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Assessing Livelihood Gaps and Intervention Priorities in an Urban Informal Settlement: A Participatory Gap Analysis Study of Ekta Village, Delhi, India

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Abstract- Background: The swiftly growing cities of India have not shown an even growth. Lying between commercial corridors and institutional campuses, there lies an informal settlement area named Ekta Village in Pitampura, a part of North- West Delhi which attract migrant labour workforce but receives very limited attention from public support systems. There are overlapping vulnerabilities in these settlements which includes broken sanitation chains, irregular income, women devoid of skilled pathways and communities that have limited knowledge of the welfare programes available to them. Though there are NGO but they are operating with limited budget and short intervention windows , deciding where to start is not a minor problem. A structured gap analysis can bring prolific results to resolve this issue. Methods: A cross-sectional survey was conducted over a time period of 4 consecutive days amongst 25 houses of Ekta Village (each house has an average of 5 people), Data was collected through direct field observation and face-to-face structured interviews. Three dimensions namely severity, feasibility for NGO-led resolution within 60 days, and likely community were taken to be rated on likert 5 point rating scale to identify each problem and result in composite Problem Prioritisation Matrix scores (maximum 15). Three analysis - Root cause analysis, SWOT analysis, and SDG mapping were applied in sequence. Results: The analysis of household data resulted in identification of five important problems- inadequate sanitations (72% of households), unemployment (60%), a decrease in women's vocational skills (52%), limited healthcare awareness (44%), and weak educational support (36%). The problem prioritization Matrix revealed Women Skill Development (14/15) receiving the highest concern on the basis of secerity, feasibility and impact whereas educational support(10/15) is least priority area. Conclusions: A 60-day Women Skill Development and Livelihood programme is proposed with budget of ₹11,000 which will focus on community awareness sessions, vocational workshops, government scheme registration support, and the seeding of at least one Self-Help Group. The design closely maps to Sustainable Development Goals of 1, 5, 8, and 10. The methodology of this study could be replicated for community-level NGO scoping in peri-urban Delhi and comparable contexts.

Keywords- Sustainable development goals, women skill development, gap analysis, urban informal settlement, livelihood

I. Introduction

Stand at the western edge of Pitampura in North-West Delhi and you will see two cities occupying the same geography. One announces itself in glass-fronted institutions,

apartment towers, and retail strips. The other — quieter, denser, harder to see unless you are looking — is Ekta Village: a settlement built largely from daily wages, domestic labour, and whatever informal commerce the surrounding neighbourhood will absorb. Its residents are not marginal to Delhi's economy; they are its domestic workers, its construction hands, its street vendors. But the formal systems meant to serve them — sanitation networks, skill-development pipelines, healthcare outreach — have not caught up [1].

This is a familiar story across Indian cities. Urbanisation has moved faster than planning, and the settlements that house the urban poor have accumulated intersecting deficits that no single agency has felt fully responsible for addressing [2]. Into that gap, NGOs have stepped — sometimes effectively, sometimes not. The difference between effective and ineffective NGO work in these settings often comes down to something deceptively simple: whether the organisation began with a disciplined understanding of what the community actually needs, what can realistically be changed within available resources, and what the highest-leverage entry point is [3].

Gap analysis — mapping the distance between how things are and how they ought to be, then scoring that distance against what is actionable — provides exactly that kind of discipline [4]. This study applies it. Conducted as part of a structured internship placement with Seva Satkar Foundation, the fieldwork spanned four days in Ekta Village and sought to generate an honest, community-grounded evidence base for a targeted intervention. What follows documents: a household survey of prevalent problems; a problem prioritisation exercise; formal gap and root cause analyses; a SWOT assessment; SDG alignment; and a proposed programme with costed activities and an implementation timeline.

II. Theoretical Background and Literature Context

Community Needs Assessment and Gap Analysis

Needs assessment has been part of the social work and public health toolkit for several decades — the core idea being that you cannot responsibly design an intervention without first understanding the gap between what exists and what communities require [5]. Gap analysis sharpens this by making the comparison explicit and structured: current state versus desired state, domain by domain, with some mechanism for weighting which gaps matter most when resources are finite [6]. In India's urban informal settlements specifically, practitioners have long adapted participatory rural appraisal (PRA) and rapid rural appraisal (RRA) methods to these contexts — tools that emphasise community voice alongside researcher observation [7].

