4.2 WAG..CHELSEA DATA ANALYSIS

These are the following service components for data analysis-

- Age & Gender
- A/AB message
- LSE(life skills education)
- HIV referrals
- STI referrals
- Psychosocial support
- Vocational support
- NFE (non-formal education)
- Nutrition
- Health care services
- Recreational support
- Received OI
- Referred for ART
- Palliative care

4.2.1. Age and Gender profile:-

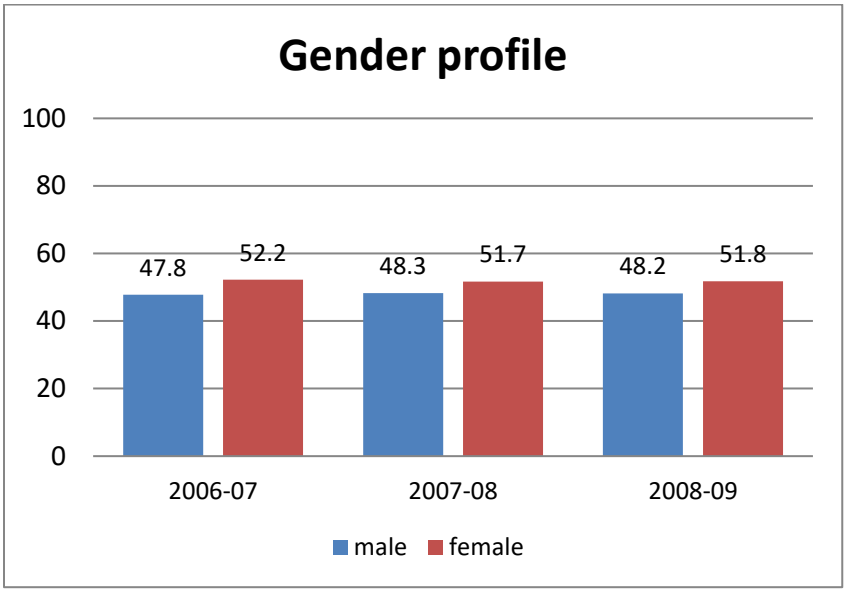


Figure 1

The age and gender profile of the population covered by Wag Chelsea in urban slums in delhi is shown here in the chart for the all three years. Maximum population is migrants or labour class or truck drivers who are living in slums. Here there is a big diversity in the age. All age group population is covered under the programme. For the year 06-07 age and gender description is shown here in the table. As per the table age group less than 10 to more than 24 is covered in this year. Maximum contributor age is less than 18 which is 57.5% of total population. Female (52.2%) are quite higher in numbers as compare to men (47.8%). Total number of population for the years is 650,869 & 1019 for the respective years.

But in the year 07-08 this age ranging from 1 to 74. Here again female (51.7%) is quite high in numbers comparing to men (48.3%). Mean age is 19.57; dispersion from its mean is 13.37.
Age group range varies from 1 to 74 years. Both male and female ratio is almost 50-50 between male and female numbers. Female (51.8) numbers are a bit higher than male (48.2%) might be due to female priority. The mean age is 19, age group dispersion from its mean is(+-) 14.59. Major contributing age group is below 18 which is 54.9% while second major age group is 25-44 which is contributing 33.66% of total covered population. Total covered population is also increasing year by year which is also a appreciating thing for Wag..Chelsea.;

