseases. Over more than 50 infections has been found to be due to open defecation. Around 80% of all ill people's disease is transferred to healthy ones through human excreta and unsafe drinking water.[1]

The people from these high-risk areas often suffer from diarrhea and other water borne diseases. Due to lack of education, knowledge and basic awareness, people often have a poor understanding of the relationship between health, water, sanitation and hygiene. In some instances, people may still practice unhygienic habits even though this understanding does exist.[2]

Objective

The objective of the study is to determine the role of education in improving the hygiene and health awareness among the people living in the urban slums.

Methodology

The work for the survey started with doing searches on various search engines like Google and Pubmed regarding the situation of hygiene and health awareness among the people of slums and also about the health problems prevalent in the slums. It was also searched whether the prevalence of these problems has any relation to the education status of the people living in the slums.

After this a visit to nearby slum area was made to get a view of the surroundings of the slum and its hygiene status.

After this the search for preparing the questionnaire was started. For this purpose, the household questionnaire of the DLHS-3 was studied which was helpful in preparing my own questionnaire.

The questionnaire consisted of questions on the educational status of the family and the child who was interviewed, the hygiene related questions which had questions regarding the toilet and bathroom facilities in slum, cleanliness in the surroundings in the slum and cleanliness kept by the children. Few questions were also asked on anyone suffering from any disease in the near past to see prevalence of any health problem, awareness programs being held in their community and the awareness of children about the national immunization schedule. They were also asked whether anyone in their family had any bad habit of smoking and/or drinking.

After the questionnaire was prepared the children who were studying in classes from 6^{th} to 12^{th} were asked these questions and their answers recorded.

Type Of Study – It is a descriptive type of study

Type Of Data – Primary source of data was collected for the study.

Sample Size – Sample size of 50 children was taken. The age of children varied from 10 to 17 years and they were studying in classes 6^{th} to 12^{th}.

Tools And Techniques – A questionnaire was developed which consisted of both open and close ended questions.

Analysis Of Data – Data was analyzed with the help of SPSS and Microsoft Excel.

Discussion

The respondents were in the age group of 10-17 years (Figure 1) who were studying in classes 6^{th} to 12^{th} (Figure 2). It was seen that father of most of the children were formally literate and few were informally literate and illiterate. The frequency of literate mothers was less than that of fathers.