Women, Livelihoods, and Urban Poverty

Gender-disaggregated studies of informal settlement poverty return a remarkably consistent finding: women carry a disproportionate share of the structural disadvantage. Restricted mobility, social norms that treat formal employment as incompatible with domestic roles, and near-complete exclusion from organised skill-development programmes combine to keep women economically inactive even when they want otherwise [8]. The evidence on Self-Help Group (SHG) models is comparably consistent: micro-group skill training, done well, produces measurable improvements

not just in household income but in women's decision-making agency and wider community social capital [9]. Crucially, the research also shows that short, locally-embedded programmes — rather than residential courses that pull women away from caregiving responsibilities — achieve higher completion and uptake rates in these communities [10].

Sanitation and Informal Settlements

Sanitation deficits in Indian informal urban settlements are well-documented, and their consequences — elevated diarrhoeal disease, child malnutrition, lost working days — are real and severe [11]. But fixing sanitation is expensive. It requires civil infrastructure, sustained government coordination, and capital that no short-cycle NGO programme can independently mobilise [12]. This creates a genuine tension for any problem-prioritisation exercise: the most prevalent and harmful issue is often, simultaneously, the least tractable one for an NGO working within a 60-day window. The value of a structured prioritisation matrix is precisely that it surfaces this tension explicitly rather than allowing prevalence data alone to drive programming decisions.

III. Methodology

Study Area

Ekta Village sits within Pitampura, coordinates approximately 28.72°N, 77.14°E, hemmed in by arterial roads on its outer edges and adjacent to the campus of the Vivekananda Institute of Professional Studies. Its residents are predominantly migrants from Uttar Pradesh, Bihar, and Rajasthan who have settled into informal employment in the surrounding neighbourhood. Residential tenure is largely informal as well, which complicates any engagement with official service delivery channels.

Study Design

A cross-sectional descriptive design was used, integrating quantitative household survey data with qualitative observations gathered during field visits. The choice of cross-sectional design was practical — fieldwork was bounded to four days — but also appropriate for the goal, which was to generate a snapshot of community conditions sufficient to prioritise and design a short-cycle NGO intervention, not to track change over time.

Sampling and Data Collection

Twenty-five households were recruited through convenience sampling — those accessible and willing to participate within the field window. Each household was visited in person. The structured questionnaire, comprising fifteen items, covered: household composition and monthly income; educational attainment and occupational status of adult members; access to water, sanitation, and toilet facilities; healthcare access and awareness; documentation status; and which problems the household considered most pressing. Beyond the interviews, observational fieldwork documented sanitation infrastructure conditions and the physical state of shared community spaces.

Problem Prioritisation Matrix

Once the five recurring problems were identified from the survey data, each was scored independently across three dimensions. Severity captured the degree of harm each

problem was actively causing to affected households. Feasibility reflected a realistic appraisal of whether an NGO could meaningfully address the problem within a 60-day internship-led programme, without requiring infrastructure investment or multi-agency coordination. Impact estimated the positive change that a well-designed intervention could plausibly achieve. Each dimension was rated 1 (low) to 5 (high), giving a composite Total Score with a possible maximum of 15.

Analytical Frameworks

Five frameworks were applied in sequence. The Problem Prioritisation Matrix established intervention priority ranking. Gap Analysis then mapped the current versus desired state for the top-ranked problem domain. Root Cause Analysis disaggregated underlying causes into economic, social, institutional, and informational categories. A SWOT Analysis identified community-level strengths, weaknesses, opportunities, and threats relevant to the proposed intervention. Finally, SDG Mapping located the intervention within the UN 2030 Agenda.

Ethical Considerations

Verbal informed consent was sought from each participating household before data collection began. No household was pressured to participate; several declined and were not revisited. All responses were treated confidentially — no names, household addresses, or identifying details appear anywhere in this report. The study generated no financial incentives for participation.

IV. RESULTS

Community Profile

Across the 25 surveyed households, the average family size was five. Nearly every household had at least one adult employed in daily wage labour, domestic service, or some form of petty trade. Women, in almost all cases, were described as economically inactive — managing the household, minding children — despite several expressing a clear desire for income-generating work. Residential tenure was informal throughout: none of the surveyed families held formal title to their dwellings. Table 1 summarises the basic survey parameters.

