

Informal Work and Wellbeing in Urban South Asia: Who Succeeds, Who Fails and Under What Conditions?

Final Report

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List of Abbreviations

ASA	Association for Advancement
ASK	Ain O Salish Kendro
BDT	Bangladeshi Taka
BEST	Brihanmumbai Electric Supply and Transport
BITA	Bangladesh Institute of Theatre Arts
BMC	Brihanmumbai Municipal Corporation
BNP	Bangladesh National Party
BRTS	Bus Rapid Transport System
BSUP	Basic Services to Urban Poor
CCAC	City Citizen Action Committee
CNG	Compressed Natural Gas
DESCO	Dhaka Electricity Supply Company
DHS	Demographic and Health Survey
DSK	Dushtha Shasthya Kendra
DWACUA	Development of Women and Children in Urban Areas
FGD	Focus Group Discussion
GPS	Global Positioning System
HBRI	House Building Research Institute
HH	Household
INR	Indian Rupee
ISEL	Interpersonal Support Evaluation List
IWG	International Wellbeing Group
IWS	Integrated Wellbeing Survey
IWUSA	Informal Work in Urban South Asia
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
L&T	Larsen and Toubro
MaRS	Monitoring and Research Systems
MICS	Multiple Indicators Cluster Survey
MP	Member of Parliament
MPI	Multidimensional Poverty Index
MPO	Monthly Pay Order
NGO	Non Governmental Organisation
NSDF	National Slum Dwellers Federation
NWI	National Wellbeing Index
OECD	Organisation for Economic Co-operation and Development
OPHI	Oxford Public Health Institute
PRIA	Participatory Research in Asia
PWI	Personal Wellbeing Index
QoL	Quality of Life
RANQ	Resources and Needs Questionnaire
RAW	Rapid Assessment of Wellbeing
RAY	Rajiv Awas Yojana
RCC	Reinforced Cement Concrete
RMC	Raipur Municipal Corporation
SPARC	Society for the Promotion of Area Resources Centers
SWLS	Satisfaction With Life Scale
TMSS	Thengamara Mohila Sabuj Sangha
UCEP	Underprivileged Children's Educational Programs
UDDIPAN	United Development Initiatives for Programmed Actions
UNDP	United Nations Development Programme

UPPRP	Urban Partnerships for Poverty Reduction Project
WAPDA	Water and Power Development Authority
WASA	Water Supply and Sewage Authority
WeD	Wellbeing in Developing Countries
WeDQoL	Wellbeing in Developing Countries Quality of Life
WHO	World Health Organization
WHOQoL	World Health Organization Quality of Life
WHS	World Health Survey
WSUP	Water and Sanitation for the Urban Poor

Executive Summary

This is the final research report for the **Informal Work and Wellbeing in Urban South Asia (IWUSA)** project, conducted from April 2014-April 2015. The research was led by the Institute of Development Studies, in partnership with the Society for the Promotion of Area Resources Centers (SPARC) and the Monitoring and Research Systems (MaRS) Pvt Limited in India, and BRAC University and ActionAid in Bangladesh.

Understanding and managing urbanisation in developing countries is one of the major global policy challenges for the first half of the 21st century. Rapidly growing towns and cities are increasingly recognised as powerhouses of economic development, employment generation and as having the potential to be great drivers of improvements in human wellbeing. At the same time they can also be the sites of extreme impoverishment, substandard housing, dominated by informal employment, insecure and hazardous working conditions, vulnerability, environmental degradation and unrest. “The problem is, we don’t know which cities are performing well, and which are not, and therefore our ability to explore the determinants of wellbeing in cities, and hence to inform urban policy is limited” (Burdett and Taylor 2011: 3-4).

This study sets out to explore the associational relationships between a variety of institutional conditions and the wellbeing outcomes for informal workers living in informal settlements in Bangladesh and India. In Bangladesh, urbanisation has been characterised by a limited range of economic diversification and has been strongly concentrated in a few cities; Dhaka contains nearly 40% of the total urban population (Islam 2013). India’s urbanisation has been more widespread, fuelled by economic and industrial diversification, and supported through large-scale national public investment mechanisms like the Jawaharlal Nehru National Urban Renewal Mission (JNNURM). Many informal workers operate and reside in urban informal settlements; globally, these are the home of 828 million people (UN Habitat 2011). India’s 2011 slum census conservatively identified 13.8 million households, or about 64 million people as located in urban slums. According to UN population estimates 61.6% of the urban population of Bangladesh lives in informal settlements. Typically, these settlements produce inferior health and education outcomes for their inhabitants due to limited public services, substandard housing, environmental fragility and unsanitary conditions. Focusing on informal settlements enables us to pay particular attention to the plight of the poorest 10% of the population (DFID 2012). Yet, critically, informal settlements are also spaces of opportunity (Hansen and Verkaaik 2009) and hives of economic activity.

The informal economy is important for various reasons. Evidence for the period 2005-2010 shows that 76.9% of employment in Bangladesh and 84.2% in India (outside of the agricultural sector) is informal and is characterised by a lack of labour contracts and lack of social protection (Charmes 2012). Excluding agriculture, the informal sector in India contributes 38.4% of GDP, and such data is representative of the South Asia region. Key types of informal work include self-employment such as street vending, home-based work and informal employees however women and men are often differentially engaged in informal work (Chen 2007; Charmes 2012).

While there is strong evidence suggesting that economic, socio-political and governance conditions relating to informal living and work significantly impact development outcomes, relatively little is known about the ways that informal workers actually make their urban lives, the priorities that they have, the trade-offs that they have to make in their efforts to achieve wellbeing, and the barriers that they face in trying to escape poverty. The ways in which informal settlements divergently produce wellbeing outcomes is also likely to depend on a range of institutional conditions, relating to labour markets and to socio-economic and physical spatial features of these settlements. This study accordingly seeks to answer the following three **research questions:**

1. *What patterns and gradations of wellbeing outcomes (success and failure) do we observe for informal workers in informal settlements in different kinds of urbanising towns and cities in Bangladesh and India?*
2. *What kinds of institutional conditions of informal settlements explain the patterns of wellbeing failure and success outcomes that we observe and support informal workers to escape poverty or entrap them in it?*
3. *What do these insights into wellbeing outcomes and processes tell us about what methods and instruments should be employed in anti-poverty policy for informal workers in urbanising contexts?*

The approach

This study's application of a human wellbeing framework departs from standard income, or multi-dimensional poverty assessment approaches by considering material, relational and subjective wellbeing outcomes. It further considers how such outcomes are produced in relation to institutional conditions that govern informal workers' access to labour markets; security within living environments; and relations with urban governments and other governance actors. The study uses a combination of secondary data analysis and a 'bottom-up' human wellbeing assessment methodology, to present solid empirical evidence on *patterns and gradations* of wellbeing success and failure that are emerging for women and men engaged in informal work and living in informal settlements. It places the wellbeing of urban informal workers at the centre of the analysis by paying greater attention to the ways that people actually make their urban lives, the priorities that they have, the trade-offs that they make in their efforts to achieve wellbeing, and the barriers that they face in trying to escape poverty.

Achievements in methodological innovation

This research project developed and implemented an innovative Rapid Assessment of Wellbeing (RAW) methodology, and devised an Integrated Wellbeing Survey (IWS). It has demonstrated that it is possible to meaningfully operationalise a thoroughly multidimensional conception of human wellbeing for application in urban contexts. The methodology involves iteration between 'bottom-up' and 'top-down' perspectives on human wellbeing. The RAW methodology deliberately employs both universal and highly local reference points and parameters of wellbeing. A bottom up research process entailed building community profiles and conducting FGDs with male and female community members. These exercises were designed to identify community priorities of wellbeing, drawing on the collective aspirations, values and experiences of individuals in the investigated settlements. We next situated these community specific wellbeing indicators and priorities within a global body of research on wellbeing. In specific, we drew on the OECD model of wellbeing, to identify 10 wellbeing domains that are globally applicable and that offer a broad framing of wellbeing. We then constructed an Integrated Wellbeing Survey that populates 10 domains with locally relevant indicators of wellbeing identified by urban slum communities, together with indicators emerging from the global wellbeing literature. The survey instrument was administered to the main earner and their spouse in a household across 14 informal settlements in six cities in India and Bangladesh, resulting in a sample of 2858 individuals (1448 women and 1410 men) in 1454 households. We also collected detailed information on unpaid work. The IWS incorporates objective and subjective aspects of wellbeing across ten domains:

- Domain 1: Education and skills
- Domain 2: Jobs and earnings
- Domain 3: Consumption and assets
- Domain 4: Social connections
- Domain 5: Housing and related infrastructure
- Domain 6: Empowerment
- Domain 7: Safety and security
- Domain 8: Living conditions (access)
- Domain 9: Health status and related facilities

- Domain 10: Overall subjective outlook on life

The RAW methodology has proven to be relevant not only to academics, but also to communities and policymakers. The methodology allows policy agents who are concerned with the wellbeing of particular segments of the population to focus in on the wellbeing achievements of this population across a broad range of domains.

The ‘jagged teeth diagrams’ can be used either by those who are supposed to be responsible for supporting the wellbeing of people in particular communities or by the communities themselves, to hold service providers to account where they are evidently failing in their duties. By presenting a ranking for people’s wellbeing priorities and then showing that in relation to the level of satisfaction that people report we can get an immediate visual insight into where there may be important development problems. Either this points to issues where there is a real problem of provision (for example, of water provision) or of dissatisfaction with how the service is being provided. Validation meetings with community members in Bangladesh have affirmed the value and empowering potential of the jagged teeth diagrams in stimulating deliberation about development priorities and the performance of government and other service providers in urban contexts.

The juxtaposition of objective and subjective data may also reveal important dissonances: either where people are objectively doing badly but subjectively report that they are doing well or *vice versa*. This kind of objective-subjective pairing analysis can provide further important policy relevant information about where motivations and (mis)apprehensions need to be confronted with further information (for example, about sanitation needs and its relation to the objective reporting of particular illnesses).

Key research findings

The data that has been generated by the IWS instrument has produced valuable insights into a wider range of dimensions of wellbeing than any other research instrument at this time and thus provides understandings into the complexity and unevenness of people’s wellbeing performance. We investigate patterns of gradations of wellbeing outcomes, and investigated the following institutional conditions: city typology; presence of urban government authorities; types of labour market arrangements for informal workers; and safety and security in the settlement. We find that:

1. **Only small proportions of the sampled labouring poor living in informal settlements thrive, and if they do, on only a limited number of wellbeing domains.**
2. **Wellbeing priorities and satisfaction levels on wellbeing goals differ substantively across the surveyed informal settlements**, in particular in the sites surveyed in Bangladesh. Sensitivity to such diversity could enhance the relevance of anti-poverty policy and programming approaches. A ranking of wellbeing priorities showed us that in the sites sampled in India, ownership of dwelling and ease of access to drinking water were ranked in the top ten priorities of communities most often. In the Bangladeshi sites, ease of access to drinking water was the ranked in the top ten most often. Having an enclosed toilet and having access to one’s dwelling were also important goals. Overall, satisfaction levels in the sites sampled in India were significantly higher than those in sites sampled in Bangladesh, while the latter displayed a much higher degree of variability on levels of satisfaction. We also found that men and women have a very similar set of priorities when it comes to their wellbeing.

1. **Wellbeing outcomes for informal workers are highly gendered.** Even though our findings show that relatively small proportions of *both* women and men obtain high wellbeing scores, men in our sample are *more* likely to obtain high wellbeing scores than women, at least on five out of ten wellbeing domains. This gendered divide could well reflect the fact that globally women are typically engaged in the most insecure, unstable and poorest paid jobs.
2. **Wellbeing outcomes differ not only by gender but also for diverse types of workers.** We find variations in outcomes for workers operating in the formal and informal sector, and labouring under formal (with contracts, with social protection) and informal working conditions.
3. **Impact of urbanisation on wellbeing is driven by complex and non-linear relationships.** Wellbeing outcomes differ by city typology, and are shown to be affected by the nature of urban governance. However, this interaction does not occur in linear fashion. While our findings suggests that wellbeing outcomes in our sampled sites in Mumbai and Dhaka tended to be better than those from sites in emergent cities (Raipur, Bogra) and secondary established cities (Vizag, Chittagong) in some domains, there were other significant findings, which challenged the idea that mega-cities are more likely to generate positive wellbeing outcomes. For instance, we expected outcomes in Domain 7 (Safety and security) to be worse in the context of rapidly growing emergent cities, as these are often typified as prone to crime and insecurity. We however found that the exact opposite is true for our sampled sites, as respondents from emerging cities were *most* likely to thrive in this domain. This is an area we highlight for further investigation.
4. **Significant differences in service provision.** One striking difference between Indian and Bangladeshi sites was the very low presence, or outright absence, of the municipalities in providing basic services such as street lighting (associated with safety concerns), water, sanitation and waste collection in Bangladesh, despite these being part of the mandate of urban authorities.
5. **Labour market arrangements also had important effects for wellbeing outcomes.** As expected, workers with contracts tend to achieve significantly higher outcomes in terms of their jobs. Conversely, we do not find any significant differences between proportions of ‘casualised’ paid workers in the *formal* sector achieve higher wellbeing outcomes and those in the *informal* sector. We therefore do not find evidence of any positive spill-over effects of simply being in the formal sector, when employed without contracts or social protection.
6. **Outcomes for those purely involved in *unpaid* care work are complex and highly gendered.** While those purely involved in unpaid care work achieve lower wellbeing outcomes than paid workers in some domains, they nevertheless achieve higher outcomes in other domains. Smaller proportions of men than women obtain high wellbeing scores on the Safety and security (D7) and Subjective outlook on life (D10) domains. We suggest that this may be reflective of patriarchal social norms that govern men and women’s engagement in urban labour markets, however other factors may also underlie such findings. It is unclear why significantly lower proportions of men achieve high wellbeing scores on the security and safety domain; we postulate that it may be that their unpaid care work makes them targets of bullying and abuse.
7. **Insecure sites are associated with lower proportions of residents achieving high wellbeing scores on several key domains.** Importantly, *both* men and women are

impacted by insecurity, and this has important consequences for how safety and security interventions in cities are conceptualised and implemented. Our data also shows that people who have faced violence at the behest of the state, in the form of demolitions, are more likely to obtain very low wellbeing outcomes, as compared with those who have not had their dwellings demolished. While this associational relationship fades over time, which we suggest is reflective of resilience and coping mechanisms at play, the far-reaching impacts of demolition imply that this type of an intervention can have devastating, and potentially unintended, consequences.

We conclude that anti-poverty policy, particularly in a context of weak urban governance, should be sensitive to the multidimensional nature of wellbeing, comprising material as well as relational and subjective aspects. The tools and methods presented in this study offer an approach that is sensitive to local indicators of wellbeing, while situating this in a globally applicable wellbeing framework. They allow anti-poverty policy to be responsive to the highly gendered nature of informal work and its wellbeing outcomes. More so, they enable anti-poverty policy to recognise that informal work is rarely only about income, as other aspects such as regularity (e.g. in contract based employ) and autonomy (for self-employed informal workers) and social protection may be traded off against one another.

Policy interventions can have positive as well as negative effects on these dimensions, sometimes simultaneously in opposite directions, for instance in the case where itinerant traders are located to urban market stalls. Our findings suggest that wellbeing needs and priorities of urban informal workers are highly context specific, and it is thus imperative on policymakers to recognise this possibility and to make anti-poverty policy sufficiently nimble and agile to respond to local needs.

JG & DtL
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1. Introduction

This is the final research report for the Informal Work and Wellbeing in Urban South Asia (IWUSA) project, conducted from April 2014-April 2015. The research was led by the Institute of Development Studies, in partnership with SPARC and MaRS Pvt Limited in India, and BRAC University and ActionAid in Bangladesh.²

This study was aimed at an exploration of the determinants of wellbeing for informal workers living in informal settlements across a diverse set of urbanising localities in Bangladesh and India. We utilised a ‘bottom-up’ human wellbeing assessment methodology to develop an IWS instrument, and present empirical evidence on what *patterns and gradations* of wellbeing outcomes are emerging for women and men engaged in informal work and living in informal settlements. We focus particularly on understanding what institutional conditions entrap some and enable others to succeed in escaping urban poverty and it will seek to provide answers as to what governments and other development agents could do to better protect and promote informal workers’ wellbeing. As such, we also aim to show proof-of-concept of the IWS as an instrument appropriate for measuring and producing policy relevant analysis of urban poverty through a multidimensional lens.