FIGURE 1: Age Wise Distribution of Respondents

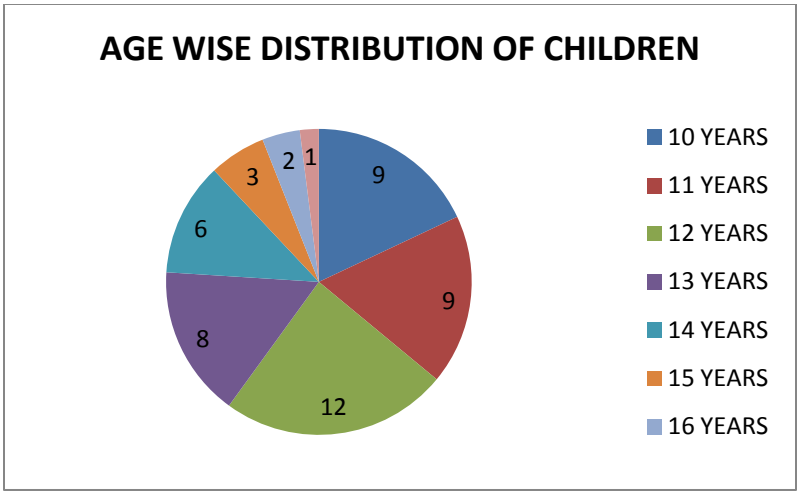


FIGURE 2: Class Wise Distribution of Children

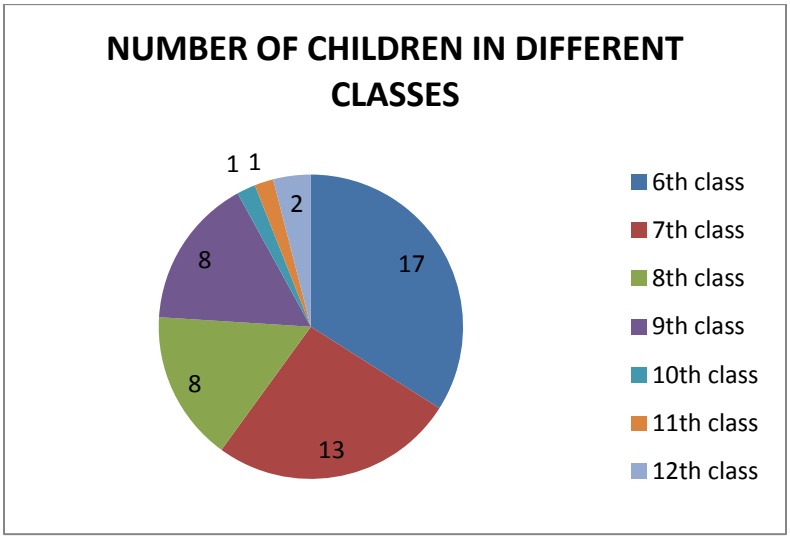


TABLE 1: Level of Education of Father and Mother of the Children

	NO. OF FATHERS	NO. OF MOTHERS
ILLITERATE	2	14
LITERATE BUT NOT FORMALLY	2	3
FORMALLY LITERATE	46	33

TABLE 2: Level of Education of Children and Level of Education of their Mother

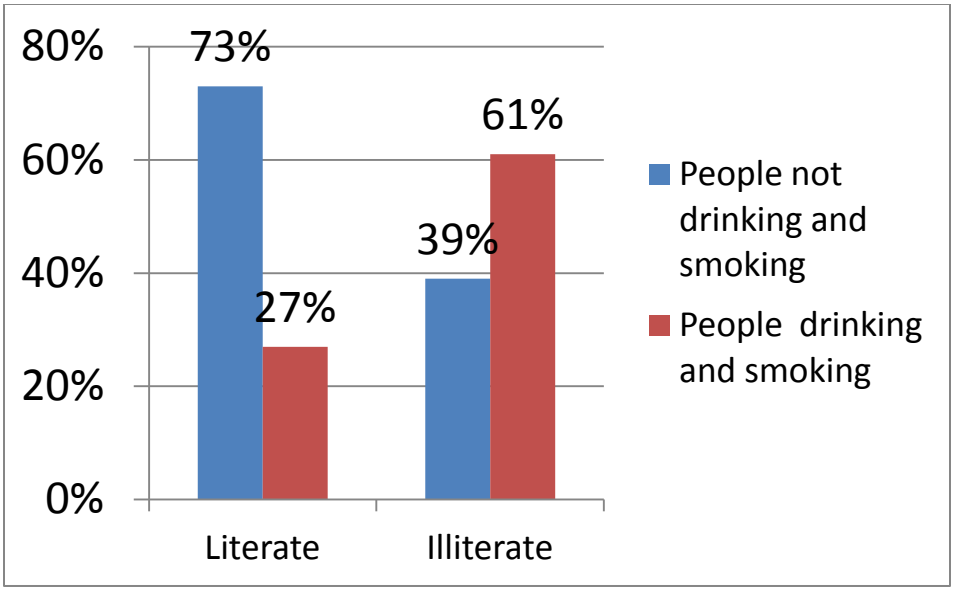
LEVEL OF EDUCATION OF RESPONDENT	LEVEL OF EDUCATION MOTHER								
	ILLITERATE			LITERATE, NOT FORMALLY			FORMALLY LITERATE		
	YES	NO	Total	YES	No	Total	YES	NO	Total
6th class	4	1	5	0	0	0	10	2	12
7th class	1	1	2	1	0	1	7	3	10
8th class	0	1	1	0	0	0	5	1	6
9th class	4	0	4	0	0	0	4	0	4
10th class	0	0	0	0	0	0	0	1	1
11th class	0	0	0	1	0	1	0	0	0
12th class	1	0	1	1	0	1	0	0	0
Total	10	3	13	3	0	3	26	7	33

It was seen that almost 99% children had the habit of washing hands and the habit of drinking and smoking as more prevalent in illiterate families as compared to literate families. It was also seen that the families who were formally literate followed more hygienic methods.

