

Uprooted Homes

Uprooted Lives

A Study of the
Impact of Involuntary Resettlement
of a Slum Community in Mumbai

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CEHAT 2006

Published in 2006

By

Centre for Enquiry into Health and Allied Themes

Survey No. 2804 & 2805

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ISBN : 81-89042-43-2

Cover Design: Pramila Naik and Qudsiya Contractor

DTP and Layout: Pradip Kapdekar and Pramila Naik

Photographs: Mrinal Desai

Printed at :

Satam Udyog

Parel, Mumbai-400 012.

Acknowledgements

This report would remain incomplete without the mention of all those who have made this study possible. This study would not have been possible without the cooperation of the people of Shantiniketan. We would like to express gratitude to each one of them for their patience and tolerance with us. During field work, Pramila Naik and Sheetal Bhujbal contributed a much needed effort towards data collection. Sunita Jadhav, Jyoti Kudale, Savita Kotwal, Archana Madhare and Sugandha More coded the data and Usha Ram and Rajshri Kamat contributed by computerizing the data. We would like to thank Soumitra Pathare and Surinder Jaswal for inputs on the assessment of mental health as part of the study. We would like to thank Amar Jesani and Sandhya Srinivasan for an ethics consultation during the course of field work which provided an opportunity to the team to discuss and address several ethical dilemmas that emerged during field work. We would like to thank Padma Deosthali for the training on basic counselling skills that equipped the team to handle situations in the field better. We thank Sushma Gamre for typing the qualitative data in Hindi and for the tiresome job of collating the same from all the interview schedules. We would also like to thank Padma Deosthali and Pramila Naik for translating the transcripts from Hindi to English. We would like to thank our peer reviewers – Sharit Bhowmick, Vibhuti Patel, Ravi Duggal and Padma Prakash for their critical comments and insights into the first draft of the research report which has tremendously helped us improve it. The photographs by Mrinal Desai have added much value to what we attempt to convey through this study. We thank Sherna Gandhi for language editing. We would like to thank Sahyog for providing us their office space which offered us the space to discuss for hours issues, dilemmas and concerns we came across during field work. Also the students and staff of Sahyog for making the field work lively and memorable despite the disturbing realities we witnessed while interacting with the people of Shantiniketan. Finally, we would like to thank SWISSAID for their support to this project.

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Chapter 1



Introduction

Introduction

The issue of involuntary resettlement has been a matter of much controversy within development debates. It has more often than not been associated with large dams, or activities such as mining. Much displacement and resettlement however is also taking place due to developmental activities in urban areas. These include large urban infrastructure projects such as road widening, construction of flyovers, and expansion of airports etc. These projects are implemented after much political deliberation and often involve funding agencies such as the World Bank, and private players such as builders or construction companies.

These projects are justified as being in the larger public good and in the national interest. In recent times Mumbai has witnessed the implementation of such projects, which have affected the lives of millions adversely. Most of the affected population lives in the slums. They are marginalised and have very little voice, or bargaining power, to influence such decisions. Slums and those who live in them are treated as hurdles to the aspirations of the middle class, to law and order, speedy transport, and cleanliness. The vision of the elite is of Mumbai as a hi-tech, global city. Those who have to live in slums continue to be treated as 'outsiders', who have no stake in the city and are throttling its progress.

The debate has by no means ended particularly if one remembers that these wretched of the city form the majority of Mumbai's population (D'Monte, 2002). This is reflected in the manner in which resettlement is addressed in the city. The displacement of populations can only be justified if the gains of the development project also accrue

to the displaced. Or if the damage caused by the continued presence of that settlement is greater than the trauma of uprootment and resettlement. Over the years, arbitrary demolitions, planned relocation and on-site slum improvement have all been variously tried. What underlies all these efforts is the reluctance to grant tenure to slum inhabitants and a tendency to push slum communities out as soon as the market value of the land they occupy increases, or when the land is needed for commercial use. There is no unconditional recognition of the right to housing for slum dwellers. Providing security of conditional tenure is a largely political strategy. Besides, the entire plan does not take into account the larger social dimensions of community life. Rehabilitation is largely restricted to the provision of housing, whether on site or in a different location. The disruption of social life, loss of access to services, the fragmentation of communities and separation of families associated with such plans, are never taken into account.

Defining Involuntary Resettlement in the Urban Context

Involuntary resettlement refers to the movement of populations when the choice to remain in a place is not granted. This is distinct from voluntary population movements, which include rural-urban migrations that reflect people's willing pursuit of new opportunities and which stimulates economic growth (Cernea, 1996).

Another way to describe the distinction between involuntary and voluntary resettlement is identifying 'push' and 'pull' factors – the former

forcing people out of their traditional localities, and the latter attracting them to move to new ones. Involuntary population movements are caused by 'push' factors only. 'Pull' factors, if any, are the exception rather than the rule (Asthana, 1996). Therefore the levels of anxiety and insecurity are higher among involuntary resettlers (Guggenheim and Cernea, 1993). Another difference between the two lies in the composition of the displaced population. Voluntary movement of people consists mainly of young families in the early stages of their household life cycle. Also, migration is gradual and social and economic ties with their villages or earlier places of residence are maintained. These serve as a cushion in adverse conditions in the new environment. Involuntary resettlement programmes, by contrast, are indiscriminate. Entire populations are forced to move, disrupting the diverse risk avoidance and social insurance mechanisms present in their earlier residence (Guggenheim and Cernea, 1993). Involuntary resettlement caused by development programmes is also different from displacement caused by war and famines. Development projects causing resettlement, unlike famines and wars, are seen to fit into the nation's ideology and the larger social good. They are an outcome of a planned political decision taken for the good of the nation (Asthana, 1996). People displaced by wars or famines may sometimes be able to return back to their homelands once the turbulence has subsided – they have an option of returning to their earlier places of residence. In contrast, development induced involuntary resettlement is permanent in nature. Therefore successful resettlement programmes for development projects must provide the elements for long-term and sustained improvement in the standard of living of the people resettled.

Forced relocation is seen mainly as a consequence of constructing hydropower or irrigation dams. In reality, however, several categories of development interventions - and virtually all those predicated on major change in land and water use – require mandatory population dislocation and resettlement (Cernea, 1996). Such projects also include construction of transportation corridors such as railways, highways, airports or other urban infrastructure projects such as sewerage systems,

flyovers, intra-city roads etc.

Involuntary relocation by major projects is found to be particularly dramatic in Asian countries that are engaged in powerful industrialisation and electrification drives (Cernea, 1996). According to World Bank (1994) data, six million people are displaced by urban development and transportation programmes each year in Asia. About 10 million people every year, or at least 80-90 million people over the past decade, have been displaced in developing countries, as a result of infrastructure programmes for dam construction, urban and transportation development taken together.

Development related displacement in the urban context, and especially in Mumbai, has in recent times caused concern and attracted much controversy. The large numbers of people living in slums who are affected by such changes form the city's most vulnerable and marginalised groups and play very little or no role in the processes involved.

Social Implications and Mitigating Risks of Involuntary Resettlement

The economic and social deprivation that occurs in involuntary resettlement varies in intensity in different locations. The World Bank (1994) points to the following losses to labourers: (i) job opportunities primarily in urban areas (ii) forgoing assets under the common property regimes. Cernea (2000) points out that when displacement and relocation leave people worse off, the empirical evidence reveals a set of eight recurrent characteristics that need to be monitored closely – (1) landlessness (2) joblessness (3) homelessness (4) marginalisation (5) morbidity (6) food insecurity (7) loss of access to common property assets, and (8) social disarticulation. All of these contribute to the process of impoverishment.

Landlessness: Expropriation of land removes the main foundation upon which people's productive systems; commercial activities and livelihood are constructed. This is the principal form of de-capitalisation and pauperisation of displaced rural people. Many urban displacees also lose access to some land. Unless this foundation is reconstructed

elsewhere, or replaced with steady income-generating employment, landlessness sets in chronically and the affected families are impoverished.

Joblessness: Loss of wage employment occurs because most of the displaced are engaged as enterprise workers, landless labourers in rural areas, service sector workers or skilled artisans. Creating new jobs for them is difficult and requires substantial investment. The resulting unemployment or underemployment among resettlers has painful economic and psychological effects.

Homelessness: Loss of shelter may be temporary for most of those displaced, but for some families it may remain a chronic condition. If resettlement policies do not explicitly provide for improvement in housing conditions, or if compensation for demolished shelters is made at assessed market value rather than replacement value, the risk of homelessness increases. In a broader cultural sense, loss of a family's individual home and the loss of a group's cultural space tend to result in alienation and status-deprivation.

Marginalisation: This occurs when families cannot regain lost economic strength. This can lead to increasing the economic differentiation between evacuees and hosts. Economic marginalisation is often accompanied by social and psychological marginalisation expressed in a drop in social status, in resettlers' loss of confidence in society and in themselves, a feeling of injustice, and deepened vulnerability. The coerciveness of displacement and the victimisation of resettlers tend to depreciate their self-image, and host communities often perceive them as a socially degrading stigma.

Morbidity: People forced to relocate are more exposed to illness and to comparatively more severe illnesses than those who are not. The adverse health effects of displacement, particularly when projects do not incorporate preventive epidemiological measures, are well documented. People suffer from diseases of poor hygiene such as diarrhoea and dysentery and from outbreaks of parasitic and vector borne diseases such as malaria and schistosomiasis caused by unsafe and

insufficient water supply, an inadequate sanitary waste system and the lack of other preventive health care measures(WB, 1994).

Food insecurity: Undernourishment is both a symptom and a result of inadequate resettlement. Forced uprooting increases the risk that people will fall into chronic food insecurity defined by the World Bank as calorie-protein below the minimum necessary for normal growth.

Loss of access to common property: For poor people, particularly for the landless and assetless, loss of access to the common property assets that belonged to the relocated communities (pastures, forested lands, water bodies, burial grounds, quarries, etc.) results in significant deterioration in income and livelihood levels. Typically, governments do not compensate losses of common property assets. These losses are compounded by loss of access to some public services, such as school (Mathur 1998; Mahapatra 1999a, 1999b).

Social disarticulation: The disintegration of social support networks has far-reaching consequences. It compounds individual losses with the loss of social capital. Patterns of social organisation, once dismantled, are hard to rebuild. Such loss is higher in projects that relocate people in a dispersed manner rather than in groups and social units.

A study of resettlement projects in Rajasthan recently carried out by Mathur (2000) found another major risk that accounts for impoverishment much in the same way as the eight main risks identified by Cernea mentioned above. Mathur terms it as the 'loss of access to basic public services'. The Government often provides public services such as schools, hospitals, drinking water supply, village-to-market bus service, etc. it's easy to construct buildings for schools and hospitals but not to post teachers or doctors to run them. This means that in an emergency families have to bear the economic burden of accessing a health care facility situated at some distance, or turn to private schools to ensure their children get educated. This, Mathur says, puts a heavy burden on an already impoverished population. The risks linger long after relocation to the resettlement colonies.

A study conducted in 1994-95 covering eight World Bank assisted projects over six states (Ramaiah, 2000) focuses on the health implications of involuntary resettlement in rural areas. The findings of the study clearly indicate a shift in health and nutritional status following resettlement. Several factors are said to account for such a shift. The change in lifestyle necessitated by the shift in income from farming to salary from a factory job not only has economic but also nutritional consequences for resettlers. As they could not grow their own vegetables and found it too expensive to buy from the market, the consumption of vegetables went down in some projects. In some cases their staple food, millet, was replaced by wheat after the displacement. In people displaced by irrigation projects the incidence of malaria grew because of the increased breeding places for mosquitoes. The continuous exposure to ash in some thermal power projects may have contributed to a high incidence of respiratory illness.

Attempts have been made to develop frameworks to predict not just the impoverishment risks but also propose measures to mitigate such risks. Cernea (2000) proposes a theoretical framework referred to as the risks and reconstruction model that postulate strategic directions for reconstructive actions:

- | From landlessness to land-based resettlement;
- | From joblessness to re-employment;
- | From food security to safe nutrition;
- | From homelessness to house reconstruction;
- | From increased morbidity to better health care;
- | From social disarticulation, marginalisation and deprivation of common assets, to community reconstruction and social inclusion.

Resettlement is clearly a contentious issue. Non government organisations (NGOs) are divided on this issue. The NGO intervention in development induced resettlement issues has taken place in two ways (Pandey, 1996). Many NGOs have been denouncing development projects that displace people in large numbers. They are active in mobilising project-affected people against their impoverishment due to developmental activities.

With support from academia, media, environmentalists, human rights activists and others concerned, these NGOs have successfully built up strong protest movements against mega-projects (Udall, 1995). Their role has been significant in highlighting the plight of the uprooted people and in lobbying for a fair deal for those who happen to lose from the development process. There are other NGOs who actively work with government agencies in the planning and implementation of resettlement operations. Their primary goal is to see that the hardships of project-affected people are mitigated as much as possible. (Parasuraman, 1999)

The Debate on Slum Resettlement in Mumbai

The existing debates on resettlement of slums in Mumbai have a long history. In spite of the dismal situation and the inhuman conditions in which the poor live, the various policies and programmes for slums and housing have never reflected the needs and aspirations of the slum dwellers and working class in general. Instead, they have just furthered business interests in land and housing (Das, 1995). In the 1950s the central government's Slum Clearance Plan saw the role of the government as that of a controller, and land control was the strategy adopted for slum development. Slum Improvement came about two decades later with the government as a provider of housing for the poor. More recent is the Slum Redevelopment Scheme with the government acting more as a facilitator in the process of resettlement and rehabilitation (Ruiter, 1999). Efforts at drafting a national slum policy have affirmed that the government is only fulfilling its basic function of providing basic needs of shelter to the people in the context of providing 'entitlements' to the squatted plots on public and private lands (Sharma and Sita, 2000).

On the other hand, on a national level, urban displacement and resettlement find negligible mention in resettlement policy debates historically. Much policy formulation has taken place under the aegis of the Ministry of Rural Development¹

¹ For more information see the National Policy on Resettlement and Rehabilitation for Project Affect Families 2003 (NPRR-2003), Ministry of Rural Development, Department of Land Resources 2003.

(Fernandes, 2005). Agencies such as the World Bank and the Asian Development Bank who finance large-scale development projects have also developed guidelines for resettlement and rehabilitation of project affected persons (PAPs).

These guidelines however focus on the compensation of only those assets whose loss is directly attributed to the project, without any measures to mitigate the social cost of involuntary resettlement (World Bank, 2001). The need for a



policy on resettlement arose from the growing protest movements that have forced the State to rethink the social costs of displacement and resettlement and who eventually bears it (Sinha, 1996).

In Mumbai, the State, often in collaboration with academicians and NGOs, has instituted committees in the past to review the situation and these have come up with recommendations. For example YUVA (1995) and the Committee for Right to Housing (1988) have had consultations in the past to look at slum rehabilitation policies and development displacement respectively. The recommendations of these consultations

emphasise a rights based and people-centred approach to housing. They highlight the fact that issues of housing are not just about shelter but also about the right to infrastructure such as affordable transport, livelihood, water, sanitation, toilets, health care services etc. They call for a comprehensive policy on displacement due to development.

In recent times the Slum Rehabilitation Authority (SRA) was instituted as a planning authority to facilitate rehabilitation schemes. Guidelines for resettlement and rehabilitation have been formulated by the Government of Maharashtra. They deal with issues of planning and

implementation (GOM, 1997a, 1997b). These guidelines talk of participatory planning, community consent, joint ownership of tenements, provision of basic infrastructure such as access roads, *balwadis* and welfare centres, though very little actually gets implemented. Despite existing guidelines for resettlement, large-scale resettlement projects such as the one we are about to discuss are being set up with much fanfare, and ambitious projects have been lined up without much assessment of the impact they will have on people's lives.

Unfortunately, there has been very little organised protest, or efforts to address the issue of involuntary resettlement resulting from urban based 'development'. The ability of organisations of slum dwellers to resist resettlement has reduced due to economic and political pressures. Slum dwellers had traditionally depended on the support of local politicians to organise protests against demolition with some support from the judiciary and several campaign groups such as Nivara Hakk Suraksha Samiti's Campaign for Housing Rights. However, in recent times, the support from politicians has been dwindling whereas pressure from large corporate houses as well as agencies such as the World Bank has made resistance to demolition difficult. On the other hand, several attempts have been made to involve private parties (builders, financiers) in the construction of alternative housing for slum dwellers by giving incentives, e.g. Shivshahi Punarvasan Prakalp. The availability of funds from multilateral agencies for such activity has also contributed to making demolitions, which provide for adequate alternative housing, an acceptable position. However, the recent onslaught on slum dwellers across the city has initiated an organised protest and an effort to evaluate options of resettlement.

The other dimension to the debate is the concern over the influx of immigrants. This issue of migrants in the city has been politicised, with the Shiv Sena making it a focal point of its campaign and raising a bogey about the influx of non-Maharashtrians. This is projected as the sole cause of the lack of basic amenities, infrastructure and social security for the 'locals'. During the recent onslaught on thousands of slum dwellers across

Mumbai through the mass demolition drives, several reports appeared about the rising rate of migration from across the border. This has added to the frenzy over threats to national security and breeding terrorism.

The Specific Context

One such affected slum pocket is Rafique Nagar, a part of a larger slum called Jari Mari, which happens to be the second largest slum in Mumbai housing 1.5 lakh people. Jari Mari is located in Kurla, an industrial suburb of Mumbai. Rafique Nagar is located on the periphery of the international airport and comprises more than 2000 families. Even among the poor communities in Jari Mari, Rafique Nagar is the most deprived in terms of access to education, health and living conditions. The inhabitants are predominantly backward caste Muslims, who are largely dependent for a livelihood on casual labour in construction, small scale manufacturing units and domestic work. Rafique Nagar is located in a low-lying area, which regularly gets flooded during the monsoon.

In the year 2002, 2000-odd families from Rafique Nagar were resettled in a colony called Shantiniketan approximately 15 kilometres away in Dindoshi, Goregaon. The families from Rafique Nagar shifted into their new homes from June to August after nearly ten years of planning and negotiation. The actual resettlement (from the allocation of houses to physical resettlement) took two years. The resettlement colony of Shantiniketan comprises 33 identical buildings with 80 tenements each. Families from Rafique Nagar occupy 27 of these buildings. Each family has been allocated a self-contained tenement of 225 sq. ft. that has a living room, kitchen, bathroom and toilet. The colony also has families relocated from other parts of the city. The new settlement is located on the periphery of the national park, on a hill. It is surrounded by another slum settlement, which is located on the slopes of the hill.

There exists significant information in the public domain about the impact resettlement and displacement has on issues such as provision of shelter and employment. The reason to focus on



these aspects is that slum resettlement is not merely an issue of housing but also of the provision of basic amenities such as education, water, access roads, health care, appropriate living environment and spaces that are essential for survival. Economic, cultural and social rights such as these have historically been articulated in a vague and indeterminate way. This continues to be one of the fundamental obstacles to further developing their content and to spelling out a framework for action that allows for their progressive realisation. As a result of the relative inattention paid to these rights over the past several decades (with the notable exception of labour rights), the content and meaning of most economic, cultural and social rights remain relatively ill-defined. This lack of clarity of content is often used as a rationale for

not recognising this set of rights as rights proper (IHRIP, 2000).

Rationale

CEHAT conducted a research study on the impact of economic change on the work, health and living environment of women in this area in 1999-2000². Since then, we have been witness to developments in this community through Sahyog, a voluntary initiative for education of adolescent girls, which emerged from the research. We came into contact with several families in Rafique Nagar and became directly involved in the resettlement process. The students of Sahyog live in Rafique Nagar and in an education survey conducted in 2002, just before resettlement, we found that almost one-fourth of

² Deosthali, P. and Madhiwalla, N. (2005): 'In these uncertain times: The Impact of Industrial Decline on the Lives and Health of Women Living in a Slum in Mumbai' in Padmini Swaminathan (ed.) *Trapped into Living: Women's Work Environment and their Perceptions of Health*, CEHAT, Mumbai.

children of school going age in Rafique Nagar were not enrolled in school. Thus, one can still find non-literate teenagers here, which is very unusual for Bombay. We were also involved in an initiative to register births in Rafique Nagar where we found that several women delivered at home in spite of being registered in a hospital simply because they could not be brought out to the main road where transport was available. In general, the health status of people in Rafique Nagar is extremely poor owing to poverty, a degraded living environment and almost no access to sanitation. The health facilities existing in Rafique Nagar consist entirely of quacks.

Although there was initially some opposition to the resettlement, in general, the residents of Rafique Nagar participated in the planning and implementation. Consensus was built in favour of resettlement although the community was well aware that there would be several disadvantages

resulting from the shifting to Dindoshi. There were apprehensions related to losing livelihood, being separated from their relatives living in that area, being able to find schools for their children as well as health care. Having lived in Jari Mari for many years, there was a good understanding between members of different religious communities. Faced with the prospect of integrating into a new neighbourhood, there were several apprehensions about communal conflict.

Although the first intimation of resettlement was given to the residents in May 2000, the actual resettlement occurred only two years later. During this period, the resettlement was scheduled and postponed four or five times. This led to a lot of uncertainty and insecurity in the community. Any disruption in the routine of the adults had financial consequences because they were largely dependent on daily wages. Thus in the most vulnerable families children had to supplement the family's



income just to make two ends meet. Several families sold off their houses because they would not be able to afford the expense of maintaining the new homes in Dindoshi. Those who were tenants or new residents had no option but to move out altogether and find a new home.

General Objectives

Our experience in Rafique Nagar has spurred us to reflect on the process of involuntary resettlement. Most of the literature speaks of issues of housing and employment that arise due to displacement. Our interaction with families, especially women and adolescent girls, also gave us an insight into the social aspects of involuntary resettlement. We felt that there was a need to explore the social impact of, both, displacement as well as resettlement. We view this process from the perspective of human rights. If such an exercise is to be undertaken in a conscious and planned manner, it must be ensured that it is not detrimental to the quality of life but in fact enhances the enjoyment of economic, social and cultural rights by the affected community.

Historically, it is always marginalised communities that have been compelled to resettle for purposes not even remotely connected to their interests. It is often the vulnerability of the community that compels it to accept resettlement rather than any expectations of an improved life. In such a situation the community is in no position to demand more than the most rudimentary rights (basically housing and security of tenure). However, the standards for resettlement should not be based on the community's articulation alone but should meet the norms of international human rights standards. In this case, the residents of Rafique Nagar had nothing to gain from the expansion of the airport. Although the community voluntarily agreed to resettle, their decision was made in the context of increasing public fear about the security and safety of airports, which made it difficult for the residents to muster public support for their interests. While attempts have been made to prevent the worst consequences of displacement (i.e. homelessness, fragmentation of the community, loss of community places such as places of worship, community halls) there have still

been consequences that were either unanticipated or ignored. These include impact on employment, health, education, and social life of the community. This study specifically aims to explore the above with a view to:

- a. Documenting the process by which the community was resettled and adapted to its new location.
- b. Assessing the impact of the above process on health, education, social life and employment of different groups within the community using the United Nations' Covenant for Economic Social and Cultural Rights as a framework for analysis.
- c. Supporting community efforts to gain access to health and education services through training and drawing up recommendations to mitigate the social consequences (specifically related to health and education) of involuntary resettlement, which go beyond the mere provision of housing.

Specific Objectives

First, any displacement which results in the violation of human rights of the population is unacceptable. Thus, we will use the framework of the *UN Guiding Principles on Internal Displacement* (Annexure 7) to analyse whether, intentionally or otherwise, there have been human rights violations directly as a result of displacement.

While the *Covenant for Economic, Social and Cultural Rights* (United Nations) does not address the issue of resettlement specifically, it provides a basic framework within which to assess the extent to which a community is empowered to make improvements in its standard of living. The covenant describes several entitlements that together allow a community to achieve a desirable quality of life. While the rights as outlined in this covenant are stated in general terms, they leave scope for interpretation in specific contexts. Briefly stated, these rights include self-determination, gender equality, right to work under favourable conditions, social security, protection for pregnant



women, the gradual abolition of child labour, improvement of general living conditions - food, clothing and housing - freedom from hunger, right to physical and mental health, right to education, right to participate in cultural life and share in the rewards of scientific progress and the protection of moral and material interests.

We will interpret these rights in the context of resettlement of Rafique Nagar to evolve a framework within which to assess the extent to which the health and education related rights of this community have been protected and promoted.

a. The resettlement process was focused primarily on housing and the type of house in which the families now reside is the most dramatic change that has occurred. This study aims to explore how the change in the type of shelter has

affected the lives of the inhabitants including their physical and mental health.

- b. The physical separation from the rest of the slum community as well as their workplaces has severely impacted employment opportunities available to the inhabitants of Rafique Nagar. This study will explore the economic impact on different groups within the community and the consequent impact on health and education.
- c. Access to health care is an important aspect that determines the quality of life. The resettlement process has changed the health care scenario in this community. We will study this change through specific indicators for routine and emergency health care (Ante natal care, immunisation, hospitalisation etc.)

- d. Studies in the past conducted by CEHAT³ have documented the effect of a degraded slum environment on women. In this new living environment there are likely to be different factors operating. Our study will attempt to analyse these factors.
- e. The character of domestic work has changed in this new setting. Therefore we will explore the impact of these changes on women's health status.
- f. Opportunities for education were scarce in Rafique Nagar. However, the influx of such a large population in the host community has put tremendous pressure on the existing education facilities. Given the fact that the educational level was already low in Rafique Nagar, the impact of resettlement on the enrolment levels and the quality of education provided will be examined.
- g. Changes in social and political life occur at various levels as a result of resettlement. From basic changes in the composition of the family to interactions within the extended family, to community life and relationship with various agencies of the state i.e. local bureaucracy, political representatives, staff in the local public institutions such as hospitals, schools, etc. We would like to explore the impact of resettlement on the above, as well as the strategies used by the community to cope with these changes.
- h. The documentation of this experience will be used to draw up a framework within which the social impact of resettlement can be assessed and measures can be taken to prevent adverse consequences. Concurrently with the research, we will attempt to impart skills related to community resource management and cooperation to the community-based groups (housing society, Mahila mandals, children's groups etc.)
- i. Networking with governmental and non-governmental organisations working in that area, both directly on issues of resettlement and also on issues of health and education to devise better strategies as well as to raise specific demands.
- j. An attempt towards drawing up operational guidelines for restoring and enhancing the health and education rights of resettled communities which could form a part of the larger operational guidelines on slum rehabilitation. Advocacy in this regard will be required in order to draw attention to the fact that several departments (e.g. public health, education) that were completely unconnected with this process should be involved in the planning as well as implementation of such plans.

In brief, this study is an attempt to capture the nuances of the social experience of resettlement and reflect on its consequences. There is a consensus now on the fact that settlements cannot be removed arbitrarily in order to facilitate urban development projects. It even makes economic sense to rehabilitate people who have been displaced as a result of development. However, there is need to view resettlement in a more holistic perspective which takes into account social, cultural as well as political factors. Just as the economic consequences are predicted and measures are designed to mitigate them, basic rights to health and education must also be restored and enhanced. We hope that this study will contribute to this effort.

³Ibid.

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Chapter 2



Methodology

Methodology

Through the study we have looked at the impact of involuntary resettlement on the lives of people, especially health, social life, and education across gender and age variables. We tried to understand the process and the collective experience of resettlement, which involved various agencies. We refrained from making any comparison with the earlier location. The position that we take is that whatever may have been the situation earlier; any move to resettle a population should involve creation of infrastructure, access to services and enabling conditions to ensure the protection of the population's social and economic rights. Hence, we concentrated only on the situation existing in the present location in Shantiniketan in Dindoshi. This would mean documenting details of the daily routine of their present lives, survival strategies in a different set up, rebuilding of community life, their work situation (house work and wage labour), health and education needs in terms of accessibility and availability of services.

Both qualitative and quantitative methods were used. A household-level general information survey was first conducted followed by focused group discussions and key informant interviews. The household level survey recorded basic information on health, education, work and social life. The qualitative study that involved focused group discussion and key informant interviews, focused on the psychological impact of uprootment and resettlement, the subjective experience of adapting to a different living space, the changed character of family life, and community strategies to build resources for survival and for maintaining the living environment.

Sampling Design

Our specific focus was the households (number about 2000), which were relocated from Rafique Nagar in Jari Mari, Kurla (West) to Shantiniketan, the resettlement colony situated in Goregaon. Shantiniketan consists of 33 seven storied buildings of which 27 are occupied by people resettled from Rafique Nagar. For the general information survey, one-third of the households were selected as a sample; on an average 20-25 households were selected in each building. A *household* in the survey referred to a family with a single hearth. A woman from each sampled household was interviewed during the general information survey.

A total of 474 households were interviewed. Another 80 households that were sampled refused to participate in the study. This was a fairly high refusal rate (15%), which was anticipated due to the sense of fear and uncertainty prevailing in the area. This rate was also enhanced by the presence of illegal residents, who had either bought or rented houses from the original allottees illegally. Another 26 were not interviewed because the woman living in the house could not be contacted (she was at work, out of town, etc.). Women and children (10-14 years old) for the focus group discussions were selected randomly from the households that were interviewed through the sample survey. Among the adolescents (16-18 year olds), girls were randomly selected from a school run by Sahyog, a local NGO, and the group of adolescent boys was randomly selected from the siblings of the Sahyog students. Girls from Sahyog were selected since all of them

have dropped out of regular school; some of them have had to leave school as a result of the shifting. Key informants were identified during the course of data collection based on interactions with the community.

Collection of Data

The study was conducted between the months of June 2003 and March 2004, involving five investigators - three from CEHAT and two staff members of Sahyog. The research team comprised of women. This was a conscious decision as most of the participants in the study were women and the study also aimed at exploring the psychosocial impact of resettlement, which required a certain degree of comfort despite the social distance between the researchers and respondents.

A few visits were made to the community before the study began to establish contact and rapport

with the community. Interactions with community members during these visits gave a fair idea of the situation after the resettlement took place. It helped us to fine-tune our methodology and design our data collection tools better.

Before the general information survey was conducted in each building, a meeting of team members and all the women was held. The corridors of each building provided enough space to hold these meetings. The team introduced itself and CEHAT's work, the purpose and conduct of the study, and the benefits and risks of participating in the study. Women were personally invited for the meeting without any mediation from the local leadership. This, at times, did lead to the local leadership objecting and, in one case, even disrupting these meetings.

Sampling for the general information survey, which involved the selection of every third household, was



easier due to the physical structure of housing as compared to a slum where houses do not conform to a rigid structure. All the interviews were conducted at home by a team of two investigators, one asking the questions and the other recording the responses. Each interview took around 45 minutes to an hour. The interviews were mostly conducted between 11 a.m. and 5 p.m. as this is when most women could spare some time. This was also the time when most of the male members would be out at work leaving women with a certain level of autonomy to decide whether they would or would not like to participate in the study. There were several instances when women had to ask for permission to participate in the study from the male members of their families. Informed consent was sought orally through a consent note that explained objectives and conduct of the study and the risks and benefits of participating in the study. The consent note was read out to each respondent regardless of whether they could read or not.

During the general information survey, the community faced an acute water shortage for about a month. The survey had to be stopped in order to address the crisis. The research team along with the Sahyog staff was then involved in chlorination of water as there was a risk of an outbreak of waterborne diseases as the available source of water – a rain water fed stream close by - was not reliable. The community had no choice but to use this water for washing, bathing as well as drinking.

The focus group discussions were conducted in the field office. Two investigators facilitated the discussion and the discussions were tape-recorded. Key informant interviews with community leaders had to be abandoned due to violent conflicts within the community. Informed consent was sought through consent notes for each of the groups and the key informants. For interviews with children, consent was sought from their parents.

The Interview Schedule

An interview schedule was used during the general information survey. It was meant to record the socio-economic profile of the household, access related information on education, pregnancy, morbidity, work, and social security. It also covered

information on aspects of social life and mental well being (annexure 1).

Household Profile: The first section of the schedule recorded personal information of the respondent and the household. It also recorded experiences of shifting and any adjustments made by the household during the resettlement.

Education: The section on education recorded information for all children within the age group 3-21. This included enrolment, attendance at school and expenditure on education.

Pregnancy: This section recorded all events that took place after the resettlement. This included also live births, stillbirths and abortions (induced or spontaneous). It recorded the health facility accessed, pregnancy outcome, and expenditure, ante-natal and post-natal care.

Hospitalisation: Incidences of hospitalisation in the household after the resettlement were recorded in this section. The cause for hospitalisation, duration, facility accessed and the reasons for the choice of facility were recorded. This section also recorded the expenditure on hospitalisation. Also incidences where hospitalisation was required and was not done were recorded.

Acute Illness: By acute illness we meant all illnesses that were not chronic conditions and did not require prolonged treatment and/or hospitalisation. The recall period was fifteen days. Duration of illness, treatment, expenditure and number of work days lost due to the illness were recorded. Reasons for no treatment taken were also recorded.

Chronic Illness: Chronic conditions that require prolonged treatment were recorded in this section. The checklist of common chronic ailments included ailments such as asthma, tuberculosis, diabetes, blood pressure, heart diseases, convulsions/fits, mental illnesses, disability and joint pains/ arthritis. Duration, treatment, expenditure and change in treatment, if any, were recorded.

Work: The nature and type of employment of all

the household members was recorded in this section. This also included home-based paid work. Location of the workplace and the expenses on travel were also recorded. This section also recorded information on household members involved in on-job training.

Social Security: This section recorded access to information about social security benefits such as the public distribution system, birth and death registration, school leaving certificates, government pension schemes and court affidavits made for the procurement of such services.

Social Life: Other survival needs such as access to markets, medical shops, credit and child care were recorded in this section. Socialisation patterns after the resettlement such as meeting relatives, friends or attending social gatherings like marriages etc. were also recorded.

Mental health and well being: The Self Rating Questionnaire-20 (SRQ-20) was administered in this section. The SRQ-20 is a mental health screening tool for common neurotic ailments developed by the WHO. It comprises 20 questions that the respondent answers with a 'yes' or 'no'. A rating is given to each individual based on the responses.

Focused Group Discussions

Focused group discussions were carried out with groups of women, adolescent girls and boys (16-18 years) and children (10-14 years). Each discussion involved about 8-10 participants and lasted for about 1.5 to 2 hours (annexure 2).

Women

The group comprised women who were engaged



in paid work and those who were not. It takes a lot for working women in the colony to deal with issues of childcare, finding and sustaining work, access road in the new living environment. One part of the discussion covered issues concerning social life, community life and space. The other included discussions on amenities, health, education, childcare, access road and work.

Adolescents and children

The nearest municipal school in the area has classes till the seventh standard. For higher secondary education, the closest municipal school is in Malad, which is very far from the colony. A considerable number of adolescent girls have been forced to discontinue education due to the distance. We decided to have a discussion with girls from Sahyog as all of them have dropped out of regular school; some of them have had to leave school as a result of the shifting.

Due to the financial burden of a changed lifestyle, a significant number of adolescent boys have had to take on paid work and drop out of school. We were informed about several instances of petty and serious crimes (such as rapes, abduction, murder etc.) during our data collection. Adolescent boys are the ones who most often come into contact with the police in such situations and would be able to give us an insight into the law and order situation in the region after the shifting.

The shifting has put a burden on the local infrastructure and schools have been no exception. During our General Information Survey, women shared with us the problems children face in school. We therefore had discussions with children, both girls and boys, who were attending regular school.

Key Informant Interviews

Key informant interviews were to be conducted with community leaders and representatives of NGOs working with the community (annexure 3).

Community Leaders or Sadars

Two interviews were conducted with the building committee presidents or *sadars* as they are called

in the colony. They are non-elected leaders of the building and overlook the management of the building (maintenance, collection of money for water bills and electricity bills etc.). One of the interviews was to be conducted with a women *sadar*- the only woman in a group of 15 men *sadars*. The purpose of the interview was to explore the space women have in public platforms such as community meetings and *sadar* meetings. What is the role women play in decision-making? What are the issues that concern her the most? We had identified two other *sadars* who have been active in the community and have a good relationship with the community. We were to interview one of them, but the interviews could not be conducted due to violent conflicts among the leaders during data collection.

NGO Representatives

SPARC, an NGO overseeing the whole resettlement process has had a presence in the community. An interview was conducted with an individual from SPARC who has been involved in the resettlement of this colony. The purpose of this interview was to understand their resettlement plan and the difficulties they faced in implementing it.. How do they see their role now that resettlement has taken place? An interview with an individual associated with Mahila Milan which works with local women's self help groups was also conducted. Mahila Milan has started savings groups in this community. They along with SPARC are also managing the collection of revenue for water and electricity from the community.

Methodological Issues

One of the concerns that we encountered was while using the Self Rating Questionnaire. This questionnaire was administered at the end of the interview and consisted of 20 questions on mental health. It is used as a tool to assess the mental health aspects associated with the experience of resettlement. Though the questionnaire has been tested for validity in the Indian context and has been used before in slum populations, most of the questions in the questionnaire seemed far removed from the context in which women belonging to a low socio-economic background exist. Questions



that referred to daily routine and work such as 'Do you feel unhappy through your day-to-day activities?' or 'For some reason is there a hindrance in your day-to-day functioning?' or 'Do you feel that you are not able to finish your work?' seemed to not to make sense for most women living in slums where basic amenities and infrastructure are poor, and routine house work is labour intensive and arduous. Similarly, a question on decision making: 'Do you find it difficult to make decisions?' was met with a long silence since women are rarely involved in decision making within the household. To the question: 'Do you feel useless and not fit for any work?' women who were not engaged in paid work replied in the affirmative. Responses to questions such as 'Do you always feel tired without a reason?' or 'Do you get tired easily?' also didn't seem to make sense since most women living in slums were undernourished and weak, which combined with the hard labour they had to engage in throughout the day, would definitely leave them tired. Despite these limitations, we decided to use the questionnaire as this is the only mental screening scale that has been designed for groups from varied socio cultural backgrounds.

The qualitative study conducted earlier involved drawing a purposive sample of 10-12 households residing in one building to understand the processes involved in rebuilding lives after resettlement. Over the course of data collection the team felt that the information that we sought was more of a collective nature. The qualitative study was to focus on the psychological impact of uprootment and resettlement, the subjective experience of adapting to a different living space, the changed character of family life, community strategies to build resources for survival and for maintaining the living environment. This involved exploring and recording their experiences as a collective. In such a situation, focus group discussions were a preferred tool for the qualitative study. Eventually the methodology was modified to include focus group discussions with vulnerable sections such as women, adolescent girls and boys and children.

Ethical Issues

As the objectives stated, it seemed logical to make

a comparison with life before resettlement in order to assess the social impact of resettlement. Given the resettlement plan, the physical structure of the living space, provision of infrastructure and the processes involved, it was evident that the condition and standard of living after the resettlement was not better than their earlier place of residence. Making a comparison could have led to a misinterpretation of study findings implying a desire on the part of the community to return to the slum and the associated living conditions they had come from. This would put the community at risk and would obscure the fact that the urgent need is to plan and implement large-scale development plans in a humane way ensuring that there is no violation of human rights.

Hence, in the general information survey, we will only concentrate on the situation existing in the present location in Shantiniketan in Dindoshi. This meant a change in the basic methodology and approach of the study. We refrained from making any comparison with the earlier location. The position that we take is that whatever may have been the situation earlier, any move to resettle a population should involve creation of infrastructure, access to services and enabling conditions to ensure the protection of the population's social and economic rights.

After the relocation, the community has undergone many changes and adjustments. In some instances access to certain vital services was totally cut off. For example, there is absolutely no healthcare facility available. Thus, when an organisation with resources enters into the community there are demands that it should provide some services. On the one hand, we were aware of the possibility of getting distracted from our objective and becoming engulfed in service provision. On the other hand, not providing services would have led to anger in the community, which did not want us to remain passive bystanders.

We decided to overcome this dilemma by specifying our input (providing information resources and training to local groups without entering into direct intervention) even though this may 'contaminate' the data because we have introduced an element of change. Though there is an ongoing programme

on health and education through Sahyog, a local community based organisation that is providing actual services, we have taken up intervention by referring patients to the local health post and the clinic run by Sahyog as this became necessary in order for us to continue with our survey.

The use of qualitative research methods such as open-ended questions led to women sharing much more than what was under the purview of the study. The team therefore struggled to handle this extra information and responded by taking down all that was shared in the interview schedule. As researchers we had not pre-empted the deep emotional and mental trauma that women faced as a result of the experience of resettlement. The hardships associated with the resettlement were superimposed onto their daily life experiences, most of which were already traumatic. Also, the use of mental health assessment tools led to women narrating personal experiences that were not necessarily related to the resettlement. Often the interviews would end in women breaking down. In such a situation, the team was required to play a dual role and respond to the mental distress as well.

A somewhat similar situation arose when the community was faced with an acute water crisis during the course of data collection. The data collection had to be stopped since there was no way women could spare time for interviews, as all of them were busy fetching water. The team also had to deal with the anguish expressed by members of the community who expected the team to do something about the situation. The team increasingly felt distressed with the fact that they could not do anything to resolve the crisis. This situation required the researchers to intervene and address the crisis at hand. Data collection was withheld till the water crisis was resolved and the team was engaged in addressing the crisis.

We also faced ethical issues while using the SRQ-20. The team found it difficult to deal with women breaking down while narrating their life

experiences once this questionnaire was administered. Often, women required emotional support, which the team provided; at times they also responded by giving advice.

Privacy and confidentiality were two other concerns that arose. What women understand as privacy is often very different from what we, as researchers, understand it. For many women, privacy would mean the presence of a friend, a neighbour or a family member who would also provide confidence and security as there is an obvious power hierarchy arising out of the social distance between the researcher and the respondent. Also, since the survey was about seemingly less controversial issues, women didn't object to the presence of family members or neighbours and researchers did not ask to talk to the women alone. In such a scenario, at the end of the interview, when we came to the section on mental health, the presence of another person – a family member or a neighbour - did affect the responses of the women. Initially the team did not record the presence of any such person but eventually after discussions with members of the Institutional Ethics Committee (IEC) researchers started recording the presence of any individual present during the section on mental health. On the request of the IEC, the team also took separate consent for the section on mental health apart from the overall consent for the interview.

Drawing from the experiences of this study, the overarching concern remains regarding the ethics of research in situations of human rights violations. The current research looks at the impact of urban resettlement projects that are carried out in the name of development, from a human rights perspective. It documents human rights violations that have been perpetrated by the State. The findings could make the respondents more vulnerable since it would be very difficult to ensure anonymity and confidentiality for the community as a whole that participated in the study.

Profile of households

Religion of household	Number	Percent
Muslim	364	76.8
Hindu	98	20.7
Bouddh	8	1.7
Christian	3	0.6
Jain	1	0.2
Total	474	100
Age of respondent		
18-25 years	138	29.1
25-45 years	284	59.9
45 years and above	52	11
Total	474	100
Educational level of respondent		
No education	226	47.7
Primary	45	9.5
Middle	100	21.1
Secondary	72	15.2
College	29	6.1
Missing data	2	0.4
Total	474	100
Marital status of respondent		
Married	414	87.3
Unmarried	25	5.3
Widow	26	5.5
Separated	7	1.5
Divorced	2	0.4
Total	474	100
Social Class of household		
Unskilled casual workers	78	16.5
Skilled informal sector workers	187	39.5
Petty Service sector and small business	163	34.4
Missing data	46	9.7
Total	474	100

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Chapter 3



The Resettlement Process

The Resettlement Process

The process began way back in 1987 when the National Slum Dwellers Federation (NSDF) federated Rafique Nagar. After that began the survey of the slums on airport land. Many discussions and meetings followed, between 1990 and 2000, to explore a range of options. According to SPARC, most fell apart because the National Airports Authority of India (NAAI) personnel in Mumbai had to go through a very long chain of command to get any clearances and often by the time they came back, officials in the state government had changed, so the process of orientation would start all over again, with the SPARC, Mahila Milan and NSDF teams being constant (SPARC, 2002).

Rafique Nagar was selected by both the federation and the Airports Authority to be the pilot test case. The NSDF survey showed 2160 structures within the boundary lines demarcated by the NAAI. The whole process was finalised between 2000 and 2002. The Slum Rehabilitation Authority (SRA) (which is a part of the Housing Department) set up by the Government of Maharashtra and Shivshahi Purnawasan Prakash Limited (SPPL) which was the construction company set up to expedite the slum rehabilitation, facilitated this process of dialogue between the NAAI and the communities. The formulation that was finally agreed upon was that the NAAI would provide to Government of Maharashtra monies to purchase the apartments and SPARC would facilitate the community process (SPARC, 2002).

The process began with the formation of groups that eventually became committees of residents from a building. These groups were formed around

a committee president. Apart from carrying out the survey SPARC also had a role in convincing people to accept the scheme, as 70% of the slum dwellers are required to show their willingness to join the resettlement scheme according to the guidelines laid down by the SRA. SPARC was involved in collecting relevant documents for eligibility and providing each household with a number. The SRA was involved in ascertaining the eligibility of the households based on their pre-1995 status. Each household was required to pay Rs. 20,000, which was deposited in a bank account in the name of the head of the household as down payment for the housing. Some cooperative societies were formed as early as 1996.

The process however was ridden with political interference, corruption and bureaucratic delays (*Indian Express*, 1999). The state government brought four stay orders before the project was implemented. Finally, on March 20, 2002, in a ceremony at which the chief minister of Maharashtra, two housing ministers and the civil aviation minister were present, the relocation process was launched with a ceremonial handing over of 10 keys to the residents.

While talking about their experiences and specifically the difficulties they faced in shifting, most people highlighted the hardships they were currently experiencing living in the resettlement colony. Evidently the situation there was difficult in terms of access roads and communication links from the colony to the outside world, access to infrastructure such as health facilities, schools, difficulties getting to work, finding employment etc. There prevailed a general sense of uprootment

and alienation- people had not unpacked even 15 to 20 days after the shifting had taken place. There seemed to be a feeling that the current situation was a temporary phase to a more permanent destination. Recollection of experiences during that period was difficult.

Preparation for Resettlement-Processes before the shifting

The period before the resettlement was ridden with uncertainty. The people of Rafique Nagar lived in constant fear of losing their entitlement to a house in the resettlement colony. In order to make sure that they did not, household members had to make several adjustments. Procuring the required documents took up a lot of time, effort and expense. People from the community had to make several rounds of municipal offices.

“Since the time we were told that our homes would be broken, we have been tense; how will it happen? What will happen?”

“They made us do a lot of running around. It took one month for ours to be listed.”

“Our turn came, they used to come checking, we had to go to MHADA, keep making rounds.”

“Mummy had to do a lot of running around. We couldn't get the papers.”

This also meant a loss of employment for adult members of the family who had to be present at home to ensure that their house was not taken as locked or vacant. Since most people were employed in the informal sector, including daily wage work, not being able to go to work led to considerable financial strain. Women were often the first to lose their jobs in order to be at home.

“We have to sit waiting for surveyors, officers, leaving our work.”

“We had to take leave [from work], we could not get food or drink while running around.”

“We have been hearing this for the last 2-3 years now, that they are coming to demolish today.

Because of this we had problems in employment and lots of children had problems with school.”

“Here we had to leave our children's health, and our work to get the shifting done; we had to do the running around.”

The fear of an impending dislocation also affected children's education adversely. The shifting took place in July-August which is the time for admission into the next class or division; many children weren't enrolled in school that year because they were not sure where they would be schooling and no one could afford to pay double fees. In many cases, older children, especially girls, were taken out of school in order to stay at home to do the house work and take care of the younger siblings while the parents went around arranging for the required documents and completing formalities needed for proving eligibility. If children continued in the same school, arrangements had to be made for them to stay with relatives in Jari Mari.

“Now my son is in Jari Mari staying with relatives in order to attend school.”

Adjustments had to be made within families. Women, children and elders were sent back to the village. Marriages that had been planned had to be postponed. Those who had planned to visit their native place were not able to do so due to the shifting.

“Mother-in-law, father-in-law, brother-in-law, all were staying together. They went to the village because of the shifting.”

“My daughter was to get married during the shifting. That couldn't happen.”

“Since the time we were told [about the shifting], no one could go to their native village because checking would be done. We haven't gone to our village since the last four years.”

The living conditions in Rafique Nagar were appalling just before the shifting took place. Rafique Nagar is situated in a low-lying area in Jari Mari and gets water logged during the monsoons.

Some people had not repaired their homes because they were moving out and so continued to live in appalling conditions. Also, as the houses were being broken down sand, gravel, cement and pieces of brick blocked the gutters and gutter water seeped into neighbouring homes making it difficult for those who were yet to shift.

“Our house was going to be demolished that is why we didn’t repair it. We simply spent days in the water.”

“Our house was broken a little later. Cement, sand and other material from those houses which were broken earlier collected in the sewage pipe due to which water was not flowing and water [from the sewage] collected in our houses. ”

“It was raining. Our house was broken. That’s why we didn’t put plastic otherwise water would come into the whole house.”

The processes preceding the resettlement, which involved taking decisions regarding planning and implementation along with the SRA and SPARC often left women out of their purview since most of them were engaged in their daily survival needs. Women had to often stay back at home not to miss out on the officials making rounds for checking and verification.

“There used to be a meeting here and a meeting there, sometimes take photographs here, sometimes there, this survey that survey, some one fell ill. No one was able to go anywhere, this was the problem.”

People also said there were some discrepancies in the allotment of tenements after the initial survey took place. There were instances of people getting areas smaller than the ones they occupied.. Those with small businesses and shops were allotted ground floors, but had no separate space for their shops and had to live and run their businesses in the same tenement.

“We had two rooms [tenements] but we got only one room, we did not get the other room. We did not have money to come here. It was monsoon time.”

“Earlier in Jari Mari we used to stay separately in a house on a second level. Here we have to stay with everyone.”

“We had a paan shop in Jari Mari. We haven’t got anything instead of that shop which is still in Jari Mari. We wanted a house on the ground floor. But when we received the keys they were of a first floor tenement. We thought we would get a house on the ground floor, but the people from MHADA told us that we would only get a tenement with a kitchen on the ground floor. They told us to stay and run our shop from there. This is very difficult. So we took the first floor tenement. Now we have to take our things for the pan shop every day. We are having a lot of problems.”

“We had a big pucca house, all of us were staying in one room and there was one door, that is why we got only one house. The men have a problem. Half of them stay here, half of them stay there. 10-12 men stay in Jari Mari. We had room to keep our raw material in front but we did not get that here.”

“In Jari Mari they [both the families] used to stay separately, one on the upper level and one below. But now 13 people stay in one room. We cook separately but stay together.”

Moving from Rafique Nagar to Shantiniketan Colony: Experiences during the shifting

The shifting was carried out in the months of July and August. Each household was given a time of three days to shift to the resettlement colony. Since this took place at the peak of the monsoons, transporting their belongings to the resettlement colony was difficult. Each household was asked to break down their own homes. They were provided with allotment letters stating their consent to the resettlement and the tenement that had been allotted to them. Families were given three days to break their own homes and take occupation of the allotted tenement in Dindoshi. Temporary access was provided with permission to use a private road that runs through Film City in Aarey colony, which provided a shorter route, and the only motorable road to the colony. The families themselves

arranged for transporting their household belongings. A majority of the households had to rent transport services whereas a marginal number used their own personal transport such as autorickshaws or tempos. The cost of transporting belongings was borne by the families though we were told that Rs. 500 was to be given to each family as transportation allowance. Some had to sell their belongings in order to pay for transportation. Most families didn't receive this amount. There is a feeling that this allocated allowance did not reach the families due to corruption at both the local community level and within the political leadership. There was also some ambiguity about the actual amount due to the families.

"We were told to take occupation of the room within three days, or else we won't get the room."

"They told us that if we didn't move in 3 days they would run a bulldozer over us. Those who got it pocketed it, but we didn't get anything. Transport costs were given, Rs. 500 was given for every house; we didn't get any of this."

"We rented a tempo and came. Our society wala told us that we would be getting money. After five years they would give us Rs. 20, 000."

"We broke our homes, sold our stuff and came here."

"There was no money for transport. We sold our bed and came here. There is no employment. It is far to go to and fro."

"No autorickshaws would come; we took our things bit by bit."

"We were told that we would be given Rs.500 for transportation but nothing was provided."

"We had difficulties coming from there [Jari Mari] to here [Dindoshi]; we didn't know the road. And it was raining; our entire luggage got wet."

When we asked them about the difficulties they faced during the shifting, most women could not recollect much in detail. Most, however, reflected

that it was a temporary phase and that the hardships they were facing currently, after shifting, were of immediate concern. Families were also separated during this period (Table 3.1). Some made arrangements to stay with relatives and friends till the shifting took place. Some members, especially women, were also sent back to villages till the shifting was completed. Some households had members who were unwell and required to be hospitalised during the shifting or immediately afterwards, which added to the burden on women who had to care for them and also meant extra costs for households.

"One son and one daughter were in hospital at the time of the shifting."

"We spent on transportation and then fell ill after coming here."

"There were a lot of difficulties. First we were told that we would be getting a house in return for a house. There would be arrangements made for transport costs and tempo. They were to give Rs. 1 lakh for one house but nothing was given."

Adjusting to a new living environment

The community took some time to adjust to the new living environment. Most families had not unpacked even 10-15 days after the shifting. They took their time to locate friends, neighbours and relatives. People started exploring the place for basic services such as schools, health care facilities, markets, employment etc. One of the concerns of immediate importance was the lack of proper access roads. The private road through Aarey colony was no longer open to them, being a private road. There was no motorable road to the colony except one through the neighbouring Nagri Nivara, which is a middle class housing colony, and that too ended much further away from the resettlement colony. For a large number of men in the colony who were autorickshaw drivers, this was a big disadvantage.

Babu Bhai¹ told me the variety of problems they have been facing for the past two months. "Where

¹ Name changed to protect identity.

have they brought and put us?" he said. "This is no place for people like us to stay; this is a place where rich people stay so that they have pretty scenery outside their windows." Everything is far. There is no access road. Another man added that the people staying in the nearby MHADA buildings don't allow them to use the only road that an autorickshaw can use. The watchman harasses them, he said, asks for money in order to let them pass. Paying 5 or 10 rupees every day to pass is becoming increasingly difficult and moreover they feel it is unfair. He says that even if they come back from work with their autorickshaws, they are made to wait till 10, after the loudspeakers for Ganesh Chaturti are put off. I was told that a board was put up there saying people from Jari Mari are not allowed here. The Film City road has also been closed because it is a private road and the lady who owns it finds them a nuisance. A contract had been signed to allow them to use it for three months while they were in the process of resettlement. The contract was then extended by six more months as the resettlement was still on. They went to "madam" to request her for a further extension. She said that they (people who have been resettled) should be grateful to her as the pipes that supply water to the resettled colony pass through her land and also for the fact that she let them use her private road for an extended time period. Babu Bhai said that they weren't able to do anything, as it is a private road. If it were a BMC road they would have forced it open for use. Babu Bhai shared his discontent in the way they have been resettled without any access road being built.

(From field notes)

The lack of access roads added to the feeling of alienation and uprootment. When some people died immediately after the resettlement it was difficult taking their bodies for cremation as there was no access road.

"If you live you live, though over here there is not even a place to die."

Among the other immediate concerns was the absence of a ration shop in the colony. Residents were promised provision of temporary ration supplies for a few months till a ration shop is set

up. The colony still does not have a ration shop and residents continue to go all the way to Jari Mari to get their monthly quota of kerosene.

"They [the State] were to give ration for 6 months but we weren't given anything."

"There was no employment all year. They said the State would give them grains."

In the initial days there was also lack of water. Women had to travel quite a distance to fetch water. Climbing several storeys with pots of water was a tedious task since the lifts were not functional. Also the mechanism for garbage collection and cleaning of the buildings was not in place which led to a lot of littering and garbage lying around posing a potential health hazard.

"Water was a problem. We used to go to Film City and wash clothes."

"There was nothing here. There was no water for a month, we had to get it from below, there were no shops here, my husband lost his job, we were better off in the slums where everything was close by. Climbing up and down is difficult."

"There was no water, we had to go far to get water. Coming and going is a problem, there is no work here; Jari Mari offers us livelihood. Behind and below the window, everyone throws garbage. It is very dirty. We have kept the kitchen window closed."

Water is another problem, said a man from the community. He said that there hasn't been a proper and continuous supply of water since they have come. As the colony is built on a cliff three pumps are required to pump water instead of one. They have recruited two persons to open the water valves. There is an interval of half an hour within which water for each building is released. He said that opening the valves is tough and if the person opening the valves takes more time than stipulated, the time period for water release is reduced. He also said that a lot of the water pipes were clogged with sand due to the construction; so many houses received no water. They had to arrange for plumbers to deal with

the problem. (This is something I noticed too. I overheard a conversation between two women in a building while climbing up. They were discussing the pressure of water in the taps of their houses. One of the women was complaining that there was no water in the tap in her house.)”

He also said that some of the building committee secretaries (“sadar” as they call them) played unfair and bribed or threatened the valve men to release water for longer periods in their buildings and the other buildings suffered.

(From field notes)

For most people, finding work in Dindoshi was difficult and for those who still had jobs in Jari Mari going to work was not possible since the colony is poorly connected by public transport.

