

# **Uprooted Homes Uprooted Lives**

Key Findings of a Study on the Impact of Involuntary  
Resettlement on a Slum Community in Mumbai

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## Dindoshi (Malad - East)



Actual Photograph

### LAYOUT PLAN



Situated in a picturesque location spread over an area of 5.5 hectares, site selected by SPPCL for rehab project at Dindoshi, Malad (E) Mumbai is an ideal one for residential complex. Planned by Architect Consultant Mr. Architect Hafeez Contractor, 2614 T's have been built in 32 Nos. G+7 buildings with all amenities. These tenements are to be allotted to Slum dwellers occupying areas vitally required for public projects of Airport Authority of India (AAI), MSRDC & PWD.

There are also 5 Nos. 5-18 storied towers and 5 Nos. 5+7 storied Buildings all consisting of 1 BHK & 2 BHK flats totaling 885 flats for sale. These are designed with all modern amenities with podiums, beautiful green areas, shopping areas, ample car park etc.

Thus SPPCL makes available well constructed housing for rehabilitation and 1 BHK & 2BHK flats for sale.



### LOCATION PLAN



Architect: Architect Hafeez Contractor  
Project Management Consultancy: Shriresh Patel & Associates  
Contractor: Vilayati Ram Mittal

## Introduction

Involuntary resettlement has been the subject of much controversy within development debates. It has more often than not been associated with large dams or activities such as mining. Much displacement and resettlement, however, is also taking place due to developmental activities in urban areas. These include large urban infrastructure projects such as road widening, construction of flyovers and expansion of airports. They are implemented after much political deliberation and often involve funding agencies such as the World Bank and private players such as builders or construction companies. These projects are being justified as serving the larger public good and the national interest. In recent times, Mumbai has been witnessing the implementation of such projects, which are affecting the lives of thousands adversely. People living in slums are the most affected and, being marginalised, they have very little voice or bargaining power to influence such decisions.

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

One such case was the slum pocket of Jari Mari, from where approximately 2000 families were resettled in a colony located in Dindoshi, Goregaon, in the year 2002. Households were marked for resettlement based on the eligibility established by the Slum Rehabilitation Authority (SRA) and the shifting took place in the months of June, July and August 2001.

This study focuses on the households that relocated to Dindoshi from Jari Mari. The families have been given homes in seven-storeyed buildings in the new resettlement colony. Each family has been allocated a self-contained tenement of 225 sq ft consisting of a living room, kitchen bathroom and toilet. The colony has 33 buildings, with 80 tenements each, and 10 tenements on each floor.

The resettlement colony is located on a hill-top with no *pucca* or paved access roads. The BEST bus service which was started almost three years after the relocation terminates about 1 km away. In the initial stages, there was no bus service at all, the nearest bus-stop being more than 15-20 minutes away. There are no health, education or public distribution services located in this community, which presently numbers more than 15,000-18,000 people. The existing services are also under tremendous pressure due to the growing local population as well as this sudden influx of resettled people. No arrangements have been made to extend services to this new area.

The cost of living has increased substantially due to the payment of various taxes, levies, bills as well as expenses of maintaining these large buildings. To add to the resettled peoples' troubles, the inaccessible location of the colony results in higher charges being levied for services such as electricity and water supply.

After nearly two years, there has been no substantial improvement in these conditions. The local leadership is divided and politically weak. There has been no organised effort to secure access to basic facilities by the local population, which is quite disunited. Due to the isolated nature of the community, it has become a convenient hideout for criminal elements and criminal activities, which has created a situation of terror for the local population. These elements have political connections and are actively thwarting the efforts of the local people to come together and organise.

Finally, the population, being Muslim, finds itself marginalised within the local political milieu, which is dominated by right-

wing Hindu parties. They fear getting into confrontation with other neighbouring settlements and local political leaders or even the local bureaucracy. To top it all, due to administrative inefficiency they have been literally disenfranchised – their names have been removed from the electoral rolls of the Jari Mari area and have not been added to the Goregaon area rolls. Hence, not a single resident was able to vote in the recent Lok Sabha election.

## **Rationale and Objectives**

This study was conducted a year after the resettlement took place. The basic focus of the research study was to inquire into the human rights implications of urban resettlement programmes, which focus merely on the provision of housing, without regard for the social, economic, political and cultural consequences of displacement. In a situation where there exists a risk of resettlement having economic and social implications for the people involved, social services play a vital role in helping the poor to survive. In the absence of planned interventions for providing adequate and sensitive health, education and social services, the most vulnerable families are likely to sink into destitution and debt. This makes resettlement in the way it is currently being carried out, an unsustainable option for the poorest of the poor. Resettlement is unjustifiable unless it leads to the direct benefit and enhancement of the quality of life of the displaced population. Not providing basic services and living conditions that would allow people to enjoy a reasonable quality of life constitutes a violation of basic human rights according to the standards of international human rights law.

