

2008
Indira Nagar

End Line Study Report



September 2008



Vikas Yuva Sanstha Swabhimaan

InterAide





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INTRODUCTION: HISTORY OF INTERVENTION

Vikas Yuva Sanstha [VYS] conducted a baseline survey ¹in 2001 and entered the area [cluster of pockets] and named the branch as 'Indira Nagar' [ID] since January 2002 with IGP [Income Generation Program]. By end of 2002, the organisation was ready to start FDP in the area, and the work began in December 2002. Since 2004, VYS started ECD [Early Childhood Development] group activity in the area.

Quantitative overview of interventions in Indira Nagar

Indira Nagar Branch	Families	Population ²
Total families from all pockets (approx.) [Indira Nagar (approx) 1000 houses Dias plot area (approx) 1200 houses]	2250	11250
Total # of FDP surveys done (Dec2002-08)	1693	8465
Total # of families followed through FDP - regular	852³	4260
Total # of families followed through short term intervention / Guidance Centre	944	4760
Total # of ECD group members till June 2008	177	885

Indira Nagar- Dias Plot areas are established since 1970s. Indira Nagar **branch of VYS** has been comprised of the main pockets known as Indira Nagar, Industrial colony, Dias Plot, Dhole mala and Parvati Darshan with the approximate number of families being 2250. The FDP work covered⁴ Indira Nagar area by the second semester of 2008.

¹ No report on Baseline survey is available for comparison of the findings

² Approximate # of family members considered = 5. This number is taken from the end line survey data, where average number of family members comes to 5.1

³ Details in annex

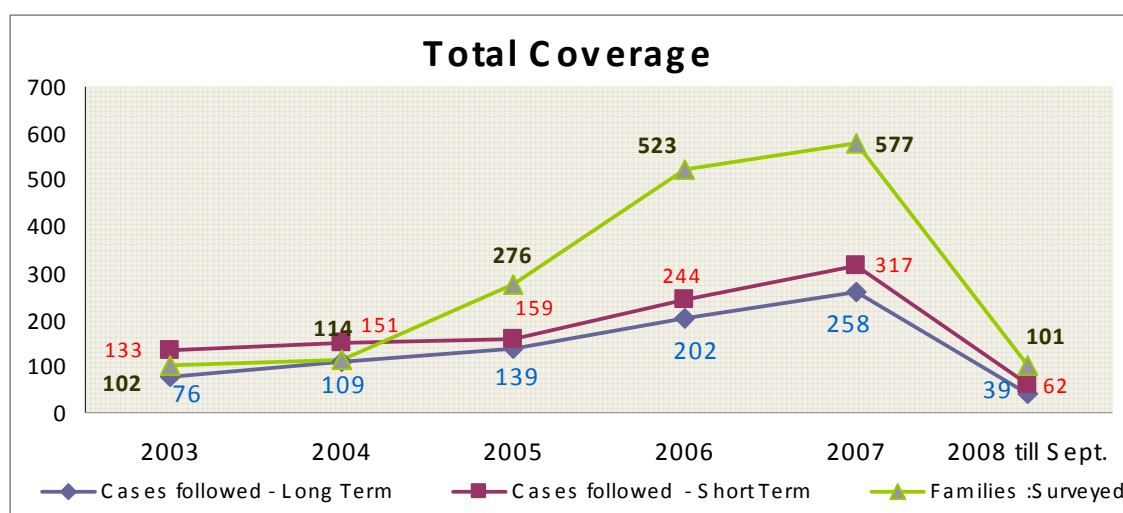
⁴ Most of the population was covered, as mainly all the families from the area have been received at least a survey visit by the VYS staff. In FDP, the field staff conducts door to door survey to identify families to whom FDP guidance could be proposed. Only these identified families had received another visit/s and the services offered from VYS.

Family Development Program

FDP has a defined procedure to work with the families. The intervention procedure of the FDP is **to work with individual families** closely and systematically, by conducting regular home visits. The approach is holistic, i.e. guidance is proposed for all members of the family, mother, father, children or other relatives, on a variety of issues impacting the family dynamics.

In ID branch of VYS, the following procedure was followed. The Field staff conducted **door to door survey** to identify families to whom FDP guidance could be proposed, **identified** different possible **needs** which might be worked on with the family, before registration, **sought consent** of the concerned family, and regularly conducted **home visits** to provide inputs on different issues, with the frequency of a visit per week on average. Some families were also enrolled for short-term intervention, which were recorded under "Guidance Centre". The average period of regular intervention (FDP) had been 5 months followed by a year's phased out follow up with increasing intervals.

Thus not all the families which were surveyed had been part of the project. Similarly, only the houses with presence of families and which could be available in the office time, i.e. 10 am to 6 pm, Monday to Saturday, were enrolled in the program.



PSW, a MFI, is a sister concern of VYS working in the same areas. Thus, to meet maximum needs of the families registered under any project; these organisations have an inter-referral system. This was another way of getting FDP services for the families.

Early Childhood Development Program

VYS has carried out ECD group activity for the mothers of 0 to 3 years of children for the last 4 years and has developed great interest and capacity in carrying out the project very successfully. ECD had been developed as a Supporting activity for FDP. Though, through evolution, it has shown potential to be an independent project. This project also has given VYS some visibility in the community.

PRESENTATION OF THE END LINE STUDY

Though FDP had covered the area, FDP has seen a lot of evolutions since 2002-03. This means, the scope of FDP has increased to a great extent since. With this exposure to scope, the organisation wanted to reach out to the population with more versatile services as per the need of the community. This, along with the fact that the process of family development is very slow and especially so if clubbed with poverty, it was decided by the organisation along with the technical support team ⁵ to conduct an **End Line Study** of the area, mainly to assess the current needs of the community and to understand how far the services rendered by VYS have reached. No systematic impact assessment or evaluation of the program was implied through this study.

METHODOLOGY

Objectives of the study

- ★ To assess current needs / social sustainability of the community
- ★ To track evolution of services in the area [=Public/ semi-Govt infrastructure, services and access = Private services / NGOs]
- ★ To evaluate perception of services rendered by VYS till date
- ★ To decide future plan of action for the area

Through the end line study, the work done by the organization in given area could be summarized. Similarly it was considered a tool for decision making for the organisation in relation to launch or provides further services.

Methodology and Tools for the End Line Study

For collection of holistic information and the current picture of the community, its needs, and available services, the following tools were used:

- **End line survey** with 10% of random sampling was carried out. A **Survey questionnaire** including a last section on perceptions of services by populations, and satisfaction was designed. The questionnaire was prepared by the technical support team, and the survey conducted by VYS field staff.
- **A Resource mapping** of services available to and in the community was prepared by VYS.
- **Focus Group Discussions with project beneficiaries** and general population were conducted with the help of external resource persons.

⁵ Inter Aide and Swabhimaan

MAIN FEATURES OF INDIRA NAGAR AREA

Indira Nagar branch is situated at the south of Pune since around 1970. The socio-economic situation of the families varies extensively from pocket to pocket as per the data collected (which was also the observation from the field).

General features

- The number of houses in Indira Nagar branch is approximately 2250 with an approximate estimated **population** of 10000.⁶ This area also has a lot of shops and workshops. Thus many houses are converted into business place and there are no residents.
- The **Education** level of the general population can be considered as “low”. Indeed, more than half of the population is illiterate or have attended only primary school as per the current study (which supports the field experience of the past 5 years).
- Main **occupations** for men are casual labour, small businesses, like vegetable vending (mainly selling flowers, potato, and onion on hand cart) or some are drivers or garage workers. Women are mainly housewives. Those who work are domestic workers in housing societies though some are in small businesses. A pocket in Indira Nagar has an industrial area. Some men also work in these industries.
- Some parts of Indira Nagar and Nagari Vasti of Dias Plot still have unhygienic conditions, lack of proper drainage and present poorer housing conditions.
- The population generally has access to **water supply** and **public toilet** facilities

Existing structures or agencies operating in the area

- **Education:**
 - Most of the school-going children go to Marathi or Urdu medium schools. Now, as per the field staff's experience, there are a few parents who are sending their children in English medium schools. The PMC (Pune Municipal Corporation) has two schools running in the area; one is up to 7th standard and one up to 10th standard. One private school is also available in the vicinity of Indira Nagar pocket. In Dias Plot pocket vicinity; there is one Marathi and one Urdu medium school up to 7th standard, and one each up to 10th standard. One English medium primary school (up to 4th standard) and also one private primary school are available along with two colleges (junior and senior-graduation/ post graduation). This means that there is sufficient and good availability of educational services for the area.
 - ICDS (Integrated Child Development Scheme) is active in the area. ICDS's main activities include health care of 0 to 5 years of age group and pregnant women, nutrition [supplementary food and vitamins, etc] and vaccinations to

⁶ Approximately 2000 families X 5 (avg # of members per family) = 10000. Approximately 250 shops. This is as per the field staffs' observations and calculations. Out of these, 1693 families were surveyed.

them. Along with this, pre-primary education and supply of birth control measures/methods are also the activities of ICDS. For every 200 houses, there is one 'Anaganwadi'. In Dias Plot and Dhole Mala pockets there are 6 Anganwadis and for Indira Nagar (central pocket) and Industrial Colony, there are 5. A total of 11 Anganwadis are settled in the area,

- Other organisation: 'Youth with mission' runs a free tuition class for poor children from 1st to 5th standard. 'Maharashtra Kamgar Kalyan Mandal' runs Balwadi, and organises vocational training classes. Nominal fees are charged.

