

III

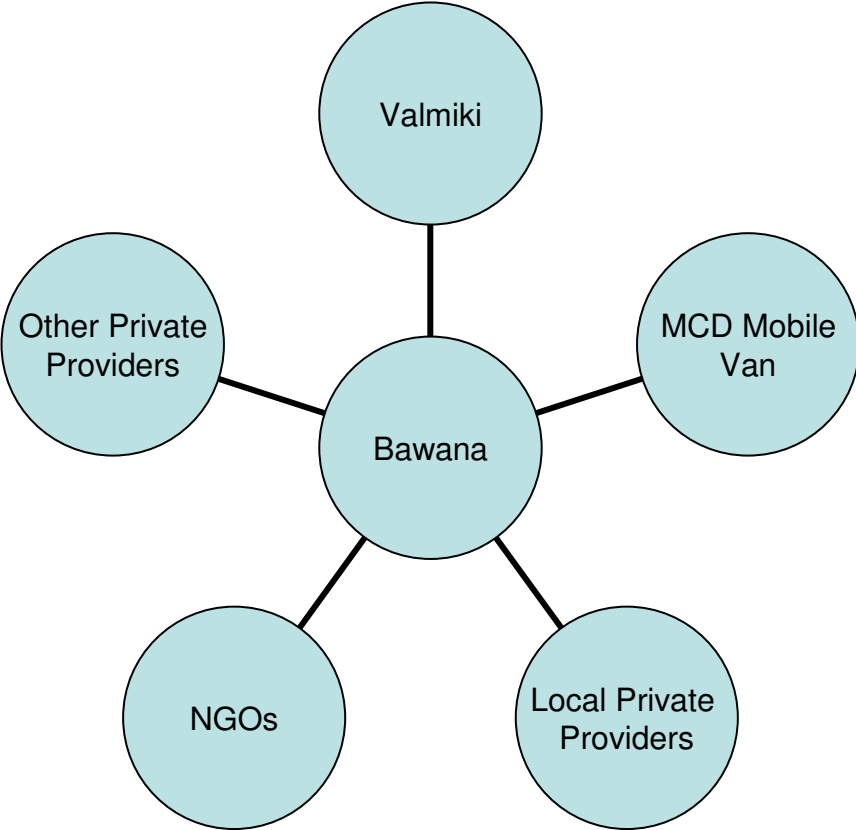
Quality of Life

Health

Education

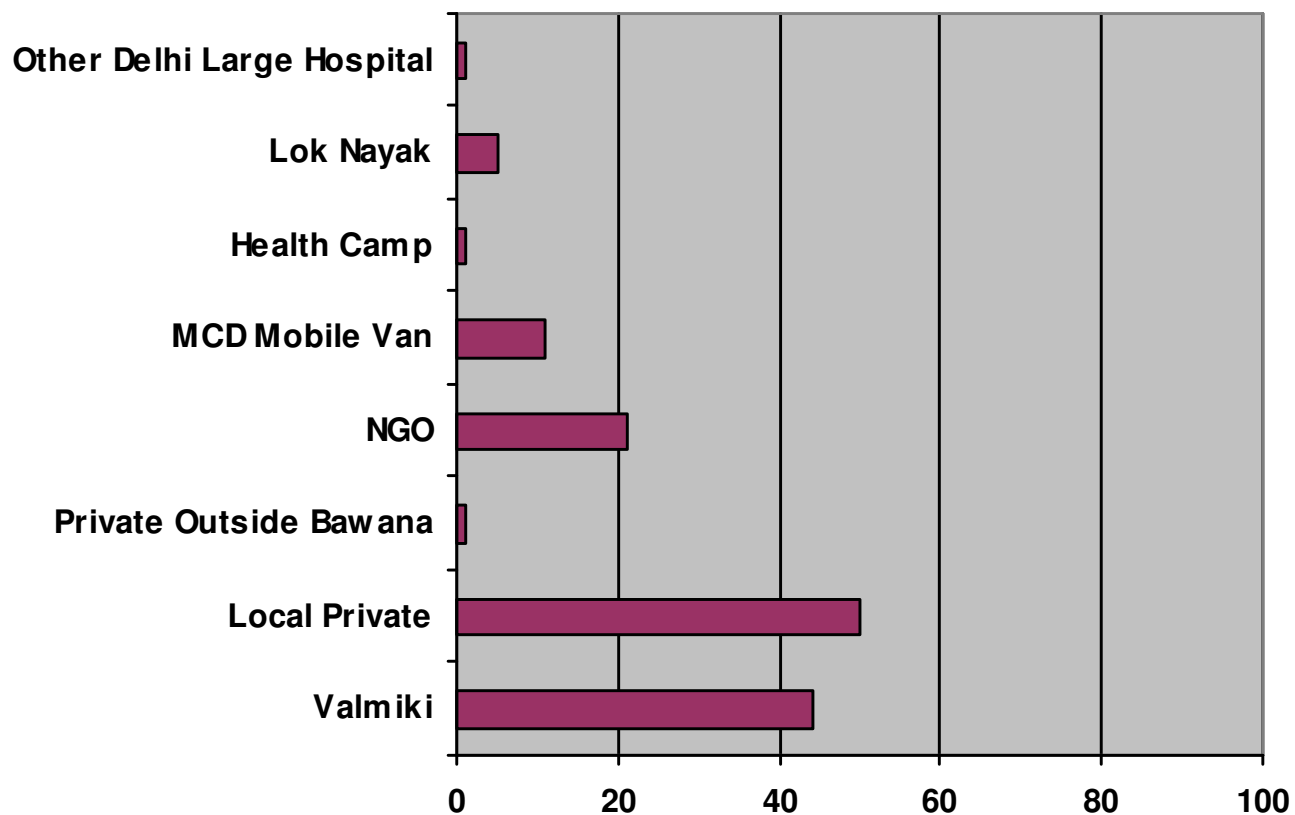
Social Security

Health Care Provider Map