4.2.2. LSE SESSIONS:-

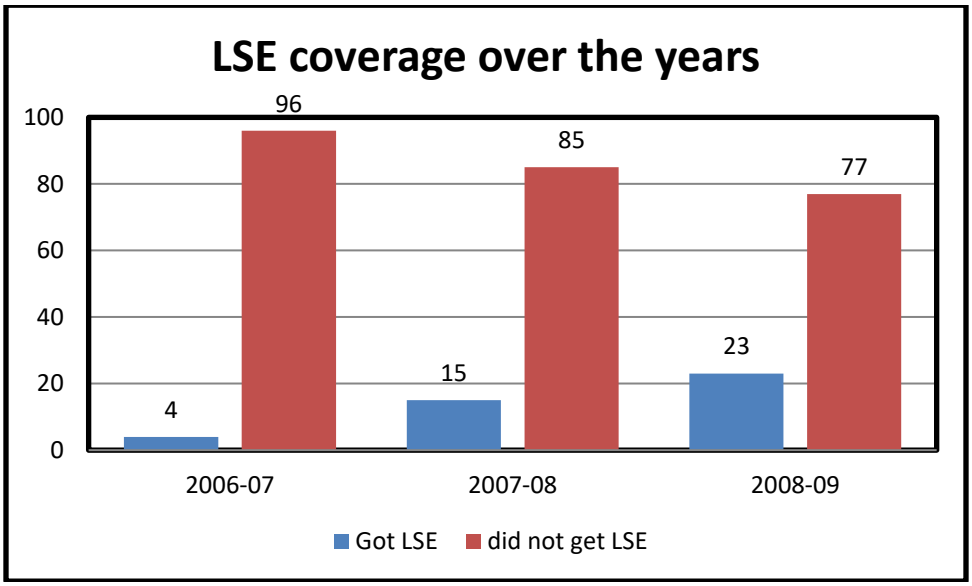


Figure 2

Year	Children got LSE	Children did not get LSE	Total
2006-07	7	168	175
2007-08	39	223	262
2008-09	49	160	209

Table 1:- LSE frequency over the years

Life skills education aims to develop the ability of an individual to deal with the variety of situations that life throws up. Such education helps in the overall development of children, including physical, mental and social well-being, building greater self-confidence in life.

The modules that we follow are developed jointly by Family Health International and HIV/AIDS Alliance, and include subjects like: knowing myself, communication, relationships, decision making, coping with emotions, growing up, preventing and living with HIV, substance abuse & reaching one's goals. These modules are facilitated through discussions, stories, drama, puppets and role play, songs and poems, indoor and outdoor games and question box. The modules have been modified to suit the needs of street children. After Conducting life skills sessions, it can now emphatically state that they have had a huge positive impact, which is tangible in increased self-awareness, less risky behavior, greater ability to deal with peer pressure, and a greater commitment to their future and their careers.

As per the analysis of results yield from table regarding LSE sessions attainment for the all three year (06-07,07-08,08-09) indicate that majority of population has not gone through LSE sessions. Only 4%,15% and 23% (7,39 & 49 children)children have gone through Lse sessions for the three consecutive years. For years 2006-07,2007-2008 and 2008-2009 respectively eligible children for

LSE were 175, 262 & 209 respectively; whereas percentage of children who were covered in LSE sessions were very less compare to eligible children.

But in the data being enumerated, comparatively LSE session has been increasing over the years. This is quite appreciating thing for Wag.chelsea. It means they are being more efficient to get involved population in the LSE sessions over the past three years. But as compare to eligible population percentage its very less. So the reasons may be further investigated for further improvement in the functioning of the NGO as well for better service delivery to the slums population. Programme guidance also varied for initially years that is also a reason for less numbers.

***(Eligible children means children 9-17years of age)**

4.2.3. AB message

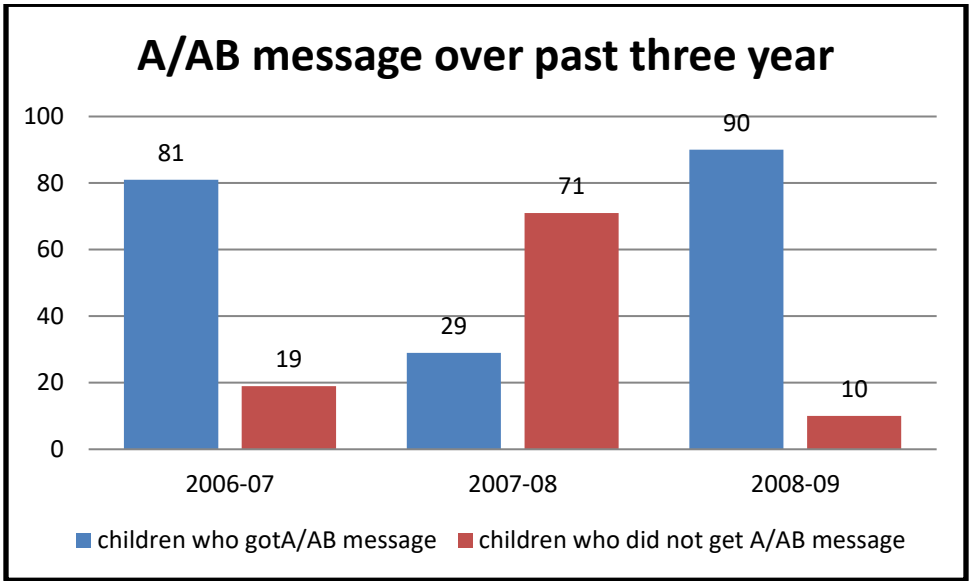


Figure 3

Year	Children got A/AB message	Children did not get A/AB message	Total
2006-07	138	33	171
2007-08	64	158	222
2008-09	150	16	166

Table 2:- A/AB message frequency over the years.

