Destitute Free Kerala Social Audit Report 2019

JULY 2019 MGNSKSK – Social Audit Society Kerala Govt of Kerala

Kudumbashree
State Poverty Eradication Mission
Kerala

Contents

SOCIAL AUDIT OF THE DESTITUTE FREE KERALA PROGRAMME

Introduction

Kerala has followed a distinct and unique development path as compared to other states in the country. Notable has been the focus on education and health care. The incidence of poverty has sharply declined from 59.79 per cent in 1973-74 to 11.3% in 2011-12[1] (State Planning Board, 2018)[2]. The state has experienced a more steady decline in poverty since 1994, with a faster decline reported after 2005, attributed to growth in services (World Bank, 2017)[3]. Despite this achievement, there are pockets in the state that exhibit a high incidence of poverty.

The Socio-Economic and Caste Census (SECC), 2011, conducted by the Government of India (GoI) to rank households based on their socio-economic status assesses the extent of deprivation[4]. According to the SECC (2011) data, of the 63.19 lakh rural households in Kerala, 30.33 per cent are deprived. The highest deprivation rate was in Palakkad (42.33 per cent) followed by Thiruvananthapuram (38.36 per cent) and Wayanad (36.33 per cent) districts. Out of the total rural SC and ST households in the state, 57.66 per cent of SC households and 61.68 per cent of ST households are included in the deprived category. While considering the indicator-wise deprivation rates among the rural households in Kerala, the highest deprivation was recorded in the indicator, 'landless households deriving major part of their income from manual casual labour' (18.86 per cent) followed by 'SC/ST household' (7.11 per cent) and 'female-headed households with no adult male member between age 16 to 59' (3.65 per cent) respectively (GOK, 2018).

While Kerala is relatively better off when compared to other states, pockets of poverty and deprivation continue to exist. This is a matter of serious concern given the fact that Kerala has the highest level of consumption inequality in the country[5].

[1] Corresponding figures for the country was 54.88 per cent in 1973-74 and 29.5 per cent in 2011-12.

[2] Govt of Kerala, 2018. Economic Review 2018. State Planning Board.

[3] World Bank, 2017. Kerala. Poverty, Growth and Inequality.

[4] SECC estimates a deprivation index based on seven criteria.

[5] World Bank, 2017. Kerala. Poverty, Growth and Inequality.

The Ashraya Project in Kerala

The Government of Kerala introduced the Asraya project in 2003 through the State Poverty Eradication Mission (Kudumbashree). It was intended at addressing the needs of the poorest of the poor. The Ashraya Project emerged out of the realisation of the limits of the 'trickle down' effects of growth and income generation in addressing poverty. It was acknowledged that income and employment generation programmes had failed to reach out to the poorest of the poor, and hence a more comprehensive programme was required to uplift the poorest from the poverty trap. In 2017, the Asraya project was restructured into a more comprehensive program called Agathirahithakeralam (Destitute Free Kerala).

Agathirahithakeralam deviates from the standard poverty eradication programmes, as it acknowledges the multi dimensional nature of poverty, and thereby attemps to address these varied dimensions. Contrary to following the consumption expenditure approach to poverty identification, this programme outlined a nine-point criteria that attempted to capture deprivation based on the existing socio-economic fabric. Parameters related to land ownership, quality of housing, availability of drinking water and sanitation, women-headed households and presence of chronically ill family members were used to assess the extent of deprivation and support required. This approach recognised the inter-twined nature of economic and social deprivation and the multitude of factors that often manifest in poverty.

The criteria for destitute identification in Agathirahithakeralam attempts to address multiple dimensions of poverty, by means of a 9 – point criteria and additional criteria (8 in rural and 10 in urban areas). Those families which satisfy 7 out of 9 – point criteria and 1 additional criterion are deemed to be destitute. The beneficiary families are identified by the Community Development Societies (CDS), the apex body of the three – tier community organization of Kudumbashree, and later ratified by the local self government Institutes (LSGIs). The CDS and the LSGI together prepared a project for the beneficiary families by identifying the services needed by each family and allocating funds for the same. Once the project is approved by the State Government it is implemented by the CDS and the LSGI together.

Convergence with other government schemes and programmes is a defining feature of this programme. While most of the basic needs of the family is taken care of by Kudumbashree, fulfilment of other needs requires convergence with LSGIs, health department, public distribution system and so on. The funding is mobilised through Kudumbashree, LSGIs and

philanthropic individuals and institutions. Kudumbashree allocates a fund for basic needs called the Challenge Fund (40% of the total project cost subject to a maximum of ₹40 lakhs for general projects and ₹50 lakhs for ST projects). The entire project is monitored at various levels starting at the bottom by the Neighbourhood Groups of Kudumbashree.

The additional features of the Destitute Free Kerala programme is beneficiary identification (via mobile app) and project preparation based on the same. There is an added accountability dimension with a provision for appeals, appeals being verified by LSGIs. For monitoring of the projects after implementation, Monitoring Committees are to be formed at State and District level. The project also has an 'anytime inclusion provision' that implies an ongoing assessment and screening of families who are vulnerable and face the threat of destitution.

Agathirahitakeralam in Pothencode GP

Implementation of the Asraya project commenced in 2006 in Pothencode GP. Following the first round of beneficiary identification, a total of 84 people were included on the list for the period between 2006 to 2009. Following a two year gap, this list was reviewed and cut down to 72. During the period 2012-16, surveys were conducted, but the identification of beneficiaries was not finalised. Subsequently, 75 beneficiaries were further identified. The current list of – beneficiaries, includes beneficiaires in the first phase and in subsequent phases.

Findings of the Audit

A detailed examination of the existing situation of Asraya beneficiaries was undertaken to

a) assess the vulnerabilities that each family faces,
b) the extent to which the Asraya programme has benefitted them and
c) the support that is required in future to pull them out of destitution.

Before we discuss the benefits that have accrued to families through the DFK programme, we have examined the multiple vulnerabilities in which their lives are located. This helps to

a) portray a realistic picture of their existing situation
b) assess the effectiveness of DFK activities in addressing these vulnerabilities

Definitional Issues

Asraya benefits are directed to families who are in vulnerable positions. In most cases however, there is one individual in the family who is the most vulnerable, whose illness/vulnerability is

what results in the family being identified as an Asraya family. In few cases there are families with more than one individual who is in extreme vulnerability. In this report, when we refer to Ashraya beneficiaries, we refer to the individual who is the most vulnerable in each family.

VULNERABILITIES OF ASHRAYA HOUSEHOLDS

This section attempts to outline and detail the specific vulnerabilities that Ashraya households face, viz. housing, drinking water, land ownership, toilets, food consumption, health and medical care. These vulnerabilities have been examined keeping in the mind the inclusion criteria for the Ashraya programme. The 9 point inclusion criteria includes

1. Landlessness/owning less than ten cents of land
2. Houseless/living in a dilapidated house
3. Not having access to sanitary toilet
4. Not having access to drinking water within 150 ms of place of residence
5. Women headed household
6. No active earning member in the household
7. Presence of adult illiterate members
8. Families from the SC,ST or fisherfolk communities
9. Families with members who face physical/mental challenges or suffer from chronic illnesses.

In keeping with this 9 point criteria, this report looks into the vulnerabilities faced by Ashraya families with respect to Land Ownership, Housing, Sanitation, Drinking Water, Livelihood, Women headed households and health related challenges.

General Profile of Ashraya Beneficiaries and Families

95% of Asraya beneficiaries are women, amongst whom 50% are widows. A significant majority (74%) of the 144 Ashraya families are women headed (107 families). Of these women headed families, 36% are single member families where women are living on their own. These include widows, unmarried women and women abandoned by their husbands.

Of the 144 Asraya families, approximately 55% of the families do not have active earning members. If at all they do, they consist of people who engage in daily wage work in a random manner (less than 10 days a month). 56% of the families reside in dilapidated houses (some of them do not have houses at all as elucidated in later sections) that require substantial repairs

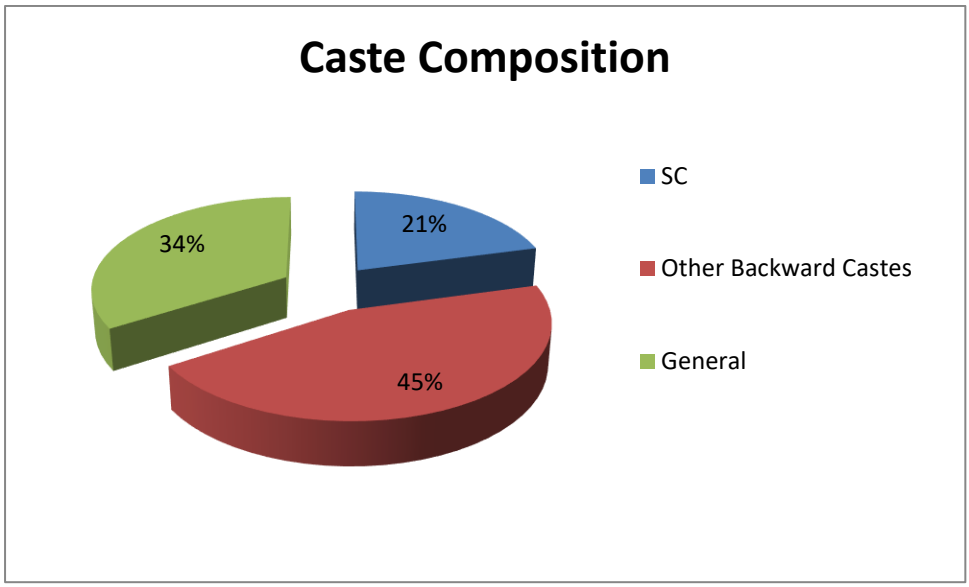
that need to be undertaken in a time bound manner. 24% of the Asraya families include individuals who are mentally or physically challenged, with majority of them being Asraya beneficiaries themselves.

Most of the 107 women headed households suffer economic vulnerability, compounded by poor housing conditions, absence of gainful employment, health disorders that prevent healthy members from engaging in employment (further details are given in the sections on livelihood). NREGA earnings and social security pensions constitute the main source of economic support for a great majority of these families.

