

# GUIDELINES FOR BASE LINE SURVEY RELATED TO SOCIAL PROGRAMMES

- General presentation of the area
- Details about sub-areas
- Resources mapping (Excel file)
- Collection of information from community workers / leaders
- Individual interviews of a representative sample (minimum 30 observations)

## GENERAL PRESENTATION OF THE AREA

- Geographical location
- History: since when has it been settled, any major events (riots, large demolitions, etc.)
- Total population
- List of major sub-areas
- Broad topography (hill/dale, presence of water/forest versus built-up areas with difference between horizontal slums, vertical slums and other buildings...)
- Cartography (manual or computerised map)

## DETAILS ABOUT SUB-AREAS

- Years of existence
- Status: legal or illegal
- Main geographical origin(s) of the inhabitants
- Main religious communities
- Percentage of 'kaccha houses'
- Economic activity: main types of work and businesses, women's work, etc.
- Implementation of Slum Rehabilitation Act Scheme or any other rehabilitation programme: none, on-going, planned?

## RESOURCES MAPPING PER SUB-AREA

- Health structures: public and private, and distance to reach them (especially public ones)
- Education structures: public, private, religious, level/class/medium, distance to reach the structures
- Economic structures: credit societies, cooperative banks, money lenders, job placement services...
- Social & community structures/services: Mahila mandals, Youth groups, religious structures & groups, Samaj mandir, community hall, NGO (with information about their field of action)...

## ADDITIONAL INFORMATION

Information related to local dynamics and relevant actors within the area needs to be collected (whenever applicable/available) from:

- community leaders
- religious leaders
- youth mandals
- women mandals
- UCD (Urban Community Devt) workers / ICDS (Integrated Child Devt Scheme) workers
- HP SW

## INDIVIDUAL INTERVIEWS: QUESTIONNAIRE

Always specify:                    - an answer when the respondent replies 'other'  
    - zero (0) when applicable (ex.: No 0-1-yr-old child); not dash.

Please tick the answer properly inside the small boxes .

Questions in italic with a ☆ are not to be asked, but only to observe or conclude from other answers.

Date of the survey _____
01. Name of surveyor (s) _____
02. Address: Room/Flat No. _____ Building No. _____
<b>GENERAL</b>
03. Since when are you staying here? 6 months: <input type="checkbox"/> , 1-2 years <input type="checkbox"/> , more than 2-4 years <input type="checkbox"/> , more than 5-9 years <input type="checkbox"/> , more than 10-14 years <input type="checkbox"/> , More than 14year <input type="checkbox"/>
04. What is the monthly maintenance of the house Rs. _____
05. What components are involved in maintenance <input type="checkbox"/> Water, <input type="checkbox"/> Electricity, <input type="checkbox"/> Garbage pick-up, <input type="checkbox"/> Regular sweeping of the floors & building, <input type="checkbox"/> Tax. <input type="checkbox"/> Regular building maintenance and construction, <input type="checkbox"/> Others
06. What are the other maintenance that you have to pay (other than society maintenance) <input type="checkbox"/> Sweeper/cleaner of building <input type="checkbox"/> Garbage picker <input type="checkbox"/> Other (specify) _____
07. If on rent, how much rent do you pay
08. Water facility: <input type="checkbox"/> Daily <input type="checkbox"/> Once in 2 days <input type="checkbox"/> Once a week
09. Do you have pay more on water compared to previous house <input type="checkbox"/> Yes, <input type="checkbox"/> No
10. What are <b>the major problem</b> happening throughout the rainy season? <input type="checkbox"/> 1. The buildings get flooded very fast <input type="checkbox"/> 2. Stagnation of dirty water in front and or around the building <input type="checkbox"/> 3. Moisture on the floor and or on the walls <input type="checkbox"/> Other: _____ <i>More than one answer can be selected</i>
11. How was your house in previous place <input type="checkbox"/> Cloth/ Plastic <input type="checkbox"/> Tin/ Wood <input type="checkbox"/> Concrete tin <input type="checkbox"/> Cement & Concrete, <input type="checkbox"/> Asbestos
<b>GENERAL FAMILY DESCRIPTION</b>
12a. <b>Origin</b> of the family? <input type="checkbox"/> 1. Maharashtra <input type="checkbox"/> 2. Uttar P. <input type="checkbox"/> 3. Madhya P. <input type="checkbox"/> 4. Gujarat <input type="checkbox"/> 5. Andhra P. <input type="checkbox"/> 6. Karnataka <input type="checkbox"/> 7. Tamil Nadu <input type="checkbox"/> 8. Orissa <input type="checkbox"/> 9. Other: _____
☆ 12b. <i>Observation about Religion</i> <input type="checkbox"/> 1. Buddhist <input type="checkbox"/> 2. Christian <input type="checkbox"/> 3. Hindu <input type="checkbox"/> 4. Muslim <input type="checkbox"/> 5. Other: _____
13. Number of Members living in the house (under the same roof) <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> more than 6

