

Family Development Programme, Pune, India

Case Studies

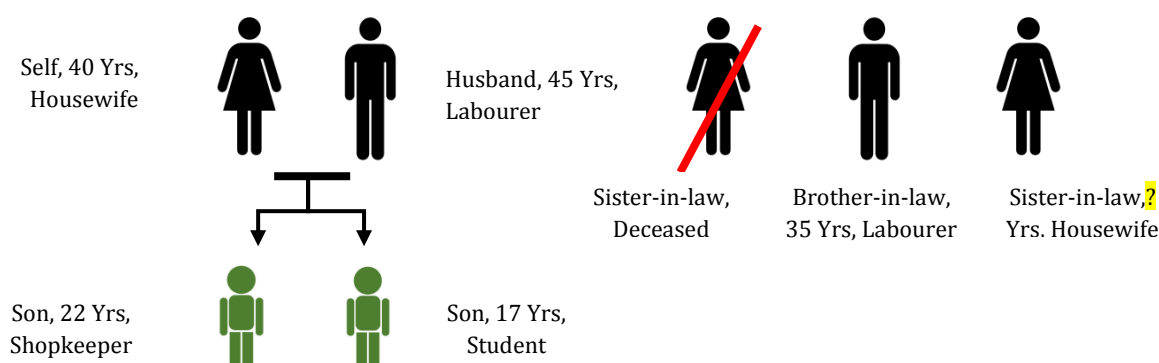
Uma Panse, Inter Aide / ATIA 2013ⁱ

LONG TERM – CASE STUDIES

“You are nobody without official identify proof and getting one is not always so easy...”

Salma

Family Composition



Salma’s family is invisible in the legal sense, as the family members do not possess any official document to prove their existence. Salma with her husband and brother-in-law were imprisoned on the charges of domestic violence and murder against her brother-in-law’s wife 12 years back. His brother-in-law’s daughter had fallen off from the staircase and he abused his wife physically. In the feat of anger, his wife put herself on fire and eventually died. Salma’s house got completely burnt during this incident. They were released from the jail in March 2012 after the court declared them not guilty. During this period, Salma’s two children were looked after by their neighbours. After their release, the court issued orders allowing Salma’s family to take possession of their house in the community, but the relatives of her brother-in-law’s wife have been threatening them and not allowing them to take occupation of their house.

The family at present lives in 2 small rooms rented out in the same community. The family is facing lots of issues in day-to-day life due to absence of official identity proofs. Salma’s husband and brother-in-law work as daily wage labourers. The work is not available on everyday basis hence they need to go and wait at the supervisor’s office since morning. Salma’s eldest son is running a hair-cutting shop in the same community. The youngest son lives in a hostel for studies and visits the family only on holidays. Salma’s family members understand the importance of documents, but lack initiative, time or information necessary for acquiring them. Salma also has lots of

health issues such as blood pressure, depression and backache, but she has been ignoring them.

Problem: How the family could acquire the official documents?

The FDP field worker highlighted the need for the family to take necessary steps to acquire these documents. The field worker also suggested Salma to search for any documents, which may be present in the records of any government or non-government institutions the family had been associated in the past. The field worker motivated Salma to seek help for her health issues, so that she could pursue the process for acquiring official documents, as other family members are busy in earning livelihood. Salma was also guided with the necessary information regarding the process of application for documents and the agencies to be approached i.e. address and working hours of agencies / institutions, estimated expenses, the supportive documents, travel directions, etc.

Salma found an old receipt of LIC¹ policy premium at home. She also visited the bank, where her husband and brother-in-law had a fixed deposit account earlier. The field worker assisted Salma on how to make an application to the bank to claim the fixed deposit money as well as to enquire, if the bank had any identity proof of Salma's family in its records. Salma was given referrals to other organizations, which offer help to the people released from jail and need support for resettling their lives. Salma requested the field worker to accompany her to one of the NGO offices, at least first time, which field worker happily offered. Salma was also informed about the process for getting a new ration card and how the process can be completed without paying an agent. Salma also sought guidance from the FDP staff regarding the legal notice for their house sent by the father of her brother-in-law's wife.

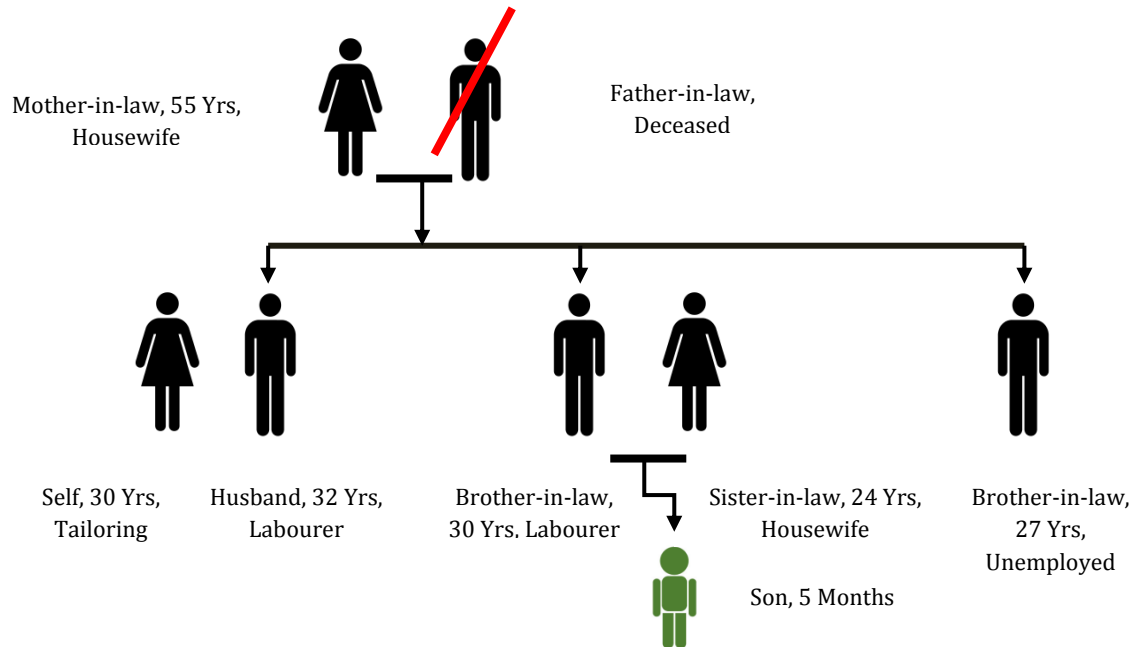
Salma is currently visiting different governmental and non-governmental agencies in order to complete the process necessary for acquiring the official documents with the help of FDP field staff as and when necessary.