Caste Composition of Ashraya Families/Beneficiaries

Caste	Percentage
SC	20.83
Other Backward Castes	45.14
General	34.03

N=144



Land Ownership

Landlessness or ownership of ten cents and less is one of the criteria for inclusion into the DFK programme. While examining land ownership details, 30 of 144 families (20.83%) are landless.

These include women who have no land at all, who have had to sell their land to repay loans[6] as well as elderly people who have written off their land to their children.

Landownership	Percentage
Landowning	79.17
Landless	20.83

N=144

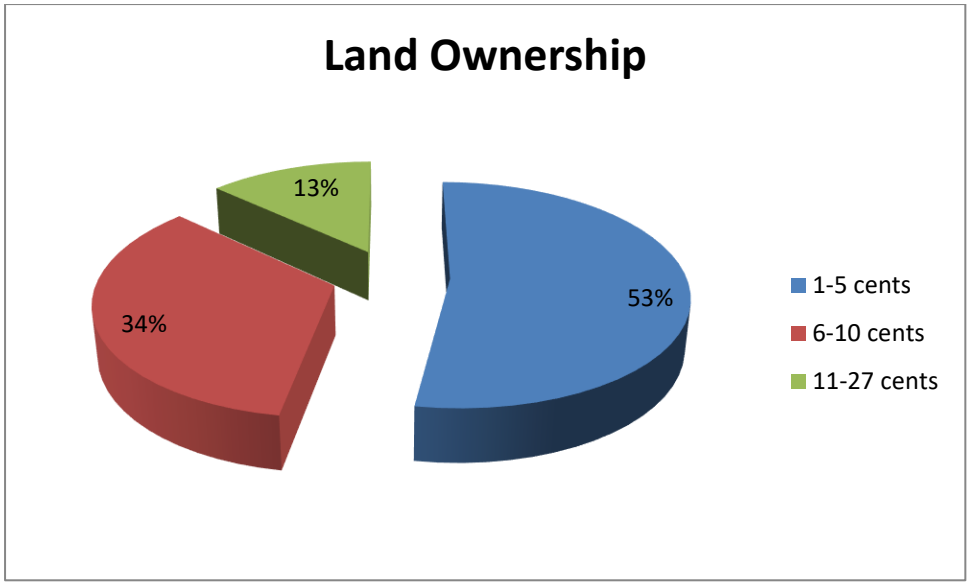
Amongst the families who own land, close to 87% own ten cents or less with 53% owning five cents or less. It is only 13.16% who own more than ten cents of land, with the extent of ownership ranging from 11 to 27 cents.

Extent of land ownership

Extent of Ownership	Frequency	Percentage
1-5 cents	60	(52.63)
6-10 cents	39	(34.21)
11-27 cents	15	(13.16)

N= 114

[6] 58 year old Kunjely had to sell her ten cent holding in order to repay the loan she had taken to get her daughters married off. She now currently lives in a rented home, paying a monthly rent of Rs 2500.



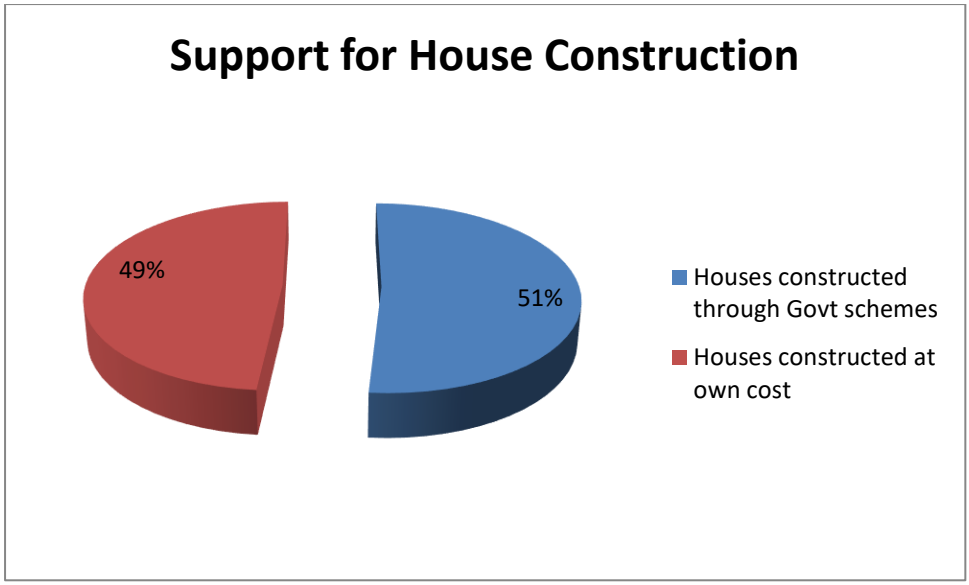
Condition of the House

Of 144, 137 have houses (constraints notwithstanding). The houseless includes three beneficiaries who live in rented homes and 3 who rely on other families (mostly relatives) for their survival. There is one homeless person, who is mentally ill, spending the day time in his sister's home and sleeping the night at public places. This also includes elderly who have written off their land in the name of their children and who currently live in the houses of their children. They therefore do not own houses, but have a house to live in that is owned by their children or other relatives. Those who have hosues includes those who live in structures that are more like shelters than houses. There are many beneficiaries, mostly single women who live in one or two roomed houses that are not stable structures. Some have tin roofs and the walls are not robust. There are others that have tarpaulin sheet roofs, with hardly any flooring. This group also consists of families who own relatively stable houses.

The house owning category can be divided further into those whose houses were built with government support and those who built their houses at their own cost.

House	Percentage
Houses constructed through Govt schemes	51.39
Houses constructed at own cost	48.61

N=144



Condition of Houses

About 56% of the families live in houses that are in a state of severe disrepair. These include houses with leaking roofs, houses that are severely dilapidated with cracked walls and floors and roofs covered with tarpaulin sheets.

Thankamani (27113) Ward 6

Dilapidated Tin Roof- Shylaja (166558) -Ward – 10

Saradha (281168) Ward 8

Thankamma K (30295) Ward – 14

This also includes houses that have mud walls, built about 40 years ago, which need substantial repairs. There were 5 families who were living in temporary sheds as their homes were under construction and 7 people who were living in shed like structures for many years. While many homes had concrete flooring, it was not in a good condition, broken and generating dust. There were also homes with mud floors that were also damaged. There were many homes without secure doors and windows, a matter of concern in cases when women lived on their own.

Pushpaja Ward 1

The case of 64 year old Pushpaja is an example. She has been mentally ill since the age of 20, and is unmarried. She used to work as a teacher before she became unwell. She now lives in a temporary shelter put up by her brothers, who live close by. This shelter cannot be defined as a ‘house’. The shelter consists of tin sheets tied around poles with an asbestos roof. The house is located on a slope, as a result of which rain water gushes through the house during the rains. Similar is the case of 56 year old Ratnamma, suffering from mental illness, living on her own. She lives in a house where construction is not complete. All the windows are open, and the flooring work has not been done.

Bed ridden 80 year old Devaki amma lives in a two roomed house, which is severely dilapidated. The roof is leaking and the floor is damaged. The kitchen has collapsed, and one of the doors has decayed. She lives with her 90 year old husband. Their children live in different places. They provide occasional care and support, but not on a regular basis.

Hygenic environment in homes

The housing condition is directly linked to the maintenance of a hygienic environment in the home. Homes were found to be neatly maintained only in about 40% of the houses. In 60% of the houses, it was difficult to ensure a hygienic environment largely due to poor housing conditions. . Leaking roofs were observed to create a damp environment in many homes. Damp walls and floor led to the growth of moss on the walls in some houses, creating a very unhealthy environment. The dampness inside was in some cases further aggravated by water logging outside the homes that were located on low lying lands with poor drainage.

Leaking roof and damp floor- Raveendran () Ward 8

In ward 8, for instance, 77 year old Rajamma and her elderly husband live in a house with a leaking roof. The floor was very damp with the growth of moss. She is too old to keep the house neat and clean. Similarly is the case of Umaiba Beevi, in Ward 13, who lives in a house with a leaking roof that makes the mud floor dirty and damp. Such instances of leaking houses and dampness was evident as the audit was conducted during the monsoon.

Hygiene within and immediately outside the homes was also affected by the location of the houses. Houses located in swampy areas for instance suffered from inadequate drainage of water around the house. This led to pools of stagnant water around the house. Some houses were located near drainage channels which carried dirty water.

A problem that was reported from at least one third of the houses was that of inadequate space within the homes. Inadequate space and storing facilities in the kitchens made it difficult to maintain the kitchen neat and clean, and issue that has health implications. Sherly's home in Ward 14 was such a case. The cement floor had broken in many places. The house was in a

severely dilapidated situation leading to a lot of dust inside the house. There was no way in which clothes, books and other material could be kept neatly. Lack of storing facilities in the kitchen led to groceries and vegetables being kept on the floor.

Lack of storing facilities led to clothes and other material being dumped here and there in many homes. Lack of almirahs led to clothes being hung together on strings, and clothes and other articles being dumped on the cot, which served as both storage and sleeping space. This was particularly so in the case of houses with larger number of inmates.

The lack of space was further aggravated in the case of families who reared livestock in small ways. 66 year old Kunjulekshmi from ward 15 for instance tied her goat up in the kitchen. Similarly, 63 year old Nufaisa Beevi's from ward 8, stored hay for the cows inside the toilet and firewood inside the rooms, with the dog tied in the kitchen. In yet another case, firewood was stored in the toilet. Livestock rearing also raised challenges for the maintenance of general hygiene. Livestock were housed in temporary sheet roofed structures. Disposal of animal excreta created problems for want of space, which was further aggravated during the rainy season.

In addition, those suffering from health ailments, particularly mental health issues, those who were elderly and those who were bed ridden, were not able to keep the house neat and clean. A strong stench was often detected in the homes of some of the elderly, who were not able to control urination or defecation, or others who suffered from dementia. Some did not get regular support for cleaning and bathing. Being mentally ill, they often resisted such support. While ailing mental patients were given food by relatives or neighbours, regular cleaning and bathing was not being undertaken.

