Apnalaya Studies, Series – I

Life on the Margin: Charting Realities

Series (eds.): Arun Kumar and Annabel Mehta
About us

Apnalaya is an NGO founded in 1973. Our main goal is to empower underserved men and women to believe in themselves and in their abilities to change their lives for the better. At present we work in 31 clusters of M-East Ward of Mumbai (Govandi).

We employ an integrated community development approach, which is informed by the interconnectedness of basic issues, like, Health, Education and Livelihood, especially in areas as marginalized and disenfranchised as those around the Deonar dumping ground. We seek to achieve our goal through the empowerment of the people concerned.

Our Mission

Working with individuals, groups and communities, Apnalaya’s aim is to empower the disadvantaged to overcome the many social, political and economic barriers they face, and to help them access opportunities that lead to a better quality of life.

Our Vision

To enable underserved people to improve health, livelihood and gender relations.

Registered under

The Societies Registration Act No.75/73 G.B.B.S.D. dated 28/02/1973
The Bombay Public Trust Act No.F-2830 dated 18/04/1973
The Foreign Contribution Regulation Act No. 083780332 dated 01.11.2016 TO 31.10.2021
Section 80G of the Income Tax Act No.DIT(E)MC/80G/1869/2008/2008-09
Foreword

Mumbai has been my home for 50 years, and I have been with Apnalaya for 43 of those years. So, unlike many people living in Mumbai, I have witnessed the poverty and extreme deprivation that exists in some areas such as Shivaji Nagar in M-East ward. I have had the privilege of sharing in the lives of some of the poor living in slums where Apnalaya has worked, and have helped them rise out of extreme poverty to a more acceptable level of existence. Even in our Shivaji Nagar clusters, in the last 6 years alone underweight children are down from 61% to 47%, immunisation completed by 23 months up from 29% to 76%, and institutional delivery up from 60% to 94% - in spite of the closure of the Deonar Maternity Home in 2014. But addressing maternal and child health in isolation – or education - does not lift the communities out of intergenerational poverty.

Reading this Situation Analysis Report, based on our detailed survey carried out in the peripheral slum clusters bordering the Deonar dumping ground, has given me a shock, seeing in stark statistical tables what one had only guessed at earlier. Why in 2016, in Mumbai, India’s richest city, are there families who have to spend on buying water leaving them short for buying food? Why, though the law of the land forbids marriage before the age of 21 for boys, are nearly 50% marrying under age? For girls the figure is nearly 40% who marry before they turn 18. Why are there no Municipal secondary schools when the law says free education must be provided up to and including grade VIII? Of the children who were sick prior to the survey, why have one in four children been sick continuously for more than six months?

Each one of you will be struck by a different statistic, a different glimpse into the plight of the marginalised. Most people know of Shivaji Nagar only for the smoke emanating from the fires on the Deonar dumping ground last year, or from the media interest in the number of children who die of malnutrition there. Hopefully this report, the first of a series we are publishing on different issues, will reaffirm the urgent need for an Integrated Community Development approach to be adopted, and assist in planning a partnership between Apnalaya and other NGOs and the government and municipal authorities. Only then can we hope to improve the conditions in Shivaji Nagar for the 6,00,000 people who live there.

Annabel Mehta
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Series (eds.): Arun Kumar and Annabel Mehta
January, 2017

Content:

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The data collection process involved 25 field staff and five managers over a period of two months.

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Cover page picture courtesy: Ilana Millner, Intern
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Cities: Of hope and despair

Cities showcase the impact of the ‘development-path’ we have chosen for ourselves. Confronted with poor health and educational facilities, stifling social restrictions and abysmal employment opportunities, people are abandoning their villages perhaps more than ever before. They throng to the urban centres with skill sets that are unfortunately inadequate to negotiate a city life, thereby ending up with low-paying, insecure, and often, dehumanising jobs. The fact that cities keep such jobs and benefit from them may be described as ‘violent economics’ of cities, which betrays their penchant for inequality, their predatory nature. E. F. Schumacher (1973) succinctly sums it up in his, *Small is Beautiful: Economics as If People Mattered,*

The all-pervading disease of the modern world is the total imbalance between city and countryside, an imbalance in terms of wealth, power, culture, attraction and hope. The former has become over-extended and the latter has atrophied. The city has become the universal magnet, while rural life has lost its savour.

Given the ill-preparedness of our cities to ‘absorb’ the migrating millions, the pace of urbanisation in India is quite alarming. An update on the ‘level of urbanisation’ shared by the Ministry of Urban Development in 2011 says:

*Among all the states and union territories, the National Capital Territory of Delhi and the union territory of Chandigarh are most urbanised with 97.5% and 97.3% urban population respectively, followed by Daman and Diu (75.2%) and Puducherry (68.3%). Among states, Goa is now the most urbanised state with 62.2% urban population, a significant increase since 2001 when the urban population of Goa was 49.8%. Another significant instance of rapid urbanisation is that of Kerala, its urban population is now 47.7%, while a decade ago it was just 25.9%.... Among major states, Tamil Nadu continues to be the most urbanised state with 48.4% of the population living in urban areas followed now by Kerala (47.7%) upstaging Maharashtra (45.2%). The proportion of urban population continues to be the lowest in Himachal Pradesh with 10.0% followed by Bihar with 11.3%, Assam (14.1%) and Orissa (16.7%). In terms of absolute number of persons living in urban areas, Maharashtra continues to lead with 50.8 million persons which comprises 13.5% of the total urban population of the country. Uttar Pradesh accounts for about 44.4 million, followed by Tamil Nadu at 34.9 million. The more rapid growth of the Indian economy in recent years, which is expected to continue, will keep the growth rate of urbanisation upward. According to expert projections, about 600 million Indians will reside in urban areas by 2031 i.e. an increase of over 200 million in just 20 years. Furthermore, between 2015 and 2031, the pace of urbanisation is likely to increase at a compounded annual growth rate (CAGR) of 2.1%, which is estimated to be approximately double China’s growth rate of urbanization (Planning Commission 2013).*
Some people come to the city in the hope of a good life, a life better than the one in their villages. However, most people come to the city seeking survival. They pick up whatever odd jobs that come their way, and they live in shanties sans basic amenities required for a life of dignity. They end up with a life in penury, squalor, sickness and despair — precisely the predicament they wanted to run away from when they lived in the village. The trap of illhealth, poor education and, thus, poverty and overall marginalisation becomes intergenerational even before they realise it.

Cities, otherwise showcased as the markers of the nation’s wealth, become home to large sections of uprooted poor whose welfare is systematically sidestepped in the haste to ‘growth’. The story of urbanisation, therefore, also becomes a tale of dispossession and the denial of basic amenities to its poor and voiceless inhabitants. This happens because we, the people of India, have come to accept that (a) ‘urbanisation’ need not mean extending democratisation of ‘civic amenities’ to all and (b) urbanisation is primarily an economic activity and it can happen without an ‘urbane’ way of living or behaviour extended to all.

The fact that 45% of Maharashtra is urbanised does not mean that the 45% of its rural landscape has necessarily improved as a habitat. It only means that 45% of its population is living in urban centres. One of the key elements of the ‘pull factors’ associated with migration to a city is its modernity. In migration, there is an assumed promise of freedom from the stifling feudal structures in rural areas. Caste, religion, concentration of lands in a few hands, patriarchy — all connote fewer opportunities to break away from intergenerational marginalisation. What actually takes place in the aftermath of migration to cities is something that gets lost in the dailies of the dominant.

The low-income areas and slums in cities reflect multifaceted and intermingling problems of lack of access to basic civic amenities such as education and health care, potable water, sanitation, storm drainage, solid waste management, internal and approach roads, street lighting, secure land tenure, re-skilling and employment opportunities, adequate housing and social protection, and so on. Given this predicament, the United Nations Millennium Declaration acknowledges the critical need for national governments to foreground slums and urban poverty situation in their national development strategies (UN Human Settlements Programme 2006).

In India, the 12th Five-year plan strategy focuses on “inclusive growth” as the paradigm of development for the country (Planning Commision 2013). This calls for the provision of basic services and access to affordable shelter and employment to slum dwellers. This also requires different stakeholders to generate requisite set of information that can bring clarity on the situation of slum dwellers in different regions.

Shivaji nagar –
A case of suspended development?

“Procrastination is the thief of time, collar him.”
—Charles Dickens, David Copperfield

In 1947, when India became Independent, its average life expectancy was 32 years. Today it has touched the mark of 67 years. Though still quite behind as compared to the developed nations, this is by no means a mean achievement, given the plethora of lags India has historically had.

Shivaji Nagar in M-East ward of Mumbai refutes any progress that India as a nation might have made in all these years after Independence. Almost every second child is
underweight. More than half of the children are stunted. And all this is right within Mumbai – the commercial hub of India – a city that boasts of the richest municipality in the country.

Why would Shivaji Nagar remain locked in a time warp of sorts? What precise efforts would be required to bring it out of it? How much of the challenges are systemic? What belongs to the realm of behaviour and practise? Amidst over-crowding, insanitary, unhealthy and dehumanising living conditions that are common to every slum, what are unique to the slum clusters of Shivaji Nagar in terms of its set of risks, problems, threats and vulnerabilities? What are the underlying factors or determinants that drive its evolution and setting?

As an organization committed to people-led sustainable change Apnalaya needed to know the answer to these and several other questions.

**Situation analysis – not quite a silver bullet, but definitely a silver lining**

In order to understand the situation of the region, a methodical approach was adopted to reach out to a vast proportion of the inhabitants. It was followed by a detailed statistical analysis which then revealed several facts that represent the current situation.

There are numerous interlinked determinants that describe the demographic, socio-economic, educational, and health situation of a specific region. A comprehensive assessment of these factors and their interactions is presented here in the form of a Situation Analysis of Shivaji Nagar.

A comprehensive situation analysis involves the collection, analysis, synthesis, communication and discussion of data on a set of elements for the purpose of informing planning and decision-making about goals, objectives, audience(s), and promising strategies and activities.

Gathering information through a survey to make valid, reliable data is a sine qua non condition for the analysis and objective evaluation of the region on the premise of various facets. Therefore, a Situation Analysis survey was designed and conducted in Shivaji Nagar in 2015 in order to gather and synthesise information on different determinants. This assessment survey used a pre-structured interview schedule to gather information from inhabitants of the area. The survey schedule comprised of several carefully selected parameters pertaining to the demographic, socio-economic, educational and health situation of the region.

