

Urban Poverty Alleviation Initiatives & The JNNURM: A Critical Assessment

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Urban Poverty Alleviation Initiatives & The JNNURM: A Critical Assessment

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Abstract

The paper attempts to analyze the existing situation of the Urban Poor as mentioned in the City Development plans prepared by various cities eligible for financial aid under the JNNURM, against the backdrop of the Poverty Alleviation strategies employed in India since Independence. The paper also includes a section on the city development strategies that seems to provide a panacea for the errors that might have crept into the CDPs.

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I. Introduction

Poverty, as a concept, can be associated with an individual or a family. Typically, being poor implies that an individual or a household does not have adequate money so as to purchase the basic necessities. Since poor individuals or families, usually live in a poor neighborhood, poverty has a spatial dimension. Urban Poverty is a multi dimensional concept, with the manifestations and the causes for poverty moving in a cyclical pattern. One dimension of urban poverty gives rise to another dimension and one form of deprivation gives rise to another. For example, a household with lack of adequate resources cannot send its children to school. The children without adequate literacy cannot secure for themselves sustained sources of livelihood. This would restrict them from commanding adequate resources to improve their living standards.

Urban poverty broadly has 3 dimensions Livelihood/employment, Health and education. The World Bank defines urban poverty as not just a collection of characteristics, which apart from other things include limited access to employment opportunities and income, inadequate and insecure housing and services, violent and unhealthy environments but also as a dynamic condition of vulnerability or susceptibility to risks.

In India, urban poverty is defined in terms of minimum calorie intake, at 2100 calories per capita per day. This is a convenient measure for identifying the urban poor for the purpose of implementing Urban Poverty Alleviation Initiatives (UPAIs). The Planning Commission's revised methodology of 1997 results in an average poverty line for India of Rs.353/- per capita per month for 1996-97. This equals approximately Rs. 21,180/- per household per annum. On this basis, Planning Commission data indicates that the urban poor were estimated to be 7.5 crores, comprising 38% of the total urban population in 1988. This number rose to 7.63 crores in 1993-94, i.e. 32% of the total urban population.

II. Urban Poverty Alleviation Initiatives in India

India has quite rightly laid an emphasis upon the elimination of poverty throughout its development plans. On the 14th of August, approaching midnight, in his historic 'Tryst with Destiny' speech, Pandit Jawaharlal Nehru reminded the nation that the "ending of poverty and ignorance and disease and inequality of opportunity" is one of the prime tasks of Modern India. However, the Planning Commission realized that mass poverty could only be tackled as a part of a development strategy supported by a radical policy framework of institutional reforms. It began formulating strategies only after commissioning the first households surveys of the urban poor in 1951. The incidence of poverty was 53% then and according to the 55th round of the NSS survey has currently reduced to 26.1% (23.62% in urban areas and 27.09% in rural areas). Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh (BIMARU) account for 51% of the BPL population in the country. If combined with the eastern states- Assam, Bihar, Orissa and West Bengal, the BIMARU and eastern region account for 70% of the poor in the country.

There are *two approaches to tackle poverty*- the Indirect and the Direct 'attack'. The Indirect approach works on the principal of the Trickle-down effect. It believes that a rapid growth of per-capita income will benefit the poor-thus, Community Development Projects (CDP) in 1952 and National Extension Service (NES), 1953 were initialized after the First Five Year Plan. The Direct approach is based upon the fact that "widespread poverty is a challenge which no society in modern times can afford to ignore for long" This has two components-providing livelihood via employment guarantee

schemes and providing basic services like electricity, water, sanitation, primary health care etc which shall enable the poor to save by not spending money on generators, and the treatment of illnesses arising from poor sanitation and sewerage.

India's first initiative to eradicate urban poverty was the Subsidized Industrial Housing Scheme (SIHS) in 1952. Since then, urban poverty alleviation programmes have gathered momentum in three overlapping phases-The housing phase, 1952-1997, the welfare phase from approx 1956 to 2002 and a credit and employment phase from 1977-1997.

Government Initiatives Regarding Housing

The *Subsidized Industrial Housing Scheme*, which targeted the industrial workers employed in factories and mines in the public and joint sector, was responsible for the construction of 282,829 dwelling units at a cost of Rs.1701.24 crores. 50% of the housing cost was subsidized and loans were available for the other half of the cost. Employers providing housing facilities for their workers were given financial assistance up to 75% of the cost.

In 1952, a scheme for *Economically Weaker Section (EWS) Housing* was implemented. Approximately 11 lakh plots were distributed since 1980. 65,432 shelter units were constructed during the Sixth Five Year Plan. Houses and plots of 25 to 30 sq mts were provided at cost price. By 1992, construction loans up to Rs.19,500 became obtainable and so did repair loans of up to Rs. 9500. These were repayable in 20-25 years at concessional rates of interest. The Average cost of an EWS house is currently Rs. 35,000. This scheme was sponsored primarily by HUDCO, which raised almost Rs.800 crores annually.

The *Low Income Group Housing Scheme (LIGHS)* came about in 1954. HUDCO allowed construction loans of Rs. 55,000 and repair loans of Rs.37,500. The average cost of a LIG house is currently Rs.100,000. 1/3 of these LIGHS houses were to be reserved for the EWS. Another important development that took place in 1954 was the formation of the Ministry of Works and Housing (MoWH), which was later renamed as the Ministry of Urban Development (MoUD) in 1985. This was bifurcated into the Department of Urban Development (later the MoUA and then the MoUD) and the Department of Urban Employment and Poverty Alleviation (later the MoUEPA). In May 2000, the Ministry of Urban Development (MoUD) and the Ministry of Urban Employment and Poverty Alleviation (MoUEPA) were merged to form the Ministry of Urban Development and Poverty Alleviation (MoUDPA).

Another important development in 1954 was the establishment of *NBO-National Building Organisation*, The United Nation's regional housing center for Economic and Social Commission for Asia and the Pacific (ESCAP). This collects, processes and disseminates information related to housing and innovative construction methods.

The *Slum Areas Improvement and Clearance (SAIC) Programme* was launched in 1956. Class III and IV government employees including scavengers, gardeners and sweepers. Kolkata, Delhi, Madras, Bombay, Kanpur, and Ahmedabad were prioritized along with towns with a population of above 100,000. The Central government provided a subsidy to the State governments to facilitate a classification of slums into slums that must be cleared and redeveloped and slums that must be up graded, provide separate washing platforms and provide housing and skeletal housing. Following this scheme, the Land Acquisition and Development Scheme (LADS) allowed the government to acquire land

for public purposes. The Delhi Development Authority was founded in 1958. It has a 'Slum Wing' to take care of minimum amenities to be provided to the slum dwellers, up gradation, resettlement and the Environmental Improvement of Urban Slums (EIUS) according to the SAIC.

HUDCO-Housing and Urban Development Corporation was founded in 1970 as an apex national techno-finance agency in the housing sector. It has been involved in financing the construction of EWS, LIG houses and EIUS Schemes. It is responsible for the implementation of National Housing and Habitat Policy and it has established a Habitat Polytech in New Delhi to train NGOs and engineers in habitat planning and management.

The Minimum Needs Programme (MNP) was introduced in the Fifth Five Year Plan initially as a Rural Poverty Alleviation Programme. By 1980, its focus shifted to urban affairs targeting landless labourers and BPL families. It provided Basic Minimum Services like slum up gradation to include health facilities, water supply, electrification, road connectivity, housing, elementary education and nutrition. In the 6th Five Year Plan, adult education was also included and in the 7th, domestic energy and sanitation were provided as well. The State Governments are the implementing agencies.

In the same year, HUDCO brought out the *SS-Sites and Services*, targeting low-income families the monthly incomes of which do not exceed Rs.700. Loans, sites for small businesses and low cost housing with amenities like toilets, baths, access roads, truck water, and sewer lines.

1988 was an eventful year for urban housing: *The National Housing Policy* was brought about by the MoUDPA to provide low cost housing technology, appropriate materials, information and skill up gradation to artisans and footpath dwellers. The *National Housing Bank* was established as a subsidiary of the RBI to mobilize and channelize resources for the *National Housing Policy* and to refinance HUDCO and other state and local home financing institutions. The *National Network of Building Centres (NNBC)* was founded to create a decentralized delivery system for the training and up gradation of skills for housing technology, use of low cost but high quality materials and those produced out of agro-industrial waste, training of local artisans and unemployed youth. By 1989, 41 centres were operational. By 1996, there were 435 centres but only 239 were operational.

The Night Shelter Scheme came about in 1988. It targeted 2 lakh footpath dwellers in 12 metros and set up 56 schemes to provide 19,366 beds, 5258 pay-and-use toilets, 64 baths and 145 urinals. It was a part of the National Housing Policy, 1988. Community night shelters with minimal sanitary and water supply, and a place to park rickshaws were constructed. The cost of construction was a maximum of Rs.5000. The Centre subsidized Rs.1000 and the voluntary construction agency could take the rest of the money as a loan from HUDCO. For pay-and-use toilets, the Central subsidy was limited to Rs. 350 a user. This was a joint project of Gol, MoUDPA, the State Governments, the ULBs and HUDCO.

In 1990 the Building Materials and Technology Promotion Council (BMTPC) took over the functions of the National Building Organisation-NBO. An Urban Poverty Alleviation Fund was created in each Municipality. The President is the Union Minister for Urban Development. It is comprised of representatives from the Union, States, NHBs, HUDCO, IDBI, IFFCO and ICICI.

In 1994, the Planning Commission's Modified Expert Group made estimates of urban poverty after modifying the methodology for calculating State specific poverty lines. Government Initiatives Regarding Welfare.

In the early years of the Welfare Phase of the poverty alleviation schemes, welfare was usually coupled with housing. The SAIC, 1956 was also an attempt to provide *Basic Services to the Urban Poor. (BSUP)* In 1958, welfare schemes began to gain momentum with the *Urban Community Development (UCD) Programme*. This was a bid to strengthen local voluntary organizations and establish *basti* level agencies, self-help groups and community organizations. Pre-School classes, immunization schemes, crèches, mid-day meal centres and medical check up schemes were launched. So were *Mahila Mandals* and income generation training programmes for women. Vocational education in terms of typewriting classes, auto rickshaw driving classes etc was imparted and dispensaries, study tours, *basti* committees, co-operatives, and anti-mosquito drives were facilitated. This was a Centrally Sponsored scheme but the monetary burden was shifted to the States later on. UNICEF and the Ford Foundation also contributed substantially in terms of funds.