Relatively better houses- Abitha (273641) Ward 7 Shafeek (279795) Ward 13

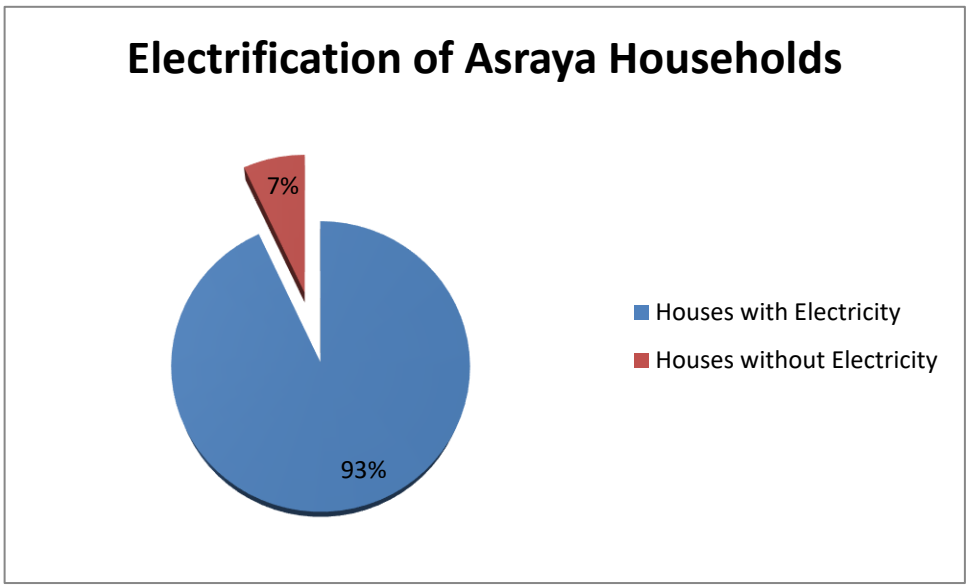
While referring to housing conditions in general, it may be noted that a few Asraya beneficiaries lived in relatively better off houses. Though their numbers are fewer, their housing conditions were better compared to some of the examples narrated above.

In addition to poor housing conditions, most Ashraya households have very little furniture or other facilities at home. Furniture was mostly confined to a single cot, and a table and a chair. There were homes with just one cot, or just one table, very often purchased on instalment basisThe relative deprivation was manifest in the condition of the kitchen, with many kitchens having very few utensils or stocked groceries. The absence of adequate cots needs to be viewed against the family profile which included elderly people with ailments living in houses with damp floors and walls. Equally stark was the absence of almirahs to store clothes and other materials, which were very hung on strings, or kept in plastic covers. In some cases study tables distributed by the panchayat under the Pathana muri scheme were noted. There was one house with a washing machine, which was used to keep clothes and books. 24 houses had refrigerators, which included 12 old ones. One household was noted to have an air conditioner. The house in this case was in a much better situation, and has been on the Asraya list since 2006. There were 21 houses without any furniture or electrical appliances in the house.

Electrification of houses

Electrification of Asraya Households

Electrification of Houses	Percentage
Houses with Electricity	93.06
Houses without Electricity	6.94



While majority of houses are electrified, they included houses with just a single bulb connection. Even the wiring to other rooms has not been done in some cases. In such cases families rely on the kerosene lamp for lighting other rooms. In general electrical appliancs were mostly confined to the TV set.

Drinking water

Wells (owned by the beneficiaries) and owned by neighbours constituted the most important drinking water source, serving the needs of 88% of the beneficiaries. 60% of the beneficiaries have wells within their house plots (most were not protected), but these wells did not offer a reliable source of water throughout the year. In 20% of the cases, the water levels fell during summer. There were at least 10 cases when people could not use the wells as they were too deep, had muddy water, or water that had a high iron content in it. In such cases they would have to bring water from neighbours' wells and public standposts. This was further aggravated when the house is located on sloping terrain, as people would have to walk uphill/downhill with water.

Vasanthi () Ward 16

Unprotected well- Balsamma () Ward 14

The difficulty in carrying water often causes some to manage with existing water supplies. 66 year old Vasanthi has a well in her compound, but the water is muddy. She however uses this water as she has to otherwise walk 400 ms to collect water from the neighbours well. Her problem is further aggravated by the lack of cooperation with the neighbour. Vasanti was detected with Hepatitis-B recently and the doctor had attributed her illness to the consumption of impure water.

Carrying water over long distances was reported to cause great difficulty for women who suffer from asthma and other age related ailments. 77 year old Rajamma, an asthma patient, has to bring water uphill from a well, and found it very difficult. Similar was the case with 70 year old Glory, who is a cancer survivor and who feels weak when she physically exerts herself. Glory found it difficult to bring water from a well that was located 100 ms downhill, as the well dug in front of her house is dry. Glory's demand was to somehow get access to water.

When families had to rely on wells owned by neighbours, some of them reported difficulties in getting water. In some cases neighbours would not allow them to take water all the time. 85 year old Ruhmat Beevi and her mentally ill daughter Safiya, who was abandoned by her husband, reported the hardship in getting water when neighbours refused to let them take water.

Difficulties in getting water prompted people to take loans to dig wells. Take the case of Ammukutti from Ward 7, whose well was dug under the NREGA programme. The work could not be completed under NREGA, subsequent to which she took a loan from Kudumbashree to complete the work. She has installed a pump set for lifting water from the deep well. There was also the case of a beneficiary pledging gold to dig a borewell costing Rs 1 lakh.

Sanitation

Of the 144 families, 123 had toilets, located either inside or outside the home. Of the remaining 21, 17 did not have toilets at all and 4 had toilets that were completely dysfunctional. Of the 21 families who did not have toilets at home, 8 families were compelled to resort to open defecation. This number could be higher as people were reluctant to speak openly. This included families with children and adolescent girls. The others said they were using the toilets of their relatives who lived close by or neighbours.

Majority of those who had toilets had single pit toilets. Many families were not aware of whether they had single or double pit toilets. The closet was damaged in some cases, but detailed examination was not possible. This however needs to be verified.

While 123 had toilets, the condition of many was poor and required urgent repairs. 16 toilets did not have a roof, or had roofs that were in a dilapidated state and leaking. 28 toilets did not have doors, and the entrance was blocked by a cloth or a flex board. 8 toilets did not have roofs and doors. The absence of doors raised both safety and privacy issues especially so as many toilets were located outside the house. There were 3 toilets without walls.

Sindhu () Ward 14

The absence of good toilets was compounded the lack of bathing space as well. There were a few houses where bathing spaces were located outside the house, consisting of cloth tied around poles. Many a time bathing spaces were located by the side of the well. This was particularly difficult for elderly people as well as for women and adolescent girls.

In the case of toilets located outside the house, there were toilets without electricity, which made it difficult to use at night. This was particularly difficult for elderly women.

Closet inside the kitchen

A case was observed where the closet was placed inside the kitchen, as the elderly woman found it difficult to access the toilet situated outside the house

There were very few toilets with piped water supply. In majority of the cases, water was lifted from wells (either owned or from neighbours wells or public wells) and stored in buckets in the toilet.

Madhaviamma () Ward 9

In 8 cases, disabled people found it very difficult to use the toilet, as they had Indian closets. They found it difficult to get inside the toilet and to use the closet. In two such cases, flimsy plastic chairs were placed over the Indian closet to enable elderly people to use the toilet indicating the inappropriateness of existing toilets.

In the case of houses with toilets located outside, the distance to the toilet and undulating terrain made it difficult for them to use the toilets. Most toilets required some form of repair- repairs to the roof, to the walls, door and to the closet itself. There were also cases where they could not get people to empty the septic tank. In none of these cases, did they get any support in undertaking repairs.

Locational Specificities

Problems that beneficiary families with respect to housing were made difficult by locational specificities. About 80% of families reside in areas that pose difficulties of access- either sloping terrain and in some cases steeply sloping terrain, or on swampy or low lying lands which carry the risk of flooding. Also included were houses located within rubber plantations in an isolated fashion, and in some cases houses were located on rocky terrain. These locational peculiarities aggravated problems related to fetching water, firewood, in transporting construction material, as well as in routine travel to hospitals and other places.

Houses located on undulating terrain were mostly accessed by narrow mud paths. This was true in the case of 33 % of Asraya beneficiaries. This posed a particular hazard to physically disabled people when they had to go out of the house. 65 year old Vasantha, who is a diabetic with one leg amputated, has to be lifted and carried to the main road as the access road to her house is not wide enough for vehicles. 70 year old Habeela Beevi, who is physically challenged, lives on her own inside a rubber plantation. The only access road being a narrow

undulating path. Similar is the case with 33 year old Preetha, who has been paralysed for more than fifteen years. Her family struggled for many years to get a road sanctioned to her house, which finally materialised a year ago. Until then, she had to be carried to the main road that is about 200 metres away. The road has not solved all her problems, as problems in alignment has created a bottleneck whereby the auto cannot come upto her doorstep.