It had been known that individuals could take action to either reduce or avoid altogether the risk of becoming infected with HIV through sexual transmission. The risk could be avoided altogether by avoiding any sexual activities that could cause transmission of HIV (i.e. Abstain).The risk could also

be reduced, through avoiding sexual intercourse other than with a mutually faithful uninfected partner (i.e. Be faithful).

As this population covers all age group in which around 60% are below age 18 years. This population requires A/AB message to avoid risk of hiv/aids. As per the data analysis indicate the number of covered population which have gone through A/AB message. For the all three consecutive years as 2006-07, 2007-08 and 2008-09 total 138,64 & 150 children were covered. So data reveals that majority of population have not been given A/AB message for the year 2007-08. Over the years the frequency of giving AB message is decreasing if compare 06-07(138 children against 171 eligible children) to year 07-08 (64 children against 222 eligible children). That is drastically degradation in numbers. Although it has been increased in year 2008-09 (150 children against 166 eligible children)

So the frequency of A/AB message given to children against eligible children is less. So this could be increased by putting more efforts in this particular segment.

*Eligibility is 10-17

4.2.4. STI & HIV:-

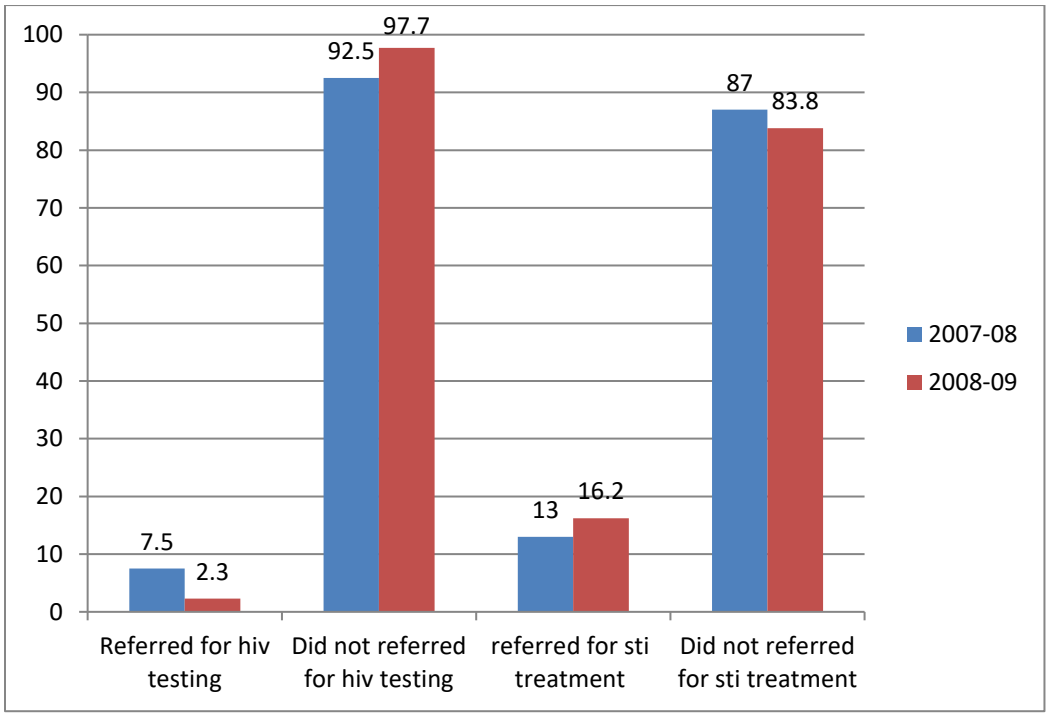


Figure 4

As per the data shown here in the chart over the years frequency of referring for HIV testing is quite decreased from 7.5% to 2.3%. But the figure for STI referring is quite increased over the past two years from 13% to 16.2%.

Age distribution for HIV shows that maximum number of cases are pisperce age group belo18(15) and age group 25-45(44) out of total 65 cases in the year 2007-08. While this has been decreased in the next year 2008-09 with below 18 (12 cases) and 25-45 (8 cases).So we can say that HIV prevalence is quite high in urban slums in these two age groups. But it has also decreased in the same age group may be due to impact of A/AB message or LSE sessions which has also increased in the same year.
But in case of STI treatment figure has increased over the past two years from 2.3% (07-08) to 16.2 %(08-09). In the age group below 18 (14) is constant in terms of cases over the past two years. But age group 25-45 shows drastically growth in number of cases in year 2008-09(117 cases) compare to year 2007-08 (69 cases).

