

Project Reference No.: IND 72118 LVIII (2)

**INTEGRATED APPROACH TO COMMUNITY EMPOWERMENT &
HEALTH AMONG THE SLUM DWELLERS & MIGRANT WORKERS OF
JAHANGIRPURI SLUM, DELHI**

Implemented by: **RUPCHA**



Supported by: **MANOS UNIDAS**



**A Descriptive Picture of the Outcome of 2nd Year
(June 2018 – May 2019)**

**Submitted By
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Introduction:

We would like to express our sincere gratitude to MANOS UNIDAS for the moral and financial support given in the implementation of the pilot project – ‘**Integrated approach to community empowerment & health among the slum dwellers & migrant workers of Jahangirpuri Slum, Delhi**’. The community health project was implemented for the slum dwellers & migrant workers for the 4 blocks (D, E, EE & K blocks) of Jahangirpuri Slum, Delhi. RUPCHA launched the project in May 2017 and concluded it in May 2019. We present herewith the 2nd year activity report and outcome of the project.

We are happy to state that we have achieved our overall objectives within the stipulated time. Through our project activities we were able to raise the status of the target community, especially of women & children, to some extent. The project focussed on community mobilization, awareness generation about CDs & NCDs, healthcare, health rights, hygiene, sanitation and formation of grassroots organizations and it produced satisfactory results.



Formation of committed community volunteers helped in the good results. A well informed & united community capable of standing for their rights from the public sector was formed. It generated better a response from the authorities and the outcome was efficient implementation of government schemes in the project area. We also helped many to enrol themselves in government records, enabling them to benefit from various government schemes & privileges.



Our awareness programmes and community mobilization under the project have visibly improved the quality of basic amenities such as drinking water, toilets and bathrooms, drainage system and garbage disposal. Incidence rate of various infectious, communicable and non-communicable diseases especially respiratory infections, tuberculosis and diarrhoea/ dysentery, skin problems and mental illnesses decreased immensely.

The most common diseases in the area were directly linked to a poor personal and environmental hygiene.

(A) Awareness Creation Programs on Communicable & Non-communicable Diseases:

Areas of special focus on awareness & education:

- TB & HIV/AIDS
- Dengue, malaria and other seasonal communicable diseases
- Drug abuse & its consequences among children, youth & community
- Adolescence issues of girls & prevention of domestic violence
- Cancer, diabetes & other NCDs
- Sanitation, clean environment & importance of safe drinking water
- Personal hygiene, hand wash, hygienic use of toilets
- Antenatal / postnatal care
- SHGs, health clubs & income generation programmes
- Government schemes etc



In view of the above, we have successfully conducted:

Awareness programmes on Communicable and Non Communicable Diseases	83
Mid Media Programmes (Rally, Street Play, IEC)	29
Total	112

As a result of these orientation programmes, the patients diagnosed or suspected of TB started using masks; the diagnosed started treatment; defaulters restarted DOTS; and all of them started taking nutritious food and other precautions. Now, people approach for tests voluntarily. More than 500 suspected cases of communicable diseases were reported during our home visits. Out of these 164 were diagnosed positive for various CDs and started treatment. Our Coordinators followed up with the patients unto their total recovery and the regular follow up did indeed reduce default cases. As an outcome of these activities,



the number of epidemics/ outbreak of communicable diseases especially seasonal diseases in the target area were significantly curbed.

The standard of sanitation and personal hygiene has improved greatly. Community people are conscious of the need to clean their surroundings especially their air coolers as they provide breeding ground for mosquitoes. Water stagnation in the area got reduced very much. People are quite aware of communicable diseases in general and the spread of TB in particular, which in turn has reduced the stigma attached to TB patients and enables them to interact friendly and kindly.



Drug abuse and addiction is one of the major social evils in the area. Even the children are driven to this! Being a slum area, it is not so easy to restrict the availability of drugs either. However, through the awareness they received as part of the project, the children of the area started to propagate information on the evil effects of drug addiction resulting in visible changes in their attitudes and their homes.