*Information About Children*

14. How many children aged **between 0 to 2 years completed** live in the house *on a permanent basis*?

15. How many children aged **between 3 to 5 years completed** live in the house *on a permanent basis*?

16. How many children aged **between 6 to 14 years completed** live in the house *on a permanent basis*?

17. How many adolescents aged **between 15 to 18 years completed** live in the house *on a permanent basis*?

**ECONOMIC / FINANCIAL HABITS**

18. Total number of working/earning members

19a. Do the family members send money to native place to take care of other members?

1. Yes  2. No  3. I don't know

19b. *If yes*, how much?

1. Rs.   per year  per month  2. I don't know

20a. Occupation of **HUSBAND: PRESENT**  
 Gvt service , Private Service ,  
 construction , labourer , Small  
 business , Domestic servant   
 Unemployed , Others

20b. Occupation of **HUSBAND: BEFORE**  
 Gvt service , Private Service , construction ,  
 labourer , Small business , Domestic servant   
 Unemployed , Others

21a. Income of **WIFE: PRESENT**  
 Gvt service , Private Service ,  
 labourer , Small business , Domestic  
 servant , Housewife , Earning at  
 home , Others

21b. Income of **WIFE: BEFORE**  
 Gvt service , Private Service , labourer ,  
 Small business , Domestic servant ,  
 Housewife , Earning at home , Others

22a. Income of **OTHER MEMBER PRESENT**  
 Gvt service , Private Service ,  
 labourer , construction , Small  
 business , Domestic servant , Earning  
 at home , Others

22a. Income of **OTHER MEMBER BEFORE**  
 Gvt service , Private Service , labourer ,  
 construction , Small business , Domestic  
 servant , Earning at home , Others

23a. Is there any other source of income in the house?

Yes  No

23b. *If yes*, which type of income:

1. Pension  2. Rent

3. Loan interests  5. Other:

⊛ 24a. Total **Monthly Family income** : Rs.  
**PRESENT**

24b. Total **Monthly Family income** : Rs.  
**BEFORE**

25. What kind of occupation difficulties have you'll faced because of coming here:

Lost the job , 2. Unemployed for long , 3. Difficulty to find a new job , 4. Difficulty in setting the previous business , ...

26a. Does the family save money?  1. Yes  2. No  3. I don't know

26b. *If yes*, where?