So this may be area of serious concern or challenging area to improve for the Ngo. Because it shows quite high prevalence of STI in urban slums. There might be several reasons behind this but it should be focus area to improve for coming years.

4.2.5. PSYCOSOCIAL SUPPORT:-

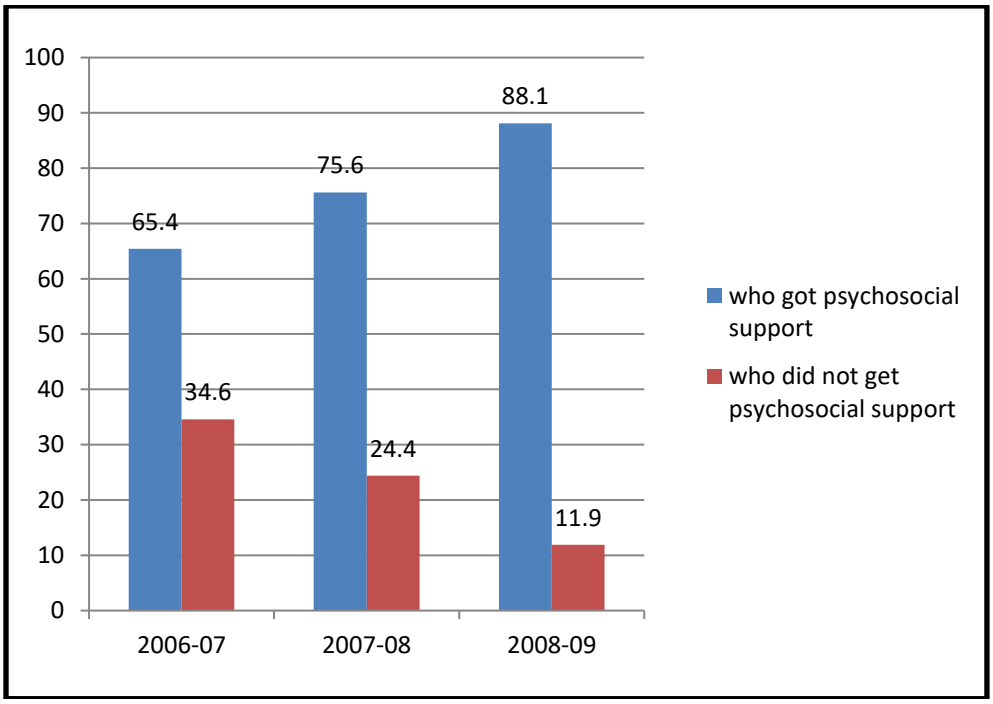


Figure 5

Psychosocial support is provided as per the need of individual. If the counselor seeks the need of psychosocial support then provided to that individual. Psychosocial support data analysis reveals that over the past three years frequency of giving psychosocial support is increasing. As per the chart 65.4%, 75.6% & 88.1% got psychosocial support for the three consecutive years. So we can say that urban slums population need this service more frequently compare to others , there might be some reason like it may be helping them to reduce their social stigma or other mentally problems. This could be impact of this service that covered population is also increasing year by year.