○ **Health:**

- 1 Public / government hospital and several sufficient private clinics operate in the vicinity. For common illnesses the families prefer to refer to private hospitals / clinics.
- NGOs such as VANCHIT VIKAS, SEWA DHAM TRUST, SARVA SEWA SANGH, Pathway [all working mainly on the issues related to HIV and STIs], MUKTANGAN [works on de-addiction], Parvati Swayamrojgar [Health Mutual Fund] etc. are providing health care services. Thus people get health care services like free medicines, medical camps, individual follow-up, etc.

○ **Economic situation:**

- PMC carries out an Urban Community Development (UCD) program in this area. SHGs (Self help groups=small saving groups) run through UCD of which some women take benefit.
- Many families have started small businesses by taking micro finance from PARVATI SWAYAM ROJGAR and SKS (micro-finance institution). Loans are also available for repair of houses.

TERMINOLOGY

FDP	Family development Program	RHV	Regular home visits
ECD	Early Childhood Development Program	FW	Field Worker
HMF	Health Mutual Fund	SW	Social Worker / Supervisor
IGP	Income generation program	FGD	Focus Group Discussion
MFI	Micro finance institution	PMC	Pune Municipal Corporation
SHG	Self Help Group	UCD	Urban Community Development
UID	Upper Indira Nagar		

OUTCOMES OF THE SURVEY

METHODOLOGY OF SURVEY

The tool: the end line survey form

The tool used for conducting the end line survey, was a modified version of the tool used in 2007-08 for baseline survey with an additional section. These additional questions are derived mainly to assess the needs of community and to know their perception of Vikas Yuva Sanstha (VYS).

The Marathi version of the tool was explained to the staff shortly before survey was conducted on field.

Sampling and survey method

Field workers conducted the interviews and filled End line survey forms⁷ for randomly selected **255 families** staying in different pockets of Indira Nagar where FDP and ECD projects were implemented in the last 6 years. On an average, every 10th house (10% sample) was surveyed and each interview lasted around 30 minutes.

The team of surveyors included different levels of staff from Vikas:

- 1 Coordinator
- 2 Social Workers
- 11 Field Workers

Survey was done on 6th, 8th and 9th of August 2008. The Social Workers and Coordinators were also in charge of the collection of general data regarding the area (current services available, resource mapping, and size of population).

Encoding and data analysis

Data encoding was outsourced and has then been formatted and analysed in Swabhimaan. Encoding was processed in Excel.

⁷ End Line survey form available in annexure

Distribution of respondents per area

Respondents were mainly **females (89.7%)**, aged between 22 and 40 years (65.9%), and were mainly the **spouse of the family head in 135 (53.6%) families**.

Pockets	Number of families surveyed	%
Indira Nagar	62	24.3
Industrial colony	89	34.9
Parvati Darshan [gol-ghar]	16	6.3
Dias plot	51	20.0
Nagari vasti	9	3.5
Dhole mala	28	11.0
Total	255	100

Out of the 255 respondents, 3 respondents were minor members of the families and hence, the forms were not considered in the following analysis.

STATISTICAL DATA AND ANALYSIS

The data collected and statistics drawn are presented in the following sections in this order:

- family background and description
- employment and economic situation
- documents and administrative situation
- health status
- education status
- housing and amenities
- perception about the organisation, services and current needs in the community

FAMILY BACKGROUND AND INFORMATION

Origin and stability of stay in the area

Most of the families (85.4%) are staying in Indira Nagar for **more than 5 years** and at the same time more than half (55.6%) plan to stay in the area for more than 3 years. This shows a steady population for the area. Approximately 39% families are not sure about their plans of stay in the community.

Moreover, the **mobility of the families** has to be noticed: 44% of the families reported that they go back to their native place once a year and 22.6% visit more than once in a year. 11.1% never go back to their native place.

The **families** settled in ID are originally **from Maharashtra mainly** (more than 81%). The remaining 19% families are originally from different states (among which Karnataka mainly, with 9.5% of the families).

The average number of members per family is 5.1 in Indira Nagar.

Portray of the family head

The family head is defined as the main decision-maker and main bread-earner in the family, whereas the chief family member would be a co-decision-maker.

The family head is a **male** member for 92.5% of the families surveyed, and can be considered **young** as 57.9% are aged between 21 to 40 years. 85.3% are **married**.

Number of children per family

Considering the number of children **mentioned** to the surveyors, the **average** is of **1.9 children** per family. This is quite comparable to other slums of Pune and may indicate a good level of awareness regarding birth control, **or** this could also be a result of having a higher proportion of young couples in the surveyed areas.

Age Groups	Occurrence			%
	Boys	Girls	TOTAL	
0-1 year	19	26	45	9.5
1-3 years	31	31	62	12.9
3-5 years	26	37	63	13.1
6-14 years	104	110	214	44.5
15-18 years	47	49	96	20.0
Total	227	253	480	100

The proportion of older children (aged between 6 and 18 yrs.) is higher in this area. 64.5% children are in the age group 6-18 yrs. This indicates that the percentage of adolescents or young adults in these pockets is higher. The female – male ratio in this area is 1115‰ which seems better than the child sex ratio for Maharashtra (917‰) as well as for India (927‰).

EMPLOYMENT AND ECONOMIC SITUATION

Occupation of main members of the family

Family Head - Occupation	Number	%
Govt. Service	10	4.0
Private Service	44	17.5
Daily Wages	99	39.3
Small Business	51	20.2
Domestic Servant	12	4.8
Housewife	11	4.4
Unemployed	11	4.4
Others	11	4.4
Not mentioned	03	1.2
Total	252	100

The main occupation of the **family head** is daily wages, small business or private service.

Chief Member - Occupation	Number	%
Govt. Service	03	1.2
Private Service	22	8.7
Daily Wages	28	11.1
Small Business	30	11.9
Domestic Servant	38	15.1
Housewife	94	37.3
Unemployed	03	1.2
Others	07	2.8
Not mentioned	27	10.7
Total	252	100

The fact that 39% of family heads are on daily wages indicates uncertainty in monthly income.

The chief member of the family is a person next to family head, who is responsible for decision making or any other issues related to family. The **chief family member** is a **female member** for 63.5% families. For 37.3% of the surveyed families the chief member is a **housewife**. Only 1.2% of chief family members are unemployed. 10.7% did not mention their occupation. This indicates that **51% the chief family members are contributing to the family income**. The female members engaged in part time or full time jobs may depict the need of a crèche in the area considering the children in the families between 0 to 5 years of age group are 35.5%.

Family income

Income of family head + chief family member	Number	%
<=2500	48	19.0
2501-3500	43	17.1
3501-4500	51	20.2
4501-5500	37	14.7
5501-6500	23	9.1
6501-7500	13	5.2
>7500	32	11.9
Not mentioned	07	2.8
Total	252	100

The **combined income** generated by the family head and chief family member is quite **diverse**, i.e. considerable proportions of families are found in lower and higher socio-economic quintiles. 36.1% families' income per month is below Rs.3500/- while there are almost 17.1% families with income more than Rs.6,500/-. Only 29.8% of the sample mentioned a 3rd source of income, which consists mainly of the employment of another family member (besides family head and chief family member).

Average monthly income of family is Rs.5776/- and considering the fact that average number of family members in surveyed area is 5.1, **the per capita income is approximately Rs.1133/- which indicates that most of the families are above poverty line**⁸.

In our survey, the poverty line can be established to approximately Rs. 3500 /- per family per month (refer to footnote 8 for explanations). This means that **in Indira nagar, at least 36.1% of the families surveyed are considered to live below the poverty line.**

Family budget: patterns and habits

Saving schemes	Number	% (on 141)
Group (Bhishi)	44	31.2
Cooperative /NGO	13	9.2
Bank	54	38.3
SHG	65	46.1
Post	10	7.1
Other	03	2.1
Don't know	11	7.8

Almost 141 (56%) of the sample families have reported to make regular savings, which are mainly through non-banking or Non-formal / local schemes (31.2% of the above mentioned savings are done through *Bhishi* groups). 38.3% and 7.1% families reported savings in Bank and Post respectively.

Furthermore, nearly 51.9% families have never taken any loan (for any purpose). Among the families who took the loan, 35.5% took from cooperative NGOs and 15.5% from banks. The purpose for taking a loan was very diverse. 28.9% reported that they took loan for business while 22.2 % reported medical problem and 13.4% family events [weddings, mainly].

Loan	Number	%
On-going	38	15.1
Many times in past	14	5.6
once in past	38	15.1
Never	131	51.9
Don't know	11	4.4
Not mentioned	20	7.9
Total	252	100

Summary of observations regarding employment and economic situation

- *More frequently than in other slums, both family head and chief family member would contribute to the monthly family income*

⁸ State-wise Poverty Line in Maharashtra (Rs per capita per month) Urban: **665.9** Rural: 362.25. Source: "ACCION Poverty Assessment Framework", October 2002, InSight N°1, ACCION International. "Poverty Estimates for 2004-05", Government of India, Press Information Bureau, March 2007, New Delhi. It is usually difficult to get recent estimates of poverty line from public or private sources. Many studies are published every year or publicized in newspapers, but rarely match with each other. Considering that the average number of family members is 5.1 in Indira nagar for this survey, the poverty line for this study can be established at $5.1 \times 665.9 = 3396$ Rs per family per month. Therefore, approximately, all families whose total monthly income is below or equal to 3500 Rs (rounded up figure) are considered as falling below the poverty line.