It was with this assumption that the study was undertaken, to look at the process and the impact of involuntary resettlement on a specific community. The study attempts to capture the nuances of the social experience of resettlement and reflect on its consequences. At one level, there now appears to be consensus about the fact that settlements cannot be removed arbitrarily in order to facilitate urban development projects. However, the recent slum demolition drive rendered thousands of slum dwellers homeless, with the State putting forth no plans for resettlement even though it makes economic sense to rehabilitate people who have been displaced as a result of

development. It is necessary to take a more holistic view of resettlement, taking into account social, cultural as well as political factors. Just as the economic consequences are predicted, and measures are designed to mitigate them, basic rights to health and education must also be restored and enhanced.

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

Historically, it is always marginalised communities that have been compelled to resettle for purposes not even remotely connected to their interests. It is often the vulnerability of the community that compels it to accept resettlement rather than any expectations of an improved life. A recent study of resettlement and development revealed that forced population displacement may lead to eight forms of impoverishment: unemployment, homelessness, landlessness, marginalisation, food insecurity, loss of access to common property, erosion of health status, and social disarticulation (Cernea, 1990). In such a situation, the community is in no position to demand more than the most rudimentary rights (basically housing and security of tenure).

However, the standards for resettlement should not be based on the community's articulation alone, but should meet the norm of international human rights standards. In this case, the residents of Rafique Nagar had nothing to gain from the

expansion of the airport. Although the community voluntarily agreed to resettle, this decision was made in the context of increasing fear about security and safety of airports, which made it difficult for them to muster public support for their interests. While attempts have been made to prevent the worst consequences of displacement (i.e. homelessness, fragmentation of the community, loss of community places such as places of worship, community halls) there have still been consequences which were either unanticipated or ignored. These include impact on employment, health, education, and social life of the community. This study specifically aims to explore the above in the following ways:

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

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

## Methodology

This sample survey that covered one-third of the total households relocated from Jari Mari and now residing in 25 buildings in Dindoshi, looked at health, education, social life and employment. The study focused on collecting information about the existing situation in school enrolment, primary health care, treatment of chronic health problems, maternal and child health, public distribution, social interaction, access to credit and employment.

The study looks at the impact of involuntary resettlement across gender and age variables. An attempt has been made to understand the process and the collective experience of resettlement, which involved various agencies. The study has however refrained from making any comparison with the earlier location. Any move to resettle a population should involve creation of infrastructure, access to services and enabling conditions to ensure that the social and economic rights of the population are protected. Hence, the study concentrated only on the situation existing in the present location in Shantiniketan in Dindoshi. This meant documenting details of the daily routine of people's lives prior to resettlement, survival strategies in a different set up, rebuilding of community life, their work situation (house work and wage labour), health and education needs in terms of accessibility and availability of services.

The International Covenant on Economic, Social and Cultural Rights (ICESCR) was used as a framework for analysis to assess various aspects of the impact of resettlement. Briefly stated these rights include- self determination, gender equality, right to work under favourable conditions, social security, protection for pregnant women, the gradual abolition of child labour,

<b>Methods</b>	<b>Tools</b>	<b>Sample</b>
Quantitative	General Information Household Survey	474 households, women from each household interviewed.
Qualitative	Focused Group Discussions (FGD)	Women
		Adolescent girls aged 16-18 years
		Adolescent boys aged 16-18 years
		Children (both girls and boys) aged 10-14 years
	Key Informant Interviews	Local NGO representatives
Participant Observation		

## **Key Findings**

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

India acceded to the ICESCR in 1979 with several declarations. The State therefore has to ensure that measures are taken to realise these rights and that its programmes do not violate these rights.

## The Right to an Adequate Standard of Living

The States Parties to the present Covenant recognise the right of everyone to an adequate standard of living for himself [herself] and his [her] family, including **adequate food, clothing and housing**, and to the **continuous improvement of living conditions**. The States Parties will take appropriate steps to ensure the realisation of this right  
- **Article 11**, ICESCR, UN.

The resettlement colony has very poor connectivity to the surrounding areas. The main access road to the colony is a mud road that runs through a neighbouring housing colony. Apart from the poor condition of the road, this route is also devoid of any lighting. Another route that is most frequently used is a series of steps that runs through a neighbouring slum. Called '90 steps' or '*nabbe siddi*' in Hindi after the total number of steps, this is the most popular route as it leads to the nearest market. It is also the shortest -way to the nearest municipal school and the bus stop from where buses go to the nearest railway station. But the steep steps are difficult to navigate and people have fallen and hurt themselves when navigating this route. It also leads into a neighbouring slum, whose occupants resent the use of this route by the resettled community and have threatened to deny them access.

A third route opens into Chhota Kashmir, an expanse of green, densely forested land. This route again has no tar road, is usually deserted and has no street lighting. Because it is close to the Sanjay Gandhi National Park in Borvali, Chhota Kashmir is

frequently visited by leopards. There have been instances of leopards mauling humans which has naturally led to considerable fear among the residents. The colony does not even have a gate, which makes it vulnerable to visits from straying leopards. Despite these risks people from the colony continue to use this route in order to save a few rupees on travel.