A lot of people still travel to their workplaces that

are situated in Jari Mari, Kurla or other far off places that were accessible from Jari Mari. Babu Bhai told me that he has seen hundreds of people getting down at the Santosh Nagar stop in the evening. Due to poor connectivity and no good job opportunities they have to spend a lot of money and time travelling. Work at the construction sites near by (there are private buildings coming up near the colony) pays much less. Wages at their old workplaces were much better even after deducting travel expenses. Also here they are paid on a weekly basis, which would mean waiting for a week before one receives pay. Women, too, go to their old workplaces where they have been working as house help. Babu Bhai said that some women from his building still go to Annamalai’s (the local corporator at Jari Mari) house to sweep.

(From field notes)



Conclusion

“Money was given to come here but those people have kept it with themselves. Your homes are going to break, they used to tell us, they used to conduct a lot of meetings.”

The process of shifting itself requires a lot of mental preparation and the consequent change in environment and living conditions has taken its time to sink in. It also forces families to make adjustments in order to sail through the transition phase. Being a community that is already economically and socially backward these hardships are difficult to cope with. Adjustments had to be made both at the community level and at household level. The prolonged uncertainty made

it difficult for people to plan their lives in order to cope better with the shifting process. Though the community as a whole was going through the experience, people had to deal with the hardships on an individual and household level. This created a feeling of isolation. There was little clarity about what people were entitled to and why certain entitlements that they were aware of didn't reach them at all.

The experiences during the shifting raise several questions. What measures can be taken to help the community prepare better for this drastic change in their lives? Since families have to fend for themselves, the poorer families are in a more difficult situation than families that are financially slightly better off.

Table 3.1: Was family separated during the shifting?

Was family separated	Frequency	Percent
Yes	57	12
No	407	85.9
Missing	5	1.1
Don't know	5	1.1
Total	474	100

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Chapter 4



Right to Social Security

Right to Social Security

Billions of people in developing countries face severe poverty and deprivation without any form of social security. In addition to persistent day-to-day deprivation, they are also vulnerable to crises arising from fluctuations in the economy, natural calamities, civil war or even situations such as involuntary resettlement and large scale displacement. Such changes have economic and social consequences often resulting in the break down of extended family and kinship ties that traditionally provided support. The International Covenant on Economic, Social and Cultural Rights (ICESCR) deals with the right to social security in articles 9 and 10.

Article 9

The States Parties to the present Covenant recognise the right of everyone to social security, including social insurance.

Article 10

The States Parties to the present Covenant recognise that:

1. The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children. Marriage must be entered into with the free consent of the intending spouses.

2. Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working

mothers should be accorded paid leave or leave with adequate social security benefits.

3. Special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions. Children and young persons should be protected from economic and social exploitation. Their employment in work harmful to their morals or health or dangerous to life or likely to hamper their normal development should be punishable by law. States should also set age limits below which the paid employment of child labour should be prohibited and punishable by law.

Aspects of social security

Social security encompasses provisions or assistance by the state or bodies responsible for the welfare of citizens, to ensure that the beneficiaries/ recipients are assured of a minimum level of subsistence or standard of living. This understanding of social security is in terms of the obligation of the state and is formal in nature, having originated in models in developed countries and effective in fairly urbanised economies (Ahmed et. al, 1991). Even though social security in the U.S. and Britain evolved in the context of the need to reduce poverty and unemployment, and also to restrain the State from intervening in market dynamics, the welfare state was established in these countries when large-scale poverty and unemployment tended to destabilise their market-oriented economies.

There is now enough literature to ensure that the

components of social security leading to an adequate standard of living include not just assets but the actual opportunities to acquire them (Ibid, Sen, 1981). In developing countries, it has been difficult to institute universal programmes of social insurance or assistance. Those that are in place mostly support workers in the organised sectors or certain sections of them. There are, however, several specific schemes or programmes such as the public distribution system or the employment guarantee scheme that provide a measure of social security.

Social security in the context of resettlement

For a displaced population that is being involuntarily resettled, it is incumbent upon the state or the authorities involved in the process to provide for resources that ensure social security to the people who are being resettled. This means that apart from housing, all elements that are required for sustenance have to be provided, such as access to reasonable employment opportunities, transportation to access the workplaces, food security through ration shops, hospital and health care services, educational facilities to acquire skills, and emergency benefits and care. There should be provision to ensure immediate possession of ration cards, birth or death certificates from issuing authorities close to their new place of residence. There must be access to benefits under schemes such as pensions, training for employment, or entrepreneurship. These should flow to displaced citizens as their entitlements.

Likewise if people lose rights over livelihoods if their traditional lands and possessions are appropriated by the State or other authorities, then compensation in the interim period to allow people to acquire some of these elements of an adequate standard of living should be provided. Monetary compensation even if it is no substitute for what is rightfully the people's through traditional rights, offers some incentive to begin a new life. Given the nature of relocation, some of the provisions of social security entail long-term social security measures, while others are time-bound and could be discontinued once adequate provisions are in place.

Given below are the experiences of the community that was resettled at Dindoshi from Jari Mari, and relate to the State support of social security provisions to the people so displaced. The experience of the people, men, women and children reflects the deleterious impact of the resettlement when adequate infrastructure and support was not provided.

Loss of employment and its impact on household resources

The state must provide social security related to loss of employment on a priority basis for any community that has been relocated. This is based on our insight that when livelihoods of the main earners are affected it spills over to affect all the members of the household and pushes the family towards a situation of poverty or destitution.

Loss of men's employment near their homes

The authorities were unconcerned about the livelihoods of the men and women who were daily wage earners working in the vicinity of Jari Mari. Following relocation at Dindoshi, many men lost their earlier sources of livelihood and had to either travel back to their former workplaces or to adjoining locations to seek jobs. There was no alternative employment near the new residence. These dislocations, rearrangements and shifts in mostly men's lives meant more expenses to the families. Men now had to spend more. As some of the women mentioned,

At Jari Mari, places where men could get jobs were nearby, Kajupada, Tilaknagar, Sakinaka, Khairani road. With just Rs. 5 in their pockets, men could spend the whole day out and return in the evening. Now to go to Jari Mari from here to search for jobs, they require a minimum of twenty rupees. All the savings are thus eaten up.
(Women in FGD)

Additionally, in the new residence, all living expenses had increased: the water bill, electricity bill, a building maintenance bill, etc. As some women mentioned,

We were told at first that we would not have to pay any maintenance amount. The Rs. 20,000 would be part of our building account, the interest from which will pay the maintenance. Had we known that we would have to pay for all these things we would not have come.
(Women in FGD)

Further, these payments by all families entailed some level of cooperation. If any one family defaulted, all the others would have to pay the penalty of being denied the benefit. This often led to quarrels and conflicts.

Four days ago, there was a fight on the issue of payment of water bill. It had to be taken to the police station. Then the defaulters paid up the amount, and then water supply was restored.
(Women in FGD)

Additional work burden and worry for women

Women had taken to several forms of home-based production to add to the household income and meet expenses. Women struggle hard to make five rupees a day making garlands of about a hundred flowers, hardly earning Rs.150 per month. This added to the household chores and worries for women regarding household management.

We never did any outside work at Jari Mari. After coming here we thread flowers: for Rs 5, we thread a hundred flowers. On account of that the girls' health also has deteriorated, and they have backache, lower back pain and other aches and pains.
(Women in FGD)





Apart from mental stress, the new work has taken a toll on their eyesight, and their girls' health. This has increased the burden on women. Many women now have to work outside the home, and have to leave their families, often young children, unattended.

It is difficult for us to pay Rs 300, 400, 500 every month for all the expenses. If we don't, our houses will be sealed. This is a matter of great tension. Where will we get this much money, when we can't even light the kitchen fire?
(Women in FGD)

It is quite worrisome, that the whole day we have to leave the children behind and go out to work. In many houses this is the case, the father and mother have to go out to work, and then what do you think will happen to the children?
(Women in FGD)

Lack of resources affecting the most vulnerable

Girls were the first victims during a water supply shortage. Even those who were attending school

had to skip school and go to collect water. As the girls mentioned,

... if there is no water, then all the work in the house comes to a standstill. It is because of this that our schooling had to stop.
(Adolescent girls aged 16-18 in FGD)

Boys dropping out of school and entering the workforce

The distance at which schools were located made them inaccessible. The children had to trek long distances or use a flight of steep and dangerous steps that led to many accidents. Many of the boys dropped out of school because they had to find jobs and earn a livelihood. Some work as carpenters others work in some company, in a textile shop, as drivers, etc. to augment the household income.

Thus, an assurance of employment benefits or similar social security to the earning members of each household would ensure that burdens are not passed onto young boys who ought to be completing their schooling or onto women and girls, who are anyway burdened with household chores and childcare.

Lack of transportation

The resettlement colony is situated on a hill top with no *pucca* road access. The main access road to the colony is a mud road that runs through a neighbouring housing colony. Apart from the poor condition of the road, it has no streetlights. Another route is a series of steps that runs through a neighbouring slum. The steps are referred to as '90 steps' or 'nabbe siddi' indicating their number. This is a popular route as it is the shortest way to the nearest market, the nearest municipal school and the bus stop from where buses go to Goregaon station. A third route opens into Chhota Kashmir, an expanse of green, densely forested land. This route again has no tar road, is deserted, and has no lights. It is close to the Sanjay Gandhi National Park in Borivli, and reports of leopards mauling humans makes this a dangerous route. This situation has led to considerable fear among the residents as the colony does not have a gate which makes them vulnerable to possible attacks from

leopards. Despite these risks, people from the colony continue to use this route and walk the few kilometres through Chhota Kashmir in order to save a few rupees on travel.

The colony is one hour's distance from the nearest railway station, which is Goregaon. The nearest bus stop is situated about half an hour's walk from the colony down the 90 steps. Very recently, a new bus stop has come up 20 minutes from the colony, which has buses going to Goregaon station. However, this is not of use as most people from the colony travel to Kurla and Jari Mari. There are no buses around the colony that connect to these two places. In order to overcome transport difficulties the community has started its own private bus service from Dindoshi to Jari Mari and back several times in the day. The lack of proper transport and the lack of contacts in the new area means that families have had to spend more in searching for contacts and new jobs.

Even now we have difficulty going to Sakinaka. We have to get up early and go to work; if we are delayed the seth shouts at us. The traffic is also a problem when we go from here, besides the cost of travel.

(Adolescent boys aged 16-18 in FGD)

The 90 steps route that is most frequently used is difficult and unsafe for children and old people. There have been falls leading to fractures and even death. Use of this route by the resettled community has caused friction with the neighbouring slum community that has threatened to stop their access. Women were particularly vocal about the problems associated with the lack of proper bus services and were emphatic about the lack of basic facilities that were promised and that are still lacking.

Water is an absolute must. But along with water, we need roads and bus services, these are equally important.

(Women in FGD)

In a city such as Mumbai where people travel long distances from their homes to their places of work,

the lack of proper transport takes its toll on these resettled communities who had to travel to seek a livelihood. This is an enormous burden for families who earlier sought their livelihoods near their homes. To buy basic household necessities such as kerosene for cooking, they have to spend more money on an autorickshaw because kerosene cannot be transported in buses. The lack of proper transport services in a new place means denying the right to free movement to the resettled community.

Need for food security

Lack of a ration shop in the community

Despite assurances, there was still no civil supplies depot (ration shop) in operation in the community. Most people went back to Jari Mari to get their monthly supply of ration, which is mainly kerosene, as the quality of grains available in ration shops is so poor. As we saw, transporting kerosene is costly especially because stocks are uncertain and several trips may have to be made by autorickshaw. This has led to a flourishing black market in kerosene. There were many contenders for the licence to run a ration shop, but the authorities have not been able to make one operational. They have thus failed to ensure one of the important entitlements of the people: food security through the public distribution system.

Health care needs

The health post in the vicinity was in a dilapidated condition and the municipal authorities had made no effort to extend its services to the resettlement colony or assign a new health post for the colony. People still go to the Kurla Bhabha hospital for all their medical needs. Women who were pregnant still register themselves there for antenatal care. In the absence of a public hospital nearby most people seek private medical care. Women said they had expected all the necessary facilities to be in place along with the newly constructed buildings¹.

There is so much place, and so many buildings have been built even after our coming here, but

¹More on this in the section on health



they have not built a school, or even a dispensary.
(Women in FGD)

Basic facilities to support the housing and living arrangements

Entitlements citizens can expect from the State

The State should have made adequate arrangements to issue ration cards to people, thus ensuring that they get their most required entitlement. Similarly getting birth or death certificates from an issuing authority close to their new place of residence was essential as also availing pensions, training for employment, or entrepreneurship.

Provision and cost of maintenance of buildings

Following the relocation of families in the buildings

in Dindoshi, the authorities failed to ensure adequate infrastructure such as water supply, electricity, and other basic facilities at a reasonable cost. Not all the families could afford to pay the additional costs. Thus many families could not pay their monthly dues towards maintenance. But if payments were not made, then facilities such as electricity, water, etc. were withdrawn. This often led to conflicts. There were numerous issues concerning the maintenance of the building, its repairs and construction that caused disputes among members of the community.

Reiterating State responsibility to ensure social security

All these above discussions when woven together emphasise the fact that the State must make social security provisions when citizens are thrust into a situation of vulnerability that is not of their making.

At a time when there is increasing pressure to reduce State responsibility for the welfare of citizens in general and transfer the responsibility to the community, or to private interests to trade in, it is necessary to emphasise that the welfare of displaced and/ or resettled communities is the responsibility of the State. Especially so when communities are displaced for reasons that benefit the State or other public authorities. In this case, the land that the people had given up is being recovered for a public purpose by the airports authority. The people were assured of an adequate standard of living in their new neighbourhood. In that respect, the provision of social security is an imperative as the relocated people are actually being dispossessed or excluded so that some others

will benefit. Hence compensating them and providing them social security is absolutely necessary (IHRIP, 2000).

The authorities did not fulfil their promise of providing adequate facilities along with the buildings in the resettled area. This denial of basic infrastructure impacted adversely the already fragile lives of the people who were uprooted from their homes. Thus the right to social security ought to be inbuilt into any mechanism that negotiates involuntary resettlement of any community. It should safeguard the rights of all men, women and children, and not just the earning members who suffer loss of livelihood.



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Chapter 5



Right to Work

Right to Work

The right to work is the first of the specific rights recognised in the ICESCR. The right to work deals exclusively with access to work (wage labour), and hence persons who do not have access to work are the main concern. The provisions in articles 6 and 7 imply the interconnectedness of the right to work to the realisation of other rights such as the right to adequate standard of living including food, housing etc.

Article 6

1. The States Parties to the present Covenant recognise the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right.
2. The steps to be taken by a State Party to the present Covenant to achieve the full realisation of this right shall include technical and vocational guidance and training programmes, policies and techniques to achieve steady economic, social and cultural development and full and productive employment under conditions safeguarding fundamental political and economic freedoms to the individual.

Article 7

The States Parties to the present Covenant recognise the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular:

- (a) Remuneration which provides all workers, as a minimum, with:

- (i) Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work;
- (ii) A decent living for themselves and their families in accordance with the provisions of the present Covenant;
- (b) Safe and healthy working conditions;
- (c) Equal opportunity for everyone to be promoted in his employment to an appropriate higher level, subject to no considerations other than those of seniority and competence;
- (d) Rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays

Employment therefore forms an important analytical category while researching concerns surrounding involuntary resettlement. Realisation of the right to work has deep linkages with the survival strategies of the community in a new environment and vital aspects such as health, education and living conditions. In the current context of displacement and resettlement the difficulties in finding and retaining employment need due focus. The changes in employment patterns and nature of work may affect the standard of living and livelihood strategies of the resettled population. However, this chapter doesn't restrict itself just to wage labour. It looks into the implications of a changed living environment for housework which is unpaid and invisible.



The changing economic scenario especially post 1980, led to a rise in informal sector employment in urban areas. The share of employment in regular, permanent and full time jobs with adequate social protection has declined (Unni and Rani, 2003). In Mumbai, with the closure of mills and companies in the 1980s, workers have taken to the informal sector as casual workers or are self-employed. For slum dwellers, mostly migrants themselves, the livelihood available is unstable and insecure. There is no assurance of an adequate income. There is overwhelming evidence to suggest that urban poverty and informal employment are closely related.

In Jari Mari, the place from where this community has been resettled, there is an abundance of industrial and commercial activity. Most of those living there are engaged in the informal sector and work in the industrial units in and around Kurla.

As with most employment in the informal sector, most of the production units are owned and operated either by individuals or as a family enterprise. Workers are employed as contract,

temporary or wage workers. A majority of those working in these units had only a few years of schooling and many are not even literate. Many of the owner-operators are not very well off themselves, so these units have little in the way of capital investment. Only a few have adequate premises, and many lack minimum infrastructure such as adequate space, light, water supply etc. This results in degrading work environments and also long hours of strenuous work.

This chapter examines the employment situation of the resettled community. It looks at the impact of resettlement and the subsequent change in living environment on work. It specifically deals with the *nature of work, type of work, income, the hardships involved in retaining work because of physical distance and expenses incurred and it also looks at housework.*

Nature of Employment in Dindoshi

So, do you all go to work?
Yes. All of us work.

What work do you do?
I work in a company over here; they make rubber stamps.
I stitch jeans.
I am into carpentry- I make furniture.
I sit at my shop.
And you?
I am a driver.
A rickshaw driver?
I drive a tempo.
 (Adolescent boys aged 16-18 years in FGD)

On an average, each household has more than two family members engaged in wage labour. Of the households interviewed, three households had no working members. In the workforce overall, the participation of men to women is 3:1 (Figure 5.1). This ratio remains unchanged for the informal sector, at 73.6 per cent men and 26.3 per cent women. However, the number of women working in the formal sector is much lower than men (9.1% and 90.9% respectively) (Figure 5.2). The number of men and women engaged in casual unskilled labour is almost comparable (51.8% and 48.2% respectively). However, more women (45.9%) are

daily wage earners as compared to men (14.3%). Also, most women workers either have contract and temporary work tenure (40.0%) or are daily wage earners (45.9%) (Table 5.1).

Formal sector employment is as low as 8.2% for men and 2.4% for women. Professionals make up 4.4%, which includes teachers, proprietors, agents, contractors etc. As is the nature of the urban informal sector, people are engaged in a wide spectrum of occupations that vary from home-based work, to driving autorickshaws, to petty businesses.

The informal or unorganised sector as a source of employment engaged 92 per cent of the total population. In the world economy, women's share of informal sector employment has remained high, estimated at typically 60 to 80 per cent, although in a few countries men dominate urban informal sector activities (ILO, 1999). Though the participation of both men and women in the

informal sector was high, it was found that 97 per cent of women were working in the informal sector as compared to 91 per cent of men. Due to the wide range of work people are engaged in within the informal sector, classifying it for the convenience of analysis led to several dilemmas. Currently, informal work has been divided into home-based, industrial and construction work, domestic work, service sector work and businesses.

In the current study, 97% women are engaged in home-based piecework as compared to a small percentage of men (1.5%). The widespread subcontracting of production and services to family enterprises and home-based labour has contributed to the integration of women's home-based labour into the formal production system under informal, flexible employment arrangements. While flexibility is adopted as a strategy to cut production costs and increase employment availability for individual workers, it essentially means short and sporadic periods of



work followed by periods of uncertainty (Deosthali and Madhiwala, 2005). Because of this women engaged in this work often don't see themselves as 'workers'. Home-based work becomes a part of housework and hence becomes invisible just as housework does. Also, since it serves as a supplementary source of income, it often gets missed out. Talking exclusively to women respondents, the use of probes and building a good rapport with them revealed a higher number of women engaged in home-based work.

Women workers tend to be concentrated in a narrower range of activities and tasks that require less or no skills. They receive virtually no wages and generally undertake all the arduous work. The overall quality of their employment is poor and there is an extreme degree of informality in their work relations (Unni and Rani, 2000). Most women (48.8%) are home-based workers, engaged in casual unskilled work such as home-based

piecework that involves finishing products made in small-scale workshops like trinkets, sticking plastic sequins on earrings and arranging them on a piece of plastic, beadwork, bottle caps, packaging, colouring and finishing bangles etc. This is carried out throughout the day alongside their regular housework. All the women in the household and also the children are often engaged in this work. Women sit at their doors or gather in groups along corridors and do this work.

As I was chatting with Zaheera¹ and Gazala², Zaheera's sister Sakina entered with a bag full of what looked like parts of earrings. They told me that a lot of people here have begun doing home-based piece work. They get their raw material from Santosh Nagar. A lot of women who were involved in domestic work back in Jari Mari have taken to home-based piece work in Dindoshi. Quite a lot of them are also involved in colouring bangles. During their work they constantly inhale



¹ & ² Names have been changed to protect identity.



the solvent of the paint and as a result a lot of them have contracted TB. The local community based clinic confirmed this. Some were also involved in putting pen parts together. This was the first time Sakina had brought home this work. They were parts of earrings that they had to finish and then arrange them on a plastic sheet that could hold nine pairs. For every 12 sheets she would get Rs. 3.

(From field notes)

The corridors of the buildings serve as the only public space available to women. In one building, however, we came across a change in the plan of the building that allowed a large balcony accessible from the first floor for women to use. The raw material is collected from Santosh Nagar (the slum below the colony) but women have to buy the thread and needles. Most women get enough raw material to last them a week; when they deliver the finished work they get more raw material. Some

have even started contracting work to others in the colony. They get the raw material from a dealer in Santosh Nagar and distribute it to women in the colony.

Women make a hundred flowers of lace and sequins or other such material for five rupees. . They toil all day long. Some make one necklace for Rs. 1.50. It takes a long time to make one such necklace. At the same time she has to attend to crying children, to housework, she has to drop and pick up children from school. In eight days we manage to earn Rs. 10-12. How much do they earn in a month? Rs. 100-150. They are in a desperate state. The money we get is almost like alms (bheek). Even after putting in such hard work we are often paid once in two months. Climbing up and down the 90 steps to get the raw material and return the finished goods is difficult. We do it because we are desperate. We can make one necklace and earn one rupee at least so we do it.



Those with good eye sight are able to do it, those with weak eyesight can't thread beads I cannot do it even after wearing spectacles.
(Women in FGD)

This work is strenuous and monotonous and gives hardly any returns. On an average, women earn Rs 5-10 for a day's work. Working on the earrings, we were told, would fetch Rs. 3 for 100 finished and packaged pairs. Very often they aren't able to finish enough work to earn even that meagre amount, because of having to attend to housework and children. Another kind of work the women do is colouring glass or plastic bangles. During their work they constantly inhale the solvent in the paint and this may put them at high risk of contracting tuberculosis. The perception around in Dindoshi is that more women are engaged in home-based work here than in Jari Mari. Those who had never done this work in Jari Mari are now engaged in this too. Those with another source of income are

engaged in home-based work since the meagre earnings would supplement the household income. This is an indication of the economic condition of households after the shifting.

Threading beads has ruined our eyesight and young girls bending constantly end up with a backache. Someone or the other at home is complaining, my back is aching, my eyes are aching. This is all because of constantly bending down and threading beads, ruining young girls' health. Many girls have even fallen ill.
(Women in FGD)

We never worked in Jari Mari. After coming here, we make 100 flowers for five rupees. Here our health is deteriorating, backache, headache...
(Women in FGD)

Some 16.1% of the women are employed as domestic workers out of which most of them (57.6%)



travel to Jari Mari for work. Men are mainly (47.9%) involved in skilled, semi-skilled and service sector work. These include tailoring, rickshaw driving, vehicle repair, metal work like welding, etc. Some are also into what is known as 'POP work'. This involves plastering inner walls and making false ceilings with Plaster of Paris and is done on contract basis. The colony also has a few tenements which have been made into industrial units used for tailoring, packaging etc. Those into casual unskilled work amount to 26.1%. This includes labour at construction sites, lifting heavy loads, pushing handcarts, waste and rag picking. Most of the construction work available is sporadic and seasonal.

An estimated 20.7% of the men are involved in petty businesses such as running grocery stores, vegetable or fruit stalls, *pan beedi* stalls, scrap collection etc. Women are also into tailoring (10.2%) and managing petty businesses (5.9%) like

vegetable shops, grocery stores, selling fish, sweetmeats or running tea stalls. We also came across a woman and an old couple who sell leftovers from the airport, such as sachets of tomato ketchup, milk powder, packets of pickle or crumbled cake. They told us they get their supplies from Jari Mari. Most of the women doing tailoring were partners in the business with the men from their households. For instance they would stitch pillow covers or *saree* petticoats, which would then be sold by the men. Some are also working in small industrial units or *galas* where they are involved in finishing garments- cutting excess thread or stitching buttons etc. Our observation is that the women are invisible workers receiving no economic returns for their labour. They hardly identify themselves as workers. Their labour is seen as an extension of housework or as help to the husband or male members of the family. The remuneration would be mentioned as that of the male family member and not as combined earnings of both.



Women receive much lower wages than men. They have less control over the work they do. Their tasks are more routine and monotonous and largely unskilled; for instance, the women cut the loose thread once the garments are embroidered or stitched by the men. Women also tend to be involved in tasks that confine them to the home.

Nature of workplace

Most people have no fixed area of work (27.3%) or are engaged in small establishments (26.4%) such as small production units, garages, restaurants, barber shops, residential premises/buildings etc (Table 5.3). Some 23.6 per cent work in big establishments such as government offices, factories, construction companies, industrial establishments, big shops, schools, hospitals, petrol pumps, the airport etc. Interestingly the number of men working in big and small establishments is the same. This implies that the size of the enterprise they are associated with is not an indicator of their job security and socio-economic status. The nature of work as we have

seen earlier is primarily informal and casual or semi skilled. The level and type of work is of significance here. About 31.1 per cent of those going to Jari Mari to work don't have a fixed workplace. Most of them are street vendors (37.9%) and autorickshaw drivers (31.3%). The rest are skilled and semi skilled workers such as carpenters, plumbers, cobblers, casual labourers etc.

Income

The main source of income comes from the male members of the family; women are supplementary earners. The average income of those working in this community (per capita) is Rs. 2263 per month (Table 5.4). The average income of those working in the informal sector is around Rs. 2150 per month (Table 5.5). This sector being the main source of employment indicates that most people living in Dindoshi are living in poverty. The per capita income in the informal sector in this community is close to Rs. 2338 - the poverty line estimate of Maharashtra (IHDR, 1999). The income for those working in the formal sector is not very high either - around Rs. 3870.

One of the stark features of the employment of those interviewed was that the employment was largely casual and seasonal. This led to some families sinking into debt and has resulted in chronic poverty. Also, the fact that a significant proportion of the income goes into payment of maintenance and towards the cost of travelling to their workplace, leaves very little over for survival. This is the condition in most of the households we visited. People are without a security net after shifting and since almost everyone is living hand-to-mouth there is no hope of receiving any help from neighbours or relatives. Women headed households and those without any working members are the worst affected. A woman told us,

...in Jari Mari with 50 paise in your hand you could still go to the market and buy one tomato and some chillies to cook dinner. After coming here you can't get anything even for two rupees.
(From field notes)



Location of workplace

An estimated 63.4 per cent of those resettled still travel all the way to their workplaces situated in Jari Mari and other locations in the city (Table 5.6) despite the cost of travel since this is where purchasing power is concentrated. For instance, work at the construction sites near by (there are a set of private buildings coming up near the colony) pays much less. They earn more at their old workplaces even after paying additional travel expenses.

A lot of people still travel to their workplaces that are situated in Jari Mari, Kurla or other far off places that were accessible to Jari Mari. Babu Bhai told me that he has seen hundreds of people getting down at the Santosh Nagar stop in the evening. Due to poor connectivity and no good job opportunities they have to spend a lot of money and time travelling. Work at the

construction sites near by (there are a set of private buildings coming up near the colony) pays much less. The wages at their old workplaces are more even after the travel expenses. Also here they are paid on a weekly basis, which would mean waiting for a week before one receives pay. Women, too, go to their old workplaces where they have been working as house help. Babu Bhai said that some women from his building still go to Annamalai's (the local corporator at Jari Mari) house to sweep. (From field notes)

Also, here they are paid on a weekly basis, which means waiting for a week before one receives pay. Since there are no formal contracts or agreements in informal work, there is an element of trust that is involved that takes time to establish. Looking for new jobs in an area where the local community sees them as 'planted' is very stressful and difficult. The fact that most of those resettled here are Muslims



in a predominantly Hindu neighbourhood adds to this dimension.

Why is it so easy to find a job in Jari Mari and so difficult to find one here?

One thing is that this place now is different. Jari Mari was familiar, we knew people there; we don't know anybody here. The main thing is that they have brought us to an entirely different place and left us. Now since no one knows anybody, first one has to go get introduced, give our address, give this, give that, then even if there is work people say he is new, we don't know, what if he takes something and goes away. So there is no trust. Now in Jari Mari, Kamani, Safed pool, are places where we could easily get work.
(Adolescent boys aged 16-18 years in FGD)

Some of the earlier exchanges with the neighbouring slum community were not very pleasant, as a man who earns a living by driving rickshaws shared with us,

"... the people staying in the nearby MHADA buildings don't allow us to use the road near their buildings –which is the only road where an autorickshaw can pass. The watchman harasses us when we come back from work, asks for money in order to let us pass. Paying 5 or 10 rupees every day to pass is becoming increasingly difficult. This is unfair".

(From field notes)

Finding employment in the vicinity and even sustaining existing employment has been a struggle. It is difficult because of the hostility the resettled community faces from the neighbouring slum community. For women, the distance they have to travel to get to work also adds to their difficulties. Most of their wages are spent on travel.

What kind of problems do women have to face?

These poor women go out to do domestic work – they go via Chota Kashmir. They have to rush to work, come back for the children, they can hardly eat or drink, they face a lot of difficulties. We feel that if there is a bus, they would have some rest. They have to walk all the way to Chota Kashmir, and whatever they earn goes into travel only. Who cares if the woman falls while getting into the bus?

(Women in FGD)

In the absence of any suitable job opportunity men often have to look for alternatives outside the city or even abroad. The Gulf is the preferred option for those going abroad. Some are engaged in contract-based construction or transport work that takes them outside the city. About 2.3% work outside the city, either within Maharashtra or abroad.

Resettlement and allocation of business premises

An important characteristic of the urban informal sector is that a major proportion of units in this sector do not have a fixed location and operate in temporary structures, open spaces or locations that are considered illegal or unauthorised. This



their distress to SPARC, the NGO involved in the resettlement process, and were finally given permission to use their tenements for commercial purposes. Those staying on the ground floor widened their windows and broke down walls to put up shutters, turning their homes into shops and commercial units. Those staying on upper floors are still left without any allotted commercial space and have set up their shops in the lanes of the colony.

I asked Babu Bhai about people running shops from their homes, and also residents of the ground floors breaking down the walls below windows and putting up shutters for shops. He told me that people who ran shops from their homes in Jari Mari were not provided commercial space to do the same here, so they had no choice but to do this. They had gone to Mr. Jockin from SPARC who looks after the resettlement process, and asked for permission to break down the walls, which was granted to them. This he said, has benefited everyone as they all had to go down a hundred steps for every little thing.
(From field notes)

proportion is quite substantial, often exceeding 70 per cent (Sethuraman, 1997). The same holds true for individuals running their businesses from their homes as was common in Jari Mari, or for shops usually concentrated on the roadside or in the market place in the heart of Jari Mari where business is lucrative. The desire is to save on costs and this includes rent. Higher disposable income is more important than better quality premises. It is therefore a preferred choice to operate from homes or from other 'rent-free' locations even if it means violating existing regulations by occupying public space in central locations, squatting on the roadside on public and private property etc.

After shifting from Jari Mari to Dindoshi, it was difficult for people to set up businesses, not only because establishing oneself and getting customers takes a lot of time, but also because those with businesses weren't given commercial units from where they could run their businesses. Turning residential units into commercial units is not permitted under the rules of the Slum Rehabilitation Authority. People communicated

The location of production units and petty businesses is such that it deprives them of access to markets where they can sell their products. The nearest market is far away and access roads are not good. This is different from the situation back in Jari Mari where they could reach out to a larger consumer population. With the impact of resettlement the economic burden on households has intensified leaving the community without much purchasing power. This has severely affected businesses. They were also more centrally located earlier, Jari Mari being well connected to other parts of the city. Profit margins have decreased due to the increased cost of transporting goods all the way to the colony.

Cost of travel

The resettled colony is located at a height which makes accessibility and connectivity to the rest of the city, and especially to Jari Mari, difficult. It takes at least 20 minutes to walk to the nearest bus stop and an hour to the nearest railway station. Very recently, a BEST bus service has started from



the nearest station. Though this has improved connectivity, not everyone living in the colony has been able to take advantage of it because they cannot afford it. The community has made some efforts to improve the situation by arranging for a private bus service plying between Dindoshi and Jari Mari every day. But the service is not very regular and those travelling every day for work cannot rely on it.

Due to poor connectivity and lack of job opportunities people in the resettled colony have to spend around 20 per cent of their daily wages and time travelling (Table 5.7). If the average income of a person is Rs. 3000 a month or Rs. 100 a day, spending Rs. 20-22 on travel is expensive. The time taken to travel also adds to the physical hardships. The 32% working near and around Dindoshi pay on an average Rs.5 per day. With their meagre incomes the cost of transport is a heavy burden.

***Where do you work?
In Saki Naka***

It must be difficult reaching Saki Naka?
It is difficult travelling. One has to get up early in the morning and leave early. If we don't reach on time the Seth [employer] shouts at us. There is a lot of traffic problem here.

So how do you go?
From here we go to Chota Kashmir, from there we catch a bus and go to Saki Naka. From Saki Naka we have to go walking, it takes 15-20 minutes.

You do get work here, but the wages are less. We are new here; we don't know anyone so it is a little difficult to work here. This is a new place; someone may say something. But the main thing is the wages. There we could get Rs. 4000 and here we can't manage with Rs. 3000. A person



House work and Childcare

Housework and childcare form an important part of the labour burden borne by women. These are primarily women's tasks and the extent of this burden depends upon the gender distribution of tasks within the household. Slum environments make housework even more arduous due to lack of basic amenities such as water and a proper system of waste disposal. Keeping a house clean and liveable is a major task for women living in slums. The living conditions in the resettled colony are much different. Each tenement has a toilet and tap, unlike Jari Mari where there were municipal toilets and the nearest tap was a long distance away and both were used by a large number of people. However frequent water shortage in the new colony has its own problems. During the acute water crisis in the summer of 2002, a pregnant woman suffered heavy bleeding and consequently a spontaneous abortion because she had to carry water up several floors of the building. Evidently this is more difficult and hazardous than carrying water through the gullies of a slum.

works only for money. One will not stay for fewer wages. Over here it takes Rs 3 to go and Rs. 3 to come, Rs. 6 has gone. Now in Rs. 3000 how can one manage? In Saki Naka one gets Rs. 4000, out of which Rs. 350 goes in travelling, even then Rs. 600 remains in hand then how can one manage in Rs. 3000?

(Adolescent boys aged 16-18 years in FGD)

Despite the economic and physical costs involved in travelling to Jari Mari nearly 16.6 per cent women continue to go to Jari Mari for work. During the study we came across some women who told us that they couldn't continue with their jobs as domestic workers as commuting to Jari Mari was very inconvenient, expensive, and even unsafe. They have to work late hours and return after dark. The access road is poorly lit and deserted¹.

We always have the fear that water supply may be cut. We have to store water in these huge cans. They told us that we won't need big utensils, so we sold all the German vessels and pots in Jari Mari. After coming here we had to buy new ones. We store water in flour containers so, we will at least have drinking water. We remove the flour and fill water in the container. All the vessels are now becoming black because we store water in them. In the slum (jhopadpatti) we never had to store water in small utensils. In Jari Mari, just storing water in 2-3 cans was sufficient.

(Women in FGD)

Those who live on the sixth or seventh floor have more difficulty in filling water. Climbing up and down, they fall ill. People don't have money for medicines. Women are ill, children are ill – carrying 30-40 litres of water

(Women in FGD)

¹ The proximity of the resettlement colony to Aarey colony (which is a large green patch in the city) exposes it a forest area, which is notorious for leopard attacks apart from the usual reasons for it being unsafe for women.



Though the living conditions have significantly improved in terms of the physical environment there is no congestion or open drains in front of homes - the basic resources for maintaining clean surroundings are lacking. The requirements of middle-class housing such as garbage disposal, cleaning of corridors, of building premises and the overhead water storage tank etc. have now moved out of the domain of the household (and of women's work) and have become a part of the public or community domain. But this has added to the economic burden of the household as each month an amount has to be paid for the maintenance of the building.

The situation as far as childcare is concerned for working women has also changed with the new living conditions. Middle-class style housing doesn't allow much interaction between households in the resettlement colony. In slum settlements, the narrow lanes or *gallies* of each

chawl used to offer a space for socialisation and interaction between neighbouring women. This maintains the culture of sharing household responsibility too. Women in the neighbourhood would provide support to working women – both those leaving their children at home for paid work and also those engaged in housework - by taking care of their children. This seems to have changed after the resettlement due to the changed living environment. Incidences of kidnappings and the murder of a three- year- old in the area have made women hesitate to leave their children unattended.

Lots of problems, have to leave the children and go for work. When the mother and father are away, you know how children behave. They will go into the bushes and the jungle or into the mountains or to pluck raw mangoes or even go to the 90 steps. What if anyone slips?
(Women in FGD)

Children joining the workforce

Many children have been forced to work after the resettlement. One of the reasons for this is the increased economic burden due to the high maintenance costs in a new living environment. Just as women took to home-based work in a big way, children and adolescents also contribute to the household income. Children and adolescents are mainly engaged in home-based work. Some assist their parents in their petty businesses by looking after the shop so that parents can do other work. For instance adolescent girls in the community assist their mothers in housework as well as any other paid work they are involved in. Many a time they do all the house work so that their mothers are free to take up paid work. This is reflected in the way they articulate the problems their families face and as it reflects in their understanding of the economic hardships of the change they are witness to.

Are there children who have left school to join work?

Yes. There are many, boys and even girls. Some do domestic work, some work in a company. A girl from the 5th floor of our building goes to Goregoan. They make paint. Her sister does domestic work. There are four sisters in building no. A. All four go to work. One of them has recently got married. She lives next to us. The youngest is younger than me, one is my age and one is slightly older than me. Their father is no more and their mother is very old.

So after coming here have many children started working?

Yes. Many. No one went to work in Jari Mari. They used to get raw material and make goods at home. Earlier we managed everything within my father's earnings. We used to manage well. After coming here the rich have become poor and the poor have become even poorer. The debt on everyone has increased after coming here. We have to pay much more every day.

One woman living here became so thin because of working so hard; another one who was working died. She used to go to Santosh Nagar every day. She had five children. One of them was

seven days old when he died.

Do you work?

Yes. We make goods at home; we sit at our shop too.

So you sit at the shop after you come back from school?

Yes. But there isn't much business. Nobody's shop is doing well. First my mother had opened one in building no. Y then closed it. Then looking at ours they also opened a shop in no. Z, that too on the sixth floor. No one's shop runs in this place. The shop in Jari Mari was so full, here, see, it is empty. In Jari Mari not one customer would go back empty handed. We also had a shop in Jari Mari, any business – paan-patti, bhajiyas etc. would do well there.

(Children aged 10-14 years in FGD)

Conclusion

The impact on employment after the resettlement has been considerable. Historically, Rafique Nagar, the community's earlier location, was an area where most people worked in the informal sector, where both employment and income are uncertain. Most households were living in poverty even before the resettlement took place. Seeking new employment and also retaining existing employment has been very difficult for the community after the resettlement. The impact is visible in the continuous struggle to meet the rise in cost of living. Living in conditions that are now fairly middle-class requires people to spend more on maintenance of the building and surroundings which is difficult to manage with such a meagre income. The cost of travel has also proved burdensome leading to the loss of jobs and the search for new opportunities for many. Women unable to travel the long distances to work are now engaged in home-based work with a greater degree of informality leading to a sense of alienation and helplessness. In this context, the question of struggle and unionisation assumes specific importance. The disorganised and seasonal nature of the industry poses a constant threat to workers' rights. Informal sector employment is based on trust, and contracts are informal. Searching for jobs in an entirely new locality has therefore been very

difficult. This also explains why a significant number still go all the way to Jari Mari or other locations in the city for employment irrespective of what it costs them.

Rafique Nagar, like most slum pockets, comprises both residential settlements and a high level of industrial and commercial activity. Residents work in industrial units within the slum or offer services to those living there. The current community has individuals who were working in the industrial

units in Jari Mari. Many also had small businesses catering to the local population. With the overall economic burden of the new lifestyle rising, local businessmen and women find very few takers for their goods and wares.

In the current scenario, the sustainability of such large-scale resettlement is uncertain. With most people living on the brink of poverty, their standard of living seems far from improved.

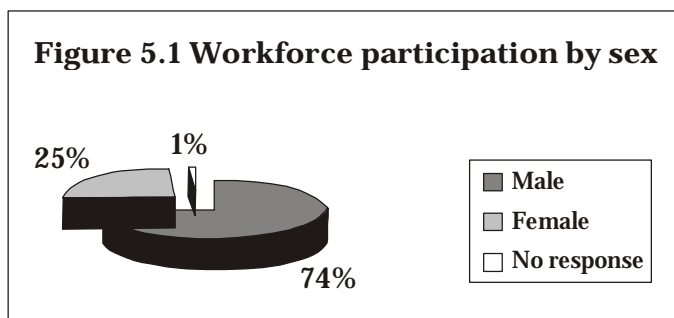


Table 5.1: Type of work contract by sex

Type of work contract	Sex of the person			Total
	Male	Female	No response	
Contract and temporary work	318 52.1%	82 40.0%		400 48.7%
Formal sector work	50 8.2%	5 2.4%		55 6.7%
Own business and self employed	152 24.9%	23 11.2%	1 100.0%	176 21.4%
Daily wage earners	87 14.3%	94 45.9%		181 22.0%
No response			5 100.0%	5 0.6%
Missing data		1 0.5%		1 0.1%
Don't know	3 0.5%			3 0.4%
Total	610 100.0%	205 100.0%	6 100.0%	821 100.0%

Figure 5.2 : Employment Distribution in Formal and Informal Sector

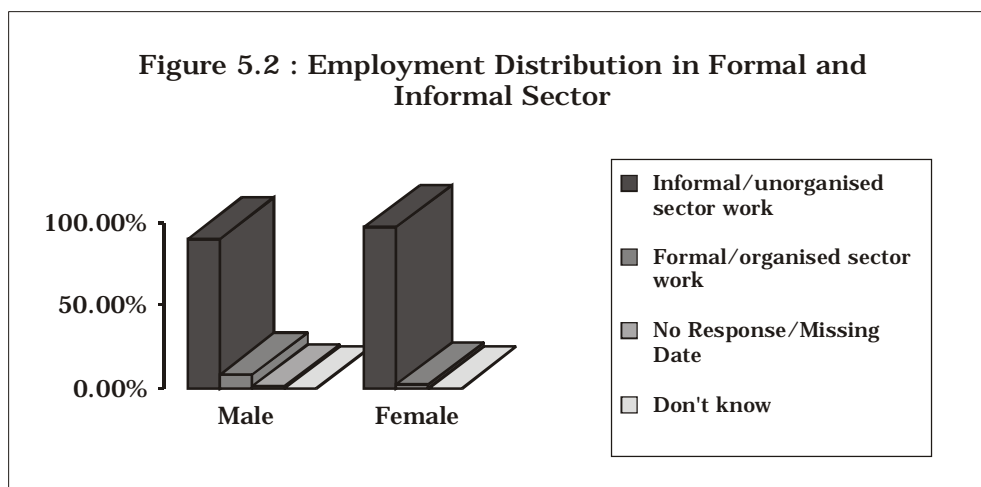


Table 5.2: Nature work by sex

Nature work	Male	Female	No response	Total
Skilled and semi skilled work	292 47.9%	34 16.6%	5 83.3%	331 40.3%
Casual and unskilled work	159 26.1%	148 72.2%		307 37.4%
Professionals	27 4.4%	9 4.4%		36 4.4%
Petty businessmen/women	126 20.7%	14 6.8%	1 16.7%	141 17.2%
Don't know	6 1.0%			6 0.7%
Total	610 100%	205 100%	6 100%	821 100%

Table 5.3: Nature of workplace/ work premises across geographical area

Workplace	Near Jari Mari	Near Dindoshi	Other location in the city	Outside the city	Refused	Missing	Don't know*	Total
No fixed area	76 31.1%	24 9.0%	121 43.7%	1 5.3%	1 14.3%		1 16.6%	224 27.3%
Home based	6 2.5%	158 59.4%	5 1.8%					169 20.6%
Big establishments	62 25.5%	31 11.7%	85 30.7%	12 63.2%			4 66.6%	166 23.6%
Small establishments	99 40.6%	51 19.2%	63 22.7%	4 21.1%				217 26.4%
Agriculture		1 0.4%						1 0.1%
Refused					6 85.7%			6 0.7%
Missing data		1 0.4%	2 0.7%	1 5.3%		2 100.0%		6 0.7%
Don't know	1 0.4%		1 0.4%	1 5.3%			1 16.6%	4 0.5%
Total	244 100.0%	266 100.0%	277 100.0%	19 100.0%	7 100.0%	2 100.0%	6 100.0%	821 100.0%

*In some cases women respondents did not know the nature of employment the male members of their household were engaged in.

Table 5.4: Income (in Rs.) distribution by sex

Sex of the person	Mean	N
Male	2717.20	489
Female	900.06	163
Total	2262.91	652

Note: No data on income available for 169 cases (126 don't know, 36 missing cases, 7 refused to answer)

Table 5.5: Income (in Rs.) distribution across informal and formal sector employment

Sector of employment	Mean (in Rs.)	N	Median (in Rs.)
Informal sector	2144.90	604	1800.00
Formal sector	3878.26	46	3000.00
Missing/ no data	.00	1	00
Don't know	1500.00	1	1500.00
Total	2262.91	652	1800.00

Note: No data on income available for 169 cases (126 don't know, 36 missing cases, 7 refused to answer)

Table 5.6: Distribution of location of workplace by sex

Area of workplace	Male	Female	Refused	Total
Near Jari Mari	210 34.4%	34 16.6%		244 29.7%
Near Dindoshi	114 18.7%	152 74.1%		266 32.4%
Other location within the city	260 42.6%	17 8.3%		277 33.7%
Outside the city	18 3.0%	1 0.5%		19 2.3%
Refused	1 0.2%		6 100.0%	7 0.9%
Missing/ no data	1 0.2%	1 0.5%		2 0.2%
Don't know*	5 0.8%			5 0.6%
Can't say	1 0.2%			1 0.1%
	610 100.0%	205 100.0%	6 100.0%	821 100.0%

*In some cases women respondents did not know the location of the workplaces of the male members of their household.

Table 5.7: Mean travel expense (in Rs.) per day across location of workplace

Area of workplace	Mean (in Rs.)	N
Near Jari Mari	20.88	200
Near Dindoshi	4.46	253
Other location within the city	22.54	192
Outside the city	11.54	13
Don't know	10.50	5
Total	14.82	663

*In some cases women respondents did not know the location of the workplaces of the male members of their household.

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Chapter 6



Right to Adequate Standard of Living

Right to Adequate Standard of Living

Article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) mentions that states should recognise the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing and to the continuous improvement of living conditions.

Article 11

The States Parties to the present Covenant recognise the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realisation of this right, recognising to this effect the essential importance of international co-operation based on free consent.

The States Parties to the present Covenant, recognising the fundamental right of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific programmes, which are needed:

(a) To improve methods of production, conservation and distribution of food by making full use of technical and scientific knowledge, by disseminating knowledge of the principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilisation of natural resources;

(b) Taking into account the problems of both food-importing and food-exporting countries, to ensure an equitable distribution of world food supplies in relation to need.

In fact, an adequate standard of living is the culmination of the securing of all the other social and economic rights. An adequate standard of living includes not just assets but the opportunities to achieve them. And these opportunities that help individuals develop their capabilities and functionings, as noted by Amartya Sen, should subscribe to a broader and more expansive definition of a standard of living (Goyal, 1996). Also, when conceiving of family, there is an inbuilt assumption that the head of the household is always a male. The understanding that has now accrued to us helps to challenge this in the light of increasing number of households being headed by women.

In redefining the concept of development that just focuses on economic growth, there have been affirmations of the importance of human security, to mean freedom from want and the freedom from the fear of want. A conception of a quality of life that includes these basic aspects of security of human beings thus assumes importance in the lives of people. Quality of life responds to material, social and psychological needs of people. Without losing the diversity and specificity of these needs, translating them into rights provides a framework and an operational meaning so as to guide policymaking by the state and for claims by people (Report of the Independent Commission on Population and Quality of Life, 1996).

Components of the Standard of Living of a Resettled Population

A population that has been involuntarily displaced and shifted from its earlier place of residence, so that the State or other actors may benefit, has a greater claim to an adequate standard of living. It is incumbent on the State and other authorities to ensure a better standard of living than the one

enjoyed in the earlier place of residence. However, this does not mean that the standard of living in people's earlier settlements was better. What it means is that communities when displaced, are entitled to improved conditions of living in comparison to their earlier locations. Among the entitlements due to them are, primarily, affordable housing, with arrangements for maintenance and repair; public distribution systems providing access



to subsidised rations; proper water supply and sanitation systems ensuring improved living conditions, and facilities for leisure and recreation.

In addition, the State has to ensure that opportunities also exist to achieve a reasonable standard of living. In fact, among the opportunities that stand compromised for a resettled population are the opportunities for livelihood, basic facilities such as adequate transportation, and access to educational facilities. All these provisions should

ensure an improved standard of living. Even the draft National Policy on Rehabilitation had stated that the conditions in the resettled phase has to be of a better order and standard than those the community had experienced prior to resettlement (Sinha, 1996).

Further, standard of living does not limit itself to opportunities for an adequate economic standard of living but conditions that ensure and promote mental wellbeing as well. The effect of resettlement

is felt more by the vulnerable people within a community, especially women, younger people and the elderly. These people are rarely consulted and have no role in the decisions leading to the resettlement, but the impact of the resettlement is felt acutely by them. Often the disruptions caused in their lives are rarely articulated or expressed (Good, 1996). Insecurities, isolation, lack of coping skills and other effects of the dislocation affect the mental wellbeing of significant groups of people within a community. These should also be taken into account in ensuring an adequate standard of living.

Translating the situation after resettlement to secure an adequate standard of living

We now move onto the specific situation of the community resettled in Dindoshi from Rafique Nagar, Jari Mari and review the conditions that either contribute to or do not contribute to an adequate standard of living. Given the broad framework of securing the rights of the resettled community within the CESC, we look at the standard of living of the community in terms of the obligation of the State to provide certain minimum entitlements, create opportunities for securing quality of life, and promote mental wellbeing. While describing the newly settled community in Dindoshi and focusing on the inadequate provisions made by the State, it is not being implied that the community's standard of living in their earlier residence at Jari Mari was better.

State entitlements

Access to Housing

This was one aspect of the standard of living that was apparently assured to the community. People were assured that they would get ownership of their houses and the resources to maintain them with the initial transactions that were made. Therefore, there was an assurance that housing and accommodation were being provided with no future liability to the community. However, as the women articulated,

We were told at first that we would not have to

pay any maintenance amount. Rs. 20,000 would be part of your building account, the interest from which will pay the maintenance. Had we known that we would have to pay for all these things we would not have come.
(Women in FGD)

Whatever form of housing is provided, along with it all the other facilities too should be provided. We were told before shifting that all the necessary facilities would be provided, even the bus facilities for children to reach school. But we find here that there is not even a road!
(Adolescent boys aged 16-18 years in FGD)

People were quite resentful of the callousness of the authorities who initiated the shifting, and made promises of providing all the necessary infrastructure, but did not keep these promises. People constantly reminded themselves of what was due to them from the State. The authorities had erected buildings without sufficient infrastructure to make urban living adequate. As the women noted,

The place we have been brought to is nice. But in the open space, they have to construct dispensaries, schools, ration shops. The road here is also not paved adequately. The road should be laid so that the bus reaches us here. We should not have to go far to take a bus. There should even be a temple or mosque and a cemetery nearby.
(Women in FGD)

Living expenses were affected by the loss of livelihood and the additional expenses incurred in searching for new jobs or in travelling to old places of work. As the boys, who now had to seek jobs, noted:

There one person used to get Rs. 4000 for a job; here even the 3000 that is earned is not enough. Less pay means less for all, besides the cost of travel to reach our place of work. Now we have to travel to Sakinaka all the way from here.
(Adolescent boys aged 16-18 years in FGD)

Other increases in living expenses were in the form of maintenance of the building, which included water and electricity bills and building maintenance

fees. The community was relocated from a place where their homes were part of a slum colony, where expenses were shared by the community. In the new buildings families were allotted flats on different floors. These buildings required some amount of maintenance, which they were assured would be a nominal amount that would come out of the initial investment that people were to receive as compensation. It was only when families actually started living in the new buildings that they realised that the quality of construction was not up to the mark, and much more was required in the form of maintenance and repairs. The women acknowledge that,

It is only after coming here that we realised that maintenance amounts have to be paid for water, electricity and building upkeep.
(Women in FGD)

Further, due to the loss of livelihoods and the inequality in family resources, not all families were able to afford the maintenance fee. This led to many households becoming defaulters.

One woman noted

I will not give a rupee more than Rs. 150.
Another woman said
Here there is nobody who is rich, all of us are poor, so take only what is due from us. Be fair to us!
(Women in FGD)

If a household did not contribute to the monthly maintenance bill, the supply of water or electricity was stopped and all houses had to bear the burden of the disruption. This, in turn, created several conflicts within the community.

Even if one household does not pay, the whole building is penalised, the whole building loses water supply. Then everyone faces difficulty. We starve and pay our water bills, but when others don't pay, we want to beat them up. But we are frightened to beat up each other. If we get involved in fights then we get into trouble.
(Women in FGD)

Many a time these disputes and conflicts were not resolved within the community and outside forces had to be relied upon to resolve them. In many

instances, the police would be the arbiters and this has stigmatised the community. As the boys resentfully noted,

In Jari Mari, the police never came to our locality. And even if they came they never extorted money from the people. Our quarrels have brought them in here. The police who come here are all from outer areas. Recognising that we are new settlers they come here often and harass us.
(Adolescent boys aged 16-18 years in FGD)

Indirectly the burden of provision and maintenance of housing, which should have been the State's responsibility was passed onto the shoulders of the people. This, in turn, created conflicts which jeopardised the security of the people, making them rely on State arbiters of conflict and stigmatising their fragile attempts to build community cohesion. These processes disempower people from forming their own conflict resolution mechanisms.

Food/ Resource Security

It is the State's responsibility to provide food security through subsidised food grains made available to the economically vulnerable through civil supply depots or ration shops. In the resettled community at Dindoshi, neither the state government nor the municipal corporation had provided a ration shop for people to access food supplies. The people still travelled to Jari Mari or to the nearby depot at Santosh Nagar. As some of the girls and women observed,

There is no ration shop here, nor have the authorities built any, and so we have to get our kerosene from Jari Mari. We don't even have a proper road, or bus service. And since the bus does not allow us to carry the kerosene we buy, we have to spend nearly Rs. 20 extra on the autorickshaw to transport it here.
(Women in FGD)

Water supply

Water supply to the buildings in the community is irregular, and the burden of this is inequitably distributed among the households and people within the households. Households now have to

pay for their water, and if any household defaults in making payments, the water supply is cut off for the entire building. The inequitable burden of this was articulated by the girls,

Whenever water doesn't come in the taps, we have to stay away from school because we have to go and collect water and then attend to household tasks. If water stops then the entire work of the household comes to a standstill.
(Adolescent girls aged 16-18 years in FGD)

Sanitation

Even though there was plenty of open space, the burden of its maintenance was also on the community now. However, the lack of cohesion and the palpable conflict amongst members of the community was not conducive to a successful resolution of these community level issues. As some women observed,

Once when the water tank was polluted as a dead dog was found lying in it, it could not be cleaned as there was no consensus on what to do and how to resolve the issue. So we had to rely on water from the bore well.
(Women in FGD)

Even the cleanliness of the buildings and the removal of garbage was a matter over which there was less unity and action. This also sparked quarrels with people in the neighbouring community. For instance,

The people in Santosh Nagar dump their garbage in the open plot behind our buildings. If we tell them that this space is reserved for our garden and they should not dump garbage here, they retaliate by expressing their resentment at our settling down here. We are not responsible for choosing this place for a home. They also threaten that they will block our way, which crosses their



neighbourhood. So there is a lot of trouble in the new settlement which is not of our doing.
(Women in FGD)

Opportunities for leisure

In the new settlement, the atmosphere was not conducive to relaxation and leisure though there was a lot of open space around that could be utilised for recreation or leisure activities. This was different from the earlier settlement, where the houses were adjoining one another and the only open space was the street. The open spaces around the buildings in Dindoshi, could be accessed by the entire community, but it was usually groups of boys who gathered here. This deterred girls from walking about freely. The girls said,

Even in Jari Mari, there would be boys around, but they would be from our chawl. Here, there are boys from the entire neighbourhood and we feel constrained to move about. The boys are a big nuisance.
(Adolescent girls aged 16-18 years in FGD)

Thus the open space and the potential it has for recreation does not favour girls, and they are restricted in their movements. The gender bias did not operate in the dynamics of the public sphere alone. Often girls' families restrained them, and many times it was their own younger brothers who restricted their free movement around the colony. Contrarily, the public space available made the girls experience a lack of safety and a lack of belonging. As in many other instances of displacement, families who lived as neighbours were now separated from one another and lived in separate buildings. The girls said,

We do not feel a sense of belonging here. It's because we were born in Jari Mari, grew up there, and lived there, and then suddenly we were uprooted and shifted here. All our neighbours are scattered and our relatives have all gone to different buildings, and our lives seem all apart.
(Adolescent girls aged 16-18 years in FGD)

This sense of alienation was felt by many in the community. Relationships forged over years of living together were now ruptured. The difficulty

of rebuilding their lives and bonds was further aggravated by the inadequate facilities. Thus all the requirements for an adequate standard of living were either inadequate or caused further conflict and were less conducive to improving the living conditions in the community.