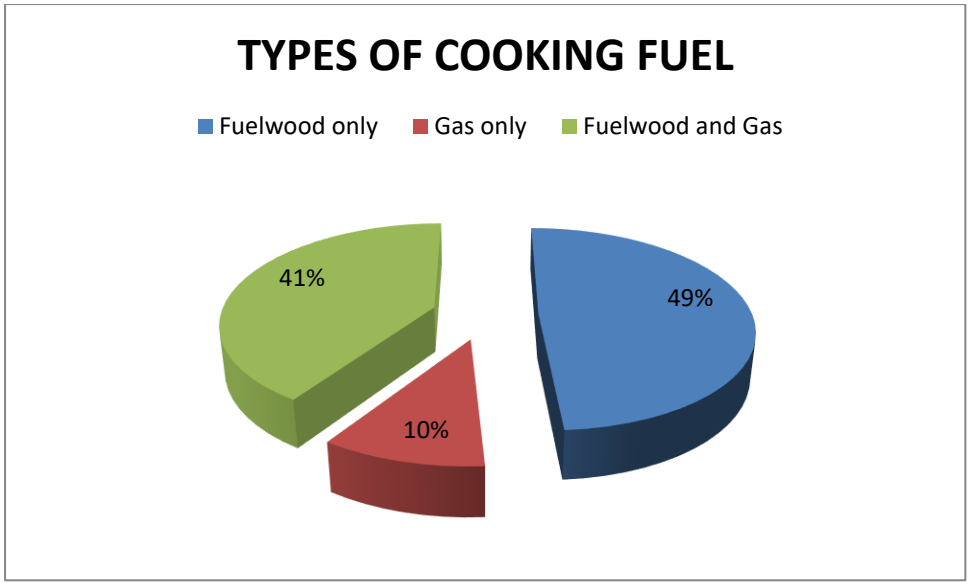
The most important problem that emerges from such situational problems is the additional travel cost that is borne when people have to be hospitalised. Lack of regular bus services in some areas leads people to hire auto rickshaws or taxis. All of this makes travel a difficult proposition, and in some cases, people postpone visits to the hospitals owing to the difficulties involved. These are issues that need to be taken into consideration while facilitating hospitalisation and medical care for Ashraya beneficiaries and their families.

Similarly difficult access routes to homes enhanced construction costs when people had to build or repair homes. There have been cases when people have declined the panchayat's proposal to construct new houses, fearing the higher transportation costs (see section on Housing).

Fuel Availability

Fuel for Cooking

Type of Fuel	Percentage
Fuelwood only	48.97
Gas only	10.34
Fuel wood and Gas	40.69



The table indicates that while 49% of the beneficiary families used only firewood as cooking fuel, another 41% relied on a combination of gas and fuel wood. It may be noted that the latter group were primarily dependent on firewood, using gas only for small time cooking like making tea/coffee. So it can be concluded that close to 90% of beneficiaries relied heavily on firewood, with 49% using just firewood alone.

When one explores the economic background of those families who use gas, it is evident that mere usage of gas does not indicate a higher standard of living. While some of these families were economically more stable, there were also families who lived in a one-roomed house, or who could not use firewood owing to health issues like asthma. Those who used a combination of gas and firewood were found to use more of firewood. They used the gas sparsely so that the cylinder would last for 3-4 months. They used the gas to make tea/coffee, but major cooking was done on the wood stove.

73 year old Nalini lives in a two-roomed house, dilapidated house with her two daughters. They got the house through the IAY scheme in 2006-07, but could not complete construction due to shortage of funds. The house does not have a kitchen space, and they rely on gas for the minimal cooking that they do. They said they try to make the cylinder last for 4-6 months. They do not cook much during the monsoon, when they rely on food given by others. While her elder daughter is differently abled, the younger other daughter is severely anaemic. The younger daughter goes for NREGA, but is not able to go regularly due to very poor health. The only other source of income is the pensions that the widowed mother and disabled elder daughter

get. This reveals that the mere availability of a gas connection does not indicate relative economic well-being.

Similarly is the case of 70 year old Bhanumathi who lives in Ward 15. She lives on her own and the social security pension she gets is her only source of support. She suffers from chronic asthma as a result of which she relies on gas for cooking.

70 year old Omana from Ward 4 lives on her own in a single roomed house. She uses both gas and firewood. She has a wood stove outside the house, which she finds difficult to use when it rains. She purchased a gas connection using her savings from the monthly pension of Rs 1200, while she could have availed of the subsidy through the Pradhan Mantri Ujwal Yojana. The gas cylinder lasts for 3 months only if she uses firewood as well for cooking. She tries to limit the use of gas also because of the expenditure involved in transporting the gas to her home. She has to pay Rs 20 to reach the empty cylinder from home to the main road, and Rs 30 to get the full cylinder from the main road to her house.

65 year old Vasantha, living in Ward 1, uses an induction cooker for cooking. With one leg amputated, she finds it difficult to go about her daily functions. She uses the wood stove very rarely, and in such cases, the neighbours collect firewood and give it to her. She finds it very difficult to cook when there is no electricity.

Of the families who rely on firewood, 78 families collect firewood from nearby parambu land or rubber plantations. 20 families reported to purchase firewood. There are families who find it very difficult to collect firewood due to health problems, but the cost of getting a gas connection and refilling the cylinder acts as a deterrent.

While close to 90% of the beneficiaries rely on firewood, storing of firewood poses a huge challenge. At the time of visit, almost all families had stored firewood in anticipation of the rains. Firewood was stacked in the kitchen, in bathrooms as well as in any other available space. Many of the kitchens were damp due to leaking roofs, where the firewood was stocked. In addition, lighting a firewood was increasingly difficult during the rainy season when the wood itself was damp.

Livelihood

83 out of 144 Asraya families did not have active working members. While there were members who went for NREGA work, NREGA work offered only 100 days of work a year and that too,

not in a consistent fashion. In 2018-19 for instance, NREGA work was made available mostly between the months of December to March in certain wards.

Amongst Asraya beneficiaries, 53 were found to be engaged in some kind of livelihood activity. These livelihood activities could be broadly categorised into self-employment, daily wage work, domestic work, and home based livelihood. Self-employment included sale of vegetables in the local market, collection and sale of firewood, running a small grocery shop etc. Home based livelihood included raising cattle and tailoring. Daily wage activities included NREGA, working in a mill, in a private clinic, workshop, temple based work and so on. There were instances when women went for domestic work when NREGA work opportunities declined. Wages earned through daily wage work ranged from Rs 150-200 per day.

While looking into livelihood strategies, there were cases of women having to work for long hours, in order to earn a small amount. Take the case of Radhamani from Ward 8 who earns Rs 150 a day, for splitting jackfruit from 8 in the morning to 6 in the evening. There was also the case of 75 year old woman working as a sweeper in the cooperative bank. She is unmarried, but living with her 49 year old sister who is an Ashraya beneficiary, who keeps very poor health, suffering from malnourishment and lack of mental alertness, following her husband's desertion. Susanna herself suffers from a number of health ailments, including failing eye sight and blood pressure, but continues to go for work.

The livelihood profile of other family members in Asraya families indicates a slightly different picture. Though most of them go for daily wage work, they get wages of a slightly higher order. They were found to work as auto drivers, , in workshops, cleaning work in hospitals, painting, plumbing, carpentry, welding, wiring, working as cooks in hotels, salespeople in textile shops, temporary teacher, in petrol pumps, temporary helper in the Anganwadi. The wages they get are of a slightly order as compared to Asraya beneficiaries themselves.

In many Asraya families, able bodied people are unable to go for work as they have to take care of the Asraya beneficiary. 29 year old Sajith has been paralysed for the past 9 years following an accident. His mother was the only earning member, but during the past two years, she has not been able to go for even the NREGA work that is made available once in a while as Sajith needs constant care and attention. Hence they are compelled to subsist on PDS rations and support from friends and relatives. Similar is the case of 70 year old Sivankutty living with his widowed 63 year old sister. Sivankutty has been paralysed. His sister used to go for NREGA

work but no longer able to go as Sivankutty needs care. They survive on the pensions that both of them get along with the small support that they get from Sivankutty's friends.

Pension

Social Security Pensions constituted an important social protection measures for a majority of Ashraya families. For about 40 families, such pensions constituted the only source of economic support. Pensions were availed of by both Ashraya beneficiaries and some of their family members. Of 144 beneficiaries, 12 were not eligible for pensions and another 7 were eligible but had not yet started getting pensions. Amongst the 7 who were eligible, 2 had applied but had not yet started getting pensions.

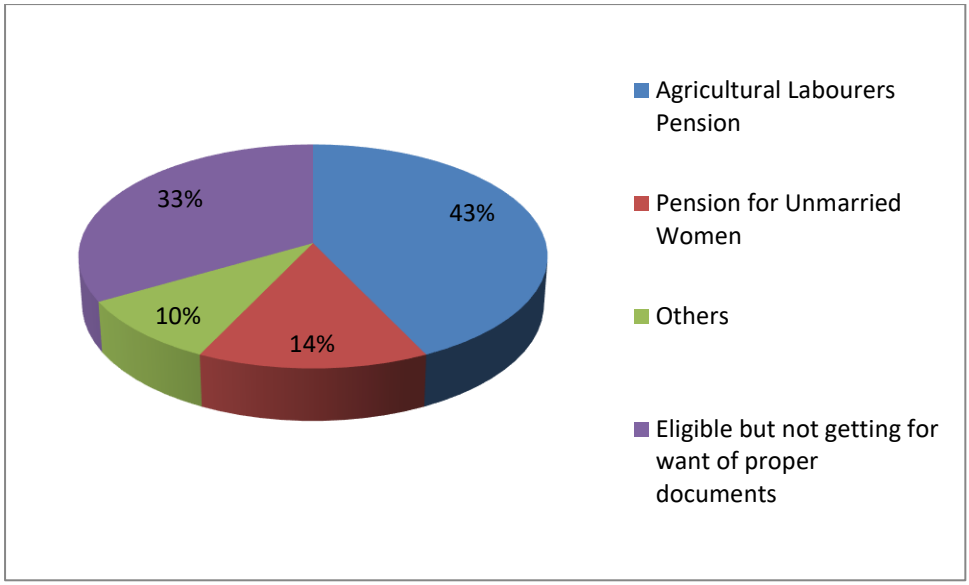
Hence, out of the 144 Ashraya beneficiaries, 125 were availing of pensions. The following table gives a break-up of the pensions being availed by this group of 125 Ashraya beneficiaries. This break-up also reveals the high preponderance of women, and in particular, widows amongst Ashraya beneficiaries.