The colony is an hour's distance from the nearest railway station, which is Goregaon. The nearest bus-stop is situated about half an hour's walk from the colony, down the 90 steps. Very recently a bus stop has come up about 20 minutes from the colony, from where buses go to Goregaon station. This is not of much use to the slum community since most people travel to Kurla and Jari Mari daily and there are no buses going in that direction. In order to overcome transport difficulties, the community has started its own private bus service from Dindoshi to Jari Mari and back several times a day. The lack of proper transport and the lack of contacts in the resettlement colony means people have to spend more time and money searching for new jobs.

Women specifically articulated the problems associated with a lack of proper bus services and were emphatic about the lack of basic facilities that were promised to them and which were still lacking in the community.

Access to infrastructure such as health facilities, schools, and employment etc was also hampered. There prevailed a general sense of uprootment and alienation- people had not unpacked even 15 to 20 days after shifting to their new homes. There seemed to be a feeling that the current situation was a temporary phase to a more permanent destination.

The period before the resettlement was ridden with uncertainty. Procuring the required documents took up a lot of time, effort and expense. It meant loss of employment for adult members of the family who had to be present at home so that their house was not listed as locked or vacant. The fear of the impending dislocation also affected children's education adversely. Since the shifting took place during the monsoon season, transporting

their belongings to the resettlement colony was difficult as they had to make their own arrangements. Families were also separated during this period, with some members having to stay with relatives and friends till the shifting was completed. Some members, especially women, were sent back to their native villages till the shifting was completed.

*"We have been hearing this for the last 2-3 years now that they are coming to demolish today. Because of this we had problems in employment; lots of children had problems with school."*

(Women in FGD)

The resettlement colony has not been provided with a ration shop and ration cards of the residents have not been shifted to their new location, so people from the colony are forced to travel all the way to Jari Mari to get their monthly rations, which is mostly kerosene. Kerosene being inflammable cannot be transported by public transport leaving the people no choice but to spend a lot of money transporting the kerosene by auto rickshaw. It is the state's responsibility to provide food security through subsidised food grains made available to the economically vulnerable through civil supply depots or ration shops. When this is not done it violates people's basic right to the public distribution system.

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

(Women in FGD)

## The Right to Work

The States Parties to the present Covenant recognise the right to work, which includes the right of everyone to the **opportunity to gain his [her] living by work** which he [she] freely chooses or accepts, and will take appropriate steps to safeguard this right.

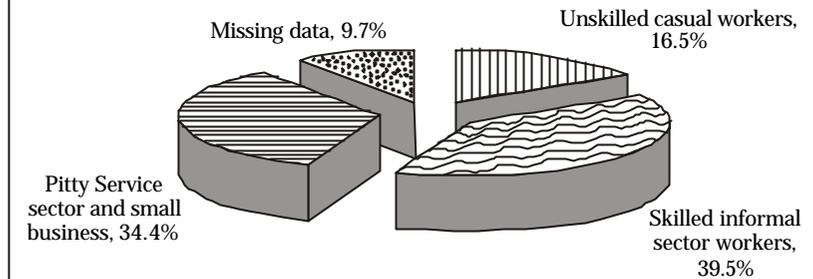
The steps to be taken by a State Party to the present Covenant to achieve the full realisation of this right shall include technical and vocational guidance and training programmes, policies and techniques to achieve steady economic, social and cultural development and full and productive employment under conditions safeguarding fundamental political and economic freedoms to the individual.

- **Article 6**, ICESCR, UN.

Employment forms an important analytical category while researching concerns surrounding involuntary resettlement. Realisation of the right to work has deep linkages with the survival strategies of the community in a new environment and vital aspects such as health, education and living conditions. In the current context of displacement and resettlement, the difficulties in finding and retaining employment need due focus.

The study's findings show that the average monthly income of an individual in Dindoshi is Rs 3000, with most families having one or two earning members. A characteristic of the employment pattern of those interviewed was that the employment was largely casual and seasonal. This often led to debt and chronic poverty. A significant proportion of the income goes to pay society maintenance charges and in transport to their workplace

### Social Class of Households by Percentage



leaving very little over for anything else. This is the condition in most of the households we visited. The security net provided by old friends and neighbours in the old community has been severed. Women-headed households and those without any working members are the worst affected. A woman told us,

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

(From field notes)

The high maintenance costs have placed a severe economic burden on families. This in turn has led to more women taking up home-based piece work that is labour intensive, sporadic, and pays very little. Most women (48.8%) are home-based workers, engaged in finishing products made in small-scale workshops like trinkets, sticking gems on earrings and arranging them on a piece of plastic, beadwork, bottle caps, packaging, colouring and finishing bangles etc. This is carried out throughout the day alongside their regular housework. All the women in the household, and also children, are often engaged in this work. This has also led to chronic health conditions such as backaches, head aches etc.