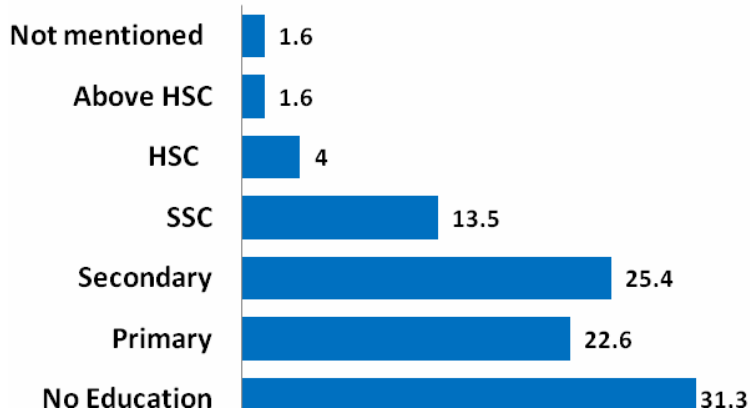
- *The income levels are more diverse. Though the average income compared to other slum pockets⁹ of Pune look a little better, 56.3% belonging to below Rs. 4500/- per month income, represent economically vulnerable families in the area. More than 36% of the total families fall under poverty line.*
- *Percentage of families availing a saving scheme is comparable to other slums in Pune, though the discipline of savings, through organized and formal schemes, is found better (45.4% out of the total families saving] in the area.*
- *For loans, families have access to formal schemes.*

⁹ The average income per family as per the base line surveys done in 2008 for FDP was, for example: UID =Rs. 4931/-, Vishrantwadi=Rs. 4263/-. The family size was very comparable, at 5 members per family on average.

EDUCATION STATUS

Education level of family head

■ Education level of family heads in percentage

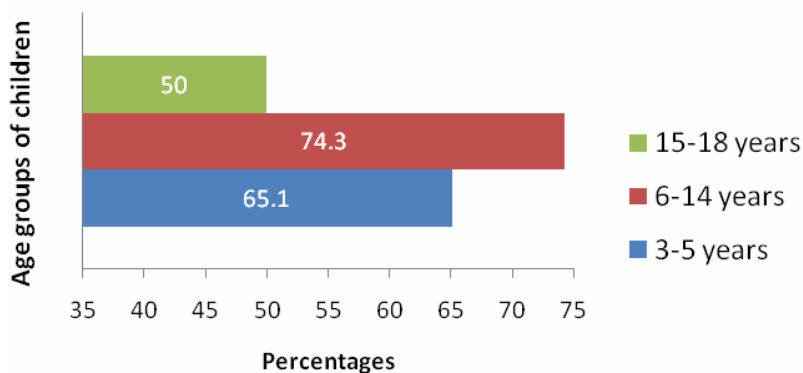


53.9% of the family heads are reported as having a limited educational background, for being either illiterate (31.3%) or educated till primary school only (22.6%). This situation can be considered as not favourable; particularly when one keeps in mind that the respondents are young (57.9% are aged between 21 and 40 years) and should have therefore benefited from better education facilities (developed in urban India in the past 20 to 30 years).

Only 5.6% of family heads are educated up to or above 12th standard (last year of secondary education).

Education of children in the family

Percentages of the children attending schools



The school attendance ratio is better for children between 6- 14 years (74.3%) compared to the children between 15-18 years, where only 50% are continuing their education. In 3 -5 year age group, 65.1% are attending school [i.e. Balwadi/ pre-schools facilities].

Summary of observations regarding employment and economic situation

- *Thus the educational background of family head does not appear as good, even as compared to the situation generally observed in other slum pockets of Pune. (Especially the percentage of illiterates in higher and percentage of HSC and above is lower compared to Upper Indira Nagar).*
- *Compared to other areas, the school attendance proportion though appears better than the UID ratio (57.89%), but is not as good as in Private Road [which economically similar or little more vulnerable area], which turned out to be 91.8% where parents' education level also was observed better than Indira Nagar area.*
- *Compared to the education level of the parents, (the 5.6% of family heads are seen to be formally educated up to HSC or above level), 50% of the children from age group of 15 to 18 years are continuing education after SSC, can be considered as an encouraging scenario.*
- *Though the percentage of children in schools shows parents' awareness about education, with the sufficient number of educational institutions available in the vicinity, a good amount of the school going age group is still out of school. This can be perceived as further need to increased awareness and motivation among parents and children towards formal education.*
- *The low school attendance ratio in the older age group may depict the need to work on the options of vocational training with the families. Additionally, the pre-school (e.g. Balwadi, anganwadi) attendance ratio is low and may require ground work with the families and the communities.*

HOUSING AND AMENITIES

Legal ownership of house

87.4% of the families own the place where they live. This corresponds with the finding that the population is quite stable, most of the families being resident for at least the last 5 years.

Availability of water and electricity in the area

85.3% of the families have water at home. Other 12.3% would collect their water from the common / outside taps.

Electricity is available for most of the families (96%), is a particularly favourable situation, and as compared to other slums of Pune, is a better scenario. 69.8% also have their own electricity meters.

Housing conditions

Walls			Floor			Roof		
	Number	%		Number	%		Number	%
Cloth/ Plastic	00	0.0	Clay mud	03	1.2	Cloth/ Plastic	01	0.4
Tin/Wood	82	32.5	Cement	42	16.7	Tin/Wood	186	73.8
Concrete tin	43	17.1	Tiles	175	69.4	Asbestos	07	2.8
Concrete	121	48.0	Ceramics	22	8.8	Concrete	47	18.7
Other	00	0.0	Other	00	0	Other	01	0.4
Not mentioned	06	2.4	Not mentioned	10	3.9	Not mentioned	10	3.9

Being almost 40 years old community and considering that 87.4% families own the houses, the relatively good condition of most of the houses (48% with concrete walls, 69.4% have tiles for flooring and 73.8% with tin roof) is not surprising.

Observations on hygiene conditions:

Compared to other slum pockets of Pune, where baseline survey was conducted in 2007-08, the hygienic condition in the houses appears better.

	Number	%
Floor is swept	199	79.0
Cooked food is covered	188	74.6
Things are in an organized way	184	73.0

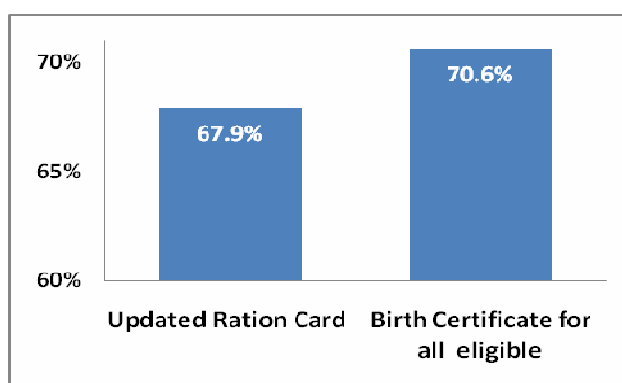
Sanitation and toilet facilities:

Most of the families (97.6%) use common toilet and sanitation facilities in the area. Only 2 families (0.8%) had toilets at home.

DOCUMENTS AND ADMINISTRATIVE SITUATION

Ration cards

It is seen from the survey that 88.5% families possess their **ration card**. This matches with the years of settlement of slum and stable population and as the data shows that 87.4% own the houses. However, families with updated ration cards are only 67.9%. This ratio is comparable to other authorized slums of Pune, where FDP has conducted surveys.



Families possessing proper documents

Birth certificates

Similarly, the possession of birth certificates from all children is completed for 70.6% of the sample surveyed families. This ratio is better¹⁰ compared to other areas. While only 2.3% do not have it for any child. This is another indication that the documentation status is reasonably good.

¹⁰ For example: 53.8% in UID and 66% from Private Road

HEALTH STATUS

Commonly reported health complaints

28.2% of the surveyed families did not report any health complaints. 16.5% reported “other” health complaints but most of them were not able or did not want to specify. Some of them reported cough and cold as other health complaint.

The relevance and quality of information gathered on such topics in surveys/ questionnaires is usually limited.

Usage of health facilities and services

General sickness	Number	%
Health Centre	26	10,3
Public Hospital	61	24,2
Private doctor	160	63,5
Nothing	03	1,2
Other	00	0,0
Not mentioned	02	0,8
Total	252	100

In Emergency	Number	%
Health Centre	51	20,3
Public Hospital	99	39,3
Private doctor	92	36,5
Nothing	02	0,8
Other	01	0,4
Not mentioned	07	2,7
Total	252	100

Regardless of the pockets considered, a large majority of the families (63.5%) would consult a private doctor in case of minor illnesses. In case of critical situations (emergencies or serious health problems) the families would still refer to their private doctor (36.5%), but 39.3% would also avail public hospital services. In other words, **the local private doctor seems to be the main interlocutor for the families, for both general illnesses and emergencies.**

44.8% of families have spent up to Rs. 300/- on health in the previous 2 months. 17.1% declared that no expenses were done for medical purpose. 20.2% had to spend between Rs. 500 to 1000/-. 10.3% not able to mention the expenses on medical treatment.

Reproductive Health:

ANC	Number	%
Right from the beginning	74	29.4
From the 3 rd month	58	23.1
From the 7 th month	75	29.8
In the last month	04	1.6
It was not done	15	5.9
Not applicable/Don't know	12	4.7
Not mentioned	14	5.5
Total	252	100

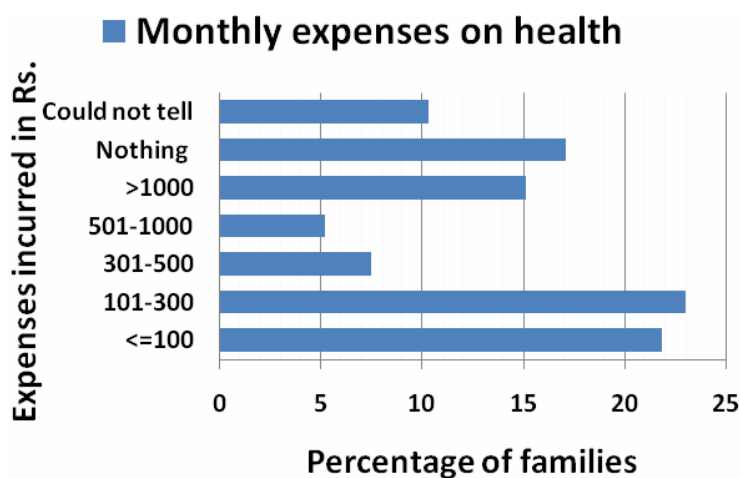
In 201 (79.9%) families the youngest child was delivered at Public or Private Hospitals. In 32 families (12.6%) the latest delivery happened at home (i.e. in Pune or in native place). 5.9% have not responded to the question and 1.6% have answered the delivery place as ‘other’, without specification.