TABLE 3: Number of Families Following Hygienic Methods According to their Literacy Level

	ILLITERATE	**INFORMALLY LITERATE**	**FORMALLY LITERATE**
WASHING HANDS	13	3	33
THROWING WASTE IN DUSTBIN	5	0	12
TOILET AT HOME	13	3	32
PURIFYING WATER	11	2	26

FIGURE 3: Drinking and Smoking Habits in Literate and Illiterate Families



It was also seen that the mothers who were educated purified the water for making it safer for drinking. Most commonly used methods for cleaning water were boiling the water and using water filter.

FIGURE 4: Relation Of Educational Level Of Mother With Cleaning Water For Drinking

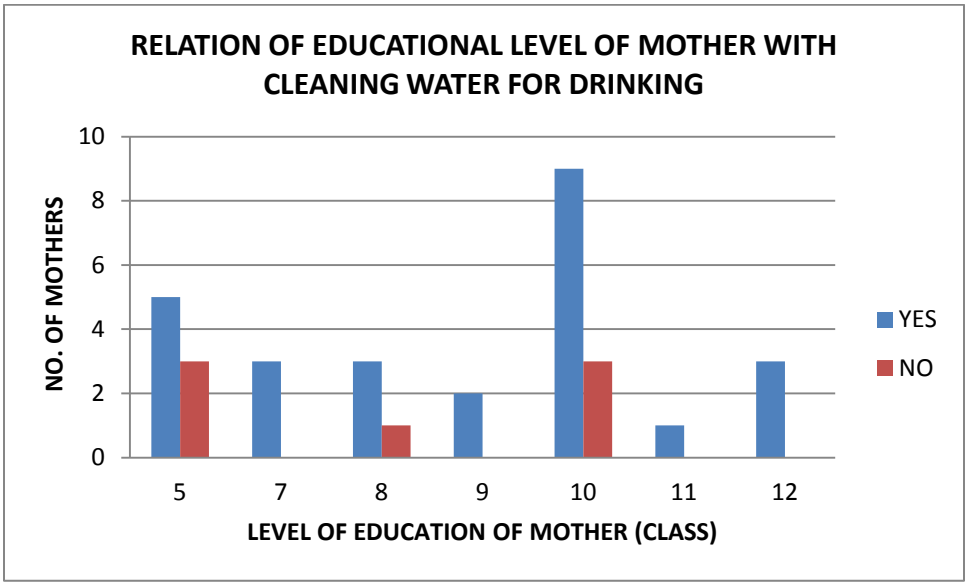


TABLE 4: Method of Purifying used by Mothers

METHOD TO PURIFY WATER	NUMBER OF FAMILIES USING THE METHOD
BOIL	13
ADD CHLORINE TABLETS	3
STRAIN THROUGH CLOTH	7
USE WATER FILTER	12
LET IT STAND AND SETTLE	4
NONE	11
Total	50