Table 1. Survey Overview – Ekta Village, Pitampura, Delhi

Parameter	Details
Survey Location	Ekta Village, Pitampura, Delhi
Total Households Surveyed	25
Survey Duration	4 Days
Data Collection Method	Structured Interview and Direct Observation
Average Family Size	5 Members
Main Occupations	Daily wage labour, domestic work, vending, small trade

Survey Findings: Problem Prevalence

Five problems recurred across the household interviews with enough frequency to warrant analytical attention. Inadequate sanitation was mentioned in 18 of the 25 households — the single most cited issue (72%). Unemployment came next at 60% (15 households), followed by a perceived deficit in women's skill and vocational development (52%, 13 households). Healthcare awareness gaps were flagged in 11 households (44%), and concerns about educational support for children appeared in nine (36%). Table 2 captures these figures.

Table 2. Problem Prevalence – Household Survey Results (n = 25)

Problem Identified	Households Affected (n)	Percentage (%)
Poor Sanitation	18	72%
Unemployment	15	60%
Women Skill Development	13	52%
Healthcare Awareness	11	44%
Educational Support	9	36%

Problem Prioritisation Matrix

The prevalence ranking above might suggest sanitation as the obvious intervention target. The prioritisation exercise complicates that reading. When feasibility — particularly the realistic capacity of an NGO to move the needle within 60 days — is built into the scoring alongside severity and impact, sanitation falls. It scores the maximum on severity (5), but its low feasibility rating (2), reflecting its dependence on capital infrastructure and government coordination, caps its composite score at 12/15. Women Skill Development, by contrast, scores 4 for severity, 5 for both feasibility and impact, producing a composite of 14 — the highest of the five. Table 3 presents the full matrix.

Table 3. Problem Prioritisation Matrix – Ekta Village (Scale: 1–5 per dimension; max = 15)

Problem	Severity	Feasibility	Impact	Total Score
Women Skill Development ★ (Priority)	4	5	5	14
Poor Sanitation	5	2	5	12
Unemployment	5	2	4	11
Healthcare Awareness	3	5	3	11
Educational Support	3	4	3	10

★ Selected priority intervention area.

Gap Analysis

With Women Skill Development confirmed as the priority domain, a gap analysis mapped where the community currently stands against where it ought to be. Table 4 summarises the four main dimensions of that gap.

The two high-level gaps are stark. Practically all women in the settlement are economically inactive, yet no mechanism — no nearby training centre, no community programme, no SHG structure — exists to bridge that. The two medium-level gaps are more about knowledge and organisation: households are largely unaware of government welfare schemes technically accessible to them, and no Self-Help Group is currently operating in the settlement.

Table 4. Gap Analysis – Women Skill Development and Livelihood, Ekta Village

Current Situation	Desired Situation	Gap Level
Women largely unemployed / economically inactive	Women engaged in income-generating activities	High
Absence of vocational or skill training access	Structured skill training available locally	High
Low awareness of government welfare schemes	Informed community with scheme access	Medium
No active Self-Help Groups (SHGs)	Functional community SHGs providing peer support	Medium

Root Cause Analysis

Drilling beneath the gap data, four clusters of root causes emerged. They are listed here not in order of importance — they are mutually reinforcing — but by causal category:

- **Economic causes:** Household income is low and seasonal. Most families depend on a single earner, leaving no financial buffer. Savings mechanisms are absent.
- **Social causes:** Women's labour force participation is constrained by social norms that conflate mobility with impropriety, and by a genuine confidence deficit — many women described themselves as unqualified for any formal work, a perception shaped by limited prior exposure rather than actual incapacity.
- **Institutional causes**: There is no vocational training centre within practical walking distance. NGO outreach into the settlement has been sporadic, without the sustained follow-through needed to build community trust. Linkage between the community and government employment schemes (PMKVY and its state-level counterparts) is almost entirely absent.
- **Informational causes**: Awareness of central and state welfare programmes is low across the settlement. There is no local information dissemination infrastructure — no notice boards, no regular community meetings, no community health or welfare worker with a consistent presence.