This Situation Analysis has been undertaken to aid in the planning of future programmes and initiatives. The assessment is intended to describe the challenges and needs of the community of Shivaji Nagar, the factors that put people at risk, the context in which the programmes will be operating (political, environmental, social, cultural, economic, institutional), as well as the resources available. The Situation Analysis also evaluates availability of basic amenities, food insecurity and societal malpractices like domestic violence and child abuse. These data are prerequisite to any planning, monitoring and evaluation of interventions aimed at affecting a positive shift in the community. An effort aimed at integrated and sustainable community development needs right and relevant information, just as any claim requires the support of evidence.
Background
Locale of the study – an overview

The Situation Analysis survey was conducted in 12 clusters of Shivaji Nagar—a large stretch of urban slums, situated almost a furlong from the Eastern Freeway in north east of Mumbai in M-East Ward Mumbai. The 12 clusters where the survey was conducted are Adarsh Nagar, Buddha Nagar, Chikhalwadi, Indira Nagar 1, Indira Nagar 2, Mominpura, Nirankari Nagar, Padma Nagar, Rafi Nagar, Sanjay Nagar, Saibaba Nagar and Shanti Nagar.

Since the 1960s, M-East ward has been home to migrant populations that immigrate to the city from different parts of India, as well as those that have been resettled from slums in the city’s centre (TISS 2015). The ward has the lowest human development index in Mumbai (24th out of 24 wards in Human Development Indices) (MCGM 2010), emphasising the acuteness and multiplicity of problems in the region that have amassed as a result of years of neglect and deprivation. The average age at death here is 39 years. The infant mortality rate is 66 (of 1,000 live births) while the national average is 41. Shivaji Nagar was one of the first settlements of M-East ward, adjacent to one of Asia’s largest waste dump and India’s largest abattoir. The city’s Municipal Corporation, under the Site and Service resettlement scheme of the Slum Act, developed the neighbourhood for slum communities that had been displaced from other areas of the city. Under the scheme, relocated households were allotted 10’x15’ plots for self-development (TISS 2015).

Although slums in M-East ward share some common hardships, Shivaji Nagar has its unique set of problems amidst changing population dynamics, environmental vulnerabilities, legal status, industrial proliferation, security of housing, availability of infrastructure, accessibility to education and health services and urban developmental plans. The abattoir and dumping ground provide a means of informal livelihood for a large number of individuals in the region. Contractual and temporary casual labour in the industries in adjoining areas is another major source of employment. The area is diverse and includes migrant communities from Maharashtra, Uttar Pradesh, Bihar, Bengal and Gujarat. However, the proportion of Muslims is significantly high in the region.
Study population:
Dynamics and composition

The total number of individuals included in the survey is 32,881, comprising of males, females and transgenders, from 3,627 families. This targeted study population of Shivaji Nagar constitutes 0.3% of the total population of Mumbai, which is 1,24,42,373 (Census 2011).

In terms of slum dwellings, Mumbai inhabits a total of 11,35,514 slums with a total population of 52,06,473 (Census 2011). This is around 41.8% of total population of Mumbai city. The population of Shivaji Nagar is approximately 6,00,000 which in turn is around 11.5% of the total population of slums in Mumbai. Our study population in Shivaji Nagar constitutes 5.5% of this slum population of Shivaji Nagar.

M-East ward (Shivaji Nagar)
Area (M-East ward) - 32.50 sq. km
Rank - 24th out of 24 wards in Human Development Indices
Human Development Index – 0.05
Population (Shivaji Nagar) - 6,00,000 (approx.)
Shivaji Nagar - One of the first settlements developed by Municipal Corporation in M-East ward
Shivaji Nagar - Resettlement area planned in the year 1972-73
Large Muslim population
No hospital, 1 dispensary, 46% children malnourished
The survey was conducted in April 2015. A pre-tested and pre-standardised structured interview schedule was used to collect the information from households. It included 27 close-ended questions that carefully and considerately engaged with different determinants like demography, socio-economic details, education, health, hygiene, nutrition, as well as on sensitive topics such as domestic violence, marital control behaviour, and sexual abuse. Interviewers were trained in conducting the interviews using the pre-developed interview schedule. Individuals were interviewed in the language they were comfortable with.

A list of all the households was obtained and all those families and individuals who were willing to participate and provide the information were selected for the interview by non-probability convenience sampling. This sampling method was preferred taking into consideration the interviewee’s convenience, time constraint, social environment and inclination to participate in the survey. If any household was found locked, then three attempts were made to collect data from that family.

The data collected from households and individuals was entered in Microsoft Excel. Analysis of data was done using SPSS and MS Excel. Descriptive statistics, measures of central tendency, frequency and percentage distribution and correlation coefficients were calculated and interpreted. The findings were analysed and compared with national, state and city level datasets and results of major surveys, like NFHS-4, Census 2011, Census 2001, NSSO 68th Round and NFHS-3.

Structure of the report

The subsequent chapters of the report are dedicated to individual domains of demography, education, socio-economic profile, basic amenities, health, etc. which formed the main categories of the survey questionnaire. The concluding chapter of the report summarizes the main findings of this Situation Analysis study.

Arun Kumar
II. Demographic information
II. Demographic information

In this section we have compiled a statistical profile of the population of Shivaji Nagar. We have studied statistics such as gender configuration, age and marital makeup in order to understand the arrangement of social relations in this neighbourhood.

A. Gender profile

1. Gender configuration:

The study population overall comprised of 14,912 (45.4%) females, 17,903 (54.5%) males and 66 transgender individuals (0.2%) (Fig. 4). To derive consistent results, those individuals for whom data is either inconsistent or missing have been omitted from the analysis.

2. Sex ratio:

![Figure 4: Gender wise distribution of study population](image)

![Figure 5: Sex ratio in Shivaji Nagar with respect to Mumbai (NFHS-4), Maharashtra (NFHS-4) and India (Census 2011)](image)
At 833 females per 1,000 males, the sex ratio in Shivaji Nagar was found to be lower when compared to Mumbai’s urban average of 906 (NFHS-4), Maharashtra’s urban average of 935 (NFHS-4) and India’s urban average of 929 (Census 2011) (Fig. 5). The main cause of the lower sex ratio in India is usually the bias which accords women a lower status than men, and resultantly views them unfavourably. However, as we shall note ahead, the same does not seem to be true in the study population since the child sex ratio in the study area appears to be relatively healthy. The poor sex ratio could be attributed to lesser number of women as compared to men migrating to and/or settling in the region. The overwhelming migration of males can influence the sex ratio of the given population.

3. Child sex ratio (0-6 years):

Like the gender configuration of the total population, the sex composition by age groups is critical for understanding the demographic trends of young population, its future patterns, and especially, the status of the girl child. The child sex ratio (0-6 years) of 942 in Shivaji Nagar is higher than the state, national and Mumbai city ratio (Census 2011) (Fig. 6).
B. Age composition:

The median age of study the population (Fig. 8) is a young 20, which means that 50% of the population is below the age of 20. This is on the lower end of the country’s corresponding statistical figures. The median age of India as per Census 2011 is 24 years, with the median age ranging from 19 years in Meghalaya, 20 in Bihar and UP to 31 years in Kerala. Maharashtra stands somewhere in the middle with the median age of 26 years, whereas our study population’s position (with a median value of 20) is at the lower end of the spectrum,
The mean age of the study population at 22.3 years, is lower than the country average of 27.7 years. The high proportion of young population in Shivaji Nagar suggests an increased opportunity for an educated and skilled workforce.

Also, as per the Maharashtra Human Development Report 2009, the average age at depth of a person living in M-East Ward of Mumbai, of which the study population is a subset, is 39.3 years. This further suggests the possibility of the study population not living longer, thereby contributing to a higher proportion of young population.

The working age population in Shivaji Nagar (15-64 years) is 62.5% of the total study population, which is comparable to the country’s 63.4% working age population out of the total. The representation of males and females in the studied working age population was observed to be approximately 35% and 27% respectively. Furthermore, the numbers also show that the ‘dependency ratio’ — the ratio of children (0-14) and the elderly (65-100) to those in the working age — of the study population is 0.6, akin to India’s dependency ratio of 0.55.

The age group distribution (Fig. 9) also conveys that majority of the study population is young and below the age of 25 years (60.7%), as the graph is significantly skewed towards the left. The male and female dispersal as per age (Fig. 10) is also skewed towards the left implying that majority of females (61.7%) and males (59.2%) were below the age of 25 years.

Figure 11 further reinforces this finding and shows that when compared with Mumbai urban (16.6%), suburban (19.2%) and total data (16.6%) (NFHS-4), the percentage of population below the age of 15 years in Shivaji Nagar is more than two fold in these regions. It is also undeniably higher than the state’s below 15 years urban (23.3%) and total (24.5%) population.
Figure 10: Age wise distribution of male and female population (%) in Shivaji Nagar

Figure 11: Percentage population below 15 years in Shivaji Nagar compared to Mumbai and Maharashtra (NFHS–4, 2015-16)
C. Marital status and age at marriage:

1. Females

Ever married persons are those who have been married at least once in their lives although their current marital status may not be ‘married’. In the study population (10 years and above), on the basis of the available information (Fig. 12), 67.4% (6,791) women were ever married (that included currently married, widowed and divorced/separated/deserted) and 32.6% (3,279) were never married. This is higher than the country average of never married women, which is 29.9% (Census 2011).

The mean age at marriage of the females in the study population (Table 1) was found to be 18 years. Around 25% of the females got married below or at the age of 16 years and 50% got married before or at the age of 18 years, as indicated by the 1st quartile value and median value respectively (Table 1).

![Figure 12: Marital status of total female study population](image)

<table>
<thead>
<tr>
<th>Measures of central tendency</th>
<th>Age at marriage Females (Total) (N=6,316)*</th>
<th>Age at marriage – Females (≤ 30 years) (n=3,066)*</th>
<th>Age at marriage Females (≤ 45 years) (n=6,081)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>18.04</td>
<td>18.20</td>
<td>18.07</td>
</tr>
<tr>
<td>Mode</td>
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<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Minimum Value</td>
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<td>9</td>
<td>9</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Quarter</td>
<td>16</td>
<td>17</td>
<td>17</td>
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<tr>
<td>Median</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Quarter</td>
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<td>19</td>
</tr>
<tr>
<td>Maximum Value</td>
<td>48</td>
<td>30</td>
<td>43</td>
</tr>
</tbody>
</table>

*Age at marriage related information was not available for the rest of the ever-married females
By the age of 20 years, 75% of females were married (3rd quartile value). Majority of the females in the study area (58.2%) were observed to get married between 18-23 years of age. In all, 38.3% of females were those who got married before the legal age of marriage, that is, 18 years (Fig. 13).

In order to study recent trends in terms of age at marriage, further data analysis (Fig. 14) has shown that 33% of females who are 30 years or younger got married before the legal age of 18 years. The average age at marriage of women aged 30 years or less is found to be 18.2 years (Table 1).

