

## DISSEMINATION OF RESULTS

# 3

### 3.1 CITY-LEVEL CONSULTATION

The final stage of the process involves disseminating the results of the research to the wider community. An example of a schedule for the city-level consultation is provided in Annex 5. In Bhuj, this was accomplished by holding a city-level consultation where representatives from the community taskforces presented their results to local NGO's and government officials.

The basic steps in planning for this type of meeting include:

1. Deciding upon the date and venue for the meeting
2. Drafting a meeting agenda
3. Preparing presentations
4. Conducting the consultation

### 3.2 DECIDING ON THE DATE AND VENUE FOR THE MEETING

The date and venue for the meeting should be decided keeping in mind the convenience of the local community and the administration. The task force should be given responsibility to decide and organize the meeting. Efforts should be taken to ensure the presence of the members of taskforce while inviting the officials of the administration. This will help initiate a level of communication between the community and the government officials and help reduce any apprehension that might exist between them.

### 3.3 DRAFTING THE MEETING AGENDA

The meeting can be conducted in one to two days, depending upon the amount of information to be presented. In the Bhuj project, the meeting lasted two days.

Elements to keep in mind when planning the agenda include:

- It is useful to schedule a visit to the communities involved in the research
- Ample time for discussion and problem solving should be included in the schedule

### 3.4 PREPARING THE PRESENTATIONS

Much of the work needed to prepare the presentations will have been conducted in the previous steps. The main elements in preparing for the presentations include:

- Preparing the Flip charts and other materials
- Choosing a speaker for each presentation
- Rehearsing the presentations

#### (i) Training on preparing presentations

A brief training was given to the taskforce on how to present their findings during the Consultation. After analyzing the results of the focus group discussions, the taskforces were asked to

prepare presentations to be used to share the results with the larger community; including with government officials and various NGO's participating in the city-level consultation.

During the training some elements of presentation were reviewed. For example the structure, topics and delivery style. The presenter should decide the purpose for the presentation beforehand and decide the structure, topic and method of delivery that will efficiently achieve the purpose.

The presenter should decide precisely what the topic of the discussion is and what aspect of the topic to highlight. If the topic is large and complex and will not fit into the time frame the presenter should review the topic many times over to capture significant aspects.

#### Structuring a Presentation:

The structure of the presentation was explained to the taskforce. They were asked to make four presentations corresponding to the four focus group themes.

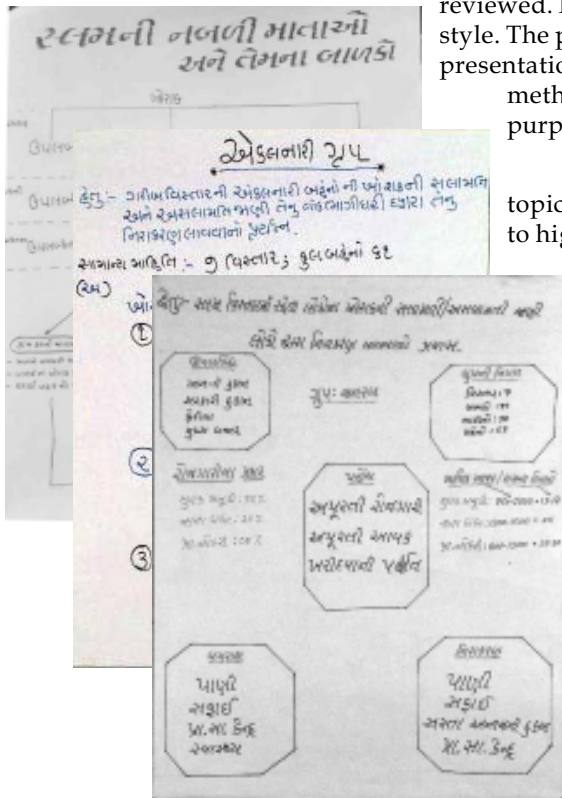
In the Bhuj example these included:

Presentation 1: General Group

Presentation 2: Migrants Group

Presentation 3: Pregnant/lactating mothers and children of age-group of 0-6 years

Presentation 4: Single women headed households.



The chart presentations prepared by the taskforce in the local language “Gujarati” for the consultation.

A presentation can be divided into three parts:

- Opening: General Information about the slum and the population covered.
- Body: The food related problems faced by the group.
- Solutions proposed by the community.

The results of the focus group discussion should be prepared for presentation in a concise and attractive manner. The example from Bhuj provides several useful presentation styles and techniques. These include:

- Presenting demographic data in table form
- Ranking problems
- Maps and mapping of community facilities
- Quotes
- Using photographs

**Presenting data in table form**

Age group:

Age group (in years)	Total	Percentage(%)
20-25	6	17
26-30	9	25
31-40	10	29
41-60	10	29

Employment:

Type of employment	Total	Percentage
Casual laborers	28	30
Self-employed	51	54
Regular jobs	7	7
Unemployed	9	9

Typology of food purchases:

Group#	Distinguishing Characteristics	Measures of Differences (Type of livelihood, income)?	Relative % in the focus groups
Group 1(daily local purchases)	Daily wage earners, casual labourers, unemployed, Self-employed, female headed HH	Irregular jobs, low income, market inaccessible, cannot afford traveling expenses,	71%
Group 2(weekly)	Small business, more than one earning member in a family	Regular jobs, regular earning, more income, storage capacity	17%
Group 3(monthly)	Regular jobs	Regular jobs, regular earning, more income, storage capacity	12%

**Ranking problems**

Problems	Ranking
PDS shop far from home	1
Requires more traveling expenses	1
PDS limits daily purchases	2
PDS doesn't provide enough quantity.	3
Bad quality of food items.	3
Unsuitable working hours of Fair Price Shop	4
No ration card	5

### Maps and mapping of community facilities

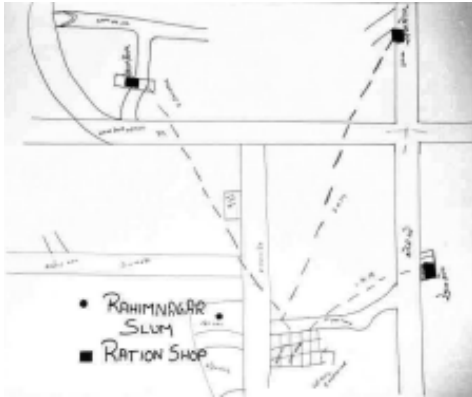


Fig : A geographical map of Ramnagari showing the distance of FPS (app. 3-4 kms) from their slum.



Geographical map prepared by taskforce showing distance to FPS from Ashapurinagari slum.

### Community Voices

Some of the common problems faced by single women headed HH were the following :

'We have highly irregular employment and income.'

'My wages are very less, that I cannot even satisfy the food needs of my children.'

'I work very hard but then too earn very less.'

'My income is insufficient to meet the basic needs of my family.'

'I always have to work extra hours to meet the basic costs of my family'.

'I cannot afford to stop working even when I am ill.'