In 1961, *the Urban Water Supply and Sanitation (UWS&S) Scheme* was launched to provide good sewerage or improve the existing sewerage system. Storm water drains and feeder mains were constructed, clear water reservoirs were rehabilitated and the drainage system was improved.

The Mid-Day Meal (MDM) Programme, which was included in the MNP-Minimum Needs Programme in the 5th Five Year Plan in 1962, provided supplementary nutrition as a mid-day meal in schools. It covered 20 million children by the end of the 6th Five Year Plan.

The Special Nutrition Programme (SNP) in 1970 followed this. It too, was a part of the MNP. It provided food supplements of 300 calories and 10 grams of protein per child, 600 calories and 20 grams to severely malnourished children and 500 calories and 15-20 grams of protein to pregnant/nursing women. As can be seen, this was not a self-sustaining programme. UNICEF assisted the Central and State governments to tackle the financial burden. It was mainly a scheme for the delivery of services rather than for the empowerment of the poor to earn the services on their own. The same can be said for the Balwadi Nutrition Programme implemented in 1971.

In 1972, the *EIUS* was implemented. It was included under MNP, in convergence with the Urban Basic Services for Poor (UBSP) since 1992-93, in the National Slum Development Programme (NSDP) in 1996. Sanitary latrines, drainage, portable water supply, road connectivity and street lighting were provided. The per-capita assistance to each slum dweller has been Rs. 800 since 1995. It was a Centrally sponsored scheme till 1974 after which the financial burden was shifted on to the State Governments.

The *Integrated Child Development Services (ICDS) Scheme* set out to provide non-formal pre-school education, early stimulation and learning, supplementary nutrition, and immunization for children. Water and environmental sanitation were also provided. Its *Adolescent Girls Scheme* seeks to meet the needs of 11-18 year old female school dropouts in terms of education, literacy, nutrition and skill formation. Training camps and hands-on-learning camps were organized. In 1979, the *Non Formal Education (NFE) Programme* was launched to cater to similar needs of other children that aren't covered by the formal education system.

The *Integrated Development of Small and Medium Towns (IDSMT)* was launched in 1979. It set up Infrastructure and facilities for towns to serve as service centers for their surrounding rural areas. It was hoped that these would take the force of the rural-urban migration away from the bigger and more overcrowded and slum ridden cities. Each town was given a central grant of Rs.52 lakhs with 6 lakhs to be used for Low Cost Sanitation (LCS). Post 1995, the Center and the State have been sharing the financial burden equally with assistance from the UNICEF.

The LCS Scheme was an attempt to convert all 50 lakhs existing dry latrines into low-cost pour-flush sanitary latrines on a "whole town" basis. The scheme was subsidized by the Central Government, supported by UNICEF and the State Government (50:50 burden). HUDCO loans were available.

The *National Health Policy (NHP)* formulated in 1982, reorganized health infrastructure, improved medial and paramedical training, integrated health plans with health related sectors like water supply, sanitation, food production etc. It recognized the role of voluntary organizations like the Rotary and the Lions Club.

The Universal Immunization Programme attempted to develop an extensive cold chain throughout the country for the storage of vaccines, an indigenous capacity to manufacture vaccines and to issue immunization cards to beneficiaries, thereby keeping records. The especially appointed National Technology Mission ran it.

The Urban Basic Services (UBS) Programme intends to strengthen income generating skill training for women, early childhood learning facilities, and child crèches for children. More community taps and Mark II pumps were installed and maintained, and so were low-cost pour flush toilets, and arrangements for garbage and sullage disposal. A *Basti* Development Committee was formed to develop mini plans and supervise and maintain facilities under UBS. The Public Health Engineering Department is to support the construction of smokeless stoves, bathing cubicles, garbage pits and drains. It was subsumed in the Urban Basic Services for the Poor (UBSP) in 1990. This integrated the social services under UBS and the physical amenities under EIUS. It created an Urban Poverty Alleviation Fund in each Municipality to combine the funds for each scheme.

In the late 1980's training and employment programmes became more of a norm. *The Support for Training and Employment Programme for Women (STEP)* aimed at integrated development, and training and up gradation of skills in agriculture, handicrafts, small animal husbandry, dairying, fisheries, handlooms, sericulture, *khadi* and village industries, social forestry and wasteland development. It mobilized women in viable groups and arranged support services like health check-ups, mobile crèches, education facilities, gender sensitization and access to credit.

In 1988 the *National Literacy Mission (NLM)* acquired for the Kottayam district of Kerela, its famed 100% literacy. It covered 556 out of 588 districts. In the same year, the National Commission for Self-Employed Women and the Women in the Informal Sector (NCSEW & WIS) did a situational review of women in the informal sector and recommended the introduction of protective measures to guarantee employment, income generation, minimum wages, and up gradation of skills.

In 1993, the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act made the employment of manual scavengers a punishable offence. Kerala, Karnataka, Gujarat and Tripura declared a scavenger-free government. The Accelerated Urban Water Supply Programme targeted 215 eligible small towns with a population of less than 20,000 (1991 Census) in Class IV, V, and VI categories. It tried to improve the quality of life of the poor by reducing water scarcity, improving the revenue base of urban local bodies and improving their involvement.

In 1996, the *National Slum Development Programme* (NSDP) brought in up gradations in infrastructural facilities, community centers, education, housing, thrift and credit societies, water and sanitation, primary education, adult literacy, SWM, garbage disposal etc.

In 1997, the *Targeted Public Distribution System* (TPDS) replaced the old PDS. It issued 10 kg of food grains especially rice and wheat every month to each BPL family at 40% of the cost. Non-BPL families would also be entitled to these food grains and edible oils, kerosene and sugar at 80% of the cost. It can be noted that BPL families can easily sell their rations to the non-BPL families in the black market. This scheme is obviously not efficient.

The *Valmiki Ambedkar Malin Basti Awas Yojana* (VAMBAY), 2001 tried to identify and meet the shelter needs of the urban poor. 25% of funds were earmarked for water supply and sanitation, and 2% for making model demonstration slum up gradation projects. The scheme was under DUEPA, MoUD, HUDCO and poverty alleviation NGOs.

Government Initiatives Regarding Credit

The first Credit Scheme for the urban poor began in 1997 with *the Differential Rate of Interest (DRI)* originally started in 1972 but expanded to include the urban poor in 1977. Subsidized credit was given by commercial banks for 3 years. The maximum loan amount was Rs.6500 at an interest of 4% to be repaid within 5 years, inclusive of the two-year grace period. SC/STs and the handicapped could obtain an additional loan of Rs.5000, the former for housing and the latter for aids and appliances for an entrepreneurial venture.

The Nehru Rozgar Yojana (NRY) was launched in 1989 to target BPL urban households, 30% of which should be women headed. SCs and STs were represented in proportion to their population. Up to 10 lakh urban unemployed and underemployed poor were expected to benefit from the schemes under NRY. The NRY Scheme of Urban Micro Enterprises (NRY-SUME) set up small enterprises related to servicing and small-scale manufacturing. Training was undertaken through ITI, and polytechnics run by the government, the private sector and the NGO sector at a per capita expenditure of Rs. 1200. Women and Rs.4000 by other beneficiaries, without collateral or a third party guarantee, may obtain a maximum of Rs.5000 as loan. Women, SC/STs and Rs.12000 for others, may obtain the remaining from a bank at a maximum of Rs. 15,000.

The NRY Scheme of Wage Employment for public assets creation (SUWE) was an employment guarantee to develop social infrastructure programme. Rs.15 per day was paid to unskilled labourers and Rs.25 per day to skilled labourers. The NRY-Scheme for employment through Housing and Shelter Upgradation (SHASU) targeted those of the urban poor with tenure security for at least 10 years. The per capita training expenditure was Rs.1500. HUDCO loaned Rs.19,500 for the construction of each EWS house. This

could be repaid in 10 years. 25% of the costs up to Rs.1000 were subsidized. The State Government was to appoint a nodal agency e.g. The State Slum Board for the implementation.

The Scheme of Liberation and rehabilitation of Scavengers (SLRS) in 1993 was an attempt to provide scavengers especially the SCs and STs with alternative employment. The 50% subsidy was subject to a maximum of Rs.10, 000. Loans up to Rs.6500/- were to be treated as DRI and were repayable in 3-7 years inclusive of the 6-month grace period.

The Prime Minister's Rozgar Yojana was an attempt to provide self-employment to the educated unemployed in the industrial, service and business sectors. 15% of the project was subsidized subject to a ceiling of Rs.7500/- per entrepreneur and Rs.15, 000 per entrepreneur in the N.E. States. No collateral was required for industrial loans below Rs.2 lakh and Rs.5 lakh in case of partnership projects. Service loans below 1 lakh could be obtained without collateral. Repayment ranged from 3-7 years. Training expenses were Rs. 1000 per capita.

The Swarna Jayanti Shahari Rozgar Yojana (SJSRY) was launched in 1997. It identified BPL households residing in town for at least 3 years and not having defaulted on any loan from a nationalized bank, as per state-specific poverty lines. In addition to these, other beneficiaries were identified by the following parameters: The condition of roof, floor, water, sanitation, education level, type of employment, and the status of the children in a household. It formed Neighborhood Groups (NHGs) in areas where 10-40 women lived in a neighborhood in homogeneous circumstances. One was elected as Resident Community Volunteer (RCV) to co-ordinate the activities and to act as a conduit between the NHGs and the Neighborhood Communities (NHCs). An NHC was formed of RCVs from NHGs in the same area and representatives from other community programmes. It addressed local problems through training with NGOs and CBOs. A convener was selected to represent the NHC in a Community Development Society (CDS)- a formal association of NHCs at the town level. It ensured repayment of loans and tried to build small community assets.

The SJSRY Urban Self Employment Programme (USEP) targeted the urban poor BPL in all towns, unemployed and underemployed youth, 30% of which are women, and 3% disabled. SCs and STs were represented on basis of their proportion in the population. Women headed households were prioritized. The objective of the SJSRY-USEP was to generate self-employment through micro enterprise and skill development. Some entrepreneurial ventures would require no skills-e.g. Setting up a teashop, laundry work, vending but some would- electronic repairs, construction works, small units manufacturing garments, furniture, food processing, agriculture and allied business. The Maximum unit cost to be incurred in setting up each unit is Rs.50, 000 per person. 15% of the project was subsidized and the beneficiaries as cash provide 5%. 95% could be obtained as a bank loan without collateral at priority sector loan interest rates. Loans were to be repaid within a period of 3-7 years after an initial moratorium of 6-18 months. The CDS was to ensure repayment. The SJSRY-USEP also tried to up grade vocational and entrepreneurial skills, at a cost of Rs.600 per beneficiary per month.