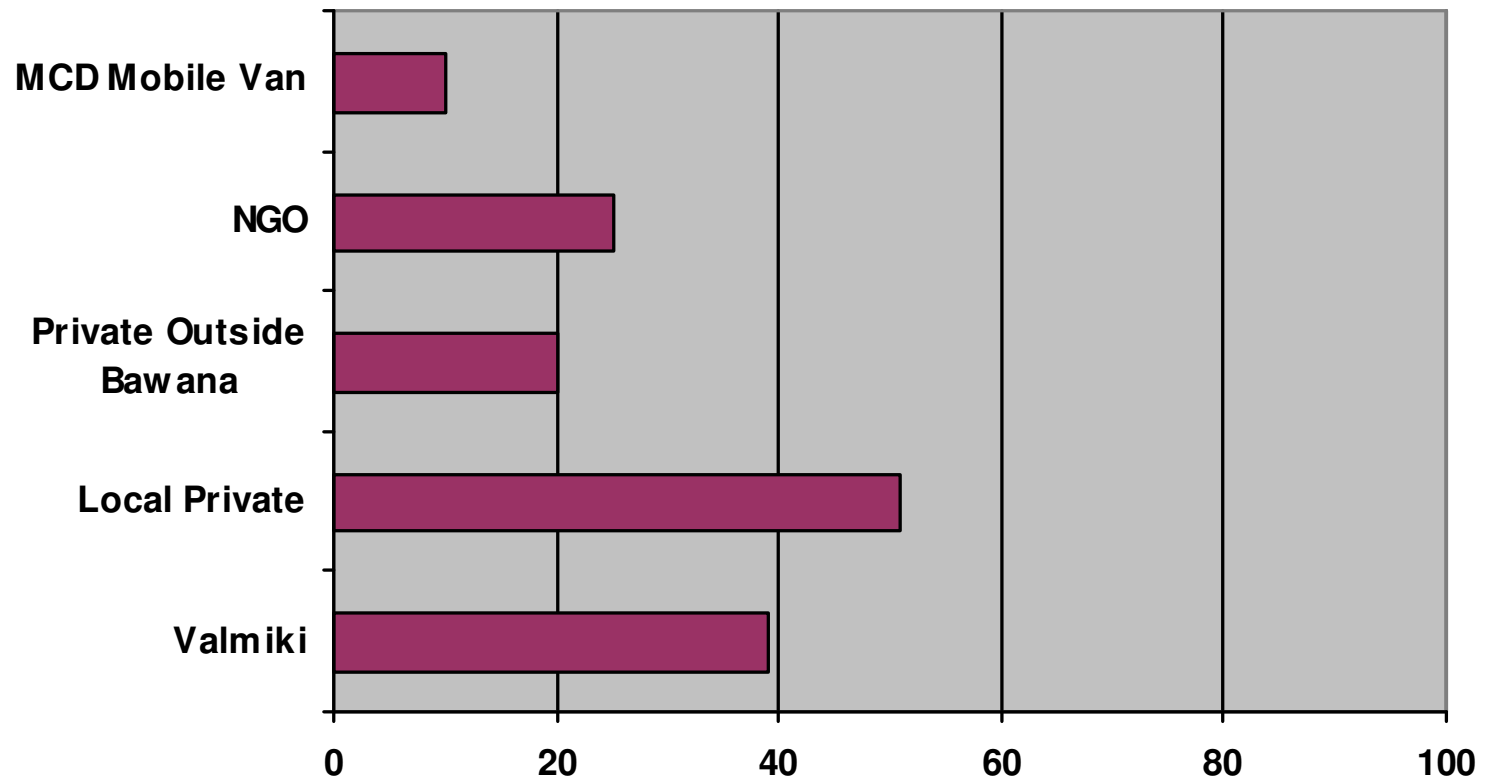
Providers Usually Accessed: Adult Women

- Local Private Providers are the single most accessed source, followed by Valmiki and NGOs.