Examining further, it was observed that 33.7% females of age 45 years or below were married before 18 years (Fig. 14). The mean age at marriage for women, 45 years or younger, was found to be 18.1 years (Table 1). Analogous data on de facto age group 15-49 years shows that 37.5% women of this age group got married before the legal age (Fig. 14).

Figure 13: Age at marriage – Distribution of females (N=6,316) in different age groups at the time of marriage
When compared with the state level data (NFHS-4) (Fig. 15), the proportion of females that got married before the legal age of marriage in the study population (38.3%) was found to be similar to the state combined (urban + rural) figure (39%). Although this percentage was observed to be lower than the national (47.4%) figure (NFHS-3), it is worthwhile to note that it is still quite high when compared to the national urban (29.3%) (NFHS-3) and state urban (18.8%) data (NFHS-4).

When compared with the state level data (NFHS-4) (Fig. 15), the proportion of females that got married before the legal age of marriage in the study population (38.3%) was found to be similar to the state combined (urban + rural) figure (39%). Although this percentage was observed to be lower than the national (47.4%) figure (NFHS-3), it is worthwhile to note that it is still quite high when compared to the national urban (29.3%) (NFHS-3) and state urban (18.8%) data (NFHS-4).

38.3% of the females in Shivaji Nagar are married before they reach the legal age of marriage.

Figure 14: Age at marriage of females ≤ 30 years, ≤ 45 years, de facto age group 15-49 years and all female study population – Highlighting marriage before legal age and age group in which maximum women get married

Figure 15: Percentage of females (total) married before the age of 18 years (legal age of marriage for females) – Comparison with State (NFHS-4, 2015-16) and National figures (NFHS-3, 2005-06)
2. Males

In the study population, amongst males (10 years and above) (Fig. 16), 58.3% (7,228) were ever married (includes currently married, widower, divorced/separated/deserted) and 41.7% (5,163) were never married, which is similar to the never married men in India i.e. 41.1% as per Census 2011.

The mean age at marriage in the male study population (Table 2) was reported to be 21.5 years. The median value (age at marriage) was observed to be 21 years, which suggests that nearly 50% of males got married before or at the age of 21 years. Further, by the age of 23 years, nearly 75% of males were married as reflected by the value of 3rd quartile (Table 2). This picture becomes clearer on looking at the comprehensive distribution of the total male population with regards to age at marriage, which portrays that in the age group of 18-20 years alone, 42.3% males were married (Fig. 17). This distribution also reveals that, 47.7% of males were married before the legal age of marriage in India, that is, 21 years (Fig. 17).

This is an all-inclusive picture of age at marriage among males. However, it is also important to take a glimpse at the recent trends and study those age groups that are more relevant.

On analysing the current trends in terms of age at marriage for males who were 30 years or younger (Fig. 18), it has become apparent that 45.2% of these males (≤ 30 years) have got married before the legal age of 21 years, a finding similar to that of the total male population. Average age at marriage among these males (≤ 30 years) was found to be 21.2 years. The median age at marriage (21 years) in this subset of male population (≤ 30 years) was also the same as that of the total male population (Table 2). This infers that age at marriage among males has not undergone any perceptible change in recent years in the region.

Further data analysis of age at marriage among men of 45 years or lesser has shown that 46.7% of these males have been married before 21 years of age (Fig. 18). The mean age at marriage for this subset of male population (≤ 45 years) was found to be 21.5 years (Table 2).

Similar evaluation of data in the de facto age group i.e. 15-49 years shows that 47% of men of this age group got married before the legal age (Fig. 18).
### Table 2: Age at marriage of ever married males, males ≤ 30 years and males ≤ 45 years

<table>
<thead>
<tr>
<th>Measures of central tendency</th>
<th>Age at marriage males (Total) (N=6,588)*</th>
<th>Age at marriage males (≤ 30 years) (n=2,283)*</th>
<th>Age at marriage males (≤ 45 years) (n=5,180)*</th>
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<tbody>
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<td>21.5</td>
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<tr>
<td>Mode</td>
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<tr>
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<td>10</td>
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<tr>
<td>Median</td>
<td>21</td>
<td>21</td>
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</tr>
<tr>
<td>3rd Quarter</td>
<td>23</td>
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</tr>
<tr>
<td>Maximum Value</td>
<td>50</td>
<td>30</td>
<td>42</td>
</tr>
</tbody>
</table>

*Age at marriage related information was not available for rest of the ever-married males.

### Figure 17: Age at marriage – Distribution of males (N=6,588) in different age groups at the time of marriage
Figure 18: Age at marriage of males ≤ 30 years, ≤ 45 years, de facto age group 15-49 years – Highlighting marriage before legal age and age group in which maximum men get married.

Figure 19: Males married before the age of 21 years (legal age of marriage for males) – Comparison with State (NFHS-4, 2015-16) and National (NFHS-3, 2005-06) figures.
The national and state level data on age at marriage among males was analysed and compared with the study data (Fig. 19). Upon evaluation, it has become evident that a substantially higher proportion of males (47.7%) in the study region, in comparison to state urban (16.7%), national urban (18.1%), state combined (urban + rural) (20.7%) and national combined (urban + rural) (32.3%), got married before the legal age of 21 years.

3. Comparison between females and males

On analysing males and females with respect to age at marriage (Fig. 20), it has been found that nearly 89% of females got married at a younger age (10 to 20 years), whereas for males, the age at marriage skewed to the right towards higher age groups. A majority of them (91.3%) were found to be married between the age of 18 to 29 years. The average age of marriage was found to be 18 years in females and 21.5 years in males with the median values of 18 and 21 years respectively (Fig. 21). Age at marriage ranged from 9 to 48 for females and 9 to 50 for males.

The proportion of men getting married before the legal age nationally (urban) and in Shivaji Nagar is 18.1% and 47.7% respectively. For women, this proportion nationally (urban) and in Shivaji Nagar is 29.3% and 38.3% respectively. Higher proportion of men (29.6%) compared to women (9%) getting married before the legal age is an anomaly, reasons for which need to be explored further.
Figure 21: Comparing measures of central tendency for age at marriage between males and females
III. Educational profile
III. Educational profile

A. Females

1. Literacy rate

Nearly 69% of females (15-49 years) in Shivaji Nagar were found to be literate, which is much lower than the city (90.5%, NFHS-4, 2015-16), state (urban and total) (85.9% and 80.3%, NFHS-4, 2015-16) and national urban proportions (82%, Census 2011) of literate females (Fig. 22). Notably, the only exception here is the country’s total (urban + rural) proportion of illiterate females (66.9%, Census 2011), which is lower than that in the study population. This overall scenario presents a gloomy state of women’s literacy level in the study area.

Only 69% of the females in Shivaji Nagar are literate, depicting a vast difference in literacy levels with the rest of the city, that has achieved 90.5% literacy levels for females (NFHS–4).

Figure 22: Literacy rate among de facto females (15-49 years) in Shivaji Nagar in comparison to same age group females in Mumbai city (NFHS-4, 2015-16), Maharashtra (Urban and Total) (NFHS-4, 2015-16) and India (Urban and Total) (Census 2011) figures
2. Educational level

The distribution of females with regard (Fig. 23) to educational level in the area has shown that a large proportion of females were illiterate (30.9%) or had not more than eight years of education (53.3%), comprising a total of 84.2% of females with low educational levels. Only a very small proportion of females (5.5%) have studied for more than 10 years. This further underpins the very sad state of education in the area. The possible explanations for this could be that there is no government school above 8th standard in the region; also that government infrastructure and resources for proper education are either severely lacking or otherwise missing.

Lack of government schools above 8th standard in the area along with abysmal status of existing school infrastructure greatly contributes to low education levels in Shivaji Nagar.

3. Educational attainment thresholds

No education or less than 5 years of education

It has been observed (Fig. 24) that among female population of six years and above in Shivaji Nagar, nearly half of the females had either no education or had completed less than five years of education. Comparing this with the available data (Fig. 24) of slums, non-slums, poorest quartile and total population of Mumbai (NFHS-3, 2005-06), it became evident that the proportion of such females (no or <5 years education) was higher in Shivaji Nagar than in all the above stated regions except for the poorest quartile population of Mumbai (63.6%). The proportion of these females in Shivaji Nagar was also higher than the state urban and state total corresponding statistics as per NFHS-3, 2005-06.
Figure 24. Percentage distribution of de facto female population (six years and above) with no education or <5 years of completed education in Shivaji Nagar in comparison to same age group females at Mumbai, Maharashtra and India level (NFHS-3, 2005-06)

Figure 25: Percentage of females (15-49 years) with 10 or more years of education in Shivaji Nagar in comparison to Mumbai (NFHS-4, 2015-16), Maharashtra (Urban and Total) (NFHS-4, 2015-16) and India (Urban and Total) (Census 2011)
10 or more years of education

A comparison with the statistical figures of city and state (urban and total) (Fig. 25), brings to the fore another discouraging picture. In the de facto female population of 15–49 years, the proportion of females with 10 or more than 10 years of education in the survey area was nearly half or even less than half in comparison to the city (52.9%, NFHS-4, 2015-16), state urban (51.6%) and total (42%) proportions.

In total eligible females (≥ 15 years who are eligible for 10 years or more of education) (Fig. 26), the percentage of those females having ≥ 10 years of education in the study population was also reported to be lower than that in the city (31.2%), state urban and total (32.7% and 47% respectively) and national urban and total populations (25.1% and 42.5% respectively).

Figure 26: Percentage of total eligible female population (≥ 15 years) with 10 or more years of education in Shivaji Nagar in comparison to Mumbai, Maharashtra (Urban and Total) and India (Urban and Total) (Census 2011)
When compared with the NFHS-4 data on city (urban and total) and the state (urban and total), the percentage of women in the study areas who ever attended school was considerably lower (Fig. 27). This finding indicates that there is a lack of educational opportunities for females in the study population.

Females who ever attended school

A comparison of literacy of males in the study population with data on city, state and national male literacy levels respectively indicated that the percentage of literate males (78.2%) in Shivaji Nagar was much lower than the city (98.1%, NFHS-4; 93.2%, Census 2011), state (urban and total) (94.4% and 92.8%, NFHS-4) and national (urban and total) (90% and 83.1%, Census 2011) statistics (Fig. 28).