PENSIONS AVAILED OF BY ASHRAYA BENEFICIARIES

Pension Category	Percentage	
Widow Pension	68	
Old Age Pension	20 (16 women and 4 men)	
Disability Pension*	23 (15 women and 8 men)	
Agricultural Labourers Pension	9 (all are women)	
Pension for Unmarried Women	4	
Others	1 (could not get clear information)	
Total	125	

N=125 (12 were not eligible for pensions, 7 were eligible but were not availing of pensions)

*Includes people with mental illness



Amongst the 125 beneficiaries, 113 were women and 12 were men. Amongst the pensions availed of by women, 60% were availing of widow pensions. Amongst the 125, 29 were above 75 years of age and amongst them 16 were above 80 years of age. Most of this group were widows who were availing of widow pension rather than the enhanced old age pension due to those above 75. Those above 75 who were availing of Old Age Pensions were not getting the full amount of Rs 1600, but reported getting the earlier amount of Rs 1200 per month.

While social security pensions offer security to many Ashraya families, very often it constitutes the only source of economic support. The fact that pensions are not released on a monthly basis causes hardship to this group of people. They were therefore found to delay expenditure on certain items like medicines or on hospital visits until they got their pensions. Some of them reported that they were able to purchase milk and eggs only when they got the pension amount. Such people also found it difficult to take loans during crisis as the lender knew that their repayment capacity was limited.

Indebtedness

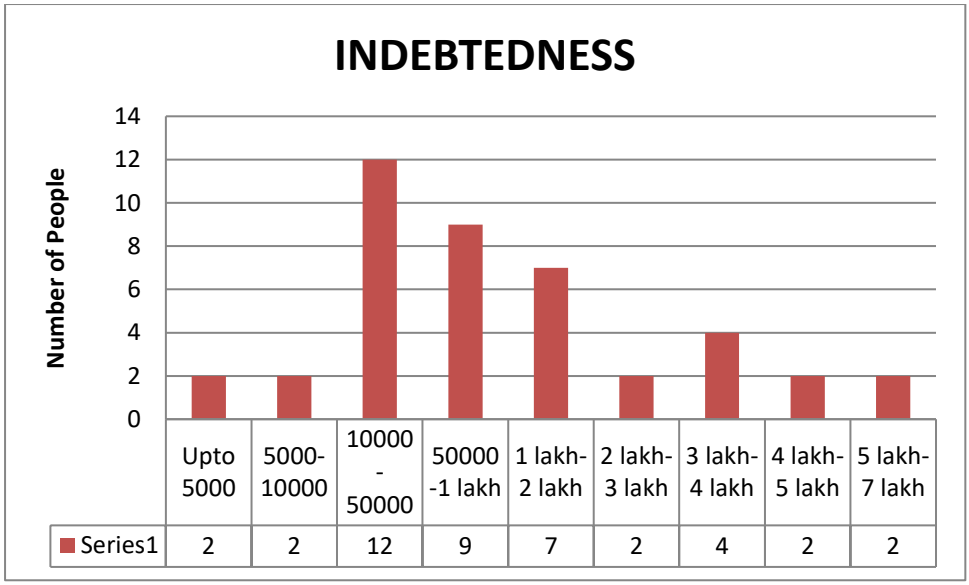
Of 144 families, 51 had reported taking loans (68 had not taken loans and 25 were not clear). House construction needs accounted for the largest reason for taking loans, followed by marriage, health related needs and education. Families had also taken loans for digging wells for drinking water for health related issues and treatment and for educational purposes. Also included are people who took loan for small time economic activities (road side vending, selling vegetables in the market).

Source of loan- The biggest sources were bank loans and loans from Kudumbashree. Others included gold loans and loans taken from neighbours/relatives, blade mafia, chitty etc. Amongst those who had taken loans, 60% had taken loans for Rs 1 lakh and below. 40% had taken loans worth more than a lakh.

Loan amount was found to range from Rs 5000 to Rs 7 lakh.

Loan Amount	No of People
Upto 10000	4
10000-50000	12
50000-1 lakh	9
1 lakh- 5 lakh	15
5 lakh- 7 lakh	2

There were 9 who did not mention the amount clearly.

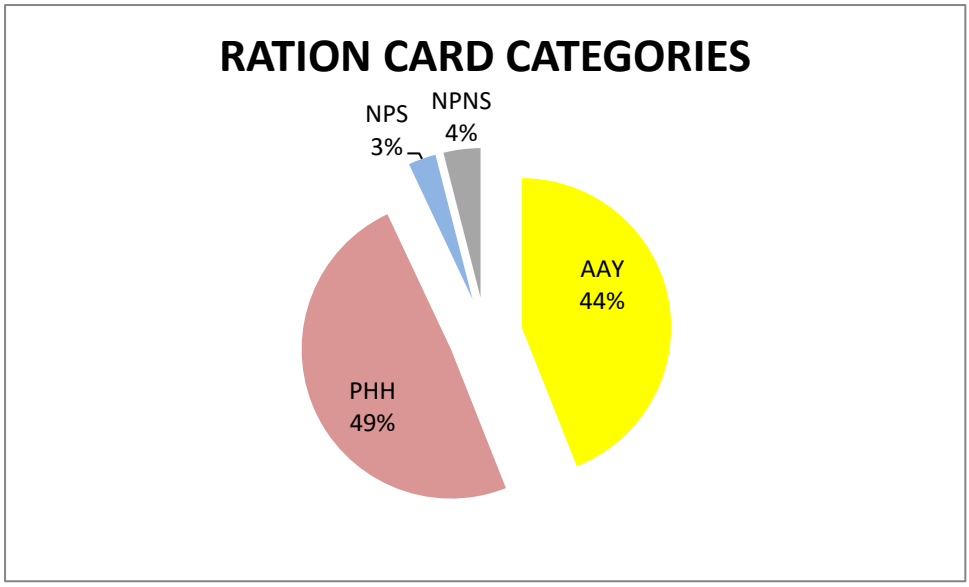


The reasons that lead Asraya families to indebtedness needs closer examination. While Asraya guidelines mandate that educational, health related and basic needs of Asraya families need to be taken care of, it is a cause of concern than families end up in indebtedness. The main reasons for indebtedness include house construction, marriage, education and health related needs. Strict adherence to Asraya guidelines could help families who need support for meeting all the above mentioned needs except that of marriage related expenses. A closer examination of indebtedness will reveal greater details about type, reason and periodicity, all of which will throw greater light.

Ration Cards, Entitlements and Food Consumption

Category	Percentage
AAY (Yellow)	44.44
BPL (Pink)	48.61
Non Priority Subsidy (Blue)	2.78
Non Priority Non Subsidy (White)	4.17

N=138



Of 144, 6 beneficiaries were without cards for various reasons.

Ration entitlements were being accessed by most families, but not all were getting full entitlements. Rice availed through the PDS constituted an important source of food for most Ashraya families.

All Asraya are eligible for AAY, but only 44% have AAY cards. Very few had a clear understanding of the full entitlement due to them. There were people who complained about inadequate entitlements and those who were not willing to speak. A detailed examination is required on this front.

Families with a PHH card with a large number of beneficiaries found the entitlement inadequate and had to buy rice from outside. There were families who found it difficult to purchase vegetables and other groceries on a regular basis. Majority of households reported buying fish once a week, but very few were able to buy milk or eggs on a regular basis. In many cases, people reported purchasing eggs and milk when they get pension money. There were a few houses where people consumed goat milk as they raised goats. But by and large milk was not being regularly consumed.

The inadequacies in food consumption was indicated by the fact that food had not been cooked in many homes at the time of visit (around noon). There were kitchens where there was no evidence of groceries or vegetables. Others were only minimally stocked indicating very minimal purchase of groceries. 50 year old Chandravati Amma who has a speech and hearing disability, living on her own, showed us the one glass of rice that remained before she replenished it with her monthly quota of PDS rations. There were homes where the situation was better, but the existence of food deprivation in certain households was stark and clear.

In some homes, people reported cooking once in two days, as they are not able to cook on a daily basis. 82 year old Madhaviamma , living on her own in a mud house, inside a rubber plantation, is not able to cook everyday, so she cooks once in two days. She buys fish once in two weeks and buys eggs once a week. Her only source of support is the Rs 1200 she gets as agricultural labour pension.

Amongst the 144 beneficiaries, 17 people did not do any form of cooking for a range of reasons. Some of them were unable to cook, some did not have a kitchen in their house, some were unwell and depended on relatives or neighbours. Many amongst them were getting food kits via the Patheyam project, with which they managed their food intake. In some cases, they managed both meals with the Patheyam kit.

Patheyam Kits

Pothencode panchayat has implemented the Patheyam programme, whereby food kits are supplied to identified families spread across the 18 wards. Some of the elderly and mentally ill on the Ashraya list receive these food kits. Some of the elderly women living on their own managed both their meals with the Patheyam kit. For mentally ill women, living with minimal family support, the Patheyam kits are important. In the case of a 85 year old woman and her 40 year old mentally ill daughter, the Patheyam kit is critical.

However in the case of mentally ill people living on their own, delivery of the food kit alone does not solve all problems. In some cases Patheyam kits were delivered, but there was no assurance of whether the food was being actually consumed. This was observed in the case of mentally ill people who were also Ashraya beneficiaries. 56 year old Ratnamma, a mental patient, lives on her own. She gets violent at times and so neighbours pay very little attention to her. At the time of visit, decomposed food was found in her house. While she is on the Patheyam list, it appears she is not regularly taking the food, basically due to a lack of supervision.

While delivery of the food kits are undertaken to all parts of the panchayat, it appears that the kit is not always delivered at the home of the beneficiary, especially when s/he lives away from the main road. Sometimes it is dropped off at the Anganwadi or some other common point. Bhargavi Amma for instance waits for her grand-daughter to bring the Patheyam kit for her on her way back from work, around 3 pm.