The SJSRY-USEP Development of Women and Children in Urban Areas (DWCUA) carried out self-employed ventures for groups of 10 women (18-60) from identified BPL families.

The SJSRY-USEP Thrift and credit societies (TCS) functioned as an informal bank of the poor releasing Rs.1000 per capita for purchasing raw materials etc. It loans a maximum of Rs.2000 with a 2% monthly interest charge. As per the SJSRY Urban Wage Employment Programme (UWEP), it provides wage employment by utilizing labor for the construction of socially and economically useful public assets, at minimum wage rates, providing minimum infrastructure services.

The 74th Amendment

The 74th Amendment was an overall approach to eliminate poverty. It was also a very large step in democratic decentralization. It gave more power to the local bodies to participate in the development process and conducted direct elections for seats in municipalities via the State Election Commissioner appointed by the Governor. One-third of the seats were reserved for women. This amendment act included urban poverty alleviation plans, plans for slum improvement and up gradation as a legitimate municipal function. An Urban Poverty Eradication (UPE) Cell was set up in each town headed by a trained Town Project Officer under the concerned Urban Local Body (ULB). A Finance Commission was constituted at the state level to review the municipal finances every five years.

III. A Critical Analysis of the UPAs

Data suggests that the UPAs in India have had a reasonable amount of success in the targeted areas. A broad look at the programmes and it becomes clear that most of these targeted the emancipation of women and infrastructural development. While the projects in themselves were wholesome, the poverty alleviation strategy missed out on the essential aspects of urban poverty. Urban poverty has three aspects, clearly mentioned in the introduction. It is staggering to note that only a smattering of these initiatives actually targeted the creation of livelihood opportunities for the poor. Programmes like the NREGS, have come under severe stricture from different quarters. In spite of this, no efforts were made to bring about better and more polished plans for the poor or implement them in the urban areas. The Food For Work Program was restricted only to the rural areas.

This brings us to the next criticism of the UPAs. Given that urban poverty was not recognized as a separate phenomenon until the 9th Five Year Plan, Most of the UPAs were subsumed within the broader city development plans. As such specific needs of the poor were largely ignored and the development strategies were tangential to poverty alleviation. Another area that deserves focus is the housing schemes initiated by the government. It seems that they were too many in number, and thus missed out the core group. Moreover, given the number of loopholes in the system how far the targeted group benefited is rather specious. It is essential to realize that while the poor may be provided with proper living spaces, unless the surrounding areas are clean and till the poor are provided with adequate means of sustenance, such benefits cannot be sustained.

Another prime area of importance that seems to be lost in discussion is that of the informal sector. Almost 30% of the economy's output is contributed by the informal sector. While individuals employed in the sector are usually considered to be better off than those without any source of employment, the truth is that the condition of the informal workers is equally bad, or in some cases even worse. Most of them put in huge hours of work, without being rewarded appropriately. There is a continuous danger of accidents or physical injury, against which these workers are not insured. They work in

inhumane conditions and stay in the worst of areas in order to be able to stay closer to the job places. No efforts have been made to rescue such workers from their pitiable conditions. City development has often blamed for the influx of migrants, and efforts have been made to reduce such migration through poverty alleviation in the villages, however there have been no efforts to target and reduce the poverty of the migrants who have already settled in the cities.

There also seems to be much agog over the Formal Credit to the urban poor, as an essential UPAI. Statistics suggest that a majority of the urban poor are not willing to take formal credit, just to avoid the huge transaction cost. They are more than willing to pay higher rates of interest and stand to be further impoverished by this. However they do get convenience and timely supply of credit, without having to compete for it, in return. This is despite the fact that the urban areas have scads of bank branches. A study conducted in Bangalore by the Paradigm Group seems to justify the above case.

Sources of Credit for the Poor

CREDIT SOURCE	% OF TOTAL CREDIT BORROWED	CUMULATIVE	TOTAL CREDIT AVAILED (RS.)	NUMBER OF LOANS TAKEN	AVERAGE LOAN AMOUNT (RS.)	AVERAGE INTEREST RATE PER MONTH		
						<5%	5-10%	>=10%
Moneylenders & chit funds	53.5	(53.5)	36,36,100	429	8,475	1.2	15.9	82.5
Friends	19.5	(73.0)	21,66,300	205	10,567	17.5	21.2	61.2
Pawn Brokers	13.6	(86.6)	3,39,800	85	4,000	14.4	65.2	20.3
Relatives	6.9	(93.5)	8,71,000	63	13,825	40.9	26.2	32.7
Sangha	2.3	(95.8)	1,56,000	16	9,750	100.0	–	–
Employer/Office	1.7	(97.5)	43,400	21	2,066	73.6	15.0	10.5
Others	1.7	(98.9)	1,45,500	13	11,192	53.8	15.3	30.7
Banks	0.8	(99.7)	1,22,000	5	24,400	100.0	–	–
Private finance	0.3	(100.0)	–	–	–	–	100.0	–
Total	100.0		74,80,100	837	9,402 ²⁴			

Thus what is needed in India is an overall integrated approach to alleviate poverty-An approach that tackles each and every identifiable problem- housing, training for a means of livelihood, employment measures and providing basic services to the urban poor. Our policy makers have tried to develop such approaches but so far, they have not been entirely successful. Even the BSUP sub mission of the JNNURM, which shall be discussed below, is hardly an integrated approach to the alleviation of urban poverty, mainly because it does not include schemes for livelihood.

IV. The Jawaharlal Nehru National Urban Renewal Mission (JNNURM)- Strategies For Poverty Alleviation

The UPAs have brought us this far. Where next? This is broadly the question for which the BSUP sub mission of the JNNURM seeks answers. The aim of the JNNURM is to encourage reforms and fast track planned development of identified cities. Focus is to be on efficiency in urban infrastructure and service delivery mechanisms, community participation, and accountability of ULBs/ Parastatal agencies towards citizens. The objectives of the JNNURM directly targeted at the Urban Poor, include a Scale-up delivery of civic amenities and provision of utilities with emphasis on universal access to the urban poor and The Provision of basic services to the urban poor including security of tenure at affordable prices, improved housing, water supply and sanitation, and

ensuring delivery of other existing universal services of the government for education, health and social security.

Basic Services to the Urban Poor, BSUP, is an essential component of any poverty alleviation strategy. Consider for example an improvement in the facilities for Solid Waste Management. It is quite clear that poor sanitation in areas surrounding the residence of the poor has been a major cause of diseases like Cholera, Dysentery etc. In the absence of adequate government health care facilities, the poor spend large amounts on the treatment of these diseases, and for those who cannot afford them, often watch helplessly. With proper SWM in place, the occurrence of such disease can be reduced, helping the poor save on the health care expenditure. Similarly, with health care facilities in place, the poor can save on expenditures in private health care centers. In both situations, the poor tend to save, and use the money to rise out of poverty.

A major advantage of the JNNURM is the focus on such and other similar areas, to be targeted as admissible components.

As a part of the JNNURM, each of the selected 63 cities is required to prepare a City Development Plan, that analyses amongst other things the prevalent situation, with regards the urban poor, vision and strategies that the city wishes to implement, to cure the curse of urban poverty. A critical examination of ten of these CDPs gave a plethora of wide ranging results that have been summarized below. A detailed appraisal of each of the CDP is given in Annexure I-X.

The analysis of the existing scenario with regards the urban poor is largely an outcome of the above poverty alleviation initiatives that were undertaken post independence. These initiatives were applied uniformly across states without recognizing the heterogeneity among them. This proved to be a limiting factor in the success of most of these initiatives. Through the CDPs, the states have now made an effort to devise Poverty alleviation strategies specific to their state, based largely on the analysis of the existing situation.

Some cities have concentrated on the urban poor with regard to their development plan in commendable detail. The Vadodara Municipal Corporation has recruited SEWA; an NGO that usually concentrates on the interests of self employed women, especially to conduct surveys to estimate the existing condition of basic services available to the urban poor. In its stakeholder consultations, it has also taken an opinion poll of NGOs, CBOs etc working with the urban poor (primary stakeholders) on which of the basic services needs to be developed on a priority basis.

Other Gujarat CDPs are also noteworthy. The Rajkot Municipal Corporation has evaluated the infrastructural condition of the urban poor by considering the types of roofs, the access to water and sanitation facilities and the types of floors as indicators.

Kohima has provided a matrix enumerating in detail a profile of each and every slum with respect to population, housing type and infrastructure. The primary stakeholders have duly represented the urban poor in the stakeholder consultations.

Raipur on the other hand, hasn't analyzed the living conditions of the urban poor at all, nor in fact has Chandigarh except for a cursory mention on Page 89.

However, the emphasis on BSUP of most of these CDPs, even the better ones like Vadodara, is far from perfect. Chandigarh has provided no details about the number of slums, the percentage of the population living in slums, the BPL population etc. Raipur, Rajkot, Kohima, Vijay Wada, Ahmedabad and Hyderabad have not enumerated the projected slum population in 2011. This statistic is essential in order to assess whether the facilities that shall be provided under JNNURM shall be sufficient to meet the demands of the future population.

Another drawback of many of these CDPs is that their visions and strategies for providing BSUP focus on infrastructural build-up and maintenance in the slum areas. In Kohima for instance, only 34.9% of the BPL population lives in the slums. If slum areas are targeted only, 65.1% of the BPL population shall not be affected at all. Similarly in Vadodara, the percentage of the BPL population exceeds the percentage of population living in the slums by 16%. Therefore, it can be deduced that 16% of the population is totally left out of the JNNURM sub mission to provide BSUP. In Vijay Wada the percentage of population left out of the project is 9.69% approx. To remedy this, squatter settlements should be targeted along with slums. At any rate detailed estimates, perhaps by a specially recruited NGO like SEWA should be conducted to assess where the percentage of BPL population that does not live in slums lives. These areas should either be integrated or rehabilitated and be provided with BSUP.

As per infrastructural analysis, the JNNURM toolkit expects a detailed report with respect to quality, quantity and coverage. Most CDPs however, have not dealt with quality at all. This includes Vijay Wada which states the percentage of urban poor who have an access to basic facilities but does not mention the number of hours for which water is supplied, how often do the storm water drains require repairing etc. In this context, Vadodara CDP is very well written. Also, it is important to mention the consequences of a low, indeed a less than 100% access to any of the basic services. For example, consider the CDP of Ahmedabad. The CDP states that 506 households queue for one private toilet. The implications of this need to be evaluated further- those who are at the back of the queue might be unable to wait and might perhaps defecate in the open. Thus while more community toilets should be built, the diseases that might arise from open air defecation must be identified by health camps and the people living in surrounding areas must be immunized.