¹ Life Insurance Corporation

“Sometimes a little outside help is required to improve family relationships...”

Shabana

Family Composition



The relationships in a family may get affected negatively, if all the family members are not sharing the financial as well as other responsibilities and resources evenly, as it was seen in Shabana’s case. Shabana lives in a joint family. Her husband and her brother-in-law work as daily wage labourers and get daily on an average Rs. 200-300, however the work is not available on regular basis. Shabana’s brother-in-law is an alcoholic and spends all his money on drinking without contributing anything to the family income. Due to his suspicious nature, he doesn’t allow his wife also to go out for work. Shabana makes some money by taking orders for stitching sari blouses and conducting tailoring courses for the women and girls in the community. Shabana hopes to pursue in future a course in fashion designing to improve her sewing skills. Shabana’s mother-in-law manages to find cooking job in a marriage hall during marriage season i.e. around 4-5 months in a year, which adds another Rs. 200-250 to the daily family income. Shabana’s second brother-in-law is unemployed currently. So the family’s financial burden comes automatically on the shoulders of Shabana and her husband.

The relationship between Shabana, her sister-in-law and her mother-in-law has always been cordial and supportive. Shabana also shares a good rapport with her husband, but her brother-in-law and sister-in-law have a difficult marriage due to his suspicious nature and drinking habit, but they are continuing still due to Shabana’s support.

During the initial contact with the family, it was learnt that Shabana was in the second month of her pregnancy. She also shared with the field worker that she had undergone one abortion and two miscarriages in the past due to certain complications during pregnancy. Shabana was anxious about this pregnancy and hoped to deliver a healthy baby.

The FDP field staff provided ANC guidance to Shabana for diet, nutrition, immunization, check-up, etc. The field worker also suggested Shabana to take enough rest as suggested by her physician. But Shabana was finding it difficult to maintain her diet and take enough rest, as she continued to work on her sewing jobs along with regular household work. The discussion with Shabana revealed that her sister-in-law spends most of her time with her 5-months old child and doesn't share the responsibility of household chores with Shabana. Shabana also sought guidance from the FDP field worker, as she was feeling stressed out emotionally due to her brother-in-law's behaviour. Shabana and her husband had requested her brother-in-law many times in the past to stay separately with his wife and child, as he has not been taking care of their needs, neither emotionally nor financially. But he continues to ignore their requests.

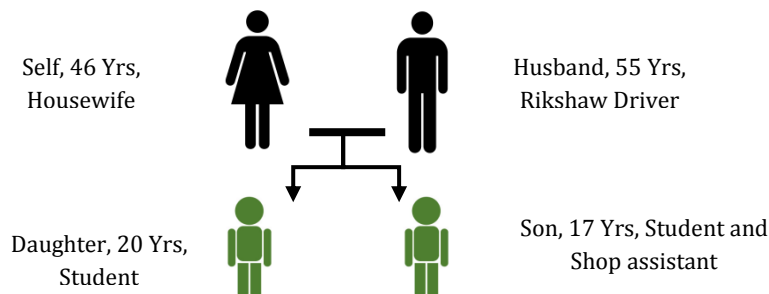
The FDP field worker convinced Shabana that it is important for her to take her husband and mother-in-law in confidence at first and then call for a family meeting. In this discussion, Shabana and her husband need to put forward their concerns regarding her pregnancy, related health issues and the possible consequences, if she doesn't get good care, nutrition and rest. The brother-in-law should be asked to take responsibility of his family in an assertive manner. In the family meeting, it was mutually agreed among all the family members that Salma's brother-in-law shifts to their native place with his wife and child. Salma's younger brother-in-law was also asked to go along with him to the native place and start earning for himself.

At present, Shabana's health has shown improvement due to balanced diet and adequate rest. She has been going for regular check-ups to the hospital and follows the instructions given by the physician properly. The FDP field worker has been supporting Shabana with required guidance, as and when asked by her. Most importantly, the family relationships haven't got spoilt in this whole process.