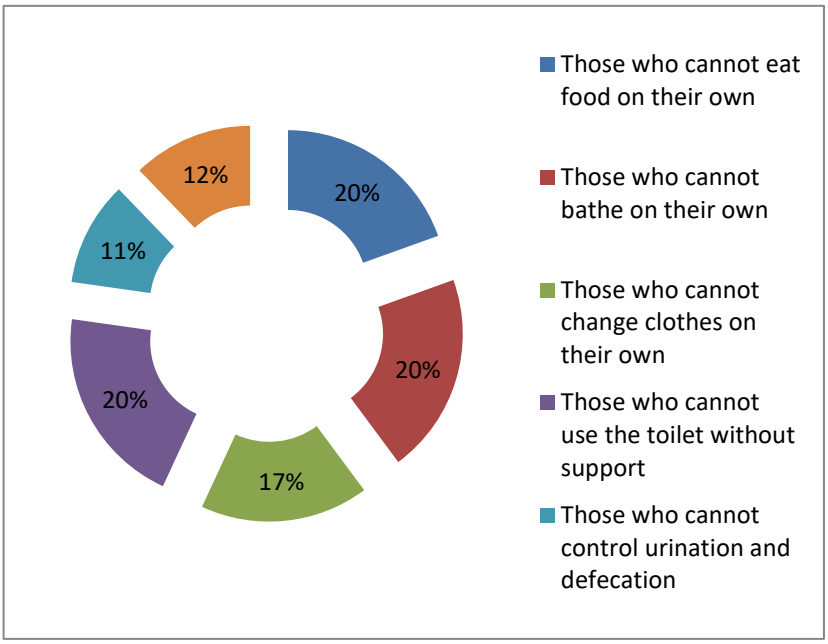
There is however a lack of clarity about beneficiaries being on the Ashraya and the Patheyam list of beneficiaries. This lack of clarity was evident

Health

A majority of Ashraya families included members who suffered from health problems, either physical or mental. This included members who need full time support and care and those who did not need support and care on a daily basis but who nevertheless suffered from chronic ailments. The percentage of people who are acutely dependent on others for their survival is about 10%. However a much larger percentage of individuals, while being able to take care of their basic needs, continue to need support.

Percentage of people needing intense care and support

Extent of Support Required	Percentage
Those who cannot eat food on their own	16.67
Those who cannot bathe on their own	17.36
Those who cannot change clothes on their own	14.58
Those who cannot use the toilet without support	17.36
Those who cannot control urination and defecation	9.03
Those who cannot get up from bed on their own	10.42



Mental Health

24 people who face mental health issues are included in the Asraya list. This includes 3 who exhibit violent behaviour and 5 who tend to run out of the home. Those who run out are found to walk and wander around and some of them come back home at night. Also included are 5 who suffer from mental retardation and 4 who require continuous medication. This list also includes women who went into depression after being abandoned by their spouses, and those who were abandoned because they suffered from mental illness.

One third of the people in this category were not clear about the exact nature of their ailment. Neither were their family members aware of the exact nature. There were women with mental illnesses, living on their own, depending for food on relatives or neighbours. Their care was dependent on their relation with their family members. Support from trained mental health professionals was not being provided, except when the family took the patient to hospitals. This was rare as immediate family members, except in a few cases, did not make such an effort, due to economic and other constraints. In addition to the stigma associated with mental illness, the daily care of such patients was difficult for those who are economically vulnerable. In some cases, regular bathing and cleaning of such patients was not being undertaken. The need for trained care givers for such patients is evident.

Additionally, there are 34 people who are currently living under severe mental stress. Reasons for the same include staying alone , children not getting gainful employment, those who are suffering from various ailments which has triggered tension, stress induced by apprehensions about the caretaking of their children in future, stress induced by alchoholism of children.

MULTIPLE VULNERABILITIES

The above mentioned vulnerabilities and deprivations are compounded in the case of certain families. There are families who suffer from poor housing, inadequate incomes and irregular livelihoods coupled with poor health of at least one member and so on. There are many cases of single women, living on their own with minimal family support, suffering from health ailments and unable to go for regular work. Such families rely on NREGA when available and on their pensions, with the PDS rations comprising the mainstay of their diet.

In most cases, vulnerabilities are found to exist in a compounded fashion. They cannot be addressed by single solutions. A detailed family care plan with a multi-pronged strategy to address these multiple vulnerabilities needs to be formulated.

Ashraya Benefits

The Ashraya programme aims to provide assistance under the following heads- Food Kits, Medicines, Educational Support, Assistance for House Construction, Assistance for Maintenance and Repairs, Assistance for Toilet Construction and Assistance for Drinking Water Supply.

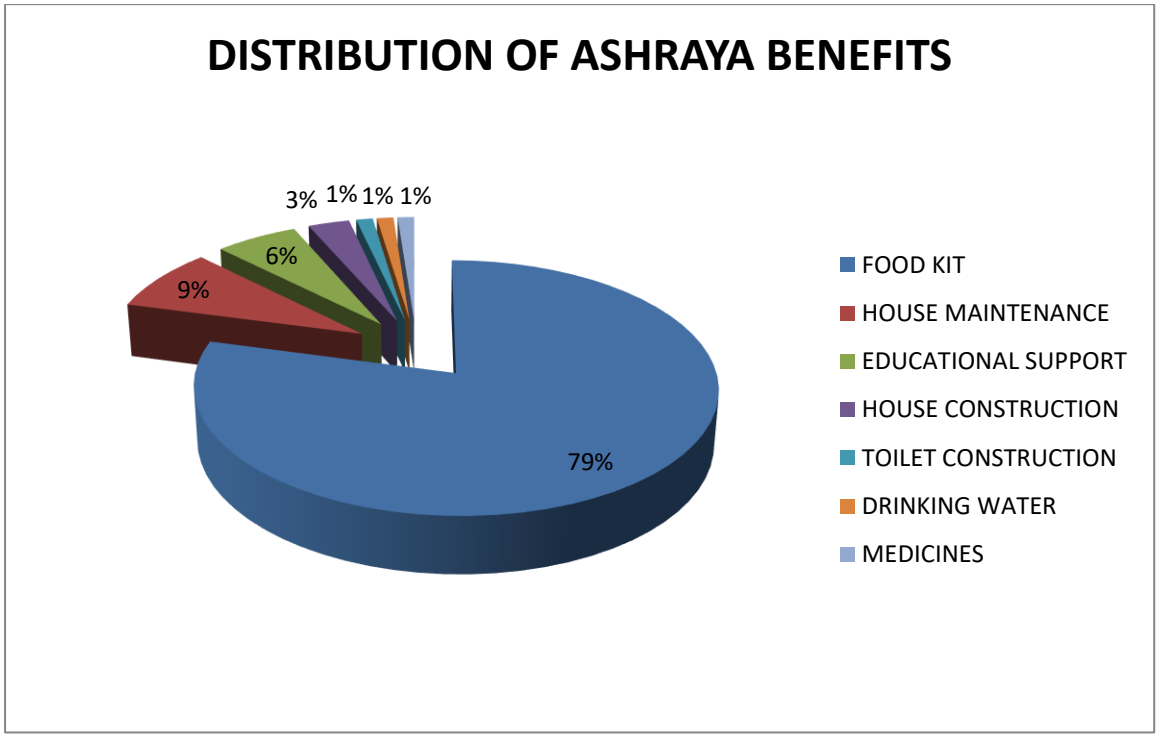
The distribution of food kits has been the most commonly reported activity. It had been discontinued during the past two years, but was resumed a week before the audit commenced. While majority of beneficiaries had received this food kit at the time of visit, 11 were yet to receive it. Many beneficiaries reported that they had received the food kit for the first time.

During house visits, beneficiaries were asked to report the benefits they had received under the Ashraya programme. There was some confusion, as some beneficiaries did not know clearly whether they had received the benefit under Ashraya or some other panchayat programme. Below is the list of benefits received as per admission by beneficiaries. Some of them have received more than one form of assistance, hence the total is more than 144.

ASHRAYA BENEFITS

TYPE OF BENEFIT	NUMBERS AND PERCENTAGE

FOOD KIT	133 (92%)
HOUSE MAINTENANCE	14 (9.7%)
EDUCATIONAL SUPPORT	10 (7%)
HOUSE CONSTRUCTION	5 (3.5%)
TOILET CONSTRUCTION	2 (1.4%)
DRINKING WATER	2 (1.4%)
MEDICINES	2 (1.4%)



The food kits consisted of groceries including green gram, black gram, chickpeas (both brown and white), sugar, *tuvara pereppu* (pigeon pea), chillies, coriander, coconut oil, jaggery, garlic and tea leaves. It also included soap, toothpaste and matchsticks. The size of the kits was in accordance with number of family members. Single member families received kit worth Rs 500, two members received Rs 700, three members and more received Rs 900.

The educational kits consisted of a school bag and other accessories worth Rs 1000. This is a one-time aid.

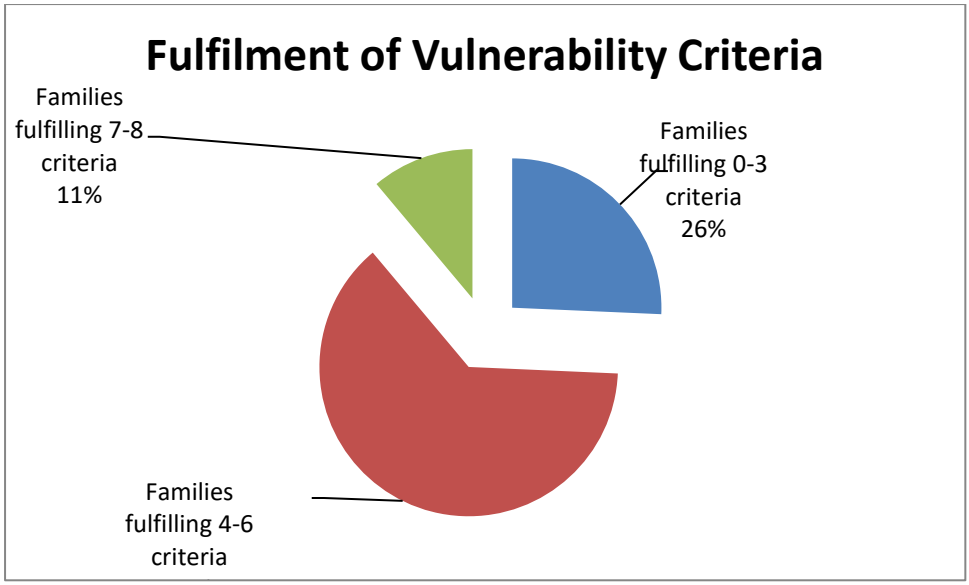
With regard to the number of beneficiaries who have received support, there is a slight discrepancy between the information collected from beneficiaries and the data provided by the panchayat. This needs to be cross checked[7].

