

April 2016

# Jan Seva social centre

## Baseline study

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***Jan Seva social centre building***

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## Introduction

The AIAE Luxembourg supports its Indian partner SICW in the running of a social centre in Kasba, Kolkata providing education and healthcare to underprivileged households in the nearby slum areas. This document details the environmental conditions (social, economic, etc.) of these households.

The centre is foremost a pre-school for 2 – 6 year old children, but also provides healthcare for mothers and children, literacy, vocational and computer training for young women, a day-care centre for special needs children, and a community awareness programme.

There are two sections to this report:

Section 1 gives some details on the areas served by the social centre Jan Seva and is based on the local knowledge of the centre's personnel.

Section 2 presents findings from published surveys and census data on Kolkata, its slums or studies from other slum areas in Kolkata. The slums in Jan Seva's neighbourhood are a small but typical example of this.

## Section 1: Jan Seva



*Illustration 1: Crèche children at Jan Seva*



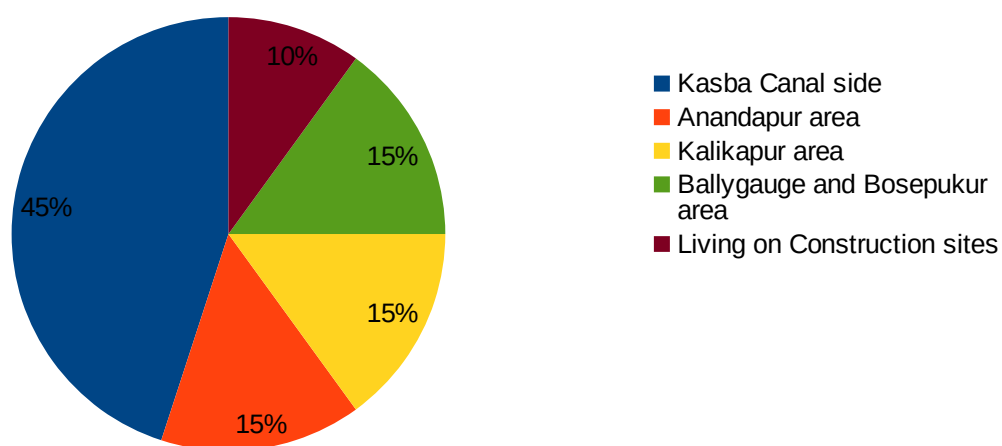
*Illustration 2: Adult education at Jan Seva*

## Slum areas in the vicinity

Households currently using services provided by the social centre, Jan Seva are mainly from Kasba Canal side, Anandapur, Kalikapur, Ballygauge and Bosepukur areas. All these areas are within 2km of the centre, whilst the closest, the Kasba Canal side, is only a couple of hundred metres.

### Slum area of households served by Jan Seva

(2016 estim.)



These slums have all been built on unauthorised land except the Anandapur area where land has now been sold to the households built there.

## Utilities available to slum areas

Standpipes provide drinking water in all of these areas except for the Kalikapur area where slums have been built on platforms over or surrounding the water bodies.

Electricity is available in all of these slum areas, however, authorised connections are only available in the Anandapur slums - the only fore-mentioned slum area that is authorised.

Most households in these areas have access to private latrines shared in a building between several families. There is little provision of public latrines; only in the Kasba Canal region have temporary public pit latrines been constructed.

Concerning drainage, slums in the Anandapur, Ballygauge and Bosepukur areas have a closed system; the Kasba Canal side is currently under refurbishment and a closed drainage system is being installed; slums in the Kalikapur area have open drainage.

Garbage collection is available in these slum areas through collective Vat's provided by KMC.

## Services available to households

### Government Health Centres and Hospitals

The nearest government hospital or health centre to Jan Seva are Kayasto Para Health centre, 10 P. Majumdar Road, Kabardanga, Haltu (2.1km), Chittaranjan Hospital, 32 Gorachand Road, Beniapukur (4.8km) and M.R.Bangur Hospital, 241, Desapran Sasmal Road, Tollygunge (7km). Some local clubs have taken the initiative on a temporary basis to provide vaccinations and de-worming medicines but their services depend upon the availability of the local club. Free medicines are given at the Kayasto Para Health centre which is open Monday to Sat from 8am – 2pm.

### Government funded Pre-School child care centres (ICDS)

Neighbourhood government ICDS centres at Prantik Palli and Chakraborty Para provide pre-school child care to the local communities. These centres provide meals, education and medicines but, however, are very limited in resources.

*Table 1: Local ICDS Centres*

<b>Prantik Palli ICDS</b>	
Distance from Jan Seva	1km
No. of children	12
Opening Times	10.30 am – 3.00 pm
Staff	The same lady teaches for one hour and then does the cooking with a the help of another lady.
Treatment	Medicines are given to the children and to the pregnant mothers who are enrolled with this ICDS center.
Facilities	Studies through charts in one classroom. This room belongs to a local club.
Breakfast or Tiffany	2 Biscuits for every child either with a Banana or with an apple.
Lunch	Rice and egg curry on Tuesday, Thursday and Saturday. Kichuri and Boiled Egg on Mon, Wed and Fri.
<b>Chakraborty Para ICDS</b>	
Distance	1km
No. of children	35
Opening Times	10.30 am – 3.00 pm
Staff	The same lady teaches for one hour and then does the cooking with a helping



	hand.
Treatment	Medicines are given to the children and to the pregnant mothers who are enrolled with this ICDS centre. A homoeopathy doctor sits in the evening to give medicines to the sick children.
Facilities	Studies through charts. The classroom belongs to a local club.
Breakfast or Tiffany	2 Biscuits for every child.
Lunch	Rice and egg curry on Tuesday, Thursday and Saturday. Kichuri and Boiled Egg on Mon, Wed and Fri.



*Illustration 3: Classroom at Prantik Palli ICDS*



*Illustration 4: Kitchen of Prantik Palli ICDS*



*Illustration 5: Books, food and medicines at Prantik Palli ICDS*



*Illustration 6: Chakraborty para ICDS*



## Section 2: Survey and Census information

### Referenced Survey Methodologies

#### i) UNICEF (2014), *Children of Migrant Poor in Kolkata: A study on Human Development Perspectives*

This study (2013-2014) surveyed 1000 Kolkata slum households, 500 from households who have come to the city in the last ten years, living in the unauthorised slums and 500 who have been resident longer and live in the authorised slums. The study highlights the differences between these two groups; migrants and non-migrants.

'For comparative assessment of the situation of migrant and non-migrant households we selected 500 households who are relatively new migrants and have come to the city in the last 10 years. In the absence of any database on migrant population the sampling method had to be purposive. ICDS workers were consulted to locate the target population in the absence of any official data. Care was taken to include different parts of the city to ensure that the sample was as representative as possible.'

'Primarily the sample for migrant population (500 households) was selected from the poor households in unauthorised slums and those living on encroached land in the peripheries of the city. KMC does not provide basic amenities like water, sanitation, health services, etc. in these unauthorised slums.'

'A second group of 500 households were selected from KMC registered slums where people have been living for a long time who are either local people or have come to the city long back. The registered or authorised slums have all the facilities provided by the KMC. This group served as a control group for the study.'

'Thirdly, in order to supplement the quantitative data with qualitative information we conducted 10 Focus Group Discussions and several semi-structured interviews with migrant population and non-migrant population in unauthorised and authorised slums in different parts of the city. In each FGD 10 to 20 persons were present.'

#### ii) Bag S., Seth S., Gupta A. (2016), *A Comparative Study of Living Conditions in Slums of Three Metro Cities in India*

This study was conducted in three cities Kolkata, Mumbai and Delhi. Their findings have been published at city level, making it possible to reference only data from the Kolkata study. A total of 808 households in Kolkata's slums were interviewed.