While there is strong evidence suggesting that economic, socio-political and governance conditions relating to informal living and work significantly impact development outcomes, relatively little is known about the ways that informal workers actually make their urban lives, the priorities that they have, the trade-offs that they have to make in their efforts to achieve wellbeing, and the barriers that they face in trying to escape poverty. In this study, our focus was on answering three primary **research questions**:

1. *What patterns and gradations of wellbeing outcomes (success and failure) do we observe for informal workers in informal settlements in different kinds of urbanising towns and cities in Bangladesh and India?*
2. *What kinds of institutional conditions of informal settlements explain the patterns of wellbeing failure and success outcomes that we observe and support informal workers to escape poverty or entrap them in it?*
3. *What do these insights into wellbeing outcomes and processes tell us about what methods and instruments should be employed in anti-poverty policy for informal workers in urbanising contexts?*

Purpose and structure of the report

In this report we present an overview of current thinking on wellbeing in developing countries, and combine these insights with wellbeing indicators identified by poor urban communities themselves to develop an IWS instrument. Our analysis is structured around the objective and subjective aspects of wellbeing across ten domains:

- Domain 1: Education and skills
- Domain 2: Jobs and earnings
- Domain 3: Consumption and assets
- Domain 4: Social connections
- Domain 5: Housing and related infrastructure
- Domain 6: Empowerment
- Domain 7: Safety and security
- Domain 8: Living conditions (access)
- Domain 9: Health status and related facilities
- Domain 10: Overall subjective outlook on life

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We developed and implemented the IWS across 14 informal settlements in six cities in India and Bangladesh, covering 2858 male and female respondents. We introduce these sites and our sampling framework in Section 3, and describe the key wellbeing patterns and gradations in Section 4. Subsequently, in Section 5, we analyse the relationships between a variety of institutional conditions and particular wellbeing patterns and outcomes, for selected informal worker groups. We specifically consider the role of labour market characteristics, as well as socio-economic and physical-spatial aspects of the sites in driving wellbeing outcomes; notably their safety and security, and the provision of essential services. Throughout, we also disaggregate our findings by gender. In Section 6, we consider what the wellbeing approach, methods and instruments suggests for anti-poverty policy and programming in urban contexts in South Asia, and this is followed by a conclusion in Section 7, where we summarise our findings and methodological contributions.

2. Situating wellbeing in the context of urban poverty

Methods of assessing wellbeing as a component of multidimensional poverty have begun to emerge over the past two decades. In recent years, we have witnessed a growing interest in wellbeing methodologies in developing and developed countries. For example, the UK, USA, Canada, Australia, Mexico, Chile and the Organisation for Economic Co-operation and Development (OECD) have made efforts to measure wellbeing of their nations to better reflect the social, economic and environmental progress of countries.

Major strengths of wellbeing approaches include their ability to combine objective with subjective measures of poverty. To the extent that wellbeing methods use a bottom up perspective, and privilege community preferences and priorities to universal indicators, they offer highly context sensitive measures of poverty and vulnerability. In this sense, wellbeing approaches speak to the critiques of standards urban poverty measures, which highlight their inability to capture the vastly diverse circumstances in which urban poverty exists. Satterthwaite (2004) argues that measures and definitions of urban poverty are often consumption (i.e., food) based, which negates the importance of non-food items. Standard poverty measures tend to combine rural and urban poverty indicators in one measure. For example, the Multidimensional Poverty Index (MPI) - fails to take account of poverty in an urban perspective by trying to determine whether the floor of a house is made of dirt, sand or dung when this is unrealistic for households on stilts, water or multiple levels (Satterthwaite 2014). In addition, many urban projects that aim to improve material conditions ignore the subjective and relational implications on beneficiaries' wellbeing (Satterthwaite and Mitlin 2013; Walker et al. 2013). Therefore, bottom up measures of wellbeing offer an advanced perspective from multidimensional measures through utilising frameworks that put people's own priorities at the forefront.

The wellbeing methodology used in this study deliberately uses both universal and highly local reference points and parameters of wellbeing. In brief, the bottom-up research process involved community profile assessments and FGDs with male and female community members in slum settlements. These exercises were designed to identify community priorities of wellbeing, drawing on the collective aspirations, values and experiences of individuals in the investigated settlements. We next situated these community specific wellbeing indicators and priorities within a global body of research on wellbeing. In specific, we draw on the OECD model of wellbeing (reviewed in the subsequent section), to identify 10 wellbeing domains that are globally applicable and that offer a broad framing of wellbeing. We then construct an Integrated Wellbeing Survey (IWS) that populates 10 domains with locally relevant indicators of wellbeing identified by urban slum communities, together with indicators emerging from the global wellbeing literature. The survey instrument is then administered to the main male or female (paid and unpaid) worker in a household across the selected research sites. Individuals are asked to reflect on issues that are only about themselves, about their households, and about their communities because people's wellbeing is affected by how satisfied they are about their own achievements in life, about their relationships with their partner and also about their functioning within communities. As we show in Sections 4, 5 and 6 of this report, this is a strength of the methodology, not a weakness.

Having said this, we do recognise that issues of *information asymmetry* may or may not occur for individuals and communities. That is, the preferences and therefore the priorities of individuals or communities may be influenced by misinformation or a lack of information. This is known to have particularly adverse impacts on the outcomes of the poor, wherein a lack of information about rights they are entitled to or the services that are available to them increases their vulnerability to risks. There is a vast amount of evidence supporting this, for example, in the literatures on the various impacts of hygiene and cleanliness on health (eg. Graf et al 2008), impacts of breast-feeding on early childhood development (eg. Edmond et al 2006), and impacts of having access to information on disaster resilience (eg. Besley and Burgess 2000). The point of a wellbeing approach is that individuals' own preferences and priorities, however idiosyncratic,

are analysed. As such, in this study our use of wellbeing instruments and methods allow us to explore patterns of wellbeing *outcomes*, as well as wellbeing *priorities and goals*, as these together provide entry points for public policy interventions. That is, we assess both factual conditions in an informal settlement, as well as the inhabitant's subjective understandings of priorities and needs. Findings that showcase a disjuncture between the two are of particular analytical attention. For instance, it is theoretically possible that communities collectively under-prioritise particular needs, such as clean sanitation facilities, even where these are demonstrably not available through community assessments, and despite reports of high incidence of diarrhoeal diseases and high infant mortality rates. Such disjunctures suggest useful entry points, for instance, to prioritise awareness raising activities.

Before describe the wellbeing measure used in our study in detail, we first turn to reviewing the existing frameworks, methods and instruments of assessing wellbeing and multidimensional poverty that inform our exploration of the determinants of wellbeing in cities, in the sections below.

2.1 Contemporary approaches to measuring wellbeing

Below we summarise key contemporary approaches to wellbeing research, highlight similarities and differences between these, in order to position and contextualise the approach we have adopted in the present study. We discuss methodologies to assessing wellbeing and identify large-scale surveys that use modules on wellbeing.

2.1.1 Wellbeing in Developing Countries (WeD)

The WeD group has developed a specific research methodology to measure wellbeing with six distinct components. Each of these components generates data in three different categories: outcomes, structures and processes (Figure 1). Critically, outcomes are organised into three dimensions: material wellbeing, relational wellbeing and 'quality of life' (QoL).

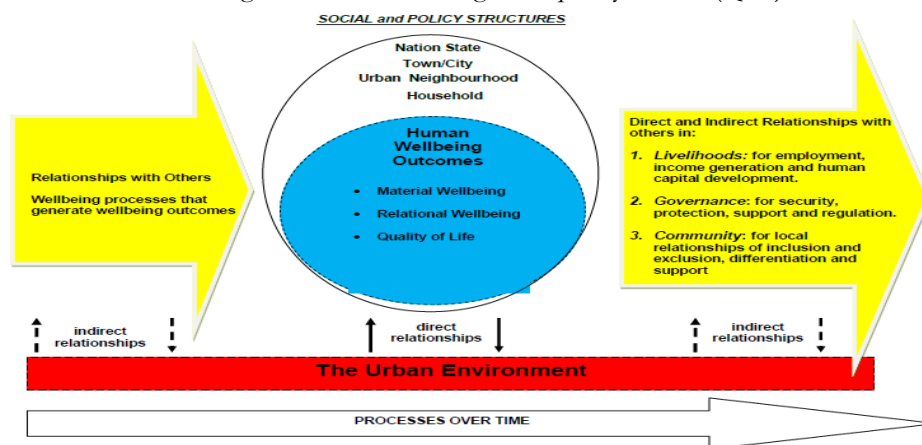


Figure 2.1 – WeD wellbeing framework
Source: Adapted from Gough and McGregor 2007

The first component of this methodology is the Resources and Needs Questionnaire (RANQ), which is a household survey that seeks to measure material and relational wellbeing outcomes. The RANQ was designed to assess households' access to a wide range of resources and the need satisfactions they achieve. It is organised into six sections including organisation of the household, subjective wellbeing, human resources, access to and use of material, social, and cultural resources. It has been used in both rural and urban contexts and underwent an intensive grounding and piloting phase in four developing countries: Bangladesh, Ethiopia, Peru and Thailand (McGregor et al. 2007; Camfield, Choudhury and Devine 2009; Copestake and Camfield 2010).

The second and third components of the WeD methodology has been the use of community profiles and a 'bottom-up' engagement with poor rural and urban communities through focus group discussions (FGDs) to develop an approach to assess QoL. Community profiles for each community were developed to describe the demographic, social and physical characteristics of the community being studied. Using an adapted version of the World Health Organization (WHO) definition, WeD have used the following definition of QoL "...the gap between people's goals and perceived resources, in the context of their environment, culture, values and experiences." (Camfield, McGregor and Yamamoto 2006). FGDs allow communities to identify and prioritise key themes, factors, values and resources that constitute and drive material, subjective and relational wellbeing outcomes – generating rich qualitative data. These themes are then developed for each community into a QoL (Wellbeing in Developing Countries Quality of Life (WeDQoL)) survey instrument. The qualitative and quantitative data which the survey generates can then be analysed to assess the relationships across material, relational and subjective domains of wellbeing.

The fourth component then locates the relevant national and global structures of power, exchange and information. This informs how individuals in a community interact with external organisations and institutions including government and civil society. The fifth and sixth components of the WeD methodology include follow up in-depth interviews with individuals to further explore identified wellbeing topics or to undertake income and expenditure research to chart a household's ability to satisfy its needs or goals over a period of a year. Overall, WeD methodology employs both qualitative and quantitative methodologies to assess wellbeing success and failure.

2.1.2 OECD Wellbeing

Within international institutions, the OECD's Better Life Initiative is one of the most prominent wellbeing frameworks. It is being developed by the OECD for subsequent application by national statistics offices in its 34 member states and the framework accordingly has a high level of policy relevance. Most OECD members are higher or middle income states (e.g. Chile, Mexico, but not India), nevertheless, substantial parts of the framework also have relevance for low income countries (such as Bangladesh). This wellbeing framework distinguishes between current and future wellbeing. Current wellbeing is measured through achievement across two domains (and eleven relevant dimensions): material living conditions (income and wealth, jobs and earnings, housing conditions) and quality of life (health status, work-life balance, education and skills, social connections, civic engagement and governance, environmental quality, personal security and life satisfaction). Future wellbeing is assessed by looking at key indicators which drive wellbeing outcomes over time including: natural, human, economic and social capital (Durand and Smith 2013). There are notable similarities between the OECD and WeD approaches including assessment of various aspects of material, social and subjective wellbeing. However, an important semantic difference exists in the use of the terms 'domains' and 'dimensions'. Though this study has specifically borrowed the OECD's 'dimensions', we have categorised them as 'domains' as per WeD's classification (see McGregor, Coulthard and Camfield, forthcoming).

The questions which the OECD have suggested for its domains are largely based on wellbeing surveys from psychological literature, national surveys and the Gallup World Poll. The OECD posits these domains as universally applicable, because they routinely emerge in wellbeing studies. The 2011 OECD Guidelines on Measuring Subjective Wellbeing further outline a set of questions focusing on overall life satisfaction, subjective wellbeing, a worthwhile life, affective states, life evaluation, eudaimonic wellbeing and a series of domain evaluation questions. Almost all questions use a 0-10 response scale format with a "completely dissatisfied" as a scale anchor.

Whereas some of the subjective wellbeing questions have been adopted in the IWUSA survey instrument, we do not consider the wholesale adoption of domain questions desirable, and suggest that indicators or questions within domains must reflect community and country specific diversity in wellbeing experiences and priorities.

2.1.3 World Health Organization Quality of Life (WHOQoL)

The WHOQoL is a multi-dimensional assessment of respondents' "perceived" QoL. It is seen as a means of measuring the effects of disease and health interventions on QoL. In 1996, the WHOQoL was administered in 20 field centres situated within 18 countries and has since been used much more widely across developing and developed countries. It was developed to add a humanistic dimension to disease measurement and includes indicators to measure QoL across physical health, psychological health, level of independence, social relationships, environment, spirituality, religion and personal beliefs, overall QoL and general health perceptions. Questions focus on overall life satisfaction, subjective wellbeing, a worthwhile life, affective states, life evaluation, eudaimonic wellbeing and a series of domain evaluation questions (see Table 2). All questions use a five-point Likert scale either for satisfaction, frequency of event occurrence, agreement, importance or capacity. Some questions are deliberately reversed and domain scores are calculated by computing the mean of the facet score within a particular domain. The WHOQoL, unlike the RANQ has a preconceived set of questions that are universally applied for developing a wellbeing measure.

2.1.4 Oxford Public Health Institute (OPHI)

The MPI devised by OPHI assesses poverty using secondary data on ten indicators relating to amongst others education, health and living conditions (see Table 2). It collates retrospective data from national surveys conducted across most of the developing world on aspects of material wellbeing from e.g., Demographic and Health Survey (DHS), the Multiple Indicators Cluster Survey (MICS), and the World Health Survey (WHS). Otherwise known as the Alkire Foster Method (Alkire and Foster 2011, Alkire 2015), the MPI identifies who is poor by considering the intensity of deprivations they suffer. Using a headcount ratio, people are considered multidimensionally poor if they are deprived in 33% or more of the ten weighted indicators. Response format for the questions are primarily closed as per the original source surveys and generate mainly quantitative data. More recently, the OPHI are developing a post-2015 version of the MPI, and OPHI has identified five 'Missing Dimensions' of poverty that deprived people cite as important in their experiences of poverty. It accordingly has developed a series of prospective modules of questions on which national surveys could collate data. These include psychological wellbeing; empowerment; physical safety; quality of work and social connectedness. OPHI also suggests additional indicators for water, sanitation, assets, electricity, housing, child mortality, school attendance, cooking fuel, health activity limitations, quality of employment, agency and empowerment, physical safety, social connectedness, and psychological and subjective wellbeing. So far, these new modules have been field tested in a limited number of countries (see Table 2.2).

2.1.5 MICS

The MICS is an internationally comparable household survey that aims to provide statistically rigorous quantitative data on the situation of children and women, using a modular approach. High quality household and individual survey data have been generated for up to 70 countries in every round (five by 2014) of the MICS conducted since 1996, covering Africa, South Asia, the Middle East and South America. The indicators assessed are primarily material and include health, education, child protection, water and sanitation and household characteristics (see Table 2.2). Individual questionnaires are administered with men and women which address sex specific questions as well as questions about the level of satisfaction in different areas of life. The format of questions was mainly closed giving respondents a choice of several options to choose from. The MICS survey is of particular interest for developing this study's survey instrument in terms of its questions regarding household characteristics, water and sanitation and life satisfaction.

2.2 Overview of wellbeing approaches and their application in urban contexts

In Table 1 we set out an overview of these approaches, their theoretical grounding and the urban contexts in which they have been applied.

Table 2.1 – Characteristics of research methods and instruments used to assess wellbeing

Instrument	Author, year	Dimensions	Supporting literature	Applied urban context
RANQ	WeD 2004	Material Relational Subjective	Theory of Human Need (Doyal and Gough 1991); Resource Profiles Approach (Lewis and McGregor 1992)	Bangladesh, Ethiopia, Peru
WeDQoL	WeD 2004	Material Relational Subjective	Bottom up development	Bangladesh, Ethiopia, Peru
MICS	UNICEF 1995	Material Relational Subjective		100+ LMICs
MPI	Alkire and Foster 2007	Material	Counting Approach (Atkinson 2003); Capability Approach (Sen 1993)	Constructed from retrospective data from 100+ countries
MPI post-2015	MPPN, OPHI 2014	Material	Counting Approach (Atkinson 2003); Capability Approach (Sen, 1993)	Not fully developed
OPHI missing dimensions: Quality of Work	Lugo 2007	Material Subjective	Poverty reduction; self-respect and fulfilment (Sen 1975)	Chad, Nigeria, Sri Lanka and others
OPHI missing dimensions: Empowerment	Ibrahim and Alkire 2007	Relational Subjective	Capability Approach (Sen 1993)	Chad, Nigeria, Sri Lanka and others
OPHI missing dimensions: Physical Safety	Diprose 2007	Relational Subjective		Chad, Nigeria, Sri Lanka and others
OPHI missing dimensions: Shame & Humiliation	Zavaleta 2007	Relational Subjective	Capability Approach (Sen, 1993)	Chad, Nigeria, Sri Lanka and others
OPHI missing dimensions: Psychological and subjective well-being	Samman 2007	Subjective	Self-determination theory (Ryan and Deci, 2000; 2001); Cummins (1996)	Chad, Nigeria, Sri Lanka and others
SWLS	Diener, Emmons, Larsen and Griffin 1985	Subjective	Diener and Pavot (1985)	Numerous
WHOQoL	WHO 2002	Material Relational Subjective	Bottom up development	Numerous
Person Generated Index	Ruta 1994; WeD 2004	Subjective	Bottom up development	Numerous
Personal and National Wellbeing Indexes (PWI and NWI)	International Wellbeing Group (IWG)	Subjective	Cummins et al. (1996)	Numerous
WHO-5 Well-being Index	Psychiatric Research Unit, WHO Collaborating Center for Mental Health 1998	Material Relational Subjective	HAD scale (Bech et al. 2003); PGWB schedule (Dupuy 1984)	Numerous
Interpersonal Support Evaluation List (ISEL)	Cohen et al. 1986	Subjective	perceived availability of support (House 1981)	Numerous

Furthermore, till now, only a handful of studies have specifically applied wellbeing approaches to urban poverty analyses (Table 2.2). These include studies of slums in Dhaka (Gruebner et al. 2011; 2012).