Awareness programmes on adolescence issues helped the girls to face their problems. As they were made aware of the issues, some came forward for counselling & testing voluntarily. Domestic violence is another social issue prevalent in the community. Financial disparity between men & women and the use of drugs seem to be the main reasons behind this. They were taught that through certain behavioural changes

they could change the atmosphere in their homes for better. In fact, through the collective action of the community an alcohol outlet was relocated from the area.

As a result of ANC/PNC awareness programmes, now-a-days more women prefer institutional delivery as it provides specific care and attention to newborn babies and improve their survival chances. It has also reduced the risk of maternal mortality. The government also is encouraging institutional delivery and provides some benefits for women. We have provided 178 antenatal care support and 109 postnatal care support for the women in the area.



They have now become aware of various government schemes and apply for the same. However, another problem faced by many is that they have no valid identification documents to be able to apply for the schemes. Through our intervention especially before the parliament election, a good number of residents (1,623) got an opportunity to apply for voter ID cards and thereby for other government schemes. Out of these, 576 people received new ID cards and 86 availed other government schemes. Through this initiative people got a permanent solution for their identity problem, an important eligibility criteria to apply for government schemes.

Through the thrift activities of SHGs, women are availing simple loans for small purposes. It will certainly uplift their financial status in the society. SHGs help in reaching out to the communities. We have formed 24 SHGs with a total membership of 313. They conduct regular monthly meetings (250 meetings this year), discuss health issues and participate in thrift activities. Community greatly benefits from these micro economic activities.

To promote healthcare activities, 20 health clubs with a task force of five volunteers each were formed for community mobilization. We organized trainings for these groups to capacitate them adequately. They will be our active community health volunteers in future.

Mid-media Activities:

We have conducted 29 mid-media activities such as rallies, street plays, installation of IEC boards etc to create awareness on different issues. Some 1,457 individuals participated in the activities directly while the community of the area as a whole also drew benefits from them. Sanitation, Road Safety, HIV/TB, Drug





Abuse, Cancer etc were some of the main topics chosen for the mid-media activities.

As an outcome of these activities, people keep their surroundings clean, use dust bins at home and avoid throwing waste on streets/ drainages, which has restrained the spread of communicable diseases. The youth have become aware of harmful effects of drugs; they wear helmets and

follow traffic rules. The children have become ambassadors of the message in their families and among the neighbours.

2) Medical Camps

We have organized 12 medical or screening camps during the period. A total of 1,031 patients participated in them, directly benefitting from those camps. The camps included six general medical camps, four thyroid camps and two eye camps. Medicines were provided for general illnesses while those patients who required higher investigation or treatment were referred.



The patients who were identified through home visits were referred to nearby government facilities. If patients

required more support, our coordinators / volunteers would accompany them too.

3) Sanitation Drives & Awareness Programmes on Sanitation

We have conducted 34 cleaning drives and 26 awareness programmes on sanitation. As a result of these, the area became cleaner. People started using the park again and the children go to play there. They have stopped throwing garbage in the park. They now know how to maintain the park neat and clean. As blockages of the drainage removed, there is no stagnation of water and sewage water doesn't enter in the houses. Community participation in sanitation activities has increased, reducing the rate of epidemic outbreaks.

These activities have not only created a conviction among the people that every individual has a responsibility to keep the surroundings clean, but also they participate in cleaning drives and put the waste in the dustbins and refrain from throwing them into the drainage. The drainage is cleaned regularly by MCD workers. Overall, the hygienic condition of the area has significantly improved, thus benefitting all residents of the area.