SHORT TERM – CASELETS

1. Education – Vocational Training

Family Composition

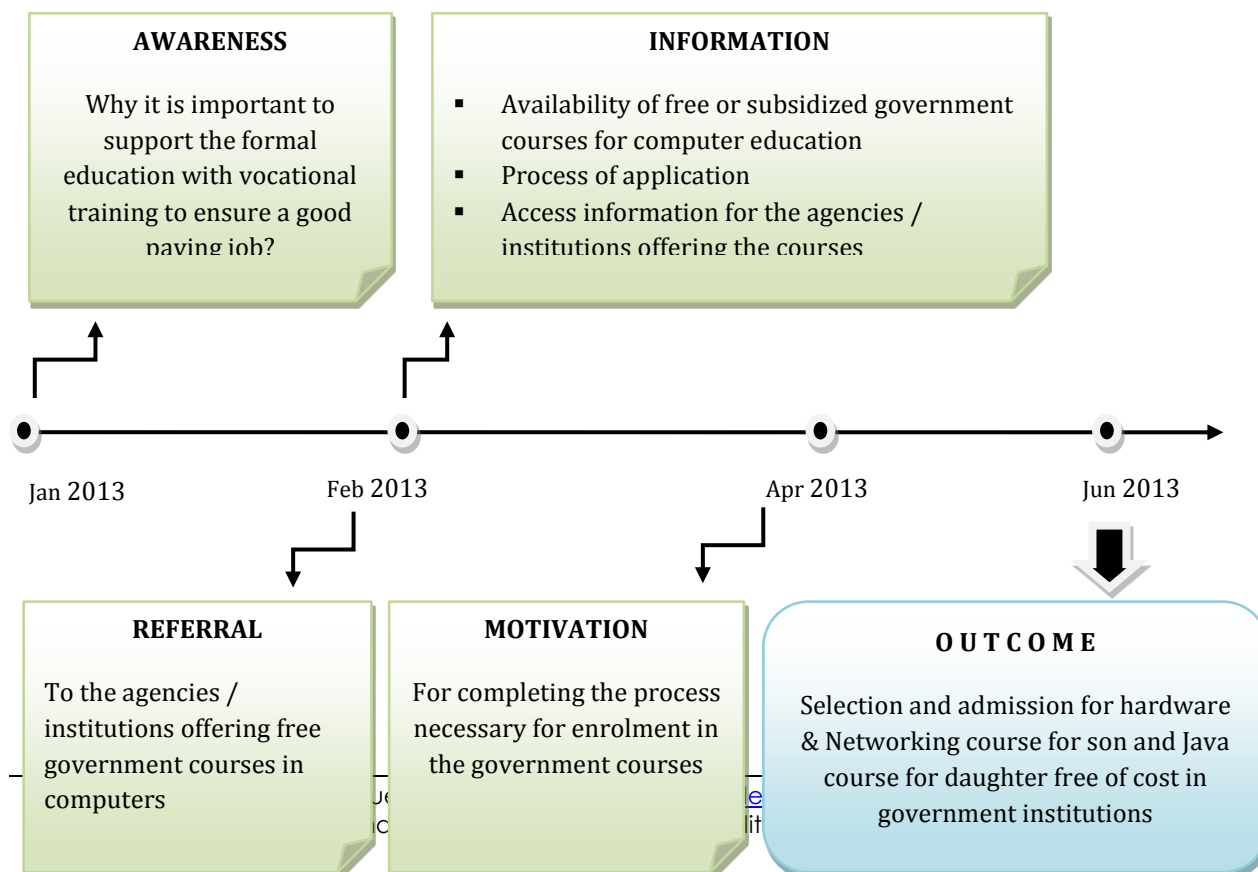


Problem Scenario

How to increase the chances of employability and better income for the next generation in a family?

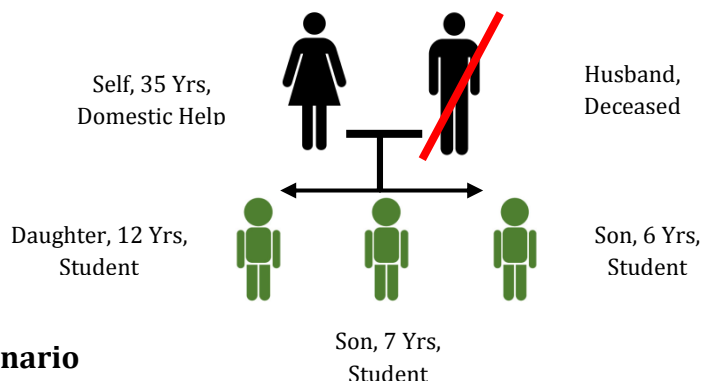
Sindhu's husband, the sole breadwinner of the family, is physically challenged, but manages to support his family by driving auto-rickshaw. Sindhu's daughter is currently pursuing Bachelor in Computer Science and her son studies in the college. The family is finding it difficult to support the education of both the children, but are trying their best to keep it going. But Sindhu is worried about future, as Sindhu's husband won't be able to continue his work for long due to his increasing age and handicap. It was important that both the children get a good paying job or work in near future to support the family as well as continue their formal education.