4.2.6. Vocational Support:-

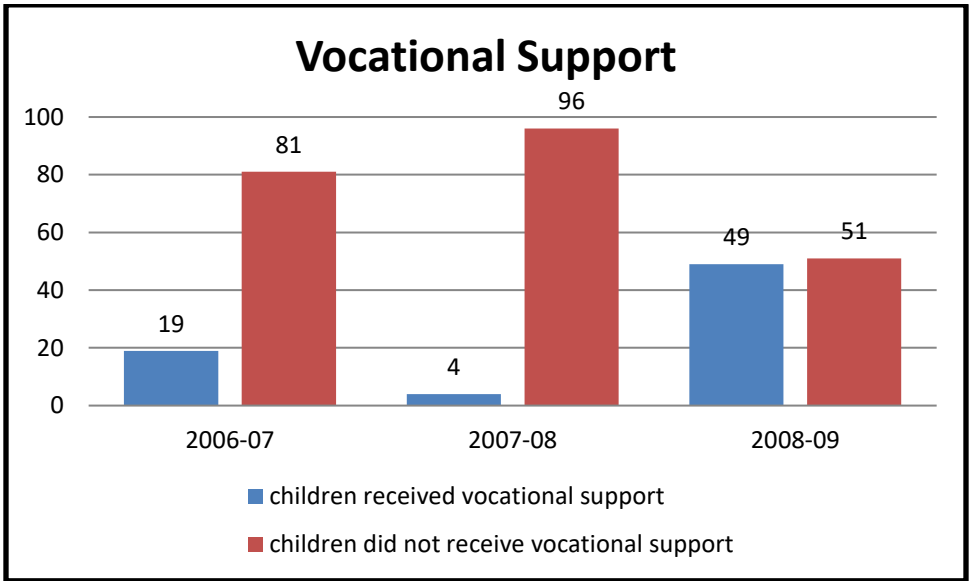


Figure 6

Year	Children who received vocational support (%)	Children who did not received vocational support (%)
2006-07	19	81
2007-08	4	96
2008-09	49	51

Data analysis indicate that majority of population is not indulge in vocational courses. Just 22, 4 & 31 children have been given vocational support. While eligible children were 96,97 & 63 for the three respective years. So number of participants who participated in vocational courses have been reduced from 2006-07 to 2007-08 drastically. This has also increased for the next year but that year eligible children also has been reduced. This shows lack of motivation among eligible children for vocational courses. Although there may be some other reason for the lack of motivation but more number could be involved in vocational courses by putting more efforts to make them motivate.

*(eligible population means age group 14-17 age group

4.2.7. NON FORMAL EDUCATION:-

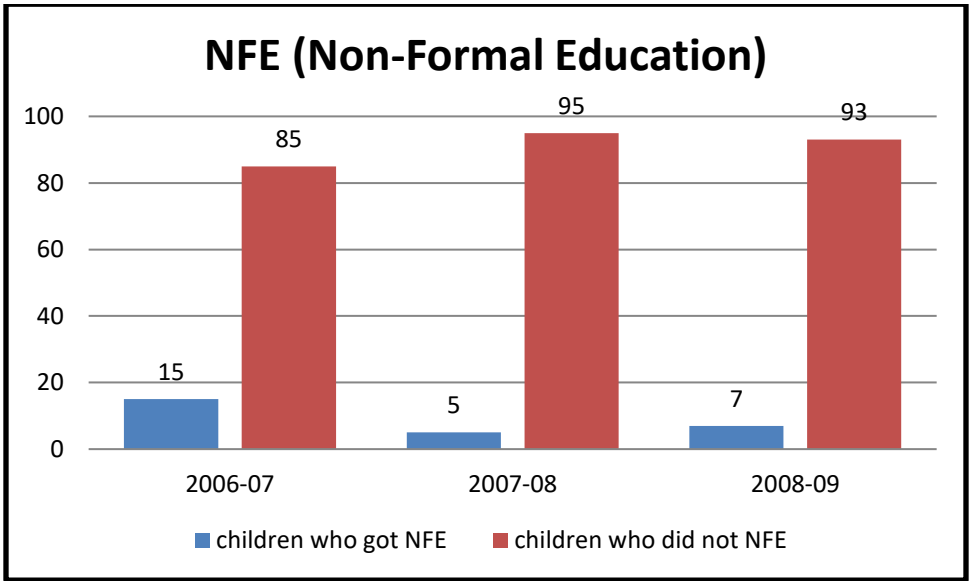


Figure 7

Year	Children who got NFE	Children who did not get NFE	Total Eligible children
2006-07	49	278	327
2007-08	21	394	415
2008-09	35	461	496

Table 3:- NFE frequency over the years.

Analysis of the information regarding the Non-Formal education, indicate that majority of the children were not engaged in NFE related activities. No of children who were eligible for NFE for the year 2006-07, 2007-08 & 2008-09 is 327,415 & 496 for the consecutive years. No of female children enrollment for NFE is quite high over the past three years compare to male children as shown .But frequency of children who got enrolled is very less just 49, 21 & 35% for the respective years.
This shows gradually reduction in number of participants in NFE activities over the years. This could be reason of extra concern for ngo. Although this may be due to lack of awareness among population or may be other children are getting education from other sources.