*“Despite several compulsions women have got into making a hundred flowers for five rupees. Women do whatever work comes their way. They toil all day long. Some make one necklace for Rs 1.50. It takes a long time to make one such necklace; her children are crying, she has to attend to housework, drop and pick up children from school and then take out time to make these necklaces with great difficulty. In eight days one manages to earn Rs 10-12. In a month one earns Rs 100-150. This is a compulsion, the money one gets is almost like alms (bheek). Even after putting in such hard work one is often paid once in two months. Climbing up and down the 90 steps to get raw material and return finished goods is difficult. Some with good eye sight are able to do it, others who have weak eyesight can’t thread beads.”*

(Women in FGD)

Many children have been forced to work after the resettlement. One of the reasons for this is the increased economic burden on families due to the high maintenance costs in the new living environment. Children and adolescent are mainly engaged in home-based work and some even assist their parents in their petty businesses by attending to the shops in their absence giving them the opportunity to get other work done.

*“So after coming here have many children started working?”*

*Yes. Many. No one went [to work] in Jari Mari. Earlier we weren’t getting raw material home, we used to manage everything within my father’s earnings. We used to manage well. After coming here the rich have become poor and the poor have become even poorer. The debt on everyone has increased after coming here. We have to pay up much everyday.”*

(Children aged 10-14 years in FGD)

Finding work in the vicinity has been difficult for the youth of this community. Most work in the informal sector where

familiarity plays a big role in ensuring employment. It is still easier to find a job in Jari Mari as somebody will give a reference or because the area is familiar and job seekers may be known to employers.

*“This place now is different. In Jari Mari the place was familiar, we are new people here, we don’t know anybody. They have brought us to an entirely different place and left us. Since no one knows anyone else, first one has to go get introduced, give our address, give this, give that, then even if there is work people say he is new, we don’t know, he is new what if he takes something and goes away. So there is no trust. In Jari Mari, Kamani, Safed pool, these are all places inside where we could easily get work.”*

(Adolescent boys aged 16-18 years in FGD)

Most people who travel outside Dindoshi for work end up spending more than Rs 20 per day on travel. This means that a huge proportion of income gets used up in travel. Those who work in and around Dindoshi also spend around Rs 5 per day to get to work.

*“Those who have a government job, like in the BEST, are living comfortably. Those who earn a daily wage are the ones who are unhappy. It has been 6 to 8 months that my husband doesn’t have work. If one goes to Jari Mari to look for work, one spends 20 rupees on food and travel. They search for work and come back home in the evening. In Jari Mari, places like Kaju Pada, Tilak Nagar, Saki Naka, Khairani Road were within walking distance. Even five rupees for a ticket was affordable. Now all our savings are being used up in travel expenses. How will we ever be able to save? There is no work available around here that one can find a job in the vicinity. The situation is such that if we have the money it would have to be spent on travel in search of a job. If we don’t have the money to spend on travel we won’t get any job.”*

(Women in FGD)

*“Actually if you talk of work, you get work here. But the wages are less. Here there are new people, we don’t know anyone so it is a little difficult to find work here, which is why we have to do all this. And the main thing is about the wages. There we could get Rs 4000 and here we can’t manage with Rs 3000. Humans work only for money. One will not stay for fewer wages. Over here it takes Rs 3 for going and Rs 3 for coming, Rs 6 has gone. Now in Rs 3000 how can one manage? And in Saki Naka one gets Rs 4000, out of which Rs 350 goes as travelling fare, even then Rs 600 remains in hand.”*

(Adolescent boys aged 16-18 years in FGD)

## The Right to Health

1. The States Parties to the present Covenant recognise the right of everyone to the **enjoyment of the highest attainable standard of physical and mental health.**
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realisation of this right shall include those necessary for:
  - (a) The provision for the **reduction** of the stillbirth-rate and of infant mortality and for the healthy development of the child;
  - (b) The **improvement** of all aspects of environmental and industrial hygiene;
  - (c) The **prevention, treatment and control** of epidemic, endemic, occupational and other diseases;
  - (d) The creation of conditions which would **assure to all medical service and medical attention** in the event of sickness.

- **Article 12**, ICESCR, UN.

Implications for health in the context of involuntary resettlement has several dimensions and the consequences therefore are complex. On the one hand there are basic health needs for which the State is required to make provisions, such as the provision of health posts to cater to the resettled population, as well as curative services (peripheral hospitals or dispensaries) including maternal health services. On the other hand, there exists the need to pre-empt health risks associated with resettlement and therefore make measures to mitigate those risks. These needs could be resuming treatment of patients with chronic diseases such as arthritis, blood pressure, asthma, and TB etc. Psychological distress associated with the loss of

familiar surroundings and neighbourhoods, breaking up of families etc are also mental health concerns arising out of such displacement.