'The area under the Kolkata Municipal Corporation is divided into 15 boroughs that are the largest possible administrative divisions. Seven of the fifteen boroughs had small fraction of slum population and hence, at least 30 samples from each of these seven boroughs were collected. We have interviewed 808 households from slums in Kolkata and the interviews were conducted in two phases. In the first phase ranging from end-May to mid-June 2013, 600 households were interviewed from 47 slums in ten boroughs: borough numbers 1-9 and borough number 15. In the second phase, the survey was conducted during the first week of October in 2013, when 208 households were interviewed from 16 slums from the rest of the five boroughs.'

iii) Society for Participatory Research in Asia (PRIA) (2014), *Kolkata Study Report: Government Led Exclusion of the Urban Poor*

PRIA (Participatory Research in Asia) is a global centre for participatory research and training based in New Delhi. In 2013, they conducted a study of 50 cities of India, of which Kolkata was one, to look into the present conditions and status of informal settlement households living in urban India. A total of about 5350 households and about 24500 individuals were covered in the survey (an average of 107 households per city).

iv) Baksi S. (2013), *The Slums of Kolkata*

This study conducted in 2013 was made in 9 slum area; 5 inside Kolkata and 4 others in parts of West Bengal conducting interviews with 30 people living in the slums.

## Poverty in Kolkata

Poverty in India is defined on the basis of the consumption of the calories needed for an individual to survive along with certain basic costs like healthcare, education, etc. The government (Rangarajan panel 2014 recommendations) consider that anyone living on less than Rs.47<sup>1</sup> a day in urban areas are poor and those earning more are not. This income determines whether a household is entitled to a Below Poverty Line (BPL) or Above Poverty Line (APL) ration card. In our view, this definition of the poor is far too narrow as it completely ignores the living conditions and material deprivation under which many households must subsist.

The NSS 2004-05<sup>2</sup> survey showed that Kolkata had a poverty rate of 2.28%. That is a small percentage of the population, yet the 2001 census<sup>3</sup> showed that a third of the population (32.6%) were living in slums. Furthermore, although many of the underprivileged live in the slums, there are also substantial numbers living in other residential buildings. The National Family Health Survey (2005-2006) revealed that in Kolkata the ratio of poor population in slum and non-slum is 3:2<sup>4</sup>. Four in ten of the underprivileged live in non-slum areas.

The extent to which material deprivation affects households in Kolkata's slums is shown in Table 2.

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1 The Times of India, July 7 2014

2 National Sample Survey of 2004-05 (61<sup>st</sup> round) - see Srivastava et al.

3 The 2001 census of India. The national census is conducted every decade. See Srivastava et al.

4 Sen S., 2011. The NFHS survey is conducted every decade.

*Table 2: Slums of Kolkata: Indicators of Material Deprivation and the Percentage of Households Deprived in them.*

<b>Indicators</b>	<b>Deprivation Condition (A household is deprived in the indicator if...)</b>	<b>Proportion of Deprived Households (%)</b>
Over-crowding	Any household has three or more members per bedroom <sup>5</sup>	71.20
Housing type	Any house is semi-pucca or kutchia; <b>or</b> the household lives in a temporary accommodation without any proper house	76.00
Leakage in house	Any household who lives in a house where water leaks in the house through roof or ground	39.10
Cooking Arrangement	Any household who uses biomass fuel for cooking, <b>or</b> cooks outdoor, <b>or</b> cooks inside sleeping room with no smoke outlet	45.40
Sanitation	Any household without any personal sanitation facility, <b>or</b> the personal facility is shared with other households	83.40
Water Source	Any household with non-improved water source, <b>or</b> with standpipe facility but time to the water source is more than 30 minutes, <b>or</b> with standpipe facility but the supply duration is less than two hours per day	21.50
Communication	Any household that does not have a land-line phone; <b>and</b> the number of cell-phones within the household is less than the number of its members in the age group of 22-64 years	59.90
Assets	Any household having none of the major assets: refrigerator, computer, washing machine, four wheeler, AC/cooler	71.60

Source: Bag et al. 2016

## Population

Even though the number of people living in the Kolkata Metropolitan Area over the last decade increased substantially (to over 14 million in the 2011 census), in the period 2001-2011 the city's population actually declined by 1.88% to 4.5 million people. As the city develops, previously residential areas have given way to new commercial developments.

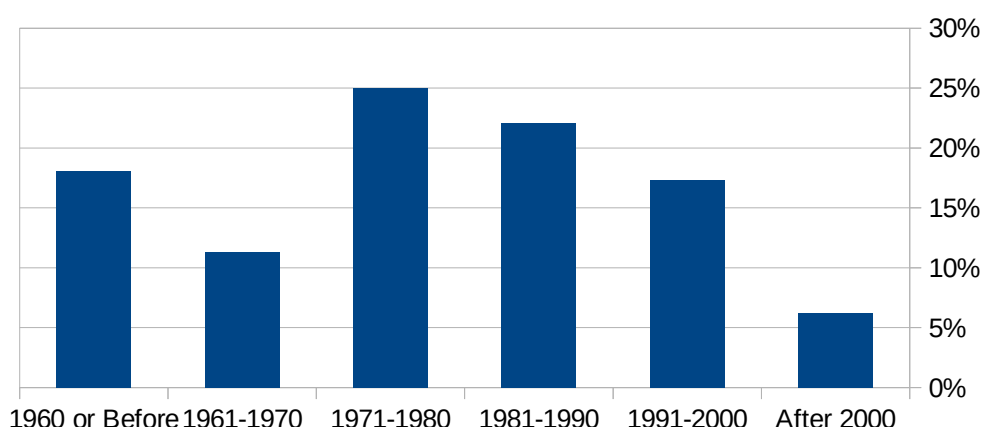
The city's population decline is also reflected in a lower migration rate to the slums. Table 3 shows the percentage of households whose present heads have migrated across different decades (note: this is only a subset of all the households that migrated as it excludes heads who were born in the city). Three-quarters (76.5%) of today's slum household heads who migrated to the city (not born there) did so over 25 years ago.

<sup>5</sup> This indicator is based on the UN-HABITAT (2006) guideline.

*Table 3: Slums of Kolkata: Decadal Distribution of Migrated-Heads*

After 2000	6.2%
1991-2000	17.3%
1981-1990	22.1%
1971-1980	25.0%
1961-1970	11.3%
1960 or Before	18.1%

Source: Bag et al. 2016



Despite this decline, Kolkata's citizens live in an area of 185 km<sup>2</sup> making it one of the most densely populated cities in the world (24000/km<sup>2</sup>). One third (32.5%) or 1.5 million people (2001 census) live in the city's slums in 5500 registered (authorised/notified) bustee and unregistered (unauthorised/non-notified) slums<sup>6</sup>. The slum population density is extremely high averaging around 19 people per kattha (2812 people per ha)<sup>7</sup>.

## Migrant origins

As in many cities, people living in the slums have come to Kolkata seeking employment opportunities. The growing urbanization has attracted many people away from their homes to earn a basic livelihood. Although some come from other mainly rural areas in West Bengal, by far the majority of migrants come from rural interstate regions. Among these, Bihar is by far the principal sending area, followed by others from Uttar Pradesh and Jharkhand.<sup>8</sup>

Whilst most migrant women with families have come from Interstate regions, one-quarter (25.6%) have come from West Bengal. Furthermore, whilst most migrant women with families come from rural areas, almost one-quarter (24.2%) come from other urban areas. The poor who have migrated to urban areas, unlike the rural poor, are not a homogeneous group.

<sup>6</sup> Worldpopulationreview.com. 2014.

<sup>7</sup> Srivastava et al. 2010.

<sup>8</sup> Banerjee 2016

*Table 4: Slums of Kolkata: Streams of Migration and their Rural-Urban Location* <sup>9</sup>

Streams of Migration	All Men	All Women	Men Moved Alone	Men with Families	Women with Families
Intra-state Migration					
i) Rural	5.9	17.4	1.3	18.9	17.9
ii) Urban	0.5	9.6	0	1.9	7.6
Total intra-state	6.4	27	1.3	20.8	25.6
Inter-state Migration					
iii) Rural	84.7	57	94.6	56.6	57.8
iv) Urban	8.9	16.1	4.1	22.6	16.6
Total inter-state	93.6	73	98.7	79.2	74.4
Total ((i+ii+iii+iv)	100	100	100	100	100

Source: Banerjee, 2016 - based on Fieldwork, January-July, 2010.

Migration to the city is largely permanent in nature and women's migration is more permanent than the men (92.2% for women compared to 79.5% for men in urban West Bengal). Women move for reasons of marriage, or after marriage to join the husband as part of a family strategy after staying for sometime in the area of origin. Many men do take up permanent residence, but because they move principally for work reasons, they are less likely to remain.