'I am always worried about my children since they are alone at home when I go for work. Who will serve or look after them?'

### Photographs



A child cooking food for her younger brothers and sisters in the absence of her mother.



A person selling drinking water in the slum areas of Bhuj.



### **(ii) Practice makes perfect**

Nervousness and fear of making mistakes during public speaking is common. To reduce these feelings of anxiety, each speaker should rehearse their presentation several times prior to the day of the consultation. The speakers should practice using all of the material (flip charts, graphs, maps) they will use during the presentation. They should be encouraged to practice on their own and in front of other people to overcome any anxiety.

Ideally the teams can get together in the exact venue the day before the meeting to set-up and rehearse the presentations in the actual venue.

### **3.5 CONVENING THE MEETING**

Prior to the meeting, members of the taskforce teams should be chosen to serve as logistical co-ordinators. Their function will be to make sure that members from each community are informed of the meeting and also to check that all materials needed for the presentations are in place at the venue for the meeting.

The community presented the findings of the focus groups to senior administrators and municipal leaders. The administration was convinced of the legitimacy of the findings and the concerns of the slum dwellers. The primary linkages that need to exist between the community and the local bodies were made. Future actions were charted out jointly. Thus it was the culmination of the process but also the beginning of a larger process of creation of linkages between the local community and the administration.

A unique experiment was successfully tried out during the consultation. At the end of the first day, in the night, the findings and the solutions offered during the deliberations were put before a larger audience in the slums. This consultation ensured the endorsement of a larger community. The discussion was positive and many members of the community volunteered to participate in the follow up process. Many offered their services and one even offered his land for a public amenity.

It will be useful to recap what has happened in the past two months culminating in the two-day consultation in Bhuj. The following results were eye opening and have cleared myths about the community at the slums:

- The community was very eager to participate in such an activity, even though it resulted in loss of their working days



The entire taskforce with EFSN and DMI team during Consultation.

- They were proud to be part of the taskforce. It enhanced their prestige in the eyes of the general community
- The approach in the method enthused them to volunteer for doing work for the community. Some were even willing to provide land and time for activities like childcare or running a community food store
- The solutions they came up with were mature in nature. It took into account all the constraints existing on the ground
- The attendance of the local officials and NGOs was heartening. Their response to the proposals was positive and not artificial
- The spontaneous response of the local officials gave specific promises of their action in the near future. It will not be out of place to mention here that by the time this report was prepared a Child Care Centre (ICDS Centre) has been sanctioned in Aashapurinagari slum
- In other words a future plan was chalked out with responsibilities properly delineated as can be seen from the next paragraph

The performance of the community, involvement of the administration and evolution of solutions being the key indicators, it would be safe to state that the consultation was a useful platform for initiation of a partnership between the community and the administration. During the discussions that interspaced each presentation the community and the members of the administration engaged constructively and chalked out an effective roadmap for the future. Along with pointing out gaps in the services that they receive from the administration, areas where joint action can be undertaken were also identified. These can be classified into three: (a) those that can be initiated only by the government, (b) those that can be initiated by the community which the government can later support, and (c) those which can be undertaken by the community alone, with support from NGOs and private bodies. Many of the recommendations can be initiated immediately and some require additional time.

### **3.6 THE ACTION PLAN**

The table given below gives an example of a community action plan, which can be completed at the end of the city-level consultation.

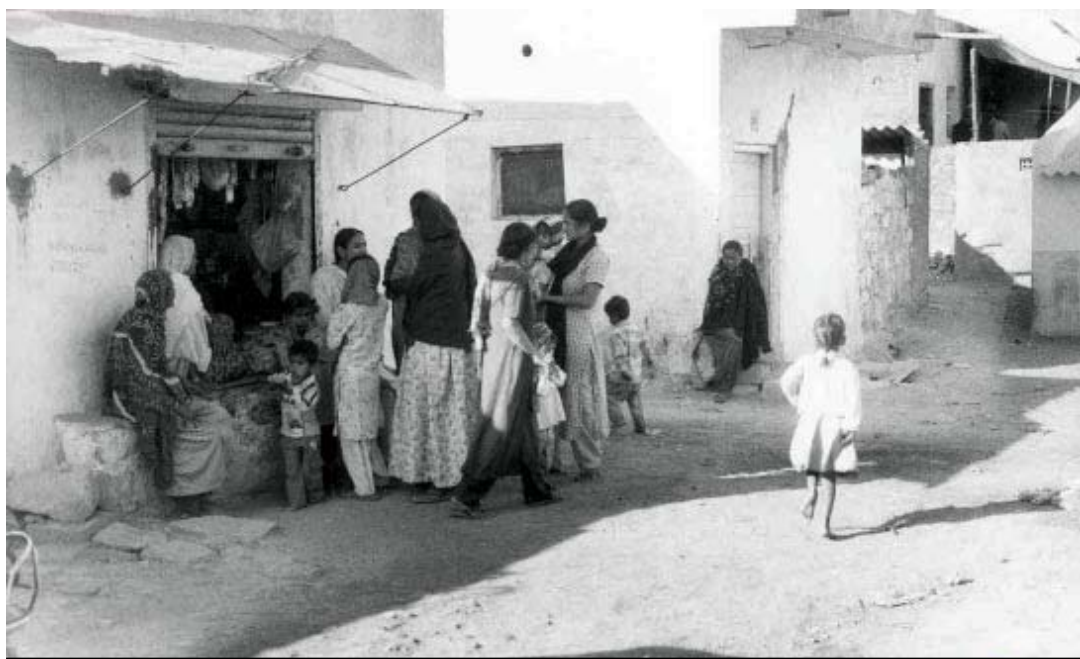
The second column lists the priority recommended solutions, the third column identifies the level of government involvement required (if immediate or can occur later) and the final column identifies the community member or local organization that agreed to initiate the activity.

Sr. No	Recommendation	Government involvement required immediately	Community member of local NGO who will oversee activity
1.			
2.			
3.			
4.			
5.			
6.			

### 3.7 FOLLOW-UP

The facilitating and local organizations should agree on a plan of follow-up to determine the success the communities have had in implementing the action plan. The follow-up should also serve the purpose of visiting the local authorities and local NGO's who agreed during the city-level consultation to help the communities with the identified problem solving actions.

The follow-up should be scheduled six to twelve months after the city-level consultation. Lessons learned from the follow-up can be incorporated into future similar activities.



## **ANNEXURES**

1. A HISTORY OF DMI'S WORK IN BHUJ
2. FOCUS GROUP DISCUSSION GUIDE
3. TRAINING ON CONDUCTING FOCUS GROUP DISCUSSIONS
4. TRANSLATED COPY OF FILLED DATA SHEET
5. AGENDA FOR CITY LEVEL CONSULTATION



## A HISTORY OF DMI'S WORK IN BHUJ

**Disaster Mitigation Institute (DMI)** is a community based action research, action planning and action advocacy organisation that bridges the gap between policy, practice, and research from the community to the national level. Established after the 1987-89 repeat drought in Gujarat, it has four programmes: livelihood security; food and nutrition security; shelter security; and water security. Its activities are organised around its activity centres: Livelihood Relief Fund (LRF); **Emergency Food Security Network (EFSN)**; Water Security Programme (WSP); Emergency Health Unit (EHU); Organisational Resources (OR); Learning Resources (LR) and Action Research and Review Services (ARRS). DMI's mission is to reduce the vulnerability of poor communities by increasing mitigation efforts through learning and action, to ensure to them water, habitat, food and livelihoods.