Case Progress



2. Financial Assistance – Child Care & Support

Family Composition

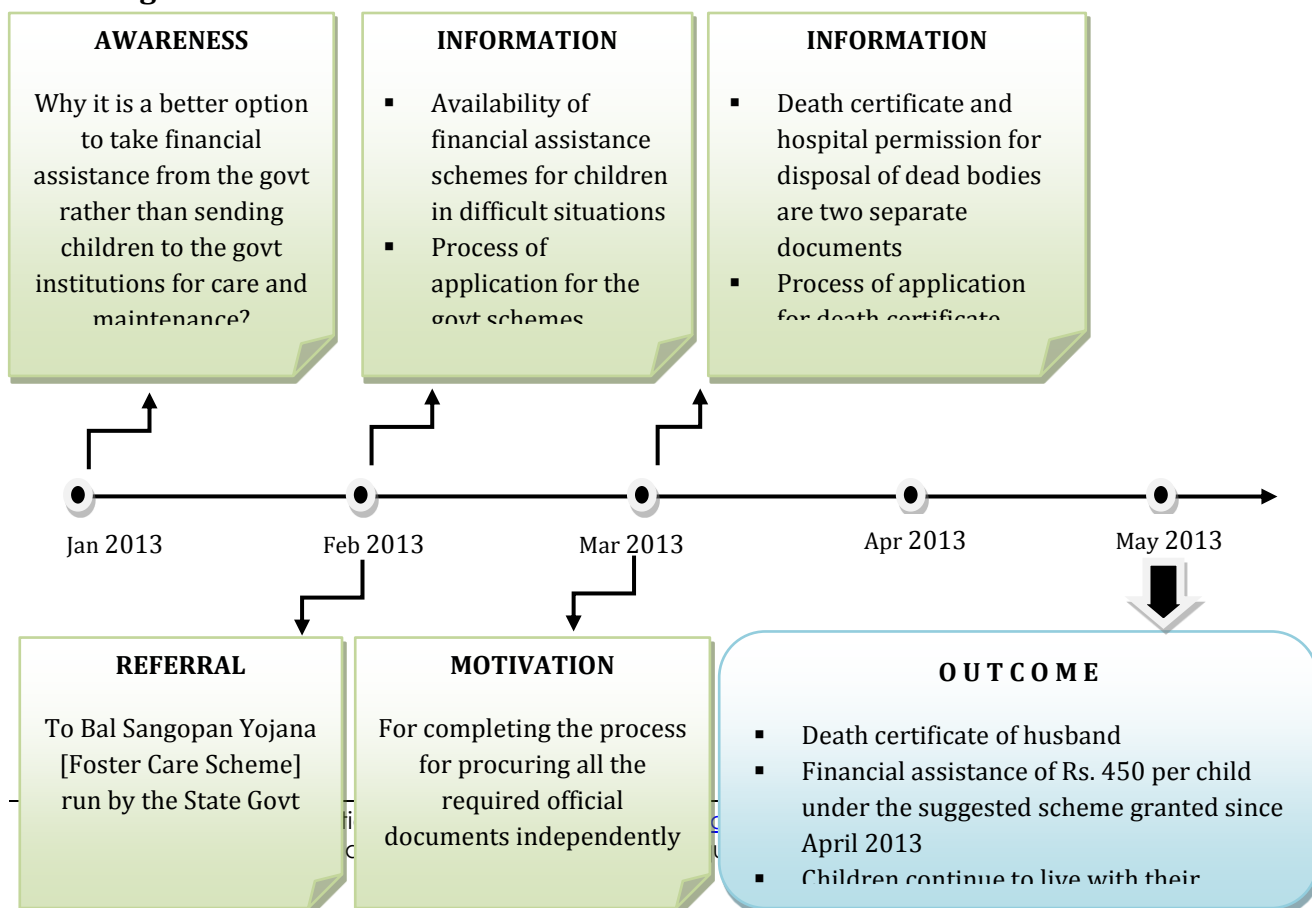


Problem Scenario

How lack of official documents could create problems in taking advantage of financial assistance schemes?

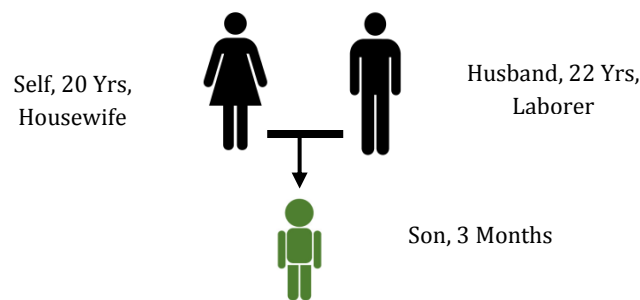
Rukmini's husband died six years ago and Rukmini was left alone with the responsibility of their three children. Rukmini has been working as a domestic help after her husband's death, but now finds it difficult to support the increasing cost of living for three children. Rukmini was deliberating over the option of sending her children to the government foster care institutions or shelter homes. When she was referred by the FDP field staff to seek financial assistance from government schemes, the absence of death certificate delayed the whole process. Rukmini was not aware that death certificate is a separate document. She had mistaken the hospital permission for the disposal of the dead body for the death certificate.

Case Progress



3. Health - Immunization

Family Composition

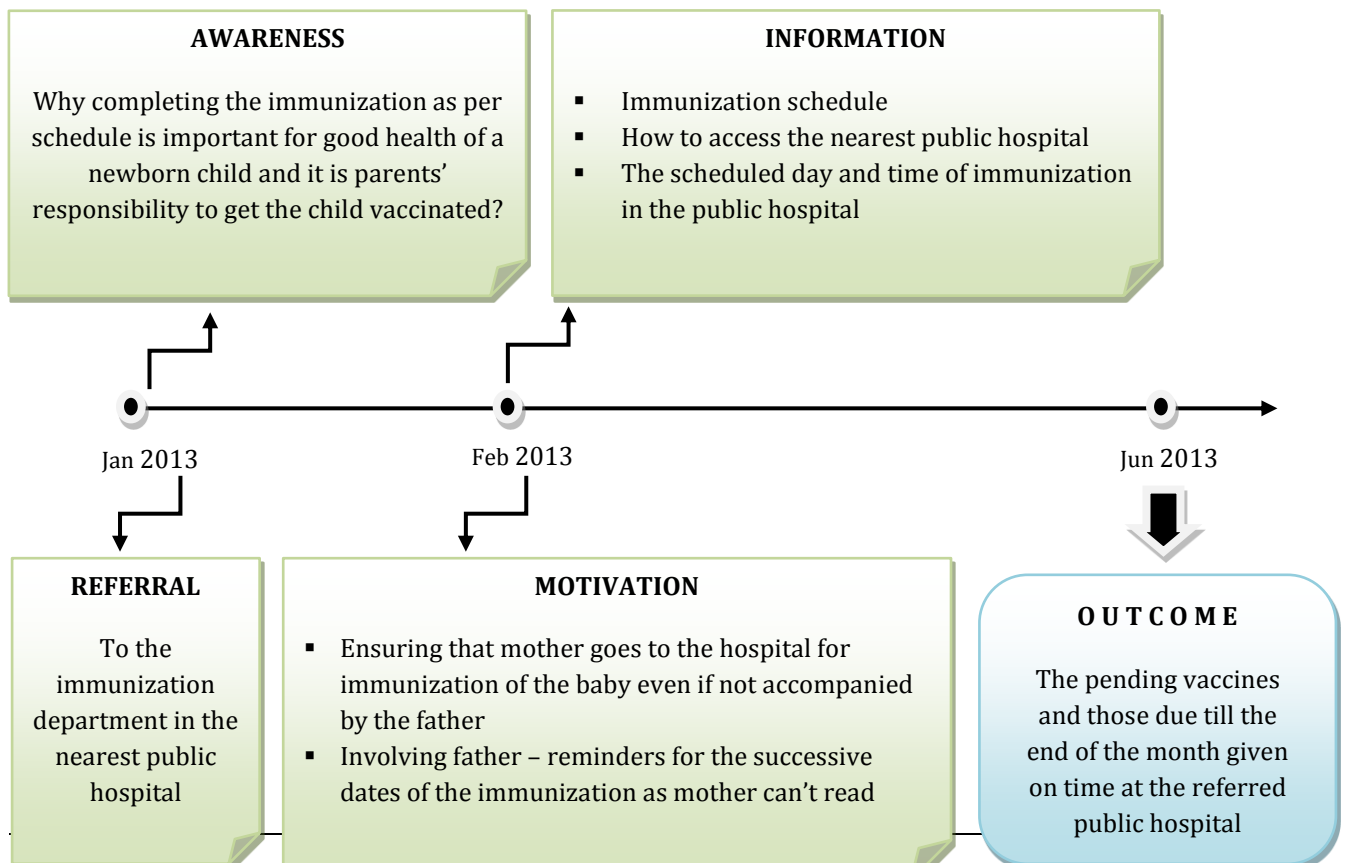


Problem Scenario

How a little bit of motivation could help the children get the basic needs such as immunization for a healthy future life?