***(Eligible children means below age 15)**

4.2.8. NUTRITION SUPPORT

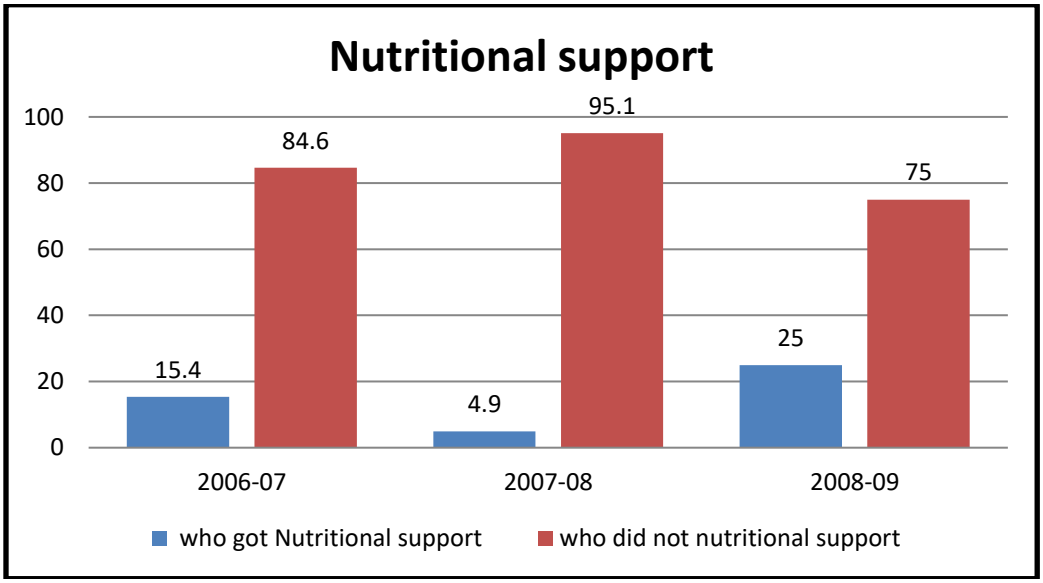


Figure 8

Over the past three nutritional supports has been given a defined population as may be due to shortage of funds or due to some eligibility criteria. As shown in chart percentage population who were getting nutritional support has been decreased drastically from year 2006-07(15.4%) to year 2007-08(4.9%) but also increased in the next year 2008-09 (25%). This gap may due to some specific reasons like eligible population

4.2.9. Health care facility

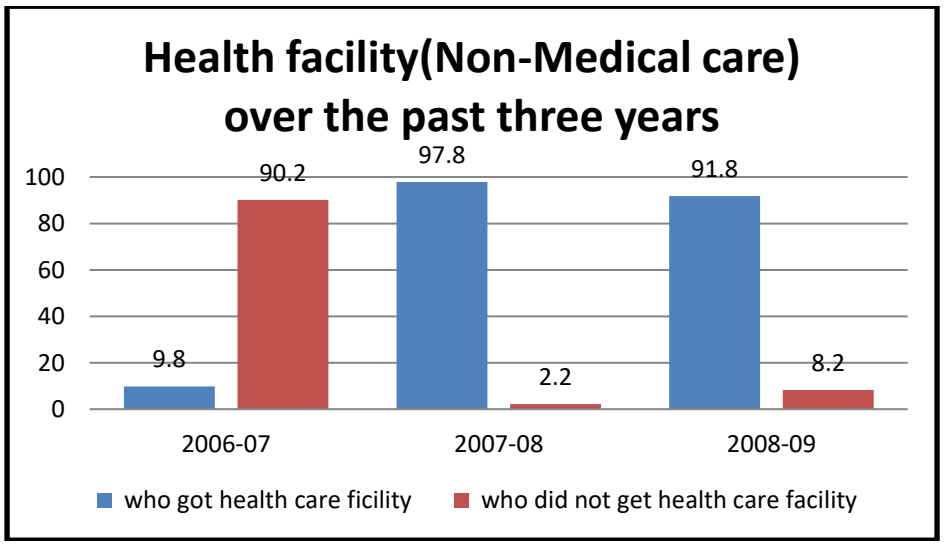


Figure 9

Health care facility is provided as per the need of individual. In year 2006-07 major population has not been covered. But next consecutive two years majority is covered under health care facility as shown in the chart.