1. Literacy rate

B. Males

Figure 27: Percentage of females (six years and above) who ever attended school in Shivaji Nagar in comparison to Mumbai (NFHS-4, 2015-16), Maharashtra (Urban and Total) (NFHS-4, 2015-16)
2. Educational level

Distribution of males with regard to educational level (Fig. 29) shows that 24.1% of males were illiterate, and around half of the males had completed just up to eight years of education. A very small percentage of males had studied till graduation (1%) or up to post-graduation and above (0.6%). Around 32% of males were educated up to 5th to 8th standard, the biggest segment among others.
3. Educational attainment thresholds

No education or less than five years of education

As depicted in Fig. 30, the proportion of men with no education or less than five years of education was higher in the study population (43.1%) in comparison to slums (22.3%) and non-slums (16.4%) of Mumbai. Educational statistics of the study population were even poorer than the counterpart slums of Mumbai. Although this percentage was lower than that in the poorest quartile of Mumbai city, the overall picture reflects the abysmal state of educational achievement of the population under study.

10 or more years of education

Findings suggest that only one-fourth of the males (25.4%) in the age group of 15-49 years in Shivaji Nagar have been educated for 10 years or more, as against 57.5% in Mumbai city, 58.5% in Maharashtra urban and 54.7% in India urban regions as per Census 2011 (Fig. 31). This reinforces the finding that the educational scenario in the study area is poor even among males.

Figure 30: Percentage distribution of de facto male population (six years and above) with no education or less than five years of completed education in Shivaji Nagar in comparison to same age group males at Mumbai, Maharashtra and India level (NFHS-3, 2005-06)
Males who never attended school

Nearly one-fourth of the males surveyed in Shivaji Nagar (24.6%) had never attended school as compared to a mere 7% of such males in the state (NFHS-3, 2005-06) (Fig. 32). This data is yet unavailable in NFHS-4 but the condition of education in the state is estimated to have improved since then and there is a possibility that the difference between the two (Shivaji Nagar and state) would be starker than what is apparent with the available data sets.

The proportion of males in Shivaji Nagar who never attended school is more than three times the proportion at the state level.

Figure 31: Percentage of males (15-49 years) with 10 or more years of education in Shivaji Nagar in comparison to same age group males in Mumbai, Maharashtra (Urban and Total) and India (Urban and Total) (Census 2011)

Figure 32: Percentage of males (15-49 years) who never attended school in Shivaji Nagar in comparison to Maharashtra (NFHS-3, 2005-06)
C. Age at marriage and educational level – analysing associations and trends

1. Association between age at marriage and educational level among females

In the study population, a linear positive correlation has been observed between age at marriage and educational level. The correlation was found to be significant at 0.01 level of significance \( r (6133) = .140, p \text{ value} = 0.000 \). On plotting the graph (Fig. 33) it is clear that the mean age of marriage increases with an increase in the educational level. This suggests that education acts as a deterrent to child and early marriages in our population. Investing in education therefore is an important component of strategies to address child marriage.

Figure 33: Mean age at marriage in women with different educational levels in the study population
Further, the analysis of NFHS-3 data (Fig. 34) also depicts a positive correlation between the median age at marriage and years of education completed. Data analysis of NFHS-3 with respect to the median age at first marriage disaggregated by level of education also signifies that women (aged 25-29 years) with no education married at least three years earlier than those women who completed eight to nine years of education. Besides this, women with eight to nine years or more years of education tend to marry around the legal age of marriage and women with 12 or more years of education tend to marry eight years later than women with no education (Fig. 34).

As seen earlier, age at marriage increases with increase in education, however when compared with NFHS-3 data, it was seen that women with 12 or more years of education tend to marry nearly five years after the legal age of marriage, whereas, in Shivaji Nagar, 12 years of education delays marriage among women only by a year and a half. This contrasting result dispels the notion that education, though essential, is a solution that can work in isolation.

Figure 34: Median age at first marriage by level of education for women (NFHS-3, 2005-06)
2. Educational level and marriage before legal age – analysing trends in females

In the present study, the findings highlight (Fig. 35) that overall, illiterate women were far more likely to get married before 18 years of age than women with more than 10 years of education. However, the finding is strikingly opposite when looking at the case of women aged 30 years or younger separately. It is observed that among this age group, women with 10 years or less of education (56.7%) were more likely to get married before the legal age of marriage than those who were illiterate (37.8%), a finding contrary to the overall data and that of women aged ≤ 45 years. However, such women (with 10 years or less of education) were still far more likely to get married before the legal age compared to those having more than 10 years of education (2.1%). This indicates that some education, as opposed to illiteracy, is now being preferred even among those who are married before 18 years. However, it is also evident that more than 10 years of education is still a major deterrent to early marriages.

Education is known to be a deterrent to early marriage among females. Women with lower educational levels are more likely to get married before the legal age. However, in Shivaji Nagar, more than 12 years of education delays age at marriage merely by one and half years whereas nationally it is delayed by five years.

![Figure 35: Percentage of females (all age groups ≤ 30 years, ≤ 45 years) getting married before the legal age (18 years) at different educational levels in the study population](image-url)
NFHS-3 (2005-06) analysis (Fig. 36) also supports our general overall finding by stating that women (20-24 years) with no education were six times more likely to be married off by the time they are 18 years old than those women (20-24 years) who have 10 years or more of education.

Figure 36: Educational level of women (20-24 years) married by 18 years (NFHS-3, 2005-06)
IV. Social and family profile
IV. Social and family profile

A. Language

The mother tongue in the majority of the surveyed households (78%) was Hindi. In the remaining families (22%), the mother tongue was found to be Bhojpuri (10%), Urdu (4%), Marathi (3%), Bangla (1%), and other regional languages (4%).

B. Family size

1. Descriptive statistics

The average family size in the study population was observed to be 5.01 (Fig. 37), which is higher than the average family size of India total (4.8), Maharashtra total (4.6) and Mumbai district (4.6) as per Census 2011 (Fig. 38). The median value is 5, which means that half of the families have more than five family members.

Mode is 5, which indicates that the family size that is most common or frequently occurring is 5 (Fig. 37). Minimum family size is 1 and maximum is as large as 15. The majority of families (46.9%) have five to seven members. Individuals and non-family households are not taken into account while making these estimations, as it can influence the actual family profile.

2. Family size distribution

When compared with family size distribution at national, state and city levels as shown in Fig. 39, the family size peaks at 7-10 for Shivaji Nagar as against national, state and city family sizes, which peak at 4.

Figure 37: Percentage distribution with regard to family size and descriptive statistics – Shivaji Nagar
Figure 38: Average family size in Shivaji Nagar in comparison to India (Urban and Total), Maharashtra (Urban and Total) and Mumbai configurations (Census 2011)

Figure 39: Size wise distribution of households - Shivaji Nagar, Mumbai, Maharashtra (Total and Urban), India (Total and Urban)
C. Family type

1. Distribution

A large proportion (76.8%) of families in Shivaji Nagar were found to be nuclear and a small proportion of families were joint (12.3%) (Fig. 40).

![Figure 40: Family type in Shivaji Nagar](image)

2. Family type:
Appraisal and comparison

Shivaji Nagar accommodates a higher proportion of nuclear families in comparison to those in Mumbai city, Maharashtra (urban and total) and India (urban and total) (Census 2011) (Fig. 41). This can be attributed to a large proportion of transient population that is shifting to these low rental areas of Mumbai in search of work. In a similar study in selected slums of India (Rathore 2003), it was found that more than half the respondents (59%) had nuclear families and the average family size of joint families was 8 and in nuclear families it was 6. This finding is analogous to our findings.
D. Social entitlements

1. Individual distribution

The survey found that 84.7% individuals had an Aadhar card, 76.6% had a PAN card, 64.4% had a ration card, 62.9% had voter IDs and 59% had bank passbooks. Only 48.2% of the surveyed individuals held birth certificates. Relatively less number of individuals held other forms of identification proof (e.g. land papers, tax receipt, driving license, marriage certificate, school certificate, disability certificate, passport, electricity bill, rent agreement or other documents). Nearly 95.7% of individuals had atleast one of these identification documents (Fig. 42).

Figure 41: Distribution with regard to family type - Shivaji Nagar in comparison to Mumbai, Maharashtra and India (Census 2011)

Almost half of the study population does not hold birth certificates. A change in trend can be observed with 72% children aged 0-6 years having birth certificates.

Registration of births should become a key focus area in order to ensure social entitlements.
2. Gender distribution

An equal number of males and females possessed all documents (Fig. 43). For instance, Aadhar card was found with 85.7% of males and 84.5% of females. Also, a similar proportion of males (77.4%) and females (76.5%) held PAN cards. No gender differential was observed even in the case of other documents held by a lesser number of individuals.
Figure 43: Distribution of social entitlements with regard to gender
V. Economic profile
V. Economic profile

A. Household income

1. Descriptive statistics and distribution

The average household income in Shivaji Nagar as per the survey estimates was INR 7,802 per month. This is almost half the average monthly income of Indian households, which was a little more than INR 14,000 during the quarter ended December 2014 (Gupta 2015). The distribution of the national average was skewed such that only about a quarter of all households earned such an amount or more. Evidently, much of the total income earned by households is concentrated in the relatively richer ones. A similar phenomenon is observed in Shivaji Nagar population, with only around 30% households earning more than the average.

INR 7,802 is the average income earned in Shivaji Nagar as compared to INR 14,000 in the rest of the country.

The median household income of our population was observed to be INR 7,000 per month. Half of the households earned more than this and the remaining half earned less. Comparing it with national level data (Gupta 2015), the equivalent median income of India is

Figure 44: Distribution of households in Shivaji Nagar with regard to household income (in INR)
INR 9,000 per month. The top half earned 77% of the total income of all households and the bottom half earned the remaining 23%. A similar pattern was observed in the study population where the upper half was found earning 70% of the total income of all the surveyed households and the bottom half were earning the remaining 30%. The middle portion (between the first and third quartile) earned between INR 5,000 and INR 9,000 per month. Their incomes accounted for about 52% of the total income of all households. The top 31% of households (about 1,928 households) accounted for half of the income of all households in Shivaji Nagar.

Amongst all categories, 35% of the households lie in the income bracket of INR 4,001 to INR 6,000 per month, followed by 22% with INR 6,001-8,000 and 19% with INR 8,001-10,000 group (Fig. 44).

2. Association between family income and family size

The findings indicate a positive correlation (N=6,117, p<.001) (Fig. 45) between family size and income, which is significant at .01 level of significance. Although family income rises with the increase in the family size, there is no substantial increase in family income from <5 family size to 5-10 size. The change in family income is more apparent when family size increases from 5-10 band to 11-15 (Fig. 45).
The number of such large households that are living on less than INR 7,000 – 9,000 a month is an important consideration. Nearly one-fourth of the households (26.4%) with family size of more than 5 are living on a family monthly income of less than INR 7,000 (Fig. 46). Furthermore, there are 42.5% of households with family size of more than 5, which have a monthly household income of INR 9,000 or less.