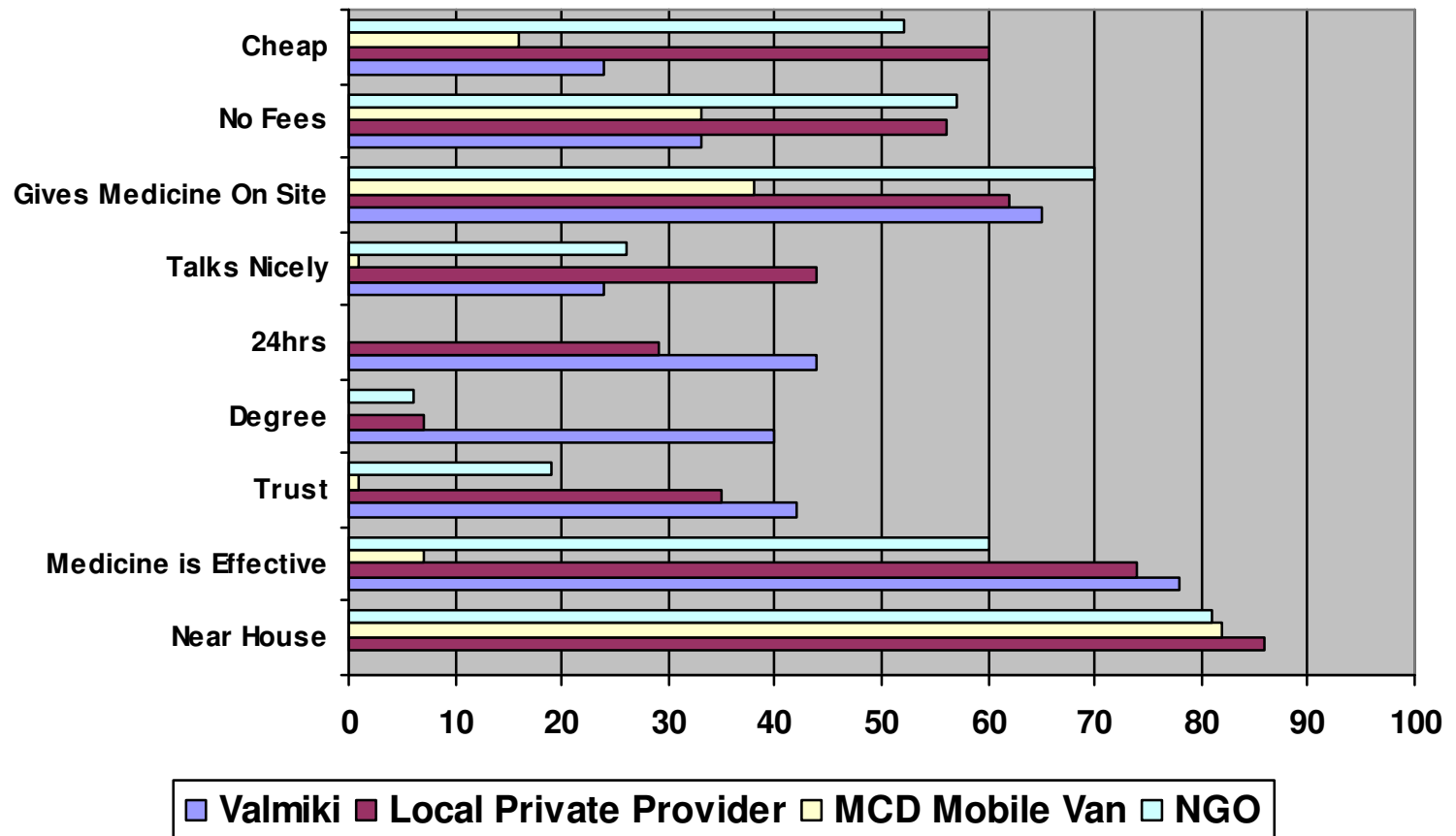
Providers Usually Accessed: Children 12-60mths

- Local Private Providers are the still single most accessed source, followed by Valmiki and NGOs.
- Local Providers outside Bawana rise significantly.