Table 2.2 – Characteristics of wellbeing studies in slum settings

Author, Year	Study context	Study Population	Methods used	Type of analysis
Biswas-Diener and Diener 2001	Urban sites in Kolkata, India	83 slum dwellers, sex workers, pavement dwellers	Satisfaction With Life Scale (SWLS), domain satisfaction (material resources, friendship, morality, intelligence, food, romantic relationship, family, physical appearance, self, income, housing, and social life),	Frequency distributions, Correlation, Regression, one-way ANOVA with Bonferroni post hoc

			recall of positive and negative life events	
McGregor, McKay and Velazc 2007	Rural and urban sites in Bangladesh and Peru	1,098 households in Bangladesh and 764 in Peru	Resources and Needs Questionnaire (RANQ)	Frequency distributions, Regression
Camfield, Kaneta and Devine 2009	Rural and urban sites in Bangladesh	semi-structured interviews (n = 68), Person Generated Index (n = 22, urban sample only), focus group discussions (n = 240)	WeDQoL Person Generated Index RANQ	Standard mean and standard deviation
Wills-Herrera, Islam and Hamilton 2009	Urban sites in Bogotá, Colombia; Belo-Horizonte, Brazil; Toronto, Canada	Bogotá (n=600), Belo-Horizonte (n=830), Toronto (n=605),	Personal and National Wellbeing Indexes (PWI and NWI), SWLS	Qualitative narrative from FGDs ANOVA, Bi-Variate correlation, Hierarchical regression analysis, Stepwise regression
Copestake and Camfield 2010	Rural and urban sites in Bangladesh, Peru and Thailand	Peru (n=550) Thailand (n=369) Bangladesh (n=373)	WeDQoL (adapted from Peru native scales, SWLS, PANAS)	Mean ranking
Gruebner et al. 2011	9 urban slums in Dhaka, Bangladesh	1,938 adults (≥ 15 years)	WHO-5 Well-being Index	Correlation, Autocorrelation, ANOVA, ANCOVA
Gruebner et al. 2012	9 urban slums in Dhaka, Bangladesh	1,938 adults (≥ 15 years)	WHO-5 Well-being Index	Pairwise correlation coefficients, Regression, PCA
Cox 2012	urban and rural poor in Managua and the mountainous central north region, Nicaragua	151 1) female sex workers, (2) dump dwellers, (3) urban poor, (4) rural peasants, and (5) university students	SWLS, domain satisfaction (material resources, friendship, morality, intelligence, food, romantic relationship, family, physical appearance, self, income, housing, and social life), recall of positive and negative life events, Interpersonal Support Evaluation List (ISEL), and a short Big Five scale for Neuroticism and Extraversion	Correlation, Regression, one-way ANOVA with Dunnett's T3 adjustment, frequency distributions

All of the studies in Table 3.2 below used face-to-face interviews with inputs recorded on paper except for the study by Wills-Herrera, Islam and Hamilton (2009), where data was collected by use of telephone surveys as well. This is the only study to have selected sites on the basis of city typology however, but unlike other studies does not involve use of both urban and rural slum sites (McGregor, McKay and Velazc 2007; Camfield, Kaneta and Devine 2009; Copestake and Camfield 2010; Cox 2012). Data collection times varied by sample size and number of countries being studied, the WeD study data was collected over period of a year and a half, studies by Gruebner et al. (2011, 2012) collected data over a month, and Cox (2012) over five months. Gruebner et al. (2011, 2012) were the only studies to use global positioning system (GPS) to record the location of each household interviewed which has also been done in this study. All studies used validated questionnaire instruments as well as trained researchers and interviewers to administer them.

3. Constructing wellbeing measures and scores for urban contexts in South Asia

3.1 Ten domains of wellbeing

The ten domains of wellbeing used in this study were constructed through a dialectical process that reflected on the advantages and disadvantages of several wellbeing frameworks (see Table 2.1 above). Whereas the WeD framework provided the formative content for initial discussions, the OECD Framework for Measuring Wellbeing and Progress (see www.oecd.org/measuringprogress) was found to have substantial overlaps, but also offer distinct opportunities to linking research findings to global policy debates on wellbeing. The OECD framework (2009) is based on the recommendations made in 2009 by the Commission on the Measurement of Economic Performance and Social Progress – also known as the Stiglitz-Sen-Fitoussi Commission. This Framework is built around a number of relevant dimensions of wellbeing shown in the illustration below:

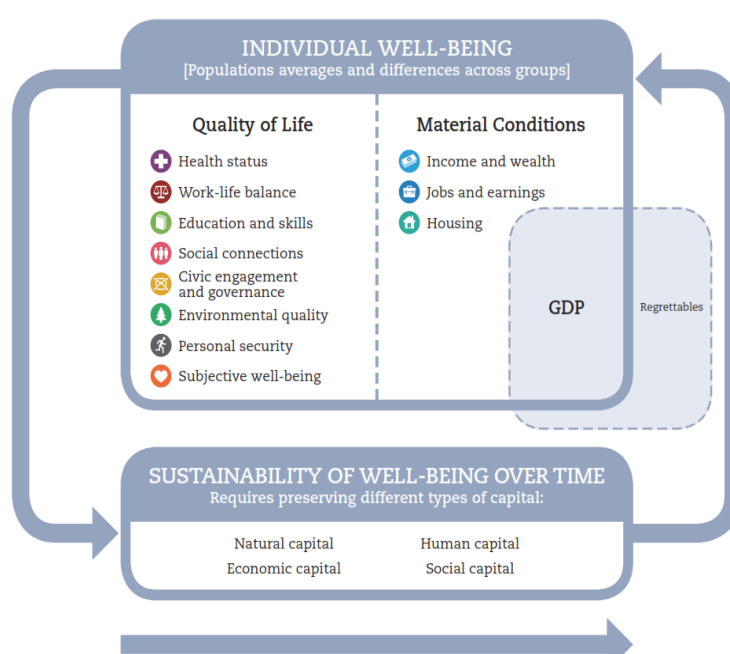


Figure 3.1: OECD Framework for measuring wellbeing³

For the purposes of this study, we distil the OECD framework into ten domains of wellbeing⁴ and categorise them as follows:

- Domain 1. Education and skills
- Domain 2. Jobs and earnings
- Domain 3. Consumption and assets
- Domain 4. Social connections
- Domain 5. Housing and related infrastructure
- Domain 6. Empowerment
- Domain 7. Safety and security
- Domain 8. Living conditions (access)
- Domain 9. Health status and related facilities

³ Source: <http://www.oecd.org/std/Measuring%20Well-Being%20and%20Progress%20Brochure.pdf>

⁴ Individual domains were not dedicated to civic engagement and work-life balance, instead several questions were built into the social connections and jobs and earnings domains of the IWS.

3.2 The Integrated Wellbeing Survey (IWS)

Using the ten-domain framework as a thematic guide, we developed ten modules for the IWS instrument to assess wellbeing outcomes of male and female informal workers living in informal settlements.

3.2.1 Developing the IWS

The actual content for each module of the IWS instrument (the topic and phrasing of the questions) was developed through the following process:

1. FGDs were organised with men and women in each informal settlement to determine community members' own priorities pertaining to the material, relational and subjective resources they required to live well. A detailed set of guidelines for the FGDs was developed (see Table below for an excerpt, and the Annexure for the complete FGD protocol) in order to explicitly explore aspects of informal work (safety, security, duration, income levels, access, etc.) and probe peoples' goals and goal achievement.
2. FGD data was qualitatively analysed by the research team, and coded using Nvivo (QSR International, v10 2012; Mac 2014). Recurrent as well as strongly articulated themes were flagged as important. Furthermore, themes that we deemed to bear a close proxy to issues highlighted in the wider literature on precarious urban living conditions, urban poverty and urban wellbeing, were also flagged.
3. Themes flagged in the FGD data were then extracted in order to inform questions on local perspectives of 'what it means to live well' and to capture the particular 'urbaness' of poverty experiences in the survey instrument. To do this, themes and indicators from the FGDs were matched to questions from robustly tested previous survey instruments. Specific questions under each domain were developed to capture indicators highlighted by the communities of informal workers in the FGDs. These questions for indicators highlighted by the communities covered: environmental and occupational seasonality, ownership status of trade tools, payment for water, living space, kitchen facilities, borrowing and lending money and tenure status. This method of generating a bottom up wellbeing survey instrument has been used in the RANQ, WHOQoL and Person Generated Index.

Table 3.1: Excerpt from focus group discussion protocol

Sample FGD Questions		
1. According to your views, how can you understand that some members of your community are getting along well?		
2. What makes you think that a person is in a poor state in your community?		
3. What things are most important for the well being at present?	Why are they important for wellbeing?	If everyone agrees- Why? If they do not agree – Why not?
4. Is this community making progress on the whole or somehow getting along with or struggling for sheer existence?		
5. Choice of work	Does their work agree with their choice?	

4. IWS indicators and questions also substantially draw on well-established indicators and questions used in existing survey methodologies. Notably the RANQ, MICS, MPI, MPI post-2015, the Satisfaction With Life Scale (SWLS), OECD guidelines on measuring subjective wellbeing (see Annex). Table 3 represents the characteristics of various wellbeing instruments and highlights aspects that were drawn on from each to create the

IWS. Many of the questions present in the RANQ were used to inform the IWS, including: relatives with recognised positions, in government or with honorific titles, use of government services, borrowing money, connections to family and the local community, clothing, housing, utilities and sanitation, asset ownership, health and supplements. Some MICS questions used in the MPI were used in the IWS particularly those on education, household characteristics and water and sanitation. We also drew on questions outlined in the MPI post-2015 instrument (including on health, education, employment and social protection, housing, assets, crime and violence) and prospective OPHI modules regarding quality of work, empowerment, shame and humiliation, physical safety, psychological and subjective wellbeing.

The research process is summarised in Figure 3.2 below, while Table 3.2 presents a summary of research instruments used to construct the Integrated Wellbeing Survey.

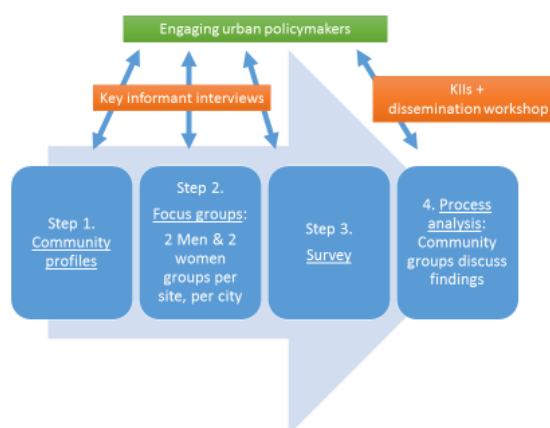


Figure 3.2: Diagrammatic representation of research process

Table 3.2 – Research instruments used to construct the Integrated Wellbeing Survey

Instrument	Author, year	Domains	Type of scale	Aspects used in IWS instrument
RANQ	WeD 2004	Happiness ; Human resources ; Material resources; Social resources; Cultural resources	Various – mostly open ended responses, yes/ no and Likert scales	-Social resources (relatives with recognised positions, in government or with honorific titles, use of government services, borrowing money, -Human resources (connections to family and the local community) -Material resources (clothing, housing, utilities and sanitation, asset ownership, health and supplements) Methodology
WeDQoL	WeD 2004	A unique instrument is built in each individual context to assess the level of satisfaction people feel in relation to valued aspects of their lives.	N/A	
MICS	UNICEF 1995	Nutrition ; Health; Water and sanitation; Child development; Education; Child protection; HIV/AIDS, sexual behaviour and orphans; Access to mass media and use of information/communication technology; Subjective wellbeing; Tobacco and alcohol use	Various – mostly multi choices options, yes/ no and Likert scales	-Water and sanitation -Literacy and education -Subjective well-being -Tobacco and alcohol use
MPI	Alkire and Foster 2007	Education ; Health; Standard of Living	Various – mostly multi choices options, yes/ no and Likert scales	- Education - Health - Standard of Living (floor, roof materials, water, assets)
MPI post-2015	MPPN, OPHI 2014	Health; Education ; Employment and Social Protection ; Housing ; Services ; Assets ; Food Security (HFAIS scale) ; Crime and Violence	Various – mostly multi choices options, yes/ no and Likert scales	- Health - Education - Employment and social protection - Housing

OPHI missing dimensions: Quality of Work	Lugo 2007	Protection; Income; Time; Safety; Perceptions; Quantity	Open-ended and multi choices options	- Assets - Crime and violence - Protection - Income - Time - Safety - Perceptions - Quantity
OPHI missing dimensions: Empowerment	Ibrahim and Alkire 2007	Control over personal decisions; Household decision-making and domain-specific autonomy; Changing aspects in one's life [Individual Level; Changing aspects in one's life [Communal Level] ; Overall empowerment	Various – mainly 4-point Likert scales for agreement	- Control over personal decisions - Household decision-making and domain-specific autonomy - Changing aspects in one's life [Communal Level]
OPHI missing dimensions: Physical Safety	Diprose 2007	- Incidence and frequency of general violent crime and conflict-related violence against; property (including incidents of theft); - Incidence and frequency of both general violent crime and conflict-related violence against person; - Perceptions of threat(s) to security and safety, both now and in the future	Yes/ no and multi choices options	- Perceptions of threat(s) to security and safety, both now and in the future
OPHI missing dimensions: Shame & Humiliation	Zavaleta 2007	Shame; External experience of humiliation; Internal experience of humiliation	Yes/ no, 4-point Likert scales for frequency and multi choices options	One question on shame used
OPHI missing dimensions: Psychological subjective well-being	Samman 2007	Psychological wellbeing; Subjective wellbeing	4-point Likert scales for frequency, level of happiness, satisfaction and truth	Both domains drawn on
OECD Guidelines on measuring subjective well-being	OECD 2013	Evaluative measures; Affect measures; Eudaimonic measures	11-point satisfaction scale (0 is no satisfaction at all and 10 is completely satisfied) 7 and 10-point Likert agreement scales 11-point frequency scale (0 is none of the time and 10 is all of the time) 7-point Likert 1 (extremely dissatisfied) to 7 (extremely satisfied)	Mainly domain evaluation measures
SWLS	Diener, Emmons, Larsen and Griffin 1985	Life satisfaction	7-point Likert 1 (extremely dissatisfied) to 7 (extremely satisfied)	Not drawn on – questions too broadly focused on life satisfaction and not specific domains
WHOQoL	WHO 2002	Physical wellbeing; Psychological wellbeing; Level of Independence; Social Relationships; Social Inclusion; Environment; Spirituality/Religion/ Personal Beliefs; Overall quality of life and general health perceptions;	5-point Likert scales for quantity (Not at all to an extreme amount) and affect (Not at all to completely) N/A	Not drawn on – specific to quality of life during/ after recovering from a disease e.g., HIV so questions not deemed relevant for current study on informal work
Person Generated Index	WeD 2004	Participants are asked to think of five areas of life that are most important to them and then write them down. ; Each area is scored from 0 to 10 on feelings about it over the last month (0 is the worst and 10 is exactly); ; Participants then 'spend' 10 points to show which areas life they feel are most important to overall quality of life	N/A	Not drawn on – bottom up development and rating is similar to IWS but without FGDs and a no compulsory use of various domains
Personal and National Wellbeing Indexes (PWI and NWI)	International Wellbeing Group (IWG, Cummins et al. 1996)	Standard of Living; Personal Health; Achieving in Life; Personal Relationships; Personal Safety; Community-Connectedness; Future Security; General life satisfaction; Spirituality or Religion	11-point satisfaction scale (0 is no satisfaction at all and 10 is completely satisfied)	Not drawn on
WHO-5 Well-being Index	Psychiatric Research Unit, WHO	Affect measures;	5-point Likert scale	Not drawn on

Interpersonal Support Evaluation List (ISEL)	Collaborating Center for Mental Health 1998 Cohen et al. 1986	Tangible social support; Appraisal of social support; Self-esteem compared to others; Belonging to social others	3 (definitely true) to 0 (definitely false)	Not drawn on
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The IWS hence uses universal wellbeing domains with locally specific indicators expressing community identified wellbeing preferences and priorities. We incorporate aspects highlighted in the literature on wellbeing, notably the identification of wellbeing domains, and draw on questions and modules already developed, to facilitate comparison of findings with other studies and to enable greater policy relevance. Within these domains, we included indicators based on FGDs, and the instrument is thus sensitive to local issues and priorities (as prescribed in Satterthwaite 2014).