FULFILMENT OF INCLUSION CRITERIA

During house visits to the homes of Asraya beneficiaries, social audit team checked the criteria that applied to each household. The criteria for vulnerability and additional criteria for vulnerability were assessed for each family. In some cases, it was difficult to assess the vulnerability as families did not neatly fall into these criteria.

VULNERABILITY CRITERIA	NUMBER OF BENEFICIARIES
Those fulfilling 8 criteria	1
Those fulfilling 7 criteria	15
Those fulfilling 6 criteria	29
Those fulfilling 5 criteria	31
Those fulfilling 4 criteria	31
Those fulfilling 3 criteria	14
Those fulfilling 2 criteria	15
Those fulfilling 1 criteria	7
Those not fulfilling any criteria	1
TOTAL	144

[7] As per the panchayat, food kits were distributed to all 144 beneficiaries, but only 133 reported receipt of food kits. Educational kits were provided to 10 families. They have not supplied medicines to individual beneficiaries, but had conducted a medical camp wherein medicines were supplied on one occasion.

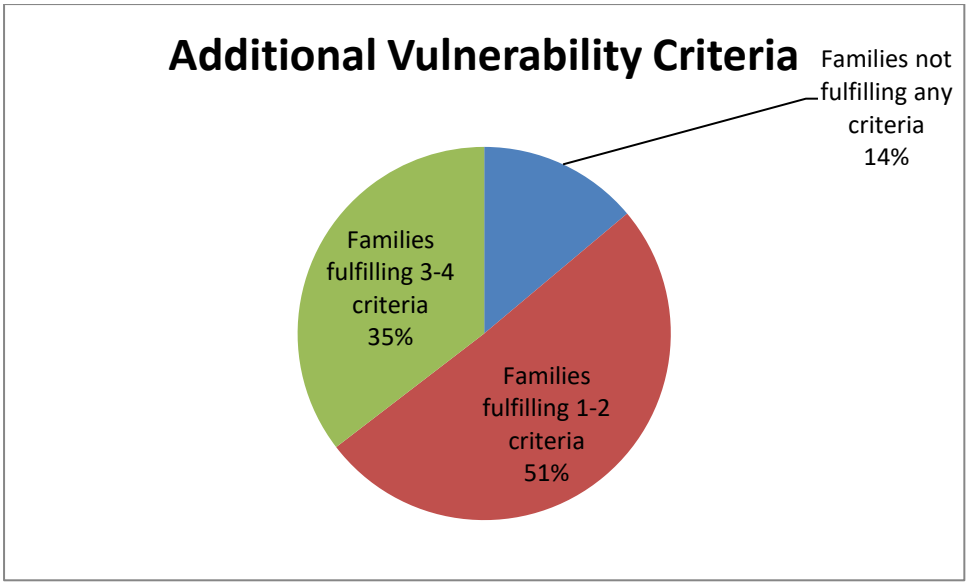


Of the 144 existing beneficiaries, while 0 to 3 criteria applied to 26% of the beneficiaries, 4 to 6 applied to 63% and 7 to 8 criteria applied to 11% of the beneficiaries.

Assuming that all beneficiaries were included in the Asraya list as they fulfilled 7 criteria, we can conclude that reasonable progress has been made in the case of only 26% of the beneficiaries, as only 0 to 3 criteria apply to them. 4 to 8 criteria apply to a significant majority of beneficiaries (74%). This indicates that the implementation of the Asraya programme requires considerable enhancement with regular review and monitoring.

Additional Criteria

ADDITIONAL CRITERIA	NUMBER OF BENEFICIARIES
Those fulfilling 4 criteria	18
Those fulfilling 3 criteria	33
Those fulfilling 2 criteria	40
Those fulfilling 1 criteria	33
Those not fulfilling any criteria	20
TOTAL	144



While looking at the additional vulnerability criteria, 3 to 4 criteria apply to 24% of the beneficiaries, 2 criteria apply to 33% of beneficiaries, 1 criterion applies to 27% of beneficiaries. None of the criteria apply to 16% of the beneficiaries.

Ashraya Social Audit Grama Sabhas

Following house to house visits, grama sabhas were conducted in 9 wards of the panchayat.

The social audit team that visited the respective ward presented the results of the audit and survey that was conducted. There was high participation in all the 9 grama sabhas.

Ward Number	Number of Participants
Ward 1- Manalakam	171
Ward 2- Netajipuram	87
Ward 3- Thachappally	194
Ward 4- Vavarambalam	49
Ward 5- Puliveedu	107
Ward 9- Melevila	143
Ward 11- Edathara	48
Ward 12- Karoor	97
Ward 17- Kalluvetty	181


15.06.2019

Respective Panchayat Ward Members participated in the Grama Sabhas. The Panchayat President participated in two grama sabhas. Most of the ADS/CDS members participated in the grama sabhas.

The inclusion criteria as well as the findings with respect to each beneficiary family was discussed. When the inclusion criteria was discussed, participants suggested the names of others in the ward whose names could be included in the Ashraya list. The social audit team conducted an iterative exercise to explain why certain criteria applied to some households and some did not. The audit team also discussed the provisions of the Ashraya guidelines. This discussion led to a collective iterative process and there was general consensus about the value of such discussions. A demand for greater understanding and clarity about the Asraya guidelines was raised at many of the grama sabhas.

At all the 9 grama sabhas, there were suggestions to include others into the Asraya list.

Recommendations in brief

Given the multiple vulnerabilities experienced by Asraya beneficiaries, there is an urgent need to step up implementation of the Ashraya guidelines. A family that is burdened by multiple deprivations requires support from multiple corners.

The fact that 4-8 criteria applied to 74% of the Asraya beneficiaries implies that the implementation strategy needs to be revised. The reliance on single, one-time measures such as distribution of food kits and educational kits has to be reviewed. The distribution of food kits that had stopped over the past two years, had resumed just a week before commencement of the social audit. The effects of arbitrary distribution of food kits will not have a significant impact on the nutritional intake of Ashraya beneficiaries, majority of whom rely on PDS rations and limited purchase of groceries from the open market.

Similarly, distribution of school bags and other accessories will not ensure an increase in educational achievements of school going children in the Ashraya families. Many of them require additional tuition support, monitoring and support throughout the year. In the case of health, the needs of the chronically ill, the physically and mentally challenged call for regular monitoring and provision of services. A case by case approach is required while identifying the infrastructural needs (housing, sanitation, drinking water) of Ashraya beneficiaries.

In a nutshell, a family specific plan and strategy is required, which can then be consolidated into a panchayat level strategy to address poverty and destitution. Regular monitoring by Kudumbashree, reinforced by regular social audits, will ensure realisation of the policy objectives.

There is a need for greater understanding amongst Kudumbashree ADS and CDS members about the Ashraya policy guidelines and the criteria for inclusion. Ashraya lists need to be viewed as a dynamic list, wherein people need to move out as and when their situation improves, giving way to more deserving people. Collective iterations at the ward level and at the NHG level will help to impart greater clarity regarding the same.

Detailed Recommendations

Following are a set of detailed recommendations in each sector, aimed at reducing vulnerabilities of Ashraya families.

Landlessness

A small proportion of Asraya beneficiaries were landless. In some cases they had written off their land to their children and were living with their children. In some other cases, they did not have any land at all in their name and were living in rented homes, or in the homes of other relatives.

The Asraya Guidelines (4.2.1.1 & 4.2.1.2) states that the local government is to purchase land for such people on a priority basis. The subsequent amendment of 14.9.2018 also states that these landless beneficiaries be enrolled in the LIFE Mission and be given a priority.

An assessment be undertaken to identify those who are landless and measures be taken to purchase land and build a house for them.

For those who are incapable of living on their own, providing them with land and a house may not be a solution. In such cases, efforts need to be made to ensure that they are being taken care of by the families with whom they are residing. Efforts need to be made to ensure that they are availing of all social security pensions.

Housing Issues

Preliminary enquiries reveal that out of the 144 Asraya beneficiaries, 6 are homeless. Of them, 3 live in rented homes and 3 are living in the homes of relatives.

Those with land but no houses, need to be provided houses as per Asraya Guidelines (4.2.2.2).

House construction is difficult for those living in areas far from the main road, with the only access road being narrow mud paths. In such cases, beneficiaries are apprehensive of being able to complete house construction with the allocated amount. There was one case when the beneficiary is living in a very old and dilapidated house. A new house had been sanctioned but she felt she would not be able to complete it as the transportation costs would be prohibitive. In such cases, the estimate should take into account such location specific challenges and make necessary changes in financial allocation for Asraya beneficiaries.

Estimates for new house construction should take into consideration the problem of water shortages. Many of the beneficiaries faced water shortages for drinking and other needs. In case of a house construction or repair works being sanctioned for them, the possibility of water shortage also needs to be taken into consideration.

Beneficiaries who are entitled to a new house may find it difficult to invest money for the initial works. This was particularly stated in the case of – from Ward 8, who did not take up the construction of a new toilet as she did not have the money to do the initial works. In such cases, Asraya guidelines(4.2.2.7)that state that the house construction subsidy should be provided as advance to the beneficiary should be implemented.

Asraya beneficiary families may suffer from a reduced capacity in organizing construction or repair works. Even if a new house or toilet or repair works are sanctioned, they may not be in a position to organize the work. This is especially so when the household is women-headed suffering from health ailments. In such cases, the Asraya guidelines 4.2.2.3 clearly mentions that the Panchayat and Kudumbashree facilitate such construction activities. This provision needs to be implemented. In many cases Kudumbashree members themselves are unaware of such a provision.

In some cases, houses had been sanctioned through various government schemes such as IAY or EMS Housing Scheme, but the construction could not be completed due to shortage of funds. As a result, beneficiaries were found to be living in houses with incomplete construction for many years. These houses had suffered damage due to incomplete construction. Construction of such houses needs to be completed applying clause 4.2.2.4 of the Asraya Guidelines.