On January 26, 2001 when the nation was celebrating its 51<sup>st</sup> Republic day, the earth shook for 45 seconds. The earthquake that measured 6.9 in the Richter scale had its epicenter 20-km northeast of Bhuj. The damage it caused was total. An estimated 20,000 people died and more than 15 million were affected. The losses were to the tune of 25,000 crores.

Within days of the earthquake in DMI team arrived in Bhuj. After the initial days DMI realized that there was no shortage of relief material or rescue teams. For following months the DMI team focused on coordination of relief work to aid efficient distribution of the abundant relief supplies and manpower.

A year after the earthquake it was revealed to DMI that thousands of people in the slums were ignored. In spite of being the most vulnerable and needy their needs were not taken care of due to the illegal status of their homes. The population of these slums composed of small traders, vegetable vendors, daily-wages labourers, tea-vendors, cowherd etc. The earthquake destroyed their homes and disrupted their livelihoods severely. For the initial months they found employment removing the belonging of the residents of the city from the rubble. But after that they had no work and no home and their situation deteriorated by the day. Most of the people were too poor to rebuild their house and their lives and were forced to live in temporary shelters for more than a year.

The objective of the Bhuj Reconstruction Project (BRP) set up in January 2002 is to reach out to this large section of the affected people who needed immediate help. DMI works in 18 slums in Bhuj in which is home to around 32,000 people through the BRP.

The main focuses of BRP are three: livelihood regeneration, shelter reconstruction and information dissemination. Of the three, regeneration of livelihoods through its Livelihood Relief Fund (LRF) was the most successful strategy in terms of quicker recovery of slum dwellers from the impact of the earthquake and improved living standards of their families in terms of type of food and non-food items consumed. LRF has given livelihood support to more than 9500 victims of the earthquake in Gujarat. A section of the victims were supported from LRF's own funds and the rest in partnership with international aid agencies such as American Jewish World Service (AJWS), Action Aid and European Union (EU).

In order to create an effective community interface for aiding the relief mechanism BRP has identified local representatives in each of the slums it works in. They are called 'volunteers'. They play an important part in the selection process and are responsible for

proper utilisation of relief material by the beneficiary. This group of volunteers is composed on young men and women who are motivated to work for their community. Through regular meetings at the BRP office and training there is an appreciable level of synergy and a strong network among them.

## FOCUS GROUP DISCUSSION GUIDE

-Front Page-

Datasheet for collecting information on the food and nutrition security of slum dwellers in 7 disaster affected slums in Bhuj.

Name of the Slum:

Name of moderator:

Name of other team members: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

No.	Group	Date
1.	Migrants	
2.	Single women headed households	
3.	Pregnant and lactating women	
4.	General Group	

**EMERGENCY FOOD  
SECURITY NETWORK**

### Emergency Food Security Network (EFSN)

25, Vasundhara Colony, Ambavadi

Ahmedabad - 380 009, India

Tel: 0091-79-26568421, Fax: 0091-79-26568421

E-mail: efsn@icenet.net, Website: <http://www.emergencyfoodsecuritynetwork.net>

#### **Points to be kept in mind while doing a focus group meeting**

Aim: Focus group is a methods of collecting information from people and understanding their opinions.

Advantages: A large amount of information can be made available within a short time.

Stages of conducting a focus group meeting:

(a) Initial Preparation:

This involves:

1. Decide time and venue.
2. Decide participants and inform them.
3. Decide team and decide their roles.
4. Preparation of stationary (datasheets, note-pads, rubber, etc.)
5. Make sure that the whole spectrum of the community is represented in the focus group, i.e. caste, religion, community, etc.
6. Make sure that the group is manageable.

(b) During the focus group meeting:

This involves:

1. The seating position should be such that the people can see each other.
2. Convey the aim of the exercise.
3. Modulate your voice so that everyone can hear your voice.
4. Make sure that the every one is involved in the process.
5. Do not prevent anyone from talking and give them a careful hearing.
6. Provide interesting examples.
7. Avoid disturbances of any kind.
8. Do not deal with contentious, or emotionally or communally sensitive issues.

(c) After the focus group meeting:

This involves:

1. Collect all information and observations (minor and major) made by the team.
2. Debrief and complete the datasheet.

Note: Do not hurry to get information. Allow the participants to discuss issues in a way that allows them to cover all issues of food insecurity in their area and the difficulties the group faces in acquiring food. Effort should be made to generate in trust among the participants in the facilitating team and the purpose of this exercise.

**Group 1: The Migrants**

Date:

Name of area/community:

Time:

Team: (moderator), (supporting facilitator), (Note taker), (Note taker),

Note: This datasheet should be completed by the task force team during the debriefing session immediately after the focus group discussion. All the notes collected by the note takers should be compared with the additions of the impressions of the moderator and supporting facilitator.

**Guidelines to be adhered to while dealing with this group**

The migrants have recently arrived in Bhuj. They have come from different areas of Gujarat and have living patterns different from the general population.

The purpose of selection of this group is to understand the changes in food habits of the migrant population and the effect it has on their health.

Aim: To understand the obstacles that migrants in Bhuj face in obtaining food, changes in their food habits, their livelihoods, etc.

No.	Name of participant	Age	Livelihood	Number of dependents

1. Why have you migrated to Bhuj?
    - From which areas have you come from? Why have you come here?
    - Which type of work you generally do in Bhuj? What type of work did you do before?
    - How long have you been living here?
    - Are you alone here or have you brought your families along with you?
  2. Do the residents in the neighbourhood accept you?
    - Do they help you? What kind of help? (money, support, etc)
    - Do you have any other relatives here?
  3. Have your food habits changed after coming here?
 

If yes, how have your food habits changed (Changes in quantity, diet quality or types of food consumed) and food preparation and cooking changes - example more foods are fried or more processed foods are eaten?

    - From where do you buy your vegetables and grains from?
    - Do you have a ration card? What difficulties do you face in buying food from the ration shop?
  5. Are you eating better food after migration to Bhuj?
    - Are your children healthier after coming here than before?
    - Do your children go to school? Anganvadi? Mid-day meals?
  4. Are you suffering from any health problems due to new food habits?
    - Have you or any one in the family fallen ill after coming here? Women, children, elderly in the family? Are you careful with the type of food you eat?
  5. Proposing Solutions
    - For persons migrating to the area, what do you think would most help them initially to get enough food?
    - Are there any government or community schemes you found helpful?
    - Which type of programmes would be useful in helping you provide nutritious food to your family?
- Additional Information:**
1. Issues discussed more than once in the meeting
  2. Information on the participants who were silent during the meeting. (Missing voices)
  3. The impression of the observers on the proceedings of the focus group meeting.