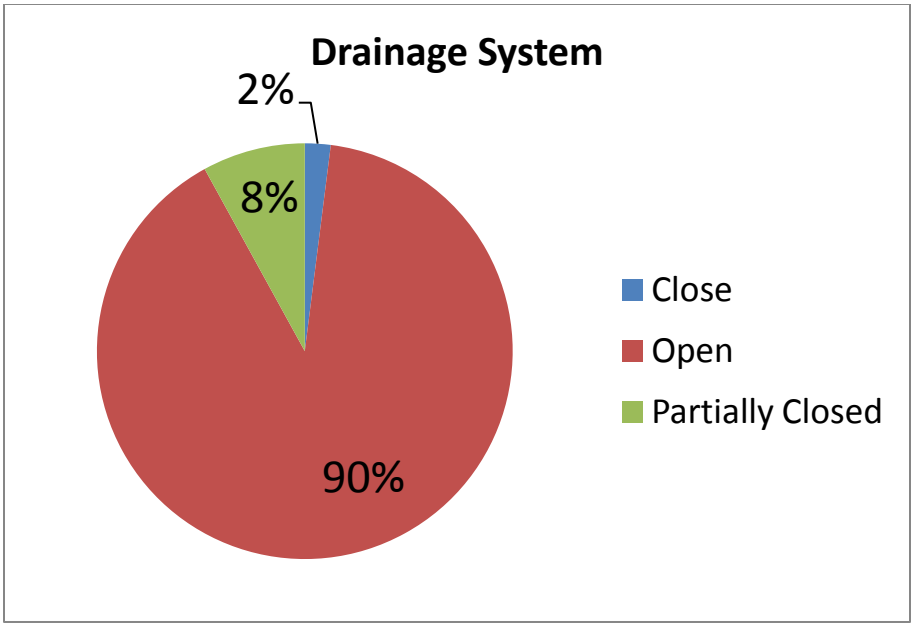
Most of the children were aware of the camps being held in their locality and diseases and they considered these camps important for improving their knowledge about the diseases. It was also seen that the children whose parents were educated had more awareness about the national immunization schedule and had knowledge about the importance of the national immunization schedule.

TABLE 5: Awareness About Camps in the Locality

AWARENESS ABOUT CAMPS IN LOCALITY		
	N	%
YES	32	64
NO	11	22
DON'T KNOW	7	14
Total	50	100

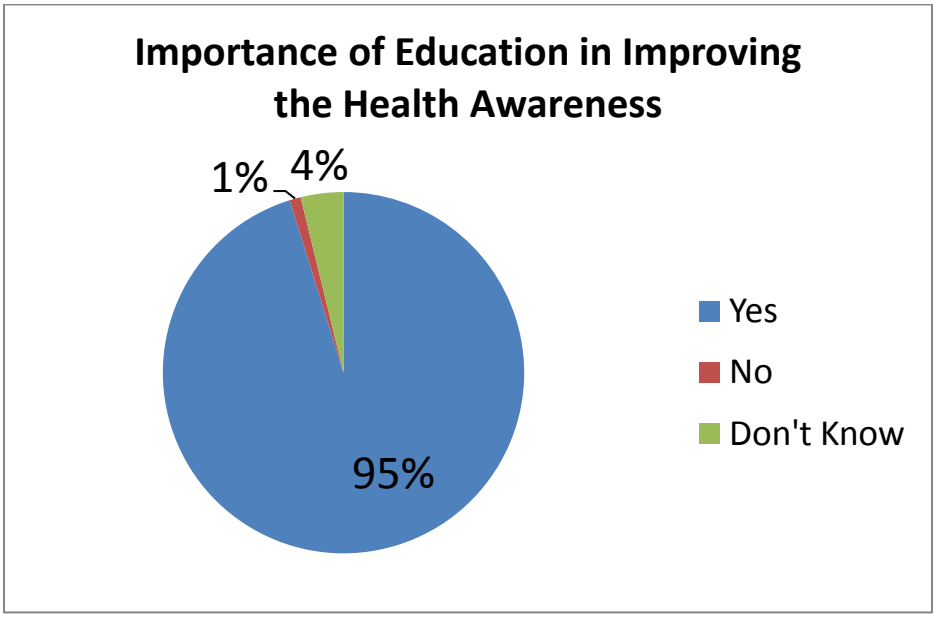
It was also seen that the most of the drains (90%) in the area were open.