Similarly, most CDPs apart from Surat and Chandigarh have enumerated the social infrastructure that even slum dwellers have an access to. However, many like Hyderabad have not provided any information on the number of students enrolled in the schools, the number of drop outs etc.

The Vision and Strategies of the cities have been plotted and planned in an accurate and realistic manner. The only commendable aspect of the CDP of Raipur is that it recognizes the importance of developing the informal sector. Rajkot plans to issue tenure rights along with BSUP so as to ensure that the slum dwellers are not evicted due to a rise in land value caused by the introduction of BSUP.

The CDP of Ahmedabad is truly unique as a part of the funds for providing BSUP shall be provided by the slum dwellers. (Rs.2000 per household) This shall motivate them to look after the facilities in a better manner. Cheap and easy micro credit facilities shall be provided by SEWA.

A detailed report on how each CDP has focused on the urban poor has been provided in Annexure I-X. Annexure XI is a comparative matrix.

V. Root of The CDPs

With a view to encourage greater stakeholder consultation and a more pro poor urban development strategy, the Cities Alliance[#] has propounded the concept of the City Development Strategy, CDS, which is where the CDPs stem from.

“ A CDS is an action plan for equitable growth in a city, developed and sustained through public participation to improve the quality of life for all citizens.”-The Asian Development Bank.

Population explosion is no longer a phenomenon, unknown to the urban cities of the developing countries. A natural increase and a large influx of rural population have been inflating the population statistics. While it is expected that the population in the urban areas will double by the year 2009, the inadequacy of social and physical infrastructure is worrying the policy makers.

The city development strategies have thus been initiated to make key decisions on urban development, with a focus on implementation.

The City Development Strategy seeks to find ways with which to improve a city's competitiveness, livability, management and financial solvency. *It is a process that requires the coalition of local leaders to improve the cities strategies, reviewing its opportunities and challenges. It is a strategy analyzed collectively and prioritized to stimulate or sustain economic growth, and bring about an improvement in the quality of urban life, (World Bank).*

The CDS requires the city to be clear on its vision and prepare a long-term strategy, from which short-term strategies are derived. There needs to be an all-inclusive participatory process, with a special focus on the needs of the vulnerable. Most important is that there be capacity building through a transfer of knowledge across cities.

City development strategies (CDS) link the process by which local stakeholders define their vision for their city and its economic growth, environmental and poverty reduction objectives, with clear priorities for actions and investments. The stakeholders assess the city's strengths and weaknesses, reflected in their aspirations for the city, and formulate a shared vision. Carrying on the CDS process through strategy formulation, selecting solutions from various options, initiating an action, a program, a project, or a policy change though is a difficult part.

Participation takes time; particularly since the CDS initiative must work within the stakeholders' capacities and initiatives. Moving the CDS process too fast could undermine participation. Participation requires commitment building. It is a process that is based on ownership and partnership, and involves consultation, information sharing,

[#] The Cities Alliance, located at Washington D.C. is a global coalition of cities and their development partners committed to scaling up successful approaches to poverty reduction.

debate, and empowerment. It is a fundamental ingredient of good local governance. Through participation, governments become more accountable, responsive, transparent, predictable, and effective in delivering services. A change in people's attitude and behavior is also necessary to sustain participation. Stakeholders must be initiated into the participatory process. Often, a project is designed without factoring in stakeholders' concerns. Stakeholders should be involved in all other phases of the CDS process, wherever appropriate.

The CDS is based on the belief that an adequate and timely mix of public, private and civil society initiatives can change the path of the city development. Given the uncertain environment, the cities must not lose focus of their targets and aim at the best possible utilization of limited financial and human resources. Moreover with the high elasticity of capital flows in cities, the cities must show discipline and potential for growth.

The themes that are important in most CDS processes are;

- i) Livelihood such as job creation, business development and sources of household income.
- ii) Environmental sustainability and energy efficiency of the city and the quality of its Service delivery,
- iii) Spatial form and its infrastructure
- iv) Financial resources
- v) Governance.

The building blocks recommended for use in the CDS process include:

- i) How to initiate the process,
- ii) Establish the initial parameters and the scope of the CDS
- iii) Make a rapid assessment,
- iv) Formulate your vision,
- v) Identify your strengths-weaknesses-opportunities-threats (SWOT),
- vi) Set your strategic thrusts,
- vii) Build awareness and
- viii) Start the implementation.

Cities Without Slums (CWS) Programmes

The CWS programmes form an integral part of a CDS considering that poverty reduction is an overriding objective that is reflected in the identification and development of key CDS sectors or themes. The CWS Action Plan was developed in July 1999 and launched by Nelson Mandela at the inaugural meeting of the CA in December.

In 2000 the CWS initiative was endorsed by the heads of state attending the UN Millennium Summit in September 2000. By 2020, it is to have achieved a significant improvement in the lives of at least 100 million slum dwellers. The progress of this programme shall be evaluated upon the number of people who have gained an additional access to sanitation and secure tenure.

- ❖ Though the main purpose of the CWS initiatives is to eradicate slums by upgrading them, it also attempts to bring about better social, economic, environmental and governance conditions within poor urban communities. Thus the CWS initiative seeks to:
- ❖ Regularize security of tenure

- ❖ Install and improve basic infrastructure-water supply, sanitation, SWM, access and circulation roads, storm water drainage and flood control, electricity supply, security lighting and public telephones.
- ❖ Removing or mitigating environmental hazards
- ❖ Providing incentives for community management and maintenance
- ❖ Constructing or rehabilitating community facilities including health centres, children's nurseries and public open space.
- ❖ Improving houses and relocating residents dislocated by the upgrading process with adequate compensation and assistance. However, resettlement must be minimized.
- ❖ Improving access to health care, education, and social support programmes to address issues such as security, violence, alcoholism and drug abuse.
- ❖ Enhancing livelihood opportunities by training and micro-credit for Small and Medium Scale Enterprises.
- ❖ Building more social infrastructure.

The CWS concentrates the poverty reduction programmes in each participating city on slums and squatter settlements where a majority of the urban poor live. While preparing the CWS, it is important to prepare a poverty map identifying the various slum and squatter settlements and comparing baseline, physical and socioeconomic data for these areas with data for the entire city, to review the existing key physical and socio-economic characteristics that define citywide poverty, to estimate the relative poverty of each city and to compare it to the relative poverty in the slum areas, and to list all existing and proposed poverty reduction schemes. The costs of delivering shelter and providing basic services should be assessed.

According to Cities Alliance the principal indicators of CWS programme accomplishment are secure tenure and improved sanitation. It shall be based on resettling households from slums in danger areas, on strategic government reservations or private land otherwise and providing new, affordable serviced housing and sites in anticipation of future slum formation. However the CWS looks beyond shelter provision and addresses other causes of poverty in the slums. It attempts to i) stimulate economic regeneration in order to create employment and income generation ii) promote social development and improve systems of governance and empowerment in poor, urban communities. iii) Link local infrastructure and services to wider strategic networks and iv) assist in creating a more skilled and productive community through improved public health, education and welfare services.

The CWS Programme shall involve the following components:

- i) Land Acquisition: This includes the subdivision and titling of land in existing slum settlements or for new low-cost housing and resettlement sites;
- ii) On-Site/ Off-Site Civil Works: This includes the up gradation of public infrastructure and basic services and facilities. In some cases, it even involves reclamation.
- iii) Provision of affordable serviced plots and housing
- iv) Finance and micro-finance: to support house and plot purchase, small business enterprise and livelihood development, and home improvement loans.
- v) Community training and capacity building programmes: to empower and promote greater self-reliance and to support training for improved community organization, estate management and small business/ livelihood activities.
- vi) Institutional strengthening of key stakeholder groups: This includes training and capacity building of local government agencies, NGOs and micro-finance institutions.

- vii) Education and Awareness Raising Campaigns: including those directed to the private sector to encourage investment in pro-poor programs and in communities in relation to HIV, crime and drugs prevention, and the encouragement of community savings and loan programmes.

Being pro-poor is one of the features of the CDS that makes it superior to the CDP. The Johannesburg experience however suggests that pro poor outcomes sometimes derive from factors outside the participatory process, such as a pro poor legal framework. Even when every effort to include the poor in the participatory process is made, the balance of forces among stakeholders may mitigate against pro-poor outcomes. This may be as much the product of conflict between poor groups with different interests, as it is of elite capture of participatory processes. The poor may gain more from a boycott of the CDS participatory forum than by participating in it, when by implication they legitimate the process and its outcomes. Nevertheless, the poor can use participation as an effective device for influencing city scale strategic planning. However how the poor participate in a CDS process should not be predetermined and must be appropriate for local political realities.

VI. Conclusion:

Urban Poverty is complex, with varying dimensions. The policy makers still have limited knowledge, not adequate perhaps for eradicating it. The enormity of the situation needs to be recognized before any comprehensive strategy can be formulated. The JNNURM seeks to address the issue of urban poverty in a limited, but a very positive way. While most cities envision themselves as slum-free by 2021, it is essential to understand that this will not necessarily hinder the rapidly spreading evil of poverty, because poverty is not purely concentrated in the Slums. An appropriate strategy would entail better livelihood opportunities, job securities for those already employed, thus creating an environment of sustained welfare. Tenure security is something that deserves scads of attention. In this regard, the UPALs of various countries in Asia were analyzed. A brief report of the Caplan UPAL is enclosed in Annexure XII. Strategies similar to those adopted in Caplan can be duplicated in India. By incorporating such strategies, along with the basic services to the urban poor, and sallying the system generated loopholes, India can create a programme that will benefit the poor, and provide for sustained development of each of the cities.

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Annexure-I VADODARA

Overview

Vadodara has had a remarkably good strategy to assess the needs of the urban poor. It has studied these on the basis of surveys conducted by SEWA. It has also jotted down a list of services to be provided and the priorities attributed to each by the representatives of the urban poor. However, it does have certain flaws.

Demographic Aspect

Population: 13 lakh

Projected Population: (in 2011) 17.54 lakh, (in 2005) 14.69 lakh.

Total area of the city: 149 sq km

No. Of Slums: 336

Slum population: 2.57 lakh-20% of the total population.