Using tablet PCs

This is one of the first studies investigating wellbeing in slum areas to use touch screen tablet computers (Samsung Galaxy Note 3) to input data from face-to-face interviews. There are several advantages of using tablets for household surveys include cost and time savings when compared with paper-based surveys. Leisher (2014) found that the cost of data entry alone from paper-based surveys may outweigh the upfront costs of purchasing tablets and software (through open-source packages exist). Furthermore, reduced need for data cleaning demonstrated the largest time and cost savings. The skip logic applied via software also provided significant timesaving advantages though it was only seen after three days of survey implementation. Disadvantages of tablet use include likelihood of theft as tablets may be seen as high-value items, sensitive data being lost, the need to secure them when not in use, data needs to be uploaded to the internet and is not possible where connectivity is limited, response bias where participants are able to see questions on the tablets versus being read the questions, and falsification of data by enumerators (Groves et al. 2009; Leisher 2014).

The disadvantages of tablet use were guarded against by insuring them for use by field teams, ensuring passwords were used to lock tablets; www.formhub.org servers were used to automate data submission, and encrypt data on the tablet the moment it was saved as well as during upload (as such, the data was completely inaccessible to anyone not possessing the private key); anonymising household members; ensuring field teams had a secure safe to store tablets; using 3G compatible tablets with mobile data connection to ensure survey data was uploaded in real-time; using real-time monitoring to ensure enumerators read the questions to respondents and that each survey lasted an expected length of time; and using GPS enabled survey-upload locations to reduce the likelihood of falsification.

3.2.2 Components of the ten wellbeing domains

We calculate ten domain scores for every individual respondent; each ranging from a minimum of 0, to a maximum of 1 (or 100 percent), and this score represents the individual's outcome in that domain. Domain scores may be comprised of one or more subjective components, and one or more objective components. We also acknowledge that there is no perfect way of weighing an individual's subjective preferences versus their objective outcomes, as *all* weighing schemes involve some form of a subjective decision. In the current iteration of the analysis, *we weigh the pools of subjective and objective component equally*. That is, we calculate individual wellbeing scores by domain; each domain is constructed using an uneven numbers of objective and subjective components; the pool of subjective components and the pool of objective components are set so as to each contribute to 50 percent of the domain score;⁵ and therefore, individual components

⁵ Our future research will involve an exploration of models that combine subjective and objective component pools in a variety of ways.

within each pool are weighted equally such that the total weight of that component pool is 50 percent of the domain score.

Using these weights, we aggregate all component scores into Domain Scores for each individual by first normalising all scores (j_1, j_2, \dots, j_x) that are on a non-binary scale (for example, all subjective weighted scores calculated using the importance-satisfaction pairings as indicated above, which are on a scale of 0-5), in order to transform them to a 0-1 scale. A simple min-max rule is used for normalising such that

$$j_{normalised} = (j_x - j_{min}) / (j_{max} - j_{min})$$

As our site selection was purposeful, and not randomised, and we do not have prior data on expected minimum and maximum values for the indicators employed, we have used the theoretically possible minimums and maximums in each normalisation.⁶

The composition of the ten domains, and the weights assigned to each indicator, are summarised in the Table 3.3 below:

Table 3.3: Summary of subjective and objective composition of wellbeing domains

Domain	# of Subjective components included	Weights assigned to each subjective component	# of Objective components included	Weights assigned to each objective component
Domain 1. Education and skills	2	[0.5/2]=0.25	1	[0.5/1]=0.5
Domain 2. Jobs and Earnings	2	[0.5/2]=0.25	8	[0.5/8]=0.0625
Domain 3. Consumption and Assets	2	[0.5/2]=0.25	2	[0.5/2]=0.25
Domain 4. Social Connections	6	[0.5/6]=0.083	8	[0.5/8]=0.0625
Domain 5. Housing and related infrastructure	5	[0.5/5]=0.1	8	[0.5/8]=0.0625
Domain 6. Empowerment	9	[1/9]=0.1112	-	-
Domain 7. Safety and Security	5	[0.5/5]=0.1	3	[0.5/3]=0.167
Domain 8. Living Conditions (Access)	4	[0.5/4]=0.125	4	[0.5/4]=0.125
Domain 9. Health status and related facilities	3	[0.5/3]=0.167	3	[0.5/3]=0.167
Domain 10. Overall subjective outlook on life	17	[1/17]=0.0588	-	-

To reiterate, and as can be seen in the table above, we have opted to assign equal weights to the sum of the subjective and sum of the objective components within each domain. *This implies that the weights of individual subjective components depend on the number of subjective components included in the domain. Similarly, the weights of individual objective components depend on the number of objective components included in the domain.* Note that since Domains 6 and 10 only include subjective components, these collectively account for 100 percent of the respective domain scores. We recognise that this is a stylistic choice we make, as would be assigning any weighting system. As such, we do some robustness checks, by comparing three further models with the model used in this study, which we present in Section 4.2 below.

In the following ten sections, we present in detail the components included in each domain. For each domain, we first briefly set out the theoretical underpinnings of why the included components matter for wellbeing outcomes in that domain. We then illustrate in detail how the domain scores were built in tabular form, showing the subjective and objective components, as well as the scoring scales and weights for each component.

Domain 1: Education and skills

Education and skills have obvious interest both as variables for cross-classification and because there is good evidence that education is associated with subjective wellbeing (see Blanchflower and Oswald 2011; Helliwell 2008). In analyses that control for additional factors, such as income and social trust, the correlation falls, suggesting that education may affect subjective wellbeing

⁶ Refer to the Stata files provided in the appendix for details of all transformations of indicators and aggregation of Domain Scores.

partly through its impact on other intermediate variables. According to these studies, the highest qualification attained and years of schooling may be used to measure education and skills, and that there may also be some value in collecting information on current engagement with education. (Ibid.). We therefore built Domain 1 scores as follows:

Table 3.4: Components of Domain 1: Education and Skills

Domain 1: Education and Skills			
Components	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q3.1e) How satisfied are you with your current skills?	0 Very unsatisfied 0.25 Somewhat unsatisfied 0.5 Neither satisfied nor unsatisfied 0.75 Somewhat satisfied 1 Very satisfied	0.5	2 indicators in Pool, therefore each indicator weighted by $0.5/2 = 0.25$
(Q3.3a&b) Weighted subjective score on importance and satisfaction: <i>Schooling for Children</i>	Scores computed as per weighted subjective scale (0 to 1)		
Objective Indicator pool (Showing IWS Questionnaire Ref number)			
(Roster) Education level of respondent	0 None, never been to school .5 Primary (class 1-5) Lower Secondary (class 6-8) Up to SSC (class 9-10) Up to HSC (class 10-11) 1 Some college but not graduate Graduate/ postgraduate (general) Graduate/ postgraduate	0.5	1 indicators in Pool, therefore each indicator weighted by 0.5

Domain 2: Jobs and earnings

Capturing information on individual and household income is of particular interest (Stiglitz, Sen and Fitoussi 2009). In both cases, it is desirable to have information on net (post-tax and transfers) income as well as gross income. It has long been established that a rise in household income leads to higher subjective wellbeing for individuals in the household, but that a rise in average incomes for a country appears not to give rise to a corresponding increase in the country's average subjective wellbeing (this is known as the 'Easterlin Paradox', see Easterlin 2001). Studies have found that one of the explanations for this paradox is the wellbeing derived from jobs. That is, while work has obvious economic benefits, having a job also helps individuals stay connected with society, build self-esteem and develop skills and competencies. To get a more complete picture, we therefore also include data on the nature of jobs, whether they are secure or not, whether they expose people to work related hazards, and job security. We therefore built Domain 2 scores as follows:

Table 3.5: Components of Domain 2: Jobs and Earnings

Domain 2: Jobs and Earnings			
Component	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Component pool (Showing IWS Questionnaire Ref number)			
(Q7.5e&f) Weighted subjective score on importance and satisfaction: <i>Protection against work related hazards</i>	Scores computed as per weighted subjective scale (0 to 1)	0.5	2 indicators in Pool, therefore each indicator weighted by $0.5/2 = 0.25$
(Q7.8e&f) Weighted subjective score on importance and satisfaction: <i>Deriving dignity from one's work</i>			
Objective Component pool (Showing IWS Questionnaire Ref number)			
(Q7.4d) Over the past year, has your MAIN job entitled you to any of the following?	1 Paid Sick Leave Paid Holiday Maternity/Paternity Leave Retirement Pension Social Security Benefits	0.5	8 indicators in Pool, therefore each indicator weighted by $0.5/8 = 0.0625$

	Health Insurance/Free Medical Care through employer 0 No; NA; Don't Know		
(Q7.5a) In your day to day work over the past YEAR, have you been exposed to any of the following work-related hazards?	0 Uncomfortable posture/long hours of standing Cutting/grinding machines or hand tools Noise too loud to talk normally Extreme temperatures (high or low) Harmful chemicals, dust, fumes, smoke, gases or vapours Carrying heavy loads 1 None		
(Q7.5b) Have you suffered any accidental injury, disability or other physical or mental health problem caused by your work during the past 12 months?	0 Yes 0 DK/CS 1 No		
(Q7.8d) Are you a member of a union or other organisation that represents workers' collective interests with employers and/or the government?			
(Q7.6d) In order to obtain work, do you sometimes have to forego part of the earnings (for foremen, bosses, etc)?			
(Q7.6a&b) A REGULAR month's income	Natural log of household income normalised to 0-1 scale using min-max of country ⁷		
(Q7.6c) Have you in the last year supplemented your income from any of the following sources?	0 None 1 Subsidies (food subsidies) Remittances/ negative Renting out a room in your house Renting out property/houses elsewhere Money lending Any in-kind payments (like food, goods etc)		
(Q7.6f) Over the last month, did your HOUSEHOLD's income increase, remain constant or decrease compared with a regular month?	1 Increase .5 Remained Constant 0 Decrease		

Domain 3: Consumption and Assets

Income flows alone are a relatively limited measure for the actual level of consumption that a household can support. People may draw on previously accumulated assets or run up debt to smooth consumption over time. Thus, for exploring the relationship between consumption and subjective wellbeing it is desirable to have measures of expenditure and/or access to specific goods and services. Such measures may perhaps allow for separating living standards (consumption) from status and rank effects (income). Furthermore, as people derive welfare from the consumption of goods and services (basic services), questions on financial stress or the ability to access a given amount of money in an emergency is also valuable for analytical purposes. We therefore built Domain 3 scores as follows:

⁷ Respondents were asked both weekly and monthly incomes. The effective monthly income used was calculated in GBP (using an exchange rate of INR94 and BDT117 per GBP) as the average of the reported weekly income multiplied by (30.42/7), and the reported monthly income. This was done to minimize the impact of variation in income over weeks and months.

Table 3.6: Components of Domain 3: Consumption and Assets

Domain 3: Consumption and Assets			
Component	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Component pool (Showing IWS Questionnaire Ref number)			
(Q4.3d&e) Weighted subjective score: <i>Ease of access to water</i>	Scores computed as per weighted subjective scale (0 to 1)	0.5	3 indicators in Pool, therefore each indicator weighted by 0.5/3 = 0.1667
(Q4.3f&g) Weighted subjective score: <i>Affordability of water</i>			
(Q7.4e) If the main earning member of your household lost their job, would your household have enough savings to get by for 3 months without someone from the household getting a job?	1 Yes 0 No 0 DK/CS		
Objective Component pool (Showing IWS Questionnaire Ref number)			
(Q2.1a) Does your household currently *OWN* any of the following that are in working order?	(1/19 for each of) Kerosene lamp Electric lamp Fan Sewing machine- Repair equipment- Beds/mattress/mat to sleep- Chair(s) Table Cupboard with lock Television- Radio Watch- Food processor/mixer/grinder Cooking Stove Cycle Rickshaw/van or thela Motorcycle/autorickshaw Mobile phone/telephone 0 None Maximum Score (Own): 19/19=1 Maximum Score (Rent): 19/19=1	0.5	2 indicators in Pool, therefore each indicator weighted by 0.5/2 = 0.25
(Q2.1b) Does your household currently *RENT* any of the following that are in working order?			

Domain 4: Social connections

Social contact is one of the most important drivers of subjective wellbeing, as it has a large impact both on life evaluations and on affect (Helliwell and Wang 2011; Kahneman and Krueger 2006; Boarini et al. 2012). Although only some elements can be measured well in the context of general household surveys, measures of human contact, such as frequency of contact with friends and family, volunteering activity, and experience of loneliness, should also be collected where possible. Furthermore, generalised trust in others as well as measures of neighbourhood and workplace trust are crucial factors when accounting for variation in subjective wellbeing (Helliwell and Wang 2011). We therefore built Domain 4 scores as follows:

Table 3.7: Components of Domain 4: Social Connections

Domain 4: Social Connections			
Component	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Component pool (Showing IWS Questionnaire Ref number)			
(Q8.1b&c) Weighted subjective score on importance and satisfaction: <i>spending time with close relatives from outside your household</i>	Scores computed as per weighted subjective scale (0 to 1)	0.5	6 indicators in Pool, therefore each indicator weighted by 0.5/6 = 0.0833
(Q8.2d&e) Weighted subjective score on importance and satisfaction: <i>Direct links with government officials</i>			

(Q8.3b&c) Weighted subjective score on importance and satisfaction: <i>Connections with people to find paid work</i>			
(Q8.9b&c) Weighted subjective score on importance and satisfaction: <i>Outsiders have positive image of settlement</i>			
(Q8.6) Currently, in this settlement, what is the strength of relations between: a) Generations (old-young) within your settlement, b)outsiders and insiders, c)new and old resident and d) within families	1 Strong 0.5 Moderate 0 Weak [Average taken of responses to a, b, c and d]		
(Q8.7&8.8) Weighted subjective score importance and satisfaction: Social cohesion (average of scores on generational links, new-old, familial and outsiders)	Scores computed as per weighted subjective scale (0 to 1) [Average taken of responses to a, b, c and d]		
Objective Component pool (Showing IWS Questionnaire Ref number)			
(Q8.2c) Do you currently have linkages with people in government that could help you get access to government schemes or services?			
(Q8.3a) Do you have good connections with people that could help you find paid work?	1 Yes 0 No 0 DK/CS		
(Q8.1a) Do you spend time with close relatives from outside your immediate household?			
(Q2.2a) Does anyone in your household have the following	(0.125 for each of) ID cards Ration cards Caste Certificate Bank Account Loan from Bank Loan from Govt Scheme Loan from Credit Group/Self-Help Group Loan from other individual 0 None of the above		
(Q8.2a) Has anyone in this household or any close relative ever held any recognised position of responsibility in any kind of organisation?		0.5	<i>9 indicators in Pool, therefore each indicator weighted by 0.5/9 = 0.0556</i>
(Q8.2b) Has anyone in this household or any close relative ever held a recognised government position?	1 Yes 0 No 0 DK/CS		
(Q8.4a) In the last YEAR have you or any of your household been a member of any club, association, society, co-operative or other form of organisation in the community?	1 Yes 0 No 0 DK/CS		
(Q8.9a) Have you recently heard any people who do not live here talking negatively about this settlement?			
(Q8.5a) In a time of need in the past five years, were you able to rely on any of your neighbours for the following:	1 Food Borrow money at below market interest rates Borrow consumer goods Support for your children (e.g. food, shelter) Support for other household members (eg. food, cash, shelter) 0 No		

Domain 5: Housing and related infrastructure

Housing quality is an important element of the material conditions in which people live, and there is evidence that housing conditions affect subjective wellbeing (Oswald et al. 2003). Key dimensions of housing quality collected include number of rooms, housing costs and specific aspects of quality such as quality of building materials used for floors, walls and roofs. Data on the number of rooms are used alongside household composition information, and room-use to assess overcrowding. Subletting is viewed as an indicator of having excess space, or as an indication of willingness to trade-off personal living space for income. We therefore built Domain 5 scores as follows:

Table 3.8: Components of Domain 5: Housing and Related Infrastructure

Domain 5: Housing and Related Infrastructure			
Components	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q4.1d&e) Weighted subjective score on importance and satisfaction: <i>Quality of Construction material</i>	Scores computed as per weighted subjective scale (0 to 1)	0.5	<i>5 indicators in Pool, therefore each indicator weighted by 0.5/5 = 0.1</i>
(Q4.2c&d) Weighted subjective score on importance and satisfaction: <i>Access to toilet facility</i>			
(Q4.5bii&iii) Weighted subjective score on importance and satisfaction: <i>Ownership of dwelling</i>			
(Q4.7c&d) Weighted subjective score on importance and satisfaction: <i>Space inside dwelling</i>			
(Q4.3d&e) Weighted subjective score on importance and satisfaction: <i>Water source</i>			
Objective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q4.2b) Do you share this toilet facility with other households?	1 Yes 0 No 0 DK/CS	0.5	<i>9 indicators in Pool, therefore each indicator weighted by 0.5/9 = 0.0556</i>
(Q4.4b) Does your dwelling have a separate kitchen (in a separate room)?			
(Q4.7e) Do you sublet any part of your dwelling to someone else (i.e. a room, section of room, a place to sleep)?			
(Q4.8a) Has your dwelling been demolished in the past 12 months?	0 Yes 1 No 0 DK/CS		
(Q4.8b) Has your dwelling been demolished in the past 5 years (not including the past 12 months)?			
(Q4.3c) How long does it take to get to the water source, get water and come back?	1 Water on Premises or less than a minute 0.5 Less than 15 minutes by foot 0 More than 15 minutes by foot		
(Q4.2a) What kind of toilet facility do members of your household usually use?	1 Flush to piped sewer system Flush to septic tank Flush to pit (latrine) Flush to somewhere else Flush to unknown place/not sure/DK where Ventilated Improved Pit latrine (VIP) Pit latrine with slab Composting toilet Bucket Hanging toilet/hanging latrine 0 Pit latrine without slab / open pit Open defecation (on streets, railtracks etc)		
(Q4.6a) How many hours of electricity do you get in a day?	1 more than 12 hours 0.5 less than 12 hours more than 6		