Sustaining large families on low average monthly incomes further adds to the economic woes of the residents of Shivaji Nagar.
3. Association between income levels and years of staying in Shivaji Nagar

The population under study, on an average, had been staying in Shivaji Nagar for 14.3 years. The median years of inhabiting the area were 13 years, which means that 50% of the population is living in the area for 13 years or more.

Statistically speaking, the findings indicate a “positive” correlation between the number of years individuals have stayed in Shivaji Nagar and family income (significant at 0.01 level, p < .000) (Fig. 47). This assumes that longer the duration of habitation in the area, the higher the income levels. However, the increase in the level of income is extremely marginal, when compared with that of an individual who has recently moved to Shivaji Nagar. To enumerate further, the average income of an individual who has been in Shivaji Nagar for 40 years is merely INR 700 more than someone who is new to the community.

Figure 47: Income level with years of staying in Shivaji Nagar
VI. Employment and activities

*Picture courtesy: Yusuf Yasin Sheikh, 15 years, Rafi Nagar*
VI. Employment and activities

A. Distribution and comparisons – females and males

Based on the findings of the survey, 13.7% of females and 54.6% of males out of the female and male population (above five years) respectively were employed (Fig. 48). State and national data (Census 2011) provides comparable results with, 14.3% and 11.9% of the total female, and 51.7% and 48.7% of the total male population of Maharashtra and India, observed to be in employment, respectively. Besides that, when only urban figures were taken into account at state and national levels, a picture similar to the study population has emerged. Around 25.4% and 15.2% of the urban female and 51.5%, and 43.8% of the urban male population at state and national levels respectively were engaged in some form of employment (Fig. 48).

Figure 48: Comparing percentage of females and males in employment out of total female and male population in Mumbai, Maharashtra and India (Census 2011) with females and males in employment in project area.
The number of women entering the workforce continued to remain subdued in comparison to men, with female workers constituting only around 17% of the total workforce as compared to 83% of the male workers.

Women form only 17% of the total workforce. A much larger proportion of females as compared to males are engaged in non-income generating work while the opposite is true for income-generating work.

Figure 49: Percentage share of female workers and male workers out of total workforce – a comparison of Shivaji Nagar with Maharashtra (Urban and Total) and India (Urban and Total) (6th Economic Census)
B. Distribution of males and females in total work force and general activities

In the age group above 14 years, the distribution of females was higher than males in non-income generating work areas and activities. These work areas and activities included household work and working or assisting in family business without payment. However, equal representation of males (7.6%) and females (8%) was seen in education (that is, studying in educational institutes), which is an assuring revelation (Fig. 50). Income generating work areas and activities (casual labour, government job, regular salaried jobs, family business with payment, self-employment) showed much higher distribution of males in comparison to females.

Figure 50: Distribution of females and males in total work force and general activities in Shivaji Nagar
C. Comparative evaluation of male and female work areas and activity involvement

A further examination of male and female employment areas as percentage of male or female employed in specific types of work revealed that the chief area of work among males was casual labour (34%) and among females it was household work without any payment (35%). Once again, the encouraging finding is that a significantly high proportion (30%) of both males and females aged 14 and above were pursuing education.

Figure 51a: Distribution of females out of the female population (eligible and available) with respect to different work areas

Figure 51b: Distribution of males out of the male population (eligible and available) with respect to different work areas
D. Work areas and activities in females as per their marital status

Findings of the survey revealed that the majority of married females were engaged in household work (without any payment) whereas never married females were mainly in education (Fig. 52). More married females as compared to unmarried females are engaged in nearly all the work areas and activities except in education and in some miscellaneous diverse activities (Table 3). Majority of married women (76%) in the study population do not earn, and majority of unmarried women (56%) are in education.

Figure 52: Distribution of ever-married and unmarried females in different work areas and activities
<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Work area and activity</th>
<th>Number and percentage of females ever- married</th>
<th>never married</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Casual labour</td>
<td>725 (6.2)</td>
<td>210 (1.8)</td>
</tr>
<tr>
<td>2</td>
<td>Regular salaried employee</td>
<td>218 (1.9)</td>
<td>107 (0.9)</td>
</tr>
<tr>
<td>3</td>
<td>Government job</td>
<td>8 (0.1)</td>
<td>4 (0.0)</td>
</tr>
<tr>
<td>4</td>
<td>Self-employed or shop etc.</td>
<td>174 (1.5)</td>
<td>35 (0.3)</td>
</tr>
<tr>
<td>5</td>
<td>Works for family business</td>
<td>198 (1.7)</td>
<td>28 (0.2)</td>
</tr>
<tr>
<td>6</td>
<td>Goes to educational institutes</td>
<td>106 (0.9)</td>
<td>3,067 (26.1)</td>
</tr>
<tr>
<td>7</td>
<td>Assists in family business (without payment)</td>
<td>1,015 (8.7)</td>
<td>159 (1.4)</td>
</tr>
<tr>
<td>8</td>
<td>Does only household work (without payment)</td>
<td>3,705 (31.6)</td>
<td>663 (5.7)</td>
</tr>
<tr>
<td>9</td>
<td>Does not work because of old age</td>
<td>75 (0.6)</td>
<td>7 (0.1)</td>
</tr>
<tr>
<td>10</td>
<td>Does not work because of disability</td>
<td>7 (0.1)</td>
<td>4 (0.03)</td>
</tr>
<tr>
<td>11</td>
<td>Other, begging, sex work</td>
<td>83 (0.7)</td>
<td>1,134 (9.7)</td>
</tr>
<tr>
<td>12</td>
<td>Get pension</td>
<td>1 (0.009)</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>
E. Broad employment status

A broad distribution of the employed (with payment) females and males in main employment categories has shown that females in Shivaji Nagar were primarily involved in casual labour (54%). This can be compared (Fig. 53) to the findings of NSSO, 68th Round, which showed that at state and national levels, 54.2% and 42.8% respectively of employed females were in salaried or regular jobs. Male workers were found engaged primarily in casual labour (62.8%) in Shivaji Nagar, which is in contrast to male workers in the rest of the state and nation, where the foremost area of employment was observed to be regular wages and salaried jobs, similar to females (Fig. 54).

Casual labour is the prime engagement for a majority of working males and females in Shivaji Nagar in contrast to figures at the state and national level.
VII. Domestic violence and child sexual abuse
It would be prudent to mention at the outset of the following two sections that, given the sensitivity of the questions surrounding domestic violence and child sexual abuse, the questions posed during the survey were designed to indirectly ascertain their prevalence in the area. For instance, respondents were asked indirectly if they had seen or had knowledge of marital control behaviour and domestic violence in their own house or in the neighbourhood. Indirect questioning as a research methodology has its limitation, as multiple respondents may refer to a single instance of the behaviour being studied. However, this methodology is essential to elicit responses in such delicate matters for an understanding of the general pattern of this behaviour in the area. Consequently, the data gathered in this manner is not amenable to statistical operations such as correlations with other variables considered in this Situation Analysis that pertain to direct questions. For instance, a person’s education could not be meaningfully expected to shed light on their knowledge of another person’s exposure to domestic violence. Along similar lines, our data cannot be meaningfully compared with statistics obtained from other datasets based on direct questioning. However, we have presented the NFHS-3 data alongside our own in order to situate our data cautiously within a larger picture, without any claims of direct comparisons.

A. Marital control behaviour and domestic violence – distribution in study population

8-12% of the respondents in the study population reported having seen or been aware of a range of marital control behaviour and instances of violence in their own house and within their neighbourhood (Table 4). A higher percentage (20%) also agreed to the existence of physical, mental and other forms of violence in their neighbourhood. Violent behaviour including slapping, hitting, pushing hard, punching, hitting with objects, and kicking were also found to persist in many households (Table 4). 4% of respondents admitted to having witnessed life-threatening forms of violence, like strangling or trying to burn, in their own house or in the vicinity. The following table presents a snapshot of the range of aggressive marital control behaviour experienced by women in Shivaji Nagar, ranging from regulatory to outright violent.
<table>
<thead>
<tr>
<th>Percentage who agree that women in the house or around are:</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not allowed to meet their women friends</td>
<td>12.1</td>
</tr>
<tr>
<td>Not allowed or discouraged to maintain relations with their parental homes</td>
<td>10.2</td>
</tr>
<tr>
<td>Closely monitored for movements (where she is going and what she is doing)</td>
<td>10.3</td>
</tr>
<tr>
<td>Face anger if they talk with other men</td>
<td>11.2</td>
</tr>
<tr>
<td>Suspected of having extramarital affairs</td>
<td>8.3</td>
</tr>
<tr>
<td>Expected to take permission from family members regarding any health related decisions</td>
<td>12.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage who agree that women in the house or around:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffer from any form of torture - physical, mental, or are victims of negligence</td>
<td>20.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage who agree that women in the house have been:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Slapped or hit with something by any person in the family</td>
<td>23.5</td>
</tr>
<tr>
<td>Pushed hard by any person in the family</td>
<td>16.3</td>
</tr>
<tr>
<td>Punched or hit with something that might cause injury by any person in the family</td>
<td>12.3</td>
</tr>
<tr>
<td>Kicked or pulled hard by any person in the family</td>
<td>10.1</td>
</tr>
<tr>
<td>Strangled or burnt (attempted) by any person in the family</td>
<td>4.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage who agree on marital fights or domestic violence in or around:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>18.5</td>
</tr>
<tr>
<td>Emotional</td>
<td>8.0</td>
</tr>
<tr>
<td>Sexual</td>
<td>16.2</td>
</tr>
<tr>
<td>Financial</td>
<td>12.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage who agree:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Know of child sexual abuse incidents in the last one year in their area</td>
<td>28.0</td>
</tr>
</tbody>
</table>
B. Physical, emotional and/or sexual violence – an evaluation and comparative account

As stated before, information on physical, emotional, and sexual violence has been gathered by asking respondents indirect questions. A detailed and comparative account categorized under different forms of violence is presented below.

All forms of violence (physical, emotional, sexual, and financial), albeit at various frequencies, prevail within the Shivaji Nagar community. Physical violence appears to be the most rampant.

Physical violence

Findings of the survey suggest that 18.5% of respondents (Fig. 55b) admitted to observing physical violence in their own house or in the vicinity. Though not directly comparable, this prevalence is somewhat similar to that of physical abuse in Mumbai Slums (22.9%) and City (19.3%) (NFHS-3) (Fig. 55a).