FIGURE 5: Drainage System in the Area



Most of the children (95%) considered education an important part in improving their awareness about health.

FIGURE 6: Importance of Education in Improving the Health Awareness



Findings

- Most of the children (95%) considered education as an important part in improving their knowledge about the good and bad habits regarding their cleanliness.
- It was found that the children whose parents were formally literate had more knowledge about the cleanliness practices and healthy lifestyle.
- It was also found that in 73% of the families where the parents were formally literate the habit of drinking and smoking was not there in the family.
- 90% of the drains in the area were open and 10% children said that they were regularly cleaned by the MCD people. Still the people of the area suffered from diseases like stomach infection and diarrhea.
- The usual method of cleaning of water to make it safer for drinking used in the area was boiling the water and straining through the cloth.
- Respondents also found education important as they can now advice others to take care of their health to the people of their community and referred them to go the doctor when the situation demanded.
- 64% of the children were aware of the awareness camps being held in their area but no one was sure about who organized those camps.
- Most of the camps focused on the cleanliness and the ill effects of drinking on health of the people. Very few camps about the knowledge of Polio, Hepatitis and Dengue were held in the area.
- Around 99% of the children washed hands before having food. This was taught to them at their schools and the center.

Conclusion

It could be concluded from the study that education changes the knowledge, attitude and perception of the people towards hygiene and health and they also considered education an important part of life. I would also suggest that more camps about the awareness of diseases like dengue, hepatitis, polio, diarrhea etc. should be conducted in the area so that their knowledge about these diseases is also improved.

Learning from the Summer Training Programme

From Organization

- It helped in the understanding of structure, functioning and culture of a NGO.
- It helped me in understanding the making of proposals and how to make budgets for the projects for sending them to funding agencies.
- It helped me in understanding how to manage a project for its successful running.
- It helped me in understanding the psychology of the children who have suffered many hardships in life and who are away from their families, what they feel and how they should be dealt with.
- I came to know about the importance of proper documentation of files. Proper documentation helps in saving a lot of time.
- I came to know about the challenges faced by the people of villages and slums. For example there were some cases of girls who had run away from their home and married someone when they were more than 18 years old. But their family had filed a case against them and said that these girls were not eligible for marriage. And now they were living in the shelter home.
- I understood the challenges faced in respect of the working of the staff and how to make the staff work efficiently.

General Learning

- Tasks for each day should be decided well in advance and kept SMART – Smart, Measurable, Achievable, Realistic and Time bound.
- Notes of daily work should be made at the end of each day. This helped me in writing the report towards the end of my summer training.
- Being systematic is important. It helps in completing the work at a faster pace.
- It provided me an opportunity for my personal as well as professional development.
- It helped me in using the subjects and skills learned in the first year of Post Graduate Diploma in Hospital & Health Management practically and helped me in understanding the importance of all the subjects learned in the 1st year of study.
- Rough draft is necessary and even if many rough drafts are made they should be ept as they are useful in making the final draft.
- I was asked to frame some letters for the funding agencies which helped in improving my communication skills.
- Interaction with various staff members helped me in improving my communication skills accordingly.

References

1. Baseline Survey and Report on Health, Hygiene and Sanitation: Delhi – Urban Slums and Villages; SulabhENVIS Newsletter; July – September 2007:Vol-II.
2. Ranajit Das, Gitasree Ghosh, Dr. Dibalok Singha, Dushtha Shasthya Kendra; Participatory Community Hygiene Education in Dhaka Slums: DSK Experience; Dhaka, Bangladesh, February 2010.