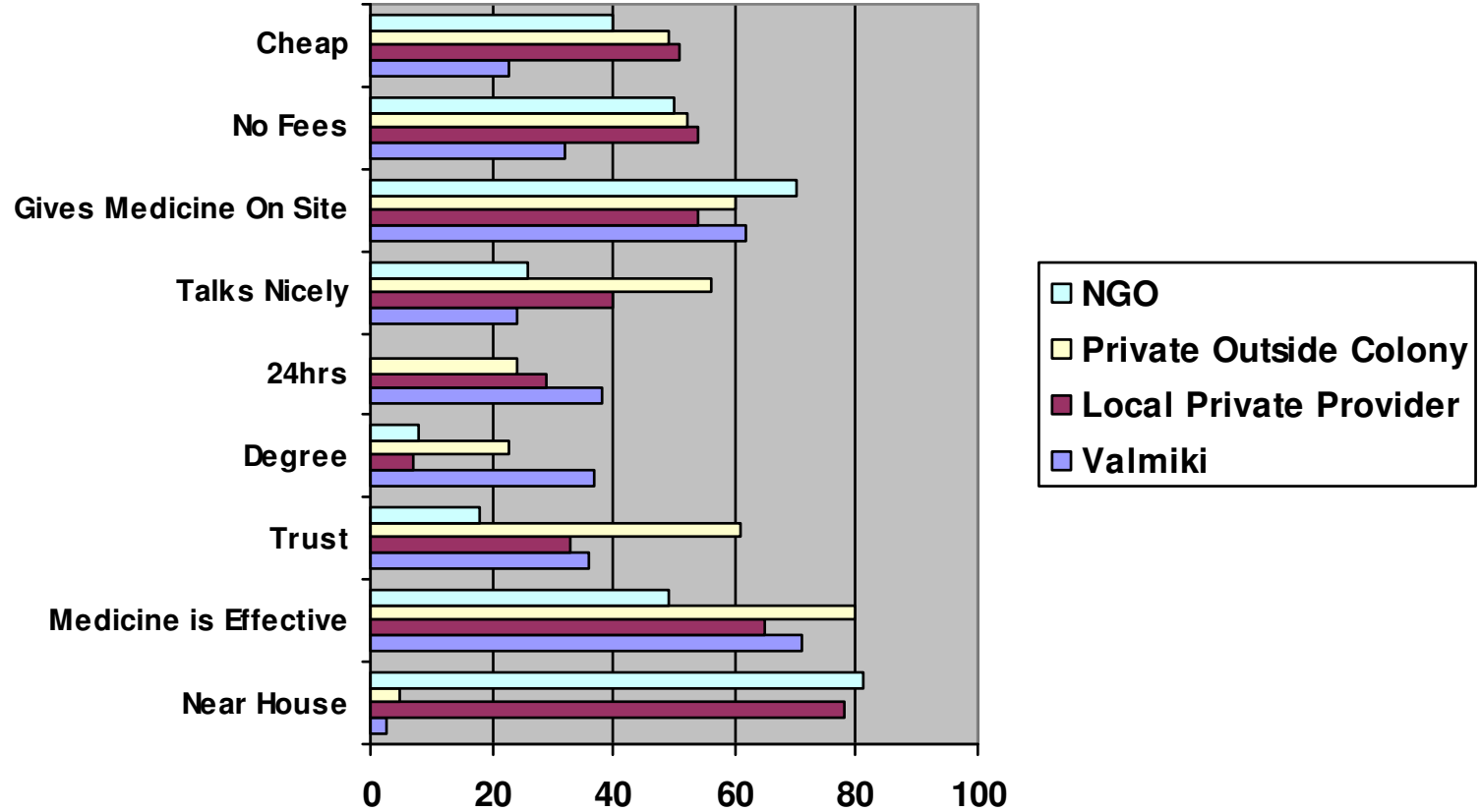
Reasons for Choice: Adult Women

- **Proximity** → high for all but Valmiki, single most important factor
- **Trust in Provider and Effectiveness of Medicine:** Referral System, Attitude, Relationships → low for MCD, high for local private and Valmiki
- **On Site Medication** → Second highest reason for NGOs
- **Degree** → comes into play, but trust remains even without
- **No out of pocket fees vs. cheap** → former more important
- **Attitude** → High for Local Private, low for Valmiki, lowest for MCD



Reasons for Choice: Children 12-60mths

- Remains the same
- Private Outside basti: Trust, Medicine, Attitude, some Degree, no fees



Morbidity in the Last Six Months: Women and Children 12-60mths

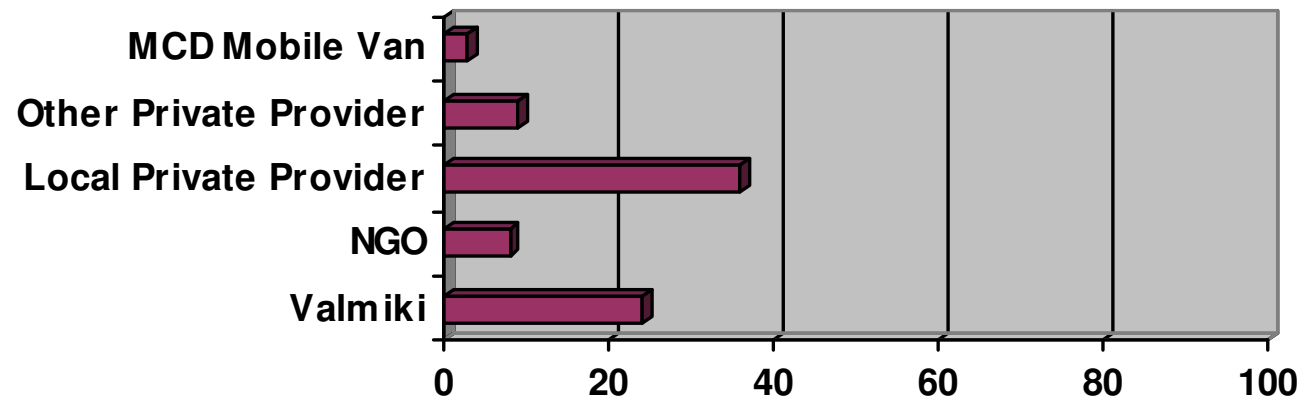
Total	Sick in the last Six Months?	Sought Care?
1033	703	584
612	445	414

Decision to Seek Care/Medicate

Adult Women		Children 12-60mths	
Self	509	Mother	351
Husband Alone	5	Husband Alone	3
decided Decided With Husband	100	decided Mother With Husband	46
Family Members alone	14	Family Members alone	43
With Family Members	18	With Family Members	2