Sexual violence among married couples

Further, it is alarming to note that 16.2% of respondents agreed that they have heard of or known of sexual violence among married couples staying around them (Fig. 55b). As per NFHS-3 (2005-06), the prevalence of sexual violence was observed to be 1.9%, 1.3% and 1.2% in Mumbai slums, city and the state respectively (Fig. 55a). This clearly indicates a relatively higher occurrence of sexual violence in the study area.

Figure 55a: Comparison of ever-married women (%) aged 15-49 years in Mumbai and Maharashtra (NFHS-3) who have ever experienced violence
Emotional violence

Emotional violence is difficult to measure and is equally difficult to interpret. 8% of respondents in Shivaji Nagar agreed to being aware of regular ridiculing, insulting and mocking in their neighbourhood (Fig. 55b). As per NFHS-3 data, the prevalence of emotional violence was reported to be 8.9%, 8.3% and 17.5% in Mumbai slums, city and the state respectively (Fig. 55a).

Financial violence

Financial abuse, while less commonly understood, is one of the most powerful methods of keeping an individual trapped in an abusive relationship. It deeply diminishes her ability to stay safe after leaving an abusive relationship. 12.4% respondents in Shivaji Nagar admitted to the existence of financial abuse in their house or neighbourhood (Table 4).

Physical and/or Sexual violence

While 19.2% of respondents reported that they are aware of either physical or sexual violence in their neighbourhood, 6.7% reported the existence of both forms of violence (physical and sexual) together. At the state level, the existence of physical and sexual violence together was found to be 1.9% (Fig. 55a).

All forms of violence

Furthermore, all forms of violence together as a composite - physical, emotional, and sexual - was found to exist in Shivaji Nagar (Fig. 55b) with 6.2% respondents having heard of or being aware of all three forms of violence occurring. Only 1% of females had reportedly undergone all forms of violence at state level as per NFHS-3 data (Fig. 55a).

Figure 55b: Respondents from Shivaji Nagar who affirm that various forms of violence exist in Shivaji Nagar
Also, at state level, a higher number of women experienced (33.4%) either forms of violence (any one or two of physical or sexual or emotional) than women in Mumbai slums (25.2%) and city (21.4%) (Fig. 55a). In Shivaji Nagar 21.9% of respondents agreed to the existence of one or two forms of violence in their neighbourhood or in their community (Fig. 55b).

The most prevalent form of gender-based violence across the world is that perpetrated by one spouse against the other, most often husbands (and their family members) against their wives (United Nations 2006). Despite the passing of legislation on domestic violence called the Protection of Women from Domestic Violence Act (PWDVA) in 2005 by the Indian government, there remains an urgent need to spread awareness regarding the different forms of domestic violence. Apart from being a constant source of disempowerment and a violation of the human rights of women, domestic violence has immense social and economic costs, including adverse effects on the wellbeing of children in the household, women’s labour-hours lost, and increased healthcare expenditure. NFHS-3 data suggests that women report a greater incidence of physical violence than sexual or emotional in Maharashtra, Mumbai, and Mumbai slums. While our data broadly agrees with that finding, it is instructive to note the stark difference in the incidence of reported sexual violence amongst married couples in Shivaji Nagar. As noted above, there is a nearly 15% difference in the reported incidence of sexual violence between our study area and the state, city, and city slums. In the other categories of domestic violence, despite different methods of collecting data, there does not appear to be a significant difference in the reported cases of physical or emotional violence between our study area and those of the state, city, and city slums. Due to the sensitive nature of sexual violence, it may be possible that respondents were more comfortable reporting having the knowledge of rather than admitting to being the recipient of sexual violence. According to our data, the incidence of sexual violence in addition to physical violence appears to be nearly 5% greater in Shivaji Nagar than in the state of Maharashtra. For the sake of advocacy and policy work, there is compelling evidence that sexual violence among married couples, either by itself or in addition to physical violence, is both a grave, and possibly, pervasive issue in Shivaji Nagar that requires further meticulous attention.

Child sexual abuse

Child sexual abuse, despite its widespread prevalence in India, is still shrouded in taboo and silence. India has the dubious distinction of housing the world’s largest number of sexually abused children. A child below 16 years is raped every 155th minute, a child below 10 years every 13th hour, and one in every 10 children sexually abused at any point of time (Kacher 2007). These staggering numbers evince the pervasive and acute nature of the issue in our country. In many parts of the country the community and family structures do not accommodate frank discussion among parents and their children regarding sexuality or sexual practices. As a result, children may not be able to articulate inappropriate behavior, either because they cannot identify it as such, or because they are not comfortable admitting it, or both (MWCD, Government of India 2007). Several inter-related issues such as poverty, high density of population, lack of awareness, socio-economic hierarchies, lack of economic opportunities, and weak enforcement of legal provisions exacerbate the already stigmatized nature of child sexual abuse.

The WHO (2014) reported that at any given time, one in ten Indian children is a victim of sexual abuse. In a Government of India survey
in 2007 covering 13 states in the country, with a sample size of 12,446 children, every second child (53.2%) was reported having experienced some form of sexual abuse. In the same survey, 21.9% reported suffering severe forms of sexual abuse (MWCD, Government of India 2007).

The number of reported crimes against children more than doubled between 2012 and 2014, according to the National Crime Records Bureau. Approximately 90,000 such crimes were recorded in 2014, of which over 37,000 were of kidnap and abduction, and nearly 14,000 involved rapes (Krishnan 2015).

A 1999 TISS study in Mumbai showed that 38% of children had experienced sexual abuse. Save the Children India has also estimated that nearly 70,000 minors are abused yearly in Mumbai (Tewari 2006). Overall, nearly 42% of Indian girls have gone through the trauma of sexual violence before their teenage years (Singh 2014). On a global scale, child sexual abuse was found to be 24% in Asia, 34.4% in Africa, 9.2% in Europe and 10.1% in America, as per a meta-analysis of 22 countries in 2009 (Wibbey 2015).

Despite the difference in methodology and, therefore, difficulty in comparison, these studies reflect the extensive spread of child abuse in our society.

In our survey, respondents were asked an indirect question on child sexual abuse keeping in mind the social context and sensitivity of the issue. They were probed on awareness of incidents related to child sexual abuse in their area in the year preceding the survey. Almost every fourth respondent (28%) affirmed that she/he is aware of these incidents in their area. This is an alarming revelation that makes intervention imperative.
VIII. Basic amenities
VIII. Basic amenities

A. Drinking water

1. Sources of drinking water

Water provided by vendors (51.1%) and piped water (45.7%) were reported to be the chief sources of drinking water in Shivaji Nagar. Besides these, around 20% of total households were found utilizing tanker trucks and 16.3% households were using bottled water or 20 litre can (Fig. 56).

2. Accessibility to improved drinking water

As per NFHS-4, piped water, borewell, public standpipe, protected dugwell, household handpump, public handpump, protected spring, rainwater, and community RO plants may be classified as “improved drinking-water source.” This definition takes into account how drinking water received by households in a

![Figure 56: Distribution of households with regard to source of drinking water](image)

*The graph depicts one or more sources of drinking water per family.*
given area of study is primarily sourced. However, if we look at the data in Shivaji Nagar, a more complex picture emerges that reveals inconsistent accessibility to drinking water.

According to NFHS-4, 99.6% households in Mumbai had access to improved sources of drinking water. In urban regions of Maharashtra, 97.7% of households had improved sources of drinking water (NFHS-4). Going by the same NFHS-4 classification of “improved drinking water source,” 99.4% of households in Shivaji Nagar would appear to have improved sources of drinking water.

However, our analysis shows that on the ground, because drinking water is obtained from a combination of sources, including those that have to be purchased, residents’ access to potable water is much more limited than the above number indicates. For instance, tanker water, which is coded by the NFHS as a non-improved source of drinking water, and vendor-provided water, which consists of multiple originary sources, forms two of the major sources of potable water in the neighbourhood. Both these sources are, therefore, neither reliably coded as “improved drinking water” nor inexpensively available. In fact, our analysis also suggests that over 68% of the residents in this area must purchase drinking water from one or multiple sources.

![Figure 57: Percentage distribution of households with regard to amount spent on water daily (in INR)](image-url)
3. Daily expenditure on drinking water

Of the households which buy water, more than half (51.7%) were found to spend INR 10-29 every day on potable water. Further classification of these households reveals that 33.3% were spending INR 20-29, followed by another 21.5% who were spending around INR 30-39 and subsequently another 18.4% who were spending INR 10-19 daily. Besides these, there are some households (19.2%) who were spending even more than INR 50 on daily procurement of water (Fig. 57). In the next section, which captures health, hygiene and nutrition of the inhabitants of Shivaji Nagar, a relationship between food insecure families and the additional pressure imposed through daily expenditure on water has been established. For instance, 38% families which face insufficiency of food were found to spend as high as INR 20-29 on water per day.

4. Water storage

Households in Shivaji Nagar stored water using multiple means. The proportion of households that kept water covered was higher than those keeping it uncovered. Nearly 59% of households were found keeping water in
covered plastic buckets/cans/utensils, 59.9% using covered steel utensils and 12.3% using covered aluminium vessels. Around 14% of households stored water in open utensils (Fig. 58). Multiple methods were being used in these households simultaneously and therefore the categories given in the graph (Fig. 58) are not mutually discrete but overlapping.

5. Treatment of drinking water

Only half (48%) of the surveyed households reportedly treated drinking water before consumption. As high as 40% of the households reported that they were not treating drinking water before consumption. Among the households who were treating the water, 22.4% of them used cloth to strain the water, followed by 16.1% who were storing the water, 6.02% who were boiling, 2.6% who were adding bleach or chlorine and 0.8% who were using water filters. The use of different methods was not very consistent, and there was a pattern of using multiple methods together, and at times using no method at all. As a result, the categories shown in the graph (Fig. 59) indicate that the use of these methods in the community was not mutually exclusive but co-existing and overlapping.

![Figure 59: Distribution of households with regard to methods used to make water safer to drink](image_url)
B. Electricity

In Shivaji Nagar nearly 46.5% of households had legal and 50.6% of households had illegal electricity connections (Fig. 60). Non-reliability and inconsistency of illegal electricity connections, paired with the dangerous nature of their wiring network, pose a big problem and often cause injuries and even death. Such connections can also lead to overloading of the network, which results in unplanned shortages and power cuts. Irrespective of legal and illegal status, 97.1% of the surveyed households had electricity. Illegal electricity connections do not meet the accessibility criteria as they do not provide a regular source of electricity. According to NFHS-4, around 95.1% of households in urban regions of Maharashtra and 90% of the households in the overall state of Maharashtra have electricity. In Mumbai, while 99.2% of the urban households have electricity, a slightly lower percentage (92.1%) of households have electricity in suburban Mumbai (Fig. 60).