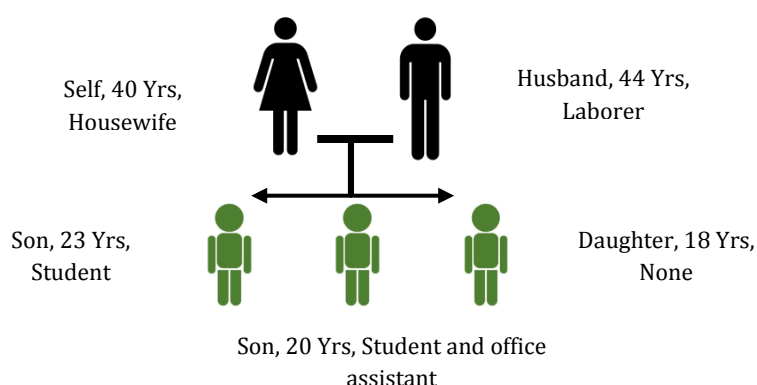
For Saraswati and Gopal, immunization for their 3-months old Raju was not a priority, as they were not aware about the importance of immunization for a newborn child. Gopal used to leave for work early in the morning and Saraswati, being new to the city life, hardly ventured alone out of home. Raju was just given the first dose of BCG vaccine at a trust hospital, which was quite far from their home. Saraswati had visited the nearby PMC hospital for the second round of immunization, but couldn't give the vaccine, as it was not the scheduled day of immunization at the hospital. After that, the parents had made no efforts to get immunization done for Raju.

Case Progress



4. Financial Assistance – Disabilities

Family Composition

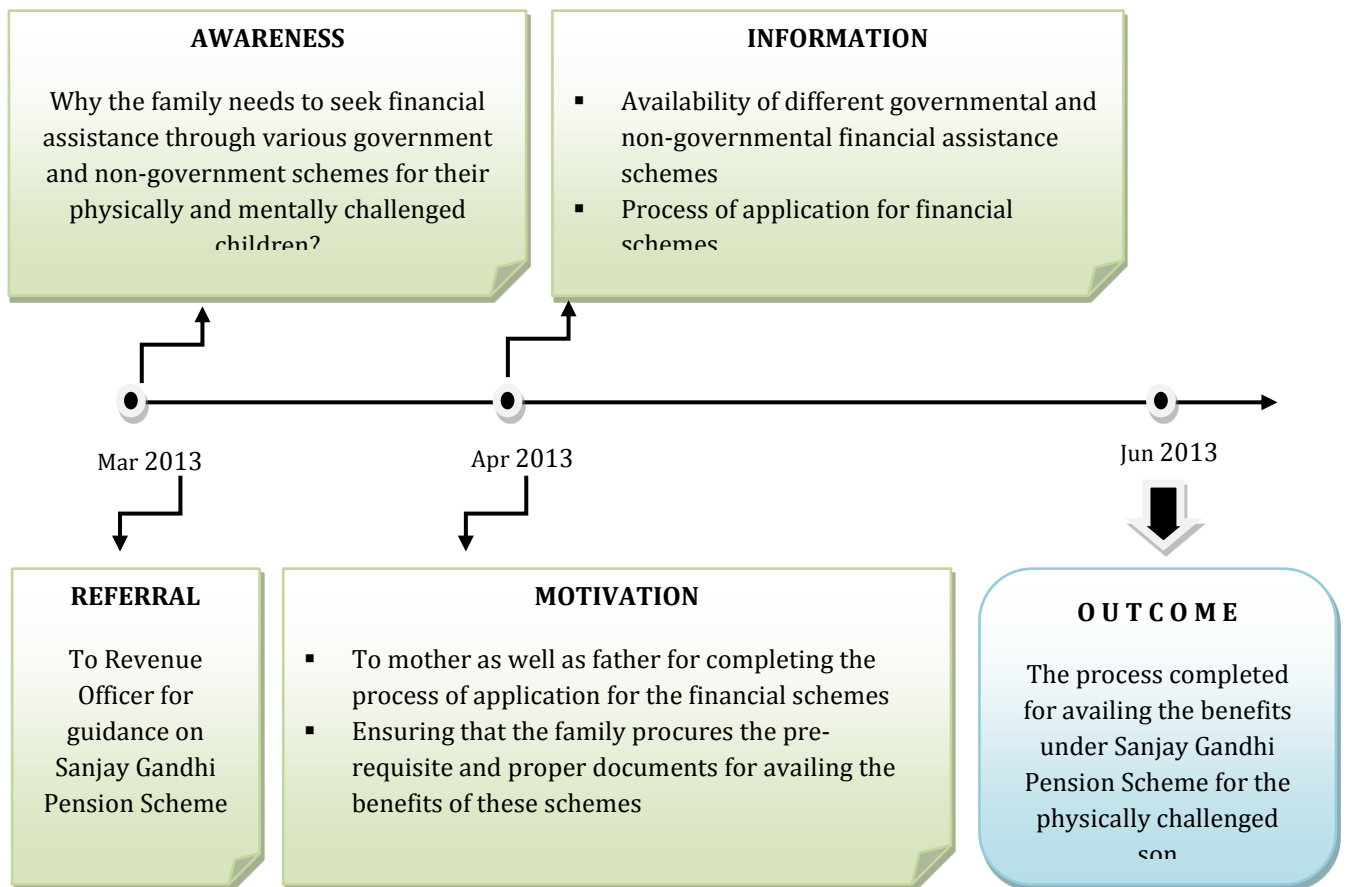


Problem Scenario

How the families could get little bit respite due to some financial assistance schemes for children with special needs?