### **Hospitalisation**

In this study, 162 cases of hospitalisation were recorded. In another 50 cases hospitalisation was advised, but the individual was not hospitalised. Thus the hospitalisation rate of 58 per 1000 is dramatically higher than the hospitalisation rates recorded in other surveys. In more than half of the cases (52 percent) where hospitalisation was advised but eventually not undertaken, the reason was that there was not enough money. In 20 percent of the cases, the absence of good facilities inhibited people from going to the hospital. In six cases, the person was constrained by the fact that there was no one to look after the children and the home.

There is not much evidence from the study to explain the reasons for this high rate of hospitalisation. However, there are some indications. First, is the neglect of chronic problems requiring routine medical care. About 14 percent of hospitalisations recorded were stated as being due to asthma, TB, blood pressure, diabetes or a heart problem. However, it is also possible that the neglect of acute problems resulted in a crisis like situation requiring the person to be shifted to hospital. Nearly 36 percent of admissions to hospital are on account of acute respiratory or GIT illnesses. On categorising the reasons for hospitalisation, we find that women are hospitalised more often for chronic problems or acute episodes of chronic problems. About half of the hospitalisations among women were for such problems. Males, on the other hand, are hospitalised more often for accidents and sudden illnesses. Nearly 73 percent of the problems were of this nature. A majority of the admissions were to public facilities and more women were likely to be admitted to public facilities.

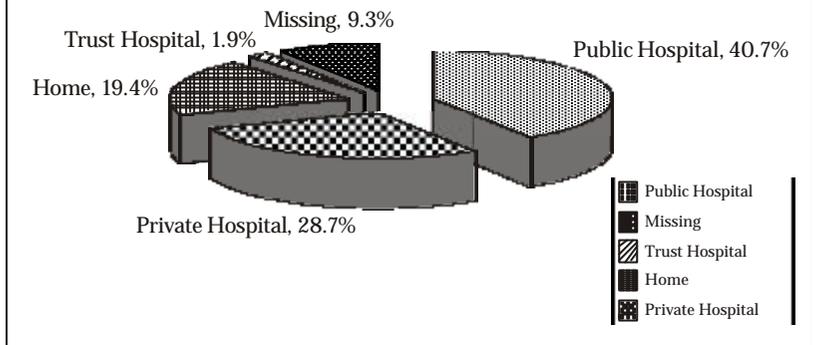
Most of the facilities accessed were located near Jari Mari or in a distant location. This is consistent with the other findings of

the study, which indicate that people continue to utilise facilities that they are used to. The relative inaccessibility of public facilities near Dindoshi may also have prompted such decisions. This is clearly evident in the analysis of the type of facility according to location. About two-thirds of the facilities used and located near Jari Mari and in a distant location were public facilities. In contrast, only 27.5 percent of the facilities near Dindoshi were public facilities. We had heard several reports of ill treatment in the local peripheral hospital. This was common knowledge and may have prompted people to avoid the hospital. Moreover, public hospitals are very large and impersonal. It is only after long contact and experience of using a particular facility that people become acquainted with it – the location of various departments, the different ‘days’ of various doctors as well as building acquaintances and contacts among the staff. For this settlement, which has no roots in this area, it is quite possible that they faced a lot of difficulties in accessing various services in the nearby public hospitals.

### **Pregnancy and childbirth**

Pregnancy and childbirth, though they are regular and familiar events, require preparation and arrangements to be made at the household level. Traditionally, women often spend their first childbirth experience in their natal families. Migration and urban lifestyles do not provide many women with such luxuries. For women living in slums the network of relationships they have built up over the years around their living environment provides the much-needed social support during these times. This includes not just friends and experienced women in the neighbourhood but also familiar institutions in the vicinity. Resettlement would therefore adversely affect this complex social network and could turn an event like pregnancy into a crisis. Although the sample size was quite small in the study, adverse pregnancy outcomes were abnormally high. Only 76 percent of the outcomes resulted in live births; 23 percent of the pregnancies resulted either in stillbirths, spontaneous

**Place of delivery or abortion after care for events a year after the resettlement**



abortions or induced abortions. This is much more negative as compared to findings of other recent studies<sup>1</sup>.

In 27 of the 102 live births (26.5%) registration in a hospital for delivery was not done. Eighteen of the 80 deliveries (22.5%) ending in live births or stillbirths, for which the location is known, occurred outside a medical institution. Most hospital deliveries took place in government hospitals. This indicates that for a community like this, there must be a demand for ensuring access to public hospitals and other support facilities. Most people keep going back to Jari Mari for health care. They trust the services there and fear discrimination in services in the new area. Hence, the study revealed that for delivery and abortion aftercare, 34 of the 98 women (35%), for whom the location of services is known, travelled back to facilities near Jari Mari (these include all facilities in Kurla, on Andheri Kurla Road and in Ghatkopar).