Figure 60: Percentage of households with electricity in Shivaji Nagar in comparison to Maharashtra (Urban, Rural and Total) (NFHS-4, 2015-16, NFHS-3, 2005-06) and city (Urban, Suburban and Combined) (NFHS-4, 2015-16)
IX. Health, hygiene and food insecurity
A. Health

The following information have been derived from Apnalaya’s regular health intervention in Shivaji Nagar, unlike the rest of the report which is based on the survey undertaken for the Situation Analysis. Detailed, year-wise information regarding the same is available in the annual reports on Apnalaya’s website.

Our programme on health focuses on building the capacities of the community members to improve health indicators, ultimately enhancing health-seeking behaviour and access to government-instituted healthcare.

### Table 5: Status of various health indicators in Shivaji Nagar

<table>
<thead>
<tr>
<th>Health status</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Underweight category</td>
<td>44%</td>
</tr>
<tr>
<td>Children in Stunted category</td>
<td>57%</td>
</tr>
<tr>
<td>Children in Wasted category</td>
<td>15%</td>
</tr>
<tr>
<td>Children in the age group of 11-23 months who are fully immunised</td>
<td>66%</td>
</tr>
<tr>
<td>Couples practising modern birth control methods</td>
<td>41%</td>
</tr>
<tr>
<td>Pregnant women completing three full ANC checks</td>
<td>81%</td>
</tr>
<tr>
<td>Pregnant women who are anaemic</td>
<td>88%</td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td>93%</td>
</tr>
<tr>
<td>New-borns with normal weight</td>
<td>87%</td>
</tr>
<tr>
<td>Infant Mortality Rate (per 1,000 live births)</td>
<td>55</td>
</tr>
</tbody>
</table>

### Table 6: Health facilities in Shivaji Nagar

<table>
<thead>
<tr>
<th>Number of government health facilities in Shivaji Nagar</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensary</td>
<td>1</td>
</tr>
<tr>
<td>Health Post</td>
<td>4</td>
</tr>
<tr>
<td>Maternity Home</td>
<td>0</td>
</tr>
<tr>
<td>Peripheral Hospital</td>
<td>0</td>
</tr>
<tr>
<td>Secondary Hospital</td>
<td>0</td>
</tr>
<tr>
<td>Tertiary Hospital</td>
<td>0</td>
</tr>
<tr>
<td>Anganwadi Centres</td>
<td>22</td>
</tr>
</tbody>
</table>
B. Hygiene

The area is situated around one of Asia’s oldest and largest open landfills. About 1,200 trucks dump above 6,500 metric tonnes of garbage collected from the entire city. Needless to say, the 11 storey high mountain of rubbish is the biggest health hazard for the city in general, and Shivaji Nagar in particular.

One of the ways to minimize the ill effects of poor sanitation and filth is to promote the practice of regular and proper hand washing. The incidence of hand washing was examined during the survey through a structured set of questions which obtained spontaneous responses. The findings indicate that 81.4% individuals wash hands after defecation, and 79.8% individuals wash hands before eating (Fig. 61).

Figure 61: Distribution of individuals in Shivaji Nagar with regard to hand-washing practices
C. Food insecurity

Despite over two decades of rapid growth of the Indian economy, and regardless of the perception that the urban economy has generally done very well, living standards have not improved for all urban residents. Specifically, the ongoing escalating food prices result in large fractions of the urban population facing serious food insecurities even while the urban economy grows rapidly. This is particularly true for urban slums like Shivaji Nagar that are growing in a haphazard manner, and lack basic amenities such as decent shelter, safe drinking water, toilets and sanitary facilities. This has further implications on the absorption dimension of food, as lack of safe drinking water and lack of sanitation lead to poor biological utilization of food, and repeated episodes of morbidity.

An effort has been made to highlight food insecurity in the region by asking some questions pertaining to the food consumption pattern of the population.

1. Meal frequency

1% families have individuals that eat only once a day and 45.5% families have individuals that eat only twice a day, implying food insufficiency (Fig. 62).

![Figure 62: Distribution of families with regard to number of times one eats in a day](image)
2. Families who felt they did not have enough food to eat in the last 30 days

Around 11.2% families felt that they did not have enough food in the month prior to the survey. Nearly half of these families (53%) had worried about insufficiency of food around 1-3 times, 40.4% around 3-10 times and remaining 6.5%, more than 10 times (Fig. 63). It is noticeable that there is a fraction of population in the region that has to worry about insufficiency of food and is food insecure.

Around 11.2% of families in the study population felt that they did not have enough food in a month.

It is, however, noteworthy that these families who reportedly worried at multiple instances about insufficiency of food for the household were found spending as high as INR 100 or more (3.1%) on water per day (Fig. 65). However, the majority (34.8%) were spending INR 20-29 for water on a daily basis. A fairly large number (20.2%) of families were also paying INR 30-39 everyday (Fig. 65). This indicates that daily expenditure on water puts additional pressure on these families who are already grappling with food insecurity.

Only 58.8% of this subset of families was found to have ration cards (Fig. 66). Ration cards provide vulnerable sections of society access to subsidized food grains and other essential items through the Public Distribution System (PDS). However, irregularities in food supply, poor quality of food grains and other inherent problems of the system deter these individuals

<table>
<thead>
<tr>
<th>Percentage of families experiencing food insufficiency</th>
<th>Incidences of food insufficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, 68.8%</td>
<td>More than 10 times (6.5%)</td>
</tr>
<tr>
<td>Yes, 11.2%</td>
<td>Sometimes (3-10) (40.4%)</td>
</tr>
<tr>
<td></td>
<td>Very less (1-3 times) (53.1%)</td>
</tr>
</tbody>
</table>

Figure 63: Percentage of food insecure families and frequency of incidences — who felt they did not have enough food
from accessing the PDS. Around 41.2% of families which were found to have no ration cards had no access to PDS food grains and other items (Fig. 66). This further increases their risk of falling into and remaining persistently food insecure.

More than 40% of the families, who experience food insecurity, do not have access to the Public Distribution System. Irregularities in supply deter the residents from accessing PDS. This increases the risk to fall and remain persistently food insecure.

3. Families with individuals who did not eat due to unavailability of food

Further analysis indicates that 8% of families had individuals who did not eat for the whole day at multiple instances because of unavailability of food in the month prior to the survey (Fig. 63). Subsequent categorization of this data shows that around 7.4% of such families went through these incidences more than 10 times and 36.9% have not eaten for the whole day 3-10 times (Fig. 64). A cross analysis of these families who remained without food because of food unavailability, has shown that 60% of them possessed ration cards (Fig. 66).

<table>
<thead>
<tr>
<th>Percentage of families who went a whole day without eating anything because of unavailability of food</th>
<th>Frequency of such incidences</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, 92%</td>
<td>More than 10 times (7.4%)</td>
</tr>
<tr>
<td>Yes, 8%</td>
<td>Sometimes (3-10) (36.9%)</td>
</tr>
<tr>
<td></td>
<td>Very less (1-2) (55.7%)</td>
</tr>
</tbody>
</table>

Figure 64: Percentage of families and frequency of incidences – who went hungry
Figure 65: Daily expenditure on water by families (%) who were reportedly worried about not having enough food for the household in the last 30 days

Figure 66: Ration card status of families who faced unavailability of food or who were worried about food availability in the last 30 days
X. Participation and engagement in programmes

Picture courtesy: Ilana Millner, Intern
X. Participation and engagement in programmes

A. Other NGO’s projects

Every family from the study population in Shivaji Nagar has been a part of one or more of Apnalaya programmes. Nearly 9% of the study population benefitted from programmes run by other NGOs. There are several NGOs functioning in the area including Aangan, Bandhan, Don Bosco, Gyaansaathi, Lok Seva Sangam, Magic Bus, Niramaya, Setu, Sneha, Pratham and more.

B. Government programmes

Several government initiatives and programmes have been operational in the region for many years. However, the survey findings suggest that the coverage of these programmes was limited. The community’s participation in these programmes does not provide an encouraging picture.

The Municipal Corporation of Greater Mumbai’s health services have benefitted around 62.4% of individuals residing in Shivaji Nagar in the last 10 years (Fig. 67), which is higher than the coverage of any other government programme. However, neither the infrastructure nor the services are adequate to cater to the health needs of the inhabitants. This results in the inhabitants repeatedly seeking private health care services, resulting in a multi-fold increase in the cost of healthcare on the back of meagre incomes and limited resources.

With regard to other government programmes, respondents cited the Public Distribution System (PDS) benefitting only 45.6% of the total population, Integrated Child Development Services (ICDS) scheme benefitting only 32.9% of the young children, adolescents and mothers, and the Mid-Day Meal programme covering only 23.9% (around 7,000) school going children over the last 10 years (Fig. 67 and Table 7).

Rajiv Awas Yojana is a major residential support scheme that has provided dwelling related solutions to a population of 4,000 in the region in the last the 10 years or more (Table 7).

Besides these main government programmes, other smaller government programmes were also running in the area, providing necessary aid in the field of health, education, and family welfare.

With these many programmes being run for such a long span in Shivaji Nagar by Apnalaya and other agencies including the government, a certain degree of change and improvement has started coming to the fore. However, further concerted efforts are required in order to achieve holistic improvement on multiple fronts.
Figure 67: Percentage distribution of individuals with respect to their participation in various health and welfare programmes in Shivaji Nagar
<table>
<thead>
<tr>
<th>Name of organizations and their projects</th>
<th>Years of individual involvement or participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>≤ 2 years</td>
</tr>
<tr>
<td>OTHER NGOs</td>
<td></td>
</tr>
<tr>
<td>Aangan, Bandhan, Don Bosco, Gyaansaathi, Lok Seva Sangam, Magic Bus, Niramaya, Setu, Sneha, Pratham, etc</td>
<td>1,104</td>
</tr>
<tr>
<td>Municipal Health Project</td>
<td>3,839</td>
</tr>
<tr>
<td>ICDS</td>
<td>3,294</td>
</tr>
<tr>
<td>Tap Water</td>
<td>2,038</td>
</tr>
<tr>
<td>Ration or PDS</td>
<td>2,639</td>
</tr>
<tr>
<td>Rajiv Awaas Yojana</td>
<td>634</td>
</tr>
<tr>
<td>Slum Rehabilitation Authority</td>
<td>177</td>
</tr>
<tr>
<td>MAVIM</td>
<td>85</td>
</tr>
<tr>
<td>Swarn Jayanti Urban employment Programme</td>
<td>48</td>
</tr>
<tr>
<td>Janashree BimaYojana</td>
<td>98</td>
</tr>
<tr>
<td>Health Fund</td>
<td>86</td>
</tr>
<tr>
<td>ICPS</td>
<td>29</td>
</tr>
<tr>
<td>Kishor Shakti Scheme</td>
<td>13</td>
</tr>
<tr>
<td>Indira Gandhi Matritya Sahayog Yojana</td>
<td>7</td>
</tr>
<tr>
<td>Mid-Day Meal</td>
<td>1,585</td>
</tr>
<tr>
<td>Rajiv Gandhi Jivan</td>
<td>473</td>
</tr>
<tr>
<td>Dayee Yojana</td>
<td></td>
</tr>
<tr>
<td>Janani Suraksha Yojana</td>
<td>1,082</td>
</tr>
</tbody>
</table>
XI. Infants and young children – a brief encounter

Picture courtesy: Ilana Millner, Intern
XI. Infants and young children – a brief encounter

A. Gender and age distribution

The number of infants and young children (0 to 6 years) included in the study were 4,808. Among those children on whom data was available (N=4,722), 49% (2,332) were females and 51% (2,390) were males (Fig. 68).