Projected Slum population in 2005: 2.71 lakh

No. of families BPL: 96,000 (2.8 lakh people-36% of the total population)

It can be noted that the percentage of the population BPL is larger than the percentage that lives in the slums. Also, all slum dwellers do not necessarily live below the poverty line. Hence it can be supposed that 16% of the population or more has not even been included in the surveys at all.

Analysis of the Existing Situation:

According to Tool kit 2 of JNNURM, the existing infrastructure must be evaluated with reference to quality, quantity and coverage.

A. Physical Infrastructure: Vadodara's assessment of the quantity and coverage of physical infrastructure is exactly as per the JNNURM outline. The assessment has been done by VUDA (Vadodara Urban Development Authority.) However, certain figures are missing, namely- the length of state level roads in kms, an assessment of public transport and the total capacity of the buses.

As per quality, it finds mention in the CDPs as well. The CDP is quick to mention that the pressure of water supply is inadequate. This is because pipelines are extended as and when required from the nearest network. The problems related to the low quality of the sewerage system, storm water drainage, etc are also adequately discussed.

On behalf of the VMC, the Gujarat Mahila Housing SEWA Trust carried out a slum survey in 297 slums in different parts of the city. It identified 5 basic services- water supply, sewerage, roads, SWM and street lighting. However, when it assessed that say, 96 slums have at least one of the 5 services, the question arises that they may not have considered the fact that some pockets of each of those 96 slums might not have even one of the above services, while others do. Hence, we would like to recommend that the figures should be quoted as "x% of households have at least one service" instead of "96 slums have at least one service".

Moreover, when SEWA stated that 11 slums have neither of the above services, an in-depth analysis of the standard and method of living of the dwellers in these slums should have been provided so as to provide a better understanding of the intricacies of slum life

in order to provide these facilities and estimate how much they are needed. For example the CDP tells us that only 46% of the slums have drains. It is also important for the CDP to state that the 54% who don't have drains, divert their sewage into natural drains which pollutes the river, in order to provide a more realistic picture.

It is also noteworthy that the SEWA survey attended to 297 slums. There are 336 slums in Vadodara. Thus a question arises as to whether the needs of the other 39 slums were duly considered.

B. Social Infrastructure: According to the CDP, there are 4 hospitals run by the state government, 16 dispensaries, 3 mobile medical dispensaries, and 1 integrated health centre. In total, there are 827 health centres in Vadodara. The quality of health facilities cannot be too high, as the death rate has increased from 7.4% to 7.6%. There are 761 schools in Vadodara and 35% of them are Municipal schools. What the CDP does not mention is the average fees of the non-Municipal schools, and the number of students these schools cater to. The MS University however, has been given adequate coverage in this regard.

C. Economic Base: Occupational structure (2001): Agriculture-0.88%, Plantation workers-0.44, Manufacturing-0.88%, Trade, Commerce and Construction-97.80. Thus it can be seen that Vadodara is no agricultural economy and that it provides a large number of employment opportunities to migrants.

Participatory Approach in analysis

It is truly commendable that the VMC has conducted two sets of opinion polls- one of a random sample of 5000 citizens of Vadodara and one of an equal sized sample of the urban poor. The latter sample involved NGOs working in slum areas participating in a day-long symposium organized by the United Way of Baroda. It may not be so that the NGOs adequately voiced the interests of the slum population and this can be seen in the fact that Social Infrastructure was ranked as the lowest priority when there are 500-700 cases of diarrhoea in the slum areas per year, along with a high incidence of malaria, cholera, jaundice and dysentery. Vision and Strategies

Since 21% of the citizens of Vadodara and 18% of the Urban Poor ranked water supply as the highest priority, VMC plans to increase water supply coverage to 100% by 2011, construct additional priority works, reduce water losses, build capacity, increase water supply hours etc. Sewerage and Solid Waste Management have been considered as next on VMC's list of priorities. Since Vadodara has suffered its share of floods (The urban poor, susceptible to the vagaries of nature have suffered even more) storm water drainage has been placed at third.

Remarkably, urban transportation and social infrastructure have featured as quite low on the priority scale. The latter cannot be ignored especially as the death rate has risen from 7.4 in 1981-1991 to 7.6 in 1991-2001, mainly due to inadequate health care. As per urban transportation, existing roads cover only 57% of the slums. Thus, 43% of the slums need better connectivity. Also, building toilets in 64% of the slums is essential. The provision of housing has been given due importance in order to prevent the growth of slums and squatter settlements. The VMC has already constructed 3492 houses for the Economically Weaker Sections of Society and has taken up 392 more.

Recommendations:

- Surveys should include 100% of the urban poor. The surveys done by both, SEWA and VMC do not take into account 16% of the population. These are below poverty line but do not live in slum areas.
- The length of state roads in kms, an assessment of public transport, and the total capacity of the buses must be mentioned.
- While noting the percentage of slums that have a particular service, figures must be mentioned in terms of percentage of slum households rather than percentage of slums as some pockets of each slum might not have that service while others do.
- It is also important to provide an in-depth analysis of how slums that don't have even one of the 5 basic services do without.
- Adequate data as per the number of students attending municipal and other schools, the average percentage of classes attended and an average of the fees of non-Municipal schools must be provided.
- When it comes to vision and strategies, social infrastructure must be given higher importance, especially health infrastructure in the light of the high incidence of diarrhoea, cholera, jaundice and other diseases.
- Slums must be provided with better road connectivity.

Annexure-II AHMEDABAD

Overview

The CDP of Ahmedabad is a truly participatory one. The Urban Poor have been allowed to decide whether they want to participate in this project or not. They contribute Rs. 2000 per household for physical development. If they are not able to do so, micro-credit facilities have been provided by SEWA.

Demographic Aspect

Population: 35.15 lakh (AMC area), 38.75 lakh (AUDA area)

Projected Population: Not provided

Total area of the city: 4200 sq km (AUDA area)

No. Of Slums: 710

Slum population: 9.06 lakh-25.77% of the population

Projected Slum population: Not provided

Population below poverty line-14.1% of the total population

It must be verified as to what percent of the BPL population lives in slums. That way, the part of the BPL population that doesn't, can be separately targeted for poverty alleviation programmes, as it is not likely to benefit by slum up gradation programmes under JNNURM.

Analysis of the Existing Situation:

According to Tool kit 2 of JNNURM, the existing infrastructure must be evaluated with reference to quality, quantity and coverage. The CDP of Ahmedabad has provided a table on the quantity and coverage of basic facilities in the slums but its quality has not been evaluated. It is unclear as to how many hours water is supplied for, how frequent power cuts are; how often sewerage drains require maintenance etc.

A. Physical Infrastructure: According to the CDP, only 3.5% of the slum households have private water connections, one-fifth of the slum population have access to private toilets, 61% have electricity and one-fifth have medical facilities. How those who don't have even one of these facilities live, requires an in-depth study. For example it is important to realize that those who don't have private toilets and are unable to queue for the community toilet (On an average 506 households queue for one public toilet according to the CDP) probably defecate in the open. Thus while more community or private toilets are being built, the diseases that might arise from open-air defecation must be identified by health camps and the people living in surrounding areas must be immunized.

There are 10.5 lakh houses in Ahmedabad. 67% are used for residential purposes. The city has a large vacancy rate of 12.5% as the owners are wary of letting out their properties due to Rent Control. 66% of the slums are located upon private lands and 13% encroach upon government, and 17% on Municipal land. 4% encroach upon lands held by other parties. There are only 710 slums housing over 9 lakh people.

B. Social Infrastructure: An analysis of the existing situation of social infrastructure has not been provided. However, NGOs have taken up the job of providing education and health facilities via informal educational programmes and those on maternal and child health. They have also undertaken income-generating programmes to improve the financial health of the slum dwellers.

C. Economic Base: Occupational structure (2001): The informal sector provides an income to 77% of Ahmedabad's work force according to a study done by Uma Rani and Ummi. The primary sector provides employment to 0.2% of the work force, the secondary to 3.09% and the tertiary to 96.71%.

Participatory Approach in analysis

The CDP of Ahmedabad is one of the participatoriest with respect to the urban poor. Vadodara did special surveys by SEWA to evaluate the existing situation of the urban poor but it still had the poor represented by NGOs. Kohima did the same. Ahmedabad however, allowed the urban poor to primarily decide whether to upgrade their homes and secondly contribute monetarily. Every HH that wishes to participate in the programme must pay Rs. 2000 for per unit physical development. For those that are unable to do so, micro credit facilities shall be provided by SEWA. In all, the per unit cost of slum up gradation is estimated to be Rs. 15,800. The AMC shall contribute Rs. 11500, the NGOs shall contribute Rs. 300, Industries and Social Institutions, Rs. 2000 and the Urban poor, Rs. 2000 for each HH.

However, the CDP of Ahmedabad has not provided any information on what stake holders, especially those representing the urban poor, consider to be the most important to provide. A ranking of these services will help the AMC come up with a working schedule of the order to provide basic services in, if they can't do so simultaneously.

Vision and Strategies

The AMC has listed slums and *chawls* and geographically categorized them. Those plots that are necessary for providing infrastructural changes in the city have been excluded. The NGOs shall motivate the slum dwellers to participate in the project. They shall open a bank account and create a fund of theirs and the slum dwellers' contribution. The AMC shall then begin up gradation. Tenure Security of 10 years has been granted to prevent the slum dwellers from being evicted as up gradation shall increase the rents.

As of Dec 2005, this project (called the Slum Networking Project) has been implemented in 41 slums. It has envisioned the provision of basic facilities- water supply, a sewerage network with individual toilets, street lighting, paved roads, and SWM etc. The SNP also includes the mobilization of community savings groups, child and adult educational programmes etc. The target cost of SNP is Rs. 10,000 lakhs.

The city is required to construct 60,000 houses for the urban poor. This will cost Rs. 750 crores. The youth training programme envisions providing vocational training to 20,000 young men and women. This shall cost Rs. 10 crores.

Recommendations:

- It is important to provide an estimate of what the slum population shall be in the future so as to assess whether the services provided shall be sufficient or not. For example, if a community toilet is built to serve say, 10 people and the population grows to such that the same toilet ends up serving 20 people, it shall be more difficult to maintain, queues shall be longer than estimated and the problem of open-air defecation would not have been solved. Instead if we had already assessed that the slum population would double, we would have constructed another community toilet.
- The CDP should state the percentage of the BPL population that does not live in the slums. It should estimate where this part of the BPL population lives in order to ensure that it too, benefits from the poverty alleviation programmes.
- The quality of the existing infrastructure should be evaluated in order to assess future maintenance costs and what improvements are required.
- As mentioned above, an in-depth study of how those people who do not have a particular service do without because this often has implications upon the general environment of the slum.
- An analysis of the prevalent social infrastructure is necessary and cannot be ignored.