Provision of opportunities

Access to Work and Resources

A direct fallout of the resettlement has been the loss of employment of men nearer their homes. Many of the men lost their sources of livelihood or had to travel to their earlier locations or nearby places to seek jobs. The loss of employment had a direct fallout on household incomes and on the standard of living. Women stated unanimously,

'Yahan sirf kamane walon ki tension hai.' (Here only the wage-earners are in tension). Those who have government jobs are comfortable. Those who go out to earn daily share their sorrows. Our men have been without jobs for 6 to 8 months.
(Women in FGD)

This process of seeking jobs added to their expenses and cut into their savings. As the women stated,

In Jari Mari we were able to save a hundred or two hundred, sometimes even five hundred or a thousand rupees. But now men and boys go out to work or learn work skills, and it costs them daily Rs. 40 to pay for transport for two people and they have to go far.
(Women in FGD)

The loss of men's livelihoods had its impact on women and children too. Women took to many forms of household production, in which girls also added their contributions to increase household incomes. Women said,

We never did any paid work in Jari Mari, but here we make 100 flowers for five rupees. Girls too do it, and their health gets affected with back ache, or neck ache.
(Women in FGD)

This took its toll, adding to the burden of both



women and girls within the household as well as creating health problems for them. The women had to earn those extra few rupees by stringing beads or flowers or had to seek jobs outside the home, but in the new surroundings they had less help with their household responsibilities.

It is so difficult now. All day long we have to leave the children alone and go to work. When both fathers and mothers go to work, what will happen to the children, who are left on their own?
(Women in FGD)

Girls often had to miss school to contribute to household chores or share their mothers' work.

Whenever water does not come we have a problem going to school. We have to fetch water and then attend to household chores. If water supply stops then all work in the house comes to a standstill and we cannot go to school.

(Children aged 10-14 in FGD)

Lack of state provision of educational facilities in the new settlement meant increased expenses that were burdensome for the families. This also meant that boys preferred to work and add to the household income.

Lack of amenities such as schools

Due to the lack of adequate and easily accessible schools boys tended to drop out of school and join the rank of income-earners.

A lot of time was wasted covering the distance to school and there was no time to study. It is a long distance to the school, and we are often late. During exams when we get late, we are not able to do the paper well, and I failed in the exam. So many of us took up jobs.
(Adolescent boys aged 16-18 years in FGD)



There was no school in the vicinity and children had to attend the school in the neighbouring locality of Santosh Nagar. They had to manoeuvre their way down the 90 steps to reach this school which often led to accidents. Facilities at the school were inadequate. There were few teachers and the quality of teaching was poor. They had to sit on the floor because there were not enough chairs and desks. The admission procedure itself was difficult.

The lack of basic infrastructure affected the vulnerable younger members of the community the most. Several boys dropped out of school in order to seek jobs as carpenters, shop boys, and drivers, and add to the household income. Girls missed school or had to drop out because the responsibility of household chores fell on them. Girls in fact were more enthusiastic about continuing their education but often found they had to attend to household responsibilities instead. If there was no water supply, they would have to go and collect water or

wait until the water came and the house work could be done. This was in addition to the fact that there were other access related factors that even boys faced as mentioned above.

Inadequate transportation

Apart from the poor access by road, the lack of a proper bus services was a big problem. Lack of adequate transport facilities cut people off from their sources of livelihood, access to education and health facilities, while increasing their household expenses. Subsidised travel facilities are important for an adequate standard of living.

Lack of hospitals or health posts

The health post in the community was in a dilapidated condition and required overhauling as well as support to get it up and running. Most of the people in the community thus relied on private



hospitals for health care. Since Bhabha Hospital – the peripheral municipal hospital at Kurla had served as a referral centre prior to their resettlement, women still went there to register for ante-natal care.

What is clearly evident is the inter-relatedness of the opportunities necessary for an adequate standard of living. When individuals are constrained from accessing livelihood opportunities, it affects their access to acquiring educational skills. Vulnerable and weaker members of the community suffer the most in this respect.

Mental well-being as an aspect of standard of living

We have seen the importance of providing basic amenities such as transport, schools, hospitals, dispensaries, ration shops, along with housing and jobs. Providing these is the responsibility of the

State. The denial of these provisions creates additional burdens such as mental stress, worry, loss of skills for the young, etc. This is in addition to the stress and dislocation that the process of resettlement itself had had on the community.

Lack of adequate livelihood opportunities or deprivation of earlier assured employment had caused a lot of stress and worry for the women in the community.

People do have tension as suddenly there is no work and people move around aimlessly. Any small provocation causes tension, anger, and quarrels.

(Women in FGD)

People had to break into their savings to provide men with the wherewithal to seek new jobs, and also to provide for the new household expenses. Women had to do paid home-based work or seek

jobs outside to supplement the household income. Their life-styles too had changed.

Earlier, at the time of every festival, we would get clothes made for the children. Now the financial crunch makes it difficult for us to get even one dress made. Everything is a problem here.
(Women in FGD)

Women worried about leaving their children at home in a new environment if they went out to work. Women who worked from home beading flowers or making other items sought the help of the girls and put them too at risk of health problems related to eyesight, and other aches and pains that doing this kind of work entailed.

Women go out to do some work, domestic work usually, and earn Rs. 40 a day. Within that she has to take care of her transport, etc so what will she save? All this causes worry.
(Women in FGD)

In many families, women were keen that their children continue with their education and resented the fact that because of the new expenses they had to cope with, their children had to miss out on an education and work instead.

In addition, young people were the most vulnerable to the conflicts that constantly arose in the community due to the disputes over payment of maintenance. The most poignant comment came from some girls who said,

At Jari Mari, what happens in the house, where the money comes from and what it is spent on,

whether there was a shortage of money or not, nothing concerned us. Now looking at the troubles of our parents even we feel tension.
(Adolescent girls aged 16-18 years in FGD)

The conflicts arose because not everyone could pay maintenance dues, and water and electricity bills etc. Younger boys got into these disputes and many times the conflict resolution involved interference from the police, further stigmatising the community.

This atmosphere of violence and conflict and overall lack of privacy prevented families from allowing freedom of mobility to the girls. The girls noted,

In Jari Mari there was no fear, and we could move around freely. Here the boys are a big nuisance.
(Children aged 10-14 years in FGD)

Thus subtle forms of gender discrimination were initiated and perpetuated by family members on the girls, which was linked to the living conditions and the form of settlement that was enforced on the community.

The denial of basic facilities as well as opportunities to enhance their capabilities impinged upon the already vulnerable state of the community in their new habitat, and forced them to compromise on an adequate standard of life. Therefore, the right to an adequate standard of living ought to be inbuilt into any mechanism that negotiates involuntary resettlement of any community, and should be applicable to men, women and children.

Chapter 7



Right to Health

Right to Health

The right to health is a crucial aspect of well-being. The International Covenant on Economic, Social and Cultural Rights contains the following provision on the right to health

Article 12

The States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The steps to be taken by the States Parties to the present Covenant to achieve the full realisation of this right shall include those necessary for:

- (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
- (b) The improvement of all aspects of environmental and industrial hygiene;
- (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

Further, the general comment on article 12, states the following

Comment no. 11

11. The Committee interprets the right to health, as defined in article 12.1, as an inclusive right extending not only to timely and appropriate health

care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.

Article 12. Special topics of broad application

Non-discrimination and equal treatment

18. By virtue of article 2.2 and article 3, the Covenant proscribes any discrimination in access to health care and underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health.

47. In determining which actions or omissions amount to a violation of the right to health, *it is important to distinguish the inability from the unwillingness of a State party to comply with its obligations under article 12.* This follows from article 12.1, which speaks of the highest attainable standard of health, as well as from article 2.1 of the Covenant, which obliges each State party to

take the necessary steps to the maximum of its available resources. *A State which is unwilling to use the maximum of its available resources for the realisation of the right to health is in violation of its obligations under article 12. If resource constraints render it impossible for a State to comply fully with its Covenant obligations, it has the burden of justifying that every effort has nevertheless been made to use all available resources at its disposal in order to satisfy, as a matter of priority, the obligations outlined above.* It should be stressed, however, that a State party cannot, under any circumstances whatsoever, justify its non-compliance with the core obligations set out in paragraph 43 above, which are non-derogable.

There are several expected health risks associated with the process of resettlement. At the same time, there are several expected health needs that need to be met. These include both the basic needs of primary health care (which include basic curative services, maternal and child health, public health and sanitation), as well as certain special needs that arise out of the resettlement process (for example, care and support for people suffering from psychological distress related to the loss of familiar surroundings, break up of families, neighbourhoods, etc; resuming treatment of patients with chronic care needs for diseases such as tuberculosis, asthma, blood pressure, etc.) It is also expected that the process of resettlement will impose economic hardship on the people in the



short and medium term, which will reduce their capacity to cope with crises such as illness.

Thus, it is imperative that adequate infrastructure and personnel are put in place to provide basic healthcare to the people before the resettlement takes place. However, in this case, we find that no measures were taken in order to create additional resources for providing healthcare to the

community. In addition, providers of the existing facilities were not given timely directives to extend their services to the new area.

Additionally, the enabling conditions for good health were not available to the community. Water supply was erratic and completely shut off for several weeks, leaving the people vulnerable to various health risks. No access road was

constructed, and no public transportation was available. Due to the access related difficulties, the extension of other public services (such as garbage removal, supply of cooking gas, etc) was also hindered.

In terms of secondary and tertiary care facilities, the western suburbs are underserved by the municipal corporation. There is no super-speciality hospital in the western suburbs. There are two peripheral hospitals in Goregaon and Malad, which could be used by the people living in Shantiniketan. However, services for investigations such as CT scans, MRIs, major surgeries, are not provided in these peripheral hospitals. Additionally, most peripheral hospitals face a severe staff shortage, especially of medical officers and department heads. Within this overall scenario of inadequacy of public health services, it is predictable that a resettled community would face greater problems.

In terms of private health services, Dindoshi is much better placed than Jari Mari. Being a largely middle-upper income locality, this area abounds in private nursing homes, diagnostics facilities and private general practitioners. The dominant choice for healthcare in this area is the private sector. Hence, public healthcare facilities are not a priority in the political agenda of the local leaders. The relatively small working class in this area also implies that the pricing of services and the mode of delivery of care in the private facilities caters to the middle-upper class, and is beyond the reach of the poor. Thus, we find that the poor in the resettled community are both physically isolated and politically marginalised.

In this study, we considered five different aspects of health – acute illness, chronic illness, hospitalisations, maternal health and mental health. In all these, excepting mental health, we considered several factors including the type of illness, utilisation of healthcare and expenditure on healthcare. In the section on mental health, we used a standard questionnaire developed by the World Health Organisation to assess the mental health status of the woman respondent of the study.

There are several aspects of health that are affected by the process of involuntary resettlement. First,

the changes in the physical environment expose the population to new kinds of risks and infections, against which they do not have immunity. For example, malaria, which is more prevalent in open areas, in close proximity to lakes, and near construction sites. Diseases such as joint pains and arthritis, could be exacerbated because of changes in lifestyle such as increased strenuous physical activity as a result of having to travel to and from work for people hitherto unused to physical labour.

Second, healthcare is affected by displacement. Once familiar health centres and institutions become distant and difficult to access. The institutions that are now more accessible appear daunting and hostile because of unfamiliarity, especially if the health personnel are resentful of the additional work burden imposed on them. Moreover, people are loath to change their source of care, which they have come to trust over a long period of time. At the same time, using facilities that one is used to but that are now some distance away, means spending more time and money. This prompts people to economise on health care by reducing the number of visits and foregoing follow-up. For those unfamiliar with the city, being referred to a new facility means finding out new bus/train routes which can be as daunting as the lack of money.

With this general understanding, supported by our anecdotal experience, we attempted to systematically study the health and healthcare situation in this colony. For ethical reasons, we were prevented from attempting before/after comparisons to a large extent. However, we have attempted to compare, wherever possible, the situation prevailing in this colony with data available from other similar studies of comparable slum populations in Mumbai.

Hospitalisation

Hospitalisations can be sudden or planned. In between these two categories, are the hospitalisations that are required for treatment of chronic complaints. This category is very pertinent to our study because individuals with chronic problems may stop treatment or substitute treatment either because they cannot afford it or

because they cannot physically access their usual source of care. One of the consequences of displacement is alienation from the usual source of health care. While this has consequences for all aspects of healthcare utilisation, in-patient care is affected more severely.

Hospitalisations are catastrophic events, which can have a dramatic effect on the entire household. They involve considerable expense, disruption of the routine of several individuals (including the patient, carers, as well as those who must stay back at home to look after survival needs), indebtedness and emotional stress caused by the serious illness of a loved one. For a household that is already made vulnerable by dislocation and fragmentation, hospitalisation is even more difficult to cope with.

Hospitalisation rates

In this study, we recorded 162 cases of hospitalisation. Another 50 cases were recorded where hospitalisation was advised but the individual was not hospitalised. This gives us a hospitalisation rate of 58 per 1000, which is dramatically higher than the hospitalisation rate that has been recorded in other surveys. A recent study conducted in a low-income community in Mumbai, quite close to this settlement, recorded a hospitalisation rate of 29 per 1000 in 2002. The rate obtained in this study is twice as high. This rate is even higher than the rates recorded by large scale studies such as the National Sample Survey, 52nd round, in 1995-96, wherein the urban annual rate of hospitalisation was recorded as merely 19 per thousand. Moreover, the NSS survey established a strong positive co-relation between class and hospitalisation rates. Considering that the households in this settlement are concentrated in the lower income bracket, this high rate of hospitalisation is indeed astounding (Table 7.4).

In addition to the high rate of hospitalisation, we also recorded that 50 persons were advised hospitalisation but did not go to hospital. In more than half of the cases (52 percent), the reason was that there was not enough money. In 20 percent of the cases, the absence of good facilities inhibited people from going to the hospital. In six cases, the person was constrained by the fact that there was

no one to look after the children and the home.

We do not have much evidence from the study to explain the reasons for this high rate of hospitalisation. However, there are certain possibilities. One is the neglect of chronic problems requiring routine medical care. About 14 percent of the hospitalisations recorded were stated as being due to asthma, TB, blood pressure, diabetes or a heart problem. Another reason could be the neglect of acute problems which precipitates a crisis and the person has to be shifted to hospital. Nearly 36 percent of admissions to hospital are on account of acute respiratory or gastro-intestinal illnesses. It is also possible that the change in the environment may result in a rise of particular types of illnesses to which the population does not have immunity. One such illness that we find recorded quite frequently is malaria. Due to the proximity to construction sites as well as the Powai lake, malaria is much more prevalent in this area. Nineteen percent of hospitalisations were recorded to be on account of 'fevers'.

Apart from these reasons, it is also possible that the shift from horizontal to vertical housing could result in the aggravation of non-life threatening, but debilitating illnesses such as joint pain, back pain, etc.

Although, it is not possible to establish conclusively the relationship between resettlement and this unusually high rate of hospitalisation, it is quite possible that this high rate of hospitalisation is a result of various social, environmental and economic factors related to resettlement.

Profile of hospital admissions

In all, 127 households experienced a hospitalisation in the past year. While most households (89.8%) reported one hospitalisation, the remainder reported more than one. Of the individuals hospitalised, 129 persons were hospitalised once, 12 persons were hospitalised twice and three individuals were hospitalised thrice in the course of the year.

Of the 144 individuals who were hospitalised, 61 (42.4%) were male, while the majority (83 persons

or 56.7%) were female. In terms of religious composition, it was representative of the larger sample, with the majority of those admitted to hospital were Muslim (81.9%), while Hindus accounted for 16.0 percent of the admissions.

Reasons for hospitalisation

As discussed above, the number of hospitalisations recorded in the study was significantly high compared to rates recorded in similar studies. Hospitalisation is influenced by many factors, not all of which are related to the type and severity of the illness. It is often said that the hospitalisation rate is related to class. This is very likely to be true in circumstances where hospital care is sought from the private sector, or even if it is sought from the public sector and involves incurring cost. However, apart from affordability there are other reasons that may influence the decision whether to hospitalise a person. These could include the inability to care for the person at home, the past experiences of the household, access to contacts/acquaintances who can facilitate hospitalisation, and the person's own response to the illness.

However, by studying the illness/symptoms, we can get an indication of the situations that compel the hospitalisation of a person. We find that there are differences in the pattern of illnesses reported by males and females. Women are hospitalised more often for chronic problems or acute episodes of chronic problems (Table 7.1). About half of the hospitalisations among women were for such problems. Males, on the other hand, are hospitalised more often for accidents and sudden illnesses. Nearly 73 percent of the problems were of this nature (Table 7.1).

A more detailed analysis shows that 13 percent of admissions for men were on account of accidents and injuries, whereas this proportion was only three percent for females. Among males, the leading reasons for hospitalisation were gastrointestinal problems and fevers, which together accounted for more than half the hospitalisations. For females, there was a more varied range of reasons for hospitalisation, which included apart from the above reasons, several chronic problems such as blood pressure, heart ailments, etc. Among

women, another category of illnesses that results in hospitalisation is reproductive problems, the reason for hospitalisation being largely hysterectomy (Table 7.2).

Facilities utilised for in-patient services

When we turn to the kinds of facilities that were utilised, we find that a majority of the admissions were to public facilities. We also found that women were more likely to be admitted to public facilities. This trend is different from that recorded in similar studies conducted in Mumbai. In a study conducted by Dilip and Duggal (2003), 56 percent of the facilities used for inpatient care were private facilities. A study conducted by Yesudian much earlier (Yesudian; 1999) had showed that in two separate slum settlements, more than 70 percent of the facilities utilised were public facilities. This indicates that greater privatisation has taken place over the years. Moreover, in this case, the use of private facilities may have been prompted by the fact that there is no access road and transportation is difficult (Figure 7.1) (Table 7.3).

We find more evidence of this in the finding that 41 percent of the admissions in public facilities were for treatment of chronic problems. In contrast, only 33 percent of the admissions in private facilities were for chronic problems. This indicates that when there is some time available for making a choice, households in this sample are more likely to use public facilities.

The reasons for using a public or private facility does not show any particular trend, though it is significant that in nearly a quarter of the public facilities utilised, the patient has been referred by the first hospital approached. Another important reason for using both private and public facilities was familiarity with the institution and the doctor's recommendation. In seven (11.1 percent) cases using private facilities, 'emergency' was reported as the reason for choosing the facility. In another five cases, unavailability of a public facility nearby was the reason for choosing a private facility.

Location of facilities

On studying the location of the facilities, we find a

majority of them were located near Jari Mari, or in a distant location. This is consistent with the other findings of the study, which indicate that people continue to use facilities that they are used to. In addition, the relative inaccessibility of public facilities near Dindoshi may have prompted the decision.

This is clearly evident in the analysis of the type of facility according to location. About two-thirds of the facilities used and located near Jari Mari and in a distant location were public facilities. In

contrast, only 27.5 percent of the facilities near Dindoshi were public facilities. We had heard several reports of ill treatment in the local peripheral hospital, which had become common knowledge, and may have influenced people's decision to avoid the hospital. Moreover, public hospitals are very large and impersonal. It is only after long contact and experience of using a particular facility that people become acquainted with it – the location of various departments, the different 'days' of various doctors as well as building acquaintances and contacts among the staff. For



people with no roots in this area, it may have been difficult accessing the various services in the nearby public hospitals (Table 7.21).

On analysing the location of the hospital according to the type of complaint, whether chronic or acute, we find that those with a chronic problem were more likely to seek care in a more distant location. This is not surprising because some kinds of

treatment, especially for more complicated problems, are available only in tertiary care hospitals, which are located at a substantial distance from the settlement.

As can be seen from the reasons given for choosing a particular facility, several factors determine the choice of the facility. Familiarity with the facility is the most frequently cited reason. Not surprisingly,

this is the reason given for choosing nearly one quarter of the facilities located near Jari Mari. Apart from that, the doctor's advice is also an important factor. Thus, we find that in both locations, the choice in about 11-15 percent of the cases was made on account of the doctor's recommendation. Interestingly, in 14 cases of facilities located near Jari Mari, the patient was referred by the first facility approached. Since referrals are made generally by public hospitals, this may indicate that there was some pressure on people to go back to the place 'where they had come from'. This may be justified on account of the fact that the patient may be seeking regular treatment at the more distant hospital. However, considering that this community has come here permanently, an effort should be made to take over the responsibility of caring for them. This points to the need to orient the staff of the hospital to the needs of resettled people, so that they do not deny treatment but make efforts to facilitate treatment in the new facility. In general, we find that for facilities located near Dindoshi, the decision was based on a lack of options (not knowing any other hospital, referral by doctor, no public hospital close by, emergency situation).

Duration of hospitalisation

The duration of hospitalisation is dependent on several factors, including the nature of the illness. However, increasingly, in the context of private care, the ability to pay can determine the duration of stay in hospital. In this study, we find that the mean duration of hospitalisation was 10 days. However, there was a significant difference in the duration of stay in public and private facilities at 13 and 7 days respectively. It is quite likely that individuals sought early discharge from private hospitals because they could not afford to pay for a longer stay.. Although it is also true that public facilities are eager to discharge patients as quickly as possible because of the shortage of beds.

Predictably, the duration of stay in hospital varied for different types of illnesses. The longest duration of stay was recorded for accidents/injuries, where treatment of fractures, etc. is involved. It is also noteworthy that the standard deviation is very high indicating that in certain cases, the duration

extended to several months. On the other hand, the duration of stay in other cases was around 7-10 days. The shortest duration was for acute respiratory illness (four days).

There was substantial difference in the mean duration of stay for facilities according to location. While the mean duration for facilities near Dindoshi was only four days, for facilities near Jari Mari it was 13 days. Understandably, the mean duration of stay for distant facilities was longer, at nine days, because they included cases involving complications and surgeries in tertiary care facilities. It is noteworthy that the mean duration of stay for facilities close to Jari Mari is long in spite of the obvious difficulties and disruption of routine that would be associated with it. Several of the families had active contact with relatives, friends and neighbours in Jari Mari, which would have enabled them to cope with such lengthy hospitalisations.

The data on mode of transport indicates that almost all the households had to make their own arrangements for transportation. This situation is not unlike that existing in other parts of the city, where people have to make their own arrangements for transport. However, in this case, given that the settlement is cut off from the main road by the absence of an approach road, this represents an important problem. Fortunately, several residents of the settlement are rickshaw drivers and, hence, rickshaws are parked in the settlement throughout the day.

One important part of hospitalisation is patient care. In the Indian context, the patient's relatives provide a substantial part of the nursing care. In this setting where the extended family has been separated, the number of persons available to provide care is reduced. Also, due to the problems of access, it is not easy for carers to commute more than once a day, especially to facilities at a distant location. Not surprisingly, the burden of caring falls disproportionately on women. In 58.6 percent of the cases, only women were responsible for caring for the hospitalised person. In 17.3 percent cases, the carer was male and in 7.4 percent of cases, both men and women were involved in caring for the patient, while 9.3 percent of patients had no

assistance at all. When seen in the context of the sex of the patient, we find that more women had male carers as compared to male patients. This is because several adult women were cared for by their husbands while men were usually cared for by their wives. Children were mostly cared for by their mothers.

On analysing the relation of the companion to the patient, we find that in a large number of the cases, the mother was the carer. For women, the husband was the carer in 25 percent of the cases. In several cases, other relatives, even neighbours and friends, accompanied the patient to the hospital.

We asked a specific question on how the carers travelled. Not surprisingly, we found that a large majority of them did not return home at all, but instead stayed with the patient in the hospital. Predictably, the further the facility, the more likely they were to stay back at the hospital. Given the fact that there are virtually no facilities for family attendants in our hospitals, one can only imagine the discomfort they had to put up with. Moreover, their absence from home would lead to disruption of the routine of the entire household. This is particularly true considering the fact that adult women were the main carers for all patients.

Expenditure on hospitalisation

The median expenditure on hospitalisation was recorded as Rs. 4000. This is exactly the same as the figure recorded in the study by Dilip and Duggal (2003). They recorded a median expenditure of Rs 4000 for inpatient care. However, they had recorded considerably higher use of private facilities.

In this study, there was not much difference between the median expenditure for males and females. However, the mean expenditure for females was significantly higher. This could be on account of a few exceptional cases. Also females had a higher share of chronic illness related hospitalisations as well as surgeries (mostly hysterectomy).

The median expenditure on acute illnesses was Rs 3000, while the median expenditure on chronic

illnesses was Rs 5000. This difference is largely on account of the higher costs of investigations and medicines involved in the treatment of chronic illness (Table 7.23).

A further indication of the escalating cost of care for the poor is the fact that there was not much difference in the median expenditure for public and private facilities. The study cited earlier (Dilip et al.) had recorded a very low median expenditure for public facilities at Rs 600. However, in this study, we find that the median expenditure for public facilities is Rs 3000. The mean expenditure on public facilities is actually higher than that for private facilities. This is quite probably because surgeries and long-term hospitalisations took place there. Given the peculiar circumstances of this settlement, it is also likely that the indirect costs of using hospital care are much higher. When compared with the average income of each household, we can see that hospitalisation costs must have put a great burden on the household economy.

Finally, when we compare the median expenditure on facilities according to location, we find that there is virtually no difference in facilities near Dindoshi and Jari Mari. This is probably due to the fact that more public facilities were utilised near Jari Mari than Dindoshi. The median expenditure on distant facilities was expectedly significantly higher. However, the mean expenditure shows a clear trend between distance and cost; the farther the facility, the higher the cost.

To conclude, we find that the rate of hospitalisation in this sample is extremely high, pointing to some kind of adverse impact of resettlement on health. This is in addition to the fact that 50 persons were actually advised hospitalisation, but did not go. As noted above, there could be several reasons for the high rate of hospitalisation, including the neglect of chronic problems, exposure to new diseases and inability to care for people at home. We find indications of this in the fact that a large number of hospitalisations have been recorded for 'fevers' and chronic illnesses.

We find that even for an event like hospitalisation, people go to great lengths to avail of facilities with

which they are familiar. Quite possibly, this is prompted by the unhelpful environment of the new facilities. Ill-treatment of patients can be a significant factor inhibiting the use of a facility. Patients pay a heavy price for this in terms of money, time and safety. The majority of the facilities used are public facilities. However, there are clear indications that more public facilities would have been used more frequently if constraints on access and availability were removed.

The duration of stay in hospital was considerably long. In spite of this, we find that the carers stayed with the patients for the entire duration of their stay. This means that households had to suffer other kinds of losses in terms of labour lost, disruption of the daily routine and discomfort to the carer. A large proportion of these carers were female, as the responsibility of caring and nursing usually falls on women. However, it was heartening to see that husbands played a significant role in caring for their wives. This may be one of the few positive outcomes of the resettlement, which has separated extended families.

Very few facilities exist to facilitate the use of healthcare and people are usually left to their own devices. This can be seen from the fact that most people arranged for private transport to take patients to hospital. The absence of a good access road and the long distance from public facilities are added obstacles.

Finally, we find that the cost of care recorded is quite substantial for both public and private facilities. The high cost of care can be attributed to several factors including the fact that most services in the public sector are charged and several items such as drugs, disposable items, etc have to be purchased from outside. The fact that there was hardly any saving by using public facilities indicates the extent to which our social security system is failing the poor. Given that the bulk of the households in this settlement are employed in the informal economy with no social security benefits, the provision of free and good quality healthcare should be essential. However, we find that hardly any effort has been made in this regard. What aggravates the problem is that the peripheral

hospitals are not adequately equipped and refer several patients to other hospitals which causes inconvenience and adds to the costs. Moreover, people who have only recently shifted to a new location do not know how to travel to distant facilities. It is very likely that they may choose not to seek care.

These two factors – an unusually high rate of hospitalisation coupled with the high cost of care – indicates the unbearable burden imposed on these households by ill health. The economic difficulties these households face anyway and the disruption of social life as a consequence of resettlement when coupled with the sudden shock of hospitalisation could bring poor households to the brink of disaster.

Pregnancy and childbirth

Pregnancy and childbirth are important areas of public health, which have a significant impact on women. They are also among the few remaining areas where the public sector is the preferred source of health care. Unlike illness related health care, certain aspects of maternal health care, such as antenatal care and postnatal care and immunisation, is periodic, routine and not necessarily linked to any crisis. However, precisely because it is not linked to any emergency, routine antenatal and postnatal care tends to escape notice very easily. The neglect of routine care may have no immediate negative impact, but in the long run, it can seriously jeopardise the life of the woman and child. Moreover, at the actual time of delivery, there is an urgent need for transport and support to take the woman speedily to the hospital, especially if there are complications.

The complex matrix of relationships and support structures that are needed to handle childbearing is considerably weakened by dislocation. Women, especially in an urban setting, are expected to manage registration for antenatal care and childbirth issues on their own, except in the case of the first delivery. Women learn from experience and from exchanges with neighbours and acquaintances. They also develop contacts with providers and institutions, become familiar with their administrative systems, the physical location

of various departments and the demands and requirements of each institution. Displacement destroys this complicated web of information, contacts and capacities. More so because the living environment has been drastically changed. The arduous walk to the bus-stop, the necessity of negotiating stairs and the fact that neighbours and relatives may have moved away, all create additional hurdles.

Within this context, we collected information about pregnancies and their subsequent outcomes in the past year.

Pregnancy outcomes

In the study, we recorded 149 maternity events in the previous 12 months. Of these, 41 women were currently pregnant. The outcomes of the remaining pregnancies indicated that only 76 percent resulted in live births. Twenty-three percent of the pregnancies resulted either in stillbirths, spontaneous abortions or induced abortions (Table 7.5). A recent study conducted by CEHAT to estimate abortion rates in Maharashtra indicated that 831 pregnancies out of 1000 recognised pregnancies resulted in live births in Mumbai (Saha et. al. 2004) (Table 7.6).

Although the sample size is quite small, it indicates that adverse pregnancy outcomes were abnormally high in the Dindoshi sample. Especially noteworthy is the high rate of spontaneous abortions. Whereas stillbirths were insignificant in the CEHAT abortion study (Saha, et.al. 2004), here, they accounted for 3.7 percent of the pregnancy outcomes. The physical hardship of living in this area is self-evident. For women living on the upper floors, the simple task of shopping for daily provisions can become arduous as the pregnancy progresses. Travelling outside the colony necessarily involves a long climb or a steep descent (and climb), which makes it difficult to go regularly for check-ups and routine care. This may result in problems being neglected and thus getting aggravated. Arguably the adverse pregnancy outcomes are a result of the combined effects of physical hardship and neglect. It must also be noted that there was no specific attempt to capture pregnancy loss. Had such an exercise been

undertaken, there is a possibility of a larger number of abortions being reported.

The available information on the abortions reported in the study indicates that they occurred early in the course of the pregnancy, mostly in the first trimester. However, there are large gaps in the information available. We also find that there were two premature deliveries, but in both cases the child was born live (Table 7.7).

Registration for antenatal care

Antenatal care constitutes a wide range of services, including medical tests, examinations, supplementation of iron and calcium, immunisation as well as monitoring of foetal development and the general health of the pregnant woman. In Mumbai, the main provider of antenatal care is the Bombay Municipal Corporation hospital network. As can be seen from the National Family Health Survey-2 (NFHS) data, most women in Mumbai, whether living in slum or non-slum areas receive antenatal care from a doctor. Only a very small proportion of women do not receive any antenatal care. For women living in slums, this accounts for 5 percent of all births. In our study, as noted above, 8 of 82 women who had live births as well as still births (approximately 10 percent) for whom information about registration is known did not register for antenatal care (Table 7.8).

If we take all completed pregnancies into account, we find that in 27 of the 102 cases (26.5%) for which registration status is known, there was no registration for antenatal care. For all the pregnancies, which ended in abortions (whether spontaneous or induced), there was no registration for antenatal care. This is largely due to the fact that the abortions occurred in the first two trimesters of pregnancy, whereas registration takes place usually in the seventh month (Table 7.9).

The information on the time of registration for antenatal care (for live births and still births) indicates that a very large proportion of women registered only in the third trimester of pregnancy. Late registration for antenatal care is quite common in slum areas because women find it difficult to travel for routine antenatal check-ups



every fortnight as mandated by the hospital. However, this also means that women derive very little benefit from registration for antenatal care because there is not sufficient time left to provide adequate micronutrient supplementation, monitoring of progress and treatment of infections. Arguably, many of the spontaneous abortions could have been avoided if timely medical care had been available (Table 7.10).

Place of delivery/abortion aftercare

An analysis of the place where care was provided for the different pregnancy outcomes reveals that in the case of live births as well as stillbirths, 18 of the 80 deliveries (22.5%) ending in live births or stillbirths for which the location is known occurred outside a medical institution. While home births are not uncommon in this community, physical inaccessibility is the main cause for opting for home deliveries (Table 7.11).

This is in contrast to the situation prevailing in Mumbai generally. The latest round of the National Family Health Survey (1998-99) indicated that institutional deliveries are the norm in Mumbai. It revealed that deliveries in slums are much more likely to be home-based. However, they still account for 16.5 percent of all deliveries, which is lower than the figure obtained in this study. The decision to opt to deliver at home may be prompted by many circumstances. Unavailability of transport, which is usually not an important factor in Mumbai, may have operated in this case. Other factors that may have been important include registration for antenatal care, cost, and lack of support. It is common knowledge that women who have not registered for antenatal care in a particular institution are not admitted easily if they go there for delivery. This may have prompted women who have not registered at a hospital to opt to deliver at home. The cost of transport and the need for companions to accompany the woman may have

also been significant factors for opting for home-based deliveries. This is especially so for a woman having her second or subsequent child, who may not have access to adequate social or economic support from the extended family. We also find that four of the 15 women who had a spontaneous abortion did not go to a medical facility for medical care or advice. This is another indication of the deprivation of medical care experienced by women in this community at the time of pregnancy and childbirth (Table 7.12).

Most of the deliveries took place in public sector hospitals, followed by private hospitals. It can be argued that for a community of this nature, the proportion of the public sector in service provision should have been greater. Additionally, we also find that home-based care is quite common (Table 7.13).

Anecdotally, we had noted that the people living in this settlement continued to travel back to their original area of residence for medical care. This is understandable because unlike other services, utilisation of healthcare services is based on trust and faith in the individual provider. Additionally, we also found that people were wary of public sector services in the new area because they feared that they would be abused or discriminated against. Hence, we find that for delivery and abortion aftercare, 34 of the 98 women (35 %) for whom the location of services is known, travelled back to facilities near Jari Mari (these include all facilities in Kurla, on Andheri Kurla Road and in Ghatkopar). We find that this applies to both private and public facilities. A small number of women (5) travelled long distances (to south Mumbai, extended suburbs) for delivery because they could avail of special facilities due to their employment status (Railways, ESIS) (Table 7.14).

Registration for antenatal care and delivery/abortion aftercare

The fact that women may have experienced significant problems in accessing facilities at the time of delivery is evident from the co-relation between the place of delivery and registration for antenatal care. For all recorded live births and

stillbirths, we find that of 74 women who registered for antenatal care, 13 women still had their delivery at home or on the way. Registration for antenatal care is generally understood as a decision to deliver in a hospital (as precious little is offered in terms of antenatal care itself). Hence, one can assume that these 13 deliveries took place at home in spite of a desire to deliver in a hospital. Conversely, three of the eight women who had *not* registered for antenatal care delivered in the hospital indicating that there may have been complications that required the woman be shifted to a hospital. This table also indicates that women do not usually plan a home delivery, contrary to the belief that they do so because they are ignorant or still have 'rural mindsets' (Table 7.15).

The difficulty in accessing healthcare at the crucial time of delivery indicates how poorly equipped the health system is to reach out to women during childbirth. It is true that it is generally left to women and their families to reach healthcare centres using whatever means possible at the time of delivery. In usual circumstances, in urban areas, this does not pose much problem due to easy availability of transport. However, in extraordinary circumstances such as those existing in this community, even reaching a healthcare centre, which is within a few miles of the settlement, poses a serious problem.

Not surprisingly, of the women who had not registered for antenatal care, a large majority travelled back to facilities near Jari Mari. This confirms our experience that women were either specifically asked to go back to Kurla or did so on their own accord if they were not registered for antenatal care. As has been stated before, non-registration can be a cause for refusing admission at the time of delivery. Thus, it is quite probable that women who needed delivery or abortion aftercare services chose to go back to more familiar institutions with the hope that they would be able to negotiate better. Thus, only four of the 17 women who sought institutional care at the time of delivery without having registered for antenatal care used facilities close to the new location in Dindoshi (Table 7.16).

Health problems after delivery/abortion

The data reveals that nearly 41 percent of the women reported some health problem for themselves or their babies following delivery or abortion. This indicates the need for continued medical care following delivery/abortion. However, this is the most neglected aspect of maternal and child health. Immunisation is the only planned intervention after delivery. Given the fact that a majority of the women received insufficient care during pregnancy, antenatal care becomes even more necessary. We found indications of this in our observations that lactating women reported severe calcium deficiencies and excruciating pain due to titanic contractions (Table 7.17).

We do find indications of this in the list of complaints reported by women. There were a large number of complaints of weakness and heavy bleeding. Eight women reported not getting enough breast milk. Symptoms indicative of infection were also reported in the form of fever, discharge and pain. One woman discovered that she was HIV positive during delivery (Table 7.18).

Cost of care

The expenditure on completed events (deliveries and abortions) indicates that such an event can dramatically impact the economy of the household. We find that the mean expenditure on such events is Rs. 3410 (for 61 facilities for which data was available). The average expenditure varies across locations as well as type of facilities. For example, the average expenditure incurred on events managed in public sector hospitals was Rs. 3024 as compared to the expenditure in private facilities, which was Rs. 4394. The most significant difference is to be found in the average expenditure according to the location of the facility. The average expenditure was half when the care was sought close to the new location (Dindoshi) as compared to care sought near the old location (Jari Mari). In spite of this, as we had noted earlier, a significant proportion of women went back to institutions close to Jari Mari for delivery and abortion aftercare (Table 7.19).

On reviewing the information available on

pregnancy and childbirth, we find that there has been considerable neglect of women's healthcare needs. This is evident in the high proportion of adverse pregnancy outcomes, the high number of unplanned home-births, the delay in registering for antenatal care and the large number of women who report having health problems after delivery/abortion. The condition of maternal and child health, as indicated in the National Family Health Survey-2 is significantly different for slum and non-slum women in Mumbai. However, we find that with the background of displacement, this situation worsens further.

In a planned relocation of this kind, it is reasonable to expect that some measures would be taken to cater to the maternal and child health needs of the community. This represents the most common and widely accepted public health measure that the State is obligated to provide. In spite of this, we find that no effort has been made to provide these services *in situ*. We also find that there are barriers to the utilisation of local facilities, which compel women to travel long distances to their old localities. Given that pregnancy necessarily involves loss of mobility and risk due to physical trauma, one can imagine the desperate circumstances in which this decision is made. These include complete lack of information about existing services in the new location, apprehensions about the behaviour of hospital staff whom they do not know, and actual cases of refusal of admission. It is the right of every woman to get admission to hospital at the time of delivery regardless of her social circumstances, administrative rules and financial problems. However, we have found that women are routinely referred when they turn up in the casualty departments of public sector hospitals.

The silent tragedy of inadequate or absent antenatal and postnatal care also reflects on the poor condition of maternal and child healthcare. It is commonly observed that outreach by the public health system is virtually non-existent as far as Maternal and Child Health (excepting immunisation and family planning) is concerned. Given the fact that this community has become isolated, physically due to the absence of an access road, and administratively due to bureaucratic

delays, it is not surprising the women's own efforts to seek care have been further hampered. Unlike epidemics or other such public health crises, the need for maternal and child health services is very predictable and amenable to planning. In spite of this, we find that no effort was made to gear the system to provide these services to this newly formed community. Thus, the existing scenario of maternal and child health in this community is an illustration of the manner in which the right to even the most rudimentary healthcare is violated by acts of commission and omission.

Chronic illness

This section deals with the incidence and treatment of chronic illness within the community. It traces the impact of resettlement on the treatment of these ailments such as issues concerning access to health care, change in patterns of treatment, health expenditure etc. Chronic illnesses, as understood here, are those illnesses that are long-term and require prolonged medical care. They impact considerably on a person's daily functioning, and may even lead to disability. The checklist of chronic illnesses commonly seen in slum populations includes illnesses associated with blood pressure, arthritis or joint pains, diabetes, mental illnesses, convulsions or fits, and disability.

The prevalence of chronic illness like any other morbidity is closely linked not just to the lifestyle one leads but also to the living environment. Specific to this context, the change in living environment, especially in terms of the structure of housing, can have an impact on chronic conditions such as joint pains and arthritis.

In this study we have recorded the prevalence of chronic illnesses in a household, patterns of treatment, barriers to access such as cost of care, physical distance to the health facility and quality of care. Most chronic illnesses are treated by a family physician, a trusted medical practitioner or at a health facility. Chronic illnesses require continuous treatment and prolonged contact with a health service provider, be it a medical practitioner or a health facility, public or private and has therefore been distinguished from acute morbidity. Thus a relation of trust and security is

built up between the service provider and the patient. Since familiarity and comfort play a role in the choice of health facility, the resettlement often has an adverse effect because it could sever these relations. If people choose to continue with the old treatment they may have to pay more for transport since they now have to travel longer distances. Since chronic illnesses involve prolonged periods of treatment the costs can be quite high.

Prevalence

Prevalence of chronic morbidity here is based on the reporting of illness. During the course of the study, 50.4% households were found to have at least one member suffering from a chronic illness. In every 1000 persons, 116 persons reported a chronic illness. More women than men reported a chronic illness. While 67.4% of women reported illnesses, only 31.4% of men did so.

Orthopaedic illnesses (122) are the most prevalent followed by cardiovascular illnesses and diabetes (94), respiratory illnesses and tuberculosis (53) and psychiatric and neurological illnesses (35). Almost all categories show a higher prevalence among women except psychiatric and neurological illnesses, with 14 cases among women and 21 cases among men. This could be attributed to under reporting of mental illnesses among women as compared to men due to the social stigma and vulnerability of the person suffering from the illness. Orthopaedic illnesses include joint pains, arthritis, polio, physical disability and any chronic condition as a result of an injury or accident. The prevalence of orthopaedic illnesses is high among women (90) as compared to men (31). It is also the highest reported type of morbidity among women followed closely by cardiovascular illnesses (72). Among orthopaedic illnesses the prevalence of joint pains is the highest for both women (86) and men (21). The high prevalence of joint pains among women is noteworthy. There were nine cases of disability and paralysis among men and three among women (Table 7.20).

The prevalence of respiratory illnesses and tuberculosis (TB) is higher in women than in men (33 and 20 cases respectively). On disaggregating the data within the respiratory illnesses, the

incidence of TB is high in this community and accounts for more than half of the total respiratory illnesses (29). Further, the prevalence of TB is higher among women (17 cases) than among men (12 cases). The prevalence of asthma is high among women (13) as well. Joint pains and arthritis account for 86 cases of orthopaedic morbidity among women and 21 cases among men. The prevalence of disability and paralysis is higher among men (9 cases). More women have blood pressure related disorders (47), whereas for men they are at par with diabetes accounting for eight cases. Diabetes among women is the next prevalent (13 cases). Heart problems account for five cases for men and 12 for women (Table 7.20).

The onset of chronic illness has been concentrated in the last five years (70.5%). This is the period during which the process of resettlement took place. The period just before the shifting and immediately after has been the most stressful. During this period, families were living in uncertainty and fear of being displaced without any compensation. This feeling of uncertainty followed them into the resettlement colony after a brief interval of euphoria. They soon realised that living in the resettlement colony would cost them much more than they had imagined.

A change in the physical structure of housing has impacted mobility. Living in vertical buildings involves added physical exertion since there are no elevators. This has brought many of the chronic complaints to the fore. Access to the colony is very difficult especially for those who move in and out of the colony regularly for work or school. The 90 steps to the colony - which was the only access road for a long time - has been the cause of falls and accidents. The steep climb has been consistently reported as the cause of joint pains among children and adults.

Utilisation of health care services

The utilisation of health services in the city as a whole ranges from super specialty tertiary care hospitals to general practitioners (Nandraj et. al., 2001). Utilisation as understood in this study includes all efforts to get services, medication and other facilities to ease, reduce, eliminate or prevent

disease or specific symptoms or to cater to their health needs. The health facility includes any institution that has been accessed for health care as defined above. This includes facilities that could either be formal or informal, public or private, belonging to any recognised or unrecognised system of medicine. These also include facilities that could have professionally trained health care providers or those with no formal training. Treatment includes advice (leading to action), examination, diagnosis of illness, cure and care of illness, symptoms reported and other health needs.

Of those suffering from chronic illnesses, 77.2% were currently seeking treatment for their illness and 21.8% were not taking any treatment. In the trends across gender, there appears a difference in treatment patterns between men and women. Women form a larger share of those seeking no treatment (24.2%) as compared to men (17.6%). As far as the nature of health care service is concerned, most people utilise private health care services (162) as compared to public services (62), and 22 access other sources such as trust hospitals, semi government institutions and self medicate or are continuing treatment through an earlier prescription (Table 7.22).

As far as the utilisation patterns across private and public health facilities go, there appears to be no difference between that of men and women. Utilisation of public health facilities has been higher in Jari Mari (61.3%) as compared to Dindoshi (17.7%). This could be due to the fact that immediately after the community was shifted to the resettlement colony; there were no health facilities available in the vicinity. There were no medical shops either. As time went by, one of the first businesses that started emerging in the colony were private clinics, many run by quacks and 'doctors' with no professional training in any system of medicine. The nearest public health facility is a longer distance from the resettlement colony involving higher travel costs. It is also not familiar to the people living here so they often prefer to go back to the one in Jari Mari. Women have had unpleasant experiences with the nearest municipal hospital in terms of insensitive treatment and comments to the effect that those living in the resettlement colony are adding to the

burden on the existing services. Most people found the public health services in Jari Mari consisting of the local peripheral hospital, the Kurla Bhabha Hospital, and the health posts inside the slum much closer, more accessible, and familiar. A few people are continuing treatment and medication they have been prescribed by health care providers in their native village (6.8%). There appears a marginal difference in patterns of private health care access. Recently, a study conducted to explore the demand for a public hospital in Jogeshwari, a suburb located very close to Dindoshi, revealed a need for public health services in the area and indicated a high unmet need for public health facilities for both outpatient (67.4%) and inpatient care (44.4%) (Dilip and Duggal, 2003). This indicates that public health facilities need to be strengthened and increased in the surrounding area (Table 7.21).

Expenditure

This section deals with the cost of treatment of chronic illnesses. The cost includes the amount spent on the actual treatment such as doctor's fees, diagnostic tests and medicines, plus travel costs, money spent on accommodation and food during the treatment.

As expected, the average expenditure on treatment per person is higher in private health facilities (Rs. 7216) compared to public health facilities (Rs. 4811). The expense increases with the increase in distance of the health facility accessed. Those who sought treatment near the resettlement colony in Dindoshi spent on an average Rs. 1522. On the other hand those who sought treatment at Jari Mari ended up spending Rs. 6566 and more for places further away (Rs. 15833). This suggests an association between the cost of treatment and the location of the health facility with the travel cost adding to the expense of treatment. The average household expenditure on treatment was Rs. 8816 (Table 7.23).

The treatment of chronic illnesses of women is infrequent which may be why the expenditure is low (Rs. 6646) as compared to men (Rs. 7801). There is a high use of informal care for such problems as other studies have also reported

(Madhiwalla, et al. 2000). Women learn to use self-medication and self-care to lower expenditure on long-term illnesses for which more expensive formal care has proved inadequate or ineffective (Madhiwalla, et al. 2000).

Impact on access to health care

Several factors have affected the access to treatment. Chief among these is affordability. Among the reasons cited for not seeking treatment, 28.6% were economic. Financial problems and indebtedness reduce access to health care. Also, since most people work in the informal sector or as daily wage earners, having to miss days of work in order to seek treatment has economic consequences the household is unable to withstand. Access related and treatment problems have been stated in 14.3% of cases. The long distance to the health facility has proved to be a barrier to access. The change in the nature of housing to seven storey buildings where no lifts operate makes it difficult for those with severe health problems to climb up and down the stairs. The distance being far, the lack of a family member to escort an ailing household member was also mentioned as a reason for not being able to seek treatment. Treatment related problems include no availability of trained health care providers and in many cases self medication and home remedies have been taken for chronic ailments. However for most of those not seeking treatment (33.7%), no specific reason was mentioned. Illnesses due to old age, undiagnosed ailments etc. formed 9.2% of the cases.

Source of Treatment

In 28.6% (93) of the cases the treatment had been changed since the resettlement took place. Of those who have changed their treatment recently, most were being treated at facilities near Jari Mari (35.5%) followed by those availing health care near Dindoshi (22.6%) and those who have stopped taking treatment altogether (19.4%). The change of treatment within the last one year, which was the period immediately after the resettlement took place, was 18.3%. Change in treatment in the last 2-5 years was the highest (48.4%).

Nearly half of those taking treatment (42.8%) go all the way to either Jari Mari and a few nearby suburbs (31.4%) or a distant location (11.4%) in the city. A significant number of them access facilities near Dindoshi itself (21.2%).

The community being economically disadvantaged is finding it difficult to deal with the high treatment costs for these health problems. Most women have found it difficult to seek treatment as a result and have continued to live with the pain and suffering. The high cost of treatment combined with the burden of the illness itself and increased transport costs has led many households into debt.

Another dimension to the treatment of chronic illnesses that came to the fore during the study was that there exists a strong element of trust in the health care provider and facility. Most people go to their 'family' doctors who may not necessarily be qualified, as they are the ones they trust. This has had considerable impact on the treatment sought. Most people continue to go to Jari Mari for treatment adding to the cost of treatment. This tends to act as a deterrent for women who deal with the illness by taking pain killers or medicine doled out by chemists based on a brief description of the symptoms.

Acute illness

Amongst the most commonly experienced morbidity in any population are short-term minor illnesses. The bulk of healthcare utilisation in any household is related to such illnesses. Treatment for such illnesses is generally speaking uncomplicated, involving one or two visits to a local doctor, or even in many cases, self-treatment. Although the expense is relatively lower compared to the cost of hospitalisation or delivery care, it constitutes a large proportion of the total out-of-pocket expenditure of households due to the frequency of such events. One expects that a resettled community would quickly make arrangements to secure healthcare for such illnesses in the local area.

It is commonly observed that the bulk of healthcare for such illnesses is provided by the private sector. In general, private practitioners (both qualified and

unqualified) are the predominant source of care. Typically, private practitioners are quick to respond to the emergence of a new health market, which is provided by the resettlement process.

In this study, we obtained information about any acute illness that had occurred 15 days prior to the interview. 446 episodes of acute illness were reported. This means that a (short-term) morbidity rate of 160 per 1000 was observed. 57 percent of the households reported at least one acute illness in the past 15 days.

Type of illness

On analysing the type of illness, we find that a substantial number of illnesses were respiratory problems (44.4 percent). The other significant categories of illness were fevers and gastrointestinal (GIT) infections. The duration of illness indicates that each episode lasted, on average, for nine days. The episodes of respiratory problems, GIT problems and fever had an average duration of seven days.

Women reported more illnesses than men: 257 episodes (57 percent) compared to 43 percent (188 episodes) reported by men. Information on gender was missing in one episode. The type of illness did not differ substantially for women and men. However, more than half (53 percent) of the episodes reported for men were respiratory illnesses. Women were more likely to report pain, swelling and weakness and other problems.

Treatment of illness

The data on healthcare utilisation indicates that nearly 10 percent of the episodes were not treated. A large proportion of the episodes were treated by private doctors (76 percent). This did not differ radically for the different types of illness. Not surprisingly, public facilities contributed a very small proportion to the care utilised by the people for acute illnesses (5.2 percent), while another 7.6 percent of the episodes were self-treated (Table 7.22).

About 63 percent of the episodes were treated in facilities near Dindoshi, while 12.4 percent of the

episodes were treated in facilities close to Jari Mari. A very small proportion of episodes were treated at distant facilities (1.6 percent). This is quite predictable as the priority in acute illness is getting prompt treatment without spending too much time. These trends are also unlike the trends in healthcare needs, where a substantial proportion of the healthcare facilities chosen were away from Dindoshi (Table 7.21).

In all, about 10 percent of the illnesses were not treated. There was a gender difference in this aspect, with only 6.4 percent of the illnesses in males being untreated, as opposed to 12.1 percent of the illnesses in females being untreated. Males were more likely to be treated in the private sector than females. Public facility utilisation was higher among females.

On analysing the treatment facility utilised with the type of illness, we find that GIT problems and

respiratory problems were treated mostly in the private sector. Problems related to pain, weakness, etc. were most likely to be neglected completely.

On comparing the type of facility utilised according to location, we find that almost all the facilities near Dindoshi, which were used were private facilities. About 96.4 percent of the facilities near Dindoshi were private facilities. In contrast, nearly 20 percent of the facilities near Jari Mari were public facilities. This indicates the difficulty that people have specifically in using public facilities in the new location.

If we consider the services provided according to ownership of the facility, we do not find any significant difference. In 62.6 percent of the cases, the patient was examined and given medicines. Injections and medicines were dispensed in 15.9 percent of the cases. In a small number of cases (about 4 percent) more complicated procedures



such as administering saline, taking stitches or ordering investigations was done. Injection use was marginally higher in the private sector facilities.

Expenditure on illness

We find that expenditure on illness was significant. On average, 140 rupees were spent on the treatment of each episode. There was some gender difference observed, with the mean expenditure per episode being Rs. 150 for males and Rs. 133 for females. Surprisingly, the mean expenditure on episodes treated in the private sector (Rs.130) was significantly lower than the mean expenditure per episode for treatment in the public sector (Rs. 279). However, since information was available for very few public facilities, it is probable that the average was influenced by a few cases. The average expenditure per episode on self-treatment was Rs. 102 (Table 7.23).

On considering the location of the facility and expenditure, we find that there is significant difference between facilities located in Dindoshi (Rs. 127) and Jari Mari (Rs. 225). This is not surprising as rates in general practice in the private sector become standardised quite quickly. The additional expense on travel to a more distant facility would add a significant amount to the cost.

Outpatient care is the most common aspect of healthcare that any community is concerned with. We divided the analysis for chronic and acute illnesses in order to examine whether there were differences observable for long-term and short-term care. Definitely, we find that most people have found their source of outpatient care in the new area of Dindoshi, where they have been resettled. As with any other community, we find that here too the private sector is the most dominant source of care. However, the overwhelming use of private healthcare in this study indicates that there have not been enough efforts to cater to the health needs of the people through the public system. The assumption that people will seek the private sector for outpatient care fails to take into account the special needs of a displaced community. Reduced economic resources, special needs that arise from change in the living environment, coping with the stress/trauma of dislocation also adds pressures

to the capacity of the people to cope with illness. Inability to establish an effective mechanism for protecting people and catering to their special needs is a violation of the basic right to health of the people.

Mental health

One aspect of health that we considered was mental health. Using a standardised scale - the self reporting questionnaire - we assessed the mental health experienced by the respondents in the study. For all the 474 respondents, we obtained a score of 7.8 out of a maximum of 20. However, within this, there were several variations.

Age

We found a co-relation between age and the score obtained. Older women reported a much higher mean score than younger women. This is understandable given the fact that older people find it much more difficult to adjust to new surroundings and lifestyles. In this case, the problems of access and mobility affected older people much more than younger people, cutting off their social ties and inhibiting their daily routine. Thus, we found that older women reported a higher score than younger women.

Marital Status

We found a clear trend in the score according to marital status. Women with the least social support (single women) reported significantly higher scores than married women. Unmarried women (who were largely young daughters) reported the lowest scores. Displacement adversely affected everyone. However, there is reason to believe that the hardships imposed on those with low social support are particularly severe. We do find some indication of this here.

Educational Status

There was a negative co-relation between stress and educational levels. The least educated women reported higher scores than more educated women. Women with a college education reported a low mean score of 5.3 as compared to a score of 8.4

reported by illiterate women. Less educated women are also more likely to be poorer. Their employment, as well as that of their family members is more likely to be of a casual or informal nature. This section of the population is most severely affected by displacement because they experience much more hardship, loss of employment and isolation. Being less educated implies that one has difficulties in adapting to new surroundings, dealing with formal/legal procedures and accessing new institutions. This leads to more stress.