<sup>1</sup>This is very different to the findings of a recent study conducted by Saha et. al. to estimate abortion rates in Maharashtra that indicated 831 pregnancies out of 1000 recognised pregnancies resulted in live births in Mumbai. The Dindoshi findings also indicated a high rate of still births (3.7 percent) and spontaneous abortions (13.9 percent) when compared to the same study.

**Correlation between the place of delivery (for live and still births) and registration for antenatal care**

Place of delivery	Registered	Not registered	Missing data	Total
Medical facility	59	3		62
Home	12	5		17
On the way	1			1
Missing data	2		4	6
Total	74	8	4	86

For all recorded live births and stillbirths, the study revealed that of 74 women who registered for antenatal care, 13 women still had their delivery at home or on the way. Registration for antenatal care is generally understood as a decision to deliver in a hospital (as precious little is offered in terms of antenatal care itself). Hence, one can assume that these 13 deliveries took place at home in spite of a desire to deliver in a hospital. The difficulty in accessing healthcare at the crucial time of delivery indicates how poorly equipped the health system is to reach out to women during childbirth. Thus, only four of the 17 women who sought institutional care at the time of delivery, without having registered for ANC, used facilities close to the new location in Dindoshi.

The data reveals that nearly 41 percent of the women reported some health problem for themselves or their babies following delivery or abortion. This indicates the need for continued medical care following delivery/abortion.

**Chronic illness**

The most significant difference was in the average expenditure depending on the location of the facility. The average expenditure for a facility close to Dindoshi was half that sought near the old location (Jari Mari). More than half (55.7%) of households were found to have at least one member suffering

from a chronic illness. These are long-term illnesses that require prolonged medical care. They have a considerable impact on a person's daily functioning, and may even lead to disability such as illnesses associated with blood pressure, arthritis or joint pains, diabetes, mental illnesses, convulsions or fits.. The overall reporting of chronic morbidity is higher (67.4%) among women as compared to men (31.4%). Orthopaedic illnesses (122) are the most prevalent followed by cardiovascular illnesses and diabetes (94), respiratory illnesses and TB (53) and psychiatric and neurological illnesses (35). The incidence of TB is high in this community and accounts for more than half of the total respiratory illnesses (29).

Of those suffering from chronic illnesses, 77.2% were currently seeking treatment for their illness and 21.8% were not taking any treatment. In the trends across gender, there appears a difference in treatment patterns between men and women. Women form a larger share of those seeking no treatment (24.2%) as compared to men (17.6%). Utilisation of public health facilities was higher in Jari Mari (61.3%) as compared to Dindoshi (17.7%). Recently, a study conducted by CEHAT to explore the demand for a public hospital in Jogeshwari, a suburb located very close to Dindoshi, revealed a need for public health services in the area for both outpatient (67.4%) and inpatient care (44.4%)<sup>1</sup>. This indicates that public health facilities should be strengthened and increased in the surrounding area. Some 42.8 percent of those under treatment go all the way to either Jari Mari and a few nearby suburbs (31.4%), while 11.4 % go to a distant location in the city. A significant number access facilities near Dindoshi itself (21.2%).

As expected, the average expenditure on treatment, per person, for chronic illnesses is higher in private health facilities (Rs 7216) as compared to public health facilities (Rs 4812). The expense in treatment increases the further away the health facility is situated. Those who sought treatment near the

<sup>1</sup> T.R. Dilip and Ravi Duggal (2003): Demand for public health services in Mumbai, CEHAT Mumbai.

### Prevalence of chronic illnesses across sex

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

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

resettlement colony in Dindoshi spent on an average Rs. 1521. Those who sought treatment at Jari Mari ended up spending Rs. 6566 and even more – as much as Rs 15,833 - if treatment was sought at an even more distant location.

### **Acute illness**

Amongst the most commonly experienced morbidity in any population are short-term minor illnesses or acute illnesses. In this study, information was obtained about any acute illness occurring in the 15 days prior to the interview. As many as 446 episodes of acute illness were reported. This means a (short-term) morbidity rate of 160 per 1000. Fifty-seven percent of households reported at least one acute illness in the past 15 days. On analysing the type of illness, it was found that a substantial number were respiratory problems (44.4 percent). The other significant categories of illness were fevers and GIT infections.

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

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

Outpatient care is the most common aspect of healthcare that any community is concerned with. This study revealed that the private sector is the dominant source of care. The overwhelming use of private healthcare in this study indicates that there has been little effort to cater to the health needs of the people through the public system. The assumption that people will seek

the private sector for outpatient care fails to take into account the special needs of a displaced community. Reduced economic resources, special needs that arise from changes in the living environment, coping with the stress/trauma of dislocation puts added pressure on the capacity of people to cope with illness. Inability to establish an effective mechanism for protecting people and catering to their special needs is a violation of the basic right to health of the people.