	0 less than 6 hours		
(4.7a&b) Rooms score	1 dwelling has more rooms than used for sleeping 0 dwelling has same number of rooms as used for sleeping		

Domain 6: Empowerment

Being able to live and work with dignity are key human aspirations. The materially poor are often viewed as inferior in worth and dignity to the materially wealthy. These are common articulations of experiences of urban poverty (see Narayan et al. 2000; Wilson 2011; Mitlin and Satterthwaite 2005). Self-respect and dignity, as described by poor people, means being able to live without being a burden to others, being self-sufficient and provide for one's family, living without being subservient to anybody, or their priorities, being able to see worth in oneself, one's family members and those in close social contact, and having a degree of autonomy over decisions and control over the material and relational resources needed to live well. In this iteration, we have been unable to identify workable indicators for an 'objective' assessment of wellbeing, and have therefore built Domain 6 scores as follows:

Table 3.9: Components of Domain 6: Empowerment

Domain 6: Empowerment			
Components	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q2.3a&b) Weighted subjective score on importance and satisfaction: <i>Appropriate clothing for social occasions</i>	Scores computed as per weighted subjective scale (0 to 1)	1	10 indicators in Pool, therefore each indicator weighted by 1/10 = 0.1
(Q2.3c&d) Weighted subjective score on importance and satisfaction: <i>Appropriate clothing for family members</i>			
(Q7.7b&c) Weighted subjective score on importance and satisfaction: <i>Autonomy/independence in paid or unpaid work</i>			
(Q9.1a&b) Weighted subjective score on importance and satisfaction: <i>Control over decisions that affect life in general</i>			
(Q9.2a&b) Weighted subjective score on importance and satisfaction: <i>Ability to affect change in the community</i>			
(Q7.7a) In the last *year* have you been able to make any decisions in your work that have affected *what you do* or *how you did your work*?	1 Yes 0 No 0 DK/CS		
(Q9.1c) In general, how much control do you have in making personal decisions about the number of hours of work that you do?	1 Control over *all* decisions 2/3 Control over *most* decisions 1/3 Control over *some* decisions 0 *No* control over any decisions		
(Q9.1d) In general, how much control do you have in making personal decisions about the kind of work that you undertake, or refuse to undertake?			
(Q9.3d) The main reason I work is because I personally consider it important.	0 Strongly Disagree 1/3 Disagree		
(Q9.4d) The main reason I do the household tasks is because I personally consider it important	2/3 Agree 1 Strongly Agree		

Domain 7: Safety and security

Security is important to subjective wellbeing. This is reflected in correlations between experience of victimisation and subjective wellbeing at the individual level (Boarini et al. 2012), as well as by subjective perceptions of safety. For example, living in an unsafe or deprived area is associated

with a lower level of life satisfaction, after controlling for one's own income (Dolan, Peasgood and White 2008; Balestra and Sultan 2013). This relationship tends to be particularly strong amongst the urban poor (Moser 2004). As such, measures of experience of victimisation and perceived safety are both of interest, particularly because subjective wellbeing appears to be more strongly affected by perceived crime rates than by actual rates (Helliwell and Wang 2011).

Table 3.10: Components of Domain 7: Safety and Security

Domain 7: Safety and Security			
Components	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q6.1a) How safe do you think your area is to live in?	1 Very Safe 2/3 Somewhat Safe 1/3 Somewhat unsafe 0 Not at all safe Scores computed as per weighted subjective scale (0 to 1)	0.5	<i>5 indicators in Pool, therefore each indicator weighted by 0.5/5 = 0.1</i>
(Q6.3a) How safe would your female HH members feel about having to go out alone during the DAY?			
(Q6.3b) How safe would your female HH members feel about having to go out alone during the NIGHT (when it is dark)?			
(Q6.1b&c) Weighted subjective score on importance and satisfaction: <i>Safety and security in the area of residence</i>			
(Q8.10b&c) Weighted subjective score on importance and satisfaction: <i>Manner in which others treat you</i>			
Objective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q4.2biii) Is your toilet facility enclosed?	1 Yes 0 No	0.5	<i>3 indicators in Pool, therefore each indicator weighted by 0.5/3 = 0.1667</i>
6.4a) Have any of incidences of the following occurred in your site in the past year?	0 Crime Road safety/traffic accidents Extortion Local Bullies Slum eviction (No or poor tenancy/property rights) Political violence/party violence Communal violence/riots Flooding (monsoon) Poor/unreliable amenities provision Drug/ Illegal activities Unemployment Gangs Health problems/illness Eve teasing No police station in area 1 None		
(Q8.10a) Have you experienced any of the following forms of maltreatment in the last year?	0 Physical violence Bullying Verbal abuse Disrespect 1 None		

Domain 8: Living conditions (access)

Evidence from around the world emphatically underscores that living conditions in areas the urban poor live are extremely precarious and highly segregated (for e.g., see Hernandez et al. 2013; Beall et al 2010). The most vulnerable, live on the most precarious sites and in untenable conditions, like for example, along polluted canal banks, on pavements, or along railway lines, and remain in constant fear of eviction or relocation. Living in these conditions directly impacts access to basic services; access to shared latrines, access to places of work, and in the most

extreme conditions, can also mean an inability to access the dwelling and site of residence altogether. We therefore measure these conditions through the following:

Table 3.11: Components of Domain 8: Living Conditions (Access)

Domain 8: Living Conditions (Access)			
Components	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q5.1d&e) Weighted subjective score on importance and satisfaction: <i>Access to dwelling</i>	Scores computed as per weighted subjective scale (0 to 1)	0.5	4 indicators in Pool, therefore each indicator weighted by $0.5/4 = 0.125$
(Q5.3d&e) Weighted subjective score on importance and satisfaction: <i>Access to settlement</i>			
(Q5.2d&e) Weighted subjective score on importance and satisfaction: <i>Access to toilets all year round</i>			
(Q5.4a&b) Weighted subjective score on importance and satisfaction: <i>Access to place of work</i>			
Objective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q5.1a) In the past 12 months, have you at any point of time been UNABLE to access your DWELLING?	1 Access all year -1/12 for each month of no access	0.5	4 indicators in Pool, therefore each indicator weighted by $0.5/4 = 0.125$
(Q5.3a) In the past 12 months, have you been UNABLE to access the SETTLEMENT in which you currently live?			
(Q5.4a) In the past 12 months, have you at any point of time been UNABLE to access your PLACE OF WORK?			
(Q5.2a) In the past 12 months, have you been UNABLE to access the TOILET FACILITIES?			

Domain 9: Health status and related facilities

As studies have shown, physical health is correlated with measures of subjective wellbeing (Dolan, Peasgood and White 2008), and there is evidence that changes in disability status cause changes in life satisfaction (Lucas 2007). Although health status is complex to measure in household surveys, there is a large pool of well-developed measures available, such as the health state descriptions from the WHS (WHO 2012). Besides the direct physical impacts of ill-health, several indirect impacts affect wellbeing, such as restrictions on work, cost of medication, and the increased need to access health care providers. The ill-health of family members can also have an impact on an individual's wellbeing. As such, we calculate Domain 9 scores as follows:

Table 3.12: Components of Domain 9: Health Status and Related Facilities

Domain 9: Health Status and Related Facilities			
Components	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q11.3a&b) Weighted subjective score on importance and satisfaction: <i>Access to medical facilities like immunization, ORS etc.</i>	Scores computed as per weighted subjective scale (0 to 1)	0.5	3 indicators in Pool, therefore each indicator weighted by $0.5/3 = 0.1667$
(Q11.3d&e) Weighted subjective score on importance and satisfaction: <i>Affordable healthcare</i>			
(Q11.5a&b) Weighted subjective score on importance and satisfaction: <i>Good physical and mental health</i>			
Objective Indicator pool (Showing IWS Questionnaire Ref number)			

(Q11.1c) In the last 12 months have you been so ill/injured that you were unable to perform usual daily activities including work?	0 Yes 1 No	0.5	3 indicators in Pool, therefore each indicator weighted by $0.5/3 = 0.1667$
(Q11.4) Does anyone in the household indulge in excessive gambling, alcohol or drug consumption?	0 DK/CS		
(Q11.3c) Do you have access to affordable health care?	1 Yes 0 No 0 DK/CS		

Domain 10: Overall subjective outlook on life

The Sen-Stiglitz-Fitoussi commission described QoL as comprising “the full range of factors that influences what we value in living, reaching beyond its material side” (Stiglitz, Sen, Fitoussi 2009). However, measurement of some aspects of QoL is less developed than in the case for income for example, and it is therefore not possible to point to internationally accepted standards for some areas of QoL that could be collected alongside measures of subjective wellbeing (see OECD 2013). In the last domain, we therefore include proxies to approximate for individuals’ overall satisfaction with life. We try to be broad as well as multifaceted in our understanding of QoL, including aspects of current living, outlook on the future and religious practice, as these are common themes highlighted in the literature on dignity and the poor.

Table 3.13: Components of Domain 10: Overall Subjective Outlook on Life

Domain 10: Overall Subjective Outlook on Life			
Components	Scale of component	Target weight of Pool	Weight applied to each component
Subjective Indicator pool (Showing IWS Questionnaire Ref number)			
(Q10.3) Please indicate your agreement with each statement: <i>a. In most ways my life is close to my ideal</i>	0 Strongly Disagree 1/3 Disagree 2/3 Agree 1 Strongly Agree	1	17 indicators in Pool, therefore each indicator weighted by $1/17 = 0.0588$
<i>b. The conditions of my life are excellent</i>			
<i>c. I am satisfied with my life</i>			
<i>d. So far I have gotten the important things I want in life</i>			
<i>e. If I could live my life over, I would not change anything</i>			
10.4) Please indicate your agreement with each statement: <i>a. My social relationships are supportive and rewarding</i>			
<i>b. I am engaged and interested in my daily activities</i>			
<i>c. I actively contribute to the happiness and well-being of others</i>			
<i>d. I am competent and capable in the activities that are important to me</i>			
<i>e. I am a good person and live a good life</i>			
<i>f. I am optimistic about my future</i>			
<i>g. People respect me</i>			
<i>h. I lead a purposeful and meaningful life</i>			
(Q10.1) How satisfied are you with your life, overall?	1 Very satisfied 4/5 Somewhat satisfied 3/5 Neither satisfied nor unsatisfied 2/5 Somewhat unsatisfied 1/5 Very unsatisfied		
(Q10.2a) Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	1 Improved 0.5 More or less the same 0 Worsened		
(Q10.2b) And in one year from now, do you expect that your life will be better, will have improved, be more or less the same, or have worsened, overall?			
(Q10.5a&b) Weighted subjective score on importance and satisfaction: <i>Observing religious practice</i>	Scores computed as per weighted subjective scale (0 to 1)		

3.2.3 Pairing importance and satisfaction on wellbeing goals to compute weighted scores

Within each survey module, we deliberately embedded pairings of subjective questions that assess the importance that respondents give to certain wellbeing aspects, and their satisfaction with the levels of wellbeing achieved on these. For example:

- 6.1b) How important is the safety and security of the area you live in to you?
 6.1c) How satisfied are you with the level of safety and security in your community?

The pairings were carefully constructed for 34 wellbeing goals (see IWS for the full list of importance-satisfaction pairings). Unlike other instruments used to assess urban poverty, these pairings allow us to establish the extent participants value a particular resource as well as the extent to which they are satisfied with their attainment of that resource. The strength of this approach is that individual participants are able to apply a weighted importance response to questions that have been used by previous quality of life studies (Renwick and Myerscough 2007; Woodcock, Camfield, McGregor and Martin 2009). We use the importance-satisfaction pairings to compute ‘weighted scores’.

The scale for all importance questions was derived from 5 possible answer options: ‘Very important’, ‘Somewhat important’, ‘Neither important nor unimportant’, ‘Somewhat unimportant’, ‘Very unimportant’. The assigned weight of zero fully discounts those items ranked ‘Very unimportant’. The remaining four categories then receive a weight expressed as a fraction of 4, as presented in the table below. Satisfaction scores are simply on a scale of 1 to 5, with ‘Very unsatisfied’ receiving 1 point, and ‘Very satisfied’ receiving the maximum score of 5.

Importance Scale	Imp_Score	Satisfaction scale	Sat_score
Very important	4/4=1	Very satisfied	5/5=1
Somewhat important	3/4=0.75	Somewhat satisfied	4/5=0.8
Neither important nor unimportant	2/4=0.5	Neither satisfied nor unsatisfied	3/5=0.6
Somewhat unimportant	1/4=0.25	Somewhat unsatisfied	2/5=0.4
Very unimportant	0	Very unsatisfied	1/5=0.2

We then compute a Weighted Score_i for Goal *i* as

$$[\text{Importance_score}_i \times \text{Satisfaction_score}_i]$$

Therefore, the minimum Weighted Score_i is 0, while the maximum Weighted Score_i is 1 (100%) for any Goal *i*. To carry on the example from the earlier section, if an individual ranked safety as ‘Very important’ and rated that they were ‘Neither satisfied nor unsatisfied’ on this goal, their weighted score would be computed as:

$$\text{safety_importance}=1 \text{ and } \text{safety_satisfaction}=0.6$$

$$\begin{aligned} \text{Weighted Score}_{\text{safety}} &= \text{Importance score}_{\text{safety}} \times \text{Satisfaction score}_{\text{safety}} \\ &= (1) \times (0.6) = 0.6 \text{ or } 60\% \end{aligned}$$

Alternatively, if this individual had ranked safety as ‘Neither important nor unimportant’, implying an importance score of 0.5, their weighted score would then be:

$$\text{safety_importance}=0.5 \text{ and } \text{safety_satisfaction}=0.6$$

$$\begin{aligned} \text{Weighted Score}_{\text{safety}} &= \text{Importance score}_{\text{safety}} \times \text{Satisfaction score}_{\text{safety}} \\ &= (0.5) \times (0.6) = 0.3 \text{ or } 30\% \end{aligned}$$

As a sensitivity check, we looked at the correlations between the importance score and the satisfaction score for each goal, and found these to be very low.⁸ This implies that by introducing a weighting based on importance, we are allowing peoples own priorities (i.e. what *they* view as important or not) to guide the overall scoring, and further that by doing so we are adding meaningful variation to the data.

This is in line with the thinking around ‘weighted goal attainment’ in the WeDQoL (Woodcock et al. 2009), and distinct from other multi-dimensional indicators. Here, using different scoring scales for importance (0-1) and satisfaction (0.2-1), gets around the conflation of a zero score – the *only* way for an individual to achieve a zero weighted score for a particular goal is if they rate that goal as ‘very unimportant’. In Woodcock et al. (2009), ‘not necessary’ (necessity score 0) but satisfactorily achieved goals (satisfaction score 1–3), as well as ‘necessary’ or ‘very necessary’ goals (necessity score 1 or 2) that were not achieved at all (satisfaction score 0) were both computed as zero. They therefore rate ‘unnecessary’ items as “N/A”. In our case, ‘very unimportant’ (score 0) but satisfactory achieved items (0.2-1) would generate a zero subjective score. However, important items (score >0) not achieved at all (‘very unsatisfied’ score 0.2) would generate a very low but *non-zero* score. Similarly, the weighted score for an item with very high achievement (‘very satisfied’, score 1) but rated as very low importance, say ‘somewhat important’ (score 0.25), would also result in a relatively low weighted indicator score ($0.25*1=0.25$).

3.3 Sampling framework and description of the sample

Understanding and managing urbanisation in developing countries is one of the major global policy challenges for the first half of the 21st century. Rapidly growing towns and cities are increasingly recognised as powerhouses of economic development, employment generation and as having the potential to be great drivers of improvements in human wellbeing. At the same time they can also be the sites of extreme impoverishment, substandard housing, dominated by informal employment, insecure and hazardous working conditions, vulnerability, environmental degradation and unrest. “The problem is, we don’t know which cities are performing well, and which are not, and therefore our ability to explore the determinants of wellbeing in cities, and hence to inform urban policy is limited” (Burdett and Taylor 2011, 3-4).

As a first step towards understanding the patterns and gradations of wellbeing outcomes in cities, we need to recognise that there is significant variation between how urban areas are defined and enumerated across national and regional contexts. The classification of ‘urban’ in Asia ranges from those based on single or multiple combinations of factors including: population size, population density, livelihood and activity profiles, size of revenues generated by urban local bodies and levels of local government service provision.