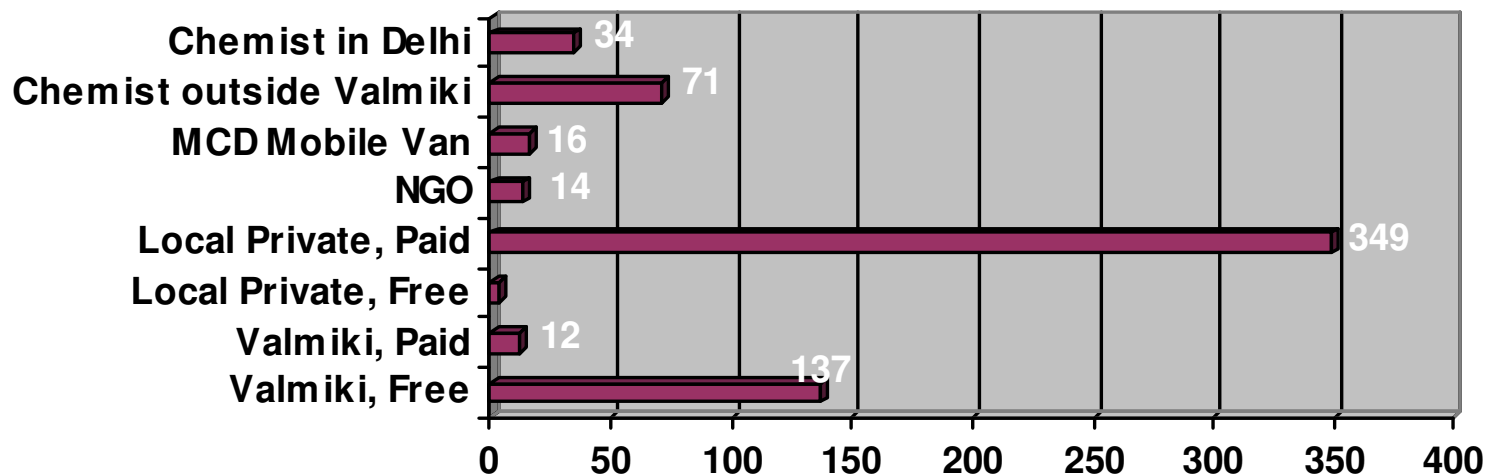
Recorded Care-Seeking: Adult Women

- 24% to Valmiki
- 36% to Local Private
- 9% to NGOs
- 3% MCD Health Van
- Confirms our earlier results



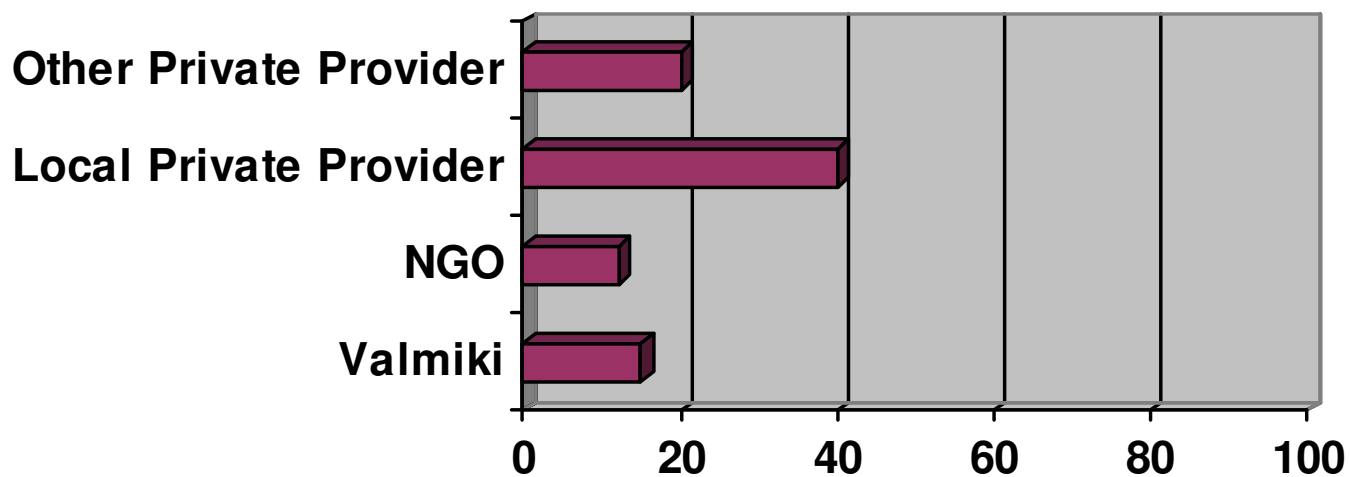
Source of Medicine: Adult Women

- Most bought at site of treatment
- Even when care not sought, local private providers provide medicine