Cleaning Drives	34
Awareness Programs on Sanitation	26
Total	60

4) Monthly Review-cum-Training for Community Coordinators

Monthly review-cum-training programmes helped the community coordinators in smooth implementation of the project. We have conducted 12 such monthly programmes and reviewed the activities every month. In those sessions, the participants were given necessary directions for better implementation of the project and information on activities planned for the coming months. The coordinators are fully active and intervene in more health activities of the area.



The coordinators have completed 1,871 home visits as part of the health education and promotion of health programme. They have supported the people in health related activities, in identifying illnesses and referring the cases to public facilities.

Through the camps conducted the coordinators were able to assist a total of 1,623 persons to avail various government schemes such as Delhi Ladli Yojana, Pension schemes and to obtain Ration card, Aadhar card, Labour card (135 persons), Caste certificates, Voter ID cards (1,063 applied &

576 received) and readmission of dropout students (20). Out of 167 persons who applied for various pension schemes, 86 have already received the benefits.

In collaboration with MCD, we also distributed dustbins to 1,700 households. It reduced the disposal of waste in open areas and on the streets. Interestingly, this has also reduced dog bite cases in the area!

5) Training Programmes for Community Volunteers

We have conducted 20 trainings for community volunteers. There are two types of volunteer groups — children & women. We have organized various capacity building & leadership trainings, training on prevention of domestic violence, drug abuse & alcoholism, training on nutritional food etc for the volunteers. In these camps, we also formed a street play team of children to perform at various awareness creation programs. As part of the training, we also organized different competitions such as drawing, painting, placard making, poster making, slogan writing etc on selected topics. Volunteers also planted trees in the parks and surrounding areas.



Volunteers also planted trees in the parks and surrounding areas.

6) Monthly Block Level Meetings

Monthly meetings at the block level were conducted to get feedback from the community. We have conducted 46 such meetings and it helped us to know the needs of the community better, especially of the women.



7) Quarterly Regional Level Review Meetings

We have conducted three quarterly review meetings at RUPCHA level to review & plan the activities and to make changes wherever needed. All block level coordinators, project coordinator at the centre level and the RUPCHA team participated in these meetings. There were some changes in the project activities planned for the 2nd year. The changes were well explained to the coordinators during these meetings. Each block coordinator presented his/her quarterly reports and reviewed the progress made and

suggested the areas for improvement. Documentation, report writing of project activities, finance related issues and settling of accounts were also explained. Coordinators got an opportunity to understand their performance and review the targets to achieve within next quarter.



Important: To support the main activities we have also conducted/ coordinated/ initiated many other programmes such as:

- Planting trees in parks
- Re-admission of dropout children
- Dengue awareness rally (in collaboration with MCD)
- Drawing competition (in collaboration with other NGOs)
- Concreting the pathways of block areas (in collaboration with MCD)
- Distribution of dust bins
- Supported child immunization drive
- Installation of street lights in the block area
- Awareness for children on wrongdoings in the community
- Awareness creation on the need of income generation & non-dependence for girls
- Assistance in opening bank accounts
- Controlling street dogs & dog bites
- Observing important days (Women's day)
- Training on resource mapping

The Results of Project Activities – at a glance

SI No.	Major Activities	Activities Conducted	Beneficiaries %	Participants
1	Community Awareness Programs on:	112		
	<ul style="list-style-type: none"> • Communicable & Non communicable diseases 	83	20 - 25% people directly benefitted by each program	2694
	<ul style="list-style-type: none"> • Mid-media programs (Rally, Street Play, IEC Board, etc.) 	29	85% of total population	1457
2	Quarterly Health Camps:	12	25% of total population	1031
3	Sanitation Activities:	60		
	1. Cleaning drive	34	90% of total households	
	2. Awareness program on sanitation	26	80% of total target group	
4	Monthly review cum training program for Community Coordinators:	12	100%	All team Members
5	Training programs for Community Volunteers:	20	92%	All team Members
6	Monthly block level meetings:	45	Whole community	
7	Quarterly regional level review meetings and training programs:	4	100%	All team Members