In many cases it was observed that Asraya beneficiaries were living in temporary shelters while new houses were being constructed for them under government projects. They set up the shelters themselves, or lived in some portion of their older dilapidated houses. Mant such

families included people with health issues or disability, and were living in cramped and unhealthy environments. Measures need to be taken to erect liveable temporary shelters for Asraya beneficiaries during the period of house construction. This can be done through Kudumbashree self help groups under NREGA.

Construction of new houses for Asraya beneficiary needs to have a time bound execution plan, subject to regular monitoring, so as to avoid undue delays which causes great hardship to beneficiaries.

Plans for New Houses

Lack of space and storing facilities was commonly observed in the homes of Asraya beneficiaries, many of which were built through government aid. Lack of storage facilities led to materials being dumped together, resulting in an unhealthy home environment. Storage spaces attached to walls of kitchens and rooms will address this situation to a large extent. Many of them found it difficult to purchase additional furniture such as almirahs and provision of such storage facilities will be of support.

Disabled Friendly Designs

For families that included physically disabled persons, ramps that lead into the house need to be part of the design. In case of old houses, such ramps can be additionally constructed. Many of them faced extreme difficulties in using the toilet, as they had to be carried inside. Toilet doors were most often not wide enough for wheelchairs to pass through. Toilet doors therefore need to be made wide enough to facilitate the same.

Storage of Firewood

Close to 50% of Asraya beneficiaries relied on firewood alone as cooking fuel, with another 40% using a combination of firewood and gas. Storing of firewood in small one-roomed or two-roomed houses poses problems of congestion and dust. There were cases where firewood was stored in kitchens, toilets and rooms. In many cases they were stored immediately outside the home, but would be damp in the rains. The kitchen and house design needs to provide space for storing of firewood.

Maintenance and Repairs

A majority of houses suffered from the lack of timely maintenance and repairs. Leaking roofs, cracked walls, damaged flooring that led to a dust-filled environment, faulty doors and windows were observed. Some mud houses built 30-40 years ago were severely dilapidated. Some of the more recent houses also suffered from construction defects. There were about 50

houses with sheet roofs(asbestos/takara) of very poor quality. Houses where roofing was done recently have GI roofs, which are few in number. Poor quality sheet roofs led to leaks and in some cases had to be protected with an additional tarpaulin sheet.

Such poor housing conditions are aggravated when families include bedridden, physically or mentally disabled members. A case by case need based estimate needs to be generated for maintenance and repairs, such that people can live in decency and dignity.

Drainage

Issues of inadequate drainage were observed around houses located in low lying lands as well as sloping lands. Laying of drainage channels with NREGA needs to be explored in such cases.

DRINKING WATER

Majority of beneficiaries depend on well water, which is not a perennial source. Many families have reported water shortages in summer, wherein they have to supplement their supplies by taking water from wells or public standposts further way.

Wells may be dug on private land of Asraya families using NREGA, wherever there is a possibility of finding a perennial source of water. The possibility of public wells is also to be considered.

A number of families articulated the need for water supply. Rain water harvesting is a viable measure, provided it is of the desired quality. A hindrance is the poor quality roofs, which will have to be enhanced through maintenance works so that rain water harvesting ensures quality water.

Wherever there are wells with enough water, provide pipe connections to the household to reduce the burden of lifting water, mostly borne by elderly women.

Undertake water quality testing in cases where the well does not yield water with quality. Issue of hepatitis reported, so do testing and take steps. Many cases of wells and septic tanks being in close proximity.

TOILETS

Approximately 15% of beneficiaries did not have toilets in their homes. This included those who had completely dysfunctional toilets. In such cases, open defecation had to be resorted to.

Toilets were in poor condition in some families. Missing doors or roofs and damaged closets were observed. Lack of electricity made it difficult to use the toilets at night. Elderly faced

problems in using toilets when they were located outside the house. Women and adolescent girls also faced problems of safety when toilets located outside did not have doors and locks. There were also instances when bathing spaces were located outside the house, which were exposed.

Both toilet construction and toilet repairs need to be undertaken based on a need assessment. Electricity connections need to be ensured in all toilets.

Toilets need to be made disabled friendly and elderly friendly. Many elderly find it difficult to use Indian closets, as also the disabled.

Provide piped water connections in toilets, with a priority to families that included the disabled and elderly.

AVAILABILITY OF COOKING FUEL

Given the high dependence on firewood amongst Asraya beneficiaries, there is a need to enhance its availability using NREGA. Planting of shrubs and trees that can be used as firewood can be undertaken under NREGA, with plans for harvesting the same being coordinated by NHGs.

Consumption of LPG is limited largely due to the cost of the cylinder. Enrollment under the PM Ujwal Yojana needs to be enhanced so that people can get connections free of cost.

LIVELIHOOD

About 40% of families do not have active earning members. Livelihood opportunities need to be made available for Asraya beneficiaries who are able to engage in some work that is closer to their home. In such cases, livelihood options need to be organised for such beneficiaries, most of whom are women.

A considerable number of Asraya beneficiaries are widows or single women, who also suffer from social isolation. Livelihood options for small collectives of such women can have both economic and therapeutic value.

There are cases of paralysed Asraya beneficiaries, who are mentally alert. Activities that cater to their abilities need to be designed. Home based computer based skills may be acquired. There was also a case of a paralysed young man who is very good with handicraft. None of them were getting any opportunities to creatively engage in such activities, that would also help them to overcome the pathos that they otherwise experience.

Livelihood options for the able bodied members of Asraya families- in many cases, the able bodied members are the caretakers at home. Hence they are not able to spend long hours away from home, and yet need to earn an income. Many of them are not able to go for even NREGA as the timings do not suit them. Inclusive livelihood programmes that accommodate the needs of such women needs to be thought out and planned.

Education

The educational requirements of children from Ashraya families needs closer examination and focussed support. Currently the distribution of educational kits worth Rs 1000 is all that is being undertaken. Many children had stopped studies after class ten or twelve. Efforts need to be made to identify suitable courses for them and support given to help them pursue the same. Tuition support needs to be provided to school going children, so as to enhance their performance in schools. With 74% of Ashraya families being women headed, efforts need to be made to support the educational requirements of children from such families.

PENSION

To take measures to ensure full pension coverage for Asraya beneficiaries and their family members. ADS/CDS to faciiate documentation for beneficiaries who are eligible but not getting pensions. – amongst Asraya beneficiaries were eligible, but not availing pensions.

Cases of people who were not able to produce documents that ascertained their age. Holding camps to ascertain age of such people to be conducted.

Pensions constitute an important source of economic support for many families. Absence of monthly disbursal of pensions creates problems. Kudumbashree can create a system of advancing the pension amount on a monthly basis for Asraya beneficiaries.

Ration Cards and Food Consumption

Only 44% of Asraya beneficiaries had AAY cards.

Disabled and Mentally challenged persons had difficulties in collecting rations. NHGs could help such families by reaching the rations to their homes.

Nutritive intake by Asraya beneficiaries and families needs closer examination. Preliminary enquiries reveal that while fish may be consumed once a week, intake of vegetables, milk and eggs is less common. Milk is not regularly consumed even in families with children.

Nutrition monitoring to be undertaken on a regular basis, and regular supply of milk to Asraya families to be considered. Wherever possible, supply of milk can be tied up with Asraya families who raise cows.

HEALTH

Many Asraya families had members with health issues. Some had physical/mental disability. There were also people suffering from chronic diseases that needed regular medication and follow up. The travel to hospital and costs involved prevented them from seeking regular medical help.

Organise health camps once in three months and home visits to Asraya families. Constitute a Block or District based mobile medical team with a doctor, who visits Asraya families. Visit of a doctor can play a significant role in addressing people's anxieties about their ailments. Since most of them delay visits to hospitals due to economic constraints and travel related difficulties, home visits by doctors to the homes of Ashraya families can contribute significantly.

Ensure adequate supply of medicines to all PHCs as many families complained of not getting adequate medicines at PHCs and having to buy them from outside.

Members of Asraya families were not able to regularly consume medicines as they could not purchase it regularly. People reported purchasing medicines whenever they got their pensions. Cases were also observed when people were using old prescriptions to purchase medicines. Intake of medicines needs to be monitored, prescriptions needs to be reviewed once in six months by doctors.

Mental Health

Early identification coupled with regular follow-up needs to be ensured. The stigma associated with mental health issues results in a delayed identification of the problem. Economic vulnerability of the family prevents timely visits to the hospital. In many cases patients consume medicines that were prescribed a long time ago. Hence regular follow up along with delivery of medicines will reduce their burden.

A mental health team at the panchayat level to look into such cases and do necessary follow up so as to reduce the instances wherein the patient is taken to the hospital. Such hospital visits cast a heavy burden on the limited finances of the family.

The isolation and abandonment that mentally ill people face needs to be addressed. As mentioned earlier, many families are unable to provide the required support to mentally ill people.

Most of the mentally ill people in Ashraya families were women, who were either unmarried or deserted. There were others who were not mentally ill, but who suffered from a high degree of mental stress. Programmes and activities need to be designed for this group of people, wherein they can come together and spend a few hours at a designated place and engage in productive/creative activities that may also fetch them a small income. The BANYAN model of mental health rehabilitation needs to be explored and possibilities of setting up such small centres at the panchayat level may be considered.

Support to Single Women

95% of Ashraya beneficiaries are women, with 50% of them being widows. In addition there were also unmarried women and women who had been deserted by their husbands. Close to 30% of such women are living on their own in small houses, some of which are in a very dilapidated state. Amongst them are those who live far away from their families and some who live closer to their children or siblings. In most cases, they suffer from isolation and an acute sense of being left to fend for themselves, with very little support. The health needs of this section of women is neglected. Many such women are not members of the Kudumbashree network either. Measures need to be taken to address the social isolation they face as well as in addressing basic infrastructural requirements. A priority needs to be given to addressing the health (including mental health) problems that they face.