Sex of head of household

Here again, we found that there is a co-relation between social support and stress. Respondents from female-headed households (largely, the female head herself) reported higher mean scores than women who lived in male-headed households. Female-headed households are, generally speaking, poorer and have less social support. An added concern for female-headed households is physical security. Moving to a new surrounding, where the older community ties are weakened places considerable stress on female-headed households, which depend greatly on community support for physical as well as social security.

Religion

We find that Muslim women reported higher average scores than non-Muslim women. Anecdotally, we had observed that moving to a largely Hindu neighbourhood, with an active presence of the right-wing Hindu party had created a great deal of anxiety among the Muslim households. Rebuilding ties and establishing peaceful co-existence is a primary concern of minority communities. However, in such surroundings, it is difficult for them to establish such ties because of the overt presence of divisive forces. Apart from belonging to a different religious community, they are also viewed as newcomers and outsiders to the area. The combined resentment towards minorities and newcomers that they most likely experienced could have translated into the higher levels of stress that we have noted (Table 7.25).

Social Class

We find that there is some co-relation with social class as well. Poorer women reported a higher mean score than more affluent women. However, the differences are not very stark. In general, we found that poverty, greater physical hardship and lack of social support create more stress. Poorer women, who are likely to be the most deprived in all these aspects, have reported higher scores than other women (Table 7.24).

Household's experience

We considered three variables to analyse whether particular experiences of households could be correlated with higher levels of stress. On analysis, we find that this is borne out by the data. Women in households that experienced problems during shifting reported a mean score of 8.3 as compared to other women who reported a mean score of 6.9.

Similarly, women from households, which were separated during the shifting process, reported a higher mean score (8.8) than other women (7.7).

Even an event like hospitalisation can severely affect the household's functioning. Women, in particular, are compelled to exert themselves even more in order to provide nursing care. This is apart from the stress of meeting the financial requirements of hospitalisation. Hence, we find that women in whose households a hospitalisation was reported in the past year, reported a score of 8.9, as opposed to a score of 7.3 reported by women in whose households there was no hospitalisation.

Types of Complaints

On analysing the types of complaints reported by women, we find that the most commonly reported complaint was related to tiring easily. A similar probe, constant tiredness, was also reported by more than half the women. Feelings of sadness were also commonly reported by more than half the women. Headaches were also common, with 48.5 percent of the women reporting it. Thus, we find that women commonly reported a mix of psychological and psychosomatic complaints.

During the survey, we discovered that certain questions were not culturally relevant for example, satisfaction in work. Most women failed to understand this question because they do not expect to derive any satisfaction from work in any case. Everyday routines are laborious and unchanging, and most women look upon them as chores to be completed as quickly as possible. Very few women have the opportunity to do work which provides satisfaction and scope for personal growth.

Similarly, the question related to decision-making drew sceptical responses. As women have hardly any role in making decisions within the household, it was difficult for them to judge whether their capacity for decision-making had been impaired.

It is noteworthy that 31 percent of the women at some point had suicidal thoughts. While this in itself is alarming, it also points to the fact that women do not have sufficient support systems, which they can depend upon for emotional support.

On comparing the responses of women of different social classes, we do not find significant differences. In general, poorer women report the complaint more often than other women.

The section on mental health was included to ensure that we did not overlook the emotional/experiential aspects of the process of involuntary resettlement. All too often, we assume that making provisions for the physical security of the people is adequate (housing, employment, basic needs). In this case, we find that even these were not adequately looked after. Moreover, the shift from a slum environment to vertical structures implied that an entire familiar lifestyle was destroyed. The social structure was radically altered and people were compelled to learn new ways of survival. The usual spaces for interaction disappear and new arrangements have to be made. Specifically in the case of women, the intermediate spaces, between the private space of the home and public space of market/maidan (gullis, thresholds, chowks), have disappeared. Thus, they have stopped interacting with each other. Also, the structure of vertical buildings is associated with a middle class lifestyle with its emphasis on privacy and individualism.

Slowly, but surely, we find that the same ideals are becoming prevalent in this colony. Doors are kept closed, the home becomes a private space, socialisation is limited to immediate neighbours, and formal structures (such as committees, federations) take precedence over informal networks.

The mental health information documents the impact of these factors, apart from the physical and financial hardship imposed on the people by the process of involuntary resettlement.

Conclusion

In this study, we recorded significantly higher rates of hospitalisation and adverse pregnancy outcomes than other studies. While it is difficult to co-relate this directly with the resettlement process, it would be worth investigating the direct health impact of such processes on a community. Especially, the high rates of hospitalisation, coupled with the fact that several people who were advised hospitalisation actually did not seek care, indicates that the existing health situation had changed significantly after resettlement.

Resettlement is necessarily associated with economic hardship, disturbances of social fabric and psychological trauma. In such a situation, coping with healthcare needs poses a heavier burden on households. Even a routine event such as a pregnancy can pose several difficulties. Thus, we find that women received less than adequate antenatal and postnatal care. Registration for healthcare was largely in the last trimester of pregnancy (which is the norm for all women), suggesting that the original situation, which in itself was unsatisfactory, deteriorated further.

Reflecting on the health information gathered in this study, we can see certain common trends. In cases of long-term care and catastrophic illness, the people largely chose to return to familiar institutions in spite of the fact that they were more difficult to reach. This could have been due to several reasons - the relative unavailability of public facilities in Dindoshi could have prompted people to return to the eastern suburbs (Kurla, Sion, Ghatkopar) where these facilities are more readily

available. Second, when people realise that the treatment is likely to be prolonged or complicated, they choose to approach an institution with which they are familiar and where they are more likely to have personal contacts. Third, there is some evidence to suggest that the people were consciously avoiding the nearby public hospitals out of fear of facing abuse or discrimination. While this fear may have some basis in actual experience, it is also true that in the general sense of disorientation and anxiety that accompanies the process of dislocation and resettlement, these experiences may have had a deeper impact on the people. As a consequence, people took great efforts to access facilities in the original area of residence, in spite of the greater time and travel required.

The cost of care recorded in the study was relatively high, especially in relation to the income levels of the households. This high expenditure on health care is likely to have affected other aspects of life as well - including nutrition, education of children, work, etc. Meeting this high healthcare expenditure would push several households into debt.

When viewed within the right to health provisions in international law, we find that there are several gaps in the efforts of the state to respect, protect and fulfil these rights.

First, the right of people to access care was not respected in the local public hospitals where cases of verbal abuse and denial of treatment were recorded.

The right to health was not protected in several ways. The pre-conditions for good health – employment, basic facilities, sanitation and public health measures were not protected. The lack of an access road imposed great hardship on people wanting to access facilities outside the community. No efforts were made to ensure that those with

long-term health needs were facilitated. This could have been done by providing link workers, who could have assisted people in contacting the local health institutions, in establishing contacts with local providers and providing information about existing schemes and programmes. At the same time, the government could have issued clear directives to local health institutions to attend to the health needs of the resettled community and it could have taken action against any complaints of neglect or denial. The unwillingness of the State to intervene in the water crisis indicates that people were left to their own devices to cope with the problems faced after resettlement.

The fulfilment of the right to health would have implied the establishment of new facilities to cater to the needs of this population. Considering that the existing facilities are inconveniently located and already overburdened, this was an imperative. The creation of these facilities is also part of the original plan of the resettlement, which has not been implemented. As in the case of the water crisis, each agency of the State has been shifting the blame onto other agencies involved, without making any effort to bring about greater co-ordination in their work. In the absence of a single agency, which is fully empowered and equipped to facilitate the rehabilitation, it is not surprising that such a situation has arisen.

Even more neglected were the special needs of the resettled community - mental health needs, the need to build effective social support systems and create informal/formal networks for support. This necessitates greater and long-term involvement of voluntary organisations as well as those organisations with expertise in dealing with such problems. However, no efforts were made to encourage such activities in the area and provide support (in terms of space, finance and administration) to such organisations.

Table 7.1: Nature of episode resulting in hospitalisation across sex

Nature of episode	Sex of the person			
	Male		Female	
	Frequency	Percentage	Frequency	Percentage
Acute	51	72.9%	48	52.2%
Chronic	17	24.3%	43	46.7%
No response	2	2.9%	1	1.1%
Total	70	100.0%	92	100.0%

Table 7.2: Type ailment resulting in hospitalisation across sex

Type of illness	Sex of the person			
	Male		Female	
	Frequency	Percentage	Frequency	Percentage
Accident / injury	9	12.90%	3	3.30%
Blood pressure, heart ailments	4	5.7%	15	16.3%
Acute GIT problems	24	34.3%	16	17.4%
Acute Respiratory Problems	2	2.9%	4	4.3%
T.B asthma	3	4.3%	6	6.5%
Pain/swelling/nodes	6	8.6%	7	7.6%
Fevers	14	20.0%	17	18.5%
Mental Illness /Epilepsy	3	4.3%	3	3.3%
Other Chronic Problems	2	2.9%	10	10.9%
Reproductive problems			6	6.5%
Other Acute Problems	1	1.4%	4	4.3%
Missing data	2	2.9%	1	1.1%
Total	70	100.0%	92	100.0%

Figure 7.1: Facilities utilised for Inpatient Services

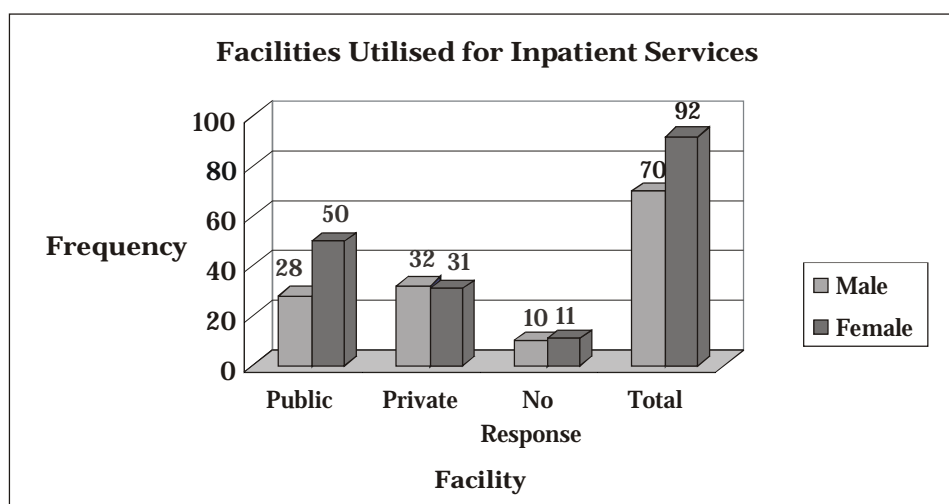


Table 7.3: Type of facility utilised for outpatient treatment, hospitalisation and delivery care

Type of facility utilised	Acute Illness		Chronic Illness		Hospitalisation		Delivery Care	
Private	340	76.4	162	63.8	63	38.9	31	28.7
Public	23	5.2	62	24.4	78	48.1	44	40.7
Self treatment	33	7.4						
Home delivery	0						21	19.4
No treatment	43	9.7						
Others			22	8.7			2	1.9
Missing data	7	1.4	8	3.14	21	13.0	10	9.3
Total	445		254		162		108	

Table 7.4: Rates of illness and hospitalisation

Rates	Acute Illness	Chronic Illness	Hospitalisation
	(past 15 days)	(past one year)	(past on year)
Per 1000 persons	160.0	116.3	58.0
Per 100 households	57.1	50.4	30.4

Table 7.5: Pregnancy outcomes

Outcomes	Number	Percent of total events	Percent of total outcomes
Live births	82	55.0	75.9
Still births	4	2.7	3.7
Spontaneous abortions	15	10.1	13.9
Induced abortion	7	4.7	6.5
Currently pregnant	41	27.5	
Total	149	100.0	100.0

Table 7.6: Comparison of outcomes of the current study with a study conducted by CEHAT across Maharashtra in 2004*

Outcome	Number in present study	Rates	
		Present Study	2004 study*
Live births	82	759.3	831.3
Still births	4	37.0	0
Spontaneous abortions	15	138.9	79.8
Induced abortion	7	64.8	89

*Saha, S., Duggal, R. and Mishra, M. (2004): Abortion in Maharashtra: Incidence, care and cost, CEHAT, Mumbai.

Table 7.7: Period of gestation across the outcome of pregnancy

Gestation	Live Birth	Still birth	Spontaneous Abortion	Induced Abortion	Total
1st Trimester			6	2	8
2nd Trimester			3		3
7-8 month	2				2
Full term	78	4			82
Missing data	2		6	5	13
Total	82	4	15	7	108

Table 7.8: Antenatal check up by a health care provider in Mumbai*

Background characteristic	Antenatal check-up only at home from health worker	Antenatal check-up outside home from:				Total percent	Number of births
		Doctor	Other health professional	Traditional birth attendant other	No antenatal check-up		
Mumbai	0.8	91.4	3.5	0.0	4.2	100.0	208
Slum	0.9	89.4	4.8	0.0	4.9	100.0	152
Non-slum	0.6	97.0	0.0	0.0	2.4	100.0	56

*Source: NFHS-2; IIPS, Mumbai; 1999

Table 7.9: Registration for ANC care according to pregnancy outcomes

Registration for ANC	Live Birth	Still birth	Spontaneous Abortion	Induced Abortion	Total
Induced Abortion					
Yes	71	3	-	-	74
No	6	1	14	6	27
Refused registration and sent back	1		-	-	1
Missing data	4		1	1	6
Total	82	4	15	7	108

Table 7.10: Period during which registered for ANC

Period	Number
First trimester	3
Second trimester	11
Third trimester	57
Missing data	3
Total	74

Table 7.11: Source of care provided after an outcome of pregnancy

Where the care was provided	Live Birth	Still birth	Induced Abortion	Spontaneous Abortion after care	Total
Medical Facility	59	3	7	11	80
Home	16	1		4	21
On the Way	1				1
Missing data	6				6
Total	82	4	7	15	108

Table 7.12: Characteristics of delivery*

Background characteristic	Health facility/ institution			Home			Total percent	Number of births
	Public	NGO/ Trust	Private	Own home	Parent's home	Other		
Mumbai	42.8	0.5	42.5	8.7	5.1	0.5	100.0	208
Slum	47.5	0.6	35.4	9.8	6.0	0.7	100.0	152
Non-slum	30.1	0.0	61.8	5.6	2.5	0.0	100.0	56

*NFHS-2; IIPS, Mumbai; 1999

Table 7.13: Place of delivery/ abortion aftercare

Place	Number	Percent
Public Hospital	44	40.7
Private Hospital	31	28.7
Home	21	19.4
Trust Hospital	2	1.9
Missing data	10	9.3
Total	108	100.0

**Table 7.14: Location of delivery/abortion care according to type of facility
(for live births, still births, spontaneous and induced abortions)**

Location of facility	Public	Private	Trust	Home	Missing	Total
Near Dindoshi	20	13				33
Near Jari Mari	17	16	1			34
Distant Location	5					5
Village	1	2			2	5
Home				21		21
Missing data	1		1		8	10
Total	44	31	2	21	10	108

**Table 7.15: Registration for antenatal across the place of
delivery (including live births and still births)**

Place	Whether registered for ANC			
	Yes	No	Missing	Total
Medical facility	59	3		62
Home	12	5		17
On the way	1			1
Missing data	2		4	6
Total	74	8	4	86

**Table 7.16: Place where delivery conducted or abortion care
provided according to registration for antenatal care**

Location of health facility	Registration for ANC			
	Yes	No	Missing	Total
Near Dindoshi	29	4		33
Near Jari Mari	20	13	2	34
Village	3	2		5
Distant Location	4			5
Home	12	8	1	21
Missing data	6		4	10
Total	74	27	7	108

Table 7.17: Frequency of problems after the delivery/ abortion

Did the woman or child have a problem after delivery/abortion	Number	Percent
Yes	44	40.7
No	57	52.8
Missing data	4	6.5
Total	108	100

Table 7.18: Nature of problems after delivery/ abortion

Problems after delivery/abortion	Number
Weakness	20
Heavy bleeding	11
Lack of milk	8
Fever	5
Discharge	4
Pain	4
High blood pressure	3
Just during delivery the child defecated	1
Dangerous to the life of mother	1
Swelling	1
Stomach ache	1
HIV positive	1
Extremities become cold	1
Knots in stomach	1
Gases	1
Dizziness	1
Stitches pain	1
Total	65

Table 7.19: Average expenditure on delivery/ abortion across type and location of facility

Type of facility	Average expenditure	Number
Public	3024	29
Private	4394	16
Home	2415	12
Trust	6480	2
Missing data	4100	1
Total	3410	61
Location of facility	Average expenditure	Number
Near Jari Mari	5070	19
Near Dindoshi	2534	23
Distant location	1588	4
Home	2414	12
Missing data	0	3
Total	3410	61

Table 7.20: Prevalence by type of chronic illness across sex

Type of illness	Sex of the person			Total
	Male	Female	Missing data	
Respiratory illnesses				
Asthma	8	13		21
TB	12	17		29
Bronchitis		3		3
Total	20	33		53
Orthopaedic illnesses				
Joint pain and arthritis	21	86	1	108
Disability and paralysis	9	3		12
Accidents	1			1
Polio		1		1
Total	31	90	1	122
Cardiovascular illness and diabetes				
BP related problems	8	47	1	56
Heart problems	5	12		17
Diabetes	8	13		21
Total	21	72	1	94
Psychiatric and neurological illnesses				
Mental illness	8	2		10
Convulsions or fits	13	12		25
Total	21	14		35
Others¹				
	8	8	1	17

¹ Others include illnesses like stomach problems, HIV/AIDS, migraine, hole in ear, allergy in eyes, piles, appendicitis, thyroid related disorders, leucoderma, water in liver and other unspecified symptoms.

Table 7.21: Utilisation of health services by location of health facility

Location of health facility	Acute Illness		Chronic Illness		Hospitalisation		Delivery Care	
Near Dindoshi	281	63.0	69	21.2	40	24.7	33	30.6
Near Jari Mari	56	12.6	102	31.4	72	44.4	34	31.5
Distant location	7	1.6	37	11.4	23	14.2	5	4.6
At home	29	6.5	15	4.6			21	19.4
Village			11				5	4.6
Others					5	3.1		
Not treated	43	9.6						
Missing data	30	6.7			22	13.6	10	9.3
Total	446				162		108	

Table 7.22: Utilisation of health services by type of health facility

	Acute		Chronic		Hospitalisation		Delivery/ abortion Care	
	Private	Public	Private	Public	Private	Public	Private	Public
Near Dindoshi	27179.7	939.1	5735.2	1117.7	2641.3	1114.1	1341.9	2045.5
Near Jari Mari	4112.1	1147.8	6338.9	3861.3	2539.7	4456.4	1651.6	1738.6
Distant location	61.8	14.3	1710.5	1219.4	69.5	1721.8		511.4
Village			116.8				26.5	12.3
Others					11.6			
Missing data	226.5	28.7	148.6	11.6	57.9	67.7		12.3
	340	23	162	62	63	78	31	44

Table 7.23: Expenditure on the utilisation of health services

Expenditure	Acute	Chronic	Hospitalisation	Delivery
<i>Overall</i>	140	6990	7577	3410
<i>Sex</i>				
Male	150	7801	5981	
Female	133	6646	8844	
<i>Type of health facility</i>				
Private	130	7216	7084	4394
Public	279	4812	7714	3024
Home	102			2415
Missing data		25595		4100
Others		9927		6480
<i>Location</i>				
Near Dindoshi	127	1522	6727	2534
Near Jari Mari	225	6566	8069	5070
Distant location	176	15833	11477	1588
Home	33	120		2414
Village		778		
Missing data	162	29178	4172	
Others			3758	

Table 7.24: Mental health assessment across social class

SRQ 20	Unskilled casual worker		Skilled informal sector worker		Petty Service sector	
	Frequency	Per-centage	Frequency	Per-centage	Frequency	Per-centage
Headaches	36	46.2	87	46.5	82	50.3
Appetite affected	29	37.2	68	36.4	66	40.5
Sleep affected	29	37.2	66	35.3	57	35.0
Sense of fear	29	37.2	83	44.4	53	32.5
Shivering	25	32.1	54	28.9	54	33.1
Anxiety	36	46.2	85	45.5	69	42.3
Digestion affected	11	14.1	41	21.9	29	17.8
Constant thoughts	17	21.8	42	22.5	26	16.0
Feelings of sadness	43	55.1	99	52.9	84	51.5
Crying spells	44	56.4	85	45.5	70	42.9
No satisfaction in work	21	26.9	41	21.9	41	25.2
Difficulty in making decisions	32	41.0	72	38.5	59	36.2
Difficulty in doing everyday work	23	29.5	62	33.2	55	33.7
Difficulty in completing work	33	42.3	75	40.1	64	39.3
Feels disinterested	39	50.0	87	46.5	74	45.4
Feelings of worthlessness	44	56.4	77	41.2	81	49.7
Suicidal thoughts	28	35.9	57	30.5	44	27.0
Feelings of tiredness	44	56.4	97	51.9	83	50.9
Stomach problems	23	29.5	54	28.9	54	33.1
Tires easily	47	60.3	105	56.1	93	57.1
Total	78	100	187	100	163	100

Table 7.25: Mental health assessment across religion

SRQ 20	Muslim		Hindu		Others	
	Frequency	Per-centage	Frequency	Per-centage	Frequency	Per-centage
Constant thoughts	73	20.1	13	13.3	3	25.0
Digestion affected	74	20.3	13	13.3	0	0.0
No satisfaction in work	96	26.4	16	16.3	5	41.7
Suicidal thoughts	113	31.0	30	30.6	4	33.3
Shivering	116	31.9	31	31.6	2	16.7
Stomach problems	116	31.9	26	26.5	3	25.0
Sleep affected	127	34.9	37	37.8	5	41.7
Difficulty in doing everyday work	128	35.2	31	31.6	2	16.7
Difficulty in making decisions	140	38.5	40	40.8	1	8.3
Sense of fear	142	39.0	39	39.8	2	16.7
Appetite affected	143	39.3	31	31.6	4	33.3
Difficulty in completing work	158	43.4	32	32.7	2	16.7
Anxiety	173	47.5	31	31.6	4	33.3
Crying spells	182	50.0	36	36.7	4	33.3
Feelings of worthlessness	182	50.0	43	43.9	2	16.7
Headaches	184	50.5	42	42.9	4	33.3
Feels disinterested	184	50.5	38	38.8	5	41.7
Feelings of tiredness	201	55.2	46	46.9	4	33.3
Feelings of sadness	206	56.6	42	42.9	4	33.3
Tires easily	216	59.3	48	49.0	5	41.7
Total	364	100.0	98	100.0	12	100.0

Chapter 8



Right to Education

Right to Education

In this chapter, the right to education in the community which has been displaced is emphasised. The inalienable right to education for everyone as cited in Article 13 of the CDESCR and the right to live with dignity and equality of opportunity has been recognised as the fundamental prerogative of every human being.

Article 13

1. The States Parties to the present Covenant recognise the right of everyone to education. They agree that education shall be directed to the full development of the human personality and the sense of its dignity, and shall strengthen the respect for human rights and fundamental freedoms. They further agree that education shall enable all persons to participate effectively in a free society, promote understanding, tolerance and friendship among all nations and all racial, ethnic or religious groups, and further the activities of the United Nations for the maintenance of peace.

2. The States Parties to the present Covenant recognise that, with a view to achieving the full realisation of this right:

- (a) Primary education shall be compulsory and available free to all;
- (b) Secondary education in its different forms, including technical and vocational secondary education, shall be made generally available and accessible to all by every appropriate means, and in particular by the progressive introduction of free education;
- (c) Higher education shall be made equally accessible to all, on the basis of capacity, by every appropriate means, and in particular by

- (d) the progressive introduction of free education; Fundamental education shall be encouraged or intensified as far as possible for those persons who have not received or completed the whole period of their primary education;
- (e) The development of a system of schools at all levels shall be actively pursued, an adequate fellowship system shall be established, and the material conditions of teaching staff shall be continuously improved.

3. The States Parties to the present Covenant undertake to have respect for the liberty of parents and, when applicable, legal guardians to choose for their children schools, other than those established by the public authorities, which conform to such minimum educational standards as may be laid down or approved by the State and to ensure the religious and moral education of their children in conformity with their own convictions.

4. No part of this article shall be construed so as to interfere with the liberty of individuals and bodies to establish and direct educational institutions, subject always to the observance of the principles set forth in paragraph I of this article and to the requirement that the education given in such institutions shall conform to such minimum standards as may be laid down by the State.

The right to education is the most important right as it is a determinant of every other development opportunity. It forms the pathway for the complete development of the human personality. Further, educational opportunities are the means to attaining other material benefits. This is especially so for vulnerable sections, for whom it also serves as a tool for empowerment (Gote, 2002). It is

important to note that now education is also a fundamental right guaranteed by the Constitution. Displaced communities in particular should not be denied a life of continued existence with dignity and fundamental freedoms. Access to education with adequate facilities and infrastructure has to be the responsibility of the State, which has to provide these entitlements to the resettled communities.

In this chapter, the discussions focus on the impact of the resettlement process on the education of children in the community, and the conditions that have caused disruption in their education and the resulting situation. However, it is not being suggested that the conditions of schooling and education in the earlier residential location were of an ideal nature. When people are dislocated, the State intervenes in people's existing right to secure education and imposes additional burdens (access to transport, etc.) in securing the right in the new place. Ideally the State should not only provide facilities for education, but should ensure that there is sufficient opportunity for access, for children to be retained in the system, and the conditions for optimal utilisation of right to education.

The draft National Policy on Rehabilitation involves a commitment that will ensure that displaced people will be better off in their resettled conditions than what they were before. As far as school facilities are concerned it is envisaged that it will match those entitlements that middle class children get. The stress is not just on providing an improved physical environment, but also on improving social capital (Sinha, 1996). In terms of education, the resettlement of the community from Jari Mari to Dindoshi has not been promising. By locating the discussions within a rights perspective, the argument aims to secure the ideal or optimal resources and conditions for education of the young people in the community.

This chapter on education covers all children and adolescents from 3 years to 18 years of age. For the purpose of comparison, data on enrolment and status of school attendance just prior to the shifting in May-June 2002 has been used. This was obtained from a complete survey of the community (including Rafique Nagar) at Jari Mari, done by Sahyog as part of the Sarva Shikshan Abhiyan.

Some differences in methodology, notwithstanding, the data is comparable for exactly the same population. Recently, Sahyog has also completed its annual enrolment survey in Dindoshi covering about 900-1000 households. This data has also been incorporated in the study.

Enrolment and School Attendance of Children Prior to and After Resettlement

Prior to the resettlement, nearly 65 per cent of the children in Rafique Nagar in the pre-school to the high school categories had been enrolled in some form of educational institution in Jari Mari. Of these nearly 75 to 82 per cent were in the age group of 5-14 years. In the 15-18 year age group, enrolment dropped to 43 per cent. Thus there is a sudden drop in enrolment as the children move to the higher classes (Table 8.1).

The qualitative data reveals several reasons that had forced both older girls and boys to drop out of school. Lack of school facilities is one of the reasons for poor enrolment in higher classes. After shifting to Dindoshi, the community had access to only one school in Santosh Nagar which only had classes only from 1st to 7th standard. Distance was also cited as a reason for poor enrolment in higher classes. The schools were located at a distance from the present location of the resettled community. The following quote from a focussed group discussion amplifies the problems related to access to the available schools.

We have to get down from here along the steps and go to Chota Kashmir; take a bus from there. There will be delays, so we have to wait for the bus. Once we get the bus, the traffic delays us. Due to the crowd, we have to stand in the bus, so we can't even sit and read. Once we alight, it's a long walk to school and we are always late.
(Adolescent boy aged 16-18 years in FGD)

The distance from here to the school is very far, and we are always late in reaching school. During exams, this delay prevented us from writing the paper well and we failed in the exam. Now I will try for the third time to write the exam.
(Adolescent boy aged 16-18 years in FGD)

The qualitative data reveals that process of shifting had itself both direct and indirect impact on the education of children and young people in the community. The whole process of resettlement, and the problems related to access prevented the girls and boys from attending schools. Many lost a year of school due to the resettlement.

The qualitative data also suggests that economic burdens on the resettled community also had an impact on utilisation of educational facilities. Many boys have had to take up jobs to supplement the family income. Shifting to Dindoshi had caused loss of livelihoods, as many of the daily wage earners now had additional expenses of travelling to the earlier workplaces or had to seek new jobs in the new settlement. In the new settlement, the expenses of households had increased. This had led to many other household members shouldering the responsibility of earning income. While women had to take up home based work, several adolescent boys had dropped out of school and taken up jobs. Some of them began to do jobs while on vacation from school and then gradually dropped out. The boys had taken up jobs such as carpentry, working in a company, in a textile shop, as drivers, etc. They articulated their problems thus:

The main reason for difficulty in getting jobs, is that we have been brought to a totally new place and left here to fend for ourselves. We are not familiar with anyone here. In Jari Mari, we could get work more easily. Here it takes time to get to know people and contacts.
(Adolescent boy aged 16-18 years in FGD)

While a majority of the children went to schools in Mumbai, a miniscule number also were studying in their villages. As far as school attendance was concerned, there was a slightly better attendance (Table 8.2) among boys (72 % out of the 82 % going to school) than the girls (70 % out of 79 % going to school). This information is an aggregate of all boys and girls. There is a slightly higher percentage of girls going to school, and that a higher percentage of boys than girls dropped out at an earlier stage (Table 8.3). This has important implications even in the phase following resettlement. We saw earlier how boys had to drop out to seek jobs to supplement household incomes.

Resettlement has had an impact on the access to and utilisation of educational facilities. For all families the shifting process took place over a period of 1 to 3 months, during which there was a lapse in many of the children's schooling. Mothers reported that even this span of time had led to children forgetting many of the basic things they had been taught. It also was a reflection on the inadequacy of teaching in the new settlement and the modes utilized for retention.

After coming here, whatever the children knew earlier they seem to forget. The quality of teaching is poor; the teachers don't come or one teacher teaches two classes. There are also not any good facilities for tuition.
(Woman in FGD)

There was a mixed response as far as attendance in schools was concerned. While some families reported that the conditions of schooling in the earlier place was better, others did not have much to complain in the new place of residence.

In Dindoshi there is greater enrolment in the younger age groups, with 42 per cent in the 3-4 age group and 88.3 per cent in the 5-10 age group. Apart from a slight increase in the 11-14 age group, the major fall in enrolment is in the 15-18 age group. It comes down from 43 per cent to 25 per cent. Both boys and girls had dropped out.

Resettlement has had an impact on, both, the access to and utilisation of educational facilities. For all families the shifting process took place over a period of one to three months, during which there was a lapse in schooling for many children. Mothers reported that this span of time had led to children forgetting many of the basic things they had been taught. It also was a reflection on the inadequacy of teaching in the new settlement and the modes utilised for retention.

After coming here, whatever the children knew earlier they seem to have forgotten. The quality of teaching is poor; the teachers don't come or one teacher teaches two classes. There are also not any good facilities for tuition.
(Woman in FGD)

There was a mixed response as far as attendance in schools was concerned. While some families reported that the condition of schools in the earlier place was better, others did not have much to complain about in the new place.

In Dindoshi, there is one school located in Santosh Nagar with classes from standard one to seven. But to get to it the children had to climb down 90 steps that connect the community to Santosh Nagar. Many families said that the attendance of children has been affected by the fact that they have to walk more and climb down the arduous 90 steps to reach the school. The poor access to the school is a disincentive to children to attend school. The authorities have not ensured that this community has a school within reasonable distance.

The shifting had thus had a detrimental impact on younger people in terms of enrolment and continuation of schooling. With no new school; fewer teachers, classrooms, and furniture; cumbersome admission related procedures; distance to access the school; tension with the neighbourhood where the school is located conditions to realise the right to education were inadequate and sometimes non-existent.

Vulnerability of Girl Children

The issue of dropouts and lack of regularity in attendance was more pronounced among the girls, as some of them noted,

'Yahan aane ke baad, hum sab logon ne school choda'. (After coming here, all of us girls have dropped out of school). There are several reasons, such as the 90 steps, the path to Chota Kashmir, the jungle in between, due to all these problems with the approach to school, parents now refuse to send us to school.

(Adolescent girl aged 16-18 in FGD)

Girls who attended school earlier at Jari Mari said that after moving to Dindoshi their education had been affected badly. In fact, many women who were keen on their daughters' education have been disappointed and feel let down by the lack of effort on part of the authorities to fulfil their promises. As some of them noted,

When we came to Dindoshi, it was only the month of June. We were told as soon as we came here that a school would be built for the children. We were very worried about it, but we were reassured that till 10th standard the children need not worry. But we find that not even the 1st standard has been provided. Most of the children had come midway through their exams. Had we not submitted all our documents and signed on the agreement, we would not have come. We have been let down badly.

(Woman in FGD)

Despite the hardships of the shifting process and the disappointment of not finding the infrastructure promised by the authorities in place, there were some poignant examples of women who struggled to educate their daughters. One woman who has no regular work, takes help from her neighbours and educates her daughter. When the child was not given admission, she pleaded with the night school personnel, explained her domestic problems she secured admission for the child. Her daughter has to negotiate the 90 steps, and is often late coming home but she is happy that they teach the students well.

Data shows that a greater proportion of girls attend municipal schools, and a greater proportion of boys attend private schools (Table 8.4). This shows that there was greater demand from girls for public provision of schooling. However, the obvious lack of and inadequacy in provision by the State pushes girls back into their homes or into the non-formal sector (14.4 %). In the resettled phase, the demand for State provision of education remains high, given that private schools charge exorbitant fees (also see next section). This demand is especially so for primary and middle school and for girls in these age groups. Many families find the expense of providing additional tuition and incurring travel costs in accessing schools, a burden in their new surroundings. Thus the gender gap and the vulnerability of girls on account of lack of State provided education is tremendous and amounts to violation of girls' right to full development of their personalities and access to other material benefits and opportunities.



Nearly 19 per cent of those who sought admission experienced some sort of problem or other (Table 8.5). For children reaching out to schools in the government sector, most of these problems were supply side factors (Table 8.6). Even though we do not have gender disaggregated figures, the qualitative data does indicate that girls are at a greater disadvantage in seeking admission to schools in the new place. The problem is mainly with the administration of the school system (42.6%) and admission related factors (35.2%). A telling example of the prejudice and irrationality of the admission procedure in government schools is reflected in the experience of a Muslim woman who wanted her son to be admitted into a Marathi medium school. The school authorities insisted, despite the protests of the woman whose mother-tongue was Marathi, that if the boy was Muslim, he should not be admitted in a Marathi medium school.

The vulnerability of girls is pronounced due to lack of State provision of schooling, infrastructure, teachers, as well as admission related factors, all of which amount to supply side factors. Additionally, girls also suffer discrimination when boys get preference for education in private schools even though there is a greater demand for schooling from girls. Thus privatisation is also detrimental to girls' right to education. Following resettlement, girls also suffer on account of family restrictions and related factors, and impositions from the community. Thus several factors, both supply and demand related, jeopardise girls' right to equitable education.

Access to State Provision of Education

A vast majority of children in Dindoshi attend municipal schools at the primary and middle school levels (83.4% and 87.8% respectively) (Table 8.7).

This clearly points towards the importance of State provided education, especially at the primary and middle school levels. However, at the secondary level not only do they shift to private schools, but there is an attrition in the overall enrolment. The gender disaggregated data indicates the vulnerability of girls who mostly drop out after middle school. Both push and pull factors play a role in this. While families discontinue the education of girls beyond middle school, the infrastructural facilities and quality of teaching too are inadequate in municipal schools. Families prefer to admit boys to private schools even though they are expensive. As some of them noted,

The teaching in private schools is all right, but the teaching in municipal schools is poor. But it is also expensive to go to private schools.
(Adolescent boy aged 16-18 years, in FGD)

Even at the pre-primary stage, families rely on non-formal sources of schooling for children (Table 8.8). Further the data indicates the increasing trend towards privatisation and the demand from the community for private schools. At the primary and

middle levels the proportion of children in municipal schools drops drastically and the numbers attending private schools register an increase. Thus though the demand for education is high the expense involved is in large measure responsible for children dropping out or being unable to access educational facilities. Added to this is the lack of responsibility on the part of the State which allows private schools to flourish, while relinquishing its own responsibility to provide public schooling.

We noted earlier how a majority of children attended municipal schools both at the primary and middle school levels. The gender disaggregated figures show that a slightly higher proportion of girls (58.6%) attend municipal schools (Table 8.4). Conversely boys outnumber (29.7%) the girls who attend private schools. Interestingly, girls also outnumber boys in non-formal education. The case of the woman who wanted her daughter to even attend a night school so long as she could continue her education shows how keen parents are to educate their children.



Considering the retention of children in school, a higher percentage of boys compared to girls dropped out at the initial stages of school enrolment (Table 8.3). Following resettlement, families mentioned that children's enrolment and attendance have been affected drastically. The disruptions have evoked fatalistic assertions from some. For instance one woman said, "We don't feel our children will be able to study and achieve anything." Others say that while things have worsened, boys' education has been spoilt, but girls continue to study. It seems that the resettlement has caused greater damage to boys' education. Even though the adverse conditions affected both boys and girls, the desire amongst girls to study seemed more.

Paradoxically, the large open space around the colony where boys gathered in groups altered the community atmosphere in the new settlement. The boys had dropped out of school and taken up odd jobs. When there was no work, they just hung around the open spaces, which created frictions and conflicts in an already stressful situation. Residents were already tense about the extra expenses for maintenance, electricity and water, and quarrels often broke out that drew in the boys. Girls did not feel comfortable walking here unlike in their earlier neighbourhood. Their families too did not like the girls moving around on their own. Even the younger brothers of the girls stopped them from moving out of their own buildings. These restrictions on girls' mobility was a major factor in their dropping out after middle school.

Apart from the loss of livelihoods and increased living expenses, the inadequacies in the new living environment also affected children's schooling. Water supply has been in short supply and girls were the first victims of the water shortage as they had to miss school in order to go and collect water. As some girls noted,

There is no problem in going to school. But if water supply does not come, then there is a problem. It is we who have to collect water and then attend to housework. If there is no water, then all the work in the house comes to a standstill. It is because of this that our schooling has to stop. (Young girls aged 10-14 years, in FGD)

Thus, factors like inadequate infrastructure maintenance problems etc were linked to the lack of State education and jeopardised the education of girls. Hence it is incumbent on the State to ensure not just proper resettlement of the community but also educational facilities so that the right to education is safeguarded.

Incidence of Dropouts and Retention

Most children who drop out do so in the middle school level (Table 8.9). Nearly 79 per cent of the children who dropped out were in classes 7 to 10. Following the move in 2003, the data indicates that 78 per cent of the children continued to drop out between classes 7 and 10, even though the numbers seem to have reduced.

Among the reasons given for dropping out of school are problem of accessing schools and financial constraints (Table 8.10). A considerable number of people also gave the shifting process and the resettlement as a prime reason for dropping out. For boys, financial constraints were as much of a problem as problems of access, while for girls, access was a much more serious issue in discontinuing their education.

Both girls and their mothers mentioned that the atmosphere in the new environment was not conducive to girls' mobility. Many girls said the open space in their new settlement allowed boys to hang about in groups, but gave them no space to move around. Girls were restricted to their homes by their families. In many houses younger brothers prevented their sisters from going out, thus curtailing their mobility. Almost all families found the distance of the schools from their homes, the 90 steps children had to negotiate to get there, and the path they had to take as major problems. Girls were doubly disadvantaged in this respect. The availability of schools, the attendance of teachers, the quality of teaching, were additional factors that affected attendance and retention in schools.

Quality of education

The overall response to the impact of resettlement on education was mixed. Many said that both the



facilities and teachers in the new schools were all right, but others complained that the teaching was poor and the teachers' attendance was irregular. Nearly 70 per cent of children felt that there was no gap in education during the shifting process (Table 8.11). Of these, a higher proportion were girls (73.2%). A slightly higher proportion of boys (28.2%) compared to girls (22.1%) found that education was affected. Many women had also noted that boys' education was adversely affected following the shifting, while girls were continuing

to study. However, girls had also emphatically noted that the overall atmosphere in the new settlement was not favourable to them. They cited three factors that affected their education: children were not interested in pursuing their studies in the new area; or parents could not afford the education any more; or access factors such as the distance, the costs of reaching school, etc. Many girls also mentioned that the school was closer to their homes in their previous settlement whereas here the distance and the difficulty of access forced



many to drop out of school. Girls also had to miss school when the water supply failed in the buildings they now lived in and as they had to fetch the water for the household. There was not much gap in education during shifting (see tables 8.11 and 8.12). Here, too, nearly 74 per cent children were going to school currently.

Nearly 37 per cent felt that they faced in problems attending school in the new area (Table 8.13). This indicates the gaps in provision of proper school facilities by the authorities who have initiated the resettlement process, just as it is with provision of facilities for public distribution system, or transport. In fact they have failed in their commitment to provide adequate school facilities for the children in the new residence.

Table 8.14 lists the problems faced by children currently going to school. Accessing schools, be they private or government, was the main problem faced by a majority of children. There was no school in their immediate neighbourhood. Several of those who attended municipal schools, mentioned poor quality of teaching and inadequate facilities at school.

Many families also mentioned that children go to school, but teachers either do not come to the school, or if they do come, they don't attend to the children and to teaching.

In conclusion, the lack of State provision for education at school level is emphatically proved. Additionally, there seems to be no responsibility to regulate privatisation of education; rather, public demand is being cited as a reason to withdraw public schools. It is part of the overall context of resettlement where the State just relocates people without providing them with a public distribution system, or state transport or state education. The new situation had not changed anything for the better as far as education goes. This will impact adversely on young people in this and future generations in terms of loss of material benefits, future employment potential, and right to freedom of exposure, mobility, and the capacity for negotiation, which are entitlements due to any human being. The findings in this chapter offer scope for advocacy on the rights of the resettled community.

Table 8.1: School enrolment status according to age group from a survey conducted by Sahyog in Rafique Nagar in 2002 and the current study.

Enrolment status	Sahyog in Rafique Nagar in 2002*				Total
	Age group				
	3-4 years	5-10 years	11-14 years	15-18 years	
Not enrolled	232 91.0%	258 24.4%	113 18.3%	230 56.7%	833 35.6%
Enrolled	23 9.0%	801 75.6%	505 81.7%	176 43.3%	1505 64.4%
Total	255	1059	618	406	2338
The current study					
Enrolment Status	Age Group				Total
	3-4 years	5-10 years	11-14 years	15-18 years	
Not enrolled	74 57.8%	57 11.7%	63 20.7%	171 74.0%	365 31.7%
Enrolled	54 42.2%	430 88.3%	241 79.3%	59 25.5%	784 68.2%
Total	128 100.0%	487 100.0%	304 100.0%	231 100.0%	1149 100.0%

*Source Sahyog 2002.

Table 8.2: Status of school attendance of children between 5 and 15 years by sex

The Current Study						
	Total		Boys		Girls	
Total	863		417		446	
Going to school	701	81.2	346	83.0	355	79.6
Studying in village	26	3.7	15	4.3	11	3.1
Staying in Mumbai	837		402		435	
Going to school	690	82.4	331	82.3	344	79.1
Regularly attending school	596	71.2	292	72.6	304	69.9
Sarva Shikshan Abhiyan Data for 2002 Rafique Nagar*						
	Total		Boys		Girls	
Total number of children	1785		940		845	
Going to School	1364	76.4	743	79.0	621	73.5

*Source Sahyog 2002.

Table 8.3: School enrolment status by Sex

Whether going to school	Sex of the child			Total
	Male	Female	Missing	
Yes	373	391		764
Yes, in village skip	17	12		29
Never enrolled	21	11		32
No	77	87		164
Less than five years old	27	39	1	67
Dropped out earlier	101	73		174
Missing		1		1
Total	616	614	1	1231

Table 8.4: Type of school institution attended by sex

Type of institution	Sex of the child				Total	
	Male	%	Female	%		%
Municipal	212	54.4	236	58.6	448	56.5
Private	116	29.7	88	21.8	204	25.7
Non formal	36	9.2	58	14.4	94	11.9
College, vocational, hostel	4	1.0	5	1.2	9	1.1
Studying in village	16	4.1	12	3.0	28	3.5
Don't know	6	1.5	4	1.0	8	1.0
Total	390	100	403	100	793	100

Table 8.5: Whether faced any problems at the time of admission

Problems at time of enrolment	Number	Percent
No	642	81.0
Yes	151	19.0
Total	793	100.0

Table 8.6: Problems encountered at the time of admission by type of institution to which child was admitted

Type of problem encountered at time of admission	Type of School			
	Municipal	%	Private	%
Financial problems	10	8.2	27	45
Admission related problems	43	35.2	11	18.3
School administration related problems	52	42.6	17	28.3
External influence required	8	6.6	4	6.7
Performance related	4	3.3	0	0
Put in lower std	5	4.1	1	1.7
Total	122	100.0	60	100

Table 8.7: Type of institution attended by children going to school by level in June 2002 in a survey conducted by Sahyog*

Level of education	Type of institution		
	Municipal	Private	Total
Pre primary	4 16.0%	21 84.0%	25
Primary	638 83.4%	127 16.6%	765
Middle	423 87.8%	59 12.2%	482
Secondary	45 25.9%	129 74.1%	174
Total	1110 76.7%	336 23.3%	1446

* Source: Sahyog; 2002

Table 8.8: Type of institution attended by level in the current study

Level	Municipal	Private	Non formal	Hostel, trust, religious inst.	Studying in village	Don't know	Total
Pre primary	2.4%	2612.7%	7377.7%				101
Primary	25456.8%	6029.4%	77.4%				321
Middle	15634.9%	4019.6%		111.1%			197
Secondary	296.5%	7034.3%	55.3%	222.2%		436.4%	110
College and Vocational		42.0%		666.7%			10
Village					28100.0%		28
Missing	61.3%	42.0%	99.6%			763.6%	26
Total	447	204	94	9	28	11	793

Table 8.9: Educational level of children who have dropped out

Sarva Shikshan Abhiyan (2002)*		
Level	Number	Percent
Upto 4th	67	20.1
Upto 7th	161	48.3
Upto 10th	102	30.6
Upto 12th	3	0.9
Total	333	100
The Current Study		
Level	Number	Percent
Upto 4th	11	17.5
Upto 7th	22	34.9
Upto 10th	27	42.9
Upto 12th	3	4.8
Total	63	100

* Source: Sahyog; 2002

Table 8.10: Reasons for dropping out by Sex

Reasons for dropping out	Boys		Girls	
Financial problems	20	29.4	18	21.2
Admission related problems	5	7.4	5	5.9
Schooling not available	1	1.5	9	10.6
Access problems	19	27.9	31	36.5
Family problems	9	13.2	8	9.4
Others	5	7.4	4	4.7
Directly due to shifting	9	13.2	10	11.8
Total	68	100.0	85	100

Table 8.11: Perception of gap in education due to shifting

Any gap in education due to shifting	Boys		Girls		Total	
Yes	110	28.2	89	22.1	199	25.1
No	258	66.2	295	73.2	553	69.7
Missing	22	5.6	19	4.7	41	5.2
Total	390	100.0	403	100.0	793	100.0

Note: The median gap for both boys and girls was 12 months

Table 8.12: School enrolment status before and after the shifting

Did the child go to school earlier	Not going to school currently		Going to school currently		Missing		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	115	26.3	585	73.8			700	56.3
No	274	62.7	175	22.1			449	36.1
Never enrolled	32	7.3					32	2.6
Village			25	3.2			25	2.0
Missing	8	1.8	8	1.0	1	7.7	17	1.4
NA	8	1.8			12	92.3	20	1.6
Total	437	100.0	793	100.0	13	100	1243	100.0

Table 8.13: Whether currently facing any problem of children attending school

Problems faced	Number	Percent
No	500	63.1
Yes	293	36.9
Total	793	100.0

Table 8.14: Type of problems faced currently for children attending school by type of institution

Type of problem with current school	Type of school	
	Municipal	Private
Getting to School Difficult	135	56
Quality of Teaching poor	49	3
School Facilities inadequate	20	3
Children not interested	20	3
Financial problems	4	1
Bureaucratic Problems	9	20
Harassment by staff	8	0
Others	6	1
Future Schooling uncertain	2	2
Total	253	89

Chapter 9



Right to Self Determination

Right to Self Determination

The right to self-determination is most often understood in the existing literature to mean the right to political freedom of indigenous people within existing state boundaries or the right to preserve cultural heritage. However, the economic and social dimensions of self-determination remain indeterminate. Self-determination under international law is understood within multiple dimensions such as cultural, political, economic and social dimensions. Article 1 of the ICESCR states that,

Article 1

1. All peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

2. All peoples may, for their own ends, freely dispose of their natural wealth and resources without prejudice to any obligations arising out of international economic co-operation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence.

The general comment on article 1 further states the following,

1. In accordance with the purposes and principles of the Charter of the United Nations, article 1 of the International Covenant on Civil and Political Rights recognises that all peoples have the right of self-determination. *The right of self-determination is of particular importance because its realisation is an essential condition for the effective*

guarantee and observance of individual human rights and for the promotion and strengthening of those rights. It is for that reason that States set forth the right of self-determination in a provision of positive law in both Covenants and placed this provision as article 1 apart from and before all of the other rights in the two Covenants.

The right to self-determination doesn't just mean participatory democracy but the right to **participate in the democratic process of governance and to influence one's future – politically, socially and culturally.** In other words, the right to self-determination entails the right to freely pursue economic, social and cultural development.

In the current context of resettlement, the right to self-determination therefore plays a significant role in ensuring a better standard of living. Historically in Mumbai, the reaction to the attempts to resettle slums has been resistance. The struggle to prevent slums from being demolished has included means such as court injunctions, popular protests, lobbying with local politicians and media campaigns. In recent times, however, there have been several instances where communities have agreed to resettlement as an option. However, it is important to note that the context in which communities agree to be resettled is complex. There is dwindling public support when it comes to the issue of slum resettlement in the city. Slums are seen as obstructions to the aspirations of the elite in making the city a global metropolis. The ability of slum dwellers to organise has been reduced due to political and economic pressures. The support they had from local political leaders

is also under siege due to pressure from funding organisations such as the World Bank and large corporate houses making it difficult to resist or question such change. So once the decision to construct a project is taken, as far as the project affected persons are concerned displacement is inevitable whether they agree to it or not. In such a situation demanding a right to adequate sustainable alternative housing is an acceptable position.

However, concerns regarding self-determination do not end with the planning of the resettlement. Self-determination remains even more relevant after the resettlement takes place – after the community has physically been relocated to the resettlement colony, which can also be seen as an extended phase of implementation of such a development project.

To ensure that each one in the community has the right to freely pursue economic, social and cultural development, it is important to look at processes after the relocation. This chapter discusses concerns regarding the right to self-determination after the resettlement has taken place. The current practice of resettlement provides limited space and possibility for communities to raise their concerns even after the resettlement has taken place. Self-determination in this context would entail participation in the decision-making processes with a special reference to maintenance and management of affairs within the colony. It would also explore issues of leadership and governance that are closely linked to the maintenance including processes and mechanisms put in place within the resettlement colony. It will be looking into the role of women in decision-making and leadership.

People's participation in managing the resettlement colony

Formation of building/ managing committees

The process of involving community members in the decision-making and organising for the resettlement started from Rafique Nagar. Before the resettlement took place, community leaders, or *sadars* as they are referred to locally, were nominated from each *chawl* in Jari Mari. Each of

these leaders was asked to mobilise 80 households to form a society who eventually would become residents of a building in the resettlement colony with the leader as the president of the building society. Each of the 80 member households of this collective were asked to pay Rs.150-200 as a membership fee in order to cover procedural costs such as for stamp papers etc. Each *sadar* was also expected to maintain a record of member households. People were allotted tenements based on these records. Households paid an amount of Rs. 20,000 towards the allotted tenement. This amount was then deposited in a bank account and the interest was meant to pay for their maintenance costs. Each building eventually nominated members from among themselves to form committees. According to the guidelines laid down by SPARC, one woman and one man should be nominated from each floor and eventually the building committee should have eleven members elected from the nominations. This was done to ensure transparency and minimise corruption. However some building committees have extended their membership to 14 or in some cases even 17. At present, each of these committees takes decisions pertaining to their respective buildings. It also looks into the maintenance of the building premises which includes collection of maintenance, water and electricity dues.

How did the formation of committees come about in all the buildings?

Committees were made by people themselves or committees happened automatically.

Was there any election?

Election took place in our area. When our slum was in the process of demolition Jokin said we should register our chawl. Some buildings have 71 rooms, some have 70 or 80. There was a group of 80 households who would occupy rooms in a building. The details of these households were compiled together in a file. If some people selected building No 25 or 24, the rooms were allocated to them accordingly. That file will be given to the MHADA office. The same file will be given here for room allotment. On that basis the registration will take place. The person who has filled in the file has become the sadar. The sadar received a pass book which is in his name. This is how the

society was formed.

Another woman said it didn't happen this way. "They forcefully became sadars but they claim that it happened automatically." One woman said, no one knew that these people would become the sadars. Before demolition they claimed Rs. 150 from us and said it will be helpful after demolition. When the demolition started we were aware that the sadar were appointed.

One person said that in Jari-Mari they took Rs. 150 for some card. One woman said that this is okay because in some cases they have taken Rs. 12,000. All of them are corrupt. No one has elected them. They have received Rs. 20,000. One woman explained how she became a sadar. She said that if she wants to make a society she will call people to join this society. You give your file to us we will submit it to the MHADA office. When submitting the file one has to pay Rs. 200, it will be useful during shifting. In this process one has to pay stamp or other expenses. Every time one goes to the MHADA office some money is taken. That is how they became sadar.

(Women in FGD)

Functioning of the building/ managing committees

These committees look into the collection of maintenance dues from the residents. The money is then passed on to SPARC who maintains accounts of the amount collected from each building and then pays this amount to the BMC.

Immediately after the resettlement took place, the committees in each building were to meet once every month to discuss issues concerning the building and the residents. Often these meetings provided a platform for residents to voice their concerns and distress on issues that were not just limited to their own buildings but to the colony as a whole. One of the issues that was often discussed was the problem residents were facing related to access roads. Lack of a motorable road to the colony was a common concern for all.

He invited us to come and attend their society meeting that takes place on the 10th of every

month. Initially he said they used to have it more frequently - once in 15 days. People were very distressed and needed space to ventilate their problems, he said. I asked him if the societies of each building had any communication like a meeting to discuss common problems, for example, the access road problem. He said they did meet.

(From field notes)

Each building has a notice board where committee members put up notices and announcements. The building committees are in the process of being registered as co-operative housing societies, which would have a legal standing. Six or seven representatives from building committees of all the buildings in the colony were elected to form a federation which looks into maintenance of property, transfer of property, garbage disposal, security and other issues such as income generation etc. This federation is a constituent of the National Slum Dwellers Federation (NSDF), which has been involved in organising and mobilising slum dwellers and homeless families against demolitions and to secure basic amenities.

Realising the right to self-determination

Issues concerning leadership

Leadership in the community is male dominated. Only one *sadar* is a woman, the rest are men. However, there are a few women in the building committees. The local leadership in the community has been ridden with controversy and corruption. The role of the building or management committees is mainly limited to the collection of money. Women said that these committees are often insensitive to the inability of certain households to pay the maintenance money. Often the collection of maintenance dues has been reduced to extortion leading to conflicts amongst residents and committee members. As a result, households that are unable to pay are made vulnerable since the water supply for all is cut till every one pays up. They also stated their distress over the committees' inability to address their needs as residents. Meetings are generally called to talk about the collection or payment of maintenance dues and hardly ever to discuss



accounts or action taken on certain matters. This raises concerns over the accountability of the building committees towards the residents vis-à-vis the control they have over common resources of the building. There have been instances of corruption due to lack of transparency in the way accounts are maintained by building committees. Women also expected the committee meetings to provide a space to address complaints and issues raised by the residents. There exists a feeling that the committees have all the rights but very little sense of responsibility towards the residents.

According to you how does the committee work?

The committee's work is only to collect water and electricity charges. The committee meets in the building but does not take care of people's problems. They will only see who has received water supply but not who has not received it.

They are not bothered with our problems. In the meeting they start fighting with each other. The meeting is only for taking money and not for giving accounts for the same. The meeting is not for work and also not for hearing peoples' problems, but only money and money.

They say that whoever does not give money their electricity will be stopped after four days. They threaten us saying electricity and water supply will be stopped and we will be removed from our rooms if we do not pay up. We have the authority to do this, they say. This is true because if everyone does not pay their water bills than it is a shameful act. Ok, it may be a fact but if the committee wishes they can take less money from each flat. But they do not do so, No one knows what the amount due is and what is eventually claimed from public. We have no information of the accounts. This is a big problem for everyone here. They call a meeting when there is no water for

four days and announce that those who have not paid should do so.. But for any other issue they will not call a meeting. Meetings are only for paying money. Some have problem of rations, some have / unemployment problems, problems about children going to school, problems with transportation. These problems are not raised any time during the meeting. The meeting will be only for money.
(Women in FGD)

Women observed that the financial condition of certain *sadars* after the resettlement has improved all of a sudden. This points towards corruption and the fact that middlemen have made money at the expense of the poor. Some *sadars* are seen with motorcycles and mobiles after the resettlement when they could not afford a square meal before. Rarely are residents provided with receipts of the money they pay to *sadars*. Accounts maintained by the committee are also not freely accessible to the residents. Building meetings are the only forum to raise issues regarding accountability and question corruption. But these issues never get discussed in meetings and often this is the reason for conflict. Also, the *sadars* being powerful people in the community, residents often find it difficult to raise their voice against them.