*Table 5: West Bengal: Nature of Movement*

West Bengal		Temporary with Duration of Stay		Permanent	All
		Less than 12 months	12 months or more		
Urban	Male	3	202	795	1000
	Female	0	77	922	1000
	Male + Female	1	119	878	1000

Source: 64<sup>th</sup> round NSSO survey (2007-2008)

Some migrants have a secondary occupation as agricultural workers in the villages, returning to to their homelands during the agricultural season. For example, this is often the case among cobblers as shoe making cannot be carried out in the city during the monsoon period. This circular and temporary lifestyle,

<sup>9</sup> In the tables, figures are given for all men, all women (autonomous and associational taken together), men moved alone, men with families and women with families.



however, is not easy for the children and makes it difficult for them to continue their studies because of their irregularity in school.

Migrants, particularly newcomers are often under constant friction with local people who call them 'outsiders' – 'Beharis' who have crowded into the city. At times, women are taunted as 'mulkis', lacking civic sense and are considered 'misfits' in urban life.<sup>10</sup>

## Religion & Caste

Almost two-thirds of migrants in Kolkata's slums are of Hindu faith and another third are of Muslim faith. Only a small percentage (less than 3%) are Christian or of other faiths. About a quarter are Scheduled caste (SC) and one-in-ten from other backward classes (OBC).

*Table 6: Slums of Kolkata: Religion & Caste*

I. Household Head's Religion	
Hindu	65.7%
Muslim	31.5%
Christian	2.5%
Sikh	0.0%
Other	0.2%
II. Household Head's Caste	
Scheduled caste (SC)	25.7%
Scheduled tribe (ST)	0.5%
Other backward class (OBC)	9.4%
General + Undisclosed	64.5%

Source: Bag et al. 2016

## Employment

More people from the slums find employment today than has been in the past. In 2001, 36% of the workforce had employment, by 2014 this had risen to 50%. Despite women's participation rate having almost doubled in this period it still remains low at 22.1%.

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<sup>10</sup> Banerjee 2016

*Table 7: Slums of Kolkata: Population and Workers in 2001*

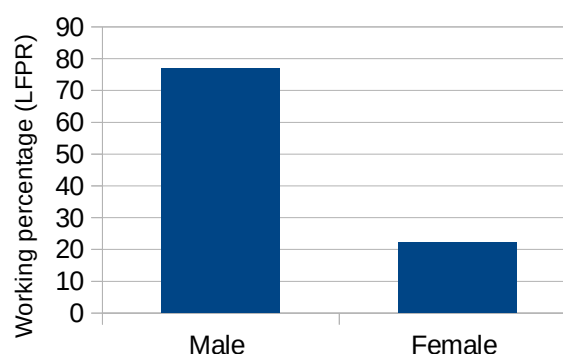
City	Slum Population			Slum Working Population		
	Person	Male	Female	Person	Male	Female
Kolkata	1485309	822678	662631	542648	465901	76747

Source: Office of the Registrar General and Census Commissioner, India

*Table 8: Slums of Kolkata: Labour Force Participation Rates, Average Years of Education and Average Incomes across Age-groups and Genders*

Age Group and Gender	LFPR (%)	AYE	AI
Age: 15-64	50.0	6.7	6,570
Male	76.8	6.8	7,394
Female	22.1	6.0	3,667

Source: Bag et al. 2016. LFPR: Labour Force Participation Rate, AYE: Average Years of Education, AI: Average Monthly Income in INR.



Many of the poor are from construction worker households – about 30% according to the national sample survey unit level data (city sample) of 2004-05. Roughly another 15% belong to the manufacturing and trade plus repair services.

The emergence of self-employment among women as the main avenue of employment can probably be attributed to their reproductive and domestic role because of which women prefer to work within home. They often work as unpaid helpers to their husbands or as dependent subcontract workers where they are paid. Many (of the self-employed women) work in manufacturing (58%) engaged in making shoelaces, clothes, etc, in hotels (10%) as unpaid helpers to their husbands or in the wholesale and retail trade (12%) as unpaid helpers in shops. Besides these, many women take on elementary occupations such as the making of paper packets, etc. Such work is repetitive and can easily be carried out at home and requires no particular skills. These small-scale jobs provide meagre incomes yet nevertheless form a small but important part of household income.<sup>11</sup>

Regular salaried work is quite common among women and many of the salaried workers (70.4%) find work as domestic maids in nearby places within walking distance. This sort of work, which was uncommon in the villages, becomes an easy entry for poor and illiterate women in cities. Most men (except drivers) and women live near their work as they cannot afford to travel longer distances due to the expense involved in travelling. Almost three-quarters of women live within a 15 minute walk to their place of work.

<sup>11</sup> Banerjee 2016

*Table 9: Slums of Kolkata: Distance Traversed, Mode of Commuting and Time Taken to Commute*

			<b>Time taken to Commute (in minutes)</b>	
<b>Location of Work Place</b>	<b>Percentage of Migrants</b>	<b>Mode of Commuting</b>	<b>Range</b>	<b>Average</b>
<b>Men</b>				
Less than equals to 1 km	40.4	Walking	2-15	5.4
2 to 5 kms	21.1	Walking/bicycle/scooter/auto/bus	10-30	13.8
More than 5 kms	5.3	Scooter/auto/bus	10-25	16.3
Distance not fixed	33.3	Truck/taxi/auto/van rickshaw etc.	varies	varies
Total	100			
<b>Women</b>				
Less than equals to 1 km	73.5	Walking	2-15	9.8
2 to 5 kms	20.6	Mainly walking	10-45	22.1
More than 5 kms	2.9	Bus	30	30
Distance not fixed	2.9	Walking	varies	varies
Total	100			

Source: Banerjee 2016. Based on Fieldwork, January-July, 2010

## Education

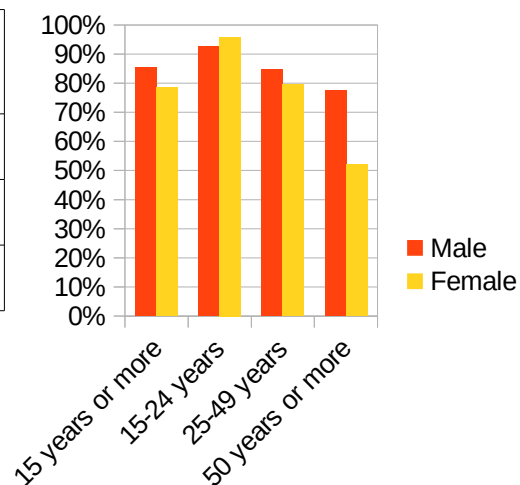
In 2001, one in five men (19.5%) and one in three women (32.4%) from the slums of West Bengal were illiterate.<sup>12</sup> This has since improved. The survey conducted by Bag et al. of slum households in Kolkata in 2013 shows that illiteracy in men had dropped to 14.7% and for women 21.4%. Despite this improvement, more than one in five women are still illiterate. Participation in school has improved and the young stay in school for longer than ever before. Illiteracy in the under 25's is now 5.8%, in the 25-49 year old it is 17.7% and in the over 50's 34.7%.

<sup>12</sup> Source: Office of the Registrar General and Census Commissioner, India

*Table 10: Slums of Kolkata: Literacy Rate among Adults*

	15 years or more	15-24 years	25-49 years	50 years or more
Male & Female	82.0%	94.2%	82.3%	65.3%
Male	85.3%	92.6%	84.8%	77.4%
Female	78.6%	95.8%	79.6%	52.1%

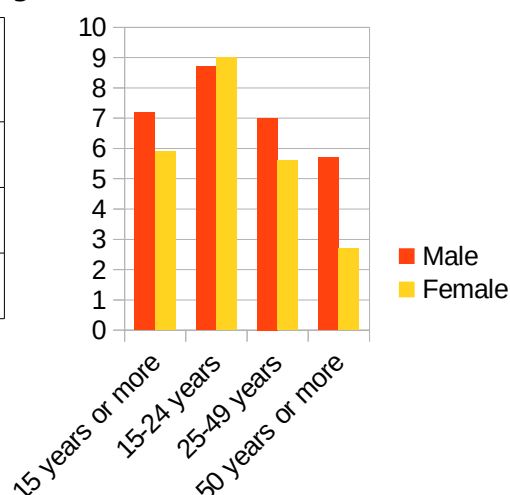
Source: Bag et al. 2016



*Table 11: Slums of Kolkata: Years of Schooling among Adults*

	15 years or more	15-24 years	25-49 years	50 years or more
Male & Female	6.6	8.8	6.3	4.3
Male	7.2	8.7	7.0	5.7
Female	5.9	9.0	5.6	2.7

Source: Bag et al. 2016



## Type of residence

Many of the slums in Kolkata have been there for a long time and there are slums in the heart of the city up to 150 years old. Many of the residents have always lived there. Over 40% of Kolkata's slum residents have lived in the slums for two generations or longer.<sup>13</sup>

The unregistered squatter slums have grown up by the side of canals (khaldhar), roads (jhupri), vacant land (udbastu) by large drains, garbage dumps, railway tracks, etc. The living conditions in these shanties are worse than in the Bustees (registered slums) as they often do not have proper access to basic amenities.