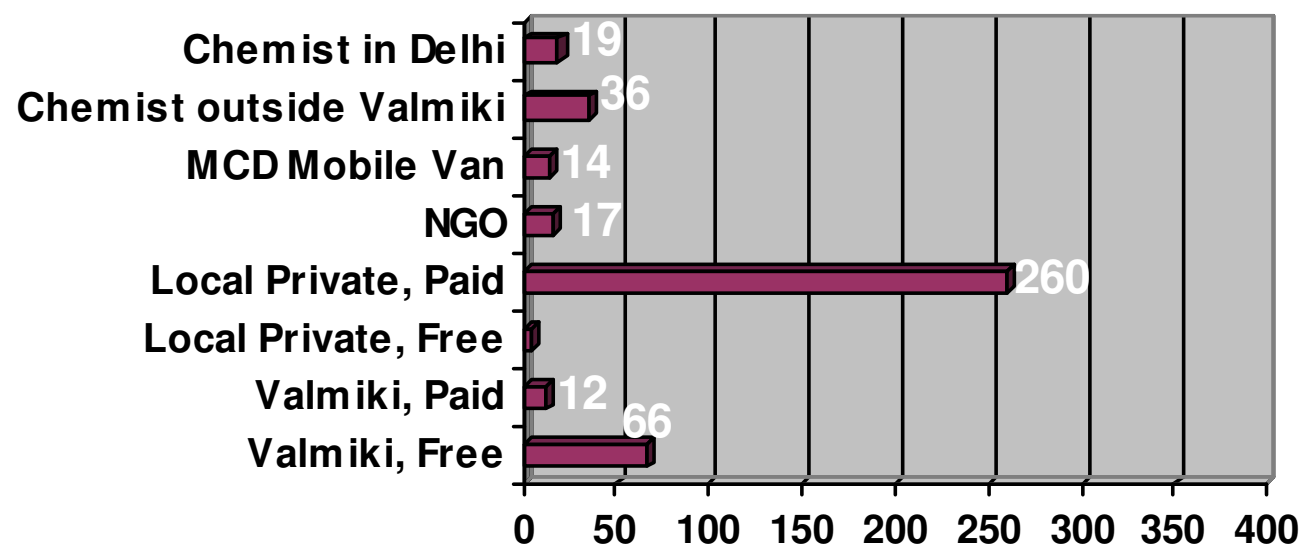
Recorded Care-Seeking: Children 12-60mths

- 15% to Valmiki
- 12% to NGOs
- 40% to Local Private Providers
- 20% to Outside Private Providers



Source of medicine: Children 12-60mths

- Most bought at site of treatment
- Even when care not sought, local private providers provide medicine
- Medicine for Children also bought from providers



Cost per Episode: Adult Women

- Mean cost per episode: Rs 179
- Mean Transport Cost: Rs 53

percentile	total cost
10%	10
25%	25
50%	60
75%	140
90%	370

Local Private Providers	total cost
10%	20
25%	40
50%	60
75%	100
90%	180

Mean cost per episode: Rs 109
Mean Transport Cost: Rs 0

Mean cost per episode: Rs 132
Mean Transport Cost: Rs 29

Valmiki	total cost
10%	12
25%	22
50%	62
75%	190
90%	370

Private Providers Outside Colony	total cost
10%	25
25%	40
50%	90
75%	200
90%	550

Mean cost per episode: Rs 320
Mean Transport Cost: Rs 73

Cost per Episode: Children 12-60mths

- Mean cost per episode: Rs 104
- Mean Transport Cost: Rs 48

For All Sources of Care	total cost
10%	5
25%	25
50%	50
75%	95
90%	250

Local Private Providers	total cost
10%	20
25%	30
50%	55
75%	92
90%	195

Mean cost per episode: Rs 92
Mean Transport Cost: Rs 0

Mean cost per episode: Rs 147
Mean Transport Cost: Rs 40

Valmiki	total cost
10%	12
25%	22
50%	50
75%	102
90%	330

Private Providers Outside Colony	total cost
10%	25
25%	40
50%	90
75%	200
90%	550

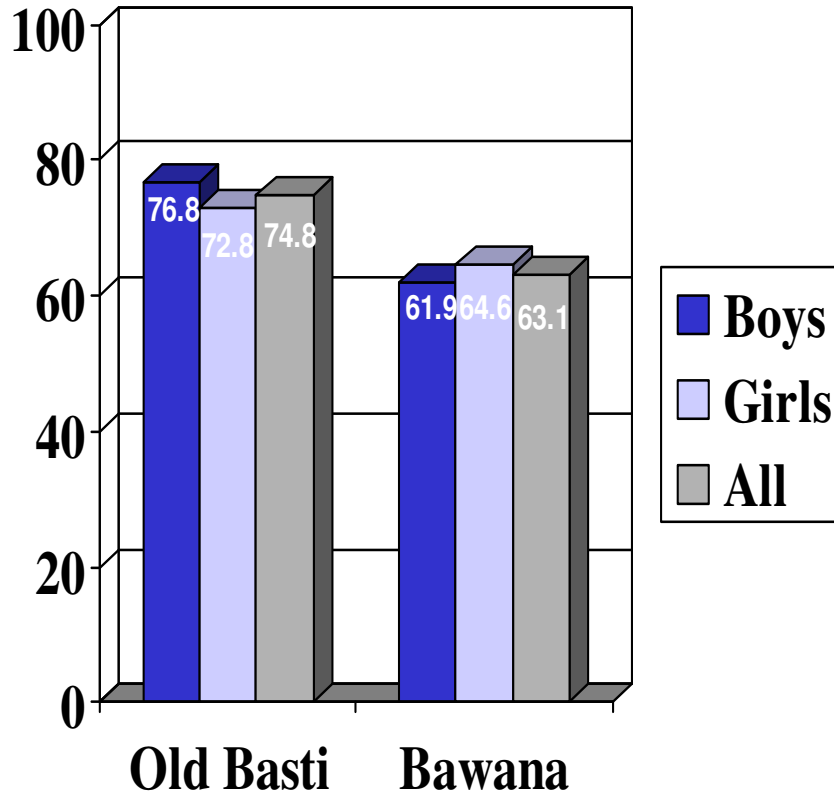
Mean cost per episode: Rs 169
Mean Transport Cost: Rs 82.50