What do you feel about the way in which the committees function?

*The only work they do is unnecessary roaming here and there in their vehicles. In Jari-Mari it was difficult to get a cup of black tea in their house. What to tell you of the comfort in which the *sadars* are living today? This is all because of the *sadars*' irresponsibility. If they wish all the basic necessities would have been accessible to all. One woman remarked that the *sadars* have become rich. You don't have to go far, to, see your neighbour driving a Hero Honda now.*

They are sucking poor people's blood and they are filling their own lockers, collecting money from us. How do they manage their daily expenses when they don't work anywhere? They roam around in their vehicles with their mobiles. When they were in Jari-Mari they use to have hardly Rs. 10 to pay rent. But here they go around in

*vehicles. The *sadar's* vehicle runs on what they squeeze out of our throats.*
(Women in FGD)

Functioning of building committees

As far as the collection of maintenance, water and electricity dues is concerned, women felt that each building committee should be able to make a judgement of whether a certain household is able to afford the maintenance, and also it should develop mechanisms to ensure subsidies to such households. This, they stated, was on the premise that people in general are willing to pay what is due but are often unable to do so due to economic constraints. With their meagre incomes they are unable to pay the high costs that this new life demands. Some families cannot even afford a square meal let alone pay for maintenance.

The society should understand that all who live here are very poor people, we are all labourers. We won't drink water for free; of course we will pay the bill but the rates need to be reasonable, it must be affordable for us. No one should be pressurised. We hardly earn much here that is why this is a problem.

In this situation women suffer more as the male in the family has to earn and then only will he give it at home. The woman meanwhile has to handle household expenses and all other expenses. It would be easier if our earning was sufficient.
(Women in FGD)

There is very little uniformity in the mode of functioning across committees in all the 33 buildings. For instance the maintenance dues collected across buildings is not uniform. Women shared that some buildings collect a consolidated amount for electricity and paying the sweeper whereas in some these are collected separately.

They are taking 125 rupees in some building, 150 rupees in one and 200 in some others. It's only in two buildings that they are taking more money.

In our building they are charging Rs. 40 for corridor lights, Rs. 10 for woman to sweep the building, and Rs. 100 for water and if they happen

to clean the gutter or the over head water tank they use the left over money.

We have to pay Rs. 25 in our building for that and have to pay up by the 20th of every month.

We have to pay Rs. 80 in our building.

They collect different amounts of money in each building.

(Women in FGD)

Women are rarely able to attend building meetings as these are largely dominated by men. This was also reflected in the research team's experiences while conducting women's meetings in each building before data collection began. Women often kept on discussing matters regarding the colony long after the meeting was over. In one of the buildings women even shared that they hardly get an opportunity to come together to talk or discuss matters regarding the building let alone the colony.

Women are been involved during meeting what do you feel?

No.

Do women need to be involved in meetings or not?

Women are also involved , but they do not handle business / accounts, they don't have money.

Do you go when there is a meeting in your building?

Women do not go. Only males are involved in the process. They only fight; they do not talk about solving matters but only fight and the meeting finishes with the quarrel.

(Women in FGD)

Meetings in the community are ridden with heated arguments and often turn violent. Some women who manage to attend such meetings, or rather those who have to be *sadars* or building committee members, often find no voice. This often results in issues such as sanitation, water etc. that are closely linked to women's lives being sidelined. The processes that take place during these meetings, or the lack of any process, is of concern to women. Unfortunately, there is very little space

for negotiation and debate in these community meetings. As a result there is no consensus building in the decision-making.

Meeting means sitting together as we are sitting here. Say what you want to say, and we will hear and we will say what we have to say.. The objective of meetings is that the sadar secretary should ask what are the problems of the public. Instead everyone talks at the same time about what work should have been done or should not have been done Then they become violent and the meeting ends in a fight.

(Women in FGD)

The general attitude of the local leadership towards women entering the 'public' domain also impacts on women's participation and representation in these processes. Women are told to leave matters to the men as they are seen as not concerning women. Women's participation in community processes is also seen as an embarrassment to the local, predominantly male, leadership.

Those men who roam around on motor-cycles say what is the use of a sadar? We are there. Women will come and say whatever they want. We sadars will be insulted. Women should not be insulted.

(Women in FGD)

The physical structure of the colony adds to the existing socio-cultural reasons for women not being able to come together and build opinion on community issues. These spaces are intimately connected to the contributions women can make to decision making, the visibility of their concerns and issues as women, as well as the development of their expertise and exposure to public life. Politicising issues that are also integral to women's daily life— for example water, access roads, sanitation and garbage disposal – requires a space from which to develop knowledge collectively, from which to reflect and think, from which to organise and experiment with new forms, new interventions. Women do realise the need to be active in processes of governance.

Women need to speak out. We have also given our signatures for setting up this colony. Unless we go to MHADA and then to Mantralaya, we will



not be heard. Whatever we demand will not be given. Till then we have to speak to each other. This happens in every building.
(Women in FGD)

Ensuring accountability

Youth from the community have often taken over the responsibilities of the building committees when there has been a complete breakdown of governance. There have been instances in the past where *sadars* have siphoned off funds collected from residents as maintenance dues. In such situations, youth from the community have taken the responsibility of not just collecting the maintenance but also of addressing the problems of the residents. So far they have the confidence of the community.

*There has been a recent development in building no. A. Fed up of the building *sadar's* dishonesty in all financial matters, some youth from the building decided to take on the task of managing financial matters of the building themselves. This would mean collecting payment from all the residents of the building for water, electricity, cleaning the building and other maintenance charges.*

*Zaheera's¹ mother said they first went to the *sadar's* house to 'teach him a lesson for all that he has been doing' (one of the boys happens to be her son). The elders of the building including her advised the boys not to get into any of this, as the *sadar* is much older than they are. The societies of most of the buildings, barring six, have been registered, though they are yet to elect committee members. The election will be held after people return from their native place.*

¹ Name has been changed to protect identity.

Most people are quite happy with what the boys were doing. They have been organising monthly meetings in the building.
(From field notes)

This reflected the fact that women are hopeful of change if democratic processes are restored in the community. They are confident that new leadership will emerge if the earlier fails to deliver.

Now 80 people will be elected. They are controlling this place. They assume that it's their property that is why they are very dominating. As if the whole building belongs to them. Someone said that they have even been registered. One woman said that all these leaders are accountable to the public, so what if the 80 people have been registered? They are responsible.
(Women in FGD)

Processes at the macro level

At a larger level, the only contact people have with state representatives is through these community leaders and middle-men who have to a large extent lost the trust and confidence of the people. Lack of transparency and negligible access to information has led to rumours regarding the impending water and maintenance dues to be paid. People are thinking of selling their houses and shifting to a more affordable shelter.

We heard that there is a property tax of Rs 7 lakh, People have become scared. How will they pay such a huge amount of tax? We were told that you are staying here since two years; you have to pay the tax. Some government officer needs to come and explain the problem only then will we understand. It is a strategy of those brokers. People may think of selling if they find a customer but they will get Rs.1 lakh or Rs 1.20 only. With this amount they will not be able to buy a huteven. Will they live on the roads?
(Women in FGD)

The erratic water supply has been at the core of all issues pertaining to governance both at the community as well as larger level. Another major problem is that some of the local goons have staked a claim to the overall leadership of the colony –

the position of the chief promoter of the Federation. This has led to violent conflicts among community leaders. Women have voiced their concern that State and representative agencies have not become involved in resolving these issues that have been left to the 'community' to decide.

Presidents of the building committees were to mobilise support within the colony. In the current mechanism all those making claims to leadership collect enough signatures in support of their candidature. This has left many, including women, vulnerable to the strong arm tactics of those who are powerful within the community. Concerns have also been raised regarding mechanisms to ensure accountability of the leaders who are brought in through elections, nominations or consensus. This is also of significance with respect to the role of the State and its responsibility in ensuring that each one in the community has his or her right to self determination.

For four days there was no water because three buildings had not paid their bills. Then there was a quarrel. One mansaid if he was made secretary [chief proprietor] of the whole resettlement colony, he would solve the water problem. So what is the role of the government then? Noone would be able to raise objections to this and give in their signatures in consent under pressure. We end up paying up whatever is being asked for and he will rule over us. The public is left with no option but to remain silent and flee out of fear

What is the accountability to the public? How can we trust the Sadar with our money though we have had to accept you as the chief proprietor? What is the proof that we have paid them our dues? They may then say that we never paid a penny.

If someone is unable to pay they harass everyone in the building. There are fights. Where do we go?

It is very important to take these issues to MHADA and the Mantralaya through a meeting.
(Women in FGD)

As far as women's participation in political processes at a larger level are concerned political

parties consider it useful to have women's representation in their constituencies. However, when it comes to addressing issues that concern them the most - in this case the water crisis- they have hardly paid any attention to their needs.

Now Abu Azmi has said they are organising Mahila Mandals where one woman has become sadar of 26 buildings. They will have women's meetings, and we will see what happens. Women are more hard working than men.. When all these leaders leave these women will do good work. These women have gone for morchas with their vessels as there was no water.

(Women in FGD)

There is a lot of disillusionment with the larger political leadership. Women articulated their distress at the apathetic attitude of the polity towards their problems after the resettlement especially based on their experiences during the acute water shortage.

The community faced a month long water cut owing to the unpaid maintenance charges. Not everyone can pay the the very high maintenance cost every month. This has been a source of conflict in the community often resulting in violent fights. Political leaders have been approached to resolve the issue but nothing has come of it and the community has been left to grapple with the situation itself. Though they voted these leaders to power, This has lead to political disarticulation since the community has been left to fend for itself when they voted these leaders to power.

Just recently there was a meeting with Abu Azmi. We were told that the water problem would be solved in 8 days. It wasn't even 15 days since the meeting that the water supply was cut for 4 days. No sadar or any leader came to conduct a meeting. No one came forth to say that we should take the matter to MHADA or meet Naseem Khan. It was just Abu Azmi who took a meeting and left. People were left quarrelling and fighting, and the police came in and some were taken to the police station. It was then that the dues were paid and the water supply was restored.

(Women in FGD)

Who knows if this charade of solving the water crisis is a political game? We know how many phone calls we had to make to Naseem Khan. He had ignored us for nearly two years. Once there was a meeting organised by the women in the community, and he was called and asked to attend. He did not attend. But Abu Azmi's followers persuaded him and brought him here. We hoped to get a little help from him. But it is nearly one and a half months since he visited the community, and the water crisis had not been solved. But we have to pay Rs.150 monthly, even as we starve to collect that money. And then there was arguing and fighting and the water supply was cut for 4 days. Now it has been 4 days since the water supply has been started again. We still don't know whether the dues to the BMC have been paid; if it hasn't been paid there won't be any water again for the next 4 days.

(Women in FGD)

During the last assembly elections in 2004, a BJP MP, Kirit Somaiya, raised a hue and cry over bogus voters in the voting list of the Kurla constituency of which Jari Mari is also a constituent after the resettlement (Times of India, 3 Apr, 2004). The names of the people who had been resettled were removed from the Kurla lists. However, they were not added to the voting lists in the Goregaon constituency, which includes the Dindoshi area. This resulted in a large number of people from the resettled colony being deprived of the right to vote.

The resettled community being predominantly Muslim, resettled in a largely Hindu locality has also added to the complexity. Most residents of the resettled colony have been supporters of the Congress or its factions such as the NCP whereas Dindoshi has been a Shiv Sena constituency with the local MLA Gajanan Kirtikar being active in the area. Though he was approached regarding the concerns of this resettlement colony nothing much has moved ahead owing to vote bank politics.

For the problems they have been facing, they went to Naseem Khan² but he didn't pay any heed to their appeals. Babu Bhai expressed his distress, "We have been living in Jari Mari for the past 20-

² Local MLA from Kurla, belongs to the Nationalist Congress Party.

30 years, have also voted for him but he has not done much for us, despite being a Muslim". He along with the other local leaders of the community went to meet the local corporator who belongs to the Shiv Sena. Babu Bhai said that the corporator said he understood their problems but would not do anything because he would not receive their votes since they were a predominantly Muslim community. They then went to the Congress leader in Goregaon who said he would try and do something about their problems.

(From field notes)

Conclusion

The right to self-determination should be regarded more as a 'process' right rather than a right to a pre-defined outcome. In this case ensuring that mechanisms and processes put in place are adhered to is a prerequisite to realising the right to self-determination. In the context of resettlement it is important to note that participation and representation are both constituents of the

democratic processes. For instance, though women have actively participated in voicing demands for basic rights - water in this case - their representation in decision making still remains poor. It is in this context that the State and representative agencies need to continue to take into account the processes and stratification within the community in its search for effective and non-discriminatory implementation of the right of self-determination. This is of particular importance in order to ensure that the concept of self-determination is in line with the rightful aspirations of all, including the most marginalised, within the community, not just a handful of powerful middle-men who claim to be representatives of the community.

Also, with the canvas of communal politics in the background, the principle of self-determination has often been reduced to a weapon of political rhetoric. Unfortunately it is only the politicians who benefit from the political disarticulation of such a resettled community.

Chapter 10



Impact on Women – Space,
Mobility, Security and Ownership

Impact on women - Space, Mobility, Security and Ownership

Space, mobility and security are interrelated concepts deeply embedded in the socio-political context. This resettlement has given a new meaning to these especially in the context of women's lives. The current chapter looks at the impact of some specific issues concerning the resettlement of women.

Space is closely linked to community living. The control and usage of spaces has social, psychological and economic implications. Through this study an attempt has been made to understand how the private-public dichotomy of space has been redefined in the new living environment. It examines the impact such a change has had on the mobility of women across all age groups. Mobility does have a profound impact on access, participation and survival in community life. This study examines changes after the resettlement and its impact on women's lives. The living environment having changed also brings up concerns of safety and security for women of all ages. Through this chapter we try to explore how this has affected women's personal lives and social relations. Another important aspect is that of ownership. Finally this chapter looks at aspects of security of tenure especially with respect to women's access to the right to property in the context of resettlement.

Space

The change in the physical structure of the new dwellings has affected women's lives in more ways than one. Some of the most brutal human rights

violations are connected to the lack of freedom to move in space by being imprisoned at home, whether it is enforced physically or psychologically through fear and terror or imposed by rules and the cultural meanings of spaces (Fenster, 1999). In the West, feminist perspectives address many issues of urban life, challenging the homogenisation of spaces that is a result of planning procedures and regulations: the safety of women in cities, structural discrimination against women in economic development, the transportation needs of women beyond the traditional 'journey to work' and the impact of traditional suburban housing on antiquated nuclear family structures (Fenster, 1999). There are also some studies on Mumbai that have shown that the built environment affects men and women differently and there is no such thing as a 'neutral' physical space (Adarkar, 1993).

'Public' Spaces, 'Private' Spaces

The change in the physical structure and plan of housing has been seen by the community, and rightly so, as a measure of upward social mobility. The shifting has clearly improved their physical living environment as compared to their earlier degrading and polluted living environment. However, the notion of private and public spaces within the living environment has been altered after the resettlement. There is also now a clear delineation between what we may call 'private' space - the space within the four walls of the house - and the 'public' space - the corridors, other spaces within and around the building, roads, community



welfare centres and other open spaces such as vacant patches of land scattered between buildings within the colony. For adolescent boys and young men, what also defines private and public spaces is the flow of information through both these domains. Much information on the happenings in the colony seems to travel faster all around as compared to Jari Mari. This has given people a sense of being 'exposed' or being 'all out in the open' and it has led to women and girls being pushed into the privacy of the four walls of their homes.

What is the difference between here and Jari Mari?

In Jari Mari the gullies were bigger so nothing was visible. Now, since all the public has come here everything is visible. Everything is out in the open what sort of person each one is, how people are. That is why it is so visible. What happens is the same, but much more is visible. . Even if there

is a fight on the seventh floor it is visible all over. Even down on the road one can make out.

This appears to be a smaller place. It is smaller.

Why do you feel that way?

Here there are 80 rooms. Now the length and breadth used to be bigger there. Below, there are 10 rooms, built on top of which are 10 more rooms. Now you see in the same area 80 rooms have been built. That is why the area is smaller.

If there is a fight in a building on another side one shouldn't come to know of it?

One comes to know. If there is a fight in one building people from another building can also see what is happening. That is how it is. (Adolescent boys aged 16-18 years in FGD)



Physical space within the colony has been reduced following the placement of houses one on top of the other in a building unlike the vast expanse of houses in a slum. The complex network of lanes and houses in a slum define extended private spaces. However, in the resettlement colony all those living in a building have a view of their surroundings, increasing the public sphere. Also, since the building plan enforces a very different way of living, it ensures greater privacy to individual families unlike the way life is led in a slum. This demarcation appears to have been imposed on the residents based on middle class concepts of what is private and public domain in housing.

No one goes out here. In Jari Mari after having our meal we could sit on our doorsteps and talk, share our sorrows and joys with each other. Now where do we sit? It can only be on the road.

Nobody goes to each other's house. Doors are kept closed; we keep to our houses the entire day. (Women in FGD)

In a slum environment, the narrow lanes with houses on either side serve as a semi private space for women to socialise and share household chores. It also makes up for the lack of childcare for working women and women busy with housework as women in the neighbourhood share these responsibilities. The spatial pattern and location of tenements within the buildings has made it difficult for women to share household responsibilities such as childcare.

There are lots of problems. Children are left behind all day when the women go to work. This is the problem – the father goes to work and so does the mother, so what happens to the children?



They go into the bushes or wander away. Suppose they slip on the 90 steps?
(Women in FGD)

Impact on social relations

Social relations among neighbours have been disrupted to an extent. Apart from the fact that the burden of a new lifestyle has taken its toll on everyone, the change in the living environment has imposed an alien notion of privacy, which happens to be very middle-class, and communication between families has become the casualty. Even in times of crisis neighbours and friends are unaware what goes on behind closed doors.

Earlier those living close to us looked after us and we did the same for them. If something happened at night, and someone was called to help, they would go. Now, in these buildings, even if someone were lying dead behind their door, neighbours

would not know of it.
(Women in FGD)

However, one building built on a plan that deviated slightly from the others, has a large balcony on the first floor facing outwards from the colony. This is used by the women as a place to gather in, in the evenings. This space allows women to talk and discuss issues and problems they are grappling with. Vertical housing allows women to just be passive observers from the windows of their homes allowing no participation or direct involvement in the world around them. This is very different from homes spread horizontally which allow them a space in the public domain.

Open Spaces

Accessibility and utilisation of open spaces- open grounds, wide tar roads, community welfare centres- differed across gender and age. Men

dominated all these spaces in the community. Large open spaces never existed in Jari Mari, where space was a rare commodity. In the resettlement colony, with an increase in the availability of public spaces there is also an increase in the utilisation of public spaces by boys and young men for recreation, socialisation or otherwise. Open spaces within the community have become a 'male domain', making it difficult for girls and young women to move around freely in them. Men's control over public space deters women from moving around freely there. Women's inhibited use and occupation of public space is seen as a spatial expression of patriarchy (Bunch, 1995) and as a violation of human rights. This situation shows that space is never neutral; instead, it affects and is affected by social and power relations in society. Women's inability to access and use these open spaces has led to their confinement within the house, windows being their only source of contact

with the world outside. This has had an impact on their participation and role in public life and decision-making in the colony.

There is more open space here as compared to Jari Mari-wide roads, open spaces, community welfare centres?

Mostly men are seen outside. Women peep from the windows (everyone laughed loudly). It feels like a jail. Everything is closed like a jail, there used to be just a door in our shanties. Here there are two windows, which are fairly big and open onto the road, and we peep from those windows. (Women in FGD)

Confinement within the house cuts across women of all age groups. For adolescent girls this has meant depriving them the opportunity to socialise and recreate.



There was not even a single open space in Jari Mari. How do you feel about the open spaces here?

We liked it there. Here we feel claustrophobic despite so much open space. We have to stay at home, we are not allowed to go out. There is no use having the open space.

(Adolescent girls aged 16-18 years in FGD)

Use of open spaces

Women do not find the open spaces provided in the resettlement colony of much use to them.

Is all this space useful?

We can't see any use. It's just good for children to play.

These roads are meant for vehicles not for women.

Who goes there? No woman can go there.

It is better to stay at home and just peep from the window.

(Women in FGD)

There is an expressed need for better maintenance and utilisation of the existing spaces in the colony. Adolescent girls suggested that open spaces in the colony should be used to house a school, hospital, ration shop, or for a proper access road and other community needs such as places of worship and cremation and burial grounds.

In the open space they should make a hospital, school and ration shop. The road here is not good, so a good road should be made, a burial ground, mosque, temple all of this should be provided.

(Adolescent girls aged 16-18 years in FGD)

Mobility

Mobility is deeply rooted in the social control of space and its use. Spatial domains within a community being gendered, impact the mobility of women across all age groups within and outside the colony. Private and public domains being redefined, women have to constantly negotiate their way around the buildings they are housed in, within the colony and finally outside the colony.

Mobility ensures access to resources some of which are often essential for day-to-day survival. In this section we attempt to explore how mobility patterns across gender and age have impacted access and realisation of basic human rights.

Impact on mobility

As a consequence of the change in the structure of dwellings, women increasingly remain confined to their homes, often for long periods since climbing up and down seven storeys and then the 90 steps if required is very exhausting.

Today is the first day I have come down in the last 8 months!

(Woman in FGD)

Often for girls and young women, their mobility even in a slum is restricted to familiar limits beyond which they would be accompanied. Here boys and young men have the opportunity to move around freely and also have a large area free to explore. So, in the current scenario for girls, moving outside the house has translated into stepping into unknown territory.

Is there anything else you don't like?

Don't like sitting at home, we don't get a chance to go out; we used to play in Jari Mari all day!

But there is much more space here to play, so many wide roads, open spaces?

Ammi doesn't let me come down. If you come down to buy something everyone keeps staring at you. That's why our mothers don't let us come down.

Everyone used to sit in their own mohallas over there [Jari Mari]. Here, everything is visible once you come out. That is why at home we are not allowed to go out even to buy vegetables. Boys keep standing at every nook and corner. This is why it has become difficult to go out.

(Girls aged 10-14 in FGD)

Since buildings adjoin one another, boys often hang around in groups at the base of the buildings. This stops girls from moving freely among the buildings. The topography and lack of proper access roads



and transport, has isolated the colony and confined most women to the colony and often to their own buildings. One sees a profound impact on the access to various resources as well as the increasing dependence of women on other members of the family to ensure that their daily survival needs are met. The control over spaces being gendered restricts the mobility of adolescent girls and women. This seems to be the reason why most adolescent girls are forced to withdraw from any activity that requires them to go out of the house unaccompanied.

Do you feel free to move around here?
No.

Could you move around freely in Jari Mari?

Yes, we could move around in Jari Mari. There was no fear in Jari Mari.

Why do you feel that you cannot move around here?

There are boys sitting outside. Boys are a big problem. It is because of them that we cannot go

anywhere.

But these boys are the same boys from Jari Mari?

There the boys were from our galleys so there was no worry. But here boys from the whole colony come together. Over there [in Jari Mari], their area was different -they used to gather near shops. Over here, there are shops under every building so all of them come and sit there. They are the main roads we have no choice but to use them. So it becomes difficult.

(Adolescent girls aged 16-18 years in FGD)

Restriction on mobility within the family has therefore become more profound. This reinforces the restriction on mobility for girls and women, even as it provides opportunities for boys and men to explore spaces for access to basic entitlements such as education, health care, and opportunities to socialise and recreate.

Impact on access to basic amenities

There has also been impact on education since boys and men hanging around have acted as a deterrent for girls to move freely among the buildings. In fact, some of their younger brothers were those who actually restricted the girls from moving out of their own buildings. Moving outside the colony is as difficult due to the lack of proper access roads and poor connectivity of the colony to the surrounding areas. This has resulted in some girls dropping out of school.

There is a lot of difficulty moving around here, climbing up and down the 90 steps, the route through Chhota Kashmir – it is a road through the jungle. That is why our parents don't send us to school.

(Adolescent girls aged 16-18 years in FGD)

Familiarity provides them with greater opportunities to negotiate freedom and therefore the situation after the resettlement has had a direct bearing not only on girls' access to education but also women's access to employment. Similarly, access to basic health care services, hospitalisation for childbirth etc is affected as mentioned earlier in this report on the section on health.



The change in the physical structure makes it more difficult to cope with the same infrastructure problems that people had earlier. For instance, a water shortage or a cut in water supply has an impact which is more intense since climbing up stairs with pots of water is more difficult and often hazardous than walking laterally through the gullies of a slum. During the acute water crisis in the community in summer last year a pregnant woman suffered heavy bleeding and consequently a spontaneous abortion because of having to carry water up the stairs. Women increasingly depend upon the men and most often children to carry out chores outside the house.

Those who stay on the seventh floor would think, "when will I go, when will I come?" That is why children are sent to get groceries.
(Women in FGD)

Younger girls use the 90 steps route several times a day to run household errands like dropping younger siblings to school, purchasing household goods like groceries and kerosene. The 90 steps have been a source of anxiety, anger as well as humour in the community. Children make jokes about it – There have been many instances of people falling down the stairs hurting themselves badly resulting in fractures and other injuries.

Have you counted the 90 steps?
Yes [they all said in unison]! We have counted them. We count them coming and going every day, not a single step decreases.
(Children aged 10-14 years in FGD)

Negotiating for the use of the access road has caused conflict between the resettled community and the slum community through which the

settlers have to pass to get to the world outside. Women and children frequent this route several times a day. Daily tussles with this slum community, that have turned violent in the past makes women reluctant to use this route. This has made it even more difficult for them to move in and out of the colony.

Fighting over the [access] road, they keep saying where have you all come from? Some women threatened to remove the ladder and throw it away. They said we'll stop you from using the steps.

(Women in FGD)

Access has therefore been affected not just by the change in the physical structure of housing and spatial patterns within the resettlement colony but also relations with the neighbouring community and the nature of exchanges they have had so far.

Impact on social life and participation in decision-making

Social relations stand altered in this scenario. Apart from the alienation from friends and their old place of residence, women have literally become house bound. One of the women while describing how she feels after the shifting said during a meeting that 'this place looks like a hospital and I feel like a patient here'. This statement reveals that they look on the resettlement as is a bitter remedy for 'dysfunction' or an illness that they have no control over. As for adolescent girls, the school is the only means to socialise and meet friends.

Do you have any friends from Jari Mari over here?

No, all of them have been left behind. Our parents don't allow us to meet them. Our school friends have also been left behind. We made new friends after coming here.

How often do you meet your friends?

We meet them when we go to school. If we miss school we are not able to meet our friends.

(Children aged 10-14 years in FGD)

Public spaces dominated by men ensure an almost negligible presence of women in public forums such

as building committee meetings, *sadar* meetings etc. Women's role and participation in decision-making therefore stands affected. Women rarely attend committee meetings within the buildings and the larger community meetings where most decisions regarding the maintenance of the colony are taken.

Security

Security is linked both to the usage and accessibility to space and patterns of mobility. With a new living environment and a different physical living structure concerns for safety and security have also changed. Concerns related to security have been explored on different fronts – within the home, building and the colony. Even though shifting into the buildings was done in a systematic manner, and families were allotted houses according to their registration, families who lived as neighbours were all dispersed. Households were scattered in different buildings and spread across different floors and far from each other. Most families had lost their neighbours, and were separated from their relatives who lived nearby. The resettlement process had dislocated people from their connections and contacts, and brought in a sense of alienation.

Everyone has been separated. Some of our friends live upstairs, some downstairs, while some have gone to another building. None of our old neighbours are here.

(Women in FGD)

Rising concerns of safety and feeling of insecurity

Incidences of crime within the colony have instilled fear among women across all age groups. An incident encountered during the course of the study was that of a young girl who committed suicide by locking herself in the toilet and setting herself alight. None of her family members, who happen to be sleeping in the next room, or the neighbours, heard her screams or noticed the smoke. It was only when some houses in the neighbouring slum noticed the fire that people were alarmed. However, it was too late to save her life. What was alarming in this case was that none of the immediate neighbours noticed a fire, which the



neighbouring slum community did.

During the period of the survey a mutilated body of a three year old was found in one of the vacant buildings in the colony days after the child went missing. This had caused a stir within the community and instilled fear in the minds of a lot of women.

'How could such a thing happen to a child that his body was found after 25 days? Thinking of this [incident] we feel scared, but what can one do? We have to go out for our children's sake.'
(Women in FGD)

A sense of insecurity is fairly high also among adolescent girls with a few incidences of kidnapping in the colony. This has had an impact on the mobility of children and adolescents, especially girls. The feeling of insecurity has also led to rumours and fears of the unknown. It indicates how

alienated people are from their surroundings.

Children have got lost here?
Much more happens over here. I mean a child from this building was cut into pieces and thrown away.

So do you feel afraid?
Yes. We feel scared over here. And there are so many ghosts etc. here, isn't it? [turning to another girl, who replied 'Yes'].

There are ghosts over here?
Many. If you walk on the road they get into your body. One caught hold of her [indicating another girl].
Many have caught her.

Did this happen in Jari Mari?
No, no. We never came to know about ghosts there.



Why are there more ghosts here?

Because there is a jungle here. And they say there was a graveyard here earlier.

No, there wasn't.

There was a graveyard here. These people from the [near by] slum burnt dead bodies here.

In my grandmother's building they saw a woman hanging upside down from a ceiling fan. And also a woman runs towards a taxi saying 'save my

child'.

Did you see the woman?

No, just heard the sounds. A child keeps crying and a woman shouts out as she runs 'save my child, save my child'. These sounds keep coming all night. I feel scared.

My uncle's daughter saw a woman hanging upside down in the kitchen. She was ill for one month.



So, was she taken to the hospital?

Yes. She is all right now. But she still has fear in her heart. She doesn't come here. They have gone to stay at 90 feet [road]¹. She was so young she saw all this.

(Children aged 10-14 years in FGD)

Pressures of increased cost of living as a source of conflict

Economic pressures associated with the change in living conditions have been a source of conflict and conflicts within the colony have increased. Often these are linked to the collection of maintenance money, which the building committee members have to collect from the residents.

Have you observed any violence or conflicts around you? Has it increased or decreased after shifting from Jari-Mari?

It is more than before, definitely not less. There is bullying here, fights are mostly over money

¹ 90 feet road is near Jari Mari.

matters.

(Women in FGD)

The middle men from within the community seem to have become barriers to the information the community has a right to. There is very little transparency in their dealings. Most members don't receive receipts for the money they pay. Records are poorly maintained and it is common knowledge that some committee members in certain buildings are corrupt, and some have disappeared with huge sums of society money. People have been raising this concern in various platforms such as the meeting with SPARC. Others have dealt with it at the building level. On one such occasion where the *sadar* ran off with the residents' money, the youth from the building came together and demanded that the existing committee be dissolved. They administered committee matters till a new committee was elected.

Experience with the Police

The police have been involved in some incidences of crime and conflict. Women and adolescents of both sexes maintain that police visits are more frequent here than in Jari Mari. However according to both women and adolescent girls, the role of the police in conflict resolution, investigation and ensuring that the culprit is caught, has been minimal.

Do the police come here often? Why do they come?

Yes, they have come many times. Once was when two women in our building were burnt. Also when three people died and again when a woman hanged herself.

Did this happen in Jari-Mari?

Police didn't come repeatedly; only when there was a big quarrel, not for small reasons. Here they come regularly. They come to see how people are behaving, there's a whole file of complaints.

Do you think the police solve the problem? Are these quarrels resolved by the police and a solution found?

The police came for some days but it doesn't help in finding the solution. There was one incident

where a one-and-a-half year old boy was kidnapped from our building and he was killed. There is no information about what happened. The woman who hanged herself, the police didn't get any information about it.

Do you find any difference between these policemen and the Jari Mari police in dealing with quarrels/violence?

Yes, there is a difference. Here they will come and ask for money and will say they will do something. Then the year goes by but nothing happens.

Police comes, take money from both the parties and solves the problem. In this police has the advantage and the public are at a loss.

(Women in FGD)

There is also a feeling among the male youth that because they are new residents in the area they have been harassed by the police by having to pay

protection money, bribes, intimidation by being present at the time of a marriage or any other religious celebration such as Ganesh Chaturthi or threatening people with lathis.

The police did not come to Jari-Mari often, and when they did, they did not harass us in this way. All the policemen who come here are not deputed to this area but they come here and try and dominate us. This type of pressure was not there in Jari-Mari.

(Adolescent boys aged 16-18 years in FGD)

Recently there was an India Pakistan cricket match. India had won the match. So 4-5 of us were standing near a pipe line close to the colony. A policeman came by, looked at us and started questioning my friends. He did not state any reason for him being there and started threatening us with a stick asking us to get inside the colony. We don't understand this. We were



standing in the vicinity of our building and not disturbing anyone.

What did the policeman say?

We were talking amongst ourselves and he asked us to get inside, showing us his stick.

Why?

We don't know. He was asking us to go inside - 'Aat chala' in Marathi. If we were doing something wrong it is a different issue. We were talking amongst ourselves so we could not understand his need to interfere.

(Adolescent boys aged 16-18 years in FGD)

The narratives indicate the biases of the police against the community. The community is seen by the police as an encroachment, which could be due to their social-economic status as well as the fact that the community is predominantly Muslim.

Conflict with the neighbouring community

There has been a history of tension between the resettled colony and the neighbouring slum colony of Santosh Nagar. Through initial interactions with the community before the data collection began, we came across several rumours about the settlement being shifted to another location. We were told that the neighbouring slum community was being surveyed prior to relocation. The Santosh Nagar residents had demanded compensation of about Rs 1 to 1.50 lakh per house if they were relocated. In light of the problems the people from Jari Mari were facing, the Santosh Nagar residents demanded to be resettled in the buildings currently occupied by this new community. The social profile of both the communities being different – the resettlement colony being predominantly Muslim and Santosh Nagar being predominantly Hindu, has been a source of past conflict. Some of these conflicts have also become violent.

On Saturday, at around 10 p.m. there was some tension in Dindoshi. On Friday, 20 September, the last day of the Ganesh viserjan, a 2-year-old Muslim boy threw a stone at a procession from the colony. The procession was being taken out

by the Singh family (the Singh family is from Jari Mari). The people in the procession were antagonised by the act. The boy's parents were called. They apologised on behalf of their son and scolded him. Matters got settled that day. But on Saturday, at 10pm the youth from the Singh household gathered some more youth from the neighbouring slum community who came armed with hockey sticks and swords to the little boy's house. They broke the windows of the boy's house and the tube lights in the corridor of his house. When a neighbour intervened, they damaged the neighbour's shop too. I asked Yasmin's mother why nobody tried to stop them. She said that everyone was scared as the youth were armed. A few people she told me called the police. They came and filed a panchnama. No arrests were made. The police gave a warning and left. The youth from the Singh household seems to have said that 'we have tolerated you all enough. Now we have our people close by. We won't keep quiet anymore.'*

Yasmin's mother then added that never in the history of Jari Mari had such a thing ever happened. She also felt that this is what happens when different religious communities live in close proximity. The girls were quick to point out that they didn't feel this was true. Everyone in Jari Mari has been participating in all the festivals celebrated, be it Holi or tazia processions. They felt that communities living close to each other doesn't breed enmity but helps shatter myths about both communities.

The version that Salma told me was a little more detailed. On Friday evening, a 2-year-old boy was standing with his father watching the procession. He had pebbles and rubble in his hand. His father lifted him and he threw what he had in his hand in the direction of the procession. At this the people in the procession got angry and shouted at the boy. His father scolded the boy and apologised on his behalf asking the people to forgive him, as he is just a small child and didn't mean to hurt anybody. Things seemed sorted and the procession then went on.

On Saturday night, the people in the procession gathered some more people from the

* All names have been changed to protect identities.

neighbouring slum. They came armed with swords and hockey sticks. They roughed up a few people and broke the windows and tube lights of the boy's home. Some of the people who got hurt called the police. The police came and calmed people down and told them to leave peacefully and not fight with each other since they so far never have in Jari Mari. They told the people from the colony not to behave in such a manner, as this would only ruin their reputation.

Like Yasmin's mother, Salma also added that such a thing hasn't happened ever in Jari Mari. She said even during the Bombay riots in 1992-93, there was no occurrence of violence inside Jari Mari. She also shared her observation that Jari Mari was a slum with enough scope to run but in these closed buildings that would be very difficult. (From field notes)

The main access route to important destinations such as the municipal school, market, bus stop, health post etc. passes through Santosh Nagar, which is a site for regular conflicts. There is also a sense of resentment as the residents of Santosh Nagar see the resettled community as a burden on existing infrastructure and services in the vicinity. The resettlement colony has no choice but to put up with irritants such the dumping of garbage in the colony or comments being hurled at them when they use the 90 steps that run through Santosh Nagar. There are also constant threats to prevent the colony residents from using the 90 steps route.

Have there been instances of conflict with S Nagar?

Yes. There had been an incident once when someone was going down the 90 steps. Boys from there beat up a boy. They broke his head.

There is open ground behind our building and people from Santosh Nagar throw garbage there. If we ask them not to do so because the ground is meant for a garden they say they will block our road. They keep referring to us as 'God knows where these people have come and settled here'. They threaten us by saying that they will block our road. This is why that route remains closed

at times. They still continue to throw garbage and keep blaming us. (Women in FGD)

Right to ownership

For most, ownership of property is of prime importance. It would, for the first time, provide them security and a legitimate space in the city they have lived in and contributed to for so long. After the households eligible for resettlement were ascertained, each household was given an allotment letter. This letter is proof of entitlement to the tenement allotted to a particular household. It states that the resettlement has been carried out as per the guidelines laid down under the Maharashtra Slum Areas (Improvement, clearance and redevelopment) Act 1971. It also declares that the Slum Rehabilitation Authority has the right to make any changes in the said guidelines and the project affected would be bound by those changes. This allotment letter states that the ownership of the tenement would be given provided the household resides in the allotted tenement for a period of five years. Though receiving the letter does not translate into ownership of the tenement, it clearly implies who within the household would be getting it. The letter is addressed only to the head of the household, which largely is the male member of the household. The legal right to secure tenure, whether freehold, leasehold, or other form of individual and collective possession of housing, involves protection from forced eviction, harassment and other threats. It also effectively guarantees access to, use of, and control over, land, property and housing resources. ICESCR General Comment 4, section 8 (a)-general comment on security of tenure states that '...notwithstanding the type of tenure, all persons should possess a degree of security of tenure which guarantees legal protection against forced eviction, harassment and other threats. States parties should consequently take immediate measures aimed at conferring legal security of tenure upon those persons and households currently lacking such protection, in genuine consultation with affected persons and groups'.



The guidelines for the implementation of slum rehabilitation schemes in greater Mumbai (1997) clearly state that ‘the occupation certificate of the rehabilitation building should contain details of tenement allotments, done by the co-operative society by drawing lots, in the joint names of the head of the household and his/her spouse.’ The Maharashtra Regional and Town Planning Act, 1966 also states that ‘the reconstructed tenement shall be of the ownership of the hutment dweller and spouse conjointly, and shall be so entered and be deemed to be so entered in the records of the co-operative housing society, including the share certificates or all other relevant documents.’

In the light of the above it is clear that there has been a lapse in the implementation of the rehabilitation scheme in the case of this community. This particular situation has made women more vulnerable. Their earlier residence

did not provide them with any security and they lived under the constant threat of eviction. This resettlement actually provided an opportunity for them to realise their right to ownership. The State, however, made no effort to prioritise the provision of security of tenure to protect the interests of women who are vulnerable in the community, neither were any provisions put in place to ensure the efficient access to security of tenure. This could increase the risk of victimisation and vulnerability of women who are facing violence within the family and women headed households who could be pressurised by the community to let go of their tenement. Homelessness and dispossession could be a consequence of such a situation.

Women’s representation in the decision-making bodies as well as processes is very minimal. Currently, only one building in the colony has a woman as a committee president and women are

also poorly represented in the committees. A negligible number of women attend meetings within their own buildings and the situation is worse in meetings held at the colony level. This situation raises the issue of safeguarding the interests of women regarding ownership. It is because women in the community have very little political space that the current mechanisms and structures may not prove effective in ensuring access to security of tenure. On the other hand, by leaving it to the community and family to decide ownership, the State is escaping its role in ensuring non-discrimination and is, in fact, victimising the vulnerable.

Conclusion

A rigid divide between public and private spheres proves disadvantageous to women coming from socio-economically deprived communities. They cope with the harsh living conditions by sharing their difficulties and tasks with each other. Spaces in slums accessible to women are difficult to demarcate as public or private. These form the settings for women's communal activities, and became the locus for women's social interaction, networking, self-identity, and community-based identity.

The new living environment has offered them a

physical structure very different from their communal living practice. This has deprived women of their immediate social security network. Leaving the 'community' to decide the use of public and open spaces has caused men, and regressive elements such as religious hardliners, to take over, leaving women with no room to claim these spaces. For example, all the community welfare centres, except one, are being used as mosques. Creating or claiming one's own spaces is a matter of insisting that citizenship is a daily practice collectively built through the active and conscientious habitation of space. With public spaces dominated by men, restricted mobility not only impacts women's access to education, work, opportunities to socialise and recreation but also their entitlements as equal members of a community.

Security is a serious concern for women within the colony, and on the other hand, men from the community are under constant threat of harassment by the local police. Friction with the neighbouring community poses the constant threat of communal conflict. Denying women ownership of their tenements violates their right to security of tenure. This gives women fewer opportunities to build the networks of support and solidarity they need to create strategies and tools to politicise their concerns in the public domain.

Chapter 11



Conclusion and Recommendations

Conclusion and Recommendations

Involuntary resettlement is not a new phenomenon. Historically, societies have urbanised and industrialised often leaving certain sections at the receiving end of displacement, movement, and resettlement. Involuntary resettlement most certainly means the disruption of an entire way of life and clearly constitutes a humanitarian crisis. In such situations, standards of human rights law have to be applicable. Legislation and policy formulation on resettlement at the national level have in the past however maintained a case for the larger public good. Populations that ultimately get resettled have had very little bargaining power to influence decisions regarding their relocation. This violates their rights to citizenship apart from basic rights to shelter, livelihood, education, health care and a life of dignity.

In this study we have closely observed the impact of involuntary resettlement on the lives of people. The study provides an understanding of the impact especially on aspects such as health, social life, and education, across gender and age differentials. This was done by documenting details of the daily routine of their lives, survival strategies in a different context, rebuilding of community life, their work situation (house work and wage labour), health and education needs in terms of accessibility and availability of services. It also looked at the process of resettlement, which involved various agencies – the state, NGO partners, the larger political as well as the local community leadership. The nuances of the social experience of such resettlement are often understated and have immense consequences for the lives of those resettled.

In this concluding chapter, we collate some of the findings of the study concerning the resettlement process, right to social security, right to employment, right to health care, right to education, certain entitlements specific to women, right to political participation, and the right to an adequate standard of living of the people involuntarily resettled from Rafique Nagar to this settlement at Dindoshi.

Resettlement is necessarily associated with economic hardship, disturbances of social fabric and psychological trauma. The process of shifting itself requires a lot of mental preparation and the consequent change in environment and living conditions had taken time to sink in. It also forces concerned families to make adjustments in order to sail through the transition phase. Being a community that is already economically and socially backward, these hardships are difficult to cope with. Adjustments had to be made both at the community level and at the household level. The prolonged uncertainty meant that people could not plan their lives, which usually helps people cope better with the shifting process. Though the community as a whole was going through the experience, people had to deal with the hardships at an individual and household level. This created a feeling of isolation. There was little clarity among the community about what they were entitled to and why certain entitlements that they were aware of didn't reach them at all. The experience of the shifting indicates that measures need to be taken in order to help communities prepare better for this drastic change.

The findings emphasise that social security

provisions by the State are imperative when citizens are pushed into a situation of vulnerability that is not of their making. At a time when there is increasing political and socio-economic pressure to reduce the responsibility of the State for citizen's welfare in general and transfer the responsibility to the community or to private interests to trade in, it must be reiterated that the welfare of displaced and/ or resettled communities is the responsibility of the State. Especially so when communities are displaced for reasons that benefit the State or other public authorities.

In this case, the land that the displaced people had settled in was being recovered for a public purpose by the airport authorities, and the people were resettled with the assurance that they would enjoy an adequate standard of living. In that respect, the provision of social security is an imperative as the relocated people are actually being dispossessed or excluded so that some others will benefit. Hence compensating them and providing them with social security is absolutely necessary.

The promise and assurance of adequate facilities along with the physical buildings in the resettled area was not fulfilled by the authorities. This denial of basic infrastructure impinged upon the already fragile lives of the community who were uprooted from their earlier habitat, and forced to settle in the new locality and earn and maintain an adequate standard of life. Thus, the right to social security ought to be inbuilt into any mechanism that negotiates involuntary resettlement of any community, and should be followed up by safeguarding the rights of all men, women and children, and not just the earning members who suffer loss of livelihood.

The impact on employment has been considerable after the resettlement. Historically, in Rafique Nagar, the community's earlier location, most people worked in the informal sector, which offers uncertainty both in employment as well as income. Most households were living in poverty even before the resettlement took place. Seeking employment and also retaining existing employment has been very difficult for the community after the resettlement. Informal sector employment is based on trust and contracts are informal. Searching for

jobs in an entirely new locality was therefore very difficult. This also explains why a significant number of resettled people still go all the way to Jari Mari or other locations in the city for employment irrespective of what it costs them. This increases the economic burden on households.

Living in conditions that are now fairly middle-class requires people to spend more on maintenance of the building and its surroundings which, again, is difficult because of their meagre income. The cost of travel has also proved burdensome leading to the loss of jobs and the search for new opportunities for many. This raises concerns that the authorities must address regarding the distance of the relocation site from the original place of residence. Women who are unable to travel long distances to work are now engaged in home-based work. This type of work is informal, seasonal and uncertain. Unionisation is not possible and this threatens workers' rights. Spaces such as work sheds should be provided in the community that could be used by women who engage in such home-based work.

Rafique Nagar, like most slum pockets, has residential settlements and also high levels of industrial and commercial activity. Residents work in industrial units within the slum or offer services to those living there. Many of those who were resettled also had small businesses that catered to the local population. In the new settlement, the increased economic burden of the new lifestyle means people have less money to spend, and this has hit local businessmen and women who find very few takers for their goods and wares. Day care centres and crèches should be provided for working mothers in the community.

Coping with healthcare needs poses a heavier burden on households. Even a routine event such as a pregnancy can pose several difficulties. When viewed within the right to health provisions in international law, we find that there are several gaps in the efforts of the State to respect, protect and fulfil these rights. The right of people to access care was not respected in the local public hospitals where cases of verbal abuse, and denial of treatment were recorded. The pre-conditions for good health – employment, basic facilities,



sanitation and public health measures - were not protected. The lack of an access road made it difficult for people to access facilities outside the community. No efforts were made to ensure that those with long-term health needs were facilitated. The fulfilment of the right to health would have implied the establishment of new facilities to cater to the needs of this population. Considering that the existing facilities are inconveniently located and already overburdened, this was an imperative. The creation of these facilities was also part of the original plan of the resettlement, which has not been implemented. Recognising and addressing the mental health needs of the resettled community, the need to build effective social support systems and create informal/formal networks for support are clearly an urgent need. These remain invisible and hence neglected. This necessitates greater and long-term involvement of organisations with expertise in dealing with such problems.

As far as the fulfilment of the right to education is concerned, the State has failed to provide education at the school level. Issues concerning education are not very different from issues concerning health care. The lack of access roads, and the overburdening of existing services has deprived many of basic education. No new schools or *balwadis* have been provided in the vicinity of the colony to cater to the influx of such a large number of people. The existing infrastructure is therefore overburdened and a continuous stream of children have been dropping out of school. Additionally, there are no attempts to regulate privatisation of education; rather it is seen as a reason to withdraw public sector schools citing public demand for private education. The denial of the right to education will impact on future generations of young people and will have far-reaching consequences in terms of loss of material benefits, future employment potential, and right to freedoms



of exposure, mobility, and the capacity for negotiation, which are entitlements due to any human being.

The rigid divide between public and private spheres is disadvantageous to women coming from socio-economically deprived communities. Spaces in slums accessible to women are difficult to demarcate as public or private. These form the settings for women's communal activities, and become the locus for women's social interaction, networking, self-identity, and community-based identity. Creating or claiming one's own spaces is a matter of insisting that citizenship is a daily practice collectively built through the active and conscientious habitation of space. With public spaces dominated by men, restricted mobility not only impacts women's access to education, work, opportunities to socialise and recreation, but also their entitlements as equal members of a community. Security is a serious concern for

women within the colony, and on the other hand, men from the community fear harassment by the local police. Friction with the neighbouring community poses a constant threat of communal conflict. Denying women the right to ownership of their tenements violates their right to security of tenure. Ownership of the tenements cannot be left to families to decide; the State should ensure that the women's right to security of tenure is not violated.

The local leadership is divided and politically weak. There has been no organised effort by the local population to secure access to basic facilities. The isolated nature of the settlement has made it a convenient hideout for criminal elements and criminal activities. This has terrified the local population. These elements, who have political connections, are actively thwarting the efforts of the local people to come together and organise.



Finally, since the population of the resettlement is Muslim, it is marginalised within local politics, which is dominated by right-wing Hindu parties. They fear getting into confrontations with neighbouring settlements and local political leaders and even the local bureaucracy. To top it all, due to administrative inefficiency, they have been literally disenfranchised – their names have been removed from the electoral rolls of the Jari Mari area and have not been added to the rolls in Goregaon. Hence, not a single resident was able to vote in the recent Lok Sabha elections.

The denial of basic facilities as well as opportunities to enhance their capabilities has only increased the vulnerability of an already vulnerable community. Thus the right to an adequate standard of living ought to be inbuilt into any mechanism that negotiates involuntary resettlement of any community, and should be extended to every man,

woman and child.

The findings of this study clearly point to a need for wider debate on development-based displacement that includes involuntary resettlement in the urban context. There is also a need to make existing State guidelines and policies widely available for larger debate and deliberation. Research to explore the social implications of such large-scale resettlement is necessary to arrive at a solution that is people-centred, gender sensitive and ensures the protection of human rights. Mechanisms also need to be put in place to redress issues concerning involuntary resettlement that concern both the individual as well as the community as a whole. Transparency in dealings and information regarding entitlements and rights also need to be available to communities so that they can negotiate effectively and safeguard their interests.

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Annexure 1

Involuntary Resettlement of a Slum Community in Mumbai: A Human Rights Perspective

General Information Survey Form

CEHAT; Research Centre of Anusandhan Trust; Sai Ashray, Aaram Society Road; Vakola,
Santa Cruz (east), Mumbai 400055

Schedule:

Date of Interview:

Name of interviewer:

Remarks:

1. Information about you and your family

1.1. Personal details

1.1.1. Name of the respondent

1.1.2. Address

1.1.3. Relationship to Head of the Household

1.1.4. Age

1.1.5. Sex

1.1.6. Marital Status

1.1.7. Religion / Caste

1.1.8. Education

1.2. Number of family members

1.3. Family structure

1.3.1. Parents and children (Nuclear family)

1.3.2. Parents, children and in-laws, brother-in-law, sister-in-law and children (Joint family)

1.3.3. Female-headed household

1.3.4. Male-headed household

1.3.5. Parents, children and relative (extended family)

1.4. How did you and your family come here?

1.5. While shifting here, was your family separated from each other? If yes how?

Were some family members:

1.5.1. Staying in a rented place in Jari Mari

1.5.2. Staying with relatives in any other place in Mumbai

1.5.3. Went back to your village / native place

1.6. If yes, for how many days?

1.7. What were the difficulties you had to face during the shifting?

2. Education

1.1. Give details about children and youth between 3 and 21 years

Name	Age	Sex	Present School / College / Class	Do they go to school regularly?	Was there a gap in the interim shifting period	Whether going to school earlier

1.2. If a child is not going to school regularly (in question 2.1) what is the reason?

1.3. How did you decide which school /college to send your children to after shifting here?

1.4. Were there any problems encountered during enrolment? Are there any problems now?

1.5. If any of the children have discontinued schooling after shifting here, what are the reasons for that?

1.6. What is the cost of schooling for your family?

	Before shifting	After shifting
Fees		
Uniform		
Books		
Travel		
Tuition		
Donation		
Other expenses		

1.7. Has there been an impact on your children's education after coming here?

3. Health

Pregnancy

1.1. Has any women in your house conceived in the period that you have been here? What was the outcome of the pregnancy?

Live birth
Stillbirth

Miscarriage
Abortion

If no, go to question 3.2.

3.1.1. Name of woman, relationship to head of household – date of delivery / approx date of miscarriage
3.1.2. Which institution was the delivery conducted?
3.1.3 Who conducted the delivery?
3.1.4 Where was the woman residing at the time of delivery?
3.1.5 In which month did you take her for registration?
3.1.6 What was the outcome of the pregnancy 3.1.6.1 Live child 3.1.6.2 Stillbirth 3.1.6.3 Premature
3.1.7 How was the health of the mother and baby after delivery?
3.1.7.1 If there were any complications, what was the treatment sought?
3.1.8 What was expense incurred on the delivery? 3.1.8.1 Fees: 3.1.8.2 Medicines: 3.1.8.3 Travel: 3.1.8.4 Food: 3.1.8.5 Investigations:
3.1.9 Did the woman or child seek any health care after delivery?
3.1.9.1 Where was the immunisation done?

Hospitalisation

<p>3.2 Were there any hospitalisations in your family after you shifted here?</p>
<p>3.2.1. Who was hospitalised? For what problem?</p>
<p>3.2.2. At which institution? For how many days?</p>
<p>3.2.3. How did you make the decision to take the person to that institution?</p>
<p>3.2.4. What mode of transport did you use? How did you make the arrangements?</p>
<p>3.2.5. Who stayed with the patient in the hospital? How did that person travel to and fro?</p>
<p>3.2.6. What were the expenses involved in the hospitalisation?</p> <p>3.2.6.1 Hospital fees: 3.2.6.2 Doctors' charges: 3.2.6.3 Medicines and supplies: 3.2.6.4 Investigations: 3.2.6.5 Travel: 3.2.6.6 Food: 3.2.6.7 Other expenses:</p>
<p>3.2.7. If you were called for follow up, did you go? How many times?</p>
<p>3.2.8. If hospitalisation was advised and you did not go, what are the reasons for the same?</p>
<p>3.2.9. If you were asked to be hospitalised and couldn't be, what was the reason?</p>

3.3 Acute Illnesses

In the past two weeks, was anyone in the household ill?

Details about the episode of illness

Name	Type of Illness	Number of days ill	Treatment Sought	Source of Treatment	Number of visits	Mode of Travel	Who accompanied	How of many days work lost

3.4 If treatment was not sought, what are the reasons for the same?

3.5 Expenditure on healthcare

Fees	Medicines	Investigations	Travel	Food	Bribes/gifts	Other expenses

3.6 Chronic health problems

Does anyone in your house suffer from the following?

- 3.6.1 Asthma
- 3.6.2 Tuberculosis
- 3.6.3 Hypertension
- 3.6.4 Diabetes
- 3.6.5 Heart problem
- 3.6.6 Epilepsy
- 3.6.7 Mental illness
- 3.6.8 Disability

3.6.9 Arthritis / Rheumatism

3.7 Name of person:

3.8 Since when has s/he been suffering from this problem?

3.9 What medical treatment has s/he been taking for this problem?

Name of institution	Type of treatment sought	How often did you go for treatment	Routine investigations if needed repeatedly	Expenses involved

3.10 If the treatment has changed, give reasons

4. Work

4.1 How many members of the household are employed? Kindly give details

Name	Type of work (plumber, carpenter, domestic worker, etc.)	Structure of work (Casual, temporary, contract, self employed)	Location of Work (small unit, big unit, contractor, home, etc.)	Area of Work (Jari Mari, Chembur, Bhandup, etc.)	How many days in the month did you find work?	Wages / returns	Expenses on travel, commission, food, rent (if required to stay away for work)

- 1 If any members employed overseas or outside Mumbai, please probe and take all the details.
- 1 Please probe for home based work among women and children

4.2 Is any member learning a vocation or learning on the job? Kindly give details.

Name	Type of work	Where do you learn the vocation from?	How many days in the month do train/ learn on the job?	Wages / returns	Expenses on travel, commission, food, rent (if required to stay away for work)

5. Social Security

- 5.1 What do you procure from the fair price shop?
- 5.2 Did you have any of these documents that you require routinely, made in the past one year?