Slum buildings are classified as being either Pucca, semi-pucca or Kutcha. Pucca have both roof and walls

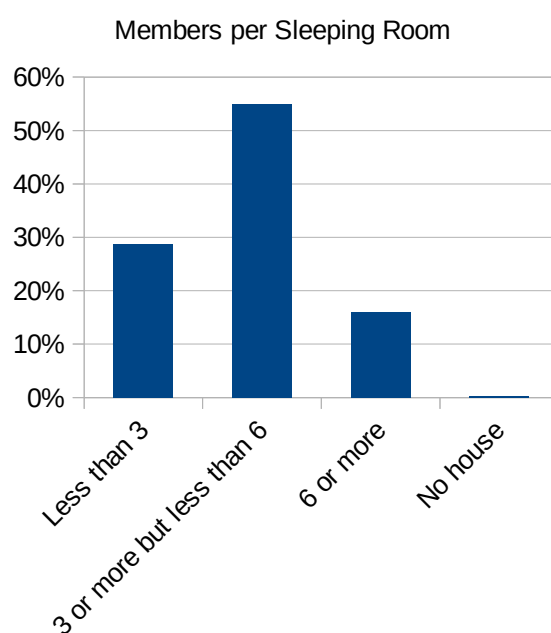
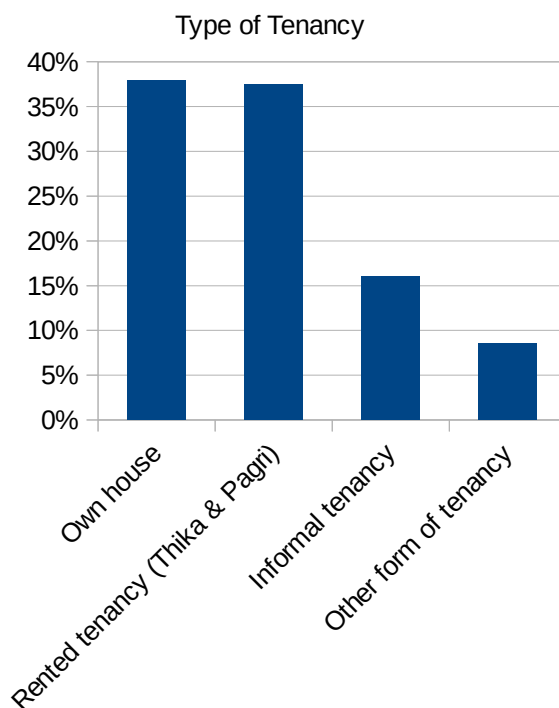
<sup>13</sup> Kundu 2003

made of pucca materials such as cement, concrete, oven-burnt bricks and other such building reinforcement materials. Kutcha are those with both roof and walls made of kutcha (non-pucca) materials, such as mud, thatch, bamboo, tents, etc. Semi-pucca are those with either roof or walls, but not both, made of pucca materials. The majority of slum buildings in Kolkata are semi-pucca (74.5%).

Almost one in six (16%) of the households in the slums are forced to share one room for six or more occupants.

*Table 12: Slumsof Kolkata: Characteristics of Housing*

I. Type of Tenancy	
Own house	37.9%
Rented tenancy (Thika & Pagri)	37.5%
Informal tenancy	16.0%
Other form of tenancy	8.5%
II. Duration of the Construction	
10 years or less	7.6%
More than 10, but 20 or less years	11.1%
More than 20, but 30 or less years	7.7%
More than 30, but 50 or less years	26.0%
More than 50 years	42.9%
Don't know/No Info	4.7%
III. Type of Construction	
Pucca	23.7%
Semi Pucca	74.5%
Kutcha	1.6%
IV. Members per Sleeping Room	
Less than 3	28.8%
3 or more but less than 6	55.0%
6 or more	16.0%
No house	0.2%





V. Income Generated from	
Housing ownership	10.9%
Land ownership	4.5%
Housing/land ownership	14.8%

Source: Bag et al. 2016

The majority of houses in Kolkata's slums are rented, although almost four in ten households (37.9%) own their own house. Whilst the bustees generally have some form of secure tenure or ownership rights based on land rent or lease, tenure security (the right to remain on a particular piece of urban land) is, in principal, not available to the unregistered land encroaching settlements. If a dwelling on that land is seized by private land owners or by the government for redevelopment, migrants have the added challenge of establishing tenure and the right to compensation.

## Utilities: Drinking Water

KMC Standpipes are the main source of water for slum households. The study in table 13 shows the distribution for unauthorised (migrant) slums and authorised (non-migrant) slums.

*Table 13: Distribution of Households by Source of Drinking Water*

Source of Drinking Water	Migrant		Non-migrant	
	HHs	As %	HHs	As %
KMC Stand Post	421	84.2	500	100
Tube Well	79	15.8	0	0.0
Pond	0	0.0	0	0.0
Dug Well	0	0.0	0	0.0
Other	0	0.0	0	0.0
Total	500	100	500	100

Source: Unicef 2014

## Utilities: Electricity

In the unauthorised slums, only about half (53%) of migrant households have access to electricity. Since the slums are not authorised by the KMC, households do not have a legal sanction from the CESC (Calcutta Electric Supply Corporation) to get connected. In these cases the connections are primarily taken by illegal hooking from a nearby electric pole with some political support. Almost one in five migrant households (19.6%) state that the reason for not having an electrical connection is because they cannot afford it – see table 15. The study in table 14 shows the distribution for unauthorised (migrant) slums and authorised (non-migrant) slums.

*Table 14: Distribution of Households by Electricity Connection*

Electricity Connection	Migrant		Non-migrant	
	HHs	As %	HHs	As %
Having electricity	265	53.0	461	92.2
Not having electricity	235	47.0	39	7.8
Total	500	100	500	100

Source: Unicef 2014

*Table 15: Reason for not having Electricity Connection*

HHs	No of HHs with Electricity	Reason for not having Electricity Connection		
		Area not Electrified	No legal right to have CESC connection	Can't Afford
Migrants	235	6	183	46
As %	47.0	2.6	77.9	19.6
Migrants	39	0	34	5
As %	7.8	0.0	87.2	12.8

Source: Unicef 2014

## Utilities: Latrines

The majority of households in the slums have toilet facilities outside their premises (57.4% for migrant and 59.4% for non-migrant households). A third of (32%) of migrant households use flush latrines, and a high percentage (25.8%) use insanitary hanging type toilets. The study in table 16 shows the distribution for unauthorised (migrant) slums and authorised (non-migrant) slums.

*Table 16: Distribution of Households by Sanitation Facility*

Location of Sanitation	Migrant		Non-migrant	
	HHs	As %	HHs	As %
Within Premises	213	42.6	203	40.6
Outside Premises	287	57.4	297	59.4
Total	500	100	500	100

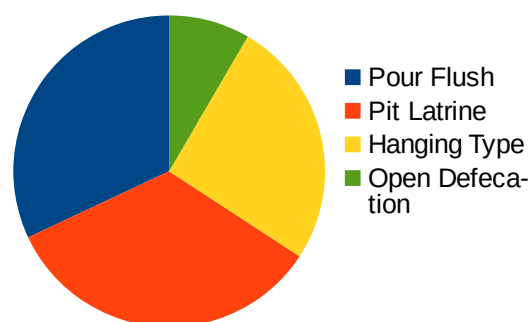
Source: Unicef 2014

*Table 17: Distribution of Household by Type of Latrine*

Type of Latrine	Migrant		Non-migrant	
	HHs	As %	HHs	As %
Pour Flush	160	32.0	268	53.6
Pit Latrine	169	33.8	200	40
Hanging Type	129	25.8	21	4.2
Open Defecation	42	8.4	11	2.2
Total	500		500	

Source: Unicef 2014

Latrines available to migrants



## Utilities: Drainage

Many (41.2%) unauthorised slum households have no drainage although the situation is much better in the authorised slums where almost three-quarters have closed drains. The study in table 18 shows the distribution for unauthorised (migrant) slums and authorised (non-migrant) slums.