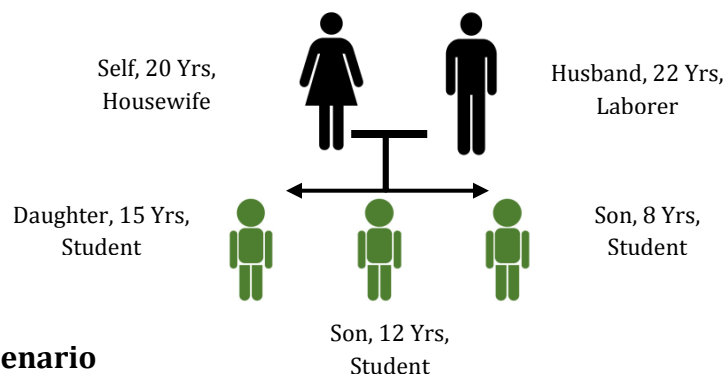
Vaishali and her husband Srikant have been struggling to make both ends meet for their family of five members, in which their eldest son (Karan) is physically challenged and their youngest daughter (Vidya) is mentally challenged since birth. Srikant, a daily wage labourer, couldn't find enough work on regular basis for past many years due to health complaints. The family is currently managing somehow with the only reliable income source i.e. the salary of their second son (Arjun) from a part-time job as an office assistant. The family has recently started a home-based unit of assembling CFLs for a company, but it is yet to give substantial returns to provide for all the current needs of the family. In spite of all these hardships, the couple is ensuring that both their sons get reasonable quality of higher education. Karan has got free education in school and college so far due to his physical disability and is currently pursuing Diploma course in engineering. But Arjun is currently studying at the university, for which the family is paying through the loan. Vaishali and Srikant want to give good education to both their sons and wish to ensure some financial security for their daughter in future.

Case Progress



5. Personal Hygiene

Family Composition

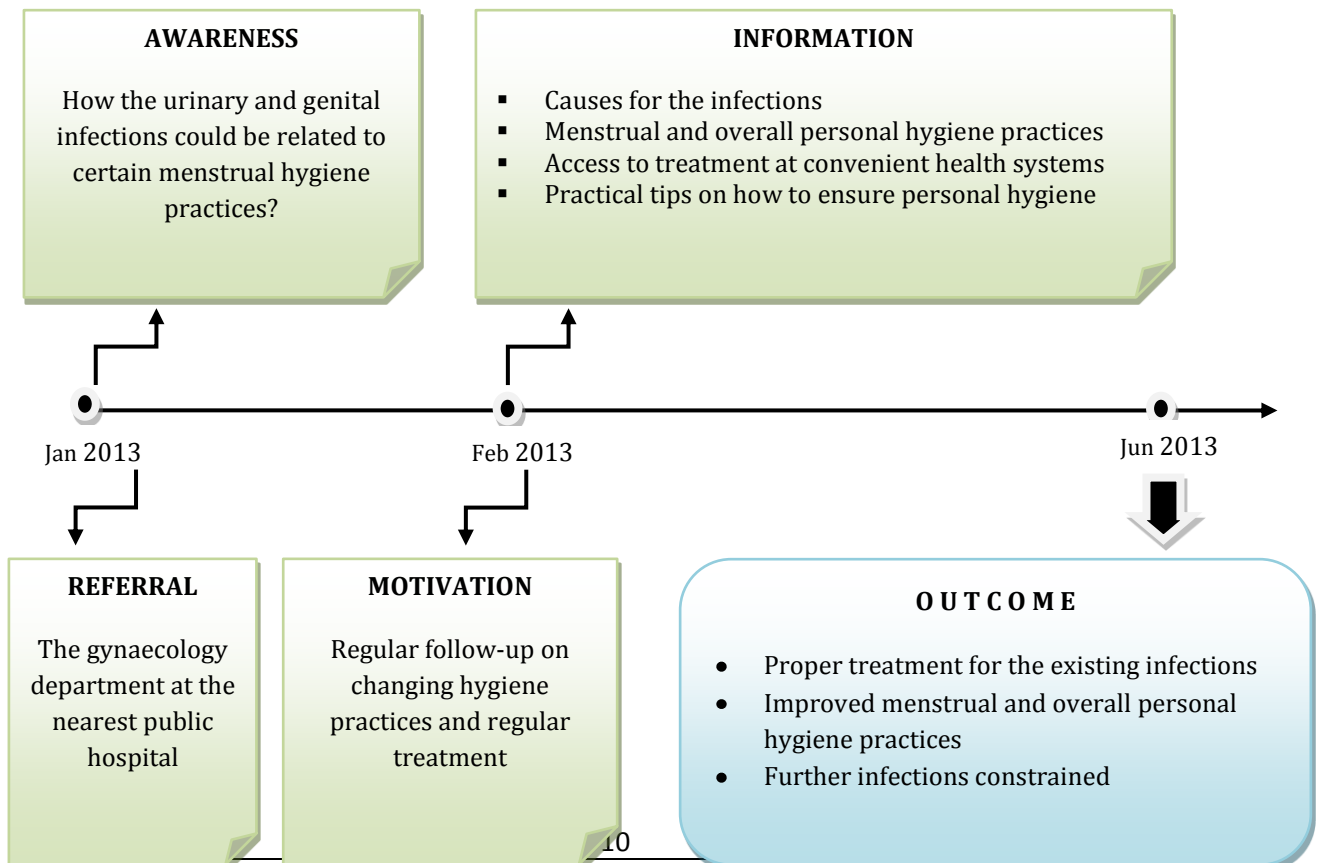


Problem Scenario

How certain practices related to menstrual hygiene could lead to health problems for women?