ANNEXURES

ANNEXURE – I

QUESTIONNAIRE

1. Age of the child:-
2. Area of residence:-
3. Where do they originate from? :-
4. Occupation of father.
    a) Daily Wage Laborer
    b) Petty Business
    c) Service
    d) Unemployed
    e) Any other, specify
5. Level of education of father.
    a) Illiterate
    b) Literate, but not formally
    c) Formally literate (up to which grade)
6. Occupation of mother.
    a) Maid Servant in other's home
    b) Petty Business
    c) Service
    d) Housewife
    e) Any other, specify
7. Level of education of mother.
    a) Illiterate
    b) Literate but not formally
    c) Formally literate (up to which grade)
8. Level of education of the respondent:-
9. How many siblings does the respondent have?
10. Are they studying:-
    a) Yes (Go to Question No.-12)
    b) No
11. Reason for not studying.
    a) Working
    b) Not interested in studying
    c) Don't have much money
    d) Very young
    e) Married or already educated
    f) Any other, specify
12. Does anyone in the family have the habit of drinking/smoking/drug addiction etc.?

a) Yes
b) No
c) Don't know

13. What is the main source of drinking water for the members of your household?
    a) Piped water
    b) Delhi Jal Board
    c) Dug well
    d) Tanker water
    e) Others, specify
14. Do you treat the water in any way to make it safer for drinking?
    a) Yes
    b) No (Go to Q.-16)
    c) Don't know
15. What do you usually do to the water to make it safer for drinking?
    a) Boil
    b) Use alum
    c) Add chlorine tablets
    d) Strain through a cloth
    e) Use water filter
    f) Let it stand and settle
    g) Other, specify
    h) Don't know
16. Do you have toilet at your home?
    a) Yes (Go to Q.-17)
    b) No (Go to Q.-18)
17. Do you share this toilet facility with any other household?
    a) Yes
    b) No
18. Where do you go to do toilet and excreting your waste?
    a) Public toilet in slum
    b) Neighbour's toilet
    c) Open places
    d) Any other, specify
19. How far is the toilet facility from your home?
    a) Nearby
    b) Far
    c) Very far
20. Where do you usually take bath?
    a) Bathing area at home
    b) Open space in the slum

c) Common bathing area in the slum
d) Any other, specify

21. Is there a drainage system in the surroundings?
    a) Yes
    b) No
    c) Don't know
22. Is the drainage system closed or open?
    a) Closed
    b) Open
    c) Partially closed
    d) Don't know
23. Where is the household waste thrown?
    a) Dustbin in the house
    b) Open area
    c) MCD place nearby to throw the waste
    d) Any other, specify
24. Do you wash hands before & after food?
    a) Yes
    b) No (reason)
    c) Sometimes
25. Do you wash hands after going to toilet?
    a) Yes
    b) No (reason)
    c) Sometimes
26. In last 3 months has anyone in your locality suffered from some disease?
    a) Yes
    b) No
    c) Don't know
27. What disease did the person have?
28. Was the patient given any treatment?
    a) Yes
    b) No
    c) Don't know
29. If yes, then what treatment was given to the patient?
    a) Taken to a hospital
    b) Shown in a nearby clinic or nursing home
    c) Visited a quack
    d) Home remedy
    e) Any other, specify
30. Is the person well now?

a) Yes (Go to Q.-32)
b) No (Go to Q.-31)
c) Don't know

31. If not well, is the treatment still going on?
    a) Yes
    b) No
    c) Don't know
32. Have any awareness camps and/or health camps been organized in your locality?
    a) Yes
    b) No
    c) Don't know
33. If yes, what all problems have been covered in these camps till now?
34. Who organized these camps?
    a) Government
    b) Some NGO
    c) Private clinic
    d) Private company
    e) Any other, specify
35. Have these camps been of any help for your family members and/or community?
    a) Yes (Specify)
    b) No
    c) Don't know
36. Are you aware about the national immunization given to children at birth?
    a) Yes
    b) No
    c) Don't know
37. If yes, how did you come to know about it? (can have more than 1 answer)
    a) Family
    b) TV
    c) Teachers
    d) MCD hoardings
    e) Newspaper
    f) Internet
    g) Friends
    h) Any other, specify
38. Were you given all the vaccinations which come under this immunization program?
    a) Yes (Go to Q.-39)
    b) No (Go to Q.-40)
    c) Don't know
39. If yes, where were you immunized?