B. Social entitlements

1. Ration card, health card and birth certificate

Ration card

A ration card is a document issued under an order or authority of the State Government, as per the Public Distribution System, for the purchase of essential commodities from Fair Price Shops. State governments issue Below Poverty Line Ration and Antyodaya Cards in urban slums.

Only around one-fourth of the children (25.8%) had their names on ration cards (Fig. 69), which is significantly low.

Mother and Child Protection (MCP) card or Health card

The MCP card is considered an entitlement card and a counselling tool. The MCP card was introduced for functionaries of the National Rural Health Mission (NRHM) and the Integrated Child Development Service (ICDS) to progressively replace the Jaccha Baccha card with effect from April 1, 2010. Both the ministries universally introduced this common, Mother and Child Protection card (MCP), for strengthening the continuum of care from pregnancy till the child is three years old (Public Health Department 2015, NIPCCD 2015). As per NFHS-4, in Mumbai and Maharashtra, 91.4% and 90.9% births are registered for which mothers received MCP cards.

In the study population, only 63.4% of mothers of infants and young children held these cards. Interviewers were able to see MCP cards of only a small percentage of children (38.4%) for confirmation (Fig. 69).
Mother and Child Protection cards were available for only 63.4% of the children in the area, compared to 91.4% in Mumbai and 90.9% in Maharashtra.

*Birth certificate*

Registration of birth is of utmost importance. It is a right of the child and is the first step towards establishing their identity. It is compulsory to report births to the Registrar of Births and Deaths under the Registration of Births and Deaths Act, 1969. Births are to be reported within 21 days, for which a birth certificate is then issued by the concerned municipal authority. There are other provisions for issuing birth certificates thereafter as well.

The Civil Registration System showed that the level of registration of births has increased from 84.4% in 2012 to 85.6% in 2013 in India. 17 States and Union Territories have achieved the target of cent per cent level of registration of births in 2013. Maharashtra, among 13 other states, has crossed the level of registration of births of 90% (Office of the Registrar General 2011).

In our study population, birth certificates were found with only 72.2% of children, which is lower than the state and national levels. Non-registration of around 28% of child births is a matter of concern (Fig. 69).

![Figure 69: Percentage distribution of infants and young children on the basis of social entitlements (Ration cards, MCP card or health card, birth certificate)](image-url)
C. Place of birth

Around 80.7% of births were institutional in the study population. Out of these, 71.3% were in city hospitals and 9.4% in village hospitals. This implies that a significant proportion of children in our study population (19.2%) had non-institutional births either in their village (10.8%) or in the city (8.4%) (Fig. 70). As per NFHS-4, institutional births in Maharashtra and Mumbai are 95% and 97% respectively, thereby indicating a lower rate of institutional deliveries in the study area.

D. Illness

The survey findings suggest that 11% of the children had fallen sick within the month preceding the survey (Fig. 71). On studying the duration of illness amongst those who were sick, it was found that 64.8% had been ill for 3-6 months, and as many as one-fourth (25.1%) of the children had been ill for more than 6 months (Fig. 72).

Figure 70: Distribution of infants and young children with regard to their place of birth
Figure 71: Distribution of infants and young children according to their illness in last 1 month

Figure 72: Distribution of infants and young children (%) according to duration of illness
The unimaginable helplessness of being

The above study, unprecedented in scale and depth, evinces the urgency with which assistance needs to reach some of the most, if not indeed the most disenfranchised, marginalized, and ghettoized populations in one of India’s “global cities,” Mumbai. In 2015, the liveability index published by the Economist Intelligence Unit, assessing cities on infrastructural facilities, education, stability, healthcare, and environment, ranked India’s two top cities at 110 (New Delhi) and 115 (Mumbai) out of 140 cities (Ellis 2016). That is, two of India’s top tier cities fare poorly in global standards of infrastructure networks, access to basic amenities and standards of living. This implies that congestion pressures prevent the benefits of urbanization from spreading democratically within different demographic groups in the city. As a result, pockets of disenfranchisement reside alongside islands of progress. The failures that accumulate into these contradictions are exacerbated by aggressive market practices that push rural populations into urban spaces, and our study suggests, the growing retreat of the state.

Some of the facts that have emerged from the above study are a window into the marginalization of Shivaji Nagar’s residents. As has been noted, its location in the vicinity of one of Asia’s largest landfills, Asia’s largest abattoir, and a network of some of the busiest highways catering to the city makes it especially open to environmental vulnerabilities. Despite this already precarious location, Shivaji Nagar is not the recipient of any special governmental assistance. In fact, it is located in M-East Ward, an administrative unit that ranks 24th among 24 wards in the city in all human development indices. It is significant that Shivaji Nagar, on the periphery of Mumbai, is situated in an area of high population growth. Here, the average income is INR 7,800, but nearly 50% – that is 3,00,000 residents – live in households that subsist on INR 6,000 or less. Further, the average family size is five in the area. Combining these two figures, the picture that emerges shows us the pressures inherent in sustaining large families on meagre incomes: 3,00,000 people survive on INR 40 or less per day in a city like Mumbai. The tribulations of the people of Shivaji Nagar cannot be addressed by quick fixes. The financial deprivation in this neighbourhood is intense, but its causes and effects go well beyond the economic.

Our experience in the community cautions us that while entitlements are absolutely essential, they are not a cure-all. For instance, consider the following statistic: 64% of Shivaji Nagar’s population has a ration card. What is implicit in such a figure is the astounding number of people (36% or 2,10,000) who do not have access to government food assistance through the Public Distribution System. This number should give us pause for thought. Food insecurity cannot be productively addressed by improving access to entitlements alone. The complexity of the deprivations rampant in this
much-neglected neighbourhood is also revealed by the fact that of those who have access to ration at a nominal cost, 60.3% go hungry. What explains this anomaly? Looking for an answer in a related but different problem of access to potable water, our study found that of those who suffered from food insecurity, 79% prioritized buying water over food. Based on our study, it is our assertion that in addition to entitlements, a sustained involvement of state institutions in multiple areas including health, education, sanitation, and access to basic civic amenities such as potable water is essential.

Interventions at multiple levels are required to change the existing situation of the area. An alarming finding has emerged from the report with respect to the impact that education has on the age of marriage for women. When compared with the national data, women with 12 or more years of education tend to marry nearly five years after the legal age of marriage, whereas, in Shivaji Nagar, 12 years of education delays marriage among women only by a year and a half. This contrasting result dispels the notion that education, though essential, is a solution that can work in isolation.

Mumbai, known for the glitz and glamour of Bollywood and for being India’s financial capital, is also home to Shivaji Nagar and its realities. These realities remain invisible to the city and its citizens by and large, except when fires at the Deonar landfill wreak havoc on the health of the more affluent. Through this Situation Analysis we want to raise the decibel on the voices of Shivaji Nagar’s most marginalised inhabitants, and the sub-human conditions that they are forced to endure. It is imperative that the state adopts holistic development strategies to improve the everyday living conditions in Shivaji Nagar and many more such slums. Shivaji Nagar, our data suggests, is even younger than “young India.” While about 50% of India’s population is 25 years old or younger, in Shivaji Nagar the same age group comprises 60.6%. This young population is both its strength and vulnerability, and would progress immensely if more resources were invested in it. Yet, a cursory look at the budget of the Municipal Corporation of Greater Mumbai suggests that on an average, over the past four years, nearly 35% of the funds allocated to health, education and slum assistance remain unspent by the Corporation (see Appendix I). This is the very population that requires investment by the state in multiple arenas, including health, education, skill building and food security among others, and if given the right impetus, has the potential to flourish not only into a far more productive workforce but also into a community that experiences dignity and joy in their everyday lives.


A preliminary analysis of the BMC budgets from 2011 through 2014

<table>
<thead>
<tr>
<th>Rocky Mountains Health</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Budget</strong></td>
<td>21,096.56</td>
<td>26,581.02</td>
<td>27,578.00</td>
<td>31,178.18</td>
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<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proportion to total budget</strong></td>
<td>10.35</td>
<td>8.81</td>
<td>9.23</td>
<td>9.34</td>
</tr>
<tr>
<td>Capital</td>
<td>510.63</td>
<td>651.42</td>
<td>659.86</td>
<td>733.62</td>
</tr>
<tr>
<td>Revenue</td>
<td>1,672.47</td>
<td>1,690.23</td>
<td>1,885.02</td>
<td>2,179.35</td>
</tr>
<tr>
<td>Total</td>
<td>2,183.10</td>
<td>2,341.65</td>
<td>2,544.88</td>
<td>2,912.97</td>
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<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proportion to total budget</strong></td>
<td>8.53</td>
<td>8.81</td>
<td>8.97</td>
<td>8.53</td>
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<tr>
<td>Capital</td>
<td>169.27</td>
<td>367.01</td>
<td>356.98</td>
<td>347.38</td>
</tr>
<tr>
<td>Revenue</td>
<td>1,631.24</td>
<td>1,975.62</td>
<td>2,115.45</td>
<td>2,312.96</td>
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<td>Total</td>
<td>1,800.51</td>
<td>2,342.63</td>
<td>2,472.43</td>
<td>2,660.34</td>
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<td><strong>Slum Development</strong></td>
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<tr>
<td><strong>Proportion to total budget</strong></td>
<td>0.70</td>
<td>0.62</td>
<td>0.97</td>
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<td>Capital</td>
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<td>Revenue</td>
<td>147.65</td>
<td>151.30</td>
<td>201.16</td>
<td>199.00</td>
</tr>
<tr>
<td>Total</td>
<td>147.67</td>
<td>164.15</td>
<td>266.23</td>
<td>363.73</td>
</tr>
</tbody>
</table>

Source: Annual BMC reports on budget and spending
Our CEO

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