SWOT Analysis

A community-level SWOT analysis generated the following picture:

- **Strengths:** The settlement has a genuine sense of social cohesion — neighbours know each other and there is an established pattern of informal mutual support.

Several women expressed strong interest in skill training during interviews. An active youth cohort is present and could support programme mobilisation.

- **Weaknesses:** Awareness of formal vocational options is very low. Initial self-confidence among women is limited. There is no prior experience with organised community groups in the settlement.
- **Opportunities:** An NGO-facilitated programme can fill the institutional vacuum efficiently. Central and state welfare schemes offer linkage potential that has not yet been tapped. Proximity to VIPS and other institutions creates volunteer partnership possibilities. SHG formation, once seeded, can access microfinance networks.
- **Threats:** Daily income pressure is real — women who spend a morning at a workshop are forgoing earnings or domestic responsibilities, and participation can suffer accordingly. Material procurement budgets are tight. And some families may resist the increase in women's economic autonomy that the programme is designed to produce.

SDG Alignment

Table 5 maps the proposed intervention to the relevant UN Sustainable Development Goals.

Table 5. SDG Mapping of Proposed Intervention

SDG	Goal Title	Relevance to Intervention
SDG 1	No Poverty	Income generation pathways for women in low-income households
SDG 5	Gender Equality	Economic empowerment and strengthened decision-making agency for women
SDG 8	Decent Work & Economic Growth	Vocational skill development and livelihood access
SDG 10	Reduced Inequalities	Narrowing the skills and income gap in marginalised urban communities

V. Proposed Intervention Plan

Programme Title and Goal

Women Skill Development and Livelihood Awareness Programme — a 60-day initiative designed to improve the employability, economic confidence, and livelihood awareness of women in Ekta Village, using community-embedded activities that fit around existing domestic and caregiving schedules.

Programme Activities

- **Community Awareness Sessions (two sessions):** Targeting women and community gatekeepers jointly, these sessions introduce the programme's rationale, explain available government schemes including PMKVY and Mahila Shakti Kendra, and address questions or concerns about participation. They also function as a trust-building exercise with households whose support for women's participation matters.
- **Vocational Skill Development Workshops (three sessions):** Practical, hands-on training in skills selected through community interest mapping — tailoring and

basic stitching, food processing, and handcraft production are the leading candidates, chosen for low start-up costs and local market linkage potential.

- **Government Scheme Sensitisation (one session):** A focused, document-in-hand session walking participants through how to register for PMKVY and relevant state-level women's employment programmes. Many households lack the paperwork literacy to navigate these systems alone, and this session provides direct, one-on-one registration support.
- **Self-Help Group Formation:** Facilitation of at least one functional SHG of 10 to 15 women, linked to district-level SHG coordination networks. This component is the programme's main legacy mechanism — the SHG can continue meeting, saving, and accessing microfinance after the 60-day window closes.
- **Monitoring and Evaluation:** A brief baseline assessment of knowledge levels, confidence, and livelihood awareness before the first session, a comparable post-programme assessment at week eight, and field documentation throughout. Findings will feed the final programme report.

60-Day Implementation Roadmap

Weeks 1–2: Community mobilisation, identification of participants, baseline data collection. Weeks 3–4: Awareness sessions and community meetings. Weeks 5–6: Skill development workshops. Week 7: Government scheme registration sessions and livelihood guidance. Week 8: Monitoring and evaluation, SHG formalisation, final documentation, and handover.

Budget Estimation

The programme is designed to operate within a ₹11,000 ceiling — deliberately lean to demonstrate replicability without donor dependency. Table 6 provides the cost breakdown.

Table 6. Programme Budget Estimation

Budget Head	**Estimated Cost (₹)**
Survey and assessment material	1,000
Awareness session facilitation costs	2,000
Skill development training material	4,000
Printing and programme documentation	1,000
Community refreshments	1,500
Miscellaneous contingency	1,500
TOTAL	₹11,000

Expected Impact Indicators

Table 7 sets out the outcome indicators against which the programme should be measured at baseline and endline.