**Interviews with the 'missing voices'**

Name:

Area:

Age:

Livelihood:

Interviewer's Name:

Group Number:

**Group 2: Single women headed households**

Focus group meeting with single women headed households.

Date:

Name of area/community:

Time:

Team: (moderator), (supporting facilitator), (Note taker), (Note taker),

Note: This datasheet should be completed by the task force team during the debriefing session immediately after the focus group discussion. All the notes collected by the note takers should be compared with the additions of the impressions of the moderator and supporting facilitator.

**Guidelines to be adhered to while dealing with this group**

Single-women in the society have to face many difficulties to run their households, and so begin the focus group meeting with asking related questions like, " What difficulties do single-women face in running households?". "What are the difficulties in earning income?"

Then explain with clarity the reason why this information is being collected. Our main aim of this talk is try to find out the various issues that cause food insecurity in you family and then also suggest solution form the problem as per your perspective. Which actions could the community take to improve the food situation? Which actions can government take?

Set the tone that this is a chat to understand the issues - and enhance communication. Try to get the group to generate solutions not a list of problems. If you start by asking about their problems, they will expect you to provide solutions. The discussion should focus on their issues.

**Issues to be discussed with single-women who run households with their income.**

Aim: To understand what difficulties single women face in running her household and providing adequate and nutritious food for her family and how she manages.

No.	Participants	Age	Occupation	Number of dependents

### 1. Occupation

- What is your main source of income?
- Do you have any other sources of income? What all?
- Do you have a steady income? If not which all months and for how many days do you get work?
- What are the types of livelihoods available for women in the area?
- What are the types of livelihood available for women outside your area?

### 2. Social and economic status

- Do you find it difficult to manage your home and family and work? Which are the aspects which you wish you could change?
- Do you own any land, house or any other assets?
- Do you have concerns about meeting your household expenses?
- Do your children go to the school? If not, why?
- Are your children working? If yes, what is the age, type of work, education and income?

### 3. Food habits

- Do you have concerns about being able to provide enough food for your family?
- Do you feel that you are able to purchase nutritious food for your family?
- What are the types of food that you normally eat?

### 4. Coping strategies

- How do you manage when you face difficulties in getting work?
- Do you get any help from anybody?
- If yes, from where and what type of help do you receive?
- Do you have any relatives to help you in times of need?

### 5. Solutions

- What types of programs do you wish the community had to help you with providing nutritious food for your family?

#### **Additional Information:**

1. Issues discussed more than once in the meeting
2. Information on the participants who were silent during the meeting. (Missing voices)
3. The impression of the observers on the proceedings of the focus group meeting.

#### **Interviews with the 'missing voices'**

Name:

Area:

Age:

Livelihood:

Interviewer's name:

Group Number:

**Group: 3 Pregnant and lactating women  
Pregnant / Lactating Mothers and Mothers with Children of Age Groups 0-6 Years**

Date:

Name of community:

Time:

Team: (moderator), (supporting facilitator), (Note taker), (Note taker),

Note: This datasheet should be completed by the task force team during the debriefing session immediately after the focus group discussion. All the notes collected by the note takers should be compared with the additions of the impressions of the moderator and supporting facilitator.

**Background information for conducting this group**

Malnourishment is a very common problem in poor slum areas. Pregnant and lactating mothers should consume larger quantities of food than during normal times. They should also have nutritious food (milk, yogurt, vegetables, fruits, pulses and meat and fish if not vegetarian) but many times due to certain factors they are not able to do so.

The focus group meeting can begin by asking the women their general views regarding knowledge of food requirements for pregnant women and young children. First, you can ask about their opinions and what should be kept in mind during pregnancy and planning for the birth of the child.

After getting the participants comfortable and orienting them to the topic, explain to them the main purpose of the focus group meeting, which is to understand from them the difficulties they face related to food and nutrition for themselves when pregnant and for their young children. Also explain that part of the purpose of the meeting is to hear their ideas for solutions to the issues raised. All of the comments from the different communities will be summarized and presented to local authorities and non-governmental organizations working in their communities.

Aim: To study the food habits of the pregnant/lactating mothers and care giving practices and food habits of children in age groups 0-6 in the poor slum areas. Also to identify various factors that prevents this group to consume enough and balanced diet and how it affects their health and growth factors.

Table to be completed during introduction of the group. Ask each woman to provide her name, age, livelihood and the number of children she has.

No.	Name of participant	Age	Livelihood	Number of children

The following questions relate to food practices during pregnancy

1. Do you have enough food for yourself and your family?
2. What are the food items you think pregnant women should eat? Do you face any difficulties in having these types of food?
3. Do you think that during pregnancy more food has to be consumed?
4. What type of food do you have during pregnancy?

Supplementary food

5. Do you have government AWC's (child-care centre) in the area?
6. Do you receive supplementary food from AWC's?
7. What other programs/ activities do you think would be helpful to improve diets of pregnant women?

Health Services

8. Do you all regularly check your weight gains during pregnancy?
9. What issues are checked during health checkups?
10. Which medicines should normally be given to pregnant women by the health clinics?

Child Care giving practices

11. Right after the birth of the child, when should women start breast-feeding their child?
12. When do women start giving water to the child besides breast-feeding?
13. How long do you think children should be breastfed?
14. At what age should you start giving food other than breastmilk to your children?
15. What are the food item's that you avoid giving your child?

Make three groups of participants who can discuss their views of feeding practices for different age groups of children i) 0-12 months ii) 1-3 years iii) 3-6 yrs

The following questions should be asked to each group

16. What are the food children should eat per their different age group? What are the best types of food to give to children?
17. Are there any particular foods that children should not be given? Which foods?
18. How many times per day should children receive food (include snacks)?
19. Do you feel that there are problems in the community with children having enough food and healthy food? If yes, which problems?
20. Do the children in the community go to the anganwadi?
21. Are they given a meal at the anganwadi?
22. What are children given at the anganwadi? NA
23. Is the meal of good nutritional quality? NA
24. What could the community/ parents do to improve the quality of food given to children at the anganwadi? \_ NA
25. Which are the major illnesses of the children in the community?  
E.g. diarrhoea, vomiting - then what type of food do they provide to the children?
26. What type of programs in the community would help you to better care for your children?

**Additional Information:**

1. Issues discussed more than once in the meeting
2. Information on the participants who were silent during the meeting. (Missing voices)
3. The impression of the observers on the focus group meeting.



**Interviews with the 'missing voices'**

Name:

Area:

Age:

Livelihood:

Interviewer's name:

Group Number:

**Group: 4 General Group**

Date:

Name of community:

Time:

Team: (moderator), (supporting facilitator), (Note taker), (Note taker),

Note: This datasheet should be completed by the task force team during the debriefing session immediately after the focus group discussion. All the notes collected by the note takers should be compared with the additions of the impressions of the moderator and supporting facilitator.