52.5% have started Ante Natal Care (ANC) right from the beginning or from the first trimester of the pregnancy. This, though not a very high rate, looks better than other areas surveyed in 2008, where the percentage is around 40 or below.

Prevalence of handicap and disabilities

Physical and/or mental disabilities were reported by 16 families (for 12 male and 4 female members) which is 6.3% of whole sample population. Out of the 16 cases reported, only 4 had the appropriate documentation (i.e. handicap certificate).

Health expenses incurred



17.1% of the respondents said that they do not have to spend on health at all. 52.3% of them responded that they pay around Rs. 100 to 500/- per month on health. Whereas, 20.3% said, it could be between Rs.500 to 1000/- per month on an average.

Summary of observations regarding employment and economic situation

- *In spite of the availability of government medical services in the area, the families seem to rely on the private practitioners or private hospitals.*
- *Though the administrative documents' status appeared well in the area (for Ration card and Birth certificate), the occurrence of Certificate for the handicap is as low as 25%.*

¹¹ 40.8% from Vishrantwadi, 40.56% from Private Rd, 37.7% from Upper Indira Nagar as per the baseline surveys conducted in these areas for FDP in 2008.

PERCEPTION ABOUT THE ORGANISATION, SERVICES AND CURRENT NEEDS OF THE COMMUNITY

Awareness about the organisation and programs

When asked about the organisation, **20%** of the respondents **could recognize VYS** spontaneously. Another **13.5%** responded positively after the projects were explained to them. **Majority (64%)** said they **did not know the organization**.

Know VYS	Number	%
Yes	50	19.9
Yes, after telling about project	34	13.5
No	161	63.9
Not mentioned	07	2.7
Total	252	100

Out of the 84 respondents (i.e. 33.4%), who recognise VYS, **42 respondents (16.7%) knew about FDP**, and **7 respondents (2.8%) knew about ECD**. 2%, i.e. 5 respondents could identify the FW. 2.8% knew about the organisation through the neighbours or relatives.

Source of information about VYS	Number	% (out of 84)	% (out of 252)
FDP	42	50	16.7%
ECD	07	8.3	2.8%
IGP	17	20.2	6.7%
Field Workers	05	5.95	2.0%
Neighbours/ Relatives	07	8.3	2.8%
Not mentioned	6	7.1	2.4%
Total	84	100	

There were 17 respondents out of 84, who knew IGP or HMF programmes and probably understood the organisation as PSW. This could mean that these families essentially were not aware about the independent status of social activities from the area. If so, the ratio from 33.4% of families aware about the services can change considerably.

Stake-holders of the Projects:

VYS Services availed	Number	% (out of 69)	% (out of 252)
FDP	25	36.3	9.9
ECD	21	30.4	8.3
GC	19	27.5	7.5
Other	04	5.8	1.6
Total	69	100	

Only 69(27.1%) mentioned that they have worked with Vikas Yuva Sanstha previously. Out of the total respondents, only 9.9% said they were enrolled in FDP and 7.5% under short term intervention program [Guidance Centre]. 8.3 % had been members of ECD groups. Rest (1.6%) could not mention the kind of association.

These figures do not match at all with the answers provided by the respondents about their source of information about the organisation.

Considering the selection ratio (approx. 50%) for FDP, this ratio (9.9% being associated with the organisation with FDP) is insignificant, though this may not be compared directly.

*Though FDP and ECD numbers actually appear comparable to each other (25 & 21 respondents), considering the outreach of both the projects [ECD 15 groups with 177 families and FDP # of enrolled families=852] and the outcome does not represent accordingly. This also may be interpreted as/ suggest the kind **visibility** of the projects and the impact of each in the community.*

VYS Guidance Centre

VYS- Guidance Centre ¹²	Number	%
Yes	45	17.9
No	87	34.5
Not Answered	120	47.6
Total	252	100
Awareness about location of Guidance Centre	27	60% (out of 45) and 10.7% (out of 252)

Approximately 18% (45 respondents) are aware of the existence of a GC in the community and 60% out of those 45 respondents [which is only 10.7% out of total 252 respondents] know where exactly it is located. 34% did not know about the GC.

The data presented needs to be taken with all due precautions, as the majority of the families surveyed did not answer the question. The surveyors themselves have expressed their doubts and difficulty about this section of the questionnaire.

VYS Services- Requirement ¹³	Number	%
Yes	76	30.2
No	36	14.3
Not Answered	140	55.5
Total	252	100

Only 30.2% (76 respondents) recognize the need of similar services to be continued in the area. 36 respondents clearly said the services were not required. 55.5% questionnaires have no response recorded. This is more than half of the population surveyed, and thus is difficult to analyse the perception of need of services in the population.

¹² The major fig, about 48%, is of no response category. This option was not available in the form. Actually, this number should be added in the “unaware” category

¹³ Similar to the ‘existence of GC’, for more than 55% questionnaires have come without an answer to the perception of the community about continued/ current need of similar services.. This could have been an important point for analysis

Expressed needs for services

The table below depicts the needs expressed by 76 respondents. Priorities seen are ECD (12), health related services (10), income generation activities (9), followed by Family guidance & Education (8 each), & Documents (7).

VYS- Services	Number	% (out of 76)
ECD	12	15.8
Health	10	13.2
Income Generation activity	9	11.8
Family Guidance	8	10.5
Education	8	10.5
Documents	7	9.2
Vocational training & guidance	5	6.6
Referral	5	6.6
Children's groups	4	5.3
Awareness programmes	3	3.9
Cleanliness	1	1.3
Other	1	1.3
Not mentioned	10	13.2

Education (8 each), & Documents (7).

These figures alone might not be representing the community needs as the number of respondents is very low.

Suggestions to improve quality of services:

VYS- Suggestions/ comments	Number	% (out of 60)
Not able to tell	12	20.0
Other	9	15.0
Family Guidance	8	13.3
Income Generation activity	6	10.0
No Need	5	8.3
Referral	5	8.3
Documents	4	6.7
Education	3	5
Vocational training & guidance	3	5
Special schemes	3	5
ECD	2	3.3
Children's groups	2	3.3
Health	2	3.3
Awareness programmes	1	1.6
Positive comments	1	1.6

60 (23.8%) respondents gave their comments or suggestions for improving quality of work. These are mainly the issues on which the population is expecting to get services. It seems that the question was not understood properly and is a continuation of the answer to the above question regarding needs of services.

OUTCOMES OF THE FOCUS GROUP INTERVIEWS

FOCUS GROUP INTERVIEWS [FGIS]

RATIONALE AND OBJECTIVES FOR FGIS

- ★ To support the survey in getting a better picture of the needs of the community, and
- ★ to include the communities in the assessment of community's current needs for social guidance / social development projects
- ★ to assess the perception of the project by communities, and in particular:
 - i.To further understand and evaluate the perception of services provided by VYS in the community
 - ii.To substantiate the needs identified with help of other tools
 - iii.To assess the general outcome & outreach of the program

To get totally unbiased, unprejudiced recommendations out of the FGDs, and a technically proper execution of the FGDs, it was proposed to outsource the exercise of FGDs. Two experienced faculty members of Karve Institute of Social Service were invited to provide expertise in preparing, facilitating and analysing the FGDs.



Male participation in the FGIs was an encouraging experience. They focused on broader community issues, whereas, women pin-pointed very practical needs of day to day life.

Criteria for selection of area and groups

As the ID branch comprises of various pockets, and multiple projects were implemented, it was decided that to seek representation from different stakeholders or populations the FGDs would be conducted with variety of population and locations. It was mutually decided between VYS and Swabhimaan, to conduct two FGDs for FDP, one for ECD and two FGDs (one each for men & women) with non-partners, i.e. with general population who have never worked with VYS through its services. This number and pattern was verified with the facilitators and five FGDs were conducted. Swabhimaan supported in recording the FGDs. VYS took the responsibility to identify suitable premises and made adequate arrangements for the groups, and gathered participants.

FGD	Area	Expected population	Date	Time	Participants' Details
1	Indira nagar (khadda)	FDP	26th Aug 08	2.55 to 4 pm	12 (FDP)
2	Indira Nagar (07 gr)	ECD	26th Aug 08	4.25 to 5.20 pm	6 (ECD) (Industrial colony)
3	Dias Plot	FDP	27thAug 08	2.50 to 4 pm	14 ECD+FDP)
4	Nagari vasti	General (men's)	27th Aug 08	4.20 to 5.20	16 Men
5	Industrial colony	General(women's)	29th Aug 08	11.50 to 12.30	9 women

FOCUS GROUP INTERVIEW REPORT

FGI No. 1

Cluster: Khadda pocket of Indira Nagar

Date: 26/8/08

Time: 2.50- 4.00pm

Type of group: Female

Participants from FDP

No. of participants: 10

Participant's basic profile

About ten women in the age group of 25 to 40 years participated in this meeting. They were from nearby families in Khadda pocket. Among these ten women, one has studied up to 10th, four up to 7th std and five are illiterate. Because of less education six women are working as domestic servants in nearby colonies, two are doing sewing/tailoring and others are homemakers.