Table 7. Expected Impact and Outcome Indicators

Indicator	Baseline (Pre-Programme)	Expected (Post-Programme)
Livelihood awareness level	Low	High

Programme participation rate	Low	Medium–High
Knowledge of government schemes	Low	High
Self-confidence and self-efficacy	Low	Moderate–High
SHG formation	None	≥1 functional SHG

VI. Discussion

Perhaps the most instructive finding of this study is the divergence between what households said was their biggest problem and what the prioritisation analysis identified as the most actionable intervention target. Sanitation came first in the survey — 72% coverage, maximum severity score. But when feasibility entered the calculus, it fell to second place. This is not a trivial methodological point. NGO programmes that follow raw prevalence data without interrogating what they can actually change within their resources and timeline will often find themselves attempting infrastructure-dependent interventions for which they have neither the capital nor the coordination capacity. The result is programmes that look ambitious on paper and underdeliver in practice — or, worse, raise community expectations that are then frustrated.

The prioritisation of Women Skill Development sits on solid evidential ground. Short-cycle skill training embedded within the community — with attention to the scheduling constraints of women who carry caregiving loads — produces measurable income and agency improvements that compound over time [13, 14]. The SHG formation element is not an add-on; it is arguably the most important component for long-term sustainability. When SHGs work — and India's NRLM experience suggests they can, at scale — they provide a self-reinforcing structure for saving, mutual accountability, and continued access to government scheme linkages well after the initiating programme ends [15].

The root cause analysis has a further practical implication for programme design. It found that the four causal categories — economic, social, institutional, informational — are not independent. Institutional gaps (no training centre nearby, weak scheme linkage) amplify the impact of economic constraints, and informational gaps prevent households from even knowing that they have entitlements. A programme that builds vocational skills but ignores scheme registration is plugging one gap while leaving another open; what was observed in Ekta Village supports the view that standalone skill training, without concomitant institutional and informational support, is unlikely to sustain livelihood improvements [16]. The proposed programme design addresses all four dimensions — which is, admittedly, ambitious for a 60-day window, but achievable if facilitation is well-organised.

Sanitation cannot simply be left out of the picture, however. While it falls outside the scope of a feasible short-cycle NGO intervention, behaviour-change communication around sanitation — promoting handwashing, proper waste disposal, and use of community facilities — carries a much lower resource cost than infrastructure installation and could be integrated at the margins of the awareness sessions. Future

work should explore whether community-led total sanitation approaches can be piloted as a complement to advocacy for governmental infrastructure investment.

The study carries several acknowledged limitations. A sample of 25 households is appropriate for a focused gap analysis but does not support statistical generalisation. Convenience sampling may have systematically under-represented the most marginalised households — those least visible to a new researcher entering the community. The Problem Prioritisation Matrix scores reflect a single researcher's judgment; participatory multi-assessor scoring in future iterations would strengthen the validity of the prioritisation. And since this is a prospective intervention design rather than an evaluation, no longitudinal outcome data are available.

VII. Conclusion

What began as a four-day field assignment in a small peri-urban settlement in North-West Delhi produced, through systematic analysis, a set of findings that are both concrete enough to act on and general enough to be instructive beyond Ekta Village. The central methodological argument of this paper is that household prevalence data and programme priority are not the same thing — and treating them as synonymous leads to intervention designs that look responsive but are not feasible. Structured problem prioritisation, when it explicitly incorporates severity, feasibility, and impact alongside simple frequency counts, gives NGOs a more honest basis for decision-making.

In this settlement, that analysis points clearly toward Women Skill Development and Livelihood Awareness as the highest-value starting point. The proposed 60-day, ₹11,000 programme is deliberately modest in scale — it is meant to be the kind of thing a well-organised NGO internship team can actually implement and document, rather than an aspirational design that requires funding and coordination it will never secure. Its components — awareness sessions, vocational workshops, scheme registration, SHG formation — speak to all four root cause categories and map to four UN SDGs.
The methodology used here — participatory household survey, structured prioritisation, gap and root cause analysis, SWOT, SDG mapping — is intentionally replicable. It requires modest time and budget, but it disciplines the scoping process in ways that matter for programme quality. For NGOs working across the many Ekta Villages that populate Delhi's urban periphery, a comparable process before every new community engagement could meaningfully improve the match between where resources go and where they are most likely to produce lasting change.

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