The AMC is currently tackling all problems arising due to a lack of BSUP simultaneously. In order to be more organized, it must, prioritize in consultation with the stakeholders and the data regarding BSUP.

Annexure-III

RAJKOT

Overview

The CDP of Rajkot does not have a separate chapter on the urban poor hence the analysis of the existing infrastructural availability is not very detailed. However, Rajkot has a detailed and well worked out strategy for providing BSUP.

Demographic Aspect

Population: 1002000

Projected Population: (in 2011) 1484500

Total area of the city: 104.86 sq km

No. Of Slums: 84 (notified)

Slum population: 202371-13.63% of the total population.

Projected Slum population: Not provided

Population BPL: 147342 (14.7% of the city)

A statistic that could well be worth estimating is the percentage of the BPL population that does not live in the slums. It is important to identify where those that don't live in the notified slums live in order to ensure that they don't miss out on poverty alleviation programmes.

Analysis of the Existing Situation:

A. Physical Infrastructure: The living condition of the urban poor has been evaluated by using types of roofs, types of floors, access to water and sanitation facilities as indicators. 59.62% of the slum population has tiled roofs, 74.52% has brick or PCC floors, 10% of the slum population does not have water but 34% have individual connections.

A study of whether the 10% of the population that does not get water bathes in the drains or drinks unpurified water is necessary to assess the health situation of the slums. 6% of Slum households defecate in the open. 13% have individual toilets and 50% have an access to pay & use toilets. 90% of Rajkot has drains but the coverage of drainage and sewerage in slum areas is not clear.

B. Social Infrastructure: The Municipal Corporation runs 4 allopathic dispensaries and 1 Ayurvedic one. Each treats an average of 200 patients. There are three Mobile Dispensaries, which are run by NGOs with grants from the RMC. NGOs run 9 Family Welfare Centres. Under the Centrally Sponsored Urban Malaria Scheme, melothyne powder has been sprayed into the gutters and fogging machines have been used to exterminate mosquitoes. Public Awareness programmes have been organized.

C. Economic Base: The workforce in the slums is 32.46% of the slum population. 11.7% of these are unemployed, 18.04% are unskilled casual laborers, 5.4% are semi skilled workers, and 3.5% are self-employed. 22% are industrial workers, 17.63% are casual workers, 9.44% are drivers and 8.25% are construction workers.

Participatory Approach in analysis

The CDP has been prepared involving stakeholders through a 6-stage procedure. The authorities made appeals on Cable TV and newspapers, to call for greater participation. The city also aims at developing a participatory approach in delivery of services to the

people, so as to bring about an improvement in the quality of their life. The urban poor have been indirectly represented.

Vision and Strategies

Firstly, the RMC intends to list all slum settlements, register all slum dwellers, and issue them identity cards prior to issuing tenure rights and starting improvement works. Next, all registered residents will be automatically eligible to receive basic services like water, sanitation, electricity, health etc. The RMC will decide the norms and standards of these services and how these will be delivered to the registered slum dwellers. Subsequent to this, after a particular amount of time decided upon by the RMC, those slum settlements that have attained the prescribed level of basic services shall be de-listed. Communities shall have an important role to play in the physical improvement and up gradation of the slums. The interests of women and children shall be kept in mind while improving the physical and socio-economic infrastructure available in the slums.

Under the JNNURM, Rajkot envisions zero slum areas, and a 100% access to BSUP. It plans to construct 500 houses, organize 14 slum network programmes, construct 50 km roads, and construct 25 pay and use toilets by the end of 2009. The RMC has an outlay of Rs.4820 lakhs for infrastructural improvements. It shall follow a pro-poor subsidization policy with full costs reflected on the budget of individual service providers. 20-25% of developed land shall be earmarked for EWS/LIG housing with a system of cross subsidization by December 2006.

Recommendations:

- The percentage of BPL population that does not live in the notified slums must be estimated. In fact so should the percentage of LIG and EWS population. This is important so as to ensure that these groups that don't live in the slums don't miss out on poverty alleviation programmes.
- There are some areas that are not notified as slums but still have slum-like conditions. These should be classified as slums so that slum up gradation programmes benefit these.
- The infrastructural availability in the slums needs a more in-depth assessment. To get a better idea of the health situation, a study of how those sections of the slum population that are deprived of basic services live is essential.
- An estimate of the future slum population is worth studying in order to assess whether the infrastructure built under JNNURM shall be sufficient.
- Whether the social infrastructure can be accessed by slum dwellers must be analyzed.
- A prioritization of the basic services must be worked out in consultation with the stakeholders representing the urban poor.

Annexure-IV SURAT

Overview

Adequate emphasis has been made on the BSUP in the CDP prepared by Surat. The vision for Surat is to become a 'global city with global standards', by 2020. However with the rapidly growing population, in order to sustain the current growth level, the city recognizes the need to strengthen the response mechanism of agencies to adequately address the growing demand.

Demographic Aspects

The CDP has taken care to carefully include details related to every aspect of the Demographic component. The city at present has 312 slums, which constitute 19.24% of the city population, of which 80% are migrants. The growth rate of slums now stands at 1.46%, which is lower than that in the 1990s. The slums have encroached 64% of the total public land.

Economic Profile

Rapid growth of industrialization in the city and the scope of employment in trade and business has been responsible for the influx of migrants into the city, not only from rural Gujarat, but various other neighboring states. These migrants are the major inhabitants of the slums. Most of the slum population is involved in the informal sector.

Analysis of the existing situation

The CDP provides reasonably good detail of the existing situation with regards the urban poor. Various tables have been provided on pages 62 and 63 covering the details. While it is recognized that the existing situation with regards the basic services is poor and dismal, efforts to bring about improvements in infrastructure are largely hampered owing to the continuously increasing number of slums. The situation in Surat as far as the urban poor is concerned seems to be better than the rest of the country, largely because of the improvement in services, after the plague epidemic of 1994. Almost 70% of the poor households have piped water supply.

The only detail missing from the CDP is with regards the future projections of the housing requirements for the poor. The existing situation with regards the housing and the future strategies have been explained well.

Vision & Strategies

The vision and strategies for Surat seem to be very sanguine. The CDP targets to provide piped water supply to the remaining 30% of the urban poor at an expense of Rs 20cr. The city also aims to take up a phased up gradation of infrastructure services and improved service delivery to the poor. The city wished to begin with a programme on slum relocation and rehabilitation, as a basis for plan two, that dreams of a city without slums.

Participatory approach in analysis

The city conducted a socio-economic & physical survey in the year 2005. Valuable inputs were received from the poor. The CDP suggests that the city is ready to bring about increased citizen's involvement in the development planning process, through active participation of voluntary organizations, citizen groups and NGO's.

Recommendations

The CDP for Surat is largely on the lines of the guidelines mentioned in toolkit 2. A positive aspect of the CDP is the degree of participation of people from all walks of life. What is missing however is the analysis of the social infrastructure, particularly with regards the urban poor. The CDP also needs to assess the future housing requirements of the slum population, so as to ensure that there is a match between demand and supply.

Annexure-V

HYDERABAD Overview

More than 33% of the total population of Hyderabad lives in slums and squatters. The growing contribution of the poor to the city's economy, and the lack of access to basic services, has prompted policies for infrastructure and social development.

Demographic Aspect

The CDP for Hyderabad provides a demographic analysis in good detail, for both the HUDA and the MCH administered areas. The analysis is complete with the current population scenario, future growth projections and population compositions. The analysis also includes details of the age structure and sex ratio.

As for details specific to the urban poor, the BPL population is estimated to be 540 thousand, of which 430 thousand live in the MCH areas, covering a total of 1142 slums. Hyderabad in all has 1631 slums. The slum population is heterogeneous, with Hindu, Muslim and Christian migrants settled there.

Economic Base

Most of the slum dwellers are migrants and depend on the informal sector for a livelihood. The contribution of the informal sector to the city economy is more than 30%.

Analysis of The Existing Situation

A separate chapter on the urban poor provides details related to both physical and social infrastructure.

A. Physical Infrastructure: The CDP provides a table mentioning the coverage of the infrastructure facilities to the poor. However, no details with regards the quality of the services has been provided. While it is clear that services are not available to all the poor, how these services are availed has been left to the reader's imagination.

B. Social Infrastructure: Social Infrastructure has been dealt with in more detail. Schools and community halls are present in the slum areas. The details have been mentioned in the table provided. While considerable work has been done on estimating the literacy rates, no information is provided on the nature of these schools, i.e. whether primary or secondary; information with regards the number of students enrolled or dropouts is also missing. With regards health, 64 primary health centers have been set up, mostly in the MCH areas. The remaining slum areas lack health services.

Participatory Approach in Analysis

The participatory approach in Hyderabad involved two consultations with the stakeholders, which included the urban poor. These discussions facilitated identification of needs, their prioritization and preparation of an accepted development plan for the city focusing on the poor. These consultations are considered compulsory for the formulation of the Master plan.

Vision and Strategies

The vision for Hyderabad is to become a 'World Class City'. The MCH is working at lowering the connection costs for water and easing the documentation procedure so as to ensure water supply to a larger number of the poor. As a part of the poverty reduction strategic plan, the city wishes to become slum free by 2021, provide basic services to the poor and bring about 100% literacy. The CDP provides pointers on the strategy that the city wishes to adopt. The city also plans to take up the Slum networking program, for improving the drainage system in the city. It is believed that 40% of the tax revenues of the MCH will be devoted to improvement of facilities for the poor. Appropriate projections have been made so as to match demand with supply, as far as the housing requirements of the poor are concerned.

Recommendations

The CDP contains a number of headings, all of which however have not been dealt with in detail. It is important for the city to analyze the quality of the services available to the poor. A greater emphasis must be laid on the education and health services available to the poor. While the strategies lay a detailed emphasis on the provision of water to the poor, most other improvements have only been mentioned, without providing any strong strategy. The same should be covered. Moreover, since the participatory approach of Hyderabad is good, completing the above should not be a very difficult task.

Annexure-VI VIJAYAWADA

Overview

Vijayawada's Chapter V on the Basic Services to the Urban Poor is well written. The Key Challenges faced by the urban poor are very well evaluated. The Vijayawada CDP envisions the city without slums by 2021.