4.3.10. Recreational support:-

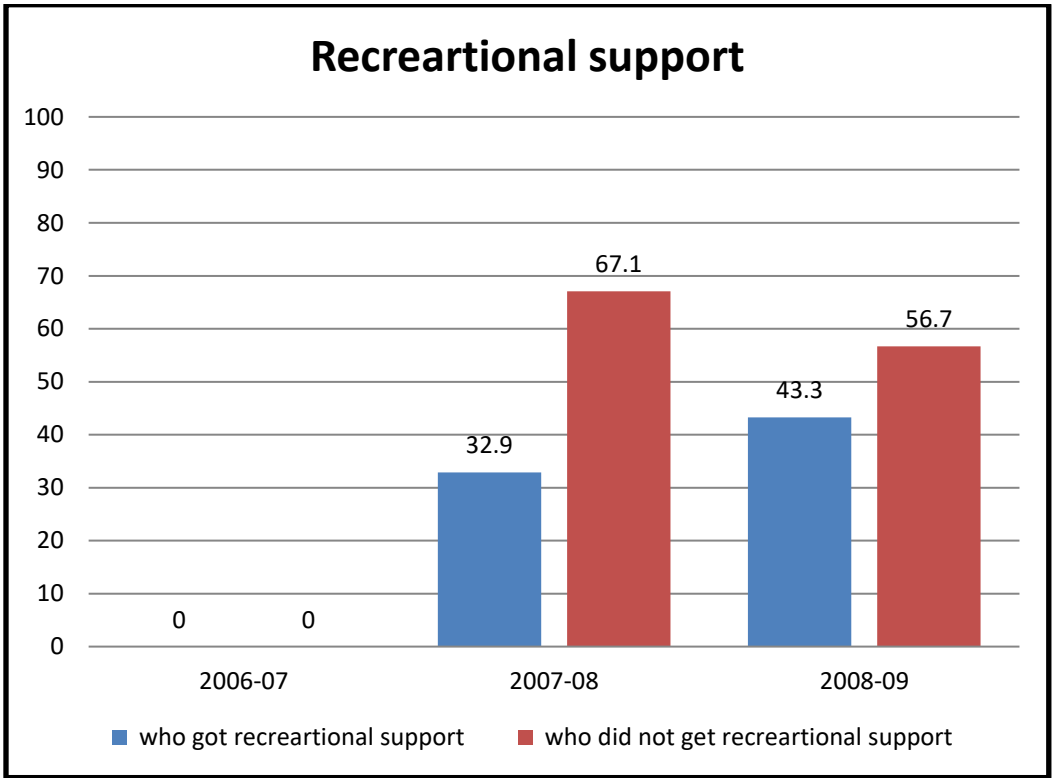


Figure 10

Recreational support is provided to children at the centre of ngo. In the first year(2006-07) Recreational support is not provided but in coming next years 32.9 % and 43.3% children were covered for the consecutive years.

4.3.11. Received OI:-

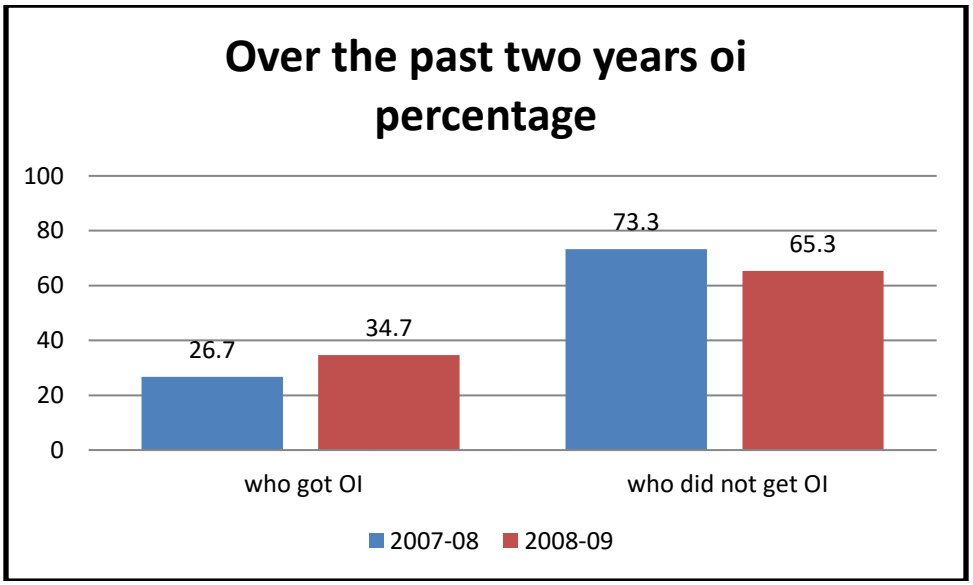


Figure 11 OI trends over the years (referrals for the hospital for treatment)