*Table 18: Distribution of Households by Drainage System*

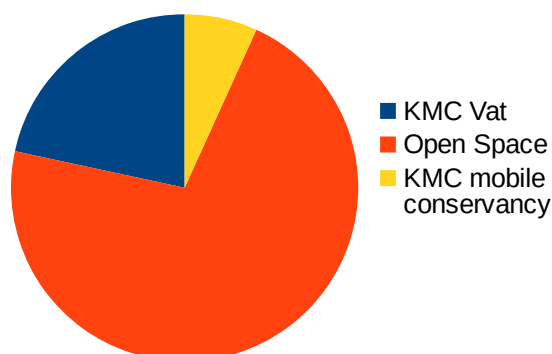
Drainage system	Migrant		Non-migrant	
	HHs	As %	HHs	As %
Open Drain	73	14.6	61	12.2
Closed Drain	221	44.2	372	74.4
No Drain	206	41.2	67	13.4
Total	500	100	500	100

Source: Unicef 2014

## Utilities: Garbage collection

Garbage disposal is almost non-existent in migrant slums. KMC services like vats or mobile conservancy are available to 28.4% of households in the non-authorised slums, but many (71.6%) have no collection and throw garbage in open barren lands. In the authorised bustees, KMC provides three-quarters (77%) of households with some form of collection. The study in table 19 shows the distribution for unauthorised (migrant) slums and authorised (non-migrant) slums.

Garbage Disposal facilities for migrants



*Table 19: Slums of Kolkata: Distribution of HHs by availability of Garbage Disposal Facility*

Point of Garbage Disposal	Migrant		Non-migrant	
	No. of HHs	As%	No. of HHs	As%
KMC Vat	108	21.6	214	42.8
Open Space	358	71.6	115	23.0
KMC mobile conservancy	34	6.8	171	34.2
Total	500	100.0	500	100.0

Source: Unicef 2014

## Services: Govt. hospital/health centre & distance

In general, authorised slums tend to be closer to government hospitals / health centres than the unauthorised slums. A third (35.2%) of households in unauthorised slums have to travel more the 2km.

*Table 20: Slums of West Bengal: Distribution of slums by distance from nearest Government hospital / health centre (in km). 2008-09*

West Bengal	Distance From Nearest Government Hospital / Health Centre (in km)				
	Less than 0.5	0.5 - 1	1 - 2	2 - 5	>5
Notified	40	407	324	65	164
Non-notified	73	221	355	246	106
Combined	57	312	340	157	134

Source: National Sample Survey Organisation, 65th Round (July 2008 to June 2009)

Whilst government hospital treatment is free, medicines must be bough from the outside. Surprisingly, the number of persons consulting private doctors is much higher among migrant households than non-migrant households (46.1 and 28.9 respectively). This use of expensive private doctor's service by the underprivileged is usually for two reasons: either there is no government hospital available nearby or the person prefers not to go to a government hospital because of long waiting periods might lead to a loss of a day's earning.

**Table 21: Slums of Kolkata: Sickness of the Residents and Availability of Healthcare Services**

Type of Family	No. of Surveyed Member	No. of family sick last 3 months	No. of member sick (Adult + Child)	Treatment facilities available by no. of members						
				Govt. hospital	Private hospital	KMC Ward Health Unit	Private Doctor	Angan wadi Centre	Others	None
Migrant	2242	293	346	150	2	24	135	0	9	0
As %		58.6	15.4	51.2	0.7	8.2	46.1	0	3.1	0
Non-Migrant	2506	291	387	182	12	19	84	0	7	1
As %		58.2	15.4	62.5	4.1	6.5	28.9	0	2.4	0.3

Source: UNICEF 2014

The government child immunisation programme has been very successful and practically all children are vaccinated for tuberculosis, diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles and Hepatitis B. In 2014, four vaccines were added to the programme, namely rota-virus, rubella and Japanese encephalitis, as well as the injectable polio vaccine.<sup>14</sup>

**Table 22: Slums of Kolkata: Children and Immunisation**

Category	No of Family Members	No of children less than 6 yrs	No of children Immunised	As %	No of children taken to pulse polio	As %
Migrant	2295	402	402	100	402	100
Non-migrant	2506	288	288	100	288	100

Source: UNICEF 2014

## Services: Schooling

There are mainly three types of schools available – Government, Private Aided and Private Unaided (receiving no government aid). Private schools can be recognized (by the government) or unrecognised. There are also NGO and Community run schools mostly working as a kind of backup support system for the children of the people of slums: children go to these schools mostly to complete their homework.<sup>15</sup>

In the Government schools, the student teacher ration is very high; more than 50 students per teacher in some schools. The Private Aided schools are the new elite schools of modern Indian society. Consequently they are very expensive and for the children of the elite. Private Unaided schools are often the best option

<sup>14</sup> Wikipedia, 2016 Universal Immunization Programme

<sup>15</sup> Baksi 2013



for the urban poor. These are mostly within their reach and also most of the time within the neighbourhood.<sup>16</sup>

Besides the monthly fees of the school there are several other expenditures related to providing education to a child: food, dress, travel, private tuition and educational materials are the major areas of related expenses for a poor family.

Government Schools are much less costly, but there is a widespread belief that private schools are better at educating children and that a child coming out of a private school system is more prepared for the job market. There is more emphasis on teaching spoken English in private schools than in Government schools, and the capability of speaking English provides an edge to a person looking for jobs in the present Indian job market.

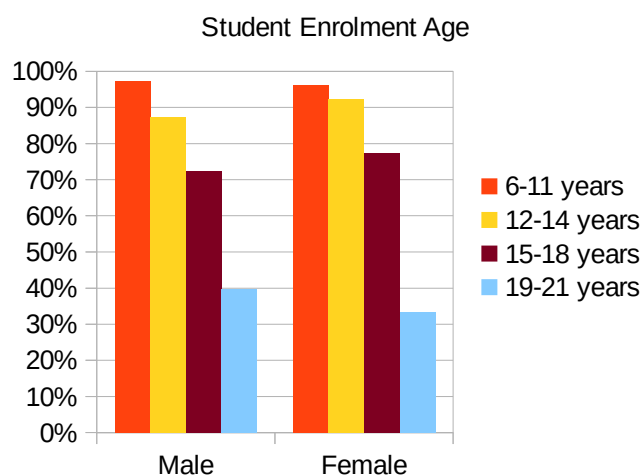
A little more than half (55.4%) of children from the slums attend a Government school whilst most others will attend Private institutions.<sup>17</sup>

Schooling is compulsory for children in India from the age of 6 to 14. In Primary schools, for the 6-11 year old children, enrolment rates are generally good (96.6%). However one in thirty (3.4%) still do not receive any form of primary school education. The drop-out rate increases to 10.6% for 12-14 year old children.

*Table 23: Slums of Kolkata: Student Enrolment Rates in Educational Institutions over different age groups*

Enrolment Age group	Male & Female	Male	Female
6-21 years	76.2%	76.6%	75.7%
6-11 years	96.6%	97.2%	96.1%
12-14 years	89.4%	87.3%	92.2%
6-14 years	93.8%	93.1%	94.7%
15-18 years	74.8%	72.4%	77.2%
19-21 years	36.4%	39.7%	33.3%

Source: Bag et al. 2016



In pre-school education, the government sponsors an early childhood development programme through the Integrated Child Development Service (ICDS) and Anganwadi Centres (AWC). The programme aims to address the health, nutrition and development needs of young children from the age group 0 to 6 years, and also pregnant and nursing mothers.

<sup>16</sup> Baksi 2013

<sup>17</sup> Bag et al. 2016

As of March 2013 there were 12 ICDS project areas in Kolkata city under which 1526 AWCs were operating. Out of them, 1438 AWCs provided supplementary nutrition programme (SNP) and 1485 provided pre-school education (PSE).<sup>18</sup>

About a third (36.8%) of 0-5 year old children from the slums receive a pre-school education at an AWC. Slightly more (40.4%) receive supplementary food at an AWC. The study in table 24 shows the distribution for unauthorised (migrant) slums and authorised (non-migrant) slums.