Typically, population size is used as a key indicator by national statistical offices to distinguish types of cities, such as mega-cities, first-, second- and down to third- tier towns. Some countries (e.g.) also distinguish between peri-urban (or peripheral) areas which have many urban features yet are not falling within the administrative boundaries of urban local bodies. The peri-urban concept thus suggests a sense that gradations between ‘urbanity’ and ‘rurality’ are not necessarily born out in reality. Scholars also use geo-spatial data and spatial imagery to define urban areas by tracing the extent of dense built-up space. Box 1 shows the diverse ways in which urban areas are defined across Asia.

⁸ Out of 31 pairings, all had a correlation of less than 0.5, two had a correlation greater than 0.4, while 11 had a correlation of less than + or – 0.1. See Annex for complete data table.

Table 3.14: Diverse ways of defining urban areas in Asia

<p>Of the 26 countries and territories in Asia surveyed by the UN Economic and Social Commission for Asia and the Pacific (ESCAP), 15 define urban areas based on administrative criteria and another four based on population size and/or density; two countries categorize as 'urban' those areas where certain economic functions or infrastructures and services are available, and in the remaining five countries in the sample, 'urban' refers to a combination of administrative boundaries, population size and density (ESCAP, 2008a:17). Below is a select list of definitions used to classify a settlement as 'urban' in the Asia-Pacific region:</p> <p>Bangladesh: three-fourths of the adult male population of the area are chiefly employed in pursuits other than agriculture, and such area contains not less than fifteen thousand population, and an average number of not less than two thousand inhabitants per square mile.</p> <p>Cambodia: Towns as notified by the government.</p> <p>China: 'City' only refers to the city proper, as designated by the State Council. In the case of cities with district status, the city</p>	<p>proper refers to the whole administrative area of the district if the population density is 1,500 per square kilometre or higher, or the seat of the district government, and other areas or streets under the administration of the district if the population density is less than 1,500 per sq km in the case of cities without district status, the city proper refers to the seat of the city government and other areas or streets under the administration of the city. As for city districts with population densities below 1,500 per sq km and cities without district status, if the urban construction of the district or city government seat has extended to some part of the neighbouring designated town(s) or township(s), the city proper does include the whole administrative area of the town(s) or township(s).</p> <p>India: 'Urban' refers to towns (places with a municipal corporation, municipal area committee, town committee, notified area committee or cantonment board). Also considered 'urban' are places with populations of 5,000 or more, a density of no less than 1,000 per sq. m. (or 400 per sq km) with pronounced urban characteristics and at least 75 per cent of the adult male population employed in pursuits other than agriculture.</p>	<p>Indonesia: Places with urban characteristics.</p> <p>Japan: A city ('shi') is host to 50,000 or more, with 60 per cent or more of the houses located in the main built-up areas and 60 per cent or more of the population (including dependants) engaged in manufacturing, trade or other urban type of business. Alternatively, a shi with urban facilities and conditions as defined by a prefectural order is considered as urban.</p> <p>Republic of Korea: Any amount of population living in designated cities.</p> <p>Malaysia: Formally designated areas with populations of 10,000 or more.</p> <p>Maldives: Malé, the capital.</p> <p>Mongolia: The capital and district centres.</p> <p>Pakistan: Places with a municipal corporation, town committee or cantonment.</p> <p>Sri Lanka: All municipal and urban council areas.</p> <p>Thailand: Municipal areas.</p> <p>Viet Nam: Urban districts or quarters and towns. All other local administrative units ('communes') belong to rural areas.</p>
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Source: Adapted from UNESCAP and UN-HABITAT, *State of Asian Cities 2010/2011*: 33

Urbanisation dynamics in India and Bangladesh resonate in the wider South Asia region, because of shared experiences in the pace and levels of urbanisation, urban poverty, informal economies and because of shared significant cultural, social, and in some instances, economic and political features. Yet, importantly, dynamics of urbanisation in India and Bangladesh are sufficiently dissimilar to allow for a compelling analytical comparison. In Bangladesh, urbanisation has been characterised by a limited range of economic diversification and has been strongly concentrated in a few cities; Dhaka contains nearly 40% of the total urban population (Islam 2013)⁹ and the end point of step migration, with people migrating not merely from rural to urban, but also from (smaller) to (larger) cities. India's urbanisation has been more widespread, fuelled by economic and industrial diversification, and supported through large-scale national public investment mechanisms (like the Jawaharlal Nehru National Urban Renewal Mission -JNNURM), often benefiting the larger cities (Mahadevia 2011). While patterns of inward and outward migration differ, extreme and persistent urban poverty remain key features in both countries. Importantly also, policy options to address urban poverty are structured by democratic and administrative systems in both countries, albeit at different levels of maturity and with different capacities.

We find that while the absolute size of a city can have tangible impacts on the quality of life of its residents, this relationship is not necessarily straightforward. For example, while residents of large cities may benefit from the positive externalities resulting out of economies of scale and proximity (Fujita and Thisse 2013), they may also suffer from higher levels of pollution, crime and violence (Moser 2012). At the other end of the spectrum, small cities tend to be deprived of the political and economic influence of megacities, which can significantly impact, for example, their ability to set in place systems that build resilience against disasters (Cross 2001). Emergent cities may be characterised as those in greatest flux, having substantial social change through sizeable arrivals of migrant populations, rapidly growing informal economies, relatively low administrative capacities unable to deal with growing populations, thus offering particular potential for non-state arrangements to emerge that govern informal workers ability to earn.

⁹ The top four cities (Dhaka, Chittagong, Khulna and Rajshahi) together make up about 55% of the total urban population of the country.

These emergent cities are less likely to attract large-scale urban development investments (especially in infrastructure), compared with established cities and megacities.

Moreover, urban characteristics such as size, density, diversity and complexity can also provide insights into defining key social determinants such as health outcomes (Ompad et al 2007). For example, “density is considered as crowding and, therefore, enhancing transmission of infectious diseases, in fact, density also enables public health programs to reach large sectors of the population efficiently. Diversity increases a cultural richness in cities but can also lead to cultural clashes; diversity necessitates tailoring interventions to meet the needs of different subpopulations. Finding the right balance between these competing pressures of density and diversity is a constant challenge for planners of urban health interventions... cities [also] have a rich array of social and human resources, from dense social networks and many community organizations to numerous formal and informal service providers. These human resources and the social capital inherent within them constitute key assets for intersectoral urban health promotion and may make it easier to operate in multiple sectors, even with limited resources” (Vlahov et al 2007: i22).

The size and growth rate of a city is therefore reflective of complex interactions between multilevel systems wherein cities are inextricably linked to other sociopolitical levels, ranging from neighbourhoods, to interconnected urban areas that form metropolitan ‘regions’, as well as national level dynamics. As resources are limited, these interactions are not only characterised by inter-sectoral competition *within* cities (that is, simultaneous demands for education, employment, crime prevention, environmental protection, and sanitation for example), but also *inter-city* competition, as municipal authorities vie for larger shares of a limited pool of national resources (see for example Lawrence 2006).

This allows us to delineate three broad types of urbanising contexts in order to be reflective of distinct sizes and stages of urbanisation, and thus allow us to examine how their diverse economic, socio-political and institutional conditions can constitute threats or opportunities for informal workers: emergent cities (small to medium-sized cities that are experiencing higher urban growth than other comparable cities); secondary metros (medium to large sized cities which may or may not be experiencing rapid growth) and mega cities (the largest of cities that continue to expand and grow). The diversity of conditions across the three types of cities may be preliminarily schematised as per Table 3.18 below.

Table 3.15: A schematic overview of diverse institutional conditions in three city types

Type of city	Administrative capacity	Governance	Urban develop't investments	Population dynamics	Poverty incidence
Emergent	Weak, highly pressured	Flux, innovation	Least likely	Rapid growth through migration	Very high
Established	Fair	Relatively stable	Likely	Internal growth + migration	High
Mega cities	Moderate, improving	Relatively stable	Most likely	Slow internal growth + migration	High

With this in mind, we move towards a the purposeful selection of cities and study sites based on the a typology of cities in India and Bangladesh, which we elaborate upon sections 3.3.1 and 3.3.2 below:

3.3.1 Purposeful selection of cities in Bangladesh

The classification given by the Bangladesh Census Commission is a combination of population size and administrative or governance structure. The Commission has classified the urban centres into four categories: (1) ‘Megacities’ with five million plus residents – only Dhaka qualifies in this category; (2) ‘Statistical Metropolitan Areas’, which are City Corporations and their adjoining areas with ‘urban characteristics’, and include Chittagong, Khulna and Rajshahi; (3) ‘*Pourashavas*’ –

these Municipal Towns which are formally classified as urban and are endowed with local governments. During the Census of 2010, there were approximately 309 *Pourashavas* in the country, which account for more than 30% of the national urban population. City Corporations as well as *Pourashavas* are headed by elected mayors, and perform the same kind of administrative responsibilities;¹⁰ and (4) ‘Other Urban Areas’ – which are *upazila* headquarters or big market places in the rural areas that have not yet been declared as *Pourashava* during the census operation (BBS 2001).

Table 3.16 – Share of urban population across urban areas in Bangladesh with population over 100,000

Name of the urban centre	Area (sq. km)	Population 1991 (million)	Population 2001 (million)	% of national urban population, 2001	Decadal growth rate
Dhaka	1353	6.844	10.712	37.45	56.52
Chittagong SMA	986	2.348	3.386	11.84	44.17
Khulna SMA	267	1.002	1.341	4.69	33.84
Rajshahi SMA	377	0.545	0.7	2.45	28.55
Sylhet City Corporation	54	0.117	0.32	1.12	172.82
Rangpur Paurashava	58	0.191	0.252	0.88	31.58
Barisal City Corporation	40	0.17	0.225	0.79	31.97
Mymensingh Paurashava	92	0.189	0.21	0.73	11.1
Jessore Paurashava	36	0.14	0.192	0.67	37.6
Nawabganj Paurashava	46	0.131	0.163	0.57	25.14
Bogra Paurashava	22	0.12	0.162	0.57	34.93
Comilla Paurashava	59	0.135	0.161	0.56	18.92
Dinajpur Paurashava	25	0.128	0.156	0.55	22.29
Sirajganj Paurashava	20	0.108	0.13	0.45	20.22
Jamalpur Paurashava	55	0.104	0.128	0.45	23.66
Madhabdi Paurashava	--	0	0.123	0.43	--
Tangial Paurashava	35	0.106	0.119	0.42	12.32
Pabna Paurashava	44	0.103	0.112	0.39	8.89
Naogan Paurashava	37	0.101	0.107	0.37	5.52
B. Baria Paurashava	36	0.109	0.104	0.36	-4.51
Saidpur Paurashava	34	0.105	0.1	0.35	-4.32

The UN World Population Prospects classifies cities in a slightly different manner: it lists 36% of the urban population in a city with 10 million plus residents (Dhaka), 12% in a city with 5-10 million residents (Chittagong), while 45% of the urban population is in cities with fewer than 500,000 people (UN DESA 2012). It is important to highlight that while 522 urban areas have been recognised, only 295 have local urban governments. In those ‘urban’ areas where a local municipal government does not exist, the provision of urban infrastructure and services falls under the purview of the field administration of the central government.

In Tables 3.17 and 3.18 we rank the 15 Bangladeshi cities that have more than 250,000 currently, first by their absolute size (Table C), and then by their average decadal growth rate (Table D). Several key features are evident from these rankings. Dhaka is the only city with more than five million residents (*shaded in orange*), and therefore is selected as the megacity in our sample. While Chittagong was the only city in the 1-5 million category (*shaded in green*) in 1991, Khulna and Narayanganj joined this category in 2001, followed by Gazipur in 2011. Cities with less than 1 million residents (but more than 250,000 in 2011 – *shaded in yellow*) is a declining group with 12 cities in it in 1991, dropping to ten in 2001 and nine in 2011. Looking at average decadal growth rates, while only the city of Dhaka was in the highest growth rate category (5%+) in 1991-2001, three different cities, namely Gazipur, Bogra and Sylhet occupied this group from 2001-2011. Most cities experienced an average decadal growth rate of between 2-5% from 1991-2001, while only six cities were in this category in the following time period. Khulna is the only city to display a *negative* average decadal growth rate (-1.07% in 2001-2011).

¹⁰ The role, functions and responsibilities of these two urban administrative units are stipulated through the Local Government (Municipality) Act, 2009 and Local Government (City Corporation) Act, 2009 and according to these Acts (BRAC 2014).

With its vast population and dropping average decadal growth rate, *Dhaka is the only city that fits our typology of a megacity, and is hence selected in our sample. Chittagong displays similar characteristics but at a smaller absolute scale, and is therefore selected in our sample as the secondary-metro.* Small towns like Barisal, Comilla and Bogra for example all displayed significant increases in their average decadal growth rates from the first to the second time period. These would therefore be classified as ‘emergent’. From these, we purposefully selected Bogra.

Table 3.17 - Ranking of the 15, 250,000+ cities (in 2011) in Bangladesh by absolute size

	1991	2001	2011
5 mill +	Dhaka	Dhaka	Dhaka
1-5 mill.	Chittagong	Chittagong	Chittagong
<1mill. (>250,000 from 2011)	Khulna	Khulna	Gazipur
	Narayanganj	Narayanganj	Narayanganj
	Gazipur	Gazipur	Khulna
	Rajshahi	Rajshahi	Rajshahi
	Mymensingh (Nasirabad)	Mymensingh (Nasirabad)	Sylhet
	Sylhet	Sylhet	Bogra
	Comilla	Comilla	Comilla
	Rangpur	Rangpur	Mymensingh (Nasirabad)
	Barisal	Barisal	Barisal
	Jessore	Jessore	Rangpur
	Bogra	Bogra	Jessore

Table 3.18 - Ranking the 15, 250k+ cities (in 2011) in Bangladesh by their Average Decadal Growth Rate

	1991-2001	2001-2011
5%+	Dhaka	Gazipur
2%-5%	Gazipur	Bogra
	Chittagong	Sylhet
	Narayanganj	Comilla
	Sylhet	Barisal
	Rajshahi	Dhaka
	Bogra	Narayanganj
	Rangpur	Chittagong
	Khulna	Rangpur
	Jessore	Jessore
	Comilla	Rajshahi
Mymensingh (Nasirabad)	Mymensingh (Nasirabad)	
<2%	Barisal	Khulna

Sampled cities are highlighted (Dhaka, Chittagong, Bogra)

3.3.2 Purposeful selection of cities in India

As per India’s most recent census (2011), cities of more than 100,000 people, which are classified as Class I Cities, now account for 70.2% of the total urban population. Within this group of cities, the percentage of population in 5 million plus and 1-5 million city size classes has been growing steadily over time, while cities and towns in size classes of less than 100,000 people account for a steadily declining share of the urban population.

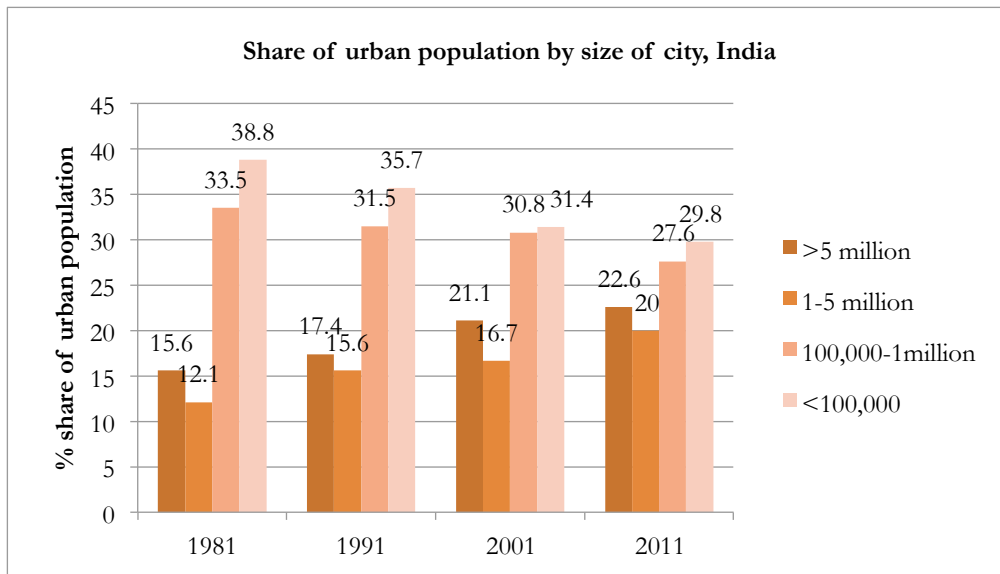


Figure 3.3 – Share of urban population by size of city, India
Source: Census of India 2011. Provisional Results.

In South Asia, the size of the city is arguably correlated with levels of access to and control over government funding, with for example, large cities in India dominating national urban funding schemes such as the JNNURM (Mahadevia 2011), while Dhaka similarly dominates in Bangladesh (Ahmed 2012). With this in mind, we ask how institutional conditions might vary across cities having different sizes or growth rates.