Analysis of data reveals that this percentage of OI is mostly including hospital cases, which took place during hospitalization. OI is a major issue which is increasing year by year as in year 2007-08, 26.7% population got OI while in 2008-09 34.7%got OI. Maximum cases were took place in hospital so reason may be many but he reasons may be further investigated for further improvement in the functioning of the NGO as well for better service delivery to the slums population

4.3.12. ART REFERRELS:-

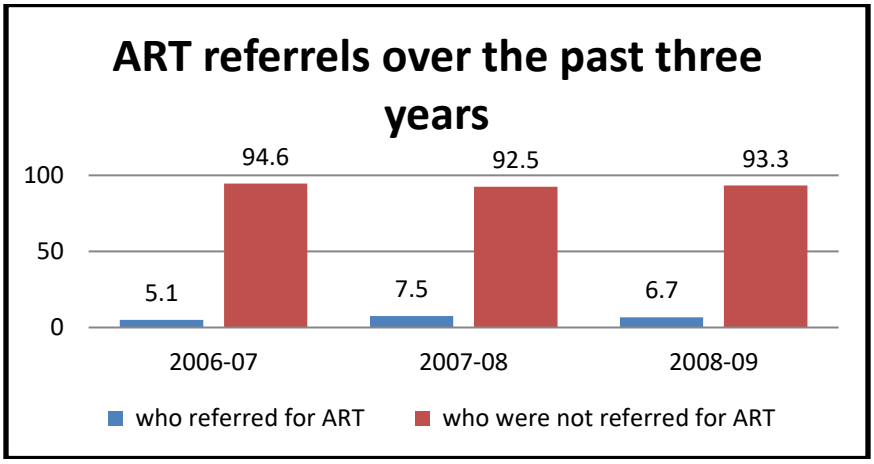


Figure 12

		who referred for ART			
		2006-07	2007-08	2008-09	Total
age of the population	<10	5	20	18	43
	10-14	4	9	1	14
	15-17	3	7	1	11
	18-24	7	4	12	23
	>24	14	25	36	75
Total		33	65	68	166

Table 3

There is the percentage of population who were referred for ART. This figure is fluctuating over the past three years from 5.2% to 6.7%. over the past years data indicate that percentage is increasing for art referrals. Maximum patients dispersion is in 25 or above 25 age group. Almost 50 % cases are from this age group, because this is the most sexually active age group. Although these patients dispersing in all age group but in 24+ and >10 is high prevalence age group as shown in the table.

4.3.13. Palliative care

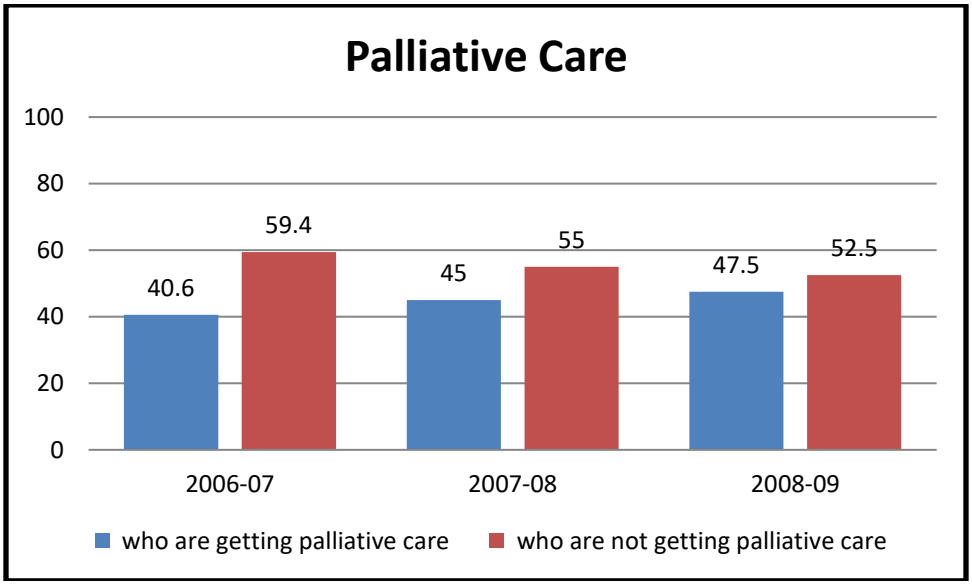


Figure 13

Palliative care is given for the hiv affected or infected family. Variety of services is given under this service as nutrition, medical care etc. As per the data analyzed for palliative care indicate the increasing percentage over the past three years. There might be several reasons as OI also increasing over the years that also leads to palliative care.