	When	From where	Who helped	Did you face any problems
Birth certificates				
Death certificates				
School leaving certificates				
Below Poverty Line Cards				
ESIS cards				
Court affidavit				
Pension certificates / any other benefits from government, non government, religious organisations				

6. Social Life

6.1 Who does the shopping for vegetables, provisions, clothes and medicines?

Who does it now where do you go how often with whom

6.2 Who takes care of your children when you go to work?

6.3 Do you make visits to relatives and friends, attending marriages, family functions, and outings? When can you go?

6.4 When you need money, or help in an emergency, to whom can you go now?

Kindly answer the following questions as yes or no

- | | |
|--|---------|
| 1. Do you very often have a headache? | Yes/ No |
| 2. Is your appetite poor? | Yes/ No |
| 3. Do you sleep badly? | Yes/ No |
| 4. Are you frightened easily? | Yes/ No |
| 5. Do your hands shake? | Yes/ No |
| 6. Do you get nervous, tense or worried restless? | Yes/ No |
| 7. Is your digestion poor? | Yes/ No |
| 8. Does your have trouble thinking clearly? | Yes/ No |
| 9. Do you feel unhappy? | Yes/ No |
| 10. Do you cry more than usual? | Yes/ No |
| 11. Do you find it difficult to enjoy your daily activities? | Yes/ No |
| 12. Do you find it difficult to make decisions? | Yes/ No |
| 13. Is your daily work suffering? | Yes/ No |

14. Are you unable to play a useful part in life? Yes/ No
15. Have you lost interest in things? Yes/ No
16. Do you feel that you are worthless person? Yes/ No
17. Has the thought of ending your life been on your mind? Yes/ No
18. Do you at always feel tired without a reason? Yes/ No
19. Do you have uncomfortable feelings in your stomach? Yes/ No
20. Are you easily tired? Yes/ No

Annexure 2

Protocols for Focused Grouped Discussions

Women

1. Social life

- | What do you feel about the current surroundings?

Probes:

- Do you feel safe in the current surroundings and in interactions with those around you?
- How does this situation affect your life?
- How have you been able to relate/adjust with the new surroundings and your new house?
- How easy is it for women to get around?

- | How do you keep track of the children here?

Probes:

- What happens to children when their mothers have to go out for work or for some other reason? How do they take care of their children?
- Do you see any difference now?

- | How are relations between neighbours here?

Probes:

- For e.g., usually neighbours help each other out with money or to look after children, or they lend money during emergencies. Does that happen here? Has that changed after coming here?

- | Has there been a change in family life after coming here? If yes, how?

Probe:

- What has happened to relationships within the family?

2. Community life

- | What do you feel about the political leadership in your area?

- Is it any different now?

Probes:

- What about the activities they have taken up during and after the resettlement?
- How do you see your role as women in decision-making around the colony?

- | What do you feel about the building committees?

Probes:

- What is the building committee supposed to do?
- How were the committees formed in your building?
- What do you feel about the functioning of these building committees?
- Do you feel involved in the decision making process?

- | What do you feel about the process of shifting?

Probes:

- How and what should have been done? (Before shifting, during shifting and after shifting)
- What was important for women?
- How should the leadership have been developed?

- | How are your relations with the neighbouring slum community?

Probes:

- How has it been in times of crisis (e.g. the water problem) and otherwise (e.g. issues related to the 90 steps route, access road)?

3. Space

- | How do feel about the utilisation and use of the common space- balwadi, roads, open grounds and community welfare centres?
 - Can women use the common space? How?
- | What do you feel about the wide roads and common open space provided within the colony?
 - How should these spaces be utilised?
- | How should the balwadi and welfare centres be utilised?
- | There are more open spaces here as compared to Jari Mari. How do feel about that?

4. Amenities

- | What are the difficulties you have faced while travelling in and out of the colony?
Probes:
 - Especially, climbing up and down the 90 steps, Chota Kashmir road and the related issues of safety, etc.)
 - How have you dealt with these problems?
 - How have your interactions with the neighbouring community been in this regard? (In the light of the recent fencing done along the boundary wall).
 - How useful is the BEST bus service till Nagari Nivara?
- | What is the system of garbage disposal in your building and the colony?
 - What measures have been taken in your building and the colony as a whole to maintain cleanliness?
- | Have you been facing any problems with the drainage system?
 - How have you been dealing with these problems?
 - What is the difference between now and how it was in Jari Mari? How is all this done?
- | How frequently are the overhead water tanks cleaned?
 - What were the problems you faced immediately after the shifting? (taps, lights, quality of water)
- | What difficulties do you have to face in getting rations from Jari Mari? How many trips do you have to make? How much money do you have to spend on travel?
- | What happened during the month long water crisis?
 - What were the problems you had to face?
 - What was done to alleviate the crisis?

5. Health and Education

- | Has the shifting affected the schooling of girls and boys differently? How?
- | What are your concerns about the school your child goes to?
Probes:
 - Especially issues related to distance, escorting them to and from school, safety, teaching, attitude of teachers etc.
 - How has your interaction been with teachers, school authorities?
 - Do get any assistance from school for books, uniform, mid day meals?
 - How is the situation different from Jari Mari?
 - Have you been the Santosh Nagar health post?
 - o How have your interactions been with the health post in Santosh Nagar?
 - o How have your experiences been while accessing services from the Govind Nagar hospital?

6. Work

- | What has been the impact on employment for women, men and youth?

Probes:

- What are the problems in finding work, getting to work, sustaining work?
- What are the difficulties women have to face? (especially those women who are engaged in domestic work, manage businesses)

7. Maintenance

- | How much do have to spend on maintenance?
 - How many are able to pay it?
- | Compared to Jari Mari how much is the day-to-day cost of living?

Adolescent Girls (16-18 year olds)

Education

- | How has the shifting affected your education?
 - What have been the reasons for dropping out of school?
 - Are there differences in the reasons for dropping out of school in Jari Mari and Dindoshi?
- | What are your experiences getting to your current school?
 - What are the problems you face getting to school? (restrictions from parents, brothers or other family members, other residents from your building)
 - Why?

Social Life

- | How do you feel in your current surroundings?
Probes:
 - How easy is it for you to move around and out of the colony?
 - How safe do you feel in the current surroundings?
 - How has this affected your lives?
 - How have you been able to adjust to the new surroundings?
- | Where are your friends staying? Are you able to meet them? Have you made new friends?
- | Has family life changed after coming here? How?
- | How was it in Jari Mari? What is the difference now?

Space

- | How do you feel about the huge open spaces here?
 - How should these spaces be used?
 - How do you feel the balwadi and community welfare centres should be utilised?
 - What do you feel about the availability of open spaces here as compared to Jari Mari?

Violence and Conflict

- | How often do conflicts take place here?
- | What are they about?

- | If the police are involved how do they deal with the situation? Do you feel any difference here as compared to Jari Mari?
- | How has the environment changed after shifting here? How was the situation in Jari Mari?

Adolescent Boys (16-18 year olds)

Education

- | How has the shifting affected your education?
 - What have been the reasons for dropping out of school?
 - What were the problems you faced while getting to school?

Work

- | What is the kind of work boys of your age are usually engaged in?
- | How difficult has it been finding work in this area?
 - What are the problems you have to face? (wages, kind of work available, distance to workplace)
 - Are there any other difficulties you have to face?

Violence and conflict

- | Has the incidence of conflict and violence changed after shifting?
- | What are the conflicts about?
- | How has the police dealt with such situations in the colony? Is there any difference compared to Jari Mari?
- | How has the environment changed after shifting?

Children (10-14 year olds)

Education

- | Do you go to school?
 - o If no, why did you drop out of school? (Had to work, economic constraints, no one to escort to school etc.)
- | How do you feel going to school? Why?
 - o Is it different now? How?
- | What were the problems you faced while getting to school?
 - o Is it different now? How?
- | What is the difference between going to school in Jari Mari and Dindoshi?
 - o What has changed after coming here?
- | Have you made friends in the new school?
 - o Who are your friends?

Space

- | Is there a difference between the living environment in Jari Mari and Shantiniketan?
- | If yes, what is the difference? (space, open grounds, living in a building, 90 steps)

Annexure 3

Interview Guide for Key Informant Interviews

SPARC

Planning for the resettlement

- a. How was the shifting conducted?
- b. What were the problems you have anticipated during the shifting process?
- c. Were there any measures you could take to mitigate them?
- d. What were the other difficulties you faced during the shifting process?
- e. What were the aspects that were kept in mind while planning? (Probe-access road, allocation etc.)
- f. What were the measures taken to ensure that they were taken care of?
- g. What were the difficulties you faced in implementing the plan?

Managing the colony after resettlement

- a. What are the problems you are facing after the shifting?
- b. Are there plans for resource allocation? (Both resources within the colony such as utilisation of public space, balwadi, commercial space for business and others such as a health post, school, road etc.)
- c. How do they see your role now that the resettlement has taken place?

Building committees and formation of societies

- a. How have the current committees been formed?
- b. How have they been functioning?
- c. How are the societies going to be formed?
- d. What will their role be?

Mahila Milan

1. What were the challenges you had to face while working in this community?
2. How have you dealt with the difficulties you have faces so far? (in starting the women's savings groups, in collecting water ad maintenance dues etc.)
3. What according to you would be long term solution for these issues?
4. What were the issues you came across while forming women's savings groups?
5. What is your plan as far the future work with this community is concerned?

Annexure 4

Consent Note for the General Information Survey

Involuntary Resettlement of a Slum Community in Mumbai: A Human Rights Perspective

CEHAT; Research Centre of Anusandhan Trust; Sai Ashray, Aaram Society Road; Vakola, Santa Cruz (east),
Mumbai 400055, Phone no: 26147727/ 26132027, Fax: (022) 6132039, Email: cehat@vsnl.com

Consent Note

CEHAT is a non-profit secular organisation that works on the health concerns of poor and marginalized people. Our main objective is to look at issues of day-to-day life and understand their impact on health.

CEHAT in the past has conducted research in the area of women's health, people's access to health care services, health expenditure, quality of health care available to people etc. CEHAT tries to reach its findings to as many people and groups as possible including groups working for people's rights, the government, etc.

We have been witness to the process of shifting from Jari Mari to Dindoshi. We feel concerned about several issues, especially those related to health, education, employment and social life that have affected the lives of men and women- both of various ages. To look deeper into it we are carrying out a study in your area to look at how resettlement impacts people's lives especially health, education, work etc.

We have selected every third household in this colony for an interview. We would like to have your cooperation by sharing with us the experiences you have had through the process of resettlement and also your experiences of living in the present colony.

The information that you share with us will remain confidential and would be used only for the purpose of study. There is no compulsion for you to share any information that you don't feel comfortable sharing. If you wish not to be interviewed you are free to do so. You also have the right to stop the interview at any point.

The information from this study will be used to help organisations who are working in this area to plan their work better. It will also be used to give recommendations to the concerned authorities so that the problems faced by this community are not repeated in other such settlements. A summary report giving the main findings will be shared with all participants of the study. It will not contain any personal information, not will it name any individual or group.

Please feel free to contact any of us for more information or clarifications. We are duty bound to provide these to you.

Sincerely,

Padma Deosthali
Neha Madhiwalla
Qudsiya Contractor
Shankuntala Bhalerao
Dipika Banerji
Zainab Kadri

Consent Note for Key Informant Interviews

Involuntary Resettlement of a Slum Community in Mumbai: A Human Rights Perspective

CEHAT; Research Centre of Anusandhan Trust; Sai Ashray, Aaram Society Road; Vakola, Santa Cruz (east),
Mumbai 400055, Phone no: 26673571/ 26673154, Fax: (022) 6673156, Email: cehat@vsnl.com

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We have been witness to the process of shifting from Jari Mari to Dindoshi. We feel concerned about several issues, especially those related to health, education, employment and social life that have affected the lives of men and women- both of various ages. To look deeper into it we are carrying out a study in your area to look at how resettlement impacts people's lives especially health, education, work etc.

We have conducted a survey in this community but would also like to know more about the various other aspects of resettlement such as education, health, management and maintenance of buildings and would therefore like to talk to you.

The information that you share with us will remain confidential and would be used only for the purpose of study. A summary of findings would be shared with the people of the community and agencies working on resettlement issues. It will not contain any personal information or identification, nor will it name any individual or group. There is no compulsion for you to share any information that you don't feel comfortable sharing. If you wish not to be interviewed you are free to do so. You also have the right to stop the interview at any point.

The information from this study will be used to help organisations that are working in this area to plan their work better. It will also be used to give recommendations to the concerned authorities so that the problems faced by this community are not repeated in other such settlements. A summary report giving the main findings will be shared with all participants of the study.

We would like to have your cooperation by sharing with us the experiences you have had through the process of resettlement and also your experiences of living in the present colony.

Please feel free to contact any of us for more information or clarifications. We are duty bound to provide these to you.

Sincerely,

Qudsiya Contractor
Neha Madhiwalla
Shakuntala Bhalerao
Zainab Kadri

Consent Note for Focus Group Discussions

Involuntary Resettlement of a Slum Community in Mumbai: A Human Rights Perspective

CEHAT; Research Centre of Anusandhan Trust; Sai Ashray, Aaram Society Road; Vakola, Santa Cruz (east),
Mumbai 400055, Phone no: 26147727/ 26132027, Fax: (022) 6132039, Email: cehat@vsnl.com

Consent Note

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We have been witness to the process of shifting from Jari Mari to Dindoshi. We feel concerned about several issues, especially those related to health, education, employment and social life that have affected the lives of men and women- both of various ages. To look deeper into it we are carrying out a study in your area to look at how resettlement impacts people's lives especially health, education, work etc.

We have conducted a survey in this community but would also like to know more about the various other aspects of resettlement such as education, health, management and maintenance of buildings and would therefore like to talk to you. We would be discussing these in a group and would like you to be a part of the discussion. In order to keep track of what everyone has to say in throughout the discussion we would be wit your permission tape recording the discussions. The tapes will remain with us and the identity of the participants would be protected. We would be including what will be said in the discussion in written form in our report.

The information that you share with us will remain confidential and would be used only for the purpose of study. A summary of findings would be shared with the people of the community and agencies working on resettlement issues. It will not contain any personal information or identification, nor will it name any individual or group. There is no compulsion for you to share any information that you don't feel comfortable sharing. If you wish not to be a part of the group discussion you are free to do so. You also have the right to discontinue the discussion at any point.

The information from this study will be used to help organisations that are working in this area to plan their work better. It will also be used to give recommendations to the concerned authorities so that the problems faced by this community are not repeated in other such settlements. A summary report giving the main findings will be shared with all participants of the study.

We would like to have your cooperation by sharing with us the experiences you have had through the process of resettlement and also your experiences of living in the present colony.

Please feel free to contact any of us for more information or clarifications. We are duty bound to provide these to you.

Sincerely,

Qudsiya Contractor
Neha Madhiwalla
Shakuntala Bhalerao
Zainab Kadri

Annexure 5

Certification of the Institutional Ethics Committee

April 25, 2003

RESPONSE NOTE OF THE IEC TO THE PI OF THE PROJECT INVOLUNTARY RESETTLEMENT OF A SLUM IN MUMBAI: A HUMAN RIGHTS PERSPECTIVE

Name of the project: Involuntary Resettlement of a Slum in Mumbai: A Human Rights Perspective

Principle Investigator: Padma Deosthali

Team: Neha Madhiwalla (Internal Consultant), Qudsiya Contractor

Duration: 18 Months

Fieldwork Location: Shantiniketan, Resettlement Colony, Dindoshi, Goregaon, Mumbai

Collaborators If Any: Sahyog- Chehak (A Local NGO Which Will Provide Logistical Support)

Funded by : SWISSAID

Type of the project: Research project

Date of ethical review: 20th April 2003

IEC members present: Anant Phadke, Jaya Sagade, Joe Lobo, Nagmani Rao, Neha Madhiwalla, Padma Deosthali, Sandhya Srinivasan, Shabana Diler, Soumitra Pathare

In response to submission of the project proposal we state the following:

The IEC considers this study to be relevant and certifies that the project may be launched. However, following needs to be ensured before actual launching of the study.

1. The IEC recommends that the team should redesign the study format keeping in mind the discussions held between the IEC members and the team and also the current field situation.
2. there is need to prepare informed consent note in Hindi for review by IEC members.
3. Modification of the interview schedule to suit the needs of the modified project proposal is also required.

Thus it is recommended to the team that the revised format of study, informed consent note and the interview schedule in Hindi be presented to the IEC members in the coming IEC meeting to be held on 18th of May, '03.

May 5, 2003

**RESPONSE NOTE OF THE IEC TO THE PI OF THE PROJECT INVOLUNTARY
RESETTLEMENT OF A SLUM IN MUMBAI: A HUMAN RIGHTS PERSPECTIVE**

Name of the project: Involuntary Resettlement of a Slum in Mumbai: A Human Rights Perspective

Principle Investigator: Padma Deosthali

Team: Neha Madhiwalla (Internal Consultant), Qudsiya Contractor

Duration: 18 Months

Fieldwork Location: Shantiniketan, Resettlement Colony, Dindoshi, Goregaon, Mumbai

Collaborators If Any: Sahyog- Chehak (A Local NGO Which Will Provide Logistical Support)

Funded by: SWISSAID

Type of the project: Research project

Date of ethical review: 20th April 2003

IEC members present: Anant Phadke, Jaya Sagade, Joe Lobo, Nagmani Rao, Neha Madhiwalla, Padma Deosthali, Sandhya Srinivasan, Shabana Diler, Soumitra Pathare

In response to submission of the project proposal we state the following:

The IEC considers this study to be relevant and certifies that the project may be launched. However, following needs to be ensured before actual launching of the study.

4. The IEC recommends that the team should redesign the study format keeping in mind the discussions held between the IEC members and the team and also the current field situation.
5. There is need to prepare informed consent note in Hindi for review by IEC members.
6. Modification of the interview schedule to suit the needs of the modified project proposal is also required.

Thus it is recommended to the team that the revised format of study, informed consent note and the interview schedule in Hindi be presented to the IEC members in the coming IEC meeting to be held on 18th of May, '03.

Jaya Sagade
Chairperson, IEC, Cehat

June 15, 2003

**RESPONSE NOTE OF THE IEC TO THE PI OF THE PROJECT
'INVOLUNTARY RESETTLEMENT OF A SLUM IN MUMBAI: A HUMAN RIGHTS
PERSPECTIVE'**

Name of the project: Involuntary Resettlement of a Slum in Mumbai: A Human Rights Perspective

Principle Investigator: Padma Deosthali

Team: Neha Madhiwalla (Internal Consultant), Qudsiya Contractor

Duration: 18 Months

Fieldwork Location: Shantiniketan, Resettlement Colony, Dindoshi, Goregaon, Mumbai

Collaborators If Any: Sahyog- Chehak (A Local NGO Which Will Provide Logistical Support)

Funded by: SWISSAID

Type of the project: Research project

Date of ethical review: 15th June 2003

IEC members present: Anant Phadke, Jaya Sagade, Joe Lobo, Nagmani Rao, Neha Madhiwalla, Sandhya Srinivasan, Shabana Diler,

In response to submission of the project proposal we state the following:

In the previous IEC meeting held on 20th April 2003, the IEC had recommended the team to redesign the study format keeping in mind the field situation and to prepare informed consent note in Hindi for review by IEC members. Also modification of the interview schedule to suit the needs of the modified project proposal was suggested.

In the IEC meeting held on 15th June 2003, IEC has reviewed and discussed the modified questionnaire. However, the field situation has also changed in this period. Thus, looking again at the objectives of the study, the IEC recommends that certain questions need to be added to the modified questionnaire, which would probe into the impact of changes after resettlement. This remodified questionnaire is to be mailed to IEC members, along with the consent form in Hindi and analysis plan for this project.

December 7, 2003

**RESPONSE NOTE OF THE IEC TO THE PI OF THE PROJECT INVOLUNTARY
RESETTLEMENT OF A SLUM IN MUMBAI: A HUMAN RIGHTS PERSPECTIVE**

Name of the project: Involuntary Resettlement of a Slum in Mumbai: A Human Rights Perspective
Principle Investigator: Qudsiya Contractor
Team: Neha Madhiwalla (Internal Consultant), Qudsiya Contractor, Shakuntala Bhalerao, Zainab Kadri (Sahyog Health Worker)
Duration: 18 Months
Fieldwork Location: Shantiniketan, Resettlement Colony, Dindoshi, Goregaon, Mumbai
Collaborators If Any: Sahyog- Chehak (Local NGO Which Will Provide Logistical Support)
Funded by: SWISSAID
Type of the project: Research project (Qualitative Aspect)

Date of ethical review: 7th December 2003

IEC members present: Jaya Sagade, Joe Lobo, Nagmani Rao, Neha Madhiwalla, Padma Deosthali

In response to submission of the project proposal we state the following:

IEC deliberated upon the methodology of the qualitative study, checklist for ethical concerns in the project, protocols and the consent form. It states that the qualitative study would certainly serve as a valuable complement to the earlier quantitative study.

Looking at the findings of the quantitative study and the feedback from the research team as well as the current expanded plan of resettlement in Mumbai, the IEC feels that there is an ethical responsibility on the research team to promote advocacy and actions through their networks.

Given this changed trajectory of the study outcome, the consent note would need to incorporate the possibility of community participation in future action.

Keeping in mind the above, the IEC recommends that the research team should arrive at consensus within the organisation with respect to the emphasis between action and research.

The IEC recommends the team to modify the process of selection of key informants for their proper representation and the informed consent form accordingly. With regards to the ethical concerns raised by the team, the IEC suggests that the data collected from the illegal occupants should not be excluded from the analysis unless it is changing the trends of analysis to a great extent. The focus of the FGDs with the children should be shifted to the change in their life in general after the resettlement and not merely on the change in educational facilities.

The IEC recommends that the revised protocol and modified informed consent form should be submitted to the IEC within one month.

Subject to the above modifications, the IEC certifies that the qualitative study be in operation.

Jaya Sagade
Chairperson,
IEC Cehat

Annexure 6

GUIDELINES FOR THE IMPLEMENTATION OF SLUM REHABILITATION SCHEMES IN GREATER MUMBAI

2005
Slum Rehabilitation Authority
Housing & Special Assistance Department
Government of Maharashtra

Housing and Special Assistance Department,
Mantralaya, Mumbai 400032.

Secretary

FOREWARD

The National Housing Policy has clearly identified that the Government will strive to create an enabling environment to assist all people, particularly those who are shelterless or vulnerable to secure for themselves affordable shelter. In this changing scenario, where the Government would increasingly play the role of facilitator rather than provider, a need has been felt for policies to be re-oriented to take on the increased challenges.

A major challenge is the rehabilitation of slum dwellers in Mumbai. One of the promises given in the ‘Wachan Nama’ charter of commitments of the ruling Shiv Sena – BJP alliance in Maharashtra is the promise of providing free houses to 40 lakh hutment dwellers in Greater Mumbai.

The ‘Slum Rehabilitation Authority’ has been constituted with the mandate to translate this vision into reality. This booklet of Guidelines for the implementation of Slum Rehabilitation Schemes in Greater Mumbai incorporates updated information on policy and procedures governing Slum Rehabilitation Schemes.

We are sure that the booklet will prove useful to entrepreneurs, developers, NGOs, bankers and the slum dwellers. We look forward to suggestions for making this publication more useful.

(V. P RAJA)

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1. THE GENESIS

Mumbai, the State Capital of Maharashtra, has often been referred to as the Financial Capital of India. The city lights have offered not merely glamour, entertainment, but also wages, and much higher level of assurance of employment, not confined only to the head of the household. Over the years. It naturally has attracted a large number of people from rural and other areas, leading to large scale migration into the mega city. Needless to say that the push factors from rural areas namely drought, flood, landlessness, unemployment, caste-class violence, etc. have also largely contributed to this influx. Its area of 437 sq.km., therefore, now houses a population of around 11 million people. The pace of urbanization has left far behind the efforts and initiative of planners, local bodies, housing authorities and formal real estate developers in providing affordable housing to a large number of its residents. As long as shelter is

not affordable keeping in view the wages paid in the city, literally there is no alternative except the growth of slums, or rather squatter settlements. Today, as a result, over 50% of its residents spread over around 2500 settlements live in unhygienic, deplorable, unsafe huts or shanties called slums; sometimes termed as the low cost, affordable, self-help housing solution innovatively found by the people themselves. These slums have come up on private lands (50%), State Government lands (25%), Municipal Corporation lands (20%), Central Government lands and Housing Board lands (5%). These slums pockets, spread throughout Greater Mumbai, occupy prime real estate, have developed infrastructure in the neighbourhoods and are usually located adjacent to developed housing colonies and industries.

The Governments initial response up to the early 1970s was treating such settlements as illegal and resorting to demolition and clearance. The administration did not bother to see what happened after the slum clearance operation. In general, since their employment and social network compelled them to do so, the squatters simply moved on within the city to another place nearby, or in the most cases rebuilt the same place soon thereafter. The demolition efforts not only proved unsuccessful but the fact that the citizens who had become an integral part of the city were being dishoused, was unequivocally termed "inhuman".

The second phase of response was to tolerate the slum structures as a housing solution and provide civic amenities to the slum-dwellers as environmental improvement works. An Act called the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act, 1971 was passed and improvement works were defined therein. A census of hutments was also carried out in February, 1976 and identify cards were issued to slum families. It was accepted that when slums are to be removed for public purposes, these slums have to be relocated elsewhere. The scheme of taking up environmental improvement works in the slums still continues.

In the next phase that started during the mid-80s, there was a paradigm shift in the Government Stand. A programme called upgradation was implemented with World Bank assistance. In this programme, the slum land was to be given on long lease of 30 years to the

II. THE CONSTITUTION, FUNCTION AND DUTIES OF SRA.

The Government of Maharashtra accepted the recommendations made by the Afzulpurkar Committee, in the December Session of State Legislative Assembly in 1995 and amended the Maharashtra Slum Areas (improvement, Clearance & Redevelopment) Act, 1971 to provide for the creation of Slum Rehabilitation Authority (SRA) with a Chairperson, a Chief Executive Officer and fourteen other members. SRA was created by the Government Notification dated 16th December 1995 to function with effect from 25th December 1995.

The Chief Minister of Maharashtra is the Chairperson of SRA and a super time scale of IAS Officer is fulltime Chief Executive Officer of the Authority. The fourteen other members include Ministers, elected member of the State Legislature. Secretaries of the concerned State Government Departments and some non-official members who are experts in the field of Building Construction, Planning, Architecture, Social Services, etc. The full composition of Authority as on today is as given below:

- 1) Shri Manohar Joshi, Chief Minister, Chairperson
- 2) Shri Sureshdada Jain, Housing Minister, Member.
- 3) Shri Ravindra Mane, Minister of State (UDD), Member
- 4) Shri Raj Purohit, Minister of State (Housing), Member
- 5) Shri Abhiram Singh, MLA, Member.
- 6) Shri P.I Subrahmanyam, Chief Secretary, Member

- 7) Shri K. Nalinakshan, Principal Secretary (UDD), member
- 8) Shri Ajit Warty, Principal Secretary (R & FD), Member
- 9) Shri Girish Gokhale, Municipal Commissioner, MCGB, Member
- 10) Shri V.P. Raja, Secretary (H & SAD), Member
- 11) Shri B.G. More, Principal Secretary (L & JD) (Retired), Member
- 12) Shri Shashi Prabhu, Architect, Member
- 13) Shrimati Sheela Patel, Social Activist, Member
- 14) Shri Shirish Patel, R.C.C. Consultant, Member
- 15) Shri Deepak Satawalekar, MD, HDFC, Member
- 16) Shri Gautam Chatterjee, Chief Executive Officer.

SRA's Responsibilities

The powers, duties and functions of the Slum Rehabilitation Authority are –

- a) to survey and review existing position regarding Slum areas in greater Mumbai.
- b) to formulate schemes for rehabilitation of slum areas.
- c) to get the slum rehabilitation scheme implemented.
- d) to do all such other acts and things as may be necessary for achieving the objective of rehabilitation of slums.

SRA as a Planning Authority Slum Rehabilitation Authority has been given a status of corporate entity with effect from 3rd January 1997. It is an independent autonomous body.

By amendment carried out to Maharashtra Regional & Town Planning (MR & TP) Act 1966. SRA has been declared as a planning authority, to function as a local authority for the area under its jurisdiction.

The Chief Executive Officer, SRA has been delegated the powers exercisable under sections 44, 45, 46, 51, 53, 54, 55, 56, 135 and 136 of the MR & TP Act, 1966 by the State Government by its notifications UDD No. TPV 4396 / 492 / CR-105/UD-11, dated 13th September, 1996.

By an amendment to the MR & TP Act 1966, SRA has been empowered under section 37 (1-B) to prepare and submit proposals for modifications to the Development Plan of Greater Mumbai.

Jurisdiction of SRA

As per the parameters given under the Slum Rehabilitation Scheme, SRA can declare any area as slum rehabilitation area for the rehabilitation of slums and in certain cases slum areas become slum rehabilitation area by means of deeming provisions. All such slum rehabilitation areas where slum rehabilitation schemes are proposed and being implemented, come under the jurisdiction of SRA. Development Control Regulation (DCR) No.33 (10)

To implement the slum rehabilitation scheme, certain modifications were required to be carried out in the Development Control Regulations for Greater Bombay – 1991. Accordingly a notice was published and after hearing objections and suggestions, proposal was submitted to Government in Urban Development Department for certain modifications in DCR No.33(10), 33(13) & 33(14). Accordingly, after following all legal procedures, the same has been sanctioned by Government by its notification No.DCR-1095/1209/CR-273/95/UD-11 dated 15th October 1997 (Appendix-A).

SRA Office and its functioning

The office of SRA, headed by Chief Executive Officer, is located on the 5th floor of Grihanirman Bhavan, Bandar (East), Mumbai 400 051. Its functions are carried out through the following operating departments:

- 1) Planning & implementation
- 2) Building permission and supervision
- 3) Eligibility certification, eviction of non-participants and declaration of slum areas and slum rehabilitation areas.
- 4) Registration of co-operative housing societies.
- 5) Land management (Demarcation, sub-division of plots and leasing of slum lands)
- 6) Community Development.
- 7) Accounts and Finance.
- 8) General Administration.

Implementation of the scheme

It is the endeavour of SRA to implement the slum rehabilitation schemes by providing a single window clearance for all types of approvals that are required for the project namely formation of cooperative societies, certification of eligibility of slum dwellers, taking punitive action on non-participating slum-dwellers obstructing the scheme, survey and measurement on slum lands, grant of building permissions (PR Cards). The detailed procedures to be followed in respect of the slum rehabilitation schemes have been explained in the subsequent chapters.

III. THE SLUM REDEVELOPMENT SCHEME AND SLUM REHABILITATION SCHEME

The Government of Maharashtra in Urban Development Department sanctioned the Development Control Regulations (DCR) for Greater Mumbai under MR & TP Act, 1966 and the same have been made operative with effect from 25th March 1991. Under DCR No.33(10), redevelopment of slums through promoters like owners / developers / co-operative housing societies of slum dwellers / non-governmental organizations (NGO) was made permissible for censused slums or such slums whose structures and inhabitant's name appeared in the electoral roll of 1985, with floor space index (FSI) upto 2.5.

There were further guidelines prepared enabling the promoters to earn a profit up to 25% and incentive FSI was being allowed with a cap of 2.5 to accommodate both rehabilitation and free sale components. The area of the rehabilitation tenement was 180 sq.ft. and the slum dwellers were required to pay Rs.15,000 to Rs.18,000 per tenement as their contribution. The remaining cost of the tenement was cross subsidized from the free sale area.

Thereafter, in order to make the scheme more transparent and pragmatic and to accommodate the slum dwellers whose names appeared in the electoral roll of 1st January 1995, a study group was formed under the Chairmanship of the Ex Chief Secretary Shri Dinesh Afzulpurkar and based on the recommendations of the study group, the Government in Urban Development Department, by their Notification No.DCR-1095/1209/CR-273/1995 / UD-1 dated 27th August, 1996, published amendments to DCR No.33(10) that have since been made final with effect from 15th October, 1997.

The major differences between the earlier Slum Redevelopment (SRD) scheme and the current SRA scheme are shown in the Table given below:

Sr.No.	SRD	SRA
1.	Objective Basically a redevelopment of slum	Along with redevelopment of slum, also rehabilitated of slum dwellers.
2.	Eligibility A slum dwellers who is a photopass holder or whose name has appeared in the electoral roll of 1 st January, 1985 was eligible for the scheme. Slum structure only was protected.	A slum dweller whose name is in the electoral roll of 1 st January, 1995 or prior electoral roll and who is presently residing in the hut is eligible for the scheme. Both the structure and the slum dwellers are protected.
3.	Rehabilitation Tenement Density No Provision.	500 tenements pre net hectare, additional tenements being used as tenements for Project Affected Persons (PAP)
4.	FIS Maximum upto 2.5 subject to condition that profit does not exceed 25%.	FSI is in the form of prescribed rehabilitation to sale ratios as under: Suburbs : 1:1 City : 1:0.75 Difficult area : 1:1.33 No restriction on profit & FSI. However, in situ consumption of FSI restricted upto 2.5.
5.	TDR No TDR	TDR is available against free sale component. i) As spill over i.e. above 2.5 FSI ii) Due to physical or economic constraints, even below 2.5 FSI
6.	Balwadi, Welfare Centre No Provision	1 Balwadi for 100 tenements. 1 Welfare Centre for 100 tenements.
7.	A self contained tenement of 180 to 225 sq.ft carpet area at the cost of about Rs.15,000/- per slum dwellers.	A self contained tenement of 225 sq.ft carpet area of cost.
8.	Deposit & Infrastructural Charges No Provision.	Rs.20,000/- per rehabilitation renelement and Rs.840/- per sq.m. on additional built up area as development charges (i.e. above permissible FSI of the zone).
9.	Construction of permanent Transit Tenements. No Provision.	Additional FSI of 1.5 over and above permissible FSI of the zone on a vacant plot in suburbs subject to handing over 50% tenements to SRA.
10.	Provision of Clubbing of Two Different Schemes. No Provision.	Provision for clubbing two SRA schemes having the same rehabilitation to sale ration.
11.	Approval. The proposal was approved by SRD Committee.	The proposal is approved by CEO, SRA as a single window scheme as per transparent norms laid down by DCR No.33 (10).

Other Salient Features of final DCR 33(10) & 33(14).

- i) A provision is also made in the regulation for construction of transit accommodation, by sanctioning additional FSI on open lands to the owner / developer so as to increase the availability of transit accommodation.

- ii) The commercial users in the slum who have document of proof to prove their existence as on 1st January 1995 have been given protection and they are being offered existing area or 225 sq.ft carpet area, whichever is less, free of charge. Any area in excess of 225 sq.ft to the extent of existing area may, if required be sold on preferential basis at the rate of commercial area in the free sale component.
- iii) The residential tenements, balwadis and welfare centers have to be uniform sizes of 225 sq.ft. carpet area.
- iv) There is no limit on FSI to be permitted for the scheme as it depends on the number of slum dwellers to be accommodated on a given site. The Built-up Area to be consumed on site is, however, restricted to 2.5, FSI. The remaining Built-up Area can be taken as Transferable Development Rights (TDR).
- v) The entire sale Built-up Area need not be constructed in situ and full sale component or part thereof can be taken as TDR, if there are physical or economic constraints.
- vi) If the slum is spread on part or parts of C.S.No. or C.T.S. No. or S.No. it shall be treated as natural sub-division.
- vii) The clubbing of two slums in the same ratio zone is made permissible i.e. where ratio of rehabilitation sale is the same. Thus any non workable scheme in the northern limits of Greater Mumbai can be clubbed with workable scheme in the southern side of the slum under reference but in the same ratio zone.
- viii) The applicability of the infrastructural charge of Rs.840/- per sq.m. has been modified so that the same is now chargeable only on additional Built-up Area over the permissible FSI of the zone. Suitable installments have been given in respect of the amount to be paid to SRA upfront viz. Rs.20,000/- per rehabilitation tenement as deposit and Rs.840/- per sq.m. as infrastructural charges.
- ix) Slum pockets on Municipal Corporation / MHADA lands, if found adjoining a non slum land can be taken up for joint development under DCR 33(7) & 33(10).
- x) When slum situated on a reserved plot owned by a public authority and needed for vital public purpose is rehabilitated on an unencumbered plot by a developer, he will be entitled to get the benefit of TDR of Slum Rehabilitation and TDR for the plot which he surrenders.
- xi) Slum rehabilitation schemes can also be taken up of slums situated on lands falling under various reservations/zones in the Development Plan of Greater Mumbai as per Government Notification dated 3rd June 1992 (Appendix B).
- xii) The TDR generated from the slum rehabilitation schemes can be used.
 - (a) On any plot in the same ward in which TDR has originated, but not in Island City.
 - (b) On any plot towards the north of the plot but not in the Island City.
 - (c) In any zone without any restriction of zone from which it is generated.

However, it cannot be used on –

- i) Areas in the coastal regulation zone, no development zone, tourism development zone and areas where Mumbai Metropolitan Regional Development Authority is a Special Planning Authority.
- ii) On plots where slum rehabilitation scheme has been taken up or is possible.
- iii) Area where the permissible FSI is less than 1.00 except in 'M' Ward.
- iv) Heritage building and precincts notified under DCR No.67
- xiii) Conversion of SRD Scheme to SRA Scheme : DCR 33(10) has also provided for conversion of old SRD Scheme to new SRA scheme in clause 10.1. As per this provision, conversion is permissible provided full occupation certificate has not been given in the SRD scheme and conditions relating to payment of Rs.20,000 per rehabilitation tenement and Rs.840 per sq.m. for the Built up Area above the permissible FSI, is complied with.

IV. PROCEDURE FOR SUBMISSION, PROCESSING AND APPROVAL OF SLUM REHABILITATION SCHEMES

1. All slums and pavements whose inhabitants' names and structures appear in the electoral roll prepared with reference to 1st January, 1995 or a date prior thereto and who are actual occupants of the hutments are eligible for the slum rehabilitation scheme.
2. 70% or more of the eligible hutment-dwellers in a slum or pavement in a viable stretch at one place have to show their willingness to join slum or pavement in a viable stretch at one place have to show their willingness to join slum rehabilitation scheme and come together to form a co-operative housing society of all eligible hutment-dwellers a resolution to that effect. The following resolution should be adopted:
 - (a) Resolution electing a Chief Promoter
 - (b) Resolution giving the chief promoter authority to apply for reservation of name for cooperative housing society.
 - (c) To collect share capital (Rs.50/- per member for slum societies) and Rs.1/- as entrance fee and to open account in Mumbai District Central Co-operative / Maharashtra State Co-operative Bank Ltd. (any branch).
3. The chief promoter, office bearers and the members of the proposed society should collect the documents such as 7/12 extract and the PR card of the plot on which the slum is situated. They should then get the plot surveyed/measured and prepare map of the plot showing slum structures therein with the help of surveyors attached to the office of Additional Collector (Encroachment) or the Deputy Collector (Encroachment) of the Zone.
4. While undertaking the survey, they should collect the information of the proposed members / slum-dwellers and fill up Annexure-II prescribed by SRA. Annexure-II gives the details of land occupied by the slum-dwellers, number and type of structures such as residential, industrial, commercial, amenity structures etc. and the list of eligible and ineligible occupants and consent of slum-dwellers to join the scheme. Earlier the promoter / co-operative housing society had to first approach the different Component Authorities namely Additional Collector for the slums on government and private lands and the land owning authorities for the slums on different public authority lands, for obtaining certified Annexure-II, before they could put in application for slum rehabilitation scheme to SRA. As a simplification measure, this procedure is now discontinued and Annexure-II format is now required to be filed up by the promoter / cooperative housing society itself for submitting building proposal to SRA, so that the scrutiny of the proposal and certification of Annexure-II can start simultaneously. Annexure-II needs to be submitted in duplicate. As a measure of further simplification, Additional Collector (Encroachment) is being designated as the sole Competent Authority for deciding eligibility and for taking eviction action against non-participants in slum rehabilitation schemes.
5. the chief promoter and the office bearers of the proposed society should then apply for name reservation of the proposed cooperative housing society along with the self prepared Annexure-II and the required resolutions to the Assistant Registrar of Co-operative Societies. To facilitate this, office of the Assistant Registrar has been started in SRA itself. It is no longer necessary to approach different offices of the Co-operation Department for this purpose. The Assistant Registrar / SRA will issue a letter reserving the name for the proposed co-operative housing society and permission to open a bank account in the proposed society's name.
6. While the above steps are being taken, the decision to search a competent developer to act as a promoter has to be taken up by the proposed co-operative housing society of slum dwellers. The society itself or an NGO / developer / owner can take up slum rehabilitation scheme as a promoter.
7. The promoter so chosen has to enter into agreement with every eligible slum-dwellers while putting up slum rehabilitation proposal to SRA for approval. SRA is in the process of trying to evolve standard formats for the following four types of agreements required in the schemes, with the approval of the State Government.

- a) Consent-cum-agreement between the promoter and the slum-dwellers.
 - b) Development rights/agreement to lease between the promoter and the land owning authority.
 - c) Lease agreement between the land owning authority and the cooperative society of slum dwellers
 - d) Lease agreement between the land owning authority and the cooperative society of free sale tenement buyers.
8. The Promoter has also to appoint an architect in consultation with the proposed co-operative housing society of slum-dwellers to prepare the plans of development of the slum area as per the DCR-33(10). It is expected that the architect ensures community participation in preparation of the building plans. All required documents such as building plan, layout plan, PR Card etc. along with Annexure-I, Annexure-II and Annexure-III are to be submitted to SRA by the architect along with an application for the slum rehabilitation scheme. A check list of all such documents required for submission is available in SRA office.
 9. Annexure-I gives details about ownership of land, details of plot area, details of existing hutments and their type, computation of tenement density, extent and type of reservations, amenities, FSI available, number of tenements to be constructed including calculation of TDR etc.
 10. Annexure-III is prescribed to assess the financial capability of the promoter. The items contained in Annexure-III are self explanatory. Keeping in view the sensitivity of this information, it is kept strictly confidential by SRA. (the formats of Annexure-I, and III at Appendix – C).
 11. After a pre-scrutiny by a designated engineer of SRA, to ensure completeness of the proposal submitted, so far as documents are concerned, proposals are accepted. Then a computerized file number is allotted to the scheme on payment of scrutiny fees which are charged at half the rate of the Municipal Corporation's general building permission fees. Upon acceptance, the scrutiny of Annexures, I, II and III start simultaneously in the Building Permission Wing, Eligibility Certificate Wing, and Accounts & Finance Wing respectively.
 12. Earlier, Letter of Intent conveying approval to the scheme, approval to the Layout, building wise plan approval (Intimation of Approval) and Commencement Certification were different stages of approval in the scheme, each having a long validity period. To spend up the actual commencement of building construction work on site, architects have been advised to submit slum rehabilitation proposals complete in all respects to enable SRA to give all the four approvals, at least for the first rehabilitation building, at one go. The validity period of the approval has been reduced from one year to 3 months. Circular number 4 dated 27th August, 1997 has been issued by SRA detailing the simplified procedure (Appendix-D).
 13. In the slum rehabilitation scheme, the promoter is required to deposit Rs.20000 per rehabilitation tenement with SRA as per the time schedule laid down by Chief Executive Officer of SRA. The promoter is also required to pay an amount of Rs.840 per sq.m. for the built up area over and above the normally permissible FSI, for the rehabilitation and free-sale tenements. After elaborate discussions with all concerned, suitable deferments on the statutory payments and flexibility in the instalments of such payments have been provided by SRA (Circular No.7 dated 25th November, 1997 is at Appendix-E).
 14. Providing temporary transit accommodation to the slum-dwellers, during the construction of rehabilitation and free-sale tenements, is the responsibility of the promoter. SRA facilitates obtaining constructed transit tenements, if available, by recommending the same for allotment to MHADA. SRA also helps in getting no objection certificates from public authorities on nearby identified public authority lands, for putting up temporary transit structures. These structures area required to be demolished and cleared after completion of the slum rehabilitation scheme.
 15. While applying for occupation certificate of rehabilitation building, the architect is expected to give the details of tenement allotments, done by the cooperative society by drawing lots, in the joint names of the head of the household (pramukh) and his/her spouse. SRA will generate computerized identity cards in the joint names of pramukh and spouse and hand over the same to each allottee family. The card will clearly mention that the rehabilitation tenements cannot be sold/leased/

assigned or transferred in any manner for ten years (except to legal heirs) and tenements illegally transferred will be taken over by SRA. Any change of allotment within the members of the cooperative society, has also to be with the prior permission of SRA.

V. OTHER FACILITATION MEASURES

Registration of Co-operative Societies:- The office of the Assistant Registrar of Co-operative Societies / SRA will be responsible for the registration of Co-operative societies of slum-dwellers as well as the free-sale tenement buyers. A checklist of documents required to be submitted with the application for registration can be obtained freely from the SRA office. Once the scheme has been approved by SRA and the construction work of rehabilitation building has started, the promoter should take steps for registration of the cooperative society of the slum dwellers.

Final demarcation and change in record of rights:- The land management wing of SRA will assist in the demarcation of plot boundaries, land lease and change in the record of rights. While implementation of the scheme (obtaining commencement certificate, arranging for transit tenements, construction of buildings, etc.) is in progress, the promoter should arrange to get the plot / land finally surveyed and measured through the concerned Superintendent of Land Records. This survey alone would be considered valid for finally calculating and granting the permissible FSI on the plot and also for the purpose of land lease to the co-operative society of slum dwellers and free-sale buyers. In case of any difficulty in this regard, the City Survey Officer / SRA in the land management wing, would help to follow up the matter with the Superintendent of Land Records and his field staff in the respective Collectorates of Mumbai Island City and Mumbai Suburban District.

Leasing of Land and transfer in record of rights:- When the rehabilitation component is nearing completion, the promoter should apply through SRA to the land owning authority for the lease of land. Slum lands belonging to the State Government, Municipal Corporation, MHADA and other public bodies under the State Government, will be leased initially for 30 years, to be renewed for another 30 years, at a nominal lease rent of Rs.1001 for 4000 sq.m. of land for both the rehabilitation and free-sale components. The question of lease in case of private lands would not arise. The promoter, however, has to obtain the consent of the private land owner before taking up a rehabilitation scheme and get the land transferred in the name of the co-operative societies of the slum-dwellers and the free sale buyers once the scheme is completed. Once lease deed in respect of the public slum-lands or transfer in respect of private slum-lands is completed, the society will apply to the Superintendent of Land Records of Mumbai Island City and Mumbai Suburban District for change in the record of rights i.e., in the property card. City Survey Officer / SRA will provide necessary guidance, assistance and follow-up in this matter and will also ensure that the FSI used and TDR taken on the plots (both rehabilitation and free-sale plots) are correctly reflected in the PR cards.

Reduction in Stamp Duty:- As pointed out earlier, there are four types of agreement documents that need to be executed in the implementation of slum rehabilitation schemes. All these documents attract the provisions of Bombay Stamp Act, The general rate of stamp duty for these documents attract the provisions of Bombay Stamp Act. The general rate of stamp duty for these documents would turn out to be a substantial amount. Since the slum-dwellers get the allotment of tenement free of cost, it would be unfair to expect them to pay stamp duty at the prevailing rates.

In order to reduce the burden of stamp duty, the State Government has accepted the proposal of SRA, used its powers under section 9 of the Bombay Stamp Act, 1958 and decided to reduce the stamp duty on the instruments executed for the purposes of rehabilitation of slum-dwellers to Rs.100 only.

Reduction in Property Taxes:- Once the rehabilitation building is complete, the Municipal Corporation assesses the building for levy of property tax, water tax, education cess, tree tax, street tax, etc. These taxes at a general prevailing rates would have required the slum dwellers to shell out substantial money. It would have been quite difficult for the slum-dwellers to bear this burden. While slum rehabilitation schemes will make slum-dwellers to bear this burden. While slum rehabilitation schemes will make slum-dwellers responsible tax paying citizens of Bombay, it is the responsibility of SRA to see that the tax burden does not become unbearable for the slum dwellers who would then be compelled to illegally sell of their tenements. Due to SRA's initiative, the State Government has now taken a decision to reduce the rates of property taxes on the buildings constructed under the slum rehabilitation schemes to 20% of the prevailing rates of property taxes. (Copy of Government Notification dated 7th November, 1997 at APPENDIX-F).

Eviction of eligible but non-participant slum-dwellers :- A special wing has been started in SRA under the Additional Collector to tackle and remove the hurdles and obstructions being created sometimes by a few slum dwellers with vested interests. There is already a legal procedure laid down for taking action against such non-participants in the DCR 33(10). SRA assures the promoters of slum rehabilitation schemes with prompt action, in such eventualities.

The measures adopted by SRA are steps towards simplification, transparency and expedient facilitation. In the true spirit of a facilitator, SRA continuously welcomes suggestions from architects/developers/NGOs/co-operative societies of slum-dwellers and all well wishers, in order to help SRA in the successful implementation of the slum rehabilitation schemes.

VI. CONCLUSION

No human being willingly lives in filth. Therefore, SRA firmly believes that getting the willingness of 70% of the slum-dwellers in any viable stretch of slum land, to join the scheme, should not be difficult especially since the rehabilitation tenements are given free to the slum dwellers.

Mumbai, we all know, has one of the highest real estate prices in the world. Although the conditions in the real estate market currently are depressed, the slum rehabilitation schemes are still, not only economically viable but assure the promoters handsome profits. The scheme will usher in better health, cleaner environment, a new self respect for the people and last but not the least social justice for the downtrodden. In short, it is a win-win situation for everyone.

Upto 1st December, 1997, SRA has approved 316 proposals which when completed would rehabilitate 67,400 slum-dwellers families and also create equivalent free-sale housing stock. The commencement certificate have been given at 135 locations in respect of about 14,000 rehabilitation tenements out of which actual construction work has begun at 101 locations. SRA is confident that the series of facilitation measures it has taken, would speed up the pace of implementation of the slum rehabilitation schemes in Greater Mumbai. Let us all come together to make it successful.

URBAN DEVELOPMENT DEPARTMENT
Mantralaya, Mumbai 400032, dated 15th October, 1997.

MAHARASHTRA REGIONAL AND TOWN PLANNING ACT, 1966.

No. DCR-1095/1209/CR-273/95/UD-11:- Whereas Government of Maharashtra vide Notification of Urban Development Regulations for Greater Mumbai, 1991 (hereinafter referred to as "the said

regulation”) as part of Development Plan for Greater Mumbai which came into force with effect from 25th March 1991;

And whereas, Government of Maharashtra vide Notification of Housing and Special Assistance Department No. SRP.d1095/CR37/Housing Cell, dated 16th December, 1995 has appointed ‘Slum Rehabilitation Authority’ (hereinafter referred to as “the said Authority”) under the provisions of section 3-A of the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act, 1971;

And whereas, according to the provisions of Chapter III of the Mumbai Municipal Corporation and the Maharashtra Regional and Town Planning (Amendment) Act, 1995 the said Authority has been granted the status of Planning Authority for the purpose of slum rehabilitation in Brihan Mumbai.

And whereas, the said Authority has been empowered to initiate modification to the said Regulation under the provisions of sub-section (1-B) of section 37 of the said Act has directed the said Authority to initiate a proposal for modification, (hereinafter referred to as “the said modification”) in regard to slum redevelopment.

And whereas, the said Authority vide Resolution No.1/6 dated 15th March 1996 has decided to initiate the said modification to the said Regulations under section 37 (B) of the said Act.

And whereas, the said Authority has published a Notice for inviting suggestions / objections on the said modification from the public in Maharashtra Government Gazette, dated 25th April, 1996 and in the Marathi daily ‘Loksatta’, dated 3rd May 1996 and in the ‘Times of India’, dated 7th May 1996.

And whereas, after considering the suggestions/objections received within the prescribed time limit the said Authority in its meeting held on 20th July 1996 has approved the said modification with some amendments and submitted the revised modification to the State Government for final sanction on 25th July, 1996.

And whereas, the revised modification as submitted to it by the Slum Rehabilitation Authority was published for inviting suggestions/objections from the public as laid down in the section 37(2) of the said Act by Government of Maharashtra in Urban Development Department by the notice of even No. dated 27th August 1996 appeared in Maharashtra Government Gazette, Extraordinary, part-1, (Konkan Divisional Supplement), Page No.158-169 of 28th August 1996 (hereinafter called as “the said revised modification”).

And whereas, considering the urgency, Government in Urban Development Department brought the said revised modification into operation with effect from 15th October, 1996 as per the Government Order No. DCR-1095/1209/CR-273/95/UD-11, dated 15th October, 1996, and further order dated 6th February, 1997 till the final sanction is accorded by Government to the said revised modification.

And whereas, after considering the objections/suggestions and the report of Director of Town planning on the said revised modification, Government is of the opinion that expect the provisions regarding “relaxation in building and other requirements” in clause No.6.1 to 6.26 of the Annexure-IV annexed to DCR No. 33(10) of the said revised modification test of the provisions contained in the said revised modification be sanctioned with some amendments and sanction to the provisions contained in Clause No. 6.1 to 6.26 of the Annexure –IV annexed to the DCR No.33 (10) of the said revised modification shall be kept pending for further enquiries and till then, the provisions contained in Clause No. 6.1 to 6.26 of the Annexure –IV of the said revised modification published on 27th August 1996 appeared in Maharashtra Government Gazette, dated 28th August, 1996 shall remain in operation as per the directives given by Government in Urban Development Department under its order of Even No. dated 15th October, 1996 and further Order dated 6th February, 1997.

Now therefore, in exercise of power conferred by sub-section (2) of section 37 the said Act the Government of Maharashtra hereby.

- (a) Sanctions the said revised modification as specified in the Annexure appended hereto of the said revised modification, subject to the condition that the provision of Clause 6.1 to 6.26 of the Annexure IV of DCR No. 33(10) published on 27th August, 1996 and appeared in Maharashtra Government Gazette, dated 28th August, 1996 shall remaining the operation as per Government directives dated 15th October, 1996 and further Order dated 6th February, 1997 till final sanction to the same is accorded, and.
- (b) Fixes this day to be the date on which these revised modified regulations shall come in to force.

Note : - Copies of the modified DCR Greater Mumbai 1991, as sanctioned by the Government are kept for sale at the Government Printing, Stationary and Publication Branch, Netaji Subash Road, Charni Road, Mumbai – 400 004 and shall be kept open for inspection by the public during working hours for a period of one year at the office of the Chief Engineer (Development Plan), Municipal Corporation of Greater Mumbai, Head Office Deputy Director of Town Planning, Greater Mumbai, ENSA Hutment 'E' Block, Azad Maidan, Mahapalika Marg, Mumbai – 400 001. Collector, Mumbai Island City, Old Custom House, Mumbai – 400 023, Collector, Mumbai Suburban District, Mumbai Metropolitan Region Development Authority Building, Bandar (East), Mumbai – 400 051; Additional Collector (ENC), Old Custom House, Mumbai – 400 023, Chief Executive Officer, Slum Rehabilitation Authority, 5th floor, MHADA Building, Bandra (East), Mumbai – 400 051.

ANNEXURE

Development Control Regulation No.33 (10)

I. Eligibility for redevelopment scheme:

- (a) For redevelopment of slums including pavements, whose inhabitants' names and structures appear in the electoral roll prepared with reference to 1st January, 1995 or a date prior thereto, but where the inhabitants stay at present in the structure, the provisions of Appendix IV shall apply on the basis of a tenement in exchange for an independently numbered structure.
- (a) Subject to the foregoing provisions, only the actual occupants of the hutment shall be held eligible and the so called structure-owner other than the actual occupant if any, even if his name is shown in the electoral roll for the structure, shall have no right whatsoever to the reconstructed tenement against that structure.

II. Definition of slum, Pavement and Structure of hut :

- (i) For this purpose, slums shall mean those censused, or declared and notified, in the past or hereafter under the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act, 1971. Slum shall also mean area / pavement stretches hereafter notified as Slum Rehabilitation Areas.
- (ii) If any area fulfils the condition laid down in section 4 of the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act, 1971 to qualify as slum area and has been censused or declared and notified shall be deemed to be and treated as Slum Rehabilitation Areas.
- (iii) Slum rehabilitation area shall also mean any area declared as such by the Slum Rehabilitation Authority though preferably fulfilling conditions laid down in section 4 of the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act, 1971 to qualify as slum area

and/or required for implementation of any slum rehabilitation project.

- (iv) Any area required or proposed for the purpose of construction of temporary or permanent transit camps and so approved by the Slum Rehabilitation Authority shall also be deemed to be and treated as Slum Rehabilitation Areas, and projects approved in such areas by the Slum Rehabilitation Authority shall be deemed to be Slum Rehabilitation Projects.
- (v) A pavement shall mean any Municipal / Government / Semi-Government pavement, and shall include any viable stretch of the pavement as may be considered viable for the purpose of Slum Rehabilitation Scheme.
- (vi) A structure shall mean all the dwelling areas of all persons who were enumerated as living in that one numbered house in the electoral roll of the latest date, upto 1st January, 1995 and regardless of the number of persons, or location of rooms or access.
- (vii) A composite building shall mean a building shall mean a building comprising both rehab and free-sale components or part thereof in the same building.
- (viii) Censused shall mean those slums located on lands belonging to Government, any undertaking of Government, or Brihan Mumbai Municipal Corporation and incorporated in the records of the land owning authority as having been censused in 1976, 1980 or 1985 or prior to 1st January, 1995.

III. Joint ownership with spouse : The reconstructed tenement shall be of the ownership of the hutment dweller and spouse conjointly, and shall be so entered and be deemed to be so entered in the records of the co-operative housing society, including the share certificates or all other relevant documents.