Initiation into the project

The FGD was planned at 2 p.m. but all women came by 2.50. After the introduction of each other and purpose of the meeting discussion started and continued for one hour. The focus of the discussion was on:

- initiation of programme,
- interaction with worker (FW),
- “perceived” impact of the project
- suggestion for continuity / future

Since the FDP programme was started five years prior to the study all these women came in association with worker about 3-4 years back through her door-to-door visits. Initial contact with worker was at the time of survey of that pocket, where worker was collecting information about family members, children's education, immunization, illness and income etc.

The participants could easily recollect that during these door-to-door visits the worker used to give them information about importance of immunization, process for getting ration card and birth certificate for school admission. This information was perceived as “very relevant” to their “problems” by the participants. They remembered that the worker used to visit their houses “at least once a week”; during these visits women usually shared their problems to get guidance and information.

Perceived Impacts/Benefits

According to the participants, this programme has helped them to get ration card, which was not easily available, birth certificate of their children who were born at home or in village to get admission in school. A few women got guidance and support for family planning operation. One

woman shared that the regular follow up of worker regarding her gutka¹⁴ eating, helped her to overcome that addiction.

Because of worker's personal home visits women have never made efforts to meet in a group or visit organization's office. This was the first time they came together for a meeting.

Some of the women have used the information to solve their problems by themselves such as getting ration card, birth certificate and school admission. Also few have shared this information with their relatives staying in other communities and it has helped them to get their work done easily. One woman even went ahead in challenging school administration when they denied giving admission on reason of birth certificate.

SUGGESTIONS:

All of the participants were feeling that this programme has really helped them in dealing with their individual family level problems. But now they are facing problems at community level such as no proper supply of water, no proper sanitation facilities.

They have tried on their own to meet corporator / local authority, but they required some guidance and help to take the issue further. They also felt that this kind of regular group meeting will help them to solve their community problems and they are ready for it.

GENERAL COMMENTS:

Unavailability of sufficient time curbed further discussions even though the participants could stay for 1 hour.

In spite of the fact that the participants were conveyed for the first time for such type of group discussions, still their participation was good. **The good rapport maintained between the FW and the families has been acknowledged, and definitely appears as a main learning from the discussion.** All the participants have appreciated the efforts and help of worker to solve their individual problems. Now, since they are already trying to solve their area level problems, organisation's guidance and help is expected to encourage and support these efforts.

¹⁴ which includes tobacco in different & flavoured form and many men, women and some children as well get addicted to it

FGI No. 2

Cluster: Industrial Estate

Date: 26/8/08;

Time: 4.25-5.20 pm

Type of group: Female,

Participants from ECD program,

Total participants in FGD: Six

Participant's basic profile

About six women in the age group of 20 to 35 years participated in this meeting. They were from nearby families from the Industrial area. Among these six women, four have studied up to 12th and two up to 7th std. Three out of these are homemakers, 2 are involved in Food processing piece rate work and one runs the family's own petty (packing) business.

Out of these participants one has 2 children; two have 3 and three women have one child each.

Initiation into the project

10 members came together initially after being motivated by "Sangeeta" [previous FW], who met them at home and said that they would get "some basic information about immunization schedules, dietary information for small children, songs, etc", and asked them to come together for weekly meetings on fixed days for 1 hour for a period of six months. Meetings stopped about 1 ½ years ago.

Process of Interaction

The participants could remember clearly and by name the workers with whom they have interacted and the topics addressed in ECD group ("immunisation schedule", "specific dietary information for expectant mothers and for young children", "children's behaviour", etc). The women shared that they learnt how to discipline children "without beating them", how to develop their enthusiasm to eat by eating along with children "if they are unwilling or fussy about eating", dealing with children's stubbornness, etc. All these helped in developing an attitude for practicing healthy child rearing practices. Participants also kept in mind the assessment of the group [post-test] conducted with each of them ("At the end of six months there was an oral assessment of learning gained. If questions asked were not correct the facilitator told the woman the correct answer").

Films, demonstrations and discussion methods were used to impart information along with conducting play and song activities for children. This could then be carried on at home also, so that parenting became a more enjoying experience. They said that they also got useful information about HIV.

Almost all were regularly attending the meetings because they found it useful. One member who was somewhat irregular because of the family's packing business used to catch up by talking to the facilitator directly.

Perceived Impacts/Benefits

From the participants, the following benefits of the project have been expressed:

- Opportunity to move out of the confines of the home.
- Became more knowledgeable and also passed on information to some people in the neighbourhood, for example weaning at the right age and better feeding habits.
- Opening the discussion with other family members on child rearing practices, for example discussed the learning with in-laws (one woman said that before this training she used to blindly follow whatever her mother-in-law told her, but after the new learning she was able to convince the latter about the new practices which were “better”). The felt the support of the FWs in opening such discussions. As a result, in-laws are very supportive now.
- Adequate information about care to be taken during pregnancy (nutrition for example)
- Better disciplinary methods helped to treat all children equally and had an overall positive impact on their behaviour. One woman shared how she always beat her son when he pestered her for money. She understood through training that this would only make him more obstinate and troublesome and so changed her approach. This led to improvement.
- Children got toilet trained at right age.
- Children who used to accompany mothers to the session picked up new songs and became more sociable and active.
- Overall improvement in personality and health of the child/children. For example, one woman shared that they had to spend a lot on health care of the 1st child but due to focus on nutritional care of 2nd child, this child was “healthier”, according to her.
- Tried out the new nutritious recipes at home.
- Has become more health conscious now and goes for medical check up on one’s own.

SUGGESTIONS:

According to the participants, the group meetings should be revived as a follow up. These can be held once a month in the afternoon. Since the babies are now young children, **child development** education with respect to children **above 3 years should be imparted**. Sessions concerning family life education, for developing better family relations would be useful.

GENERAL COMMENTS:

The group is enthusiastic and seemed to belong to relatively better economic class. They however still seem to have a limited area of interaction and exposure. For example they could give very little general information about the community and were aware of only the work of UCD forming SHGs. They also did not seem to have much continued informal interactions after the sessions ended, although they have had some sporadic contact with NGO’s field worker.

FGI No. 3

Cluster: Dias Plot

Date: 27/8/08;

Time: 2.40-3.40 pm

Type of group: Female,

Participants from FDP

Total participants in FGD: Fifteen

Participants' basic profile

15 women in the age group of 20 to 45 years participated in this meeting. They were from nearby families from Dhole mala and Dias Plot pockets. Among these 15 women, four are illiterate, 2 are primary educated, 5 have completed secondary school and 4 have studied up to SSC. Eight out of these are homemakers, six are domestic workers and one is a Tailor.

Initiation into the project

Most of the participants have had contact with the organisation 2 to 4 years before the FGI, a few since less than a year. Initial point of contact was Shaila (FW). One of the women was in need of a job and Shaila helped her get temporary work in a hospital and also her child admitted in a hostel for children of single women. They also received information about positive child rearing practices, family planning and opportunities to access health insurance (*arogya nidhi*), business loans, vocational training, and age certificates for children. They also received useful information related to diet for expectant mothers and under-5 children. They felt motivated to attend meetings as they got new information and knowledge which would help them to bring in better practices.

Process of Interaction

Women used to come together for weekly meetings at a central location for common discussions. They received inputs in nutritive cooking, socialising children and songs and games for children. Also went for gynaecological check up camp and attended talk from a doctor about these problems. To make practices more effective, field worker would also meet the women, men and in-laws in the family. The informal interactions between field worker and women during the home visits helped to draw them to the sessions.

N.B.: Most of the experiences shared by the participants are derived from ECD. The selection of participants have initiated this confusion, as most of them have been part of both FDP and ECD, and would not distinguish clearly each project. Therefore, comments have to be taken with all due precautions.

Perceived Impacts/Benefits

- Opportunity to venture out of the house and get new knowledge free of cost
- Chance to share problems with others which helped in dealing with one's daily stresses
- Was able to try out own healthy recipes for children in the family. For example making *nachani kheer*, soup from the stems of vegetables and steamed apple
- Got information on health and medicines at subsidized costs.
- Able to bring up children with more cheer and happily, so interaction with children is more pacified
- "The value gained is so much that one can't get all this by paying money also"
- Understood to look at expiry date on medicine bottles
- Negative myths about eating fruits like papaya were dispelled
- Told neighbours who were in first pregnancy about nutrition for expectant mothers
- "Our children are different from other children in the area because of what we gained through training"

***NOTE:** Women shared that though they learned about sexual relations they did not feel free to discuss about this at home as their family members may have misunderstood and would then not allow them to go for meetings.

General information about community

Most of the participants could explain clearly their perception of the community. They were aware of the origin of this area and of the general number of households it is comprised of today. They have the feeling that even though there is mixed occupational groups; a large section of the population still would be considered as very poor.

The participants could also mention easily about other organisations operating in the area: Vanchit Vikas, involved in 'HIV related work', UCD, which organises SHGs and some "missionary groups" (World Vision?) giving educational and social inputs to children. They were also aware of educational facilities situated in or nearby the area.

SUGGESTIONS from participants

- Have monthly meetings on one off day.
- Conduct sessions with mothers about how to explain menstruation to daughters.
- Conduct sessions with older (pubertal/adolescent) children on how not to succumb to addictions and other bad influences, as outsiders talking to them would have better impact.
- Organize home based work opportunities for those unable to go out to work because of fear about children's security.

- Organize vocational training for mothers with somewhat older children.
- Activities should be developed for children in different age groups – recreational activities for young children; support educational classes for school going children; sessions with older children to prevent them from developing bad habits and addictions.
- Since the babies are now young children, child development education with respect to children above 3 years should be imparted.

GENERAL COMMENTS:

Although the group participated very actively recollection was more about ECD programmes and child development issues than FDP. There appears to be a lot of enthusiasm for revival of work in an expanded direction covering different members of the family.