Conclusions for health

- The significance of proximity: cost, safety, trust
- The lack of any local, public health care options, especially at primary level
- Health care has not been thought about in the Resettlement Plan – no health system is in place, neither is there intention to make one
- The significance of local private providers – dominance in access, changing image, opportunity, danger, and need for regulation rather than indifference or scorn

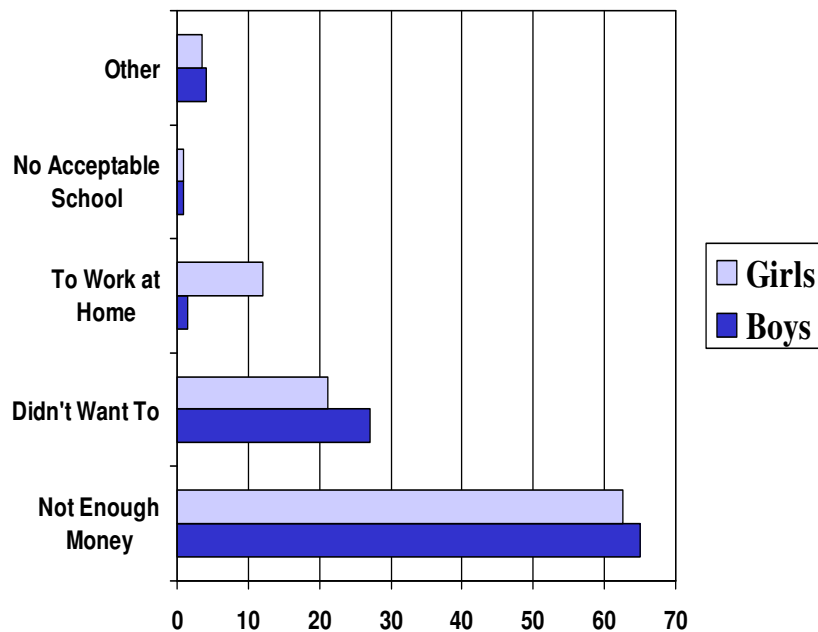
Education

Enrolment



- **37% children (5-18 years) not enrolled – 12 percentage points higher than Delhi figure**
- **712 of these children were going to school in previous location**
- **300 children refused admission immediately after resettlement – lost a year**
- **Rate of attrition higher for boys – reflects entry of under-18s into workforce (5.6% of male workers are under 18)**
- ***All* parents regret children not continuing education**

Reasons for leaving school



- **Poverty main cause**
- **As expected, more girls needed for work at home**
- **High percentage of children “didn’t want to go to school”**
- **Of “don’t want” group, 25% are 5-10 year olds – inability to learn, frequent punishments cited as main reason**
- **15-18 year olds in “don’t want” group cite humiliation by teacher as main reason**

Children face violence to get education

- **Abuse from bus drivers and conductors**
- **Harassment by people from Bawana village on way to school**
- **“Jhuggiwala” as term of address by teachers**
- **Caste prejudice - asked to sit separately for mid-day meal, not included in games**
- **Children asked to sweep school grounds, pick up litter in classroom**
- **Corporal punishment frequently applied**
- **Children arbitrarily failed – schools cite lack of infrastructure and space as reason**

Girls are paying the price of insecurity

- **Girls resigned to brothers getting priority when resources are scarce**
- **Older girls taken out of school by parents because of “kharab mahol” – issue of “izzat”**
- **Girls do housework for 4-6 hours a day – mothers expect “grown-up” girls to do housework even if they go to school**
- **Older girls fight to stay in school – but household work and sexual harassment drains their energy**
- **Catch 22**
 - **no visible benefit from staying in school, since better jobs not available**
 - **no benefit from joining workforce, since earnings so low**
- **Loss of self-confidence and self-esteem – aware of social stigma of living in a “JJ colony”**
- **Many girls see early marriage as only way of escape from drudgery and the colony – vulnerable to exploitation through “romance”**

“Lost generation”