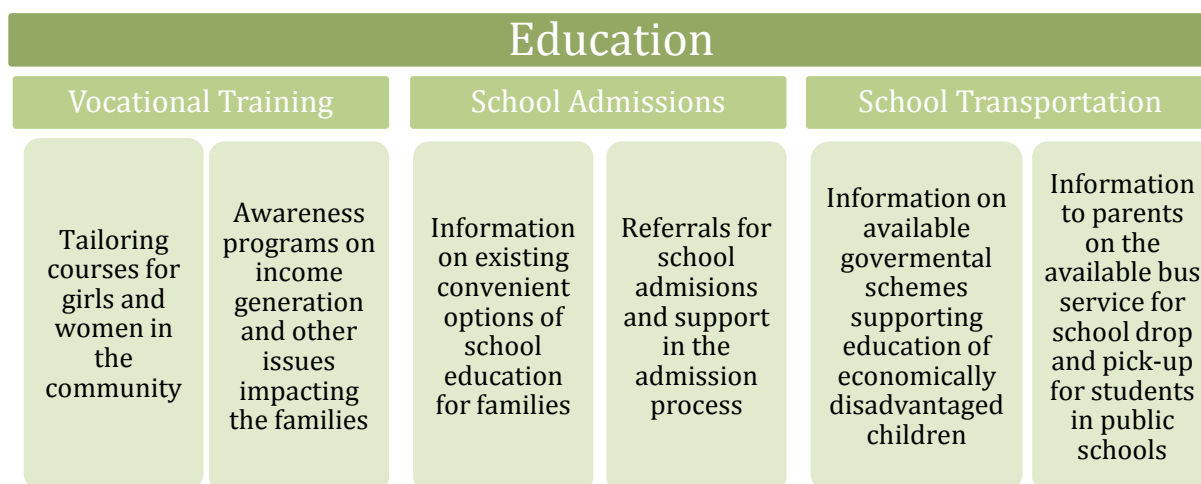
For Seeta and her daughter Laxmi, urinary and genital infections have been a regular problem since last few years, for which they have been seeking treatment from the local physician. The root cause for these infections has been the unhygienic sanitary ware. As the family of 5 lived in a very small house, the privacy was a major concern considering lots of inhibitions and taboo associated with menses in traditional Indian families. The cotton cloths used as sanitary napkins were neither washed properly with antiseptic nor dried in open air or sunlight. The mother and daughter were also sharing the same pieces of cloth for menses.

Case Progress



MOST FREQUENTLY ACHIEVED OBJECTIVE - EDUCATION

“The partnerships with other organizations working in the FDP communities could lead to various community-level initiatives beneficial to the families...” - FDP Communities in Bibwewadi



1. Vocational Training

- During the community survey, the families in the FDP communities expressed critical need and interest for any form of vocational training for women.
- Collaboration efforts of JVP with the self-help groups run by the UCD in the same community did not succeed, as the UCD guidelines necessitate the provision of community-owned free-of-cost spaces for starting the initiative but such a convenient venue could not be arranged.
- Jan Vikas Pratishthan (JVP) approached Swadhar, the community-based NGO active in the same community, for collaboration on starting the initiative for providing vocational training.
- The initial discussions with the families interested in vocational training resulted in identification of tailoring course as the most convenient option.
- A group of 15 women enrolled for the first batch of the tailoring course in January 2013. Nominal fees of Rs. 300 for 6 months was charged to the women for taking care of the rental cost for the room and Swadhar agreed to fund the sewing machines and other overhead costs.
- The second batch of tailoring course was started in another community for 12 girls and 3 women in June 2013.
- The group members were also given guidance on the priority issues impacting their families through awareness programs such as recipe demonstrations, training workshops, etc.

Success Stories

- a. All 15 women from the first batch have completed the course successfully.
- b. Some of them have started taking orders for tailoring from home and aspire to start their own business or a self-help group in near future.
- c. JVP has helped the group members from the tailoring course to complete the application process for acquiring income certificates, so that they could avail the grant for starting their own business.
- d. The girls and women enrolled in the second batch would be trained on how to stitch school uniforms, so that they can get the contract for stitching schools uniforms for government schools.

2. School Admissions

- The community survey revealed that many young children have not been enrolled in school for primary education.
- The families were not aware about the convenient options for school or the process of admission. Many families also didn't have birth certificate, the most essential document for the school admissions.
- JVP approached the nearest public school and requested the school authorities to allow admissions for these children even without birth certificates.
- Due to referral given by JVP, the school authorities allowed the admissions on a condition that their birth certificates would be submitted by their families by September 2013.
- JVP also supported the families in completing the process for acquiring birth certificates.

Success Stories

- a. Seven children from the community have been enrolled in 1st standard in the public school.
- b. The families are in the process of acquiring birth certificates for the children to complete the admission process.

3. School Transportation

- The community survey also revealed that many children from the community had dropped out of primary school. These children were going to a nearby private school in the past.
- The further discussions with the families revealed that the parents could not afford the school fees of Rs. 500/-.
- JVP highlighted the importance of formal education to the parents of these drop-out children and suggested the option of a public school, which is a

little far from the community, but is free-of-cost. The parents expressed concerns over difficulty in drop and pick-up of children from the school, as most of the family members were busy in earning livelihood.

- JVP learnt from Swadhar about the bus service available for drop and pick-up of children from the slum communities to the school. The field staff informed the parents about the bus service and how they could access it.
- **Note:** *The Pune Municipal Corporation in collaboration with the Pune Municipal Transport has been running a free bus service for students studying in the Municipal schools till 5th standard from slum communities². The bus service has specific pick-up points for students to the public schools in the respective areas. The only condition for accessing the bus service is that the students should be wearing their school uniforms.*