**Table 24: Slums of Kolkata: Distribution of Children (0-5 yrs) who attend Anganwadi Centre**

Type of Household (HH)	No. of children aged 0-5			
	Total no of children aged 0-5	Attend ICDS centre	Get Supplementary food	Attend Pre-School under ICDS
Migrant HH	402	162	139	134
As %		40.2	34.6	33.3
Non Migrant HH	288	144	140	120
As %		50	48.6	41.7
Total	690	306	279	254

Source: UNICEF 2014

The reasons given for not attending an ICDS centre are mainly because the child is too young to attend (less than 3 years), but almost a third (27.9%) of migrant households do not have an ICDS centre nearby. The study in table 25 shows the reasons given by households in unauthorised (migrant) slums and authorised (non-migrant) slums.

**Table 25: Slums of Kolkata: Reason for not Attending ICDS Centre**

Reason	Migrant HH		Non-migrant HH	
	No. of Children	As %	No. of Children	As %
No ICDS nearby	67	27.9	4	2.8
Children less than 3 years	149	62.1	111	77.1
Enrolled in private school	24	10	29	20.1
Total no. of children not attending ICDS Centre	240		144	

Source: UNICEF 2014

18 UNICEF 2014

There is a trend towards sending children to private pre-schools – 10% of migrant households and 20% of the non-migrant households have sent their children to pre-schools that are not government schools. Many of the ICDS centres in the localities where migrants live are cramped for space and sometimes do not have safe concrete structures, let alone proper toilets and playing facilities. ICDS centres are primarily seen as 'Khichuri Schools' i.e. places where children are given some food rather than 'pre-schools' where children are taught.

This general dissatisfaction is shown in a study<sup>19</sup> conducted in 27 Anganwadi centres in Chetla, Kolkata. Only 2 out of 135 mothers questioned gave the centres an above average score, whilst 48 rated the centres poorly.

*Table 26: Distribution of mothers according to their level of satisfaction with Anganwadi*

Level of Satisfaction	Number	%
Good (score 21-30)	2	1.4
Average (score 11-20)	85	63
Poor (score 0-10)	48	35.6
Total	135	100

Source: Ram PV et al. 2014

The areas where mothers were least satisfied were:-

- The lack of house visits for counselling or advice regarding health issues
- Useless or unusable information given regarding nutrition and child feeding
- The harsh attitude of Anganwadi workers towards the mothers and children
- Little distribution of medicines
- A lack of pre-school educational
- A lack of group meetings/presentations with mothers

*Table 27: Percentage of responses given by mothers regarding services in ICDS centres.*

Questions	Score 2 (%)	Score 1 (%)	Score 0 (%)
Have the AWW* weighed your child?	Yes, monthly 108 (80%)	Yes, sometimes 11(8.1%)	Never 16(11.9%)
Was the child's nutritional status or growth chart ever discussed with you?	Yes, every time 43(31.9%)	Yes, sometimes 75(55.6%)	Never 17(12.5%)
Has the AWW* ever visited your house for any type of counselling or advice regarding health issues?	Yes, regularly 15(11.1%)	Yes, sometimes 15(11.1%)	Never 105(77.8%)
How did you find the information given by AWW* regarding nutrition & feeding the child?	Very useful 15(11.1%)	Somewhat useful 9(6.7%)	Not useful 111(82.2%)
How was the information given by AWW* regarding common illnesses of child (ARI+, Diarrhoea) & management (ORS+ preparation etc)?	Very useful 20(14.8%)	Somewhat useful 6(4.4%)	Not useful 109(80.7%)

<sup>19</sup> Ram PV et al. 2014

Questions	Score 2 (%)	Score 1 (%)	Score 0 (%)
How would you describe the attitude of the AWW* towards yourself and the children?	Kind 33(24.4%)	Indifferent 23(17%)	Harsh 79(58.6%)
How often the AWW* being present in the centre?	Present always 44(32.6%)	Present sometimes 55(40.7%)	Absent maximum times 36(26.7%)
How is the quality of the food being given to your child at the centre?	Good 27(20%)	Acceptable 32(23.7%)	Bad 76(56.3%)
How is the quantity of the food being given to your child at the centre?	Adequate 32(23.7%)	Somewhat adequate 86(63.7%)	Not adequate 17(12.6%)
How would you describe the regularity of provision of food to children at the centre?	Very regular 108(80%)	Somewhat regular 11(8.1%)	Very irregular 16(11.9%)
How often is the Anganwadi centre opened in your location?	Open regularly 16(11.9%)	Open from time to time but not regular 63(46.7%)	Rarely opened 56(41.5%)
Have you ever received any medicines from your respective Anganwadi centres?	Yes always 6(4.4%)	Sometimes only 12(8.9%)	Never 117(86.7%)
How frequent the PSE§ was given to the child?	Regularly 2(1.5%)	Sometimes 7(5.2%)	Never 126(93.3%)
How often the mother's day meeting held in your location?	Yes monthly 13(9.6%)	Yes sometimes 15(11.1%)	Never 107(79.3%)
By whom had you been motivated /referred to nearby Health centres for Immunisation of your child?	Mainly by AWW* 26(19.3%)	AWW* & others    75(55.6%)	Others    only 34(25.2%)

\*AWW- Anganwadi worker; †ARI- Acute Respiratory Tract Infections; ‡ORS- Oral Rehydration Solution; §PSE- Pre School Education

|| Others- Health Worker Female (UHC, Chetla) or Anganwadi Helper or neighbours etc

Source: Ram PV et al. 2014

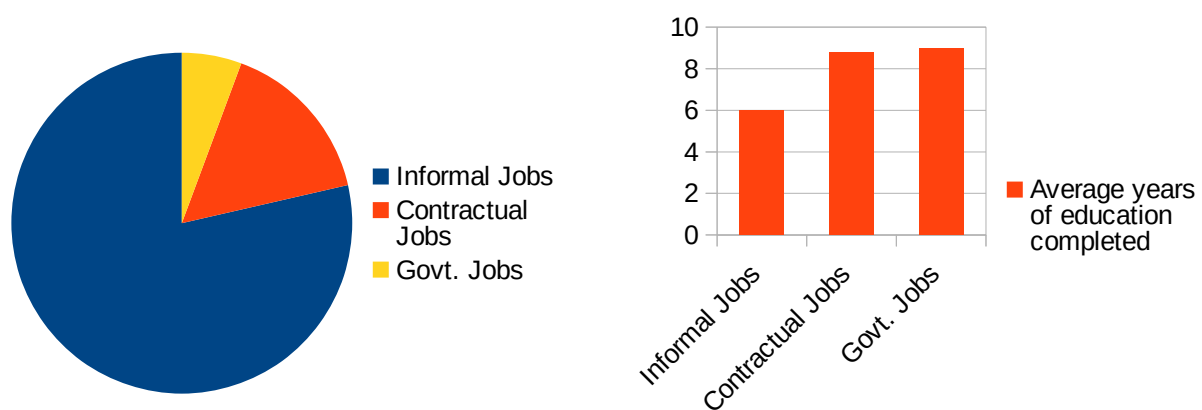
## Income

Most workers (77.4%) are employed casually or for a certain time period and do not enter into a legal contract. Job security is based on trust and often the person seeks employment under the same employer for years. Social security measures are almost absent except in cases where the person is employed in the government or private sector.