We find that while the absolute size of a city can have tangible impacts on the QoL of its residents, this relationship is not necessarily straightforward. For example, while residents of large cities may benefit from the positive externalities resulting out of economies of scale and proximity (Fujita and Thisse 2013), they may also suffer from higher levels of pollution, crime and violence (Moser 2012). At the other end of the spectrum, small cities tend to be deprived of the political and economic influence of megacities, which can significantly impact, for example, their ability to set in place systems that build resilience against disasters (Cross 2011). Emergent cities may be characterised as those in greatest flux, having substantial social change through sizeable arrivals of migrant populations, rapidly growing informal economies, relatively low administrative capacities unable to deal with growing populations, thus offering particular potential for non-state arrangements to emerge that govern informal workers ability to earn. These emergent cities are less likely to attract large-scale urban development investments (especially in infrastructure), compared with established cities and megacities.

Moreover, urban characteristics such as size, density, diversity and complexity can also provide insights into defining key social determinants such as health outcomes (Ompad et al. 2007). For example, “density is considered as crowding and, therefore, enhancing transmission of infectious diseases, in fact, density also enables public health programs to reach large sectors of the population efficiently. Diversity increases a cultural richness in cities but can also lead to cultural clashes; diversity necessitates tailoring interventions to meet the needs of different subpopulations. Finding the right balance between these competing pressures of density and diversity is a constant challenge for planners of urban health interventions... cities [also] have a rich array of social and human resources, from dense social networks and many community organizations to numerous formal and informal service providers. These human resources and the social capital inherent within them constitute key assets for intersectoral urban health promotion and may make it easier to operate in multiple sectors, even with limited resources” (Vlahov et al. 2007: i22).

The size and growth rate of a city is therefore reflective of complex interactions between multilevel systems wherein cities are inextricably linked to other sociopolitical levels, ranging from neighbourhoods, to interconnected urban areas that form metropolitan ‘regions’, as well as national level dynamics. As resources are limited, these interactions are not only characterised by inter-sectoral competition *within* cities (that is, simultaneous demands for education, employment, crime prevention, environmental protection, and sanitation for example), but also *inter-city* competition, as municipal authorities vie for larger shares of a limited pool of national resources (see for example, Lawrence 2006).

In Table 3.19 and 3.20 below, we rank the 53 Indian cities that currently have more than one million residents by their absolute size in 1981, 1991, 2001 and 2011. If we trace back the growth of the 53 cities, some key trends are evident. Firstly, in 1981, all but 12 of those cities had populations below one million (*shaded in yellow*). By 1991, only half of the cities had populations below one million, and this dropped further in 2001, when only 17 cities continued to have populations below one million. At the other end of the spectrum, the number of cities with five million plus residents (*shaded in orange*) has grown from three in 1981, to four in 1991, to six in 2001 and eight in 2011. The number of cities with one to five million residents (*shaded in green*) has shown a similar growth, from accounting for roughly 17% of the cities in 1981, to 36% in 1991, to 55% in 2001 and 85% in 2011.

Subsequently, we rank the same 53 cities by their average decadal growth rate in Table 4, in which we highlight three bands: those cities with an average decadal growth rate of 5% or more, those that grew on average between 2 and 5%, and those that grew on average less than 2%. It is evident that while the number of cities in the highest growth-band has steadily dropped, the number in the other two bands has increased. It is also evident that there is a very high degree of movement between bands, with a significant number of cities moving across all three bands over the three time periods, while a few have moved through only two bands, or have stayed within the same band.

Taking both sets of ranking together, it is possible to select several cities within each of our typologies. For example, Mumbai and Kolkata fit the mega-city typology in that their substantially large populations grew at a steady or declining average decadal rate. Vishakhapatnam, Ludhiana and Nagpur, for example, display similar characteristics, but at a significantly lower size threshold, and would thus fit well into our second typology of secondary metro. And lastly, cities like Kota, Raipur or Asansol, for example, are all cities that were in the smallest size category in 1981, but have consistently posted high average decadal growth over all time periods, causing them to move up into a higher size category. We therefore categorise such cities as ‘emergent’.

Based on these rankings, and pending a final feasibility assessment, we purposively sampled Mumbai (mega-city), Vishakhapatnam (secondary established) and Raipur (emergent), as these cities also match ongoing programmes and within city presence of our in-country research partners. As we describe in further detail in the following sections, we have identified the purposive selection of cities as one of the enabling features of our Impact Plan. Doing so allows our research plan to benefit from local (site level) expertise, as well as explicitly match the on-going priorities of the project partners thereby increasing the likelihood of sustained uptake of research findings. Our tentatively sampled cities are highlighted in the tables below.

Table 3.19 - Ranking of the 53, 1-million+ cities (in 2011) in India by absolute size

	1981	1991	2001	2011
			Mumbai	Mumbai
	Kolkata	Mumbai	Kolkata	Delhi
5 mill +	Mumbai	Kolkata	Delhi	Kolkata
	Delhi	Delhi	Chennai	Chennai
	Chennai	Chennai	Hyderabad	Bengaluru
	Bengaluru	Hyderabad	Bengaluru	Hyderabad
	Ahmedabad	Bengaluru	Ahmedabad	Pune
1 to 5 million	Hyderabad	Ahmedabad	Pune	Surat
	Pune	Pune	Surat	Jaipur
	Kanpur	Kanpur	Kanpur	Kanpur
	Nagpur	Lucknow	Jaipur	Lucknow
	Jaipur	Nagpur	Lucknow	Nagpur
	Lucknow	Surat	Nagpur	Ghaziabad
	Coimbatore	Jaipur	Patna	Indore
	Patna	Kochi	Indore	Coimbatore
	Surat	Vadodara	Vadodara	Kochi
	Madurai	Indore	Coimbatore	Patna
	Indore	Coimbatore	Bhopal	Kozhikode
	Varanasi	Patna	Ludhiana	Bhopal
	Jabalpur	Madurai	Kochi	Trichur
	Agra	Bhopal	Vishakhapatnam	Vadodara
	Vadodara	Vishakhapatnam	Agra	Agra
	Kochi	Ludhiana	Varanasi	Vishakhapatnam
	Dhanbad	Varanasi	Madurai	Malappuram
	Bhopal	Agra	Meerut	Thiruv.
	Jamshedpur	Jabalpur	Nasik	Kannur
	Allahabad	Meerut	Jamshedpur	Ludhiana
	Tiruchirappalli	Vijayawada	Jabalpur	Nasik
	Ludhiana	Allahabad	Asansol	Vijayawada
	Srinagar	Jamshedpur	Dhanbad	Madurai
	Vishakhapatnam	Thiruv.	Faridabad	Varanasi
<1 million	Amritsar	Dhanbad	Allahabad	Meerut
	Gwalior	Kozhikode	Vijayawada	Faridabad
	Kozhikode	Asansol	Amritsar	Rajkot
	Vijayawada	Nasik	Rajkot	Jamshedpur
	Meerut	Gwalior	Srinagar	Jabalpur
	Thiruv.	Tiruchirappalli	Ghaziabad	Srinagar
	Jodhpur	Amritsar	Bhilai	Asansol
	Ranchi	Bhilai	Aurangabad	Vasai-Virar
	Bhilai	Jodhpur	Thiruv.	Allahabad
	Rajkot	Rajkot	Kozhikode	Dhanbad
	Nasik	Faridabad	Tiruchirappalli	Aurangabad
	Chandigarh	Ranchi	Gwalior	Amritsar
	Asansol	Aurangabad	Ranchi	Jodhpur
	Kota	Chandigarh	Jodhpur	Raipur
	Raipur	Kota	Chandigarh	Ranchi
	Faridabad	Ghaziabad	Kota	Gwalior
	Aurangabad	Kannur	Raipur	Kollam
	Ghaziabad	Raipur	Kannur	Bhilai
	Trichur	Kollam	Kollam	Chandigarh
	Kollam	Trichur	Trichur	Tiruchirappalli
	Kannur	Malappuram	Malappuram	Kota

Based on author's calculations based on Census of India data from various years
Sampled cities are highlighted (Mumbai, Vishakhapatnam, Raipur)

Table 3.20 - Ranking of 53, 1-million+ cities (in 2011) in India by their Average Decadal Growth Rate

	1981-91	1991-2001	2001-2011
Avg. Decadal growth \geq 5%	Kannur	Ghaziabad	Malappuram
	Kollam	Surat	Trichur
	Asansol	Faridabad	Kannur
	Aurangabad	Nasik	Kollam
	Faridabad	Patna	Ghaziabad
	Ghaziabad	Rajkot	Kozhikode
	Vishakhapatnam	Jaipur	Thiruv.
	Ludhiana	Delhi	Surat
	Hyderabad	Raipur	Raipur
	Nasik	Pune	Kochi
	Kochi	Aurangabad	Bengaluru
	Surat	Amritsar	Coimbatore
	Lucknow	Ranchi	Indore
	Trichur	Agra	Kota
	Thiruv.	Chandigarh	Vijayawada
	Bhopal	Asansol	Ahmedabad
	Meerut	Bengaluru	Rajkot
	Vijayawada	Bhopal	Nasik
	Mumbai	Meerut	Pune
	Avg. Decadal growth \geq 2%, $<$ 5%	Vadodara	Ahmedabad
Kota		Indore	Hyderabad
Jaipur		Bhilai	Aurangabad
Pune		Lucknow	Jodhpur
Rajkot		Ludhiana	Agra
Delhi		Kanpur	Chennai
Kozhikode		Jamshedpur	Jaipur
Bengaluru		Coimbatore	Ranchi
Bhilai		Vadodara	Bhopal
Raipur		Hyderabad	Lucknow
Chandigarh		Kota	Gwalior
Indore		Dhanbad	Vishakhapatnam
Jodhpur		Mumbai	Srinagar
Varanasi		Jodhpur	Delhi
Ahmedabad		Nagpur	Chandigarh
Allahabad		Vishakhapatnam	Meerut
Gwalior		Jabalpur	Vadodara
Nagpur		Allahabad	Madurai
Agra		Vijayawada	Jamshedpur
Chennai		Tiruchirappalli	Patna
Kanpur	Chennai	Varanasi	
Jamshedpur	Gwalior	Tiruchirappalli	
Ranchi	Trichur	Amritsar	
Dhanbad	Malappuram	Nagpur	
Avg. Dec. growth $<$ 2%	Kolkata	Kolkata	Asansol
	Patna	Kochi	Allahabad
	Madurai	Varanasi	Ludhiana
	Coimbatore	Madurai	Jabalpur
	Amritsar	Kozhikode	Bhilai
	Jabalpur	Thiruv.	Dhanbad
	Tiruchirappalli	Kannur	Mumbai
Not 1million+ over respective decade	Malappuram	Kollam	Kanpur
	Srinagar	Srinagar	Kolkata
	Vasai-Virar	Vasai-Virar	Vasai-Virar

Based on author's calculations based on Census of India data from various years

Sampled cities are highlighted (Mumbai, Vishakhapatnam, Raipur)

3.3.3 Randomised sampling at the site level

As set out in the sections above, three distinct city types are compared in this study: emergent cities, established secondary cities and mega-cities. Based on relative rankings of absolute size and average decadal growth rates, we purposively selected cities from a list of potential cities fulfilling the basic ranking criteria (population size, decadal growth rates). In India, we selected cities where SPARC has an active presence on the ground through its alliance with the National Slum Dweller Federation. NSDF member organisations facilitate not only access to the study sites within the cities, they also lead focus group discussions (step 2), conduct the survey (step 3),

guide the process analysis (step 4), besides engaging with urban policymakers. Similarly in Bangladesh, sites have been purposefully selected to reflect ongoing programmes and within city presence of our in-country research partners.

Within each site, in each sampled household, we sampled the primary earner (male or female) and their spouse. To do this, a broad conceptualisation of ‘primary earner’ was used, which in particular including unpaid care workers, workers who are either self-employed, waged under informal labour conditions in either informal or formal sector, casual wage workers, homeworkers and informal enterprise employers.

Single-headed and single-gender households were not excluded. Male or female single headed households in Bangladesh, according to 2011 Census statistics can make up to 10-12% of urban households. In India, government policy requires researchers to obtain prior consent from the government to survey people below 18 years of age. We thus only include people 18 years of age or older. In Bangladesh, no such policies exist, and considering that many young people are involved in (non-hazardous) labour, and may further head households, workers at least 15 years of age were included in the sample. All good practice and ethical procedures set out by IDS and the Governments of India and Bangladesh of obtaining prior informed consent in case of all study respondents were strictly followed.

3.3.4 Site level sampling framework

Household selection at the site-level was based on a spatially randomised system. Adjoining households were not selected, but a systematic interval was maintained while accounting for cohabitation and stacking of households. This minimised the amount of spatial sub-clustering, and therefore limited the design effect, while ensuring coverage of the entire site. To minimise interviewer influence, the random selection was done by site supervisors, while the survey instrument was administered by a team of enumerators. In order to ensure that the sample still covered at least 1400 male and 1400 female informal workers,¹¹ our research teams employed a booster sample administered at the site level, wherein additional households were sampled in the event that the required number of men and women were not achieved through the original sampling.

3.3.5 Descriptive Statistics of IWS sample

Overall, the sample for the IWS includes 2858 individual respondents (1448 women and 1410 men) in 1454 households.¹² As we show in the descriptive tables below, the average age of our respondents in Bangladesh was 34.53 years, with mean monthly household income at just over £87. In India, the average age in our sampled sites was just under 39 years, and mean monthly household income was just under £93. Mean household size was just above four per household in Indian, and just below 4 per household in Bangladesh.

¹¹ The sampling frame of the selected sites was derived from the number households, which was doubled in order to give the total possible number of respondents for each particular site. The total sample size required was generated with a power calculation and was then divided by the number of sites in order to determine the number of respondents needed per site. A conservative response distribution of 0.5 was used as we did not have preliminary survey data for each site to assess the skewness within the populations. The sample size n and margin of error E are displayed in the formula below where N is the population size, r is the fraction of responses that you are interested in, and $Z(c/100)$ is the critical value for the confidence level c .

$$x = Z(c/100)^2 r(100-r)$$

$$n = N \cdot x / ((N-1)E^2 + x)$$

$$E = \text{Sqrt}[(N-n)x / n(N-1)]$$

Sample sizes inflated by 10% to account for attrition and non-response. Sample size calculated using <http://www.raosoft.com/samplesize.html>

¹² While household data has been collected, the analysis presented in this study is limited to individual respondents. Household level analysis will be included in future iterations.

Table 3.21 – Number of respondents sampled by site and gender, and total number of households by site

Railway colony, Bogra		Hanuman Nagar, Mumbai	
Male	100	Male	100
Female	101	Female	100
Total HHs	104	Total HHs	102
Malotinagar, Bogra		Indira Nagar, Mumbai	
Male	102	Male	99
Female	109	Female	98
Total HHs	106	Total HHs	100
Dock Yard, Chittagong		Mankhurd, Mumbai	
Male	107	Male	101
Female	113	Female	97
Total HHs	111	Total HHs	101
Khajurtola, Chittagong		Kashiram Nagar, Raipur	
Male	99	Male	99
Female	104	Female	99
Total HHs	102	Total HHs	100
Chitarpar, Dhaka		Suraj Nagar, Raipur	
Male	99	Male	95
Female	108	Female	98
Total HHs	105	Total HHs	97
Beltola, Dhaka		Suryatheja Nagar, Vizag	
Male	103	Male	97
Female	112	Female	100
Total HHs	111	Total HHs	100
Sirnitek, Dhaka		RP Petha, Vizag	
Male	100	Male	102
Female	106	Female	100
Total HHs	106	Total HHs	102

Table 3.22 – Descriptive statistics of sample

Indicator	Bangladesh	India
Average Age (years)	34.53	38.64
Average Monthly Household Income (in GBP)	£87.89	£92.93
Average Size of household	3.97	4.27
Sub-groups	# of male (%)	# of Female (%)
All	1410	1448
Paid workers	1127 (79.9%)	449 (31%)
All without contracts	1046 (74.2%)	382 (26.4%)
Paid workers w/o contract w/o social protection	841 (59.9%)	235 (16.3%)
Demolished	335 (23.8%)	344 (23.8%)
Never demolished	917 (65%)	916 (63.3%)

3.3.6 Service provision and institutional conditions in sampled sites in Bangladesh

Sites in Bogra

Site 1: Sheuzgari Railway Colony, Ward No. 8, Bogra

The Sheuzgari Rail colony, No 8 is located besides the Sathmatha crossing, and close to the Bogra railway station and the Central Mosque, and it therefore very well connected. It comprises two different areas namely Thanapathar and Mondolpara, with several large ponds separating the two, which are gradually being filled up in order to reclaim land. The eastern bank of the pond (Mondolpara) is densely populated while the western part is still open and not heavily congested (Thanapathar). At present there are as many as 300 houses and 350 households living in a

rectangle shaped area of 15 by 3 *bighas* (3.3 acre). The ratio of male and female inhabitants is about 2:1.

Whereas large vehicles can enter Thanapathar, Mondolpara only has narrow alleys fit for cycling and walking. Thanapathar has two roads for entry and exit, one however remains unused because of dumped waste and muddy condition in the rainy season. Mondolpara has 4/5 entry and exit ways from the main road, which can be used easily. These however become very muddy at times. Few houses have bamboo walls (10/12 in at Thanapathar and 3 at Mondolpara) with tin sheet roofs. The rest of the houses are built entirely using tin sheets. Only three houses have concrete floors at Thanapathar and 12/15 at Mondolpara. The floors of the rest of the house are made of earth. All houses have tin-sheet lockable doors.