IV. Denotification as Slum Rehabilitation Area : Slum Rehabilitation Authority on being satisfied that it is necessary so to do, or when directed by the State Government, shall denotify the slum rehabilitation area.

APPENDIX IV

1. **Applicability of the provisions of this Appendix :** The following provisions will apply for redevelopment/construction of accommodation for hutment/payment-dwellers through owners/developers/co-operative housing societies of hutment/payment-dwellers/public authorities such as MHADA, MIDC, MMRDA etc./Non-Governmental Organisations anywhere within the limits of Brihan Mumbai, However. NGO should be registered under the Maharashtra Public Charitable Trusts Act, 1961 and the Societies Registration Act, 1960 at least for the last five years or be certified by Nirmala Niketan College of Social Work. Notwithstanding anything contained above, the said NGO's name should also be got approved by SRA.

RIGHT OF THE HUTMENT DWELLERS :

- 1.1. Hutment-dwellers, in the slum or on the payment, eligible in accordance with the provisions of Development Control Regulation 33 (10) shall in exchange for their structure, be given free of cost a residential tenement having a carpet area of 20.90 sq.m. (225 sq.ft.) including balcony, bath and water closet, but excluding common areas.
- 1.2 Even those structures having residential areas more than 20.90 sq.m. will be eligible only for 20.90 sq.m. of carpet area. Carpet area shall mean exclusive of all areas under walls including partition walls if any in the tenement. Only 20.90 sq.m. carpet area shall be given and if proposal contains more area, it shall not be taken up for consideration.

- 1.3 All eligible hutment dwellers taking part in the slum rehabilitation scheme shall have to be rehabilitated according to the provisions in this Appendix. It may be in-situ and in the same plot as far as possible.
- 1.4 payment-dwellers and hutment dwellers in the slum on lands required for vital urgent public utility/ purpose or on the hazardous location shall not be rehabilitated in-situ but in other available plots and in accordance with these Regulations.
- 1.5 A certified extract of the relevant electoral roll shall be considered adequate evidence to establish the eligibility of a person provided he is found residing in the structure. This is to avoid the possibility of persons who have left the structure coming back to claim free tenement under the scheme even though they have in the normal course left the slum and gone away into a proper non-slum area or out of Brihan Mumbai. If hutment dwellers are found resident in the structure, but the names are on the electoral roll on or prior to 1st January, 1995 at another slum/payment site in Brihan Mumbai, they shall be considered eligible but only at the place of present residence. In case of doubt or dispute, the decision of the Competent Authority to be appointed by the Government in Housing and Special Assistance Department shall be final and binding on all the parties concerned.
- 1.6 An individual agreement shall be entered into by the owner/developer/co-operative housing society/ NGO with the eligible hutment-dwellers of each structure in the slum/pavement.
- 1.7 The individual agreement entered into between hutment-dweller and the owner/developer co-operative housing society/NGO shall be in the joint names of pramukh hutment-dweller and spouse for every structure.
- 1.8 Hutments having a physically handicapped person, or female headed households shall be given first preference in allotment of tenements. Thereafter lots shall be drawn for allotment of tenements from the remaining tenements to the other hutment-dwellers. The details about the specific tenement allotted should be given to the hutment-dwellers preferably before shifting them to the transit tenement.
- 1.9 Transfer of Photopasses- Since only the actual occupant at present will be eligible for redevelopment, there shall be no need to regularize the transfers of photopasses that have occurred so far. A photopass will be given after the new tenement has been occupied.
- 1.10 Any person whose name is enrolled in a non-slum area in Brihan Mumbai but has purchased a hutment and therefore got his name also included in electoral roll for the slum area, i.e. he has his name in the electoral roll at two places, he shall not be held eligible for the scheme.
- 1.11 **Ownership and terms of Lease-** The part of Government/MCGM/MHADA land on which the rehabilitation component of the slum Rehabilitation Scheme will be constructed shall be leased to the Co-operative Housing Society of the slum-dwellers on 30 years lease at the lease rent of Rs. 1001 for 4000 sq.m. of land or part thereof and renewable for a further period of 30 years. The same conditions shall prevail for the land under the free sale component and the land shall be leased directly to the Society/Association of the purchasers in the free sale component and not through the society of hutment dwellers, and pending the formation of the Society/Association of the purchasers in the free sale component, it shall be leased to the Developer. The said lease deed shall be executed within 60 days from the date of building permission being issued.
- 1.12 **Automatic cancellation of Vacant Land Tenure-** If any land or part of any land on which slum is located is under vacant land tenure the said tenure/lease created by Brihan Mumbai Municipal Corporation or Municipal Commissioner shall stand automatically terminated as soon as slum rehabilitation scheme, which is a public purpose, on such land is prepared and submitted for approval to the slum Rehabilitation Authority. Any arrears of dues to be collected by Brihan Mumbai Municipal Corporation shall not be linked to the issue of any certificate or NOC relating to the slum Rehabilitation Project.
- 1.13 Recovery of pending dues such as assessment, compensation, occupational chares, non-agricultural tax/dues etc. pending with public authorities such as State Government, MHADA , and /or Municipal Corporation shall be dealt with separately and not be linked to grant of approval or building

permission to the slum rehabilitation projects.

- 1.14 A slum Rehabilitation Project shall be considered preferably when submitted through a proposed or registered co-operative housing society of hutment dwellers on site. The said society shall include all the eligible hutment dwellers on site when applied therefore, and/or other eligible and allotted by slum Rehabilitation Authority, as members of the society.
- 1.15 Where 70 percent or more of the eligible hutment-dwellers in a slum or pavement in a viable stretch at one place agree to join a rehabilitation scheme, it may be considered for approval.
- 1.16 In respect of those hutment-dwellers on site who do not join the Project willingly the following steps shall be taken :-
 - (i) Provision for all of them shall be made in the rehabilitation component of the scheme.
 - (ii) The details of the actual tenement that would be given to them by way of allotment by drawing lots for them on the same basis as for those who have joined the project will be communicated to them in writing by the Managing Committee of the Co-operative Housing Society.
 - (iii) The transit tenement that would be allotted to them would also be indicated alongwith those who have joined the Project.
 - (iv) If they do not join the scheme within 15 days after the approval has been given to the slum Rehabilitation Project on that site then action under the relevant provision including sections 33 and 38 of the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act, 1971 as amended from time to time, shall be taken and their hutments will be removed, and it shall be ensured that no obstruction is caused to the scheme of the majority of persons who have joined the scheme willingly.
 - (v) After this action under the foregoing clause is initiated, they will not be eligible for transit tenement along with the others, and they will not be eligible for the reconstructed tenement by lots, but they will still be entitled only to what is available after others have chosen which may be on the same or some other site
 - (vi) A pitch of about 3m x 3.5 m will be given elsewhere if and when available, and construction therein will have to be done on their own.
- 1.17 The Managing Committee of the proposed as well as registered Co-operative housing society of hutment dwellers shall have women to the extent of one-third of the total strength and actual members on the committee at any time.
- 1.18 Restriction on Transfer of Tenements : The tenement obtained under this scheme cannot be sold/ leased/assigned or transferred in any manner for a period of ten years from the date of allotment/ possession of the tenement. In case of breach of conditions, except transfer to legal heir, the tenement will be taken over by slum Rehabilitation Authority.

2. BUILDING PERMISSION FOR SLUM REHABILITATION PROJECT –

- 2.1 The proposal for each slum Rehabilitation Project shall be submitted to the slum Rehabilitation Authority with all the necessary documents, no-objection certificates, and the plans as may be decided by the Slum Rehabilitation Authority from time to time.
- 2.2 The approval to the Project shall be given by the slum Rehabilitation Authority within a period of 30 days from the date of submission of all relevant documents. In the event of a failure by slum Rehabilitation Authority to do so, the said approval shall be deemed to have been given, provided the project is in accordance with the provisions in this Appendix.
- 2.3 The slum Rehabilitation Authority while giving the approval may lay down terms and conditions as may be necessary.
- 2.4 The slum Rehabilitation Authority shall adopt the procedure laid down in the Maharashtra Regional and Town Planning Act, 1996 for giving building permission to any slum Rehabilitation Project under this Scheme.
- 2.5 On compliance with the terms and conditions, the building permission shall be given, in accordance with the provisions under section 45 of the Maharashtra Regional and Town planning Act, 1966 to

the Project under the slum Rehabilitation Scheme first to the Rehabilitation component and thereafter to the Free sale component subject to the provisions in clause below.

- 2.6 Correlation between Rehabilitation and free sale components : Building permission, for 10 percent. Of built up areas of both the rehab and freesale components may be given simultaneously and thereafter proportionately or as may be decided by the Chief Executive Officer, Slum Rehabilitation Authority.
- 2.7 Where there is no builder-developer but the Project is implemented directly by an NGO of established reputation, Chief Executive Officer, Slum Rehabilitation Authority may sanction 20 percent of the freesale component right in the beginning without waiting for any expenditure on the rehabilitation component, but the approval for remaining part of freesale component will be given only after at least 30 percent of rehabilitation component is completed on site.
- 2.8 As soon as the approval is given to the Project, no objection certificate, for building permission, of the landowning authority shall be given in respect of that slum located on lands belonging to any department, undertaking, gency of the State Government including MHADA or any local self-Government such as the Municipal Corporation within 30 days after the intimation of such approval to the Project is communicated. In the event of its not being given within the period, it shall be deemed to have been given.
- 2.9 Occupation certificate shall not be held up only for want of lease documents to be executed, in all slum rehabilitation projects taken up on lands belonging to any department, undertaking, agency of the State government, including MHADA, and any local self-Government such as the Municipal corporation.

3. REHABILITATION AND FREESALE COMPONENT –

- 3.1 FSI for rehabilitation of eligible slum/pavement-dwellers includes the FSI for the rehab component and for the freesale component. The ratio between the two components shall be as laid down hereinbelow.
- 3.2 Built-up area for rehabilitation component shall mean total construction area of rehabilitation component, excluding what is set down in 35 (2) of D.C. Regulations, 1991 but including area under passages, balwadis, welfare centers, society office, religious structures, 5 percent incentive commercial area for the co-operative society, and the further 5 percent incentive commercial area for the NGO wherever eligible.
- 3.3 In island City, if rehab component is 10 sq. metres of built-up area, then an additional 7.5 sq. metres built-up area will be permitted so that this additional 7.5 sq. metres can be utilised for disposal in the open market and the rehab component subsidised.
- 3.4 In suburbs and extended suburbs, if rehab component is 10sq. metres of built-up area, then and additional 10 sq. metre of built-up area will be permitted so that this additional 10 sq. metres can be utilized for disposal in the open market and the rehab component subsidised
- 3.5 In difficult areas which shall comprise of dharavi now and such other areas as may be notified by the slum Rehabilitation Authority hereafter, if the rehab component is 10 sq. metres of built-up area, then an additional 13.33 sq. metres of built-up area will be permitted and this area of additional 13.33 sq. metres can be utilized for disposal in the open market and the rehab component subsidised.
- 3.6 Provision in 3.3 to 3.5 hereinabove shall also apply to the sites where the slum Rehabilitation Project of eligible pavement dwellers will be implemented.
- 3.7 FSI to be sanctioned on a slum Rehabilitation project on a site may exceed 2.5.
- 3.8 Maximum FSI Permissible for consumption on the Plot : Even though the sanctioned FSI may be more than 2.5 FSI, the maximum FSI that can be utilized on any slum-site for the project shall not exceed 2.5 and the difference between sanctioned higher FSI and 2.5 if any, will be made available in the form of Transferable Development Right (TDR) in accordance with the provisions of Appendix VII.B The computation of FSI shall be done for both rehab and freesale components in the normal manner, that is giving the benefit of what is set down in DC Regulation No. 3652). While the areas

referred in sub-regulations No. 6.10 and 8.2 of this Appendix shall not be included for computation of FSI the said areas shall be included for computation of the rehab component 9of 10 sq. mt in sub-regulations 3.3 to 3.5 hereinabove.

- 3.9 Notwithstanding the provisions in 3.8 above, on account of constraints such as height restrictions, uneconomical site conditions, etc. if the full 2.5 FSI cannot be used on the same site, TDR may be allowed as may be necessary even without consuming FSI upto 2.5 on the same site. However, TDR may be allowed only when the frame work for one complete building in rehab component is constructed or when 10% of the rehab component has been constructed on site and the said TDR will not exceed 50 percent of the construction of rehab component at any point of time till the total rehab component has been completed. On completion of the total rehab component balance TDR will be allowed.
- 3.10 The rehabilitation component shall mean all residential tenements as well as non-residential built-up premises given free of cost in accordance with the provisions of the slum Rehabilitation scheme outlined in this Appendix excluding what is set down in D.C. Regulation 35(2) and excluding built-up area given for build able Development Plan reservations.
- 3.11 If rehabilitation project of a slum located on land belonging to public authority and needed for a vital public purpose, is taken up on an unencumbered plot in addition to the rehabilitation and freesale components as laid down hereinabove, TDR for the area of the land spared for this purpose shall also be sanctioned for the owner of the said unencumbered plot.
- 3.12 Minimum Density On The Including non-Residential Units : the Minimum density of rehabilitation component on plot shall be 500 tenements per net hectare, that is, after deducting all reservations actually implemented on site including the land appurtenant thereto but not deduction the recreational/amenity open space on the remaining area. If the number of tenements to be provided to the hutment dwellers is less than the minimum, the balance shall be handed over free of cost to the slum Rehabilitation Authority. The authority shall use them for the purpose of transit or Project-affected persons or pavement-dwellers or slum dwellers from other slums.
- 3.13 All non-residential built-up areas shall be included in the computation of minimum density but on the scale of 20.90 sq. mt. of carpet area being one tenement. In slums where the existing tenement density is already more than 500 percent hectare, the calculation of FSI for all purposes shall be on gross area, that is, without deducting any percentage for recreational/amenity open space. This shall not affect the requirement of physical keeping aside the said recreational/amenity open space on site, subject to the provisions in this appendix in that regard.
- 3.14 Amalgamation/Subdivision of plots and Balancing of FSI thereon : Any land declared as slum rehabilitation area or on which slum rehabilitation project has been sanctioned, if it is spread on part or parts of F.S. Nos. or CTS Nos. or S. Nos. shall be treated as natural amalgamation/subdivision/s of that C.S or CTS or S. No. F.P No. which no separate approval for amalgamation/subdivision of land would be necessary.
- 3.15 Boundaries and the measurement of plot areas of the slum Rehabilitation Area shall be declared by the competent authority after actual measurement of plot area on site and the same shall be adopted for planning purpose for calculation of density and floor space index.
- 3.16 The Chief Executive Officer, slum rehabilitation Authority may if required, adjust the boundary of the plot declared as slum rehabilitation area so as to suit the building design and provide proper access to the project.
- 3.17 After approval is given to the slum Rehabilitation Project, the area may be further subdivided if necessary to earmark separate plots for the rehab component and the freesale component. The Plot area and the built-up area in terms of square metres on the said plot shall be separately mentioned in the lease agreements and Record of Rights.
- 3.18 The Settlement Commissioner, Maharashtra State on payment of such fees as may be decided by Government ensure that the city Survey sheet and property cards are corrected accordingly and fresh property cards are opened for each of the plots giving details regarding the area of the plots

and the total area of the floors of the built-up property and TDR given that is, the FSI used on that plot.

3.19 Declaration of Additional Areas as Difficult Category : The slum Rehabilitation Authority may consider declaring additional areas as difficult and publish it in the maharashtra Government Gazette, provided the following criterion/criteria are fulfilled :-

(i) Overcrowding, High Density, and unhygienic conditions, or

(ii) To vacate land required for implementation of reservations for essential public purposes, or

(iii) Required for rehabilitation to avoid loss of human life :

Provided for difficult areas to be declared on account of overcrowding, high density and unhygienic conditions, the area required shall not be less than 40 hectares in one contiguous area fulfilling the conditions mentioned in (i) above.

4. TEMPORARY TRANSIT CAMPS

4.1 The temporary transit camp shall be provided on or close to the site itself, and if need be on the area of statutory open space to be left in accordance with D.C Regulation No. 23 on the plot.

4.2 On the slum site itself approved for rehabilitation multi-storied temporary transit tenement may be allowed to be constructed.

4.3 The area of temporary transit tenements shall be excluded from the computation of FSI, but the safety of the structure shall ensured.

4.4 Such building permission shall be given within 15 days from the date of application and after approval to the project by slum Rehabilitation Authority, failing which it shall be deemed to be given.

4.5 If a site reserved in Development plan for any buildable public purpose is vacant or partly encumbered, or it happens to be the unused portion of cemetery or other such public purpose for which it is reserved or is occupied by a public building such as market or library etc. at ground level. Temporary construction of transit tenements in such sites and on top of such existing public buildings may be allowed wherever possible.

4.6 On any nearby vacant site without any reservation in the Development plan construction of temporary transit tenements with the consent of the land-owners, made of light material shall be allowed upto an FSI of 2.5 and this shall be applicable in Island City as well as in suburbs and extended suburbs. Temporary shall mean made of detachable material such as tubular/prefabricated light structural.

4.7 In all such cases where the temporary transit camp is erected, the condition shall be that the Developer/society/NGO shall demolish the structures within 30 days of granting Occupation Certificate to the rehab buildings and the site should be brought back to the original state.

5. COMMERCIAL / OFFICE / SHOP / ECONOMIC ACTIVITY FREE OF COST

5.1 The eligible existing area under commercial/office/economic activity shall be computed on actual measurement/inspection, and/or on the basis of official documents such as Licence under the shops and Establishment Act, Electricity bills, Photopass etc.

5.2 In the rehabilitation component, the built-up area for commercial/office/shop / economic below, shall be given. Where a person has both residential and commercial premises without common wall between residential and commercial premises, for commercial/office/shop/economic activity in the slum/pavement, he shall be held eligible for a residential unit and also for built-up area for commercial/office/shop/economic activity, both free of cost.

5.3 Built-up area for commercial/office/shop/economic activity upto 20.90 (sq. ft.) carpet area or actual area whichever is less, shall be provided to the eligible person free of cost as part of the rehabilitation project. Any area in excess of 20.90 sq. mt. to the extent of existing area may, if required, be sold on preferential basis at the rate for commercial area in the freesale component.

- 5.4 Such area may be allowed on any side of the plot abutting 3.0 metre- wide pathway and deriving access from 3.0 metre-wide pathway/open space Back to back shopping on ground floor shall also be allowed for the purpose of rehabilitation. After exhausting these provisions it may be allowed on the first floor to the extent necessary,
- 5.5 Non-Conforming Activities : All activities which were previously existing shall be allowed to be relocated regardless of the non-conforming nature of the activities, except those which are hazardous and highly polluting, and except in cases where the alternative accommodation has already been allotted elsewhere by the Municipal corporation.
- 5.6 Convenience shopping in Free-sale Component : Convenience shopping in the free-sale component vide DCR 2(3) (20) shall be permitted along the layout roads. The chief executive Officer, slum Rehabilitation Authority may add to alter or amend the said list for convenience shopping.

5.7 Incentive Commercial Areas for Society and NGO

- (a) The Scheme, when undertaken by a Co-operative Housing Society of slum dwellers, may provide an additional 5 per cent built-up area on the rehabilitation area free of cost for commercial purpose, even where the site is in C-1 or C-2 zone. This area will be at the disposal of the Co-operative Housing Society of the Hutment-dwellers. The corpus amount shall not be spent, but the income from the property/corpus along shall be used by the Society for maintenance of the building and premises, and such other purposes as may be laid down by the Slum Rehabilitation Authority.
- (b) Where the scheme is undertaken by a Non-Government Organisation another additional 5 per cent built-up area on the rehabilitation area may be given free of cost for commercial purpose, even where the site is in C-1 or C-2 zone. This area shall be at the disposal of the Non-Governmental Organisation in consultation with the co-operative housing society.

6. RELAXATION IN BUILDING AND OTHER REQUIREMENTS

Note : Provisions contained in Clause 6.1 to 6.26 of the notice published by Urban Development Department under its No. DCR-1095/1209/CR-273/95/UD-11, dated 27th August, 1996 appeared in M.G.G. dated 28th August, 1996 are not sanctioned. However, they shall continue to remain in operation as per Government order No. DCR 1 (95)/1209/CR-273/95/UD-11 dated 15th October 1996 and further Order of Even No. dated 6th February, 1997 till the same are finally sanctioned. Extract of said Clause No.6.1 to 6.26 is enclosed at Annexure – A.

7. SLUMS AND DEVELOPMENT PLAN RESERVATIONS :

- 7.1 Slums situated in lands failing under various reservations/zones in the Development Plan shall be developed in accordance with the provisions of the notification, dated 3rd June 1992 issued under Section 31 of the Maharashtra Regional and Town Planning Act and as modified by the provisions in the present Appendix.
- 7.2 Slums in any zone shall be allowed to be redeveloped in-situ without going through the process of change of zone. In the free-sale component in any zone, in addition to residential user, all the users permitted for the original zone shall be permitted. For industrial user, the segregating distance shall be maintained from the existing industrial unit.
- 7.3 Any plot under non-buildable reservations admeasuring only upto 500 Sq. metres may be cleared by shifting the slum-dwellers from that site.

- 7.4 The stipulation of 33 percent of area under non-buildable reservation may be reduced to the extent necessary where there are height and such other restrictions.
- 7.5 For other buildable reservations on lands under slum where guidelines approved by Government under section 31 of the Maharashtra Regional and Town Planning Act are not available, built-up area equal to not more than 15 per cent area of the entire plot or 25 percent of the area under that reservation in that plot, whichever is less, shall be demanded free of cost by the Slum Rehabilitation Authority for the Municipal Corporation or for any other appropriate Authority.
- 7.6 Where DP road passed through slum rehabilitation area, the entire 100 per cent FSI of the road may be given in the same site, on the remainder of the plot.
- 7.7 Wherever slum and municipal/MHADA property are found together or adjoining, it would be eligible for redevelopment using provisions of both DCR -33(7) and of DCR – 33(10). Development of slum and contiguous non-slum area under any other provisions may be allowed together in order to promote flexibility of design as well as to raise more resources, provided the FSI on non-slum quantum of area shall be restricted to that permissible in the surrounding zone. Such a project shall be deemed to be a Slum Rehabilitation Project. The power under D.C. Regulation 11(4) for shifting and/or interchanging the purpose of designations/reservations shall be exercised by the Chief Executive Officer, Slum Rehabilitation Authority in respect of slum rehabilitation areas/projects.
- 7.8 In case of two or more number of slums taken up for development by same owner/developer/NOG/Co-operative Society of the Slum dwellers, both Rehab and Free Sale Components of the said slums can be combined and located in any proportion in those plots provided in any plot, the FSI does not exceed 2.5 subject to the condition that the said slums have the same ratio of Rehab component to Free Sale Component as laid down in the Clause 3.3 to 3.5 of this Appendix.
- 7.9 Slum Rehabilitation Permissible to Town Planning Scheme Plots : Slum Rehabilitation Project can be taken up on Town Planning Scheme plots also, after they are declared as slums/slum rehabilitation areas. Wherever Town Planning Scheme regulations so provide, there shall be no insistence on 15 percent recreational/amenity open space for FSI deduction.
- 7.10 Contravening structures in the adjoining final plots, if declared as a slum rehabilitation area by the competent authority, may be included in the Slum Rehabilitation Scheme in the relevant Final Plot of the Town Planning Scheme.
- 7.11 In case of a slum rehabilitation project adjoining railway tracks, a boundary wall of minimum 2.4 metres in height shall be constructed.
- 8. WELFARE HALL, BALWADI, SOCIETY OFFICE AND RELIGIOUS STRUCTURE**
- 8.1 There shall be a welfare hall in each Project as part of the rehabilitation component. It shall be at the rate of 20.90 sq.m. for every multiple or part of 100 hutment dwellers families, but located so as to serve all the floors and buildings equitably. In case of misuse, it shall be taken over by the Slum Rehabilitation Authority which will be competent to allot the same to some other organization/institution for public use. Balwadi shall also be provided for in a similar scale. An office for the Co-operative housing society shall be also constructed in accordance with D.C. Regulation No. 38(11). Religious structures existing prior to redevelopment, if allowed in accordance with the guidelines issued by Government from time to time as part of redevelopment shall not exceed the area that existed prior to redevelopment.

- 8.2 All the areas underlying welfare hall/s, society office, balwadi/s, religious structure/s, the commercial areas given by way of incentives to the co-operative society and the non-governmental organization shall be free of cost and shall form part of rehabilitation component and it is on this basis the freesale component will be computed. These provisions shall apply to construction of transit camps under DC regulation 33 (14) also.
- 8.3 Welfare halls, society office, balwadis and religious structure/s in the rehab component shall not be counted towards the FSI even while computing 2.5 FSI on site.
9. **PAYMENTS TO MADE TO SRA AND INSTALMENTS:**
- 9.1 An amount of Rs. 20,000 or such an amount as may be decided by the Government from time to time per tenement including the welfare hall and balwadi in rehab component as well as in the case of permanent transit camp tenements will have to be deposited by the owner/developer/society with the Slum Rehabilitation Authority, in accordance with the time-schedule for such payment as may be laid down by the Chief Executive Officer, Slum Rehabilitation Authority. However, by the time of completion of construction of tenements by the hutment dwellers, the total amount at the rate of Rs, 20,000 per tenement completed should have been deposited in full. The building permission for the last 25 percent of the free-sale component would be given only after all the required amount is deposited in full with slum rehabilitation Authority.
- 9.2 An amount of Rs. 840 per sq. mt. shall be paid by the Owner/Developer/Society/NGO for the built-up area over and above the normally permissible FSI, for the rehabilitation and freesale components. Similarly, it shall be paid for the built-up area over and above the normally permissible FSI for construction of transit camps in accordance with the provisions under DCR 33(14). This amount shall be paid to the slum Rehabilitation Authority in accordance with the time-schedule for such payment as may be laid down by the Chief Executive Officer, Slum Rehabilitation Authority, provided the instalments shall not exceed beyond the completion of construction. This amount shall be used for Schemes to be prepared for the improvement of infrastructure in slum or slum rehabilitation areas.
10. **CONVERSION OF OLD PROJECT INTO NEW PROJECT**
- 10.1 Wherever there is an application for conversion of the old project of slum redevelopment into the new, it shall be considered only if the full occupation certificate has not been given and provided the conditions relating to the payment of Rs.20,000 per tenement and Rs.840 per sq.mt. for the required built-up area are complied with, and subject to such other conditions as may be imposed by the Chief Executive Officer.
- 10.2 Notwithstanding anything contained in 10.1 above, for a period of one year from the date of coming into force of these regulations, there shall be an option to the Owners/Developers/Co-op. Societies of hutment dwellers/NGO's to seek modification in their Slum Redevelopment Schemes, already approved by the Committee appointed under Clause 18 of Appendix IV to the DCR 1991, for Greater Mumbai, within a total sanction of 2.5 FSI which CEO, SRA may approve subject to the condition that an amount of Rs.840 per sq.mt. shall be paid by the Owner/Developer/NGO/Society for the built-up area additionally granted while enhancing the FSI and further subject to any other additional terms and conditions as may be imposed by the CEO, SRA. The following appendix shall be added after Appendix VII now renumbered as Appendix VII-A.

APPENDIX VII-B

Regulations for the grant of TDR to the developers/Co-operative Housing Societies/NGOs in respect of slum rehabilitation scheme vide DCR 33 (10) and DCR 33(14).

1. The developer / society / NGO on a plot of land for which the Slum Rehabilitation Project is sanctioned under these Regulations shall be eligible for the award of TDR for the FSI, if any, in excess of 2.5 or as may be specifically permitted by the Chief Executive Officer, Slum Rehabilitation Authority.
2. DRC for the TDR will be issued by the Commissioner, Brihan Mumbai Municipal Corporation himself on recommendation by Chief Executive Officer, Slum Rehabilitation Authority. The FSI credit in square metres of built-up area will be stated in figures and in words, the place where TDR is earned.
3. The built-up area for the grant of DRC shall be equal to the FSI of the sanctioned Slum Rehabilitation Project allowed to be taken in the form of TDR.
4. When a buildable amenity on the reserved plot for which slum rehabilitation project is sanctioned and handed over for free of cost to the Municipal Corporation, the Commissioner may grant a further TDR due for the construction of the said amenity, and in accordance with the general policy of the Municipal Corporation in this regard.
5. A DRC will be issued only on the satisfactory compliance with the conditions prescribed in this Appendix as well as in Appendix IV.
6. If the holder of a DRC intends to transfer it to any other person/s he will submit it to the Commissioner with an appropriate endorsement of the new holder's name without such endorsement by the Commissioner himself, the transfer shall not be valid, and will be available for use only by the original holder.
7. A holder of a DRC who desires to use the FSI credit certified therein on a particular plot shall attach to his application for development permission valid DRCs to the extent required.
8. Irrespective of the location in which they originate. DRCs shall not be used in the Island City.
9. Notwithstanding any provisions contained in Appendix VII-A, the DRCs may be used.
 - (a) On any plot in the same ward in which TDR has originated, the ward not being the Island City.
 - (b) On any plot lying to the north wholly or partly of the plot in which TDR originated, the plot not being in the Island City.
10. A DRC shall not be valid for use on receivable plots in the area listed below :
 - (i) Coastal Regulation Zone-I and areas in NDZ, TDZ and the areas for which the MMRDA has been appointed as Special Planning Authority.
 - (ii) On plots where Slum Rehabilitation Projects have been taken up or are possible.
 - (iii) Areas where the permissible FSI is less than 1.0 FSI except "M" Ward.
 - (iv) Heritage buildings and precincts notified under DC Regulation No.67.
11. Notwithstanding the provisions in Appendix VII-A, sub-regulation 12, the use of DRC on the TDR receiving plot will be subject to the same regulations that are applicable to the TDR receiving plot. There will be no restrictions on which zone TDR can be received, except the provisions in sub-regulation 9 and 10 above.

12. The DRC may be used on one or more plots of land whether vacant or already developed by the erection of additional floors, or in any other manner consistent with these regulations, but not so as to exceed the FSI prescribed below.
 13. Any TDR receiving plot shall not be eligible for more than 100 per cent additional FSI in whichever combination TDRs are received provided at least 20 percent of the FSI shall be mandatory kept for use of TDR generated as surplus from slum rehabilitation scheme. The source of TDR could be from slum redevelopment, DP reservations or DP road going through TDR receiving plot.
 14. Before granting development permission to use TDR in full or in part, the Commissioner shall endorse in writing in figures and in words the quantum of DRC proposed to be utilised in the development permission.
 15. A DRC shall be issued by the Commissioner himself as a certificate printed on bond paper in an appropriate form prescribed by the Commissioner. Such a certificate shall be a transferable/negotiable instrument after due authentication by the Commissioner.
 16. The Commissioner shall maintain a register in a form considered appropriate by him of all transactions relating grant or utilization of DRCs arising out of slum rehab projects. From time to time at least once in three months these transactions shall be published in the Maharashtra Government Gazette for the information of the public, provided however the utilization of TDR/DRCs shall not be dependent upon any such publication.
 17. Wherever TDR arising out of slum rehabilitation project is received, the relaxation as required shall be given for such slum TDR on the same basis as for free sale component in the slum rehabilitation project.
- I. Following provision shall be added at Serial No. 3 in column No.4 Table 4 of DCR No.9 against entry at Serial No. 1(b) 1(c) at respective places :-
 - II. Following clause shall be added at Serial No. (14) after Serial No. (13) of DCR No.33 (14) Provisions relating to Transit Camp tenements for Slum Rehabilitation Scheme.
- (A) The FSI may be permitted to exceeded for the construction of Transit Camp Tenements as shown below :

Serial No. (1)	Location (2)	Total FSI (3)
1.	Suburbs and extended Suburbs	2.5
2.	Difficult areas comprising of Dharavi and such areas as may be notified by SRA from time to time	2.99
3.	Island City applicable only to lands belonging to Government and Public Sector undertakings.	2.33

- (B) The normally permissible FSI on the plot may be used for the purpose for which it is designed in the Development Plan.
- (C) The additional FSI could be used for construction of transit camp tenements having a carpet area of 20.90 sq.mtrs (225 sq.ft.) with the same specifications as for permanent slum rehabilitation

tenements, which will be used for the purpose of accommodating hutment-dwellers in transit on account of Slum Rehabilitation Authority. After that period, the tenements can be used by the owner for any purpose.

(D) Or, the additional FSI could be used in the following manner :

Serial No. (1)	Location (2)	Addl. FSI For SRA (3)	FSI for tenements component (4)	FSI for free sale (5)
1.	Suburbs and extended Suburbs	1.50	0.75	0.75
2.	Difficult areas comprising of Dharavi and such other areas as may be declared by SRA from time to time.	1.66	0.71	0.95
3.	Island City applicable only to Government and Public Sector undertakings.	1.00	0.57	0.43

Even in areas where the normally permissible FSI is less than 1.0, the additional FSI for permanent transit be mentioned as in 14 (D) above and the ratio between FSI for transit camps to be given free of cost and for sale shall remain the same as in the Table given herein above.

Provisions of Sub-regulation 8.1 of Appendix IV shall apply to these transit camps.

- (E) Only after the Transit camps are handed over free of cost to the Slum Rehabilitation Authority, the occupation certificate, water connection, power connection etc. for the other portion shall be given by the Appropriate Authority.
- (F) The additional FSI shall be permitted also in cases where construction has already taken place consuming full or part of the normally permissible FSI, provided 75% of the occupants / owners have no objection thereto.
- (G) For the purpose of slum rehabilitation projects, the temporary transit tenements will have to be provided on a temporary basis on or close to the site as far as possible.

III. Following provision shall be added at Sr. No. (xiv) after Sr. No. (xiii) of DCR No. 60.

(xiv) Construction of transit camp tenements required for implementation of Slum Rehabilitation Schemes provided the area is within No Development Zone, but restricted to within 100 metres from the periphery of No Development Zone towards the developed / non NDZ area.

ANNEXURE A

(Extract of Clause 6 of Appendix IV to the DCR 33 (10) published in Maharashtra Government Gazette, dated 28th August 1996)

6. RELAXATIONS IN BUILDING AND OTHER REQUIREMENTS

- 6.1 A multi-purpose room shall be allowed with size upto 12.5 sq.metres with a minimum width of 2.4 metres.
- 6.2 Separate kitchen shall not be necessary. Cooking space (alcove) shall be allowed without any minimum size restrictions. Where a kitchen is provided, the minimum area shall be 5 sq.metres provided the width shall be at least 1.5 metres.

- 6.3 There shall be no size restriction for bath or water closet unit. Moreover for bathroom, water closet or kitchen, there shall be no stipulation of one wall abutting open space, etc. as long as artificial light and ventilation through any means are provided.
- 6.4 In water closet, flushing cisterns shall not be essential and toilets without this provision may be permitted. Water closet seat shall be of a minimum length of 0.46 metres (18 inches).
- 6.5 A septic tank filter bed shall be permitted with a capacity of 150 litres per capita, where the municipal services are likely to be available within 4-5 years.
- 6.6 The minimum plinth height shall be 30 cm. and in areas subject to flooding the plinth shall be higher than the high flood level.
- 6.7 Single flight staircase, having a width of not less than 1.2 metre, without landing between floors shall be permitted.
- 6.8 In the rehabilitation component, lift shall not be insisted upon, upto ground plus five floors.
- 6.9 The provisions in DCR 38 (22) relating to balcony will apply to the scheme with the following modifications. There shall be no restriction on zone and balcony shall not reduce marginal open space to less than 1.5 metres. For calculating of area of 20.90 sq.metres the area of the balcony shall be included.
- 6.10 Areas of common passages not exceeding 2.0 metres in width provided in rehabilitation component to give access shall not be counted towards FSI even while computing 2.5 FSI on site.
- 6.11 Front and marginal open spaces : Irrespective of the height of the building in the rehab component or composite building, the front and marginal open space shall be 1.5 metre for these buildings.
- 6.12 Notwithstanding the provisions in DC Regulation 29, Table 10 where the location of the plot abuts DP Road, having width of 18.3 m. and above, the front marginal open space shall not be insisted upon beyond 3.0 metres, provided it is not an express highway or road wider than 52 m.
- 6.13 Where the location of the plot abuts a nallah; the marginal open space along the nallah shall not be insisted upon beyond 3 metres from the edge of the trained nallah.
- 6.14. The distance between any two buildings shall not be less than 3 metres.
- 6.15. It the building is more than ground plus 7 floors, the marginal open space shall be increased at the rate of 1 metre per floor.
- 6.16. A composite building shall contain at least 50 percent of the built-up area as rehabilitation components, provided it shall be reduced to 40 percent for the projects in difficult areas.
- 6.17. Wherever more than the minimum front and marginal spaces have been provided, such additional area provided may be considered as part of the amenity open space in the project comprising both rehabilitation and freesale components, and without charging any premium, in relaxation of the stipulations in DC Regulation No. 23, wherever necessary.

6.18. Pathways and means of access – The ratio between the length of the pathway and the width thereof shall be as follows :-

Length			Width
Upto 20 metres	...	...	1.5 metres.
Upto 30 metres	...	...	2.0 metres.
Upto 40 metres	...	...	2.5 metres.
Upto 50 metres	...	...	3.0 metres.

6.19. Between the dimensions prescribed for the pathway and marginal distances, the larger of the two shall prevail. The pathway shall act as access wherever necessary. The building shall be permitted to touch pathways.

6.20. The means of access shall be normally governed by the provisions of DC Regulation No. 22. However, in the Project, wherever the design of the buildings in the same land requires relaxation, it may be given. Access through existing pathways including the roads maintained under section 63K of the Brihan Mumbai Municipal Corporation Act, 1888 but not less than 3.6 m. in width, shall be considered adequate for any slum rehabilitation project, containing building having height upto 25 m. including stilts. High-rise building shall be permitted even with an access of 6.0 metre width, which is adequate for passage of a fire tender.

6.21. Only because of use of stilt in the rehabilitation building, if the height increased beyond 24 m. it shall not be considered high-rise building for the purpose of Fire Prevention regulations.

6.22. Even if the amenity space is reduced to make the Project viable, a minimum of at least 8 percent of amenity open space shall be maintained.

6.23. Premium shall not be charged for exclusion of staircase and lift-well etc. as covered under the provisions of DCC Regulation 33 (2) (c).

6.24. All relaxations outlined hereinabove shall be given to the rehabilitation component, and also to the composite building in the Project. Premium shall not be charged for all or any of the relaxations given hereinabove, or for any other mentioned in DC Regulation 35(2) (c).

6.25. Relaxations for the freesale component – Relaxation contained in sub-regulation No. 6.12, 6.13, 6.19, 6.20, 6.21, 6.22 above, as well as other necessary relaxation shall be given to the freesale components, on payment of 10 percent of the normal premium, both in the Island City and also in the suburbs and extended suburbs.

6.26. In order to make the Slum Rehabilitation scheme viable, the Chief Executive Officer of Slum Rehabilitation Authority shall be competent to make any relaxation wherever necessary for reasons to be recorded in writing.

By order and in the name of the Governor of Maharashtra.

K. NALINAKSHAN
Principal Secretary to Government

APPENDIX – B

URBAN DEVELOPMENT DEPARTMENT

Mantralaya, Bombay 400 032, dated the 3rd June 1992

Maharashtra Regional and Town Planning Act, 1966.

No. TPB – 4391/4080 (A)/UD-11 (RDP) – Whereas, in accordance with sub-section (1) of section 31 of the Maharashtra Regional and Town Planning Act, 1966 (hereinafter referred to as “the said Act”), the Government of Maharashtra has proposed to sanction policy guidelines for the Development Plan of Greater Bombay for implementation of allocated, designated/reserved sites occupied by slums, (hereinafter referred to as “the said policy guidelines”) under Government Notification, Urban Development Department, No. TPB – 4391/2009/CR-114/UD-11(RDP), dated the 19th December 1991, published in the Maharashtra Government Gazette, Part I, Konkan Divisional Supplement, dated 26th December 1991, at pages 216 to 223;

And whereas, the Government of Maharashtra had announced its intention to sanction the said policy guidelines as described in Schedule II of the Government Notice, Urban Development Department, No. TPB 4391/2009 (A)/CR-114/91/UD-11(RDP), dated 19th December 1991, published in the Maharashtra Government Gazette, Part I, Konkan Divisional Supplements dated 26th December 1991 and objections from nay person in respect of the said guideline as provided in second proviso to sub section (1) of section 31 of the said Act;

And Whereas, in accordance with sub-section (2) of section 31 of the said Act, Government had appointed an officer to hear the persons or person who submit objections or suggestions in respect of the proposed modifications and to submit objections or suggestions and his report to Government (hereinafter referred to as “the said officer”), vide Government Notification, Urban Department No. TPB – 4389/2009/CR-114/91/UD-11 (RDP), dated the 4th December 1991 published in the Maharashtra Governemnt Gazette, Part 1, Konkan Divisional Supplement, dated 26th December 1991 at page 226;

And whereas, in exercise of the powers conferred under the first proviso to sub-section (1) of section 31 of the said Act, the Government of Maharashtra by its Notification, Urban Development Department, No. TPB – 4392/716/UD-11 (RDP). Dated 31st March 1992, has extended the period for sanctioning the Revised Development Plan for a further period upto and inclusive of 30th June 1992;

And whereas, the Government of Maharashtra has in accordance with sub-section (3) of section 31 of the said Act, taken into consideration the objections and suggestions received and the report of the said officer;

Now, therefore, in exercise of the powers conferred by sub-section (1) of section 31 of the said Act and of all other powers enabling it in that behalf, the Government of Maharashtra hereby –

- (a) sanctions the policy guidelines for the Development Plan of Greater Bombay for implementation of allocated/ designed/ reserved sites occupied by slums specified in the Schedule below which shall be the final policy guidelines for the Development Plan of Greater Bombay for the said purpose;
- (b) Fixes the 19th day of July, 1992 to be the date on which the policy guidelines for Development Plan of Greater Bombay shall come into force.

SCHEDULE

*Policy Guidelines for the development Plan of Greater Bombay
for implementation of lands allocated to various
users designated/reserved sites occupied by slums*

PREAMBLE

It is a well-known fact that nearly 55% population of Greater Bombay does not have authorised shelter. Nearly 2,525 heclares of lands in the City are under slums. Lands occupied by slums are allocated for different users and are designated, reserved or allotted for various existing or proposed public purposes in the draft or final revised Development Plan of Greater Bombay.

Government of Maharashtra have, vide Urban Development Department Notification No. DCR 1019/RDP/UD-11, dated 20th February, 1991 sanctioned the Development Control Regulations for Greater Bomby, 1991. Therein sub-regulation (10) of Regulation 33 read with Appendix-IV provides for special provisions for slum redevelopment through owners/ developers/ co-operative housing societies of such slum dwellers. Under this Development Control Regulation, redevelopment of slums is permissible in residential zone.

These Development Control Regulations were sanctioned by Government on 20th February, 1991 and came into force on 25th March 1991. In the meanwhile, Government had already started the work of scrutiny and sanction of the ward-wise revised Development Plan of Greater Bombay. During the course of inspection of sites designated or reserved for public purposes in the draft or final Revised Development Plan, it was observed that not only the areas in residential zone but the areas in Industrial, Commercial, No Development Zone and area designated/reserved/ allotted for various existing as well as proposed public purposes have been occupied by slums. Government in Housing and Special Assistance Department had carried out census of huts in Bombay in 1976. Each hutment dweller so censused has been issued a photo-pass. Thereafter such slums whose structures and inhabitant's names have appeared in the Legislative Assembly Voters' list of 1985 have also been treated as authorised by Government.

It is very difficult, if not possible, to evict the slum dwellers from their places even when the land on which they reside are reserved or designated in the Development Plan for various public purposes. Even if ready to shift, alternative siles for such shifting are not available in nearby vicinity. Hence naturally the eviction and relocation of such slums is to be carried out at a place far away. Slum dwellers resist such a shift to a place where patterns of employment and travel get dislocated. It is therefore considered necessary for the Government to evolve practical solutions to obtain lands for amenities/facilities form lands being occupied by slums and allow redevelopment of lands zoned or reserved for other users. Government had prepared draft policy guidelines with which the need for the amenity/facility can be met to some extent and also the redevelopment of the slum is carried out at the same place.

The Planning Authority did not include any such policy guidelines for the redevelopment of slums affected by reservations or zoned for user other than residential while publishing a draft Development Plan under section 26 of the Maharashtra Regional and Town Planning Act, 1966 or while submitting the said draft Plan under section 30 of the Act to the State Government for sanction. Inclusion of such policy guidelines would be a modification at Government level, and since it was considered a substantial modification, it was published under proviso to section 31(2) of the said Act. This was done vide Urban Development Department, Notice No. TPB – 4391/ 2009 (A)/CR-114/91/UD-11 (RDP) dated 19th December 1991. It was mentioned therein clearly that the said policy guidelines would be applicable to the entire greater Bombay.

Having received objections and suggestions to the said substantial modification, the designated officer appointed by Government, Shri G.S. Pantbalekundri, Deputy Secretary to the Government of Maharashtra submitted objections and suggestions received in regard to the said policy guidelines and his report to Government. Government having carefully considered the said objections and suggestions and report is hereby pleased to accord sanction to the following policy guidelines for slum redevelopment in lands

zoned or reserved for other purposes, and these guidelines shall be an integral part of the final revised Development Plan for greater Bombay sanctioned by Government under section 31st of the said Act, and shall be applicable to Greater Bombay.

Following guidelines are therefore sanctioned by Government for allowing slum redevelopment on lands occupied by existing slums, which are zoned or reserved for public purpose in the Revised Development Plan of Greater Bombay.

The manner of redevelopment of existing slums occupying lands from residential, commercial, industrial zones and lands reserved/ designated/ allotted for various public purposes (existing or proposed) is prescribed as set down hereinbelow :

Category I

This category shall consist of lands occupied by “existing slums” in residential, commercial (C-1 and C-2), industrial (1-1, 1-2 and 1-3) not affected by any other allocations / designation/ reservation in the final development Plan. They may be developed subject to the following :-

- (i) (a) Lands in Residential (R-1 and R-2) and Commercial (C-1) zones occupied by existing slums be allowed to be developed in accordance with sub-regulation (10) of Regulation 33 read with Appendix-IV of the Development Control Regulations for Greater Bombay, 1991 (hereinafter referred to as “the said Regulations”).
- (b) Lands in industrial zones (1-2 and 1-3)/ industrial estate may be allowed to be converted into residential users in accordance with clause (c) and onwards of sub-regulation (3) of Regulation 56 and regulation 57 of the said Regulations as the case may be. Such lands occupied by existing slums may further be allowed to be developed in accordance with sub-regulation (10) of Regulation 33, read with Appendix-IV of the said Regulations.
- (ii) (a) The same sub-regulation (10) of Regulation 33 read with Appendix-IV of the said Regulations shall be applicable for lands in Commercial Zone (C-2) occupied by existing slums.
- (b) Lands in Industrial Zone (1-1) : Industrial Estate of 1-1, occupied by “existing slums” shall be allowed to be developed in accordance with sub-regulation (10) of Regulation 33 read with Appendix-IV of the said Regulations.
- (iii) “Existing Slums” occupying lands in dangerous locations such as hill slopes, marshy lands, near water bodies, lands abutting Railway tracks and sites immediately required for the public and semi-public projects may be relocated on other suitable locations zoned / allocated for any user except lands included in No Development Zone may be allowed to be developed in accordance with sub-regulation (10) of Regulation 33 read with Appendix-IV of the said Regulations. The extent of the area required for shifting such existing slum shall be determined by the Committee appointed under Regulation 18 in Appendix IV read with sub-regulation (10) of Regulation 33 of the said Regulations.
- (iv) Lands in the No Development Zone occupied by existing slums shall be allowed to be redeveloped where the amenities such as water-supply, drainage and electricity are available and the Planning Authority would be able to provide other required facilities, the extent of the land required for redevelopment of existing slum shall be ascertained by the Committee appointed under regulation (18) in Appendix-IV read with sub-regulation (10) of Regulation 33, provided the slum is close to the border or edge of the No Development Zone.

Category II

This category shall consist of lands reserved/ designated/ allotted for existing or proposed non-buildable reservations such as recreational ground, playground, garden, park and any other open users in the Final Development Plan occupied by “existing slums” to the extent of more than 25 percent of the area under such non-buildable reservations. Where the area occupied by existing slum is less than 25 percent of the area of the site, non redevelopment scheme on the site shall be undertaken and slum dwellers from such areas shall be shifted and sites occupied by them cleared for the designated/reserved amenity.

- (a) Any plot measuring upto 1000 sq.m. independently located or in a cluster occupied by existing slums will have to be cleared by shifting the slum dwellers.
- (b) Where the area of site, either independently located or in a cluster, is 1001 sq.m. and above such sites may be allowed to be developed for slum redevelopment in accordance with sub-regulation (10) of Regulation 33 read with Appendix-IV of the said Regulations subject to condition that the ground area of the land so used shall not be more than 67 percent of the reservation and leaving 33 percent rendered clear thereafter for the reservation.

Category III

This category shall consist of lands designated or reserved for buildable public purposes in the draft or Final Development Plan :-

- (i) Existing slums on lands reserved for Primary or Secondary Schools may be developed subject to the following :-
 - (a) In the case of land reserved for Municipal Primary School or a Private Primary School in the Development Plan, a building for accommodating such number of students as may be decided by the Municipal Commissioner, not in any case for less than 500 students, shall be constructed by the owner or developer at his cost according to the size, design, specification and conditions prescribed by the Municipal Commissioner. The built-up area occupied by the constructed building shall be excluded for the purpose of FSI computation, and where it is intended for a municipal primary school, the building or part thereof intended for a school use shall be handed over free of cost and charge to the Corporation. Thereafter, the land may be allowed to be redeveloped with the full permissible FSI of the plot according to sub-regulation (10) of Regulation 33 read with Appendix-IV of the said Regulations.
 - (b) In the case of lands affected by the designation or reservation of a secondary school in the Development Plan, a building for accommodating such number of students as may be decided by the Municipal Commissioner, not in any case for less than 800 students, shall be constructed by the owner or developer at his cost according to the size, design, specification and conditions prescribed by the Municipal Commissioner, the built-up area occupied by the constructed building shall be excluded for the purpose of FSI computation. The constructed building shall be handed over to the same or part thereof intended for the School use to a recognized and registered educational institution for operation and maintenance on terms decided by him. Thereafter the land may be allowed to be redeveloped with full permissible FSI of the plot according to sub-regulation (10) of Regulation 33 read with Appendix-IV of the said Regulations.
- (ii) For lands occupied by slums, which are reserved for other buildable reservations in the Development Plan not covered under (a) and (b) above the Municipal Commissioner may prescribe the minimum built-up area required for the reservation, requiring the owner or developer to construct at his cost and hand over the built-up area to the Corporation free of cost and free of charge for operation and maintenance for the purpose of the reservation of the Commissioner may hand over the same to a recognized and registered institution for operation and maintenance on terms decided by him. Thereafter the land may be allowed to be developed with full permissible

FSI of the plot according to sub-regulation (10) of Regulation 33 read with Appendix-IV of the said Regulations.

Category IV

This category shall consist of lands other than those described in Category-II and III and V occupied by slums, but allocated, designated or reserved for public purposes in the draft or final Development Plan which an owner is permitted to develop according to Table 4 below Regulation 9 of the said regulations. Such land may be allowed to be redeveloped by the owner/developer at his cost according to the said Table with built-up area as may be prescribed by the Municipal Commissioner and on other terms decided by him. The built-up area would be handed over to the Corporation free of cost and free of charge for further operation and maintenance according to the said Table. The built-up area of the amenity to be provided and handed over to the Corporation shall be excluded from FSI computation and the development for slum redevelopment allowed on the full permissible FSI of the plot according to sub-regulation (10) of Regulation 33 read with Appendix IV of the said Regulations.

Category V

This Category shall consist of lands occupied by existing Slums, designed or reserved for purpose of Public Housing, Public Housing/High Density Housing or Housing for Dishoused.

Such lands shall be treated as sites for slum redevelopment and redevelopment allowed according to sub-regulation (10) of Regulation 33, read with Appendix-IV of the said Regulations, instead of as Public Housing or Public Housing / High Density Housing or Housing for Dishoused.

Category VI

This Category shall consist of lands occupied by existing slums on proposed or existing alignment of Development Plan Roads or Road-widening proposals.

Rehabilitation of such slum dwellers for clearing the areas required for the roads/road widening proposals shall be effected on suitable nearby residential zone, earmarking the area required for the purpose and then allowing them to be developed according to sub-regulation (10) or Regulation 33 read with Appendix-IV of the said Regulations or on sites developed under sites and services or on pitches developed for shifting of slum dwellers. There shall be no need to carry out a minor modification under section 37 of the said Act for this purpose.

Category VII

This category shall consist of lands occupied by existing slums, which are not covered by any of the aforesaid categories or where slum redevelopment is not possible for any reasons.

In such cases, for slum redevelopment, a minor modification to the Final Development Plan under section 37 of Maharashtra Regional and Town Planning Act, 1966, for placing the required land for slum redevelopment in the residential zone, may be undertaken. Thereafter slum redevelopment may be undertaken according to sub-regulation (10) of Regulation 33, read with Appendix-IV of the said Regulations.

Applicability

Decision of State Government on these policy guidelines for implementation of allocated, designated/ reserved allotted sites occupied by existing slums will have effect for, and apply to draft or Final Development Plans of all wards in entire Greater Bombay.

Existing Slums

“Existing Slum” is the area occupied by slum dwellers which are censused and having photo passes as per 1976 census or those whose names have appeared in the Legislative Assembly Voter’s list of 1985. These cover slums on Government, MHADA and MCGB lands and Notified Slums on private lands.

Slum Redevelopment Area

Development / redevelopment of lands covered by existing slums in the categories mentioned above shall be allowed only on the area affected by existing slum after a Certificate is issued certifying the exact extent of the lands covered by the slums on lands designated or reserved or allotted for various public purposes and area zoned/allocated for various users in the draft or Final Development Plan required for slum redevelopment. The certificate shall be issued by the Committee appointed as in Regulation 18 of Appendix-IV of the said Regulations. The rest of the unaffected areas from the "existing slums" from the lands zoned/allocated, designated/reserved or allotted shall be allowed to be developed to normal Development Control Regulations.

Tenure Rights

In case of lands owned by State Government, Maharashtra Housing and Area Development Authority or Municipal Corporation of Greater Bombay, affected by zones/reservations of various categories stated above, the tenurial rights for the areas occupied by the slum dweller from the existing slums with in the slum area shall be allowed by the aforesaid authorities in the form of a document as prescribed by Government in the Housing and Special Assistance Department subject to the shifting and relocation of the hut at the time of slum redevelopment in the categories described below :

(A)	1.	Category – I	I (I) I (II)
	2.	Category – II	Full
	3.	Category – III	Full
	4.	Category – IV	Full
	5.	Category – V	Full

(B) Tenurial rights shall not be given in cases where slums are in categories described below. However, Slum dwellers from these categories can be enrolled as members of the Co-operative Housing Societies so that they can be accommodated in the redevelopment schemes.

1.	Category – I	I (iii)
2.	Category – VI	Full
3.	Category – VII	Full

By order and in the name of the Governor of Maharashtra.

D. T. Joseph
Secretary to Government

APPENDIX – C

**ANNEXURE – I
SLUM REHABILITATION SCHEME**

**Format for submitting the Scheme as per modified DCR – 33 (10)
Appendix – IV (Dt. 15.10.96)**

1.	Name of the Slum/Location/ Municipal Ward/ Assembly Constituency Name of CHS (Tel. if any)	
2.	Name of Architect Firm of Architect & Address	
3.	Survey No./CTS No./ CS No./ Plot No. of Village / Division Name of the Road Pin Code	
4.	Ownership of land a) Name of the Owner b) Address of Owner	
5.	Status of Slum a) Notification No. b) Year of census c) Area under slum	
6.	Documentary Evidence regarding ownership of the land A) Private Land a) Conveyance Deed b) Lease Agreement c) Power of Attorney d) Extract from P R Cards signed by SLR e) Court order if any B) For Govt. / MHADA/ B.M.C. Land C) Whether under acquisition a) If yes, stage of acquisition	
7.	Documentary Evidence regarding area of the holding/Plot a) As per Conveyance Deed b) As per P R Cards signed by SLR c) As per Affidavit of Owner / Society d) As per Architect's Certificate & triangulation calculation with plot dimensions e) As per Lease Agreement/Power of Attorney. f) As per certificate issued by Ward Officer g) Least of (a) to (f)	_____ Sq.Mtr. _____ Sq.Mtr. _____ Sq.Mtr. _____ Sq.Mtr.