a) Private hospital
b) Government hospital
c) Nursing home
d) Some health centre
e) By ASHA at home
f) Camps organized by government or some NGO etc.
g) Any other, specify

40. If no, why were you not immunized?
    a) Family was not aware about this.
    b) Its importance was not known
    c) Elders did not find it good
    d) Did not know it was free of cost
    e) Any other, specify
41. Do you think that giving these vaccines to children is important?
    a) Yes
    b) No
    c) Don't know
42. Why do you think that immunization program run by government for new borns is important?
    a) To prevent the child from some deadly diseases later in life
    b) To prevent the child from lifelong disability
    c) To provide immunity to the child against various infections
    d) To make the child healthy
    e) To prevent the spread of disease to other people.
    f) Any other, specify
43. Do you feel that education has been of any help in improving your & your family's health?
    a) Yes (Give reason)
    b) No
    c) Don't know

ANNEXURE – II

LIST OF PERSONS INTERACTED DURING THE TRAINING

S.No.	Name of the Person	Designation
1.	Mr. Amod K. Kanth	General Secretary, Prayas
2.	Prof. C. J. Daswani	Board Member, Former Director, NFE Department (NCERT)
3.	Ms. Arun Grover	Director (Projects)
4.	Ms. Priyanka Pathak	Sr. Manager, CSR
5.	Mr. Pawan K. Jha	Manager, Finance Department
6.	Mr.Khem Chand	Finance Department
7.	Ms. Jyoti Agrawal	Manager, ERTC
8.	Ms. Jeeban Jyoti Mohanty	Manager, CPU
9.	Ms. Divya Wason	CPU
10.	Mr. Ashok Kumar	ERTC
11.	Mr. Sanjay Kumar	ERTC
12.	Ms. Akanksha Agrawal	ERTC
13.	Baby Naaz	Manager, Shelter Home
14.	Ms. Uzma Nawaj	Counsellor
15.	Ms. Pooja	Manager, PHS
16.	Mr. Suresh Kumar	Prayas, Patna Coordinating Office
17.	Dr. Sarla	Paediatrician, PHS

ANNEXURE – III

TABLES

TABLE 6: Age Wise Distribution Of Children

AGE	NUMBER OF CHILDREN
10	9
11	9
12	12
13	8
14	6
15	3
16	2
17	1
Total	50

TABLE 7: Class Wise Distribution of Children

EDUCATIONAL CLASS OF CHILDREN	NUMBER OF CHILDREN
6th class	17
7th class	13
8th class	8
9th class	8
10th class	1
11th class	1
12th class	2
Total	50

TABLE 8: Educational Qualification of Father and their Occupation

	LEVEL OF EDUCATION OF FATHER		
	ILLITERATE	LITERATE, NOT FORMALLY	FORMALLY LITERATE
DAILY WAGE LABORER	0	1	1
PETTY BUSINESS	0	1	7
SERVICE	2	0	38
Total	2	2	46

TABLE 9: Education Qualification of Mother and their Occupation

	LEVEL OF EDUCATION OF MOTHER		
	ILLITERATE	LITERATE, NOT FORMALLY	FORMALLY LITERATE
MAID SERVANT	1	0	2
SERVICE	0	1	10
HOUSEWIFE	13	2	21
Total	14	3	33

TABLE 10: Relation Of Purifying Water With Educational Level Of Mother

		Grade of Formally Literate Mother						
		5^{th} class	7^{th} class	8^{th} class	9^{th} class	10^{th} class	11^{th} class	12^{th} class
Purifying Water	YES	5	3	3	2	9	1	3
	NO	3	0	1	0	3	0	0
Total		8	3	4	2	12	1	3