FGI No.4

Cluster: Nagari vasti near canal

Date: 27/8/08

Time: 4.20-5.30pm.

Type of group: Men from the community

Total participants: 16

Participants' basic profile

This vasti is of waste / rag pickers, where many men are involved in collecting tins, bottles and plastics from different places. About 16-17 men and two old women attended this meeting. Out of 16 men 7 are illiterate, 3 have studied up to primary and 6 have studied up to secondary school. One young boy of 14 years who has left the school after 5th std. was present in this meeting. Majority of them are earning through waste collection, two are construction workers, one gardener and one is working as '*safai kamgar*' of public latrines maintained by an NGO.

General problems of the community as perceived by participants

The discussion started with sharing of personal problems, which are also a very common problem of that vasti i.e. alcoholism and gambling. Due to these many men spend all earned money for their addictions. This becomes a cause for quarrels in the family. Indeed, some men would borrow money to maintain their addiction, which creates fights and quarrels in the community when they cannot pay their "loan" back. Sometimes young boys also get into same practices. Some young boys have left school as they can earn money by collecting waste, which they use for seeing film and gambling. So there is need to work on alcoholism and children's education according to the participants. All women will be ready for this as they are the main sufferers.

Apart from this issue being identified as a major issue in the community, the participants also mentioned as "problems":

- Regular problem of eviction from their houses by Corporation.
- Lack of trust from nearby areas, and bad rapport with authorities. For example, even though they have been residing in the area for the last 6 to 7 years, if there is any theft in near by apartments, police immediately come to this community; as they all suspect them.
- Lack of hygiene: "there is lot of garbage in the vasti, so there is need of some awareness about cleanliness".
- Lack of access to basic amenities, such as electricity (which is at present "taken" from the adjacent pocket of Dias Plot) and misuse of latrines (" not properly used by people", "Young girls face problem of eves teasing near latrine blocks").

Organisations working in community

Most of the participants knew about the services provided by "an agency" for business loans, and the field work done by one organisation (Jan Seva Pratishathan) for vocational training to youth. They do not mention the name of the organisations, but seem well aware of the services provided.

SUGGESTIONS:

- Build community awareness on issue of alcoholism. Agency should organize one meeting in the evening near Balwadi, to create awareness about among youths on this problem.
- They expect that organization should work for their good employment opportunities.
- Group also suggested that organization should work on issue of garbage.

GENERAL COMMENTS:

The group was very much ready for the discussion. The meeting was held in the house of one of the loan beneficiaries. Men were very vocal and open in sharing their personal issues as well as community problems. There is a real need for work with the young generations for their future. Since women were not present, how much it is realistic to work on **problem of alcoholism and gambling** with women's lead is doubtful. But there is a need for some work on these issues as it has an effect on the young generation. These people are from specific community, which is stigmatised because of their de-notified tribe's status (so there is needed to work with them, the local authorities / police and nearby residents). The group had a good leadership, which can be further utilized for vasti / community level issues.

FGI No 5

Cluster: Indira Nagar Industrial estate

Date: 29/8/08;

Time: 11.15-1.15 pm

Type of group: Female participants from FDP

Total participants in FGD: 9

Participants' basic profile

About nine women in the age group of 25 to 50 years participated in this meeting. They were from nearby families from Industrial Estate area. Among these 9 women, one is illiterate, another one is primary educated, 4 have completed secondary school and 2 have studied up to SSC/HSC and one did not complete graduation. Two out of these are homemakers, 3 are domestic workers one is involved in petty trade and 3 are development workers from Anganwadi/ Sarva Shikshan Abhiyan.

Nature of Association with NGO: Out of total participants 4 have been associated with the NGO, two in the Health Mutual Fund programme and two were involved in the FDP survey.

Initiation into the project

The participants were initially told that organisation works for children and their families. They could form groups to get information about health, family planning. The participants responded that they did not meet regularly in groups. They were also told that the members could take benefits of loans and Health Insurance Fund.

Process of Interaction

There is no concrete data regarding this in FGD notes. The composition of the group indicated that only a few members have had some association with the organisation. A few knew that the organisation mediates access to loans [PSW], helps in getting certificates and gives family life and child related information. (The group had mixed and unclear idea about the work of the organisation as they were stakeholders of different programs.)

Perceived Impacts/Benefits

There does not seem to be significant perceived gains reported by this group. The composition of the group itself did not yield for much response as it seemed that less than half had some association with the NGO and could talk about the benefits of Health Mutual Fund during hospitalisation. Most of them did not seem to have had consistent contact with the developmental efforts and seemed unclear as to why the meeting was called. They all belonged to the same neighbourhood and 'just came along' out of curiosity and because they were told to come for a 'meeting'. A couple of them left mid way through the meeting and these were the dominant voices. So nothing substantial could be obtained regarding the process and benefits from the remaining. The constant refrain of the group was that people in the community lacked the interest or the time to come forward, but if continuous efforts are made through monthly or fortnightly meetings that address the felt needs of the community, some response may come forth. SHG's formed have not

sustained as people don't come regularly and find it difficult to make savings due to economic constraints.

General information about community and developmental organisations

There are educated youth, but women said that employment is a problem as people expect bribes to provide jobs. Youth therefore go for casual labour work and some who are idle get into gambling, loafing and teasing. Water is another problem with parts of the community not getting regular water and electric supply. Alcoholism is another major problem having many bad effects on families and the community. There are schools till 7th/8th. For waste disposal from bins each family pays Rs. 20/month. Average monthly income of domestic workers, per house, is between 300-400 rupees according to the participants.

UCD, SKS and PSW work here through loan schemes. There are also money lenders who give loans at high interest rate. Though there are good programmes such as earn and learn scheme by UCD, the women said that people in the community do not respond to take advantage of these. Muktangana [NGO] has done some work on de-addiction.

SUGGESTIONS:

No significant suggestions came except that some 'outside information / exposure' would be useful. They suggested that meetings could be conducted every 15 days for imparting information around 4 pm, but that husbands and mothers-in-law would have to be convinced to allow women to attend. There is an expressed need for day care centre; they said people would be willing to spend up to Rs. 100 a month. Better employment opportunities should be found.

GENERAL COMMENTS from facilitators

Since the group was not too forthcoming in its discussion not much could be gained from this FGD. This also seems like a rather non-responsive community pocket. The key to mobilising the community members would be to address broad based needs and having a very effective and committed community worker who would have the skill to deal with community dynamics and also strong motivational skills. Since there seems to be an expressed need for a crèche this could be possibly explored as an entry point activity.

RECOMMENDATIONS FOR NEXT PHASE FROM FGIS

- ★ The approach of the organisation till now is perceived as being limited to addressing specific needs of women for young children's rearing and health and certain other family problems. The community members met through FGI have clear expectations on the organisation to go beyond an individual approach and support in community development / community organisation
- ★ Women's capacity-building and empowerment through vocational training to enhance their income earning capacities and leadership development of a group of identified local animators would help to expand the outreach
- ★ Needs addressed could also go beyond the target of young mothers and their children. Most groups have expressed that there should be group gathering post-ECD, to cover older age groups. Also, the specific needs of youth and young girls in the family and school going children have remained untouched even if identified as essential need of the community. Hence 'a total family approach' may lead to greater support from the community.
- ★ Considering the utility expressed by most women, ECD programme can be continued with new groups. For this trained local women found good from earlier programmes can be further trained as trainers and involved as resource persons.
- ★ Multiple groups need to be formed in each community through a 'common goals group' approach, to allow for focussed interventions among homogenous interests. This could lead to setting up of a multi-purpose resource centre which addresses a variety of needs according to interest groups, such as constructive recreation and personality development sessions for pubertal and adolescent boys and girls; vocational guidance, training (and possibly eventually developing a placement bureau) for young men and women; educational support classes and library facilities for school-going children and children who have dropped out at middle or high school levels; information and capacity building training for women and so on.
- ★ The FGI's indicated a lack of convergence between the various activities. It would hence be useful to establish linkages and coordination between all the workers of different programmes implemented in community by VYS/PSW, so that if participants of one group also require benefits of another, these linkages can be effectively established.
- ★ The key to any community intervention is the field worker, who should be very active, motivated and committed. Such a person should be developed as a multi-purpose worker with regular on the job training inputs (such as monthly one day sessions and six monthly or annual camp based training for 3-4 days). Avenues and possibilities to retain and support staff with such key role for the project (this role being acknowledged by the community itself) should be thought of.

- ★ The discussions brought out a number of issues expressed as pressing needs in various communities. Since this organisation's work approach does not have the scope to address all community needs, a network approach whereby various 'like-minded' organisations can come together on a common platform through a system of referrals and partnerships could be explored in the long run. This would help in pooling expertise and experience and build a collective endeavour to benefit the community in its entirety rather than having a limited piecemeal approach.

CONCLUSIONS

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

The following conclusions could be drawn from the previous data including FDIs:

Current needs could be assessed by the survey analysis on various issues like education, socio-economic situations and health by taking into consideration the current scenario of available services in the area and by comparing the situation with the other slum pockets in Pune.

- ✦ With the need assessment through survey analysis and the needs expressed by the participants of FGIs, there is a clear indication that the organisation can continue working in the area with short term intervention programme with a modified approach, focusing on guidance to individuals as well as reaching out to groups.
- ✦ Considering the available infra-structure of the public/ semi-Government and non-government organisations, networking should be focused to find solutions to wide spread and deep rooted concerns in this community which hamper individual family development.
- ✦ As very low number of respondents (84, which is only 33.4%) has responded that they knew about VYS, and not all of them given suggestions or opinion on the past and future services of VYS, thus, evaluating perception of the services rendered by VYS was insignificant through the survey analysis. This was possible only through the responses collected from FGIs.
- ✦ The community comprises of variety of pockets depicting different socio-economic levels and needs. More diverse income levels pose a need for designing balanced, explicit at the same time specific and more versatile activities to suit the entire population. This also means there would be pockets which need to be given priority and some others may not need any further intervention, other than just awareness about the presence of the service in the community.