8.	<p>Details of existing hutments.</p> <p>(A) Number of eligible hutment dwellers upto 1-1-1995 Assembly electoral list</p> <p>a) Residential</p> <p>b) Residential Cum Commercial (RC)</p> <p>c) Commercial Shop/Work Shop/ Factory Shop / Economic activities.</p> <p>d) Existing Amenity structure/ Welfare Hall, Balwadi, Schools, Gymnasium and Religions structure etc.</p> <p>(B) Attach statement giving details of area etc. of each commercial establishment with commercial establishment with documentary evidences for c & d above. (showing actual & permissible areas)</p>	<p>_____ Nos.</p> <p>_____ Nos.</p>
9.	ZONE	
10.	Reservation as per D.P.(Attach D. P./ Survey Remark)	
11.	Is layout / Sub-division / amalgamation Necessary (Separate application not necessary)	
12.	<p>Area Statement</p> <p>i) Area of the plot</p> <p>ii) Deductions for</p> <p>a) Setback area</p> <p>b) Proposed Road</p> <p>c) Deductions for physical provision of buildable/ unbuildable reservations.</p> <p>d) Deduction for 5% Amenity open space</p> <p>e) (Total a+b+c+d)</p> <p>iii) Net Plot Area (i-ii) (For computation of Ten. Density)</p>	<p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p>
13.	<p>Computation of tenement density</p> <p>a) Existing nos. of tenements Residential, Resi-cum- Commercial as per clause no.3 (12) of DCR 33 (10) & Annexure – II</p> <p>b) No. of equivalent tenements for commercial use of slum dwellers as per Clause No. 3(13) of Appendix – IV of DCR 33(10), dt. 15.10.97</p> <p>c) Total of (a+b)</p> <p>d) Existing Tenement Density : (c) _____ X 10,000 12 (iii)</p> <p>e) Tenements required to be provided as per tenement density of 500 T/s net Hect.</p>	<p>_____ Nos.</p> <p>_____ Nos.</p> <p>_____ Nos.</p> <p>_____ Nos.</p> <p>T/H</p> <p>_____ Nos.</p>

	<p>f) No. of PAP required to be provided (e-c)</p> <p>g) Total No. of (rehab + PAP) tenements proposed on site</p> <p>Residential</p> <p>Res-cum-commercial</p> <p>Commercial</p> <p>PAP</p> <p>Existing Amenity</p> <p>Total</p>	<p>_____ Nos.</p> <p>_____ Nos.</p> <p>_____ Nos.</p> <p>_____ Nos.</p> <p>_____ Nos.</p> <p>_____ Nos.</p> <p>_____ Nos.</p>
14	<p>Computation of Rehab. Free Sale Areas</p> <p>No. of Rehabilitation tenements required to be provided at the rate of 500 tenements per net hectare</p> <p>a) Area of the plot</p> <p>b) Deduction for D. P. Reservations</p> <p>i) Non buildable reservations</p> <p>ii) Buildable reservation actually implemented on site, including appurtenant open spaces</p> <p>iii) Set back Area</p> <p>iv) Proposed Road</p> <p>c) Total {b[i]+b[ii]+b[iii]+b[iv]}</p> <p>d) Net area of plot for computing No. of Tenements (a-c)</p> <p>e) Deductions for 15% RG (if applicable)</p> <p>f) Balance area of plot (d-e)</p> <p>g) Additions for FSI purpose</p> <p>h) Total Area</p>	<p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p>
15.	<p>(A) Built up Area of Rehabilitation</p> <p>Component by excluding staircase, lift and passage there to, electric meter room & balconies if any (deduction u/s of 35(2) of DCR 1991)</p> <p>a) Residential (No of tenements_____)</p> <p>b) Residential – cum – Commercial</p> <p>(No. of tenements_____)</p> <p>c) Non-Residential permissible area for rehab component</p> <p>(No. of tenements_____)</p> <p>i) 5% for slum society if project is implemented by slum society</p> <p>ii) Add 5% for NGO sponsored project</p> <p>Total of (a+b+c) 15(A)</p>	<p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p> <p>_____ Sq.Mtr.</p>

	b) c) d) (C) Description and details of transit camps arrangement proposed (Attached plan) (D) Photographs of existing Slum colony from all four sides and access to be attached to the proposal.	Enclosed herewith.
27.	Cost of the Project a) Cost of _____ Sq.mts. ehb. component at Rs. _____ per Sq.mts b) Cost of _____ Sq.mts sale component at the rate of Rs. _____ per sq.mts. (including commercial for sale) c) Cost of _____ sq.mtrs. of Transit Accommodation at Rs. _____ per sq.mtr. d) TOTAL (a + b + c) e) Supervision Charges (5%) f) Interest Burden (15%) for half the project period g) Price variation (10%) (including cost of transit accommodation) h) Infrastructure cost at Rs.840/- per sq.mts. i) Contribution of Rs.20,000/- per tenement j) Development Charges k) Premium (Stair + Lift + Lobby + Balcony open space deficiency) l) Any other cost TOTAL COST OF THE PROJECT	Rs. Rs. Rs. Rs. _____ Rs. _____ Rs. Rs. Rs. Rs. Rs. Rs. Rs. Rs. _____ Rs. _____

(SIGNATURE OF ARCHITECT)

SIGNATURE OF OWNER/CHIEF PROMOTER OF SOCIETY)

ANNEXURE II

1. Certified that an area _____ sq.m. in CTS Nos. _____ F.P. Nos. _____ of Village _____ Taluka _____.
 - a) is a censused slum colony of Municipal / MHADA/Govt. Records or is notified as Slum under Section 4(1) of Maharashtra Slum Area (IC & R) Act 1971 vide Notification No. _____ dated _____.

Or

- b) is a declared slum on private land under Section 4(1) of Maharashtra Slum Areas (IC & R) Act vide Notification No. _____ dated _____.
2. There are total _____ (Give the number) structures in the said Slum Colony out of which _____, (No) of structures are protected structures as per Government G.R. No. zopuy0 - 1096p/. k/. 68g<. in. sel dated 16 May 1996 and amended D.C. Regulation 33 (10) and therefore eligible for free alternative accommodation under Slum Rehabilitation Scheme.
3. Out of _____ (No.) of eligible structures _____ are Residential, _____ are Residential-cum Commercial and _____ are Commercial.
4. Out of _____ eligible slum-dwellers, _____ slum-dwellers have given consent in writing to proposed Slum Rehabilitation Scheme. Thus _____ % have consented to the scheme.
5. The list of hutment dwellers along with other details such as carpet area for commercial users, etc. is appended herewith.
6. The Slum boundaries as submitted are described as below with plan :
North
South
East
West
7. Local Name of the Slum Colony is _____ and the name of the Proposed Society of slum-dwellers is _____.

Ward Officer (M.C.G.M.)
C.O. MHADA
Dy. Collector (Enc.)

Sr. No.	Name of Head of Family occupying Hut at Present as verified on site	Name and separate Structure Number appearing in Electoral Roll (Specify the year of the Electoral Roll the Structure No. and the Serial No. reflected in Electoral Roll)			User – Residential/ Commercial/ Residential-cum Commercial Amenity Structures/ Religious Structures	Carpet – Area of Non Residential User prior to 1/1/95	Documentary Evidences for (i) Separate identity ii) Carpet area iii) Existence prior to 1/1/95 in case of Non Residential Users	Whether Individual slum dweller has consented for the scheme (Yes/No)	If Individual slum dweller has consented for the Scheme his signature / Thumb Impression	Remarks of the Competent Authority on Eligibility as per Approved DCR 33(10)	
		Year of Electoral Roll	Sr. No. in Electoral Roll	Structure No. in Electoral Roll						Eligible (If not reasons)	Carpet Area in case of Non Residential Users

Chief Promoter of CHS/ Owner/ Developer/ NGO

Certified

Signature of Ward Officer (M.C.G.M.)/
C.O. (MHADA)/
Dy. Collector (Enc)/Addl. Collector
With Seal

Note : Separate Commercial User shall be considered only if it is in a separate built-up premises and not through a common wall.
Every page of Annexure – II should be signed.

N. B. Strike out what is not applicable.

ANNEXURE III

Annexure to assess the financial capability of the Developer to execute the SRA Scheme.

1. Name of the Slum Co-op. Society :
2. Address of the Slum Co-op. Society :
3. Name of the Chief Promoter/President & Secretary of the Slum Co-op. Society :
4. Number of Rehabilitation Tenements to be constructed as per Annexure II :
5. Name and Address of the Architect. :
6. Name and Address of the Developer :
7. Status of the Developer's Firm (Proprietary/ Partnership/ Company) :
8. Whether Memorandum of Association/ Registered Partnership Deed attached ? Yes/No.
9. Whether Income Tax Clearance Certificate for the last three consecutive years including that of the last year attached ? Yes/No.
10. Whether Audited Statement of last three consecutive years of Accounts attached ? Yes/No.
If yes,
 - (i) Year _____
 - (ii) Year _____
 - (iii) Year _____
11. (a) Funds required for construction of _____ Rehab. Tenements.
Amount = Number of Rehab. Tenements x Cost of one tenement.
(b) 20% of the Amount in (a) above as initial investment ready for investment in the Scheme.
Proof of the Funds available.
 - (1)
 - (2)
 - (3)
 - (4)
(c) Plan for 80% of the amounts in (a) above, that the amounts required for completing the scheme will be made available from the following sources -

Signature of Architect

Signature of Developer

APPENDIX – D

SLUM REHABILITATION AUTHORITY
CIR NO. SRA / 4

No. SRA/DyCE/1710
Date 27th August 1997

CIRCULAR

SUB : Approval of Slum Rehabilitation Schemes.

As per the present practice, approval of proposals of the Slum Rehabilitation Scheme is being given in 4 (four) different stages :

- | | |
|----------------------------|-------------------------------|
| (1) Letter of Intent (LOI) | (2) Layout |
| (3) Intimation of approval | (4) Commencement Certificate. |

While approving each of the stage the validity period of LOI and Layout is 1 (One year and the validity period of IOA is 1 (One) year and C.C. as per M.R. & T.P. Act. While proposing the validity period of each of the stages, it was anticipated that the Developer/Architect/Society bearers will complete formalities required for each of the stages and submit their proposal expeditiously for speedy implementation of the scheme. However, in reality it has been seen that the schemes are approved and stuck up at LOI level only and they come forward for revalidation of LOI or Layout without doing any ground work for implementation of the scheme. This has resulted into increasing number of LOI but, in fact hardly new works are actually in progress.

Since Government is very keen to implement this scheme and rehabilitate the slum dwellers in a stipulated time, it has become necessary to cut short the procedure and reduce the validity period for each of the stages.

It has therefore, become necessary that henceforth, the Developer/Architect will have to submit the proposal to S.R.A. complete in all respect, so that they will be in a position to receive LOI/Layout and IOA of 1st (first rehabilitation building simultaneously. The validity period for all 3 (three) will be reduced to 3 (three) months only, during which time he has to comply with the requirements required for starting of work and come forward with the request to obtain C.C. u/s. 44 & 45 of M.R. & T.P. Act.

Therefore, by direction of C.E.O. (SRA) the proposal which is incomplete for grant of approval of Layout/IOA and approval of 1st rehabilitation building will not be allowed to be submitted and will be accepted only after annexing all the required documents for issue of above approval. A copy of Annexure required for approval of LOI/Layout and IOA is annexed herewith.

In order to facilitate the disposal it has also been decided that Architect/Developer or Society bearers may submit Annexure-II in duplicate, as prepared by them in the prescribed proforma signed by Owner/Developer/C.P./ N.G.O., a copy of which will be forwarded to the Competent Authority who issues annexure-II for getting it certified. The proposal will be scrutinized on the basis of Annexure-II submitted by the Architect. However, approval will be granted only after receipt of certified Annexure-II from the Competent Authority.

The S.R.A. will also follow up with the respective Competent Authority to get Annexure – II certified by them. This procedure will come in force immediately after issue of this Circular.

(S.M. Deshpande)
Dy. City Engineer (SRA)

APPENDIX – E

SLUM REHABILITATION AUTHORITY
CIRCULAR NO.7
97-98

No. SRA/FC/1372

Date : 25th November 1997.

CIRCULAR

Subject : Payment's of Deposits and infrastructural Charges to Slum Rehabilitation Authority and Installments in Payment Facility.

Reference : Circular No.1 – SRA/DyCE 1426 of 29th November, 1996.

As per the Clause No. 9.1 of Amended DCR 33(10), sanctioned by Government of Maharashtra vide Govt. Notification No. DCR-1095/1209/CR-273/95/UD-11 dated 15th October 1997 an amount of Rs.20,000/- per Rehabilitation tenement shall be deposited with SRA in accordance with time schedule as may be laid down by Chief Executive Officer of S.R.A. Further, as per Clause No. 9.2, an amount of Rs.840/- per Sq.m over and above normally permissible FSI shall be charged and recovered.

In the view of above, it has been decided that the payment schedule will be as enlisted below and will be applicable for all earlier schemes also :

1. **DEPOSIT :-**

The developer shall deposit rs.10,000/- per rehabilitation tenement at the time of plinth C.C. of the freesale building, proportionate to the extent of freesale building for which plinth C.C. is applied for In case of composite building, the deposit of Rs.10,000/- per rehabilitation tenement shall be payable at the time of plinth C.C. of the said composite building. However, if TDR is claimed, the entire amount of deposit of Rs.20,000/- per rehabilitation tenement will become payable at the stage of claiming such TDR.

This policy will be applicable even for cases of conversion from SRD to SRA Scheme.

2. **INFRASTRUCTURAL CHARGES :-**

Rs.840/- per Sq.m. shall be charged on built-up area beyond normally permissible FSI of the zone. The first installment of Rs.400/- per Sq.m. of built-up area shall be paid at the time of C.C. of sale building proportionate to the built-up area of respective sale building or before grant of C.C. to composite building proportionate to sale component in that composite building.

The second installment of Rs.440/- per Sq.m of built-up area shall be paid at the time of occupation certificate of freesale building proportionate to the built-up area of respective freesale building or before grant of occupation certificate to composite building in case of composite building. In case, TDR is claimed, the entire amount of Rs.840/- per sq.m. proportionate to the extent of such TDR claimed shall become payable.

This policy will be applicable even for conversion cases.

- III) If the developer is requesting for further relaxation in stages as prescribed above in (I) and (II) and he is prepared to pay 5% of the amount due, subject to a minimum amount of Rs.1 lakh and further submit an undertaking to pay remaining amount with 16% simple interest chargeable from the due date; such facility may be granted by the concerned Executive Engineer.**
- IV) Notwithstanding anything contained above, the full amount deposited (Rs.20,000/- per tenement) must be collected either before grant of full occupation of rehabilitation component or before approving the plans for last 25% in situ freesale component whichever is earlier, as per Clause No. 9.1 of Amendment DCR 33(10).**
- V) The structure of fees circulated vide Circular No.1 – SRA/DyCE 1426 of 29.11.96 stands modified as regards to the recovery of deposit of Rs.20,000/- per tenement and infrastructural charges of Rs.840/- per sq.m. to the extent of changes made.
This issues with the approval of Chief Executive Officer, S.R.A.**

Finance Controller (S.R.A.)

APPENDIX – F

NOTIFICATION

Urban Development Department
Mantralaya, Mumbai – 400 032.
Dated : 7th November 1997.

No BMC-1996/6183/CR-50/97/UD-21 : In exercise of the powers conferred by section 144 B of the Mumbai Municipal Corporation Act (BOM. III of 1888), and of all other powers enabling it in this behalf, the Government of Maharashtra hereby fixes the following reduced rates of property taxes, during the period of twenty years with effect from the 23rd November 1995, or from the date of occupation of the premises whichever is later, to be levied in respect of any building constructed, whether before or after the 23rd November 1995, under the Low Cost Housing Scheme for economically weaker sections and Low Income group by the Maharashtra Housing and Area Development Authority, or under the Slum Rehabilitation Scheme declared under the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act 1971 (Mah. XXCII of 1971), or under any other Housing Scheme of the Central Government, State Government or Mumbai Municipal Corporation for the purpose of slum improvement, and used for residential purposes, namely :

	Period	Reduced Rate of Property taxes
1.	From the 1 st year to the 10 th year	20% of the rate of property taxes levied in the particular year.
2.	From the 11 th year to the 15 th year	50% of the rate of property taxes levied in the particular year.
3.	From the 15 th year to the 20 th year	80% of the rate of property taxes levied in the particular year.

By order and in the name of the Governor of Maharashtra

(D.S. Gujare)
Deputy Secretary to Government

Annexure 7

Policy for Resettlement and Rehabilitation of persons affected by Mumbai Urban Transport Project.

**GOVERNMENT OF MAHARASHTRA
Housing and Special Assistance Department
Resolution No. Prakalpa 1700/CR 31/Slum 2,
Mantralaya, Mumbai 400 032
Dated the 12th December, 2000**

**Read : Government Resolution, Housing and Special Assistance Department, No. MIS 1094/CR, 558
Slum 2, dated 12th March, 1997.**

1. Resolution :

Government of Maharashtra has decided to take up “Mumbai Urban Transport Project” (MUTP) with a view to bringing about improvements in traffic and transportation situation in the Mumbai Metropolitan Region (MMR). Efforts are being made to obtain financial assistance for this project from the World Bank. The schemes under MUTP include roads, Road Over Bridges (ROBs), traffic management schemes as well as various rail projects. The various schemes under MUTP would affect a substantial number of households, business activities and structures, which will have to be relocated. Resettlement of project affected persons, according to the World Bank operational directives, is required to be an integral part of World Bank financed projects. Preliminary estimate indicates that approximately 25,000 to 30,000 families will have to be relocated due to MUTP, Government of Maharashtra appointed a Task Force, in February, 1995 under the Chairmanship of Shri .DM. Sukthankar, former Chief Secretary, to prepare a framework for Resettlement and Rehabilitation (R & R) Policy and to assist the Government in determining the institutional arrangements and implementation strategies for R & R. The Task Force submitted its report to the Government after a detailed study of the households, business activities and structures likely to be affected by MUTP. Based on the recommendations of the Task Force, orders prevailing for R & R of persons affected by the projects in rural areas, the legal provisions and a series of discussions with the World Bank missions a revised R & R Policy was submitted to the Government for approval. Accordingly the following Resettlement & Rehabilitation Policy has been formulated.

2. Applicability of the Policy :

The following R & R Policy shall be applicable to all the sub-projects described in the Borrower’s Project Implementation Plan (BPIP) for the MUTP and also the sub-projects identified for inclusions in the subsequent phases of MUTP. Resettlement Action Plans (RAP) and Community Environmental Management Plans (CEMP) will be prepared for each subproject involving resettlers in accordance with this Policy.

3. Objectives :

- (a) To minimize the resettlement by exploring all viable alternative project designs, and to priorities various elements of the project by treating this as one of the important considerations.**
- (b) Where displacement is unavoidable, to develop and execute resettlement plans in such a manner that displaced persons are compensated for their losses at replacement cost just prior to the actual move, displaced persons are assisted in their move and supported during the transition period in the resettlement site and displaced persons are assisted in**

improving of at least restoring their former living standards, income earning capacity and production level ; and to pay particular attention to the needs of poor resettlers in this regard.

- (c) To accord formal housing rights to the PAPs at the resettlement site. Such rights shall be in the form of leasehold rights of the land to the co-operative society of the PAPs and occupancy rights of built floor space to the members of the society. The membership of the co-operative society and the occupancy rights will be jointly awarded to the spouses of the PAP household. The documents in this respect will be the leasehold agreement with the co-operative society, which will include a list of its members and description of dwelling unit allotted to each member. The members of the co-operative society will receive a share certificate signifying the membership of the society.
- (d) To develop and implement the details of the resettlement programme through active community participation by establishing links with the community based organizations ; and
- (e) To make efforts to retain existing community network in the resettlement area, wherever this is not feasible to make efforts to integrate the resettled population with the host community, and to minimize the adverse impact, if any, on the host community.

4. Categories of Project Affected Structures :

Project affected structures shall be categorized by referring to ownership, land use and type of construction.

Ownership :

- | Land and building owned by the same person,
- | Land owned by one person and building owned by the lessees,
- | Land and building both leased to lessee,
- | Land and building occupied by statutory tenants with owner occupant or where owner is a absentee
- | Land occupied by squatters without any legal title. Category of squatters includes – non-resident structure owners, resident structure owners and tenants.

Land Use :

- | Land used for farming, horticulture etc.
- | Land used for open uses such as storage, vehicle repairing etc.
- | Structure used for residential purposes.
- | Structure used for the shop-cum-residence.
- | Structure used for shop
- | Structure used for workshop, factory etc.
- | Structure used for schools, balwadis, community activities, religious purposes, medical and health facilities, gymnasium etc.

Types of Structures :

- | Multi-storeyed RCC structures,
- | RCC or Steel frame structures in slum,
- | Ground storeyed structures with RCC slab or tile or AC sheet or GI sheet roof.
- | Ground storeyed structures/hutment in slums.

5. **Definition of Project Affected Persons (PAP) :**
Project Affected Person includes households, business units including their workers and owners of assets like land and buildings affected by MUTP shall be considered as PAPs and may include ; non-resident land owners (including farmers and horticulturists) ; resident lesseeresident lessees, tenants or sub-tenants of buildings; squatters (non-resident structure owners, resident structure owners, tenants) ; pavement dwellers. Household for this purpose means all the males/females, their family members and relatives staying in a house/tenement/hut.

6. **Eligibility of Project Affected Persons (PAPs) for R & R :**

(a) All legitimate occupants of land and building affected by MUTP up to the time of actual resettlement will be eligible for the benefit of R & R Policy. However, PAPs who are squatters and not the legitimate occupants of land or buildings shall be eligible for R & R only if enumerated during the baseline survey. The date of completion of baseline survey shall, therefore, be the cut-off date. While preparing the Resettlement Action Plan (RAP) the baseline survey will be updated if the gap between the baseline survey and the RAP is more than one year. Any new unauthorized structures or additions to existing structures carried out after the cut-off date and their occupants will not be eligible for R & R.

Similarly, the occupants of a structure except legal heir who have acquired the structures after the cut off date shall not be eligible for the benefits of Resettlement and Rehabilitation. However, member added to the eligible households by way of birth and marriage after the cut-off date will be considered eligible for R & R. For this purpose, the baseline survey will create a detailed data base available with both the R & R Agency and the affected community. The Significance of the cut-off date will also be explained to the community.

(b) PAPs who do not wish to participate in the RAP prepared in the manner as laid down in this policy will not be eligible for rehabilitation and will have to vacate the occupied space on their own.

(c) Aerial photographs if available and visual documentation carried out during baseline surveys will help identify squatters entering the area after the baseline surveys. These squatters shall not be entitled for R & R benefits. Motivating and strengthening of Community Based Organisations (CBOs) during the baseline survey will be attempted to help prevent further encroachment after baseline survey. R & R activities and MUTP project execution schedule shall be closely co-ordinated to minimize the time between site clearance and commencements of civil works so as to prevent further encroachment. Implementing agencies shall protect the cleared sites by appointing watch and ward staff. Even with these measures, if encroachment takes place, eviction will be resorted to.

7. **Selection of Resettlement Site :**

The site for resettlement shall be selected out of the feasible options in consultation with the affected community as a part of the RAP preparation. The principal criteria for site selection shall include access to employment opportunities, infrastructure and social services. Environmental assessment of the resettlement site shall be carried out as part of the preparation of CEMP.

8. **Land acquisition :**

(a) For acquisition of land for the project, landowners and lessees shall be compensated as

per the provisions of the Land Acquisition Act, 1894 (LA Act). The facility of Transferable Development Rights (TDRs) will be available as an alternative to compensation under the LA Act, in accordance with the Development Control Regulations (DCRs) for Greater Mumbai 1991 as amended from time to time and being in force.

- (b) TDRs will also be available to developers who agree to build and hand over free of cost dwelling units for R & R according to the approved RAP, in accordance with the DCRs more particularly the Urban Development Department Notification dated the 15th October 1997¹. FSI of 2.5 shall be allowed for construction of tenements, under the above schemes, on the lands reserved for resettlement of PAPs by making appropriate changes in the reservation in the Development Plan. To provide incentive to landowners in residential zones to build dwelling units to the PAPs, an additional FSI of 1.5 may be permitted. 0.75 of this additional FSI shall be used for rehabilitating PAPs free of cost, and the balance FSI of 0.75 may be allowed for free sale².

9. Resettlement Options :

While preparing RAP following two options may be explored with the community.

- (a) Township option : This will be in the form of a sites and services project developed by the R & R agency (or other public agency) on a green-field site owned by the agency. A fully developed plot of 25 Sq.meters shall be allotted one year in advance of the target date of relocation. The agency can use some land for high income housing of non-PAPs and for commercial activities. The agency can sell plots for commercial activities and high-income housing at market price to recover the project cost.

¹ Transfer of Development Right is available as an alternative to compensation under the LA Act 1894. If the landowner whose land is reserved for a public purpose is prepared to surrender such land to free of cost and free of encumbrances to BMC he can opt for receiving TDR equivalent to floor space which he could have constructed had his land not been reserved. In Suburbs where most of the land acquisition is required to be carried out for MUTP such floor space (and therefore the TDR will be reckoned at the Floor Space Index (FSI) of 1. These TDRs are saleable in the market and can be used in areas specified in the DCRs. In addition to the TDR given for the land, TDR equivalent to the floor space constructed for the slum dwellers and handed over free of cost for can also be granted. Such floor space is restricted to FSI of 2.5 and consequently TDR available for constructed dwelling units is also restricted to 2.5.

² More particularly as provided for in Urban Development Department Notification dated the 15th October 1997.

- (b) Tenements under Slum Redevelopment (SRD) / Public Housing (PH) / Housing the Dishoused (HD) : A tenement of 20.91 sq.m. in multi-storeyed buildings.
- (c) The entitlement of PAPs in terms of floor space / plot at the resettlement site for the options described in section 9 above will be as stated in Appendix I.

10. Other Amenities :

- (a) For township / sites and services option :

In addition to the developed plot of 25 sq.m., water supply at 90 lpcd, pedestrian pathways according to DCRs, on plot toilet set and water tap, community facilities like primary school, dispensary, playground, fair price shop as may be required and site for religious places that existed in the old community.

(b) For PH / HD and SRD options :

PH / HD and SRD are a part of the Development Plan of Greater Mumbai. The standards of off-site amenities will therefore be according to the Development Plan. The on-site amenities like the recreational open space, Balwadis, water supply, sanitation, pathways and access streets etc. shall be provided according to the standards prescribed in DCR's³

11. Monetary Supplement to Squatters :

The Project Affected Squatters, who opt for Township option, shall be entitled to a monetary supplement that represents the replacement cost of their shelter at the time of baseline survey. For calculating such monetary supplement, Municipal Corporation of Greater Mumbai and the Public Works Department shall determine for various types of construction, a unit cost of replacement based on the rate schedules used by them for construction activities undertaken by them. The monetary supplement shall be disbursed in suitable instalments related to the progress of work of building the structure on the serviced site. However, PAPs that opt for fully built dwelling unit will not be eligible for such monetary supplement.

³ Some of the standards prescribed by the DCRs at present are; recreational open space @ of 15% of the plot area, water supply @ of 135 liters per capita per day, one balwadi of 20.9 sq.m. for every 100 dwelling units and minimum width of pathway is 1.5 m.

12. Compensation for Economic Losses :

Every effort shall be made to relocate the affected households to nearby site and thus avoid cutting access to existing employment and income earning sources.

- (a) If the relocation of workers / employees results in an increase in travel distance to reach the original place of work or new place of work, a lump sum compensation not exceeding twelve quarterly season tickets for such excess distance by suburban railway at the time of resettlement shall be paid to such workers / employees subject to actual verification of extra expenditure incurred.
- (b) If it turns out to be impossible to continue present occupation or where workers / employees / entrepreneurs permanently lose their source of livelihood, because of displacement, a lump sum compensation equivalent to one year's income be given to such workers / employees/ entrepreneurs at the rates to be determined by the R & R implementing agency. A valuation committee comprising the representatives of the R & R Agency and the NGO shall assist the R & R Agency in determining the annual income of PAPs.
- (c) Vulnerable households such as women headed households, handicapped and the aged will be extended an additional package of rehabilitation services to help them overcome

the difficulties on account of resettlement. This will include preference in allotment of dwelling units on the ground floor for the handicapped and preference in sanctioning of loans from the fund mentioned below. Any further assistance required for vulnerable PAPs will be determined during RAP preparation.

- (d) For those who permanently lose their jobs, the rehabilitation package shall include access to employment information through employment exchange and training facilities. Moreover, community operated fund will be created to provide seed capital and other loans. Community operated fund could be linked with community saving programmes. The fund could be controlled and monitored by the community with the assistance of Non-Governmental Organisation (NGO).

13. Other Benefits :

In addition to the shelter – related rehabilitation described in the Appendix I, cost of the shifting will be paid to the PAPs or free transport arrangement be made available to the PAPs for moving to the resettlement site.

14. Planning and Implementation Procedure :

- (a) Based on the baseline survey carried out through close participation of NGOs and CBOs, a list of eligible project affected structures, households, lands shops and business activities shall be prepared and announced for community endorsement to avoid conflict over subsequent entrants in the project area.

- (b) RAP preparation shall be undertaken with active participation of eligible PAPs. Draft RAP shall include, a statement of objective and policies, an executive summary, and provision for the following :

- § Organizational responsibilities,
- § Community participation and integration with host populations.
- § Socioeconomic survey,
- § Legal framework,
- § Alternative sites and selection,
- § Valuation of and compensation for lost assets,
- § Land tenure, acquisition, and transfer,
- § Access to training, employment and credit,
- § Shelter, infrastructure and social services,
- § Environmental protection and management ; and
- § Implementation schedule, monitoring and evaluation.

Cost estimates should be prepared for these activities, and they should be budgeted and scheduled in coordination with the physical works of the main investment project.

- (c) Draft RAP shall be shared with the PAPs, NGOs, CBOs and general public in the area through community meetings and other appropriate media. The views of PAPs will be taken into account in finalizing in RAP. ⁴

⁴ In case indigenous people are affected by MUTP a separate Indigenous People Development Plan (IPDP) will be prepared along with the RAP in accordance with the World Bank's Operational Directive 4.20.

15. Redressal of Grievances :

R & R Agency shall designate a senior officer at the local level to consider any grievance of PAPs in consultation with the concerned NGO and give his decision in writing, within a stipulated time period, and also keep a record of such decisions. If the aggrieved PAP is not satisfied with this decision, final appeal, could be made to the Grievance Redressal Committee appointed by the R & R Agency comprising its officials and the representative of NGOs.

16. Completion of Resettlement Prior to Commencement of Civil Works :

The agreed resettlement activities in transit structures in the case of two stage implementation procedure and in permanent settlements in other cases shall be generally completed prior to commencement of the relevant section of the civil work of the transport project. On completion of resettlement, the site shall be turned over to the concerned transport project-implementing agency.

17. Indirectly Affected PAPs :

The relocation of affected communities and persons may have adverse impact on the community linkages at the old site. In order to minimize such adverse impact appropriate and careful measures need be planned. For this purpose, the affected community be identified based on the social and economic linkages and not purely on the basis of right of way required for the project. If the social and economic linkages are substantially affected ⁵, the remaining people, whose proportion should not exceed 20% of the directly affected PAPs. If they desire should be resettled along with the PAPs. However, if the remaining people do not desire to shift, efforts shall be made to provide earlier social and economic facilities at the old site.

18. Host Community :

The relocation of PAPs at the new site may impact two types of host communities. One, resident of the relocation site and the other living in the vicinity of the resettlement site. Resettlement of PAPs will displace the first type of host community and increase the burden on the infrastructure services available to the second type of the host community. The host community that is resident of the relocation site shall be treated as eligible PAPs and shall be extended all the benefits of this policy. In case of the host community in the vicinity of the relocation site, the increased demand of services on account of resettled community, may reduce the quality of life of the host community. In order to avoid or minimize such impacts the RAP will propose augmentation of available services. Such augmentation will be carried out as part of RAP implementation.

⁵ The social and economic linkages shall be considered to be substantially affected when almost all the residents of the affected are had shifted together to the area from the same area of origin, or ; some common infrastructure facilities such as, school, dispensary etc. were shared by all the residents, which need to be demolished to clear the site for the project and providing these facilities for the remaining families is not feasible, or ; the number of the remaining families is so small that it is not possible for them to stay as a community.

19. Modification of Development Plan :

Urban Development Department shall decide, on case to case basis, about the changes to be carried out in the reservation in the Development Plan for lands to be acquired and utilized for R

& R of PAPs according to the procedure laid down in the Maharashtra Regional and Town Planning Act 1966 (MR & TP Act).⁶

20. Institutional Arrangements :

Institutional arrangements, including interdepartmental oversight committees, the hiring of experts in housing, engineering, social development, land acquisition, legal, environment, PR and other relevant areas and monitoring mechanisms, will be set forth in a separate notification to be issued on institutional arrangements.

21. Restrictions on Transfer / Disposal of Tenements Allotted to the PAPs :

No PAPs shall transfer / dispose of the tenements allotted to him without prior permission of the Government. The procedure followed by Slum Rehabilitation Authority for transfer / disposal of tenements under Slum Rehabilitation Schemes shall mutatis-mutandis be applied in case of transfer / disposal of tenements allotted to the PAPs under this Policy.

These orders are issued after obtaining concurrence of the Urban Development Department vide informal reference No. 594 Dated 22/11/2000.

This Government Resolution shall supersede all the previous Government Resolutions on this subject.

⁶ the procedure for modifying the Development Plan reservation is prescribed in Section 36 of the MR & TP Act 1966. This requires publication proposed modification for inviting public suggestions and objections, hearing the suggestions and objections and then taking a final decision.
By order and in the name of the Governor of Maharashtra.

Sd/-
(R.B. Budhiraja)
Principal Secretary to Government of Maharashtra,

Copy to :

1. Secretary to Hon. Governor,
2. Secretary to Chief Minister,
3. Chief Secretary,
4. Chairman, Railway Board, Rail Bhavan, New Delhi,
5. Private Secretaries to all Ministers and State Ministers,
6. Additional Secretary, Urban Development Department, Government of India, New Delhi.
7. General Manager, Western Railway, Churchgate, Mumbai
8. General Manager, Central Railway, CST, Mumbai.
9. Managing Director, M.R.V.C. 2nd Floor, Churchgate Station Building, Mumbai – 400 020.
10. Metropolitan Commissioner, MMRDA, Bandra Kurla Complex, Mumbai.
11. Secretary to All Department, Mantralaya, Mumbai.
12. Vice President and Chief Executive Officer, MHADA, Mumbai – 400 051.
13. Chief Executive Officer, S.R.A. Bandra (East), Mumbai – 400 051.
14. Divisional Railway Manager, Western Railway, Mumbai Central, Mumbai.
15. Divisional Railway Manager, Central Railway, CST, Mumbai.
16. Additional Police Commissioner, Traffic Police, Worli, Mumbai.
17. Commissioner, Gr. Mumbai Municipal Corporation, Mumbai

18. **Commissioner, Thane Municipal Corporation.**
19. **Collector, Mumbai**
20. **Collector, Mumbai Suburban District, Mumbai**
21. **Additional Collector (ENC), Mumbai**
22. **Controller, Encroachment, Mumbai.**
23. **All Officers, Housing and Special Assistance Department, Mantralaya, Mumbai.**
24. **Select File.**

Appendix – I

SUMMARY OF REHABILITATION MEASURES

Sr. No.	Category of RAP	Legal Compensation	Rehabilitation		
			Monetary Supplement	Type of Shelter related Rehabilitation	Price to be charged
1.	Non-resident land Owners (including farmers and horticulturists)	Market value of land and building according to LA Act.	Nil	Nil	
	Non – resident lessees	Apportionment of compensation for the unexpired period of lease according to LA Act.	Nil	Nil	
2.	Resident landlord (Land and Building) (including farmers and horticulturists).	As in 1 above	Nil	Cash supplement equivalent to cost of construction of floor space (subject to a max. 20.91 sq.m.) occupied prior to resettlement . OR Floor space equal to self occupied floor area, subject to maximum of 70 Sq.m. irrespective of use of floor.	First 90.21 sq.m. of floor space free of cost and at actual cost for the area in excess thereof
	Resident lessee of land and building	Apportionment of compensation for the unexpired period of lease according to LA Act.	Nil	Floor space equal to self occupied floor area, subject to maximum of 70 sq.m. irrespective of use of floor space.	First 20.91 sq.m. of floor space free of cost and at actual cost for area in excess thereof.

Sr. No.	Category of RAP	Legal Compensation	Rehabilitation		
			Monetary Supplement	Type of Shelter related Rehabilitation	Price to be charged
3.	Resident lessees, tenants or sub-tenants of buildings	Shifting charges according to LA Act.	Nil	Floor space equal to self occupied floor area, subject to a maximum of 70 sq.m. irrespective of use of floor space.	Free of cost on ownership basis up to 20.91 sq.m. of floor space and at actual cost for area e x c e s s thereof.
4.	Squatters				
	Non-Resident structure owners (The status to be established by documentary evidence in	Nil	Replacement cost of lost structure	Nil	
	Resident structure owners.	Nil	Replacement cost of lost structure	Township option Plot of 25 Sq.m.	Free of cost
	Tenants		Nil	Plot in excess of 25 sq.m.	At cost of excess area.
			Nil	PH / HD / SRD Option : Residential : floor Space of 20.91 sq.m.	Free of cost.
			Nil	Shops & business Area equivalent to existing area with a maximum of 70 sq.m. Out of which 20.91sq.m.	Free of cost.
				Area in excess of 20.91 sq.m.	At cost for the excess area.

Sr. No.	Category of RAP	Legal Compensation	Rehabilitation		
			Monetary Supplement	Type of Shelter related Rehabilitation	Price to be charged
				<p>Township option Plot of 25 sq.m.</p> <p>Plot in excess of 25 sq.m.</p> <p>P H / H D / S R D Option : Residential : Floor Space of 20.91 sq.m.</p> <p>For shops & business Area equivalent to existing area with a maximum of 70 sq.m. out of which 20.91 sq.m.</p> <p>Area in excess of 20.91 sq.m.</p>	<p>Free of cost.</p> <p>At cost for the excess area.</p> <p>Free of cost</p> <p>Free of cost</p> <p>At cost for the excess area.</p>
5.	Pavement dwellers	Nil	<p>Replacement cost of lost structure</p> <p>Nil</p>	<p>Township option Plot of 25 sq.m.</p> <p>Plot in excess of 25 sq.m.</p> <p>P H / H D / S R D Option : Residential : Floor Space of 20.91 sq.m.</p> <p>For shops & business :</p>	<p>Free of cost</p> <p>At cost of excess area.</p> <p>Free of cost.</p>

Sr. No.	Category of RAP	Legal Compensation	Rehabilitation		
			Monetary Supplement	Type of Shelter related Rehabilitation	Price to be charged
				Area equivalent to existing area with a maximum of 70 sq.m. out of which 20.91 sq.m. Area in excess of 20.91 sq.m.	Free of cost. At cost for the excess area.
6.	<p>Employees and entrepreneurs</p> <p>(a) Employees residing in the affected community and working at some other place.</p> <p>(b) Non-resident employees.</p> <p>(c) Employees and entrepreneurs who permanently lose their source of livelihood.</p>	<p>Nil</p> <p>Nil</p> <p>Nil</p>	<p>Amount equivalent to the fare of twelve quarterly season tickets for excess distance by suburban railway.</p> <p>Same as above</p> <p>A lump sum compensation equivalent to one year's income, determined by the R & R Agency's valuation committee.</p>	<p>Nil</p> <p>Nil</p> <p>The rehabilitation package shall include access to employment information through employment exchange, and training facilities for appropriate skills be provided through on going government programs and credit through, community operated fund.</p>	

For Further information please contact :

Project Director, MUTP,

MUMBAI METROPOLITAN REGION DEVELOPMENT AUTHORITY

Bandra-Kurla Complex, Bandra (E), Mumbai – 400 051.

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E-Mail : mmrda@giashm01.vsnl.net.in

Web Site : <http://www.mmrda.mumbai.org>

Annexure 8

UN Guiding Principles on Internal Displacement*

Introduction: Scope and Purpose

- 1. These Guiding Principles address the specific needs of internally displaced persons worldwide. They identify rights and guarantees relevant to the protection of persons from forced displacement and to their protection and assistance during displacement as well as during return or resettlement and reintegration.**
- 2. For the purposes of these Principles, internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.**
- 3. These Principles reflect and are consistent with international human rights law and international humanitarian law. They provide guidance to:**
 - (a) The Representative of the Secretary-General on internally displaced persons in carrying out his mandate;**
 - (b) States when faced with the phenomenon of internal displacement;**
 - (c) All other authorities, groups and persons in their relations with internally displaced persons; and**
 - (d) Intergovernmental and non-governmental organizations when addressing internal displacement.**
- 4. These Guiding Principles should be disseminated and applied as widely as possible.**

Section I - General Principles

Principle 1

- 1. Internally displaced persons shall enjoy, in full equality, the same rights and freedoms under international and domestic law as do other persons in their country. They shall not be discriminated against in the enjoyment of any rights and freedoms on the ground that they are internally displaced.**
- 2. These Principles are without prejudice to individual criminal responsibility under international law, in particular relating to genocide, crimes against humanity and war crimes.**

*Extract from the document E/CN.4/1998/53/Add.2, dated 11 February 1998

Principle 2

1. These Principles shall be observed by all authorities, groups and persons irrespective of their legal status and applied without any adverse distinction. The observance of these Principles shall not affect the legal status of any authorities, groups or persons involved.
2. These Principles shall not be interpreted as restricting, modifying or impairing the provisions of any international human rights or international humanitarian law instrument or rights granted to persons under domestic law. In particular, these Principles are without prejudice to the right to seek and enjoy asylum in other countries.

Principle 3

1. National authorities have the primary duty and responsibility to provide protection and humanitarian assistance to internally displaced persons within their jurisdiction.
2. Internally displaced persons have the right to request and to receive protection and humanitarian assistance from these authorities. They shall not be persecuted or punished for making such a request.

Principle 4

1. These Principles shall be applied without discrimination of any kind, such as race, colour, sex, language, religion or belief, political or other opinion, national, ethnic or social origin, legal or social status, age, disability, property, birth, or on any other similar criteria.
2. Certain internally displaced persons, such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of household, persons with disabilities and elderly persons, shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special needs.

Section II - Principles Relating to Protection from Displacement

Principle 5

All authorities and international actors shall respect and ensure respect for their obligations under international law, including human rights and humanitarian law, in all circumstances, so as to prevent and avoid conditions that might lead to displacement of persons.

Principle 6

1. Every human being shall have the right to be protected against being arbitrarily displaced from his or her home or place of habitual residence.
2. The prohibition of arbitrary displacement includes displacement:
 - (a) When it is based on policies of apartheid, “ethnic cleansing” or similar practices aimed at/or resulting in altering the ethnic, religious or racial composition of the affected population;

- (b) In situations of armed conflict, unless the security of the civilians involved or imperative military reasons so demand;
- (c) In cases of large-scale development projects, which are not justified by compelling and overriding public interests;
- (d) In cases of disasters, unless the safety and health of those affected requires their evacuation; and
- (e) When it is used as a collective punishment.

3. Displacement shall last no longer than required by the circumstances.

Principle 7

1. Prior to any decision requiring the displacement of persons, the authorities concerned shall ensure that all feasible alternatives are explored in order to avoid displacement altogether. Where no alternatives exist, all measures shall be taken to minimize displacement and its adverse effects.

2. The authorities undertaking such displacement shall ensure, to the greatest practicable extent, that proper accommodation is provided to the displaced persons, that such displacements are effected in satisfactory conditions of safety, nutrition, health and hygiene, and that members of the same family are not separated.

3. If displacement occurs in situations other than during the emergency stages of armed conflicts and disasters, the following guarantees shall be complied with:

- (a) A specific decision shall be taken by a State authority empowered by law to order such measures;
- (b) Adequate measures shall be taken to guarantee to those to be displaced full information on the reasons and procedures for their displacement and, where applicable, on compensation and relocation;
- (c) The free and informed consent of those to be displaced shall be sought;
- (d) The authorities concerned shall endeavour to involve those affected, particularly women, in the planning and management of their relocation;
- (e) Law enforcement measures, where required, shall be carried out by competent legal authorities; and
- (f) The right to an effective remedy, including the review of such decisions by appropriate judicial authorities, shall be respected.

Principle 8

Displacement shall not be carried out in a manner that violates the rights to life, dignity, liberty and security of those affected.

Principle 9

States are under a particular obligation to protect against the displacement of indigenous peoples, minorities, peasants, pastoralists and other groups with a special dependency on and attachment to their lands.

Section III - Principles Relating to Protection During Displacement

Principle 10

1. Every human being has the inherent right to life which shall be protected by law. No one shall be arbitrarily deprived of his or her life. Internally displaced persons shall be protected in particular against:

- (a) Genocide;
- (b) Murder;
- (c) Summary or arbitrary executions; and
- (d) Enforced disappearances, including abduction or unacknowledged detention, threatening or resulting in death.

Threats and incitement to commit any of the foregoing acts shall be prohibited.

2. Attacks or other acts of violence against internally displaced persons who do not or no longer participate in hostilities are prohibited in all circumstances. Internally displaced persons shall be protected, in particular, against:

- (a) Direct or indiscriminate attacks or other acts of violence, including the creation of areas wherein attacks on civilians are permitted;
- (b) Starvation as a method of combat;
- (c) Their use to shield military objectives from attack or to shield, favour or impede military operations;
- (d) Attacks against their camps or settlements; and
- (e) The use of anti-personnel landmines.

Principle 11

1. Every human being has the right to dignity and physical, mental and moral integrity.

2. Internally displaced persons, whether or not their liberty has been restricted, shall be protected in particular against:

- (a) Rape, mutilation, torture, cruel, inhuman or degrading treatment or punishment, and other outrages upon personal dignity, such as acts of gender-specific violence, forced prostitution and any form of indecent assault;
- (b) Slavery or any contemporary form of slavery, such as sale into marriage, sexual exploitation, or forced labour of children; and
- (c) Acts of violence intended to spread terror among internally displaced persons.

Threats and incitement to commit any of the foregoing acts shall be prohibited.

Principle 12

1. Every human being has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention.
2. To give effect to this right for internally displaced persons, they shall not be interned in or confined to a camp. If in exceptional circumstances such internment or confinement is absolutely necessary, it shall not last longer than required by the circumstances.
3. Internally displaced persons shall be protected from discriminatory arrest and detention as a result of their displacement.
4. In no case shall internally displaced persons be taken hostage.

Principle 13

1. In no circumstances shall displaced children be recruited nor be required or permitted to take part in hostilities.
2. Internally displaced persons shall be protected against discriminatory practices of recruitment into any armed forces or groups as a result of their displacement. In particular any cruel, inhuman or degrading practices that compel compliance or punish non-compliance with recruitment are prohibited in all circumstances.

Principle 14

1. Every internally displaced person has the right to liberty of movement and freedom to choose his or her residence.
2. In particular, internally displaced persons have the right to move freely in and out of camps or other settlements.

Principle 15

Internally displaced persons have:

- (a) The right to seek safety in another part of the country;
- (b) The right to leave their country;

- (c) The right to seek asylum in another country; and
- (d) The right to be protected against forcible return to or resettlement in any place where their life, safety, liberty and/or health would be at risk.

Principle 16

1. All internally displaced persons have the right to know the fate and whereabouts of missing relatives.
2. The authorities concerned shall endeavour to establish the fate and whereabouts of internally displaced persons reported missing, and cooperate with relevant international organizations engaged in this task. They shall inform the next of kin on the progress of the investigation and notify them of any result.
3. The authorities concerned shall endeavour to collect and identify the mortal remains of those deceased, prevent their despoliation or mutilation, and facilitate the return of those remains to the next of kin or dispose of them respectfully.
4. Grave sites of internally displaced persons should be protected and respected in all circumstances. Internally displaced persons should have the right of access to the grave sites of their deceased relatives.

Principle 17

1. Every human being has the right to respect of his or her family life.
2. To give effect to this right for internally displaced persons, family members who wish to remain together shall be allowed to do so.
3. Families which are separated by displacement should be reunited as quickly as possible. All appropriate steps shall be taken to expedite the reunion of such families, particularly when children are involved. The responsible authorities shall facilitate inquiries made by family members and encourage and cooperate with the work of humanitarian organizations engaged in the task of family reunification.
4. Members of internally displaced families whose personal liberty has been restricted by internment or confinement in camps shall have the right to remain together.

Principle 18

1. All internally displaced persons have the right to an adequate standard of living.
2. At the minimum, regardless of the circumstances, and without discrimination, competent authorities shall provide internally displaced persons with and ensure safe access to:
 - (a) Essential food and potable water;
 - (b) Basic shelter and housing;
 - (c) Appropriate clothing; and
 - (d) Essential medical services and sanitation.

3. Special efforts should be made to ensure the full participation of women in the planning and distribution of these basic supplies.

Principle 19

1. All wounded and sick internally displaced persons as well as those with disabilities shall receive to the fullest extent practicable and with the least possible delay, the medical care and attention they require, without distinction on any grounds other than medical ones. When necessary, internally displaced persons shall have access to psychological and social services.

2. Special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as appropriate counselling for victims of sexual and other abuses.

3. Special attention should also be given to the prevention of contagious and infectious diseases, including AIDS, among internally displaced persons.

Principle 20

1. Every human being has the right to recognition everywhere as a person before the law.

2. To give effect to this right for internally displaced persons, the authorities concerned shall issue to them all documents necessary for the enjoyment and exercise of their legal rights, such as passports, personal identification documents, birth certificates and marriage certificates. In particular, the authorities shall facilitate the issuance of new documents or the replacement of documents lost in the course of displacement, without imposing unreasonable conditions, such as requiring the return to one's area of habitual residence in order to obtain these or other required documents.

3. Women and men shall have equal rights to obtain such necessary documents and shall have the right to have such documentation issued in their own names.

Principle 21

1. No one shall be arbitrarily deprived of property and possessions.

2. The property and possessions of internally displaced persons shall in all circumstances be protected, in particular, against the following acts:

(a) Pillage;

(b) Direct or indiscriminate attacks or other acts of violence;

(c) Being used to shield military operations or objectives;

(d) Being made the object of reprisal; and

(e) Being destroyed or appropriated as a form of collective punishment.

3. Property and possessions left behind by internally displaced persons should be protected against destruction and arbitrary and illegal appropriation, occupation or use.

Principle 22

1. Internally displaced persons, whether or not they are living in camps, shall not be discriminated against as a result of their displacement in the enjoyment of the following rights:

- (a) The rights to freedom of thought, conscience, religion or belief, opinion and expression;
- (b) The right to seek freely opportunities for employment and to participate in economic activities;
- (c) The right to associate freely and participate equally in community affairs;
- (d) The right to vote and to participate in governmental and public affairs, including the right to have access to the means necessary to exercise this right; and
- (e) The right to communicate in a language they understand.

Principle 23

1. Every human being has the right to education.

2. To give effect to this right for internally displaced persons, the authorities concerned shall ensure that such persons, in particular displaced children, receive education which shall be free and compulsory at the primary level. Education should respect their cultural identity, language and religion.

3. Special efforts should be made to ensure the full and equal participation of women and girls in educational programmes.

4. Education and training facilities shall be made available to internally displaced persons, in particular adolescents and women, whether or not living in camps, as soon as conditions permit.

Section IV- Principles Relating to Humanitarian Assistance

Principle 24

1. All humanitarian assistance shall be carried out in accordance with the principles of humanity and impartiality and without discrimination.

2. Humanitarian assistance to internally displaced persons shall not be diverted, in particular for political or military reasons.

Principle 25

1. The primary duty and responsibility for providing humanitarian assistance to internally displaced persons lies with national authorities.

2. International humanitarian organizations and other appropriate actors have the right to offer their services in support of the internally displaced. Such an offer shall not be regarded as an unfriendly act or an interference in a State's internal affairs and shall be considered in good faith. Consent thereto shall

not be arbitrarily withheld, particularly when authorities concerned are unable or unwilling to provide the required humanitarian assistance.

3. All authorities concerned shall grant and facilitate the free passage of humanitarian assistance and grant persons engaged in the provision of such assistance rapid and unimpeded access to the internally displaced.

Principle 26

Persons engaged in humanitarian assistance, their transport and supplies shall be respected and protected. They shall not be the object of attack or other acts of violence.

Principle 27

1. International humanitarian organizations and other appropriate actors when providing assistance should give due regard to the protection needs and human rights of internally displaced persons and take appropriate measures in this regard. In so doing, these organizations and actors should respect relevant international standards and codes of conduct.

2. The preceding paragraph is without prejudice to the protection responsibilities of international organizations mandated for this purpose, whose services may be offered or requested by States.

Section V - Principles Relating to Return, Resettlement and Reintegration

Principle 28

1. Competent authorities have the primary duty and responsibility to establish conditions, as well as provide the means, which allow internally displaced persons to return voluntarily, in safety and with dignity, to their homes or places of habitual residence, or to resettle voluntarily in another part of the country. Such authorities shall endeavour to facilitate the reintegration of returned or resettled internally displaced persons.

2. Special efforts should be made to ensure the full participation of internally displaced persons in the planning and management of their return or resettlement and reintegration.

Principle 29

1. Internally displaced persons who have returned to their homes or places of habitual residence or who have resettled in another part of the country shall not be discriminated against as a result of their having been displaced. They shall have the right to participate fully and equally in public affairs at all levels and have equal access to public services.

2. Competent authorities have the duty and responsibility to assist returned and/or resettled internally displaced persons to recover, to the extent possible, their property and possessions which they left behind or were dispossessed of upon their displacement. When recovery of such property and possessions is not possible, competent authorities shall provide or assist these persons in obtaining appropriate compensation or another form of just reparation.

Principle 30

All authorities concerned shall grant and facilitate for international humanitarian organizations and other appropriate actors, in the exercise of their respective mandates, rapid and unimpeded access to internally displaced persons to assist in their return or resettlement and reintegration.

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OHCHR-UNOG
8-14 Avenue de la Paix
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Telephone Number (41-22) 917-9000

3.3 Acute Illnesses

In the past two weeks, was anyone in the household ill?

Details about the episode of illness

Name	Type of Illness	Number of days ill	Treatment Sought	Source of Treatment	Number of visits	Mode of Travel	Who accompanied	How of many days work lost

3.4 If treatment was not sought, what are the reasons for the same?

3.5 Expenditure on healthcare

Fees	Medicines	Investigations	Travel	Food	Bribes/gifts	Other expenses

3.6 Chronic health problems

Does anyone in your house suffer from the following?

- 3.6.1 Asthma
- 3.6.2 Tuberculosis
- 3.6.3 Hypertension
- 3.6.4 Diabetes
- 3.6.5 Heart problem
- 3.6.6 Epilepsy
- 3.6.7 Mental illness
- 3.6.8 Disability

3.6.9 Arthritis / Rheumatism

3.7 Name of person:

3.8 Since when has s/he been suffering from this problem?

3.9 What medical treatment has s/he been taking for this problem?

Name of institution	Type of treatment sought	How often did you go for treatment	Routine investigations if needed repeatedly	Expenses involved

3.10 If the treatment has changed, give reasons

4. Work

4.1 How many members of the household are employed? Kindly give details

Name	Type of work (plumber, carpenter, domestic worker, etc.)	Structure of work (Casual, temporary, contract, self employed)	Location of Work (small unit, big unit, contractor, home, etc.)	Area of Work (Jari Mari, Chembur, Bhandup, etc.)	How many days in the month did you find work?	Wages / returns	Expenses on travel, commission, food, rent (if required to stay away for work)

- 1 If any members employed overseas or outside Mumbai, please probe and take all the details.
- 1 Please probe for home based work among women and children

4.2 Is any member learning a vocation or learning on the job? Kindly give details.

Name	Type of work	Where do you learn the vocation from?	How many days in the month do train/ learn on the job?	Wages / returns	Expenses on travel, commission, food, rent (if required to stay away for work)

5. Social Security

5.1 What do you procure from the fair price shop?

5.2 Did you have any of these documents that you require routinely, made in the past one year?

	When	From where	Who helped	Did you face any problems
Birth certificates				
Death certificates				
School leaving certificates				
Below Poverty Line Cards				
ESIS cards				
Court affidavit				
Pension certificates / any other benefits from government, non government, religious organisations				

Sr. No.	Name of Head of Family occupying Hut at Present as verified on site	Name and separate Structure Number appearing in Electoral Roll (Specify the year of the Electoral Roll the Structure No. and the Serial No. reflected in Electoral Roll)			User – Residential/ Commercial/ Residential-cum Commercial Amenity Structures/ Religious Structures	Carpet – Area of Non Residential User prior to 1/1/95	Documentary Evidences for (i) Separate identity ii) Carpet area iii) Existence prior to 1/1/95 in case of Non Residential Users	Whether Individual slum dweller has consented for the scheme (Yes/No)	If Individual slum dweller has consented for the Scheme his signature / Thumb Impression	Remarks of the Competent Authority on Eligibility as per Approved DCR 33(10)	
		Year of Electoral Roll	Sr. No. in Electoral Roll	Structure No. in Electoral Roll						Eligible (If not reasons)	Carpet Area in case of Non Residential Users

Chief Promoter of CHS/ Owner/ Developer/ NGO

Certified

Signature of *Ward Officer (M.C.G.M.)/
C.O. (MHADA)/
Dy. Collector (Enc)/Addl. Collector
With Seal*

Note : Separate Commercial User shall be considered only if it is in a separate built-up premises and not through a common wall.
Every page of Annexure – II should be signed.

N. B. Strike out what is not applicable.