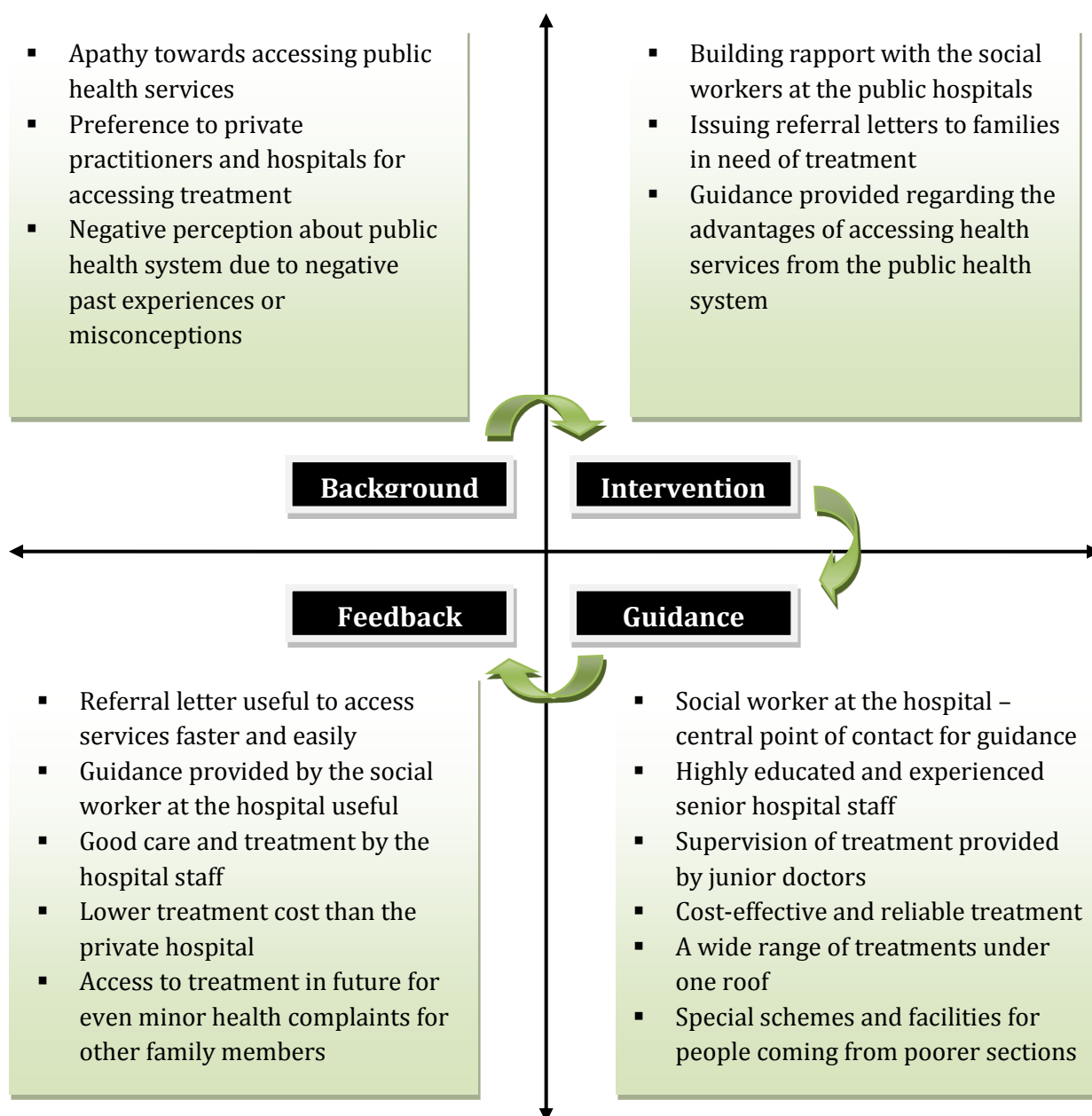
Success Stories

- a. Many families from the community have enrolled their children in the public school and are currently taking benefits of the government bus service for drop and pick-up of their children to school.

² This is a specificity of this area, and through a lot of background and activism from Swadhar-ARC. Swadhar had deployed their staff to ensure smooth functioning of this service too.

REFERRAL CASE STUDY- HEALTH

“A good referral would not just help the individual families but also change the whole perception of the community about the public services available...” – FDP community, Dalvi Nagar



Background

The majority of the families from FDP communities exhibit apathy towards accessing public health services, as observed by the FDP field staff. People prefer to go to private practitioners and hospitals for any health complaints.

Reasons for not accessing public health services:

- People feel lost or confused in big public hospitals, where nobody is particularly available to guide on how to access different departments and their services. People need to inquire a lot to other patients or hospital staff for accessing even the basic services.
- The people generally have experienced that the hospital staff is not cordial or helpful towards them, as they come from socially and economically disadvantaged backgrounds.
- The common misconception among people is that the public hospitals provide good quality of treatment, only if they have some good referral or know someone at the hospital.
- The OPD (Out-patient Department) timings, generally during mornings or afternoons, are not convenient, as people need to take off from their work.
- Accessing the treatment at public hospitals is very time consuming as the public hospitals generally get lots of patients.
- The doctors at public hospitals are mostly intern students, who lack experience and sensitivity towards patients.
- The people in the community also believe that the treatment provided at public hospitals is not effective and the treatment at private facilities gives immediate relief.

Intervention

- ASHA social worker working on FDP built good rapport with the social workers at two public hospitals, Talera and YCM, which are easily accessible to the families from the FDP communities.
- The referral letters were issued to families having health problems and financial constraints.
- Seven families accessed the services from the two public hospitals with the help of referral given by the FDP staff.

Guidance provided by FDP field staff for accessing public health services:

- The people could approach the social worker at the public hospitals for any queries related to any health complaints or accessing the health services at the hospital.
- The senior doctors at the public hospitals are more educated and experienced, which may not be the case in private health facilities. Even though the public hospitals have more student interns dealing with patients, they are supervised by their seniors and the treatment is also prescribed by the senior doctors.
- The treatment at the public hospitals is mostly free or subsidized; hence it is more cost-effective compared to the private health services.
- The treatment given by the private practitioners seems to have immediate relief for patients, but they generally prescribe a higher dose of expensive medicines. The treatment at public hospitals may seem to work slowly but it is more long-lasting and effective.

- The public hospitals also offer special schemes and facilities for people coming from economically disadvantaged backgrounds.
- A wide range of generic as well as specialized treatment is available under one roof in the public hospitals.

Feedback from FDP families

- “The referral letter helped to contact the social worker at the public hospital. The social worker was very helpful and provided proper guidance on how to access different services and resolved our queries about treatment.”
- “We will start accessing the public hospital services for even other minor health complaints henceforth, as it is cost-effective for us.”
- “I was scared to go to public hospital for my second child delivery and I couldn’t afford the fees quoted by the private hospital for a caesarean. The FDP field worker assured me that I would get good treatment at the public hospital and referred me to Talera hospital. The hospital staff took good care of me and my delivery was also done properly.”

ⁱ Uma Panse, MSW, is ATIA Social Programme Manager in Pune, India, since 2005.