To cater to these needs, a Resource Centre can be established, first in the area of Dial Plot as Indira Nagar pocket along with Industrial Colony are comparatively more sustained.

RECOMMENDATIONS FOR NEXT PHASE BASED ON MAIN FEATURES OBSERVED:

- ★ ***Child development programme:*** initiation of **child development** groups for all age-groups has been very strongly demanded by the respondents in survey and especially through FGIs. This could be one of the main activities of the resource centre.
- ★ ***Economic situation:*** only approximately 25% of population has steady income source, being involved in the government or private service or are domestic help. This depicts some instability in income source of most others who are daily wagers or are running small businesses or are home makers. There is presence of awareness about savings. Though, considering the per capita income (approximately rs.1133/-), systematic work on **family budgeting** with the families could be recommended. This also may include motivation to increase family income with individual guidance.
- ★ ***Education:*** the out of school proportion of children in the area in spite of the availability of sufficient educational institutions for all the related age groups is significant in the area. This indicates a scope to work on increased awareness and **motivation among parents** and children **towards** formal education to emphasis importance of **schooling and regularity**.
- ★ **Guidance** on ***vocational trainings*** could be one of the major areas of work, considering school drop outs and number of home makers
- ★ **Further exploration** about the ***drop out classes*** in the area is recommended. Quality and capacity of these need to be assessed comparing with the need of the community. If required, VYS can approach organisations running drop out classes for better networking. Before starting work on awareness, it would be advisable to understand the reasons behind the drop out. The low school attendance ratio in the older age group may depict the need to verify the occupation of this age group as well.
- ★ When the Resource Centre starts functioning efficiently, focus should be given to the needs of *Nagari Vasti* pocket, which may need **a lot of exploration of ideas** before launching a specific activity.
- ★ A definite need to make efforts towards **increased visibility** in the area is seen as this will also help increase the response from the community. Through these efforts, the target population would know where and which services are offered and how these services are based on the stake holders'/ community's needs.

RECOMMENDATIONS FOR FURTHER END LINE STUDY:

- ★ A proper training on the End line survey questionnaire should be organized for all the prospective surveyors. Pilot questionnaires should be filled first and discussed thoroughly to clear all doubts before further survey to ensure proper data collection.
- ★ The tool [End line survey questionnaire] needs to be modified with more precise questions, especially about the last section related to the satisfaction about services.
- ★ The guidelines provided for data collection about the community profile and infra-structure recommended should be completed before or latest by the time the family survey data collection is over. This information is extremely important for more systematic analysis of the total study.

ANNEXURE

- 1. End Line Survey Tool**
- 2. Compiled Quantitative Activity Report for ID branch**
- 3. Focus Group Interview Guidelines**

ANNEXURES

Indira Nagar (VYS)	2003	2004	2005	2006	2007	2008	TOTAL
Surveyed cases	102	114	276	523	577	101	1693
Cases selected for FDP	76	109	139	202	258	40	853
Selection ratio for long term	75%	96%	50%	39%	45%	40%	50%
On going cases at beginning of year	29	51	41	73	96	58	NA
Families followed per year	105	160	180	275	354	98	195
Cases phased out	54	119	107	179	296	98	853
Average duration (in months)	5.4	5	5.3	5	4.5	5.1	5.1
Average number of objectives per family	1.7	2.6	4.7	6.4	4.3	5.0	4.1
Variety of objectives selected	--	25	9	11	29	16	18

ANNEXURE 1: Compiled Quantitative Activity Report for Indira Nagar

Global Cumulative figures for FDP in Indira Nagar

Cases followed through Short Term intervention	133	151	159	203	236	62	944
Families covered through ECD	--	70	58	29	10	10	177

Total of Objective wise selection & achievement in Indira Nagar from 2003-08

Objective heads	Total of Objectives				Relationships				Housing			
	Identified	Achieved	%id	% ach	Identified	Achieved	%id	% ach	Identified	Achieved	%id	% ach
2003	89	58	2%	65%	0	0	0%	NA	0	0	0%	NA
2004	316	223	8%	71%	9	9	3%	100%	0	0	0%	NA
2005	527	391	14%	74%	39	35	7%	90%	17	17	3%	100%
2006	1100	735	29%	67%	48	40	4%	83%	66	65	6%	98%
2007	1275	829	33%	65%	34	24	3%	71%	120	115	9%	96%
2008	503	388	13%	77%	69	64	14%	93%	34	32	7%	94%
TOTAL	3810	2624		69%	199	172	5%	86%	237	229	6%	97%

Objective heads	Health				FP				HIV AIDS			
	Identified	Achieved	%id	% ach	Identified	Achieved	%id	% ach	Identified	Achieved	%id	% ach
2003	30	20	34%	67%	2	1	2%	50%	NA	NA	NA	NA
2004	78	71	25%	91%	18	10	6%	56%	NA	NA	NA	NA
2005	235	214	45%	91%	NA	NA	NA	NA	NA	NA	NA	NA
2006	469	420	43%	90%	NA	NA	NA	NA	NA	NA	NA	NA
2007	581	451	46%	78%	NA	NA	NA	NA	NA	NA	NA	NA
2008	181	160	36%	88%	11	7	2%	64%	3	3	1%	100%
TOTAL	1574	1336	41%	85%	31	18	1%	58%	3	3	0%	100%

Objective heads	Education				Documents				Economic			
	Identified	Achieved	%id	% ach	Identified	Achieved	%id	% ach	Identified	Achieved	%id	% ach
2003	10	6	11%	60%	42	27	47%	64%	5	4	6%	80%
2004	20	17	6%	85%	172	108	54%	63%	19	8	6%	42%
2005	42	36	8%	86%	158	69	30%	44%	36	20	7%	56%
2006	83	76	8%	92%	400	104	36%	26%	34	30	3%	88%
2007	138	94	11%	68%	313	99	25%	32%	89	46	7%	52%
2008	65	58	13%	89%	118	46	23%	39%	22	18	4%	82%
TOTAL	358	287	9%	80%	1203	453	32%	38%	205	126	5%	61%

ANNEXURE 2: End Line Survey Tool

ENDLINE SURVEY FORM

In grey: info not to be asked, but only to observe or conclude from other answers. Always specify 'other'.

Date of the survey:
01. Name of surveyor:
02. Sub-area Name:
03. Survey code <i>Code includes: 2 letters for slum, 2 letters for surveyor initial. 3 digits for number of survey</i>
04. [Name &] Address of the family
04. b) <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: _____
05. Who is the Respondent? <input type="checkbox"/> Family head <input type="checkbox"/> Spouse of family head <input type="checkbox"/> Mother/father of family head <input type="checkbox"/> brother/sister of family head <input type="checkbox"/> son/daughter of family head <input type="checkbox"/> Other:
06. a) Age of Respondent _____ b) Sex of Respondent <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
07. From which State does the family originate from? <input type="checkbox"/> 1. Maharashtra <input type="checkbox"/> 2. Bihar <input type="checkbox"/> 3. Uttar P. <input type="checkbox"/> 4. Madhya P. <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: _____
08. How often does the family member go back to native place? <input type="checkbox"/> 1. Once a year <input type="checkbox"/> 2. More than once a year <input type="checkbox"/> 3. Once in two-three years <input type="checkbox"/> 4. Never <input type="checkbox"/> 5. NA
09. For how long has the family been staying in the community? <input type="checkbox"/> 1. Less than 1 year <input type="checkbox"/> 2. 1 to 5 years <input type="checkbox"/> 3. 5 to 10 years, <input type="checkbox"/> 4. more than 10 years
10. How long does the family plan to stay in this area? <input type="checkbox"/> 1. Less than 1 year, <input type="checkbox"/> 2. Between 1 and 3 years, <input type="checkbox"/> 3. More than 3 yrs <input type="checkbox"/> 4. not known
11. How many members live together under the same roof on a permanent basis? _____

General Family Description

Family head

12. If respondent is **not** family head, then ask: NA

a) Age of family head _____yrs

b) Sex of family head 1. Male 2. Female

13. Marital status of **family head**

1. Married 2. Single/ Unmarried 3. Widow/er 4. Divorced/ separated 5. Deserted

14. Educational background of **family head**

1. Primary 2. Secondary 3. SSC 4. HSC 5. Above HSC 6. No Education

15. Main Occupation of **family head**

1. Govt. Service 2. Private Service 3. Daily Wages 4. Small Business

5. Domestic Servant 6. Housewife 7. Unemployed 8. Others _____

16. Income of **family head**

Rs. _____ per day per month

Chief family member (Next to the family head)

17. a) Age of **chief family member**: _____

b) Sex of **chief family member** : 1. Male 2. Female

18. Occupation of **chief family member**:

1. Gov. Service 2. Private Service 3. Daily Wages 4. Small Business

5. Domestic Servant 6. Housewife 7. Unemployed 8. Other: _____

19. Income of **chief family member No. 2**: Rs. _____

per day per month

Family income

20. a) Is there any other source of income in the house? Yes No

b) *If yes*, which type of income:

1. Any other family member's employment 2. Pension 3. Rent 4. Side business 5. Other: _____

21. How many members have regular work/employment? _____

Total Monthly Family income :

[actual figure] Rs. _____

Children

22. a) How many children between **0 to 1 year** live in the house?

■ 1. Boys ___ ■ 2. Girls ___

23. How many children between **1 to 3 years** live in the house?

■ 1. Boys ___ ■ 2. Girls ___

24. a) How many children between **3 to 5 years** live in the house?