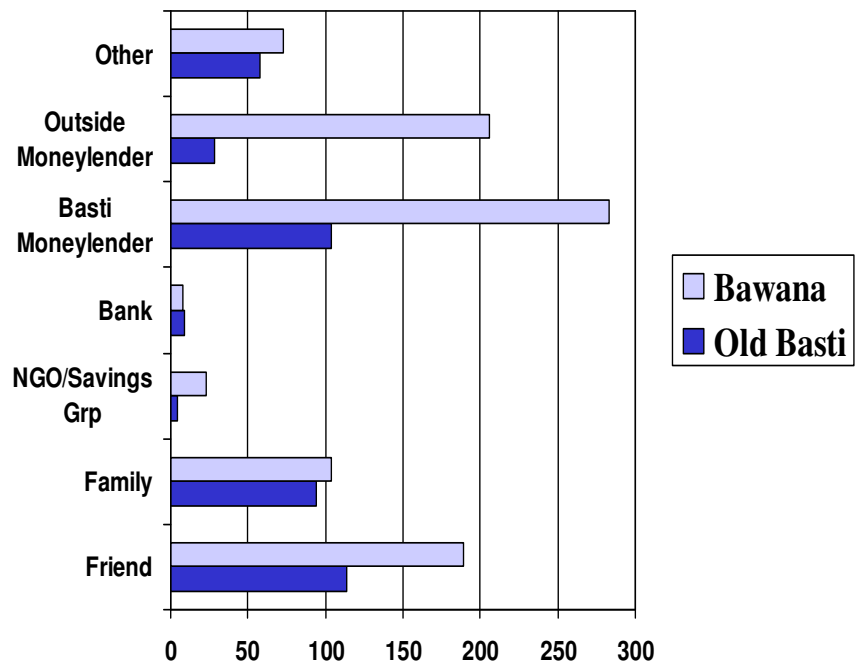
- **Significant percentage of children neither in school or in workforce**
- **Children dropping out before 10 years will be worst affected – Delhi Government does not have provision for bridge primary course**
- **Many out-of-school boys of 15-18 who are not in regular work have money to spend – likelihood of involvement in drugs and petty crime, acting as agents for property dealers and *netas***
- **NGO involvement in education less than needed –fewer than expected *gali* schools, learning centres, pre-primary centres**
- **Vocational training under UNDP poverty programme – need for review of impact, content review**

Social security

Increased insecurity

- **Resettlement deliberately separated communities – for “integration”, or for reducing chance of collective action?**
- **Social networks fragmented – interviews show greater impact on women**
- **Destruction of assets during demolition, sale thereafter**
- **Depletion of savings – bribes, deposit for plot, house construction**
- **No access to formal/job-linked systems of social security**
- **Negligible coverage by widow pension, disability unemployment allowance**
- **Dependence on market loans during crisis**

Loans for survival



- **Increased indebtedness – number of loans have doubled**
- **Dependence on outside moneylenders has increased**
- **Negligible access to formal credit**
- **NGO/SHG less than expected**
- **“Friends” were primary source in old *basti*, now at third priority – not in Bawana, or also facing crisis**

Security goes up in smoke...repeatedly

- **Experience of disaster relief - five outbreaks of fire between December 2005 and April 2007**
- **Huge loss of property – over 3-4 lives lost**
- **Immediate relief by NGOs, MLA after first two fires, but short-term and far less than need – community tents, community kitchen, clothes and blankets, tarpaulins**
- **Damage survey by district authorities 3-4 days later, huge underestimations – people not found at site left out**
- **One-time compensation Rs.1000/- can take over one month to be paid – victims of April 2007 fire yet to get compensation**
- **Compensation raised to Rs.2000/- on intervention of MLA – yet to be paid, RTI petition filed to ascertain reasons for delay**
- **50 families still in community tents – contractor threatening to remove if not paid**
- **Negative response to Sajha Manch appeal for relief from unspent UNDP funds**
- **Conflict with MCD Councillor over use of funds – RTI petition discloses not even 2% of Councillor's development fund spent in JJ colony**

Antyodaya Anna Yojana

- **Only form of social security for poorest – 35 kilos of wheat at Rs.2/- per kilo and 35 kilos of rice at Rs.3/- per kilo**
- **Criteria include all women-headed households, all casual workers, all families with disabled earners, all daily-wage workers, all beggars.**
- **In practice, criteria applied selectively – caste and community biases evident**
- **Food Inspectors required to certify eligibility – income certificate demanded even from eligible families**
- **Families applying for AAY card forced to deposit existing card with FSO – forced to buy foodgrain at market prices until getting AAY card**
- **683 applications for AAY card from Bawana JJ Colony not cleared for two years – 39 cards given after RTI petition**
- **Of 156,800 eligible families in Delhi, only 56,000 have been given cards**
- **State quota of foodgrains under AAY not lifted**
- **Strictures by CAG, Supreme Court Committee – “one lakh poorest families forced to buy foodgrain at much higher prices”**

Recent developments

- **Recent entrants demanding contiguous plots – old networks retained, but territoriality is an issue**
- **Community organisations being rebuilt**
- **Youth group (Yuva Ekta Manch), girls' group (Saathi Samooh)**
- **Women's action group on PDS (Rashan Nighrani Samiti)**
- **Organisation of informal sector workers (Dilli Asangathit Mazdoor Samiti)**
- **Sajha Manch meetings with young activists**
- **Women's collective action against violence – support group**
- **Spontaneous activism by women (eg *gherao* of dyeing unit owner)**