**Guidelines to be adhered to while dealing with this group**

The intention of gathering a general group is to understand the food and nutrition security of the slum as a whole. These include the number of ration shops in the area, degree of poverty/hunger, diversity of population etc. Participants should be a composition of representatives of the community-comprised occupation wise, caste-wise, gender balance, female headed households, adult people, community leaders etc.

Introduce yourselves and objective of the group meeting. Explain food insecurity issues and vulnerability.

Aim: To study the food and nutrition security of the ordinary residents in the poor slum areas. Also to identify various factors that influence food availability, accessibility and utilisation. These include number of ration shops in the area, knowledge of hunger levels in the area, water availability, sanitation facilities, etc.

No.	Name of participant	Age	Livelihood	Number of dependents

A. Livelihood

- Generally, which are the main occupations of the community?
- How much they earn in their respective occupations? (Approximately)
- Which are the major castes of the people in the community?

B. Food and Nutrition Security Issues

- Is food insecurity a problem in the community? If so, how severe of a problem is it?
- If so, is it becoming more or less of a problem over time (compare with last 10-15 years)

C. Food purchasing patterns

- From where do the general community buy food grains? (Main market, ration shop, local vendors, street vendors etc)
- How do the majority of them buy food items? Why? (In bulk, daily basis, monthly basis etc)  
[Make groups if possible as per their purchasing patterns]
- What are the distinguishing characteristics of each group? (e.g. their type of livelihood, income, distance of the purchasing place, price etc)

Group#	Distinguishing Characteristics/ Description	Measures of Differences (type of livelihood, income, distance of the purchasing place, price.)?	Relative % in the community
Group 1 (bulk)			
Group 2 (daily)			
Group 3 (monthly)			
Group 4			

- Which household groups in the community are more vulnerable to food insecurity? and why?

C. Public and private transfers

- Do the majority of them have ration cards?
- Do the smaller children generally go to AWC's?
- Do the elder children go to schools?
- During food crisis what are their coping mechanisms? (e.g. credit, loans, help from relatives etc)

C. Health, Water and Sanitation

- Do they have primary health centre in their area?
- Which are the common diseases that generally community faces? Children? Elders?
- What is the main source of drinking water in the area? Is it easy to access drinking water? If no discuss in detail the problems faced.
- Is there any gutter line in the area? Is HH connected to gutter lines?
- Where do they dispose the household wastes?

- Does nagarpalika clean wastes from the respective areas?
- Other comments?

**Interviews with the 'missing voices'**

Name:

Area:

Age:

Livelihood:

Interviewer's name:

Group Number:

**TRAINING ON CONDUCTING FOCUS GROUP DISCUSSIONS**

Session	Topic	Speaker	Time
Session 1	Introduction Welcome and Introduction Revision of food and nutrition security		1 hour
Tea Break (15 minutes)			
Session 2	Data collection tool-FGD Introduction of Focus group discussions Discussion		1 hour 30 minutes
Break( 15 minutes)			
Session 2 (cont.)	How to conduct FGD Discussion		1 hour
Lunch Break(1 hour)			
Session 3	Discussing the major groups for FGD Pregnant and Lactating mothers Single Female-headed HH's Migrants		1 hour
Session 4	Presentation methods Tips for presenting results		30 minutes
Session 5	Concluding What did I learn today Remarks		1 hour

## TRANSLATED COPY OF FILLED DATA SHEET

Dt: 20/12/03

Slum Name: Aashapurinagari

Time: 3:30 p.m.

Team: Halimaben Khatri (moderator), Chandreshbhai Goer (supporting facilitator), Hansaben (Note taker), Jignaben (Note taker),

Note: This datasheet was filled after the focus group completed, during the debriefing session. All the notes collected by the note taker were compared and the information was filled in the data sheet with the inputs of all the team members who handled the focus meeting.

### Group: 3 Pregnant/Lactating Mothers and Mothers with Children of Age Groups 0-6 Years

#### Guidelines to be adhered to while dealing with this group

Malnourishment is a very common problem in poor slum areas. Pregnant and lactating mothers has to consume more food and nutritious food than during normal times but many times due to certain factors they are not able to do so. Thus, the focus group meeting has to be initiated by knowing the general views of the pregnant women, what she thinks about the child. First, we should asked about their opinions what things to be kept in mind during pregnancy and what type of future planning they have made for their children and then discuss the actual questions.

Further, specify our main goal of the focus group meeting. Based on above description explain them it is important to collect the following information since we are trying to find out various food insecurity issues faced by pregnant/lactating mothers and children of age group 0-6 years.

Part of the purpose of getting the group together is to hear their ideas for solutions to the issues raised.

Aim: To study the food habits of the pregnant/lactating mothers and care giving practices and food habits of children in age groups 0-6 in the poor slum areas. Also to identify various factors that prevents this group to consume enough and balanced diet and how it affects their health and growth factors.

No.	Name of participant	Age	Livelihood	Number of children
1	Purbai Babu jogi	30	Maid servant	4
2	Nanbai Babu Jogi	32	servant	6
3	Rajbai Mavji Jogi	40	Garbage collecting	7
4	Jivaben Mamu Koli	35	House wife	2
5	Rasila Popat (pregnant)	20	House wife	1
6	Manjula Manish Jogi (pregnant)	26	Casual labourer	5
7	Sonbai Premji Jogi	30	Housewife	2
8	Sejbai Hirji Jogi	31	Housewife	4
9	Manjulaben Bhikhalal	25	Housewife	4
10	Kankuben Hamir Koli	42	Selling firewood	6
11	Asibai Ali sheikh	40	Construction work	4
12	Babiben Mithu Paradhi (pregnant)	35	House wife	2

The following questions relate to food practices during pregnancy

1. Do you have enough food?
  - Two pregnant women said that they have enough food quantity wise but not quality wise. Some of food items that are costly in we don't have it
  - Our family income is very less and I have 5 children so, I have sometimes less food or my children will remain hungry
  - Some of the women having children said that many times we eat half stomach to fill the children's stomach (2 women)
2. What are the food items you all think pregnant women should eat? Do you face any difficulties in having these types of food?
  - All the women said that during pregnancy they should have food that is nutritious and gives energy. Some of the examples of food items given by them include: green vegetables, fruits, jaggary, ghee, milk, wheat, pulses etc.
  - Difficulties: all said: financial crisis, insufficient income, big family with more number of children. Some of the mothers also agreed on the fact since they were also not able to consume enough food when they were pregnant
3. Do you think that during pregnancy more food has to be consumed?
  - All said yes pregnant women should have more food than normal situation since they require it since the child is growing. One woman said: 'if more food goes in stomach then child will grow'
  - I don't feel like eating more because I have vomiting sensations so I avoid eating more (1 woman)
  - Majority of the women agree that they should have more food during pregnancy
4. What type of food do you have during pregnancy?
  - Majority of the women said: 2 times in a day Morning only tea: afternoon: bajri or wheat roti, vegetable, buttermilk: evening: khichdi Pulses are consumed 2-3 times a week. Muslims consume non-vegetarian food once in a week, not all those who can afford
  - They all said that vegetables are purchased that are cheap all consume onions and potatoes everyday but green vegetables only when it is cheap especially during winters they have everyday
  - No one report about consumption of fruits so when the moderator asked them about the consumption of food all said that they can't afford to spent on fruits. They spent major of their income on staple main food items like wheat, rice rather than non-cereal items

#### **Supplementary food**

5. Do you have government AWC's (child-care centre) in the area?  
No childcare center in Aashapurinagari.
6. Do you take supplementary food from AWC's?
  - Pregnant women are not aware about that they are also eligible to get food from the childcare centres, and there was no CC's in the area so they did not receive food
7. What other programs/ activities do you think would be helpful to improve diets of pregnant women?