### **Mental health**

Resettlement has major consequences on mental health because of the psychological distress associated with the loss of familiar surroundings, social support networks – break up of families, loss of familiar neighbourhoods, friends, relatives etc. The most commonly reported complaint among women was related to tiring easily. Feelings of sadness were also commonly reported by more than half the women. Headaches were also common, with 48.5 percent of the women reporting it. Women commonly reported a mix of psychological and psychosomatic complaints. It is worth noting that 31 percent of the women had suicidal thoughts at some point. While this in itself is alarming, it also points to the fact that women do not have sufficient support systems, which they can depend upon for emotional support. The findings revealed that age, educational status, marital status, religion and social class all have an impact on mental well-being. Female-headed households are vulnerable and women who head such households reported a higher degree of mental health problems.

## The Right to Education

*The States Parties to the present Covenant recognise the right of everyone to education. They agree that education shall be directed to the full development of the human personality and the sense of its **dignity**, and shall **strengthen the respect for human rights and fundamental freedoms**.*  
- **Article 13**, ICESCR, UN

In terms of education, the situation in the resettlement of the community from Jari Mari to Dindoshi has not been promising. The information on education covers all children and adolescents from 3 to 18 years of age. Most children are enrolled in municipal schools with the number of girls marginally higher.

Prior to the resettlement, nearly 65 per cent of the children in the pre-school to high school categories had been enrolled in some form of educational institution in Jari Mari. Of these, nearly 75 to 82 per cent were between the ages of 5 and 14 years. In the 15 to 18 age group, this drops to 43 per cent. Thus there is already a sudden drop in enrolment as the children move to the higher classes. In Dindoshi, there is higher enrolment in the younger age groups, with 42 per cent in the 3-4 age group and 88.3 per cent in the 5-10 age group. There is a slight increase in the 11-14 age group, but the major fall in enrolment is in the 15-18 age group. It comes down from 43 per cent to 25 per cent. Both boys and girls had dropped out. The physical distance from the colony to the school is one of the main hurdles.. The nearest school is a primary school upto class 7; children had to travel a long distance to attend a secondary school.

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

Hence the lack of a school within a reasonable distance was a major reason for poor enrolment. Another reason was that many boys had to take up jobs to supplement the family income. Shifting to Dindoshi had added to the cost of living: families had to pay high maintenance charges, cope with loss of livelihoods or pay more for either travelling to their old jobs, or to seek new jobs in the new place.

### Reasons for dropping out of school by sex

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

In Jari Mari, girls were regular school goers, but after moving to Dindoshi their education was badly affected. As noted earlier, amongst those enrolled, nearly 76 to 81 per cent were attending school across age groups and school divisions, of which 71 per cent were doing so regularly. However, girls had registered a decline in regularity compared to the boys in Dindoshi, even though more boys had dropped out earlier. The issue of dropouts and lack of regularity was more pronounced among the girls, as some of them noted,

*“After coming here, all of us girls have dropped out of school. There are several reasons, such as the 90 steps, the path to Chota Kashmir, the jungle in between, and due to all these problems with the approach to school, parents now refuse to send us to school.”*  
(Adolescent girl aged 16-18 years in FGD)

Nearly 19 per cent of those who sought admission experienced some problem or other. The problems mainly came from the administration of the school system (42.6%) and admission related factors (35.2%), and not from those who accessed the schools.

Some 26.3 % of the children dropped out of school after the resettlement. At least 36.9 % children are currently finding it difficult to attend school, mainly on account of access. The other problems mentioned were poor quality of teaching, bureaucratic problems, inadequate school facilities and low interest levels among children.

*“Do you have problems coming and going to school?  
A lot of problems, the school is very far now; we have to climb the 90 steps to get there.”*  
(Young girls aged 10-14 years, in FGD)

## The Right to Self Determination

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

The right to self-determination doesn't just mean participatory democracy but the right to participate in the democratic process of governance and to influence one's future – politically, socially and culturally. In other words, the right to self-determination entails the right to freely pursue economic, social and cultural development. In the current context of resettlement, the right to self-determination therefore plays a significant role in ensuring a better standard of living. However, concerns regarding self determination do not end with the planning of the resettlement. Self-determination is even more relevant after the resettlement takes place to ensure that each one in the community has the right to freely pursue economic, social and cultural development. Thus it is important to look at processes after the relocation.

Each building has a committee of members nominated from within the building. These building committees have a president who is referred to as the *sadar*. One of the primary tasks of the building committees is to collect maintenance, electricity and water dues from the residents of their respective buildings. Concerns were raised regarding the rampant corruption and lack of transparency of the committees in dealings within the community on matters of maintenance. The leadership in the community is male dominated. Women have a very limited role

to play in the decision-making processes within the community both at the building committee level as well as the colony level.

There is a lot of disillusionment with the political leadership. Women articulated their distress at the apathetic attitude of the state and its representatives towards their problems after the resettlement, especially their experiences during the acute water shortage in the colony that lasted a month. At a larger level, the only contact people have with state representatives is through these community leaders and middle-men who have, to a large extent, lost the trust and confidence of the people. Lack of transparency and negligible access to information has led to rumours regarding the impending water and maintenance dues to be paid back by the community.