Demographic Aspect

Population: 1033562 (Vijayawada Urban Agglomeration Area)-2001, 8.45 lakh (VMC)-2001

Expected future Population: 10.01 lakh (VMC-estimated in 2005), 11.77 lakh (VMC-projected in 2011)

Total area of the city: 110.44 sq km (VUA)

No. Of Slums: Vijayawada-136, Mangalagiri-35

Slum population: Vijayawada- 263973- 30.31% of the total population, Mangalagiri-30826-51.86% of the population.

Projected Slum population: Not provided

Percentage of population BPL: 40% (2005-06)

Analysis of the Existing Situation:

Vijayawada's CDP has an adequate coverage on the infrastructural services to the urban poor in terms of quantity and coverage. Quality however, has not been specified.

A. *Physical Infrastructure:* The urban poor have an access to 110 lpcd of water supply, 2% access to sewerage, 35% coverage of storm water drains, 80% door-to-door garbage collection, no waste segregation, only 50% access to individual toilets but 75% access to community toilets. Only 20% of the slum population has an access to housing. There are no sewer lines in Manglagiri.

We would like to recommend that the VMC should provide an in-depth study of the quality of the existing infrastructure available to the urban poor-for how many hours is water supplied, how often do the storm water drains need repairing etc. It is also important to provide an analysis of what the consequences of such a low access to sewerage are- for example; people may be diverting their wastewater into natural drains which being untreated shall pollute the river water.

A. *Social Infrastructure:* There are 99 municipal schools in slum areas in Vijayawada, and 18 in Mangalagiri. However data as to the number of students who attend these schools as a percentage of children aged 4 to 17 living in slum areas is lacking. There are 5 maternity hospitals and 17 urban health centres but gastro-enteritis, malaria, diarrhoea, malnutrition and ringworm are common. The quality of these health centres needs to be evaluated and stressed upon.

B. *Economic Base:* Occupational structure (2001): The work force constitutes only 30% of the population. Out of this the tertiary sector employs 71.81% (this has increased from 69.37% in 1991) and the secondary sector employs 21.64%. (which has dropped from 27.57% in 1991) The informal sector constitutes 30% of the total work force. The incomes of the workers in this sector are 3-6 times lower than that of those in the organized sector.

Participatory Approach in analysis

'Poverty and Slums' was a working group constituted to formulate the CDP. The Urban Poor were represented by experts on urban poverty, CBOs and civil society organizations.

We believe that like Baroda, an NGO like SEWA should have been recruited to do a survey especially on the urban poor so as to evaluate their needs and interests. This would greatly solve the first of the key challenges outlined in the CDP-the lack of authentic and dependable data. Also, the interests of the urban poor should have been evaluated in terms of priority to each basic service to be provided.

Vision and Strategies

Vijayawada envisions 100% literacy in the slums by 2020 by developing a 100% access to schooling, universal access to primary health facilities, adequate means of livelihood, tenurial security and affordable housing, relocation of slums, away from hazardous and vulnerable areas and provision of water, roads, sewerage, sanitation, clinics, schools etc.

In collaboration with the State Government, which is keen on providing housing on a large scale under schemes like the Rajiv Gruhkalpa scheme, the VMC plans to take up housing and tenure issues in a big way.

Under the JNNURM, VMC has requested an outlay of Rs. 533 crores for poverty alleviation, second in priority to storm water drainage. Its infrastructure restructuring strategy is clearly defined in tables and costs are estimated.

Recommendations:

- An estimate of what the slum population shall be in 2011 is required in order to assess whether the infrastructure that shall be built under the JNNURM shall be sufficient to support it.
- The quality of existing physical and social infrastructure must be evaluated in order to provide a more realistic idea of how it can be improved.
- Like in Vadodara, a reputed NGO must be recruited to do a survey on the conditions and needs of the urban poor, in order of priority. The Vision and Strategies to provide BSUP must be designed in line with the results of this survey.
- An in-depth analysis of how the urban poor survive in the households that don't have a particular facility eg sewerage is important in the light of studying the consequences of a lack of the concerned facility.

Annexure-VII VISHAKHAPATNAM

Introduction

About 33% of the total urban population is living in slums, suggesting that urban poverty is a major issue in Vishakhapatnam. In view of the growing contribution of the poor to the city's economy, greater emphasis is being laid on analyzing the quality of their life and efforts to improve the same.

Demographic Aspect

The CDP gives a detailed analysis of the demographic aspect of the city, including projections for the future growth rate and the composition of population growth. The population is expected to be at 16.61 lakhs in 2011 and 20.99 lakhs in 2021. While the migration rate has come down, it is expected that the urban growth rate will continue to be high, largely because of the high natural growth rate.

Analysis of the Existing Situation

A. Physical Infrastructure: The CDP recognizes the prevalence of the urban poor, their lack of access to basic services, inadequate infrastructure and the issues with regard to vehicular pollution.

While the numbers of slums have multiplied over the years, living conditions have not improved, suggesting additional pressure on the existing infrastructure. The poor spread out beyond slums in squatters and informal settlements are further subject to vagaries of the weather and insecurity. The addition of 32 slums inhabited by the poor has further added to the grimness of the situation. The women lead HH's in the slums are the poorest of the poor. While the infrastructure is known to be inadequate with regards coverage, quality and quantity, a detailed analysis explaining each of these factors is missing. A table is provided on page 66, but only gives an overview of the services. One can understand that the situation is largely due to the growing slum population, without a similar increase in the infrastructure.

'Population growth in Vizag is quite high (table 2.2) and this would necessitate long term planning and significant investments for improved service delivery'.

However no substantial explanation is provided for the absence in infrastructural growth.

A. The existing situation with regards housing has been dealt with in a better manner. It is recognized that the existing housing is small congested and unsanitary, and that there is a need to construct pucca houses, with minimal financial contributions from the beneficiaries. The aspect has been explained well with the help of a table given on page 70. Issues relating to water availability and coverage are have not been dealt with in detail.

B: Social Infrastructure: Data related to Literacy levels is missing in the CDP. The number of schools and health centers serving the poor has not received adequate mention. While there are 15 Urban Primary Health centers, details' regarding the extent of their coverage is missing.

C: Economic Base: The growth of industries in Vizag over the past decade and the port has made available a large number of employment opportunities to the people. There has been a large-scale influx of migrants from neighboring areas, mostly the poor, who are working with the informal sector.

Future Vision & Strategies

'The vision of Vizag is to become a city without slums by 2021'. In order to achieve these goals, the GVMC has clearly outlined a set of integrated slum development programs, covering all aspects of the slum including basic services, literacy, health & livelihoods. Priority has clearly been given to the need for housing, in consultation with the beneficiaries. The GVMC seeks to strengthen community-based organizations, in line with the participatory approach to target social infrastructure needs.

Recommendations:

While the CDP is clear on what the future strategies ought to be, including tables of quantities and expenditures, the portion on the existing situation has not been dealt with in a detailed manner. In order to be able to understand the link between Demand & Supply, details of the existing situation must be presented in an elaborate manner. The CDP has stark semblance with that of Hyderabad.

Annexure-VIII

KOHIMA

Overview

The CDP of Kohima is inclusive in every way. Providing basic services to the urban poor has been especially emphasized upon in Chapter 6 on Urban Poor and Housing and while enumerating KMC's vision and strategies. The baseline data on the existing situation has been presented in adequate detail and supplemented by a socio-economic survey conducted for 1000 HHs in the Kohima Planning Area as a part of the ADB funded North Eastern Region Urban Development Project. (NERUDP)

Demographic Aspect

Population: 115283 (in GKPA-Greater Kohima Planning Area), 77030 (KMC-Kohima Municipal Council Area)

Projected Population in GKPA: (in 2011) 147,382; (in 2005) 129,470

Total area of the city: 63.55 sq km

No. Of Slums: 6 localities notified as slums

Slum population: 20194—(26.2% of the total city population, 17.3% of the GKPA population)

Projected Slum population: Not provided

No. of families BPL: 1347 (6384 people-23.7% of the total population)

34.9% of the total BPL population lives in the slums. Hence, the slum up gradation programmes shall not affect 65.1% of the BPL population. Though as the CDP mentions, there are no squatter settlements in Kohima, the 65.1% of the BPL population that are not living in the notified slum areas must be living somewhere. Details as to where and how this 65.1% of the BPL population lives is essential to ensure that they too benefit from the JNNURM.

Analysis of the Existing Situation:

The CDP of Kohima provides a matrix, enumerating in detail, a profile of each slum with respect to location, population, housing type and infrastructure. It has kept the JNNURM Toolkit requirements of a report of quality, quantity and coverage of infrastructure in mind.

A. Physical Infrastructure: All six notified slums have been listed. Kitsubozou or Chota Basti is the oldest settlement in Kohima. 70% of the habitants live in their own houses- usually 'kutchra' bamboo structures, 40% have tap water, 73% have septic tanks with toilets but 50% of the households discharge their sewerage directly into drainage channels, 32% have lined drains while 68% have opened unlined drains. This area is vulnerable to landslides.

The main problem faced in New Market is that drains are choked. This is because most of the slum dwellers run slaughterhouses and due to a lack of waste disposal, dump their waste into the drains. 35% of the housing is rented. Details about tenure security however, have not been provided in the CDP.

A map has been provided to explain the housing status in Kohima. Since more than 95% of the Naga population is classified as ST, land ownership is mostly private. Most of the residents own land under Article 371 of the Constitution. Those who live in a rented accommodation are primarily migrants from other states.

What is commendable about the infrastructure table of the BSUP section of the CDP of Kohima is that it provides complete details about the lack of infrastructure, and its consequences (eg: because drains are mostly open and unlined, there is a high incidence of cholera and hepatitis).

B. Social Infrastructure: No details pertaining to Social Infrastructure are provided in Chapter 6. Though there are departments for primary health and primary education in the Kohima's institutional set-up, their activities have not been specified in the Analysis of the Existing Situation.

- C. *Economic Base:* The labour force consists of 41.3% of the population, 54.5% of the sample population is engaged in various government sector jobs, 17.5 % are self employed. They own their own shops and businesses. Only 5.7% is engaged in agriculture, 1.2% in traditional crafts, 2.5% in manufacturing, and 18.6% in other activities. Only 0.3% of the sample population was unemployed.

Participatory Approach in analysis

The urban poor were duly represented in the stakeholder consultations by the primary stakeholders-NGOs, CBOs, Women's Self Help Groups etc. They were also represented by their elected representatives and government officials, who served as secondary stakeholders. The basis for prioritization of issues has been provided in full detail. The stakeholders were asked to rank their priorities and results were tabulated. The highest priority is to be provided to drainage followed by water supply, precautionary measures to reduce damage due to landslides, SWM, Transportation and Sewerage in that order.