- All the women first demanded for government childcare center in their area, this could improve access of supplementary food to pregnant women and even to their children. The women also discussed that slum women can take the responsibility of handling the CCCs of their area
- Women said that if livelihood opportunities are improved then there could be solution to all the major problems

#### **Health Services**

8. Do you all regularly check your weight gains during pregnancy?
  - All the women said no, they don't go for health checkups during pregnancy. Only when their health goes very bad they go to hospitals. The reasons:
  - Majority of them think there is no requirement of health check ups during pregnancy
  - The hospital is very far; they can't bear the traveling expenses to go hospitals
  - The women who go for working said that they go for work thus cant afford to spent time to go to hospitals, it will occupy their whole day and they will loose a days earning
9. What issues are checked during health checkups?
  - Not all women but few women were able to say that they check blood pressure and whether their weight increases regularly
  - Majority of them were not having knowledge about what issues are checked during pregnancy
10. Which medicines should normally be given to pregnant women by the health clinics?  
(None of the women were able to give the name of the tablets.) All said the medicines, tablets that gives energy and to increase blood in body during pregnancy. Sometimes they also take tablets for headache, stomachache and dizziness

The following questions related to breast-feeding practices.

#### **Child Care giving practices**

11. Right after the birth of the child, when should women start breast-feeding their child?
  - Start after 2-3 hours of the birth of child (3 women)
  - Start after 12 hours of the birth of child (6 women)

No one prefers to give first milk of the mother after the childbirth (colostrums) since they believe that it is not good for the health of the child
12. When do women start giving water to the child besides breast-feeding?
  - Majority of them said that after 3-4 hours of the childbirth they give water to them.
  - Only two women said that they give water to the child after 4 months
13. What do you all think, until what age of the children they should be breastfeed?
  - All of them said until 2 years of the age of the child should be breast-fed, but majority said that after a year or so women normally become pregnant again, thus on an average they feed their child for 11/2-2 years of the age
14. At what age do you start giving outside food to your children?
  - After 3 months of the child (9 women)
  - After 4 months of the child (3 women)

15. What are the food items that you avoid giving your child?

We give all the type of food to the children what we cook at home. To smaller children we smash and give them food. We normally prevent sour food items like oranges, lemon when the child is very small.

Make three groups of participants who can discuss their views of feeding practices for different age groups of children i) 0-12 months ii) 1-3 years iii) 3-6 yrs

The following questions should be asked to each group

What are the food children should eat per their different age group? What are the best types of food to give to children?

Categorize into:

- To small children of age 3-6 months they give biscuits and milk. After six months they give all the food items that is cooked at home for other family members. Till 1 year of age they smash and give food items like rice, pulses, wheat porridge etc.
- After 1 year of the child they give all family food items like wheat, rice, pulses twice a week, vegetables but only 3-4 times a week. The mothers said that whenever the child cries they give them food. None of them have complete knowledge about what type of food should be given at what age. We give food to the children and they eat, mothers didn't discuss anything about to increase the quantity of food as per the age of the child
- We don't have much time to look after each child personally after an age of 11/2-2 years they eat themselves. We don't sit and make them or encourage them to eat if they don't want to

(In the regular diet of the children items like pulses like- Moong, Chana, Rajma, vegetables. There was no consumption of Sugar, Jaggery. Ghee, Butter, fruits since these items are costly and they can't afford to buy them.)

16. Are there any particular foods that children should not be given? Which foods?

- We give all the types of food to children cooked at home. It should not be very spicy and sour items

17. How many times per day should children receive food (include snacks)?

- Children should be given food 2-3 times a day. We were not able to get any answers based on the age of the child, later they said that for smaller children we give them food when they cry and elder children eat with the family members. Majority of them said that for elder children we give them 2-3 rupees per day, they go to the market and buy street foods

18. Do you feel that there are problems in the community with children having enough food and healthy food? If yes, which problems?

All the women said that their children can't get healthy food; in their regular diet they are not able to provide them some nutritious food like pulses, vegetable and fruits. Since they can't afford to buy these items are costly for them to purchase everyday.

The main reason was that they couldn't afford to buy these items since they are costly and their income level is very low to meet these needs.

19. Do the children in the community go to the anganwadi?

- There is no childcares centre in Aashapurinanagari, so the children in this area doesn't go to aaganwadi

20. Are they given a meal at the anganwadi?
- Not applicable (NA)
21. What are children given at the anganwadi? NA
22. Is the meal of good nutritional quality? NA
23. What could the community/ parents do to improve the quality of food given to children at the anganwadi? \_ NA
24. Which are the major illnesses of the children in the community?  
E.g. diarrhoea, vomiting - then what type of food do they provide to the children?  
The common illness among children included fever, cold, vomiting, worms in stomach, diarrhea and many of the children have skin diseases. During these times they provide food which is easy to digest for the children like rice, khichdi etc.
25. What type of programs in the community would help you to better care for your children?
- All the women demanded for the childcare center in their own area so that it is close for them. The mothers said that if government or any organizations start a centre in the community then women from Aashapurinagari could take the responsibility of operating the centre
  - They also said that since the hospitals are very far their areas they can't afford to go to hospitals when children are ill, so also demanded for health centres accessible to them

**Additional Information:**

1. Issues discussed more than once in the meeting
  - There is no childcare centre in the area so children and pregnant women are not able to receive the supplementary food. Thus all demanded for childcare centre in the area
  - There is no health centre thus pregnant women doesn't go for health checkups and they also do the delivery of pregnant women at home which turns dangerous many times
  - Mothers don't feed the child as per the age, unaware about the type and frequency of feeding the child as per their age
2. Information on the participants who were silent during the meeting. (Missing voices)
  - There was only one lady who didn't participate in more actively in the discussion since she was very shy
3. The impression of the observers on the focus group meeting.  
The team's comments on the discussed topics:  
The discussion revealed that mothers of children do not have complete knowledge about what type of food is to be given as per the age of the child, at the same time the mothers do not have complete knowledge about the quantity of food to be given as per the age of the child. Mainly mothers do not give more attention to what and how much the child is eating, since they seem busy either because they go for work or in HH activities. It was observed that normally for children of age 2-6 years they give food to the child and then don't know whether the child has eaten the food or wasted it.