## Impact on Women - Space, Mobility, Security and Ownership

The States Parties to the present Covenant undertake to ensure the **equal right of men and women to the enjoyment of all economic, social and cultural rights** set forth in the present Covenant.  
- **Article 3**, ICESCR, UN.

The change in the physical structure of dwellings has affected women's lives in more ways than one. The distinction between private and public spaces has become more marked. Women's social life and personal relationships have been affected by this change in their physical environment. Mobility in this new living environment has become more restrictive than it was earlier. Men dominate all the open spaces in the community. Large open spaces did not exist in Jari Mari, where space was a rare commodity. In the resettlement colony, with an increase in public spaces, there is also an increase in the utilisation of public spaces by boys and young men for recreation, socialisation or otherwise. Men's control over public space deters women from moving around freely. Women's inability to access and use these open spaces means they are confined to their homes, and windows are their only source of contact with the world outside. This has had an impact on their participation and role in public life and decision-making in the colony.

*“Mostly men are seen outside. Women peep from the windows (everyone laughed loudly). It feels like a jail. Everything is closed like a jail, there used to be just a door*

*in our shanties, here, with two windows, which are fairly big open to the road, we peep from those widows.”*

*“Today is the first day I have come down in the last eight months!”*

(Women in FGD)

The new colony does not have narrow gullies with houses lined all along, which gave women a feeling of security in the old slum. Instead, here there are large open spaces and wide tarred roads where women do not feel safe. Incidences of crime within the colony has instilled fear.

The resettlement has also raised several issues related to the ownership of land. Since slum dwellers do not legally possess any land they had to produce proof of residing in a particular slum to get a house allotted in the resettlement. The process of allotting the house required issuing of allotment letters that said that the tenement that had been allotted as part of the resettlement plan belongs to the head of the household residing in the tenement. The claim to ownership vesting in the head of the household means that women have no rights of ownership.

## Recommendations

Resettlement is a planned process and unlike internal displacement due to war and conflict, it gives the authorities the time and space to plan. The mere provision of housing does not end the State’s responsibility to the affected people. Provision of basic amenities such as education, healthcare, potable water, ration and at least one form of accessible public transport is equally essential. Based on the findings of the study, the following should be an integral part of the process of resettlement:

### ◀ Protecting the right to work ▶

- Resettlement should be offered closer to the original place of residence of the affected population ensuring that their employment is not affected.
- Commercial spaces should be provided within the resettlement colony to all, including women who were running businesses in Jari Mari. In the resettlement colony, those businesses that were mapped in the original settlement were given ground floor tenements. Residents had to convert the flats into shops or workshops, breaking walls and installing shutters, grills etc to make the place suitable for businesses. This cost could have been avoided if the ground floors were built specially as commercial spaces. A provision for space should also be made for others to start a business if required and not just for those whose businesses were mapped in the original settlement. This could include work sheds exclusively meant for and managed by women within the colony.

- Day care centres or crèches should be provided for working mothers in the community. Allocation of suitable space should be made for such services within the colony.

#### ◀ Protecting the right to education ▶

- A primary level school (till 7<sup>th</sup> standard) should be set up in the colony in Hindi, Urdu and Marathi medium. The neighbouring primary level school in Santosh Nagar should be upgraded to a secondary school (10<sup>th</sup> standard) level.
- Provision for *balwadis* and *anganwadis* should be made within the colony.

#### ◀ Protecting the right to social security ▶

- Two ration shops should be allocated and set up in the community immediately based on the State's guidelines for allocation. Following the setting up of ration shops, the ration cards of the residents should be transferred to Dindoshi.
- Regular water supply should be ensured daily in the community. Maintenance costs, including the water cess, should be recovered from the interest derived from the Rs 20,000 deposited per household before the resettlement took place.

#### ◀ Protecting the right to health ▶

- The colony should be allocated a fully equipped and staffed health post on an urgent basis. All health programmes such as immunisation, TB, malaria etc should be initiated. Health workers for the health post could be appointed from within the colony.

#### ◀ Ensuring the right to housing ▶

- Ownership rights to the tenements must be given as soon as possible once residents shift to the resettlement colony. Ownership should be in the joint

names of the man and the woman of the household and not just the head of the household.

- The type of housing provided should be appropriate to the lifestyle patterns of the residents. There should be a review of the existing architectural design and plan of, both, the buildings and the colony, for appropriateness and affordability.

#### ◀ Protecting the right to information ▶

- Information on the progress of provision of basic amenities should be widely distributed and available to the people of the community in a form understandable to all. Financial dealings regarding the colony should be transparent.

#### ◀ Ensuring the right to Self Determination ▶

- There should be 50 percent representation of women in all the building maintenance committees, housing society, and other governing bodies such as the slum dwellers federation etc.

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