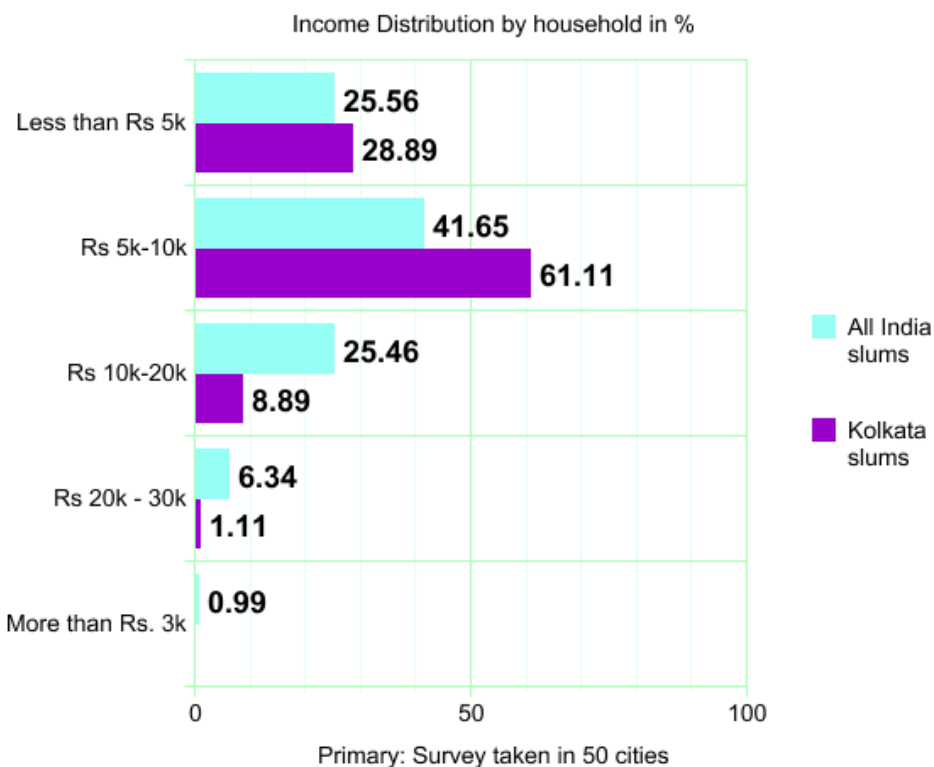
*Table 28: Slums of Kolkata: Education, Wage and Labour Supply by Type of Job Contracts*

Type of Job Contract	Informal Jobs	Contractual Jobs	Govt. Jobs
Share involved in occupation (%)	77.4	15.5	5.6
Average years of education completed	6.0	8.8	9.0
Average monthly nominal wage (in INR)	5780	7962	14170
Average weekly labour supply (in hours)	58	62	46

Source: Bag et al. 2016



In the slums of Kolkata, the majority of households (61%) earn an income between Rs.5000 and Rs.10000 per month. Another 25% of households earn a monthly income below Rs.5000 per month. Compared to households in the slum areas of all India, a higher percentage in Kolkata are poorer.



Source: PRIA  
2014

## Welfare Entitlement

In Kolkata's slums, 5.56% of the people living there get an old age pension (about Rs.400 per month); 1% receive a widow's pension (Rs.400 per month); 1% receive a disabled pension (Rs.1500 per month); and 2% receive self-employment benefits.<sup>20</sup>

Ration cards allow their owners to purchase food and fuel at subsidised prices. Yet though national policy

entitles migrants to a new ration card as long as they remove their names from their ration cards at home, in practice they find it difficult to do this. Many do not know the correct procedure for obtaining a new ration card, and others face obstacles if they have never previously held a card because they were absent from their home states when identification documents (such as voter ID cards) were issued. Furthermore, many migrants do not want to risk removing their names from a ration card in their home state because they are uncertain of obtaining a new ration card at their destination.<sup>21</sup> Almost three-quarters quarters (73.6%) of households in the unregistered slums have no ration card.

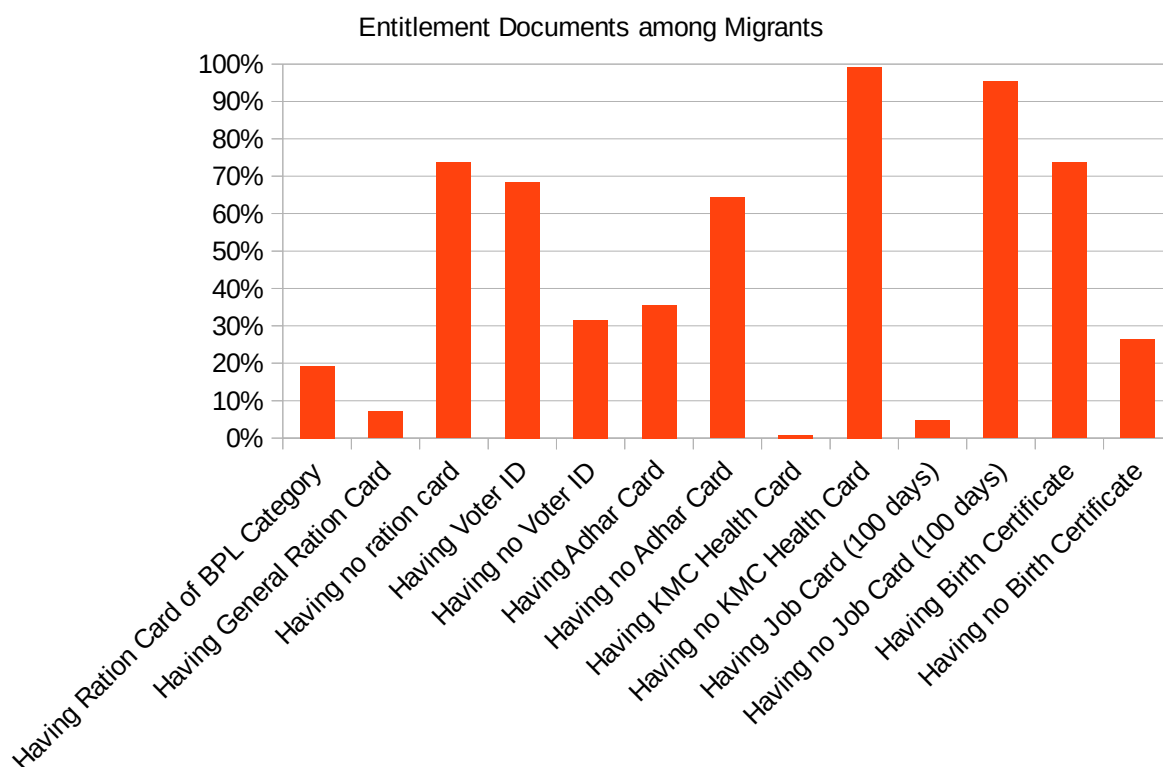
Many households lack other essential documents besides ration cards. The study in table 29 shows the distribution for unauthorised (migrant) slums and authorised (non-migrant) slums.

*Table 29: Slums of Kolkata: Distribution of Households having Entitlement Documents*

Documents	Migrant (unregistered slums)		Non-migrant (registered slums)	
	No. of Families	As%	No. of Families	As%
Having Ration Card of BPL Category	96	19.2%	92	18.4%
Having General Ration Card	36	7.2%	343	68.6%
Having no ration card	368	73.6%	65	13.0%
Having Voter ID	342	68.4%	428	85.6%
Having no Voter ID	158	31.6%	72	14.4%
Having Adhar Card	178	35.6%	343	68.6%
Having no Adhar Card	322	64.4%	157	31.4%
Having KMC Health Card	4	0.8%	32	6.4%
Having no KMC Health Card	496	99.2%	468	93.6%
Having Job Card (100 days)	23	4.6%	3	0.6%
Having no Job Card (100 days)	477	95.4%	497	99.4%
Having Birth Certificate	368	73.6%	372	74.4%
Having no Birth Certificate	132	26.4%	128	25.6%

Source: UNICEF 2014

<sup>21</sup> Abbas et al. 2014



## Savings & Borrowing

Two-thirds (67.78%) of households in the slums have a bank savings account and another one in six (16.67%) a post office account.<sup>22</sup>

In Kolkata the availability of micro-finance is practically nil. Though a recent phenomenon, households are not aware of the role of micro-finance and institutions, banks, etc. have directed their efforts towards the marginalised rural.

Some 13.33% of households have some debt and 14% of households had taken loans in the past one year – debt is taken on a short-term basis. Of these, most loans (78%) were taken from self-help groups or cooperative societies, with a small proportion (11%) being taken from money lenders (sahukars) or from friends and relatives (11%).<sup>23</sup>

## Spending

Households in Kolkata's slums spend on average 6.26% of their income on education and 11.81% on healthcare. Healthcare spending is more than double that of all West Bengal urban areas (5.32%). A third (32.22%) of households have a life insurance, a small minority (2.22%) have health and medical claim

<sup>22</sup> PRIA 2014

<sup>23</sup> PRIA 2014

insurance, whilst none have any General insurance.<sup>24</sup>

On consumption items, households in Kolkata's slum unsurprisingly spend mostly on food (72.9%); higher than the average for all West Bengal urban areas.