The children of the area were physically very thin and weak with wrinkled skin. The growth of the children was also less for maximum number of observed children; they seemed smaller than their age.

### AGENDA FOR CITY LEVEL CONSULTATION

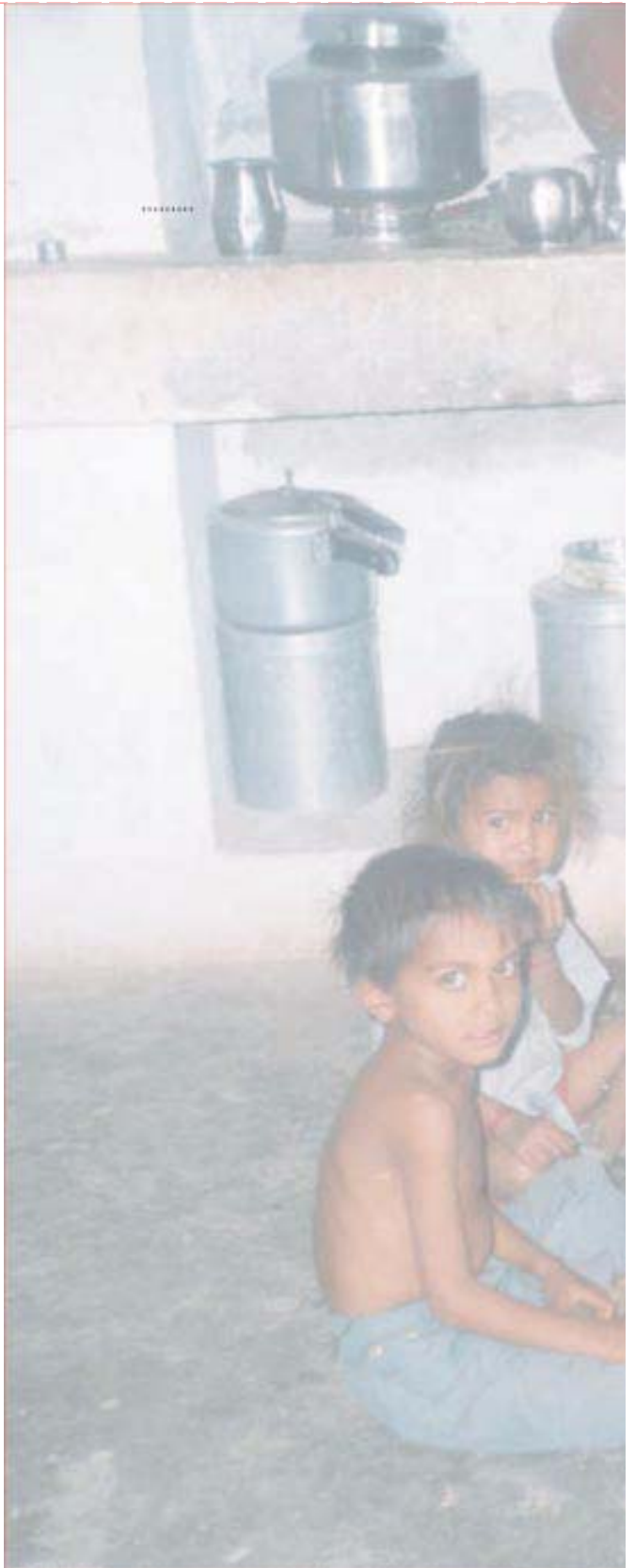
Day 1			
Registration at 10:00 am			
Session No.	Subject	Speakers	Time
Session 1	Inaugural Session		10:30 to 11:30 am
	Chief Guest:		
	Welcome Address		
	Explanation of the process		
	Inaugural Address		
	Vote of Thanks		
Tea Break (11:30 am-11: 45 am)			
Session 2...	Presentations		11:45 to 12:45 pm
	Chair:		
	General Group		
...Session 2	Migrants		12:50 to 1:50 pm
	Presentations		
	Chair:		
	Pregnant/Lactating Women		
	Food and Nutrition Security of Single women		
Lunch 1:50 to 2:30			
Session 4	Discussion forum		2:30 to 4:00 pm
	Chair:		
	Listing of discussion points		
	Finalisation of recommendations		
Session 5	Evening Session with slum dwellers		7:00 to 8:00 pm
	Group	Venue	
	Migrants and General Group	(name of community)	
	Pregnant women and Single women	(name of community)	
Day 2			
	Chair: Analysing the community's response to suggestions in each group		

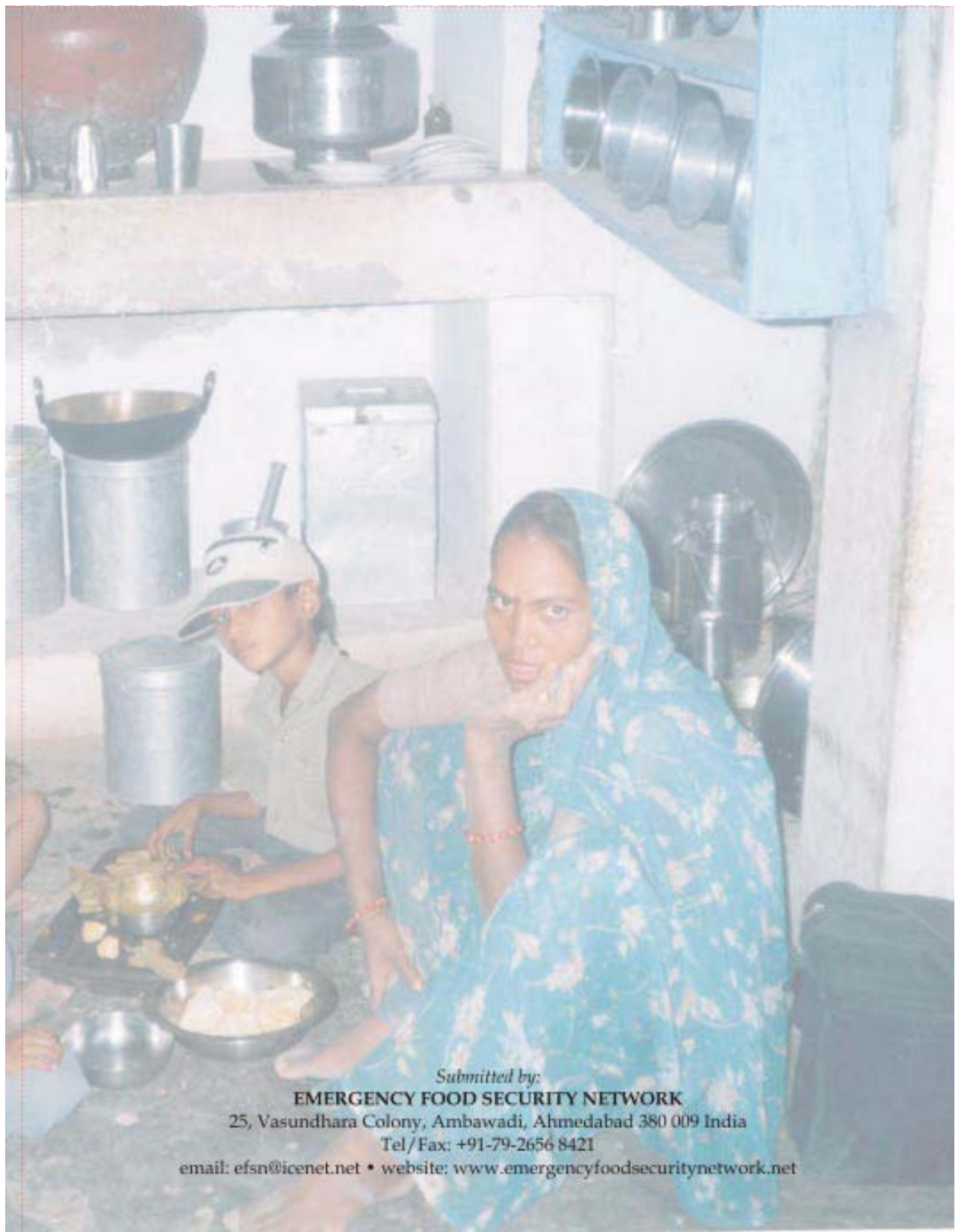
Though India has the widest range and most valuable depth of experience in mitigation disaster risks, the lessons are seldom available from one community or one organisation to another, from one relief effort to the next or one disaster to another. The Experience Learning Series, published in Hindi, Gujarati and English, values grassroot experience and tries to capture it for practice, policy and research purposes.