1. Home  2. Group (Bhishi)  3. Cooperative Credit Society

<input type="checkbox"/> 4. NGO <input type="checkbox"/> 5. Bank <input type="checkbox"/> 6. Medicalim / Policy <input type="checkbox"/> 7. I don't know <i>More than one answer can be selected</i>
27. How often do you pay the water / electricity charges <input type="checkbox"/> 1. Monthly <input type="checkbox"/> 2. Once in 2 months <input type="checkbox"/> 3. Once in 3 months <input type="checkbox"/> 4. Once in 6 months <input type="checkbox"/> 5. Not paid for more than 6 months <input type="checkbox"/> 6. Don't know
28. How often do you pay the maintenance of the room <input type="checkbox"/> 1. Monthly <input type="checkbox"/> 2. Once in 2 months <input type="checkbox"/> 3. Once in 3 months <input type="checkbox"/> 4. Once in 6 months <input type="checkbox"/> 5. Not paid for more than 6 months <input type="checkbox"/> 6. Don't know
29. In general, do you think you spend more in maintenance <input type="checkbox"/> Yes, <input type="checkbox"/> No
<b>HEALTH &amp; HYGIENE</b>
30. When any member is sick, where do you go <b>first</b> for medical treatment? <input type="checkbox"/> 1. Health Centre <input type="checkbox"/> 2. Public Hospital <input type="checkbox"/> 3. Private doctor <input type="checkbox"/> 4. Traditional healer <input type="checkbox"/> 5. Specialist (Paediatrician) <input type="checkbox"/> 5. Stay at home <input type="checkbox"/> 6. Paediatrics <input type="checkbox"/> 7. Other: _____ <i>ONLY one answer can be selected</i>
31. Are health resources and services better here than old place? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>(ONLY) one answer can be selected</i>
32. Which Doctor / service you preferred <input type="checkbox"/> 1. Here (this area), <input type="checkbox"/> 2. old place/area
33. Do you give bath to children every day: <input type="checkbox"/> Always, <input type="checkbox"/> Sometimes <input type="checkbox"/> No response/Don't know
34. Do you all wash your hands before taking your meals: <input type="checkbox"/> Always, <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
35. Was the cooked food covered (observe) <input type="checkbox"/> Yes <input type="checkbox"/> No
36. Among the following health symptoms, is there any member in the house complaining about 2 or 3 of them ( <b>not more than 3</b> can be expressed)? <input type="checkbox"/> 1. Skin problems <input type="checkbox"/> 2. Respiratory problems <input type="checkbox"/> 3. Weakness problems <input type="checkbox"/> 4. Regular headaches <input type="checkbox"/> 5. Regular stomach problems <input type="checkbox"/> 6. Dental problems <input type="checkbox"/> 7. Oral Problems <input type="checkbox"/> 8. Gynaecological problems <input type="checkbox"/> 9. Eyes problems <input type="checkbox"/> 10. Back pain <input type="checkbox"/> 11. None of these above symptoms <i>Maximum 3 answers can be selected</i>
37. How was the house <input type="checkbox"/> Tidy, <input type="checkbox"/> Clean, <input type="checkbox"/> Tidy & Clean, <input type="checkbox"/> Untidy, <input type="checkbox"/> Unclean, <input type="checkbox"/> Untidy & Unclean, <input type="checkbox"/> Not observed
38. Household assets <input type="checkbox"/> TV, <input type="checkbox"/> Fridge, <input type="checkbox"/> Bed, <input type="checkbox"/> Cupboard, <input type="checkbox"/> Gas, <input type="checkbox"/> Sewing Machine, <input type="checkbox"/> None, <input type="checkbox"/> Not observed <i>To be Observed</i>
39. Addiction in family <input type="checkbox"/> Yes, <input type="checkbox"/> No
40. Type of addiction <input type="checkbox"/> Tobacco chewing/Gutka/Mishri, <input type="checkbox"/> Bidi/Cigarette, <input type="checkbox"/> Alcohol, <input type="checkbox"/> Paan/Supari, <input type="checkbox"/> Other Drug or Substance use (specify) _____

## REPRODUCTIVE HEALTH

41. Is there any pregnant lady in the house at present?

1. Yes       2. No

42a. During the last pregnancy in the house (in Mumbai), was pre-natal check up done?

1. Right from the beginning     2. From the 3<sup>rd</sup> month     3. From the 7<sup>th</sup> month  
 4. In the last month               5. It was not done               6. I don't know  
 7. Not applicable (*no child at all, or no delivery in Mumbai*)

42b. Where was/were the child/children delivered for the last pregnancy that happened in Mumbai?