Rentals in the slums are very low and are only a small part of overall consumption expenditure (3.0%). Generally, the average spending on housing is much higher in West Bengal urban areas at 20.34%.

Even though the use of Kerosene within households brings various types of health hazards, many people still use it. Kerosene available through PDS (Rs.15/L) is cheaper than LPG – see table 30 – but 40% of Kerosene is purchased from private sources at a much higher price (Rs.41/L). Despite this extra price paid for Kerosene bought from the market, many households have still not switched to LPG.

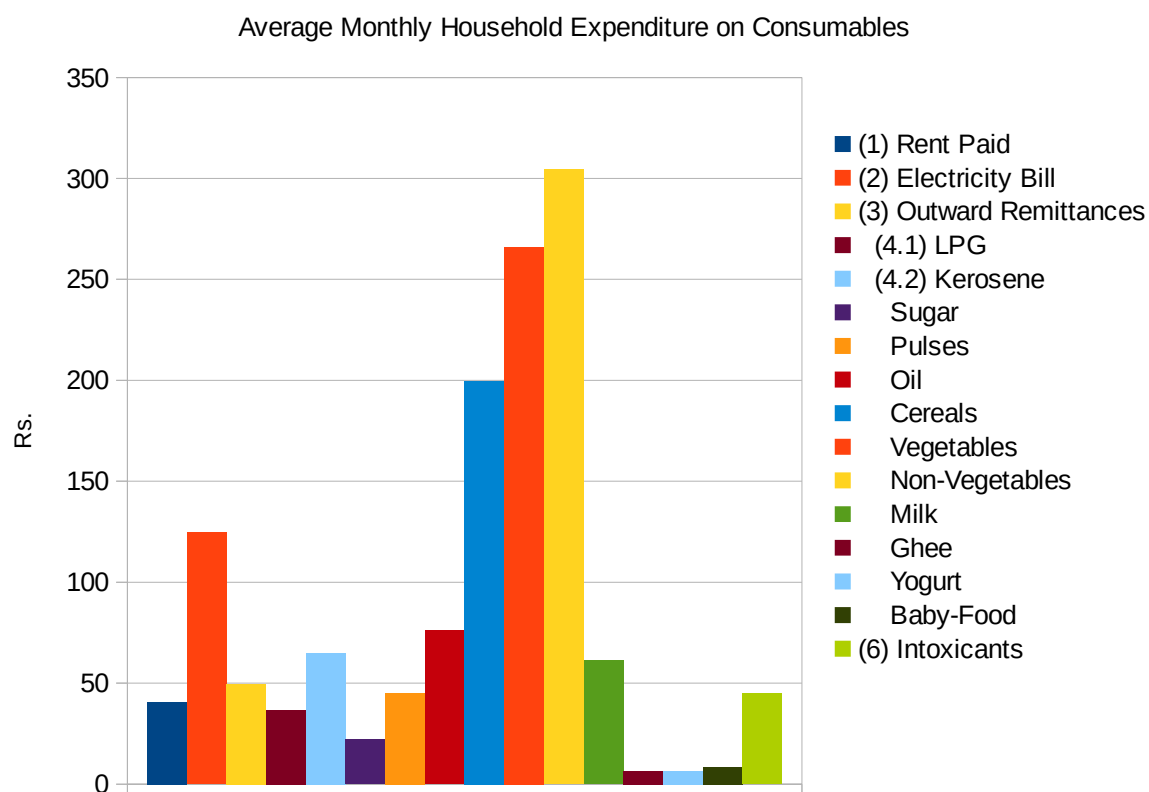
*Table 30: Slums of Kolkata: Distribution of Monthly Mean Per Capita Consumption Expenditure across Components*

Expenditure (Rs.) on Items	Rs.	Share
Mean Per Capita Exp.	1367.3	100%
(1) Rent Paid	40.8	3.0
(2) Electricity Bill	124.7	9.1
(3) Outward Remittances	49.6	3.6
(4) Cooking Fuel	111.0	8.1
(4.1) LPG	36.8	2.7
(4.2) Kerosene	64.9	4.7
(5) Food	996.3	72.9
(5.1) Grocery Items	343.2	25.1
Sugar	22.2	1.6
Pulses	45.2	3.3
Oil	76.2	5.6
Cereals	199.6	14.6
(5.2) Other Food Items	644.7	47.2



Expenditure (Rs.) on Items	Rs.	Share
Vegetables	266.1	19.5
Non-Vegetables	304.5	22.3
Milk	61.2	4.5
Ghee	6.6	0.5
Yogurt	6.4	0.5
Baby-Food	8.4	0.6
(6) Intoxicants	45.0	3.3

Source: Bag et al. 2016



*Table 31: Slums of Kolkata: Monthly Per Capita Consumption and Median Prices of Cooking Fuel and Grocery Items*

Items	Average quantity		Median Price
Cooking Fuel			
<b>Kerosene (Lt.)</b>	2.43		
From Market (Lt.)	0.97	(40%)	41

Items	Average quantity		Median Price
From PDS (Lt.)	1.46	(60%)	15
<b>LPG</b> (Kg.)			
Private (Kg.)	0.06	(5%)	31
Government (Kg.)	1.14	(95%)	31
<b>Sugar</b> (Kg.)			
From Market (Kg.)	0.55	(99%)	41
From PDS (Kg.)	0.00	(1%)	14
<b>Pulse</b> (Kg.)			
From Market (Kg.)	0.59	(100%)	82
From PDS (Kg.)	0.00	(0%)	61
<b>Oil</b> (Lt.)			
From Market (Lt.)	0.75	(100%)	102
From PDS (Lt.)	0.00	(0%)	0
<b>Cereal</b> (Kg.)			
- Of which <b>Rice</b> (Kg.)			
From Market (Kg.)	4.82	(99%)	29
From PDS (Kg.)	0.05	(1%)	2
- Of which <b>Wheat</b> (Kg.)			
From Market (Kg.)	2.71	(95%)	22
From PDS (Kg.)*	0.14	(5%)	12

Source: Bag et al. 2016. Note: Figures in parenthesis represent shares from source for each item. \*PDS wheat price includes Rs.5 grinding charge.

## Spending Priorities

In a 2013 survey documented by Baksj, people in the slums<sup>25</sup> were asked about their spending priorities for their family. Among the participants, 18 were selected for this exercise<sup>26</sup> and the corresponding summary of

25 The men are: - Daily laborers, Drivers, Electricians, doing small odd jobs, in small businesses, earning between Rs. 5,000 and Rs.7,000 per month; and, the women are: - Housewives, Maid Servants, in small businesses, earning between Rs 2,000 and Rs. 4,000 per month.

26 This exercise was conducted for the Institute of Psychological & Education Research (IPER) is selected by the Kolkata Municipal Corporation (KMC) to do a situational analysis / impact assessment of the educational services provided in a KMC Primary School located at 5/1 Dr. Radha Kumud Mukherjee Road, Kolkata 700 019, inside ward number 68. The assignment was undertaken in collaboration with United Way of Kolkata (UWK), in January 2013.

lists of priorities is given below. The findings show that many people appreciate the value of education for the betterment of their children.

Priority – 1	Food / Health (Doctor and Medicine)
Priority – 2	Food / Education / Rent / Electricity / Health
Priority – 3	Education / Rent / Electricity / Health
Priority – 4	Festival / Garments / Travel / Gusts / Rent / Electricity / Health
Priority – 5	Repaying Loan / Festival / Garments / Travel / Rent / Electricity / Health
Priority – 6	Cosmetics / Dress / Gusts / Education / Rent / Electricity / Travel / Festival / Miscellaneous
Priority – 7	Sending Money / Travel / Festival / Cosmetics / Miscellaneous
Priority – 8	Cosmetics / Garments / Miscellaneous
Priority – 9	Miscellaneous

## Asset ownership

Almost all households own an electric fan (97.78%); many own a Mobile or land-line telephone (83%), a colour TV (81.11%), and a third (32%) own bicycles. Few households in Kolkata's slums own other assets such as a refrigerator, cooler, air conditioner, washing machine, radio, computer (with or with-out Internet), two wheeler or car.<sup>27</sup>

## References

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