1. The June 1998 Cyclone and the Government of Gujarat:  
*A Report Card by Corporate Gujarat (In Gujarati)*  
Disaster Mitigation Institute
2. Awareness Generation for Disaster Preparedness *(In Gujarati)*  
Disaster Mitigation Institute with IGNOU and Duryog Nivaran
3. Minimum Standards in Disaster Response: *The Sphere Project (In Gujarati)*  
Disaster Mitigation Institute with Oxfam (India) Trust and Indian Red Cross Society, Gujarat
4. Relief from Malaria Epidemic: *Vulnerable Community Perspectives (In Gujarati)*  
Disaster Mitigation Institute
5. Four Stages After Disaster: *Essential Relief Supply at the time of Disaster (In Gujarati)*  
Disaster Mitigation Institute with Western India Forum for Panchayati Raj
6. Agenda for Drought Relief 2001:  
*Community Based Action Review of Drought Relief 2000 in Gujarat (In English)*  
Disaster Mitigation Institute
7. Agenda for Drought Relief 2001:  
*Community Based Action Review of Drought Relief 2002 in Gujarat (In Gujarati)*  
Disaster Mitigation Institute
8. Agenda for Drought Relief 2001:  
*Community Based Action Review of Drought Relief 2002 in Gujarat (In Hindi)*  
Disaster Mitigation Institute
9. Community Based Disaster Mitigation:  
*Based on the Experiences of Involving Local Communities in Disaster Mitigation (In Gujarati)*  
Disaster Mitigation Institute with United Nations Development Programme
10. Importance of Women's Role in Disaster Mitigation:  
*Based on the Experiences of Involving Women in Disaster Mitigation (In Gujarati)*  
Disaster Mitigation Institute with United Nations Development Programme
11. Drought? Try Capturing The Rain *(In Gujarati)*  
Disaster Mitigation Institute with Centre for Science and Environment
12. Rebuilding Houses and Hope:  
*Most commonly asked questions on rehabilitation packages of Government of Gujarat and their (In Gujarati)*  
Disaster Mitigation Institute with United Nations Development Programme
13. Tools for Hazard and Capacity Assessment:  
*Experienced-Based Easy Explanations on How to Prepare Against Disasters by Using Hazard and Capacity Assessment Tools (In Gujarati)*  
Disaster Mitigation Institute with United Nations Development Programme
14. Livelihood Security and Vulnerability Reduction:  
*South Asian Experiences of Duryog Nivaran (In Gujarati)*  
Disaster Mitigation Institute with I.T.D.G. South Asia

15. Victims' Voices:  
*An effort to know comprehensive opinions of affected communities on the relief activities after the 2001 earthquake (In Gujarati)*  
Disaster Mitigation Institute
16. Small Towns, Big Disasters:  
*An effort to know coping capacity of Nagarpalika by preparing a report card by the residents of earthquake affected Nagarpalikas of Gujarat (In Gujarati)*  
Disaster Mitigation Institute with Urban Planning Partnerships
17. School Preparedness against Disasters:  
*Combining the teachers educational and earthquake related experiences to develop understanding of disaster mitigation (In Gujarati)*  
Disaster Mitigation Institute with Japan International Centre for the Rights of the Child (JICRC)
18. Disaster and Vulnerability:  
*SEWA's Response to the Earthquake in Gujarat (In English)*  
Disaster Mitigation Institute with Self Employed Women's Association (SEWA)
19. Institutionalising Mitigation :  
*Disaster Mitigation Institute's Annual Report: April 2001–March 2002 (In English)*  
Disaster Mitigation Institute
20. Urban Development and Disaster Mitigation: *DMI's Bhuj Reconstruction Project (In English)*  
Disaster Mitigation Institute
21. Two years after the Earthquake:  
*Comprehensive assessment of the rescue, relief and rehabilitation activities after the 2001 earthquake and lessons for long term preparedness*  
Disaster Mitigation Institute
22. Impact of the Earthquake on the Children :  
*The current situation of earthquake affected children, in their own words (In Gujarati)*  
Disaster Mitigation Institute with Japan International Centre for the Rights of the Child (JICRC)
23. Planning Guidelines for Schools:  
*Planning guidelines for safer schools and education against disaster, on the basis of January, 2001 earthquake (In Gujarati)*  
Disaster Mitigation Institute with Japan International Centre for the Rights of the Child (JICRC)
24. After the Earthquake:  
*Comprehensive assessment of the rescue, relief and rehabilitation activities after the 2001 earthquake and lessons for long term preparedness (In Hindi)*  
Disaster Mitigation Institute
25. Action Learning for Disaster Risk Mitigation: *Annual Report (2002-03) (In English)*  
Disaster Mitigation Institute
26. Where are Safe Cities? Experiences of Risk Mitigation *(In Gujarati)*  
Disaster Mitigation Institute with Care (India)
26. Learning at Disaster Mitigation Institute *(In English)*  
Disaster Mitigation Institute







*Submitted by:*

**EMERGENCY FOOD SECURITY NETWORK**

25, Vasundhara Colony, Ambawadi, Ahmedabad 380 009 India

Tel/Fax: +91-79-2656 8421

email: [efsn@icenet.net](mailto:efsn@icenet.net) • website: [www.emergencyfoodsecuritynetwork.net](http://www.emergencyfoodsecuritynetwork.net)