■ 1. Boys ___ ■ 2. Girls ___

b) How many of them go to Balwadi?

■ 1. Boys ___ ■ 2. Girls ___

25. In the absence of parents at home who is looking after the children?

■ 1. Not applicable. ■ 2. Grandparents ■ 3. Sister-in-law ■ 3. Siblings ■ 4. Neighbour ■ 5 Crèche

■ 6. Other: _____

More than one answer can be selected

26. a) How many children between **6 to 14 years** live in the house on a permanent basis?

■ 1. Boys ___ ■ 2. Girls ___

b) How many of them go to school?

■ 1. Boys ___ ■ 2. Girls ___

c) If at home, what do they do?

■ 1. Help father or mother in their business or job ■ 2. Help in housework ■ 3. Child labour

■ 4. Stay at home only ■ 5. Not known ■ 6. Not applicable

27. a) How many adolescents between **15 to 18 years** live in the house on a permanent basis?

1. Boys ___ 2. Girls___

b) Do they go to school/ vocational training?

1. Yes 2. No

c) If No, what is the occupation?

1. None 2. Part time work 3. Full time work 4. other [specify]

Health

General health and hygiene

28. Is there any member in the house complaining about:

1. Respiratory problems 2. Skin problems 3. Weakness
 4. Regular headaches 5. Regular stomach complaints 6. Dental/oral problems
 7. Gynaecological problems 8. Musculoskeletal 9. None 10. Other: _____

More than one answer can be selected

29. a) When any member is sick, where does the family first go for medical treatment?

1. Health Centre 2. Public Hospital 3. Private doctor 4. Traditional healer/ home remedy
 5.No action taken 6 Other: _____

b) In case of serious health complications, where does the family go?

1. Health Centre 2. Public Hospital 3. Private doctor/ hospital 4. Traditional healer
 5.no action taken 6. Other: _____

30. In the last 2 months how much money has been spent in the family on medical expenses? Rs. _____

1. Below Rs. 100/- 2. Rs.101 to 300 3. Rs.301 to 500 4. Rs.501 to 1000 5.above Rs. 1000/- 6. None

31. *Observations about Personal hygiene for all family members:*

- Clean clothes Combed hair overall clean, neat and tidy

Handicap

32. a) Are any of the family members, physically or mentally challenged?

1. Male ___ 2. Female___

b) If yes, does s/he have a certificate of the handicapped?

1. Yes 2. No

Reproductive Health

33. Where was the youngest child in the family delivered?

1. Public hospital 2. Private clinic 3. Home 4. Other: _____

34. During the last pregnancy in the house, was pre-natal check up done?

1. Right from the beginning 2. From the 3rd month 3. From the 7th month
 4. In the last month 5. It was not done 5. Not applicable/Don't know

Housing Condition

35. Does the family **own the house**?

1. Yes 2. No

36. Where does the family mainly get **water** from?

1. At home 2. Outside tap 3. Common taps 4. Canal 5. Other _____

Maximum two answers can be selected

37. a) Does the family have **electricity** facility at home?

1. Yes 2. No

b) *If Yes*, does the family own a meter?

1. Yes 2. No

38. Which **toilet** does the family use?

1. Home 2. Common toilet 3. Open space 4. Other: _____

Maximum two answers can be selected

39. What are **floor** conditions?

1. Clay mud 2. Cement 3. Tiles 4. Ceramic

Only one answer

40. What is the **wall** mainly (3 sides at least) made of?

1. Cloth/ Plastic 2. Tin/ Wood 3. Concrete tin 4. Concrete

Only one answer

41. What are **roof** conditions?

1. Cloth /Plastic 2. Tin /Wood 3. Asbestos 4. Concrete

Only one answer

42. *Observation of cleanliness / arrangement of the house*

1. Floor is swept 2. Cooked food is covered
 3. Things are kept in an organised way (kitchen equipment on shelves or in one side of the house/room, clothes hanged...)

More than one answer can be selected

Administrative Documents

43. a) Does the family have a **Ration Card**?

1. Yes 2. No

b) If yes, Is the Ration Card updated?

1. Yes 2. No

44. How many children have their **birth certificate**?

1. Not applicable/Don't know 2. All 3. Some 5. None

Economic / Financial Habits

45. Apart from the main living expenses (food, rent, electricity, health) in which 2 of the following fields does the family mainly spend the money on?

- | | |
|--|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Pocket money for children |
| <input type="checkbox"/> Religious activities | <input type="checkbox"/> Lending money to relatives |
| <input type="checkbox"/> Sending money to family in native place | <input type="checkbox"/> TV / cable charges |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Purchase of a house |

Maximum two answers can be selected

46a. Has the family subscribed to some saving scheme?

1. Yes 2. No 3. Don't know

b. If yes, where?

1. Group (Bhishi) 2. Cooperative /NGO 3. Bank 4. SHG 5. Post
 6. Other _____ 7. Don't know

More than one answer can be selected

47. a) Has the family ever taken **loan**?

1. On-going 2. Many times in past 3. once in past 4. Never 5. Don't know

Only one answer can be selected

b) If yes, **where** have the family taken loan from?

1. Family /friends 2. Money lender 3. Cooperative NGO 4. Bank 5. Other: _____

More than one answer can be selected

c) If yes, what was the **purpose** of loan?

1. Business 2. Education 3. Purchase of a place 4. Wedding 5 Medical problems 6 Other

Remarks on Family Development Projects and Vikas Yuva Sanstha

48. Do you know Vikas Yuva Sanstha working in your area?

- Yes No Yes, after telling information about project

If yes, how do you know this institution?

49. Do you ever worked with Vikas Yuva Sanstha?

1. FDP 2 ECD 3. GC 4 Other (Specify)

50. a. Do you know that Vikas has Guidance Centre in this area?

- Yes No

b. If yes, where is that Guidance Centre?

51. Do you feel still there is need of services that Vikas is providing in this area?

- Yes No

If yes, then which services?

52. Your suggestions/remarks to improve VYS services

ANNEXURE 3: Focus Group Interview Guidelines

A) FDP TOOL

Cluster:

Date:

Time:

a) Basic profile

- 1) Names of Participants:
- 2) Total Participants:
- 3) Occupation Categories: (State how many do what, including housewife)
- 4) Educational Levels: (State no. illiterate, primary, secondary, SSC/HSC, above this)

b) Initiation into project

- 5) How and when came to be associated with the project; 1st point of contact; How registered into the programme. Who informed about the project.
- 6) Information given about project during promotion visit.
- 7) Factors motivating to join into the programme
- 8) What kind of expectations did you have when you joined the project?

c) Process of interaction

- 9) Frequency of meetings per month – initially; later, currently (if any): Probe types of interaction—individual home visit; small group meetings in household cluster; center based meetings; special exposure sessions.
- 10) What is discussed during interactions? (Types of inputs given)
- 11) Extent and ways in which new information/knowledge is utilised for:
 - i - self & family;
 - ii- sharing with others. (Types of inputs given)

d) Perceived impacts and further suggestions

- 12) What are the perceived benefits?
- 13) How their utilisation has impacted to bring change. (Probe types of changes)
- 14) Based on exposure to programme if any independent action/initiative taken—give examples.
- 15) Association with other organisation – probe which organisation, for what type of programme and overview of benefits gained.
- 16) Which expectations remain unmet?
- 17) Suggestions for other programmes & next phase of activity

B) ECD Participant Tool

Cluster:

Date:

Time:

a) Basic profile

- 1) Names of Participants:
- 2) Total Participants:
- 3) Occupation Categories: (State how many do what, including housewife)
- 4) Educational Levels: (State no. illiterate, primary, secondary, SSC/HSC, above this)

b) Initiation into project

- 5) How and when came to be associated with the project; 1st point of contact; How registered into the programme. Who informed about the project.
- 6) Information given about project during promotion visit.
- 7) Factors motivating to join into the programme
- 8) What kind of expectations did you have when you joined the project?

c) Process of interaction

- 9) Frequency and duration of meetings per month – initially; later, currently (if any): Probe types of interaction— discussions; experience sharing; demonstrations; special exposure sessions; diagnostic or treatment programmes etc.
- 10) How regular in attending sessions; if irregular reasons and if efforts made to find out what was missed out—how (from whom)
- 11) Detailed information regarding sessions' contents and methodology used in imparting information.
- 12) What is discussed during interactions? (Types of inputs given)
- 13) Extent and ways in which new information/knowledge is utilised for:
 - i- self & family;
 - ii- sharing with others. (Take specific examples)

d) Perceived impacts and further suggestions

- 14) What are the perceived benefits. Have they been sufficient to meet immediate needs?
- 15) What needs remain untouched.
- 16) How their utilisation has impacted to bring change. (Probe types of changes)
- 17) Based on exposure to programme if any independent action/initiative taken—give examples.
- 18) Association with other organisation – probe which organisation, for what type of programme and overview of benefits gained.
- 19) What further expectations from the agency.
- 20) Suggestions for other programmes & next phase of activity (in terms of programme content, strategies and outreach areas)

C) General Population Tool

Cluster:

Date:

Time:

a) Basic profile

- 1) Names of Participants:
- 2) Total Participants:
- 3) Occupation Categories: (State how many do what, including housewife)
- 4) Educational Levels: (State no. illiterate, primary, secondary, SSC/HSC, above this)

b) Perception about the programme

- 5) Whether know about the programmes of VYS. How came to know.
- 6) How do you think these benefits and whom?
- 7) What kind of changes noticed, as a result of intervention?
- 8) Do you think any group is excluded? Which? Why?
- 9) Do you think outreach should be extended? Probe justification of opinion.
- 10) Give suggestions for extension in terms of:
 - programme content

 - target group/geographical cluster or area

 - Strategies to be adopted