1. Public hospital     2. Private clinic     3. Home     5. Other: \_\_\_\_\_  
 6 Not applicable (*no child at all, or no delivery in Mumbai*)

43. What are the difficulties faced by pregnant woman here

- Health facilities are far,  Travel,  Delivery at home,  Delivery at home during emergency,  
 No access to facilities in emergencies

## CHILDREN

44. How many children in the house eligible for Anganwadi / Balwadi actually go to Balwadi?

1. All eligible children     2. Some     3. None     4. Not applicable (*no eligible child*)

45a. How many children in the house eligible for primary or secondary school actually go to school?

1. All     2. Some     3. None     4. Not applicable (*no eligible child*)

45b. *If No child goes to school or Some of them only*, what is the reason?

1. There is no school in the area     2. Security (*it is a girl and it is risky for her*)  
 3. Not enough money to cover fees/education material     4. Grown-up girl(s)  
 3. The child(ren) has(have) to take care of the younger children at home  
 6. I don't know               7. Far from house               Not applicable (*no eligible child*)

*Two answers can be selected*

45c. *If No child goes to school or Some of them only*, what do they do in the day?

1. Help father or mother in their business or job     2. Help in housework  
 3. Play               4. Stay at home only               5. Work somewhere else  
 6. I don't know               7. Not applicable (*no eligible child*)

46. How many children in the house eligible for College actually go to College?

1. All eligible children     2. Some     3. None     4. Not applicable (*no eligible child*)

47. Are all your children immunised

- None,  All,  Some Children are,  Irregular doses,  Don't know,  Not eligible,  
*The surveyor could verify the immunisation card:*     Yes     No

48. Is there any sign of malnutrition among the children **below 5 years old** in the house?  
(*observe and ask other symptoms*)

1. All     2. One child     3. More than one child     4. None  
 5. Not applicable (*no child below 5 years*)

49. Are schools and other educational facilities better here than in old area

1. Yes               2. No

51a. Do you think your children are safer here than in old area

<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
51b. If No why			
<input type="checkbox"/> Isolated area, <input type="checkbox"/> Addiction, <input type="checkbox"/> Do not trust people here, <input type="checkbox"/> No unity, <input type="checkbox"/> No security,			
<input type="checkbox"/> Local goons			
<b>RECOGNITION BY GOVERNMENT</b>			
52a. Do you have a Ration card?		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
<i>The surveyor could verify the RC:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
52b. <b>If yes</b> , Is your ration card updated? (Are all the names included?)			
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. I don't know			
53a. How many children <b>below 18 years old</b> have their birth certificate?			
<input type="checkbox"/> 1. All <input type="checkbox"/> 2. Some <input type="checkbox"/> 3. None <input type="checkbox"/> 4. I don't know <input type="checkbox"/> 5. Not applicable ( <i>no child below 18</i> )			
<i>The surveyor could verify the BC:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
53b. <b>If Some or None</b> , why?			
<input type="checkbox"/> 1. <i>We don't know about BC</i> (no info, no awareness about the BC and/or process to get it) <input type="checkbox"/> 2. We tried to get it through agents but did not get it			
<input type="checkbox"/> 3. Delivery at home		<input type="checkbox"/> 4. Delivery in native place	
<input type="checkbox"/> 5. Not required for now (children not in age to go to school)			
<input type="checkbox"/> 6. Not necessary for the girls		<input type="checkbox"/> 7. Other reason: _____	
<i>More than one can be selected</i>			
54. Other Documents			
<input type="checkbox"/> Election card, <input type="checkbox"/> UID card, <input type="checkbox"/> PAN card, <input type="checkbox"/> Driving license, <input type="checkbox"/> None, <input type="checkbox"/> Don't know			
55. Level according to SW	Very fragile/poor	Fragile/poor	Little stable/good    Steady/secure