We would like to recommend that sewerage should be treated with due importance. Untreated wastewater being diverted into streams etc pollutes river water. There is only

one sewerage drain in Kohima's slum areas and open defecation is a major health issue causing various health problems.

Vision and Strategies

Kohima's CDP envisions a better "access to housing and basic infrastructure" for the urban poor. So far, the coverage of poverty alleviation plans since 1989 has been inadequate. According to the CDP, only 9% of the BPL population has been benefited. However the basis for arriving at this figure is unclear. Building footpaths, public wells, sewerage drains, roadside drains, public toilets and roads shall do this. The total outlay for slum up-gradation is Rs.56.31 million. However according to the table on page 16-39, the investment needed is Rs.258.315 million. Thus this must be clarified.

Recommendations:

- An estimate of the projected slum and BPL population in 2011 must be provided in order to assess whether the infrastructure developed under JNNURM shall serve a large proportion of the urban poor.
- Details must be provided as to how the 65.1% of the BPL population, which does not live in the slums, live. As the CDP states, some high-income groups also stay in the slums while majority of the BPL population lives in areas that are not notified as slums. For the JNNURM to really serve the urban poor, this is essential.
- As assessment of the quality, quantity and coverage of Social Infrastructure must be provided in order to provide a better idea of the living standards of the urban poor and to find remedies to the chronic health problems in the slums.
- The CDP should provide the basis for arriving upon the fact that only 9% of the BPL population is benefited by the past poverty alleviation programmes. An in-depth study of why this is true is also required.

Finally, the amount of investment required for slum upgradation must be clarified

Annexure-IX RAIPUR

Demographic Aspect

The demographic aspect has been dealt with in reasonable detail. The current slum population is estimated to be 3,68,956, covering over 192 slums, in an area of about 300 hectares. The population projections suggest a population of 15lacs for Raipur by the year 2011. The components for population increase include population explosion, and in migration. The latter being the main cause for the growth of slums.

Analysis of The Existing Situation

The analysis of the existing situation with regards the urban poor are missing in the CDP. While it has been recognized that the slums have unhealthy living conditions and sources of pollution for social and environmental status of the town, no details to substantiate it have been provided.

As for the economic base, a majority of the people is working in the informal sector.

The authorities have clarified that financial and natural constraints are not binding for the growth of infrastructure, while the administrative and technical constraints are being removed in a phased manner. Suggesting that the infrastructure growth should be fast, and would benefit the poor.

Vision & Strategies

The only vision with regards to slums and the urban poor is a slum up gradation programme that the city wishes to take up as a part of the JNNURM. The cost for the same has been estimated at Rs 232 cr. The same has priority after road development in the city.

The CDP talks about promoting the informal sector, which is a source of livelihood to the urban poor, more so since it has become evident that the informal sector complements the formal sector.

Participatory Approach in analysis

No details mentioning the participation of the urban poor either directly or indirectly in the preparation of the CDP have been provided. The CDP contains a mention of the field visits to be completed by the authorities in the future. However, no details of the same have been provided.

Recommendations

We would recommend a primary level survey of the urban poor, to be able to understand the quality and coverage of services available to them. While the slums have been easily tagged as unhealthy for the city environment, no concrete policies for improvement have been provided. It is essential that the same be taken up. This would be in line with the recommendations made under the toolkit 2.

Annexure-X CHANDIGARH

Overview

Chandigarh has provided no information on the status of the urban poor except on page 89 in which the subject has been dealt with in an extremely cursory fashion.

Demographic Aspect

Chandigarh has a population of 9.01 lakh and it expects it to rise to 13.38 lakh in 2011. The city covers an area of 150 sq km. Details about the number of slums, the number of slum dwellers as a percentage of the total population and the percentage of people living BPL have not been mentioned.

Analysis of the Existing Situation:

According to Tool kit 2 of JNNURM, the existing infrastructure must be evaluated with reference to quality, quantity and coverage. Infrastructural details have been provided but its coverage in slum areas has not been discussed. Page 89 mentions that 155 of households are living in unauthorized tenements or temporary structures but even these enjoy a 100% access to basic services namely, Water supply, sanitation, primary education, and primary health.

Participatory Approach in analysis:

The CDP is unclear on how well the interests of the urban poor were represented while the CDP was being formulated.

Vision and Strategies: The internal earmarking of the budget has been provided for a period of 7 years. Otherwise the vision and strategy for providing BSUP is unclear.

Recommendations:

A separate chapter must be dedicated to BSUP. It should contain the demographics of the slum population, the BPL population, how much of the BPL population lives in slums, and the projected slum and BPL population. A thorough survey must be done of the services that exist in the slum areas and an in-depth study should be done of those households who do not have even one of these services. A step-by-step strategy for providing BSUP should be spelled out. The way these services should be prioritized should depend upon those stakeholders that represent the urban poor.

Annexure XI
A Comparative Matrix

S.No.	City	Emphasis on Urban Poor	
1.	Ahmedabad	Whether the CDP has been Participatory with respect to the Urban poor	Indirectly represented by NGOs
		Emphasis	Separate chapter on Urban Poor and housing given
		Population/Households	Slum population - 9 lakhs No. of Slum Households -1.76 lakh-1/4 th population of AMC and 1/5 th of AUDA
		Access to basic Services	Details given, deficient in terms of basic services. Zero Open defecation envisioned.
2.	Surat	Whether the CDP has been Participatory with respect to the Urban poor	Indirectly represented by NGOs
		Emphasis	Separate Chapter on Housing and slums. Map provided.
		Population/Households	Slum population -5.69 lakhs No. of Slums -312 No. of Slum Households -93655-19% of total population
		Access to basic Services	Discussed, given in table. 72% of households have private water taps and 35% have private toilets. City without slums envisioned.
3.	Vadodara	Whether the CDP has been participatory with respect to the Urban Poor	Indirectly represented by NGOs who participated in an opinion poll ranking the basic services in order of priority. Special survey on the existing situation of the urban poor done by SEWA.
		Emphasis	Status well examined. Details provided. Separate section on 'Urban Poor' included in the CDP.
		Population/Households	No. of Slums -336 No. of Slum Households -51439-20% of total population
		Access to basic Services	80% have access to water, 46% to drainage, 42% to toilets. 190 slums identified for providing on-site services
4.	Rajkot	Whether the CDP has been participatory with respect to the Urban poor	Indirectly represented in 4 group meetings by RMC.

		Emphasis	Status well presented and map provided.
		Population/Households	84 notified slums as per 2001 20% of RMC resides in slums
		Access to basic Services	10% has no access to water, 6% defecates in the open. Slum improvement dealt separately indicating projects to be undertaken with criteria of creating zero slum area and access to all.
5.	Visakapatnam	Whether the CDP has been participatory with respect to the Urban poor	Represented in stakeholder consultations
		Emphasis	Status presented elaborately.
		Population/Households	No. of Slums -472 in GVMC 41% of total population as per 2005 data, 24% as per 2001.
		Access to basic Services	60% of slum area has drinking water, 25% has sewerage. Strategies to attain achievable goals formulated City without slums envisioned by 2021
6.	Vijaywada	Whether the CDP has been participatory with respect to the Urban poor	
		Emphasis	Well provided. Information of poverty reduction initiatives and schemes also discussed.
		Population/Households	30% of slum population in municipal areas 52% in peripheral areas.
		Access to basic Services	20% of slums have water supply, 2% have sewerage and 75% have access to community toilets. Comprehensive plan for urban poor given.
7.	Raipur	Whether the CDP has been participatory with respect to the Urban poor	Stakeholder consultations not taken. The CDP completely misses the views and opinions of the people
		Emphasis	The section on urban poor provides only a list of the slums. Details not provided
		Population/Households	Not provided
		Access to basic Services	Not provided. Vision presented in a generalized manner. Specific details on strategies are not provided.
8.	Hyderabad	Whether the CDP has been participatory with respect to the Urban poor	Broad based stakeholder consultations held. Indirectly represented.

		Emphasis	Separate chapter on Basic Services to Urban poor provided.
		Population/Households	14% of population BPL 39% lives in the slums.
		Access to basic Services	Details given. Basic infrastructure in slums-minimal and inadequate. Separate plan for urban poor envisioned.
9.	Kohima	Whether the CDP has been participatory with respect to the Urban Poor	The Urban Poor are secondary stakeholders. Indirectly represented by NGOs.
		Emphasis	Chapter 6 of the CDP gives a profile of the Urban Poor.
		Population/Households	24% of the city identified as BPL 26% lives in slums
		Access to Basic Services	9% benefited through anti-poverty programmes. 25% have individual toilets, access to PHED water supply is absent, poor education levels.
10.	Chandigarh	Whether the CDP has been participatory with respect to the Urban Poor	
		Emphasis	Pg 89 has been dedicated to the basic services for urban poor. Details have not been provided.
		Population/Households	15% of population living in unauthorized or temporary structures.
		Access to Basic Services	100% access to water, sanitation, education and health.

ANNEXURE XII
International Poverty Alleviation Programs
Caplan

The city of Caplan is the capital of the island province of Oriental Mindoro, 130Km south of Manila. As of 2000 the HH poverty ration in the city was 33.7%. One of the major dimensions of poverty in the city of Caplan has been income poverty. This has translated into health and education poverty, owing to the lack of resources to avail health and education facilities.

26.96% of the population at present lives in informal settlements, thus suggesting that there is also a problem of housing and tenure security. Combating poverty is one of the major thrusts of the city government.

To deal with income and employment related issues of poverty, the government allowed a large number of investors to invest in the city. Moreover, various efforts were made to encourage domestic tourism. The emergence of international chains of fast food joints, shopping malls and resorts provided employment opportunities to a large number of people. To address the issues of livelihood, the government also introduced micro finance schemes for the youth, women and the old; enabling them to set up individual units for livelihood generation.

To address health poverty, the government initiated a health insurance scheme, wherein the government paid the insurance premium for those who registered in the program. The program was an effective and successful program against health poverty. As for education, the city government keeps a large portion of its annual budget for the maintenance and up gradation of public schools. This, keeping in view of the belief that the poor send their children to public schools. The city has also introduced the city college scholarship scheme, available to 500 students from poor families who wish to pursue higher studies.

In order to provide land tenure security to the poor, the government has initiated a number of schemes, one of which is the City Mortgage Program, wherein a National Home Mortgage Finance Company purchases the land occupied by the informal settlers from its actual owner. The poor, through a village community that they have setup pay the corporation for the amortization for the property.