There is some distrust and enmity between Muslim and Dalit communities living in the area. Muslim parents refused to send their children to a school for scheduled class children built by the Feed Trust, which has now been shut. Religious and cultural differences are said to inhibit friendship between these communities. Dalits are accused of controlling drug and alcohol rackets in Mondolpara, enjoying political patronage and protection, and claimed of being addicted to these stimulants.

The presence of political parties in the settlement has occasionally lead to fighting. Some youngsters of the local Awami league and Bangladesh National Party (BNP) built a club house at the Thanapathar section of the settlement in 2012. They started gambling leading to quarrels and fighting. Following one altercation, in which several boys were injured, the police arrested some miscreants and locked the club. In Mondolpara also, some leaders of Awami youth league set up an office, in front of which several clashes took place between Awami and BNP supporters during the 2013 '*hartals*'. Cocktail bombs were thrown on a few occasions.

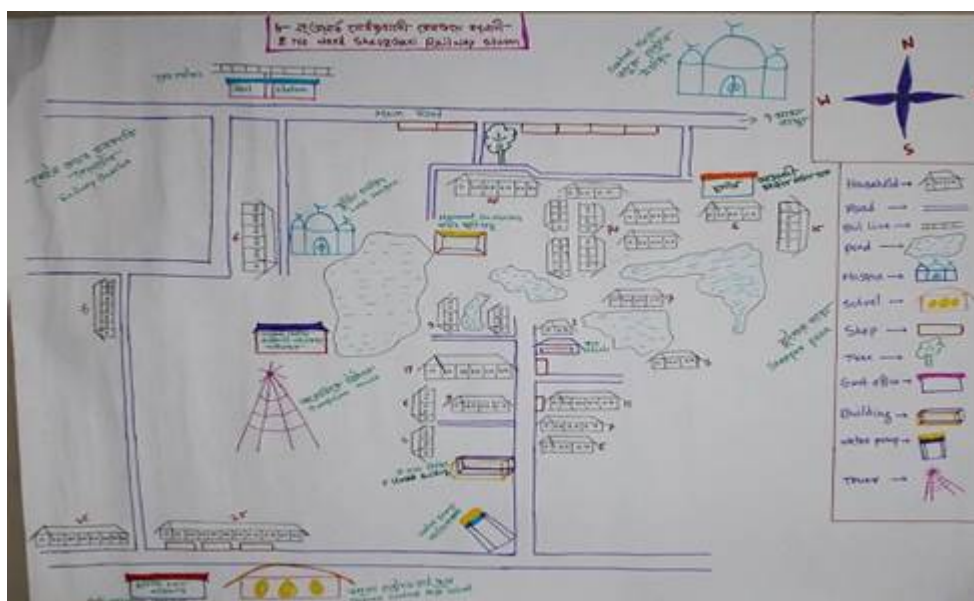


Figure 3.4 – Participatory Mapping of Railway Colony

Basic services and livelihoods

The main livelihoods of men here include pulling van/rickshaw, auto driver, street vendors (chotpoti/hotel), waste products selling etc. Most of the adult women here are engaged in some sort of income generating activities. Occupations include maid servants, canteen and hotel work, collecting waste, prostitution, drug dealing, rearing cattle/poultry, and sewing quilts, begging etc. The drug, alcohol and junk or waste material business are all said to be controlled by just a few people. As literacy is generally very low, just one inhabitant works as a 4th class employee in the railway department, and none in private company offices.

The area has seen various physical infrastructure development activities. A tall mobile phone transmission tower (Bangla link) has been built right in the middle of this area to significantly improve mobile signal strength. After the railway authority had demolished the tin-sheet mosque, local influential people constructed a new brick built mosque with tin roof.

In 2004 the Urban Partnerships for Poverty Reduction Project (UPPRP) made a survey of the area with the help of their Community Development Committee members. This resulted in ten years of development works in accordance with the demands of the committee. UPPRP has made 15 sanitary latrines and six metalled bath rooms for the residents of Thanapathar and Mondolpara, and brick built drains along the border of Mondolpara. The drain was covered with slabs enabling its use as a footpath. UPPRP also made brick-built roads at Mondolpara. However people have pilfered the bricks. The community does not know of any future development plans for the area.

Tubewells are the most common source of water in this area. The water is used for cleaning, cooking, drinking, washing clothes and cleaning toilets etc. UPPRP has built six and eight tubewells for Thanapathar and Mondolpara sections respectively. Accordingly, between 5/6 families share the water of each tubewell as well as the responsibility for repairs. In the past, the Municipality had built two tubewells in Thanapara but these are currently out of order. In the western part of Mondolpara, the railways have a water supply system, however only 4/5 families living nearby use it. In Thanapathar, people could also fetch water from the adjacent residential area. Nobody buys water from private sources.

There is no community toilet in this settlement. UPPRP constructed about 15 sanitary latrines, each of which is used by 5/6 families and who are responsible for cleaning and maintenance. Most inhabitants used to defecate in the open air by the side of the railway line but now all the adults use sanitary latrines. The children and some adolescent still have the habit of defecating outside in the open air.

Health services are limited. There is no clinic or dispensary in the colony. The nearest dispensary is found to the north of Mondolpara. No doctors visit, however, some of BRAC's female health workers of sometimes come to give help to pregnant women and mothers with infants. Polio immunisation camps are often held in the railway colony and mobile teams have visited to vaccinate children. Otherwise children have to be brought to the Municipality office or to some far away camps at school for vaccinations other than polio. No family planning services are provided in the settlement, instead inhabitants visit dispensaries and the nearby maternity hospital and Ziaur Rahman Medical College. There is a nursing home near this settlement. The inhabitants go to a nearby 'nursing home' for the delivery of children, whereas both male and female patients can get treatment at a nearby Mission hospital. When asked about the presence of disability and disease, people pointed to three drug dealers living in the colony, and 10-15 female prostitutes.

There are three big ponds in between Thanapathar and Mondolpara, which fill up during the monsoon period to submerge the only connecting road. As drains have been poorly maintained and cluttered up, most of the houses of Thanapara get inundated with sewage and rainwater every monsoon for at least 3/4 days. Houses close to the ponds are particularly vulnerable and have been elevated. Over time, some people have been filling up the ponds with garbage brought by Municipality trucks, in order to raise houses. This makes egress of excess rain water even harder.

During north-westerly storms, tin roofs of the houses of this settlement are blown away every year also damaging furniture.

The landlords of this area have taken electricity connections from the Water and Power Development Authority (WAPDA), with every meter covering 5/10 families. Each household

pays a fixed amount of electricity bill to the house owner. A handful of households who have built their own houses have their own meters. Although UPPRP had arranged for some street lights, none function currently in Thanapara, and the place is enveloped in darkness at night. Miscreants were said to have broken the streetlights so that they can commit robbery, theft etc. at night.

While there is no primary school in the settlement, Jaleshwari primary school, Jubilee institute and Pre-cadet school are close to Thanapathar. The nearest schools of Mondolpara are Badurtola primary school and Mujibur Rahman school. Only in the Municipality Pre Cadet school, which unlike all others and despite its name is not a government school, are girls not allowed to read. Bogra Central secondary school and Municipality high school are just beside the settlement area, and open to boys and girls.

There is no playground for children in this locality. Young boys play football in a small field by the side of Bangla Link Tower in the middle of this settlement. In absence of a good field, the youngsters often go to the Central *Eidgah* (burial ground) for playing games. While there is a municipal park nearby local people hardly use it for leisure.

There are some distinct locations in the settlement that people find unsafe. Twelve out of 15 newly arrived families in Mondolpara are said to engage in prostitution. Because of their presence, outsiders accost and harass other women. Because of the absence of working street lights, muggings are rampant at night. Two children have drowned in the ponds in the settlement.

Institutional conditions: land and housing ownership, associational life

The settlement is built on government '*kehas*' land. Since the 1970s it was used initially for holding annual fairs and the railway authority built officers' quarters. As the organisers had to seek permission from the 'Thana' (the police station) for holding the fairs, the area was first named Mela Pathar, then Thana Pathar. People started to build houses in Mondolpara in 1988 and from 1990, a man named Mostofa took a part of land as lease from the railway authority and built 10-15 houses for rent in Thana Pathar. Like Mostofa, many other influential persons started taking lease of the land and they also built houses to let. The landlords live in the settlement and claim that they have lease of their land from the railway authority for 99 years. They claim having renewed their lease regularly and also pay taxes to the Railway authority. As a result, they have not faced any kind of harassment or troubles from the police yet, and have been subject to litigation.

As discussed above, youth leagues of the BNP and Awami League political parties have set up local offices in Thanapathar and in Mondolpara. Yet, people consider political leadership is absent in the settlement. The inhabitants themselves have not organised into committees. There is a sense that tenants who have migrated to the city are different from 'local people' and unable to work together to solve problems. In case of grave problems, people go to the police straight away, however people remarked that the police commissioner for this settlement has never visited this area.

Credit and savings facilities are available in the settlement, including through BRAC, Association for Advancement (ASA), Grameen Bank, Shakti Foundation, Thengamara Mohila Sabuj Sangha (TMSS), Manabik and UPPRP.

Site 2: Malotinagar, Ward No. 11

The settlement is about 15-20 years old, situated quite centrally in the city, next to SP Bridge spanning the Korotoa River. It is approximately 264 decimals (2.6 acres) in size, with 190 houses inhabited by about 200 households, with an equal number of men and women.

The housing situation is quite diverse within the settlement: some newly built houses are arranged in neat rows, others are laid out in a more haphazard manner. The roofs and the walls of all the houses here are made of tin with mud floors. No resident of the area has used temporary materials in building their houses. The absentee landlords use a caretaker to manage 10 to 12 rented houses. This is often a tenant who gets reduced rent or is paid a monthly fee from the owner. S/he collect rents from tenants; arranges small repairs (e.g. tubewell); collects electricity bills from tenants and deposits the money in the bank; resolves disputes between tenants; informs the owner of problems/incidents on the site. The house rent is deemed lower than that in other parts of the city. Most of the inhabitants have come from neighbouring districts such as Gaibandha, Naogaon, Joypurhat, Shariakanda of Bogra, Kahalu and Shonatola because of improved employment opportunities in the city.

Transportation facilities in terms of connections with other parts of the city are good, as the settlement is located next to a major thoroughfare. There are two roads of entry and exit: one suitable for heavy vehicles such as trucks, the other is used by rickshaws, vans and bicycles. People consider the area as quite safe, however at night muggers operate on the SP bridge just beside the community. No-one in the locality is aware of any development plans for the community by the government.

Basic services and livelihoods

Most of the women here earn their living by working as maid servants, office cleaners, health attendants, and they rear cattle and poultry. The men are rickshaw/van pullers, traders, masons, junk dealers, hoteliers, fast food sellers, day labourers and Compressed Natural Gas (CNG) auto drivers. None of the community members works for the government, private companies, and no political leader live in the settlement.

There is no community toilet, however plot owners have built latrines for their tenants. Four families living on a small strip of '*kehas*' land at the entrance of the settlement set up a common latrine by pooling funds. UPPRP has built the main road in the settlement, toilets, bath rooms, three small grocery shops, five street lights and tubewells. The Municipality arranged for a water supply line but it has been dysfunctional after damage caused by a storm. Thirty two new tin-sheet houses have been built on the personal initiative of Moshiur Rahman, one of the landlords. Landlords have also provided tubewells for drinking water. The tenants share the repairing cost or pay a maintenance charge for the tubewells, except in the case of Moshiur Rahman. No water is bought in the area from other private sources. Most of the men and women bathe in the river Korotoa. The women also use the river water for washing their clothes.

Most of the settlement, except for ten houses built on the bank of the river, are affected by water logging and floods. Some 2/3 months 5/6 houses were destroyed by a storm, otherwise no environmental disasters have affected the settlement.

Garbage is not collected and people dump rubbish in the river or in vacant plots of the settlement. Garbage is found scattered all over the place. The plot owners have arranged for electricity meters, and 4/5 houses share these. The tenants pay a fixed electricity bill of 150/200 Bangladeshi Taka (BDT) per month. UPPRP has installed five street lights in the settlement.

No health clinic or dispensary is located within the settlement but these can be found in the nearby Boubazar. Another clinic named Sharmin club is in the vicinity and two more clinics are established beside the Town School. Moreover, one of the landlords is a medical doctor. Moshiur Rahman gives free treatment to his 35 tenants when he visits. Tenants also call on him at his chamber. With the exception of polio camps, no vaccination programmes are held in the settlement however inhabitants do take their children to such camps elsewhere in the city. There is no family planning service in the locality (the Family planning head office is located nearby but no services are provided there). Women health workers of Matrimongol come to this settlement twice a week to give medical help and advice to mothers and children. Besides, a female health

worker of the UPPRP, Community Development Committee gives paramedical care and advice to pregnant women and mothers with infants. There are three disabled children in the settlement, one of whom is blind and the other two are lame.

There is no primary school in the settlement though immediately outside it primary and secondary education is offered at Malatinagar High school. Primary education is also offered at the nearby Town School. Both are semi-government run: a portion of the teachers' salary and infrastructure are provided by the government and the rest comes from the student's tuition fees. A school managing committee runs the school. This is a common type of school in Bangladesh and are known as Monthly Pay Order listed (MPO) schools.

There is no playground for children in the settlement and they play in its narrow lanes. While there are three pieces of fallow land, they are brick walled so cannot be easily entered. Youngsters play carom in a roadside stall, while adult men pass their time by playing cards sitting on the courtyard. Women spend their leisure time watching TV or gossiping with neighbours.

Institutional conditions: land and housing ownership, associational life

The majority of the settlement is situated on the private land of some 10/15 local owners, who are said to have ownership deeds. The plot owners built small house on this land from time to time to get the monthly rent from their tenants. Some land ownership is contested in court, this is preventing one of the disputant from building houses to rent out and instead operates a rickshaw garage here. At the entrance, a small part of the settlement is located on government 'khas' land.

Fifteen to twenty years ago, this area was fallow and cultivated with paddy, with absentee owners. One of the current landlords' grandfather first built a house here, as a migrant from Shariakandi displaced by river erosion and flood. Subsequently, others raised houses and started living here and constructed tin sheds for renting out, generating sufficient income to move out and repeat the process elsewhere. There is a lot of turnaround of people moving in and out of the settlement. No tenants live here permanently. Over the past five years, the number of dwelling has doubled. So the houses are 15/20 years old but the tenants are constantly changing. Besides the old houses, many houses have been built over the past five years.

There is no political group here. Most of the people coming here from different areas are migrants, lacking connections with political parties. Most importantly the tenants cannot mix with the local inhabitants because they have to remain busy with their own work. The people of this area are considered to be usually not on good terms with one another, as they hail from different places. So there is no-one to act as an arbitrator. The landlords do not stay inside the settlement, and local leadership or committees have not evolved.

Non Governmental Organisations (NGOs) like BRAC, ASA, Shakti, Bureau of Bangladesh run credit and savings programmes in this settlement for both women and men.

Sites in Chittagong

Site 3: Jute Rally Docker par, South Madarbari, Ward no.29

This settlement has grown up on the banks of the Karnafuly river, known as 'Docker par' because of the docks for loading and unloading cargo ships. Much aspects of life here depend on the tide and flow of the river. Ships are serviced on its banks. On the west, a former jute mill now serves as a godown for the Government of Bangladesh. The settlement is densely populated. While lorries drive up to the dock, the residential area can only be navigated by foot through a warren of narrow muddy lanes. There are two entry and exit points. The main road to the north of the settlement is not serviced by buses. People occasionally use small boats to cross the river. It measures approximately 600 X 200 = 120000 sq. feet (2.7 acres), with 165 houses, in which 135-

140 households live totaling 800 people. Besides houses, there are a few small businesses, shops and hotels. The ratio of adult male and female is 64:37, while the ratio of under 18 boys and girls is 50:50. There are about 150-200 infants. Most inhabitants are Muslim. Most inhabitants have migrated from rural areas, notably from the districts of Noakhali, Barisal, Patuakhali and Sandwip. They came destitute, as victims of river erosion that destroyed their houses and property. After the 1991 cyclone, people started pouring in. The area was attractive because of nearby demand for labour.

Many but not all houses have single rooms, and some have charpoys. The house rent ranges from BDT 1000 to BDT 2000 per month. Most of the houses are made with bamboo fences and poles, and plastic or canvas on top. There are only five houses whose fences are made of bamboo and roofs are made of corrugated sheets and there are four houses which are entirely made of tin and all the rest are made with bamboo poles and plastic top. Not a single brick built house can be found in the locality. Most of the houses here have plastic or polythene fences. Only 4/5 houses have wooden doors. Tenants are disinclined to improve the houses, feeling that this would lead landlords to increase the rent, “thinking us to be rich men”. Landlords are loath to repair the houses, and if they do, they charge the tenants.

No fire incident or eviction operation occurred here in this settlement, however people commented that about 5-7 years ago, the settlement was very unsafe and riddled with violent crime: extortion, drinking alcohol, gambling, prostitution, mugging, looting, forceful abduction of women, and murder were rampant. Even the girls were taken away in the presence of their mothers. Firearms were not uncommon. Nowadays, though, there are no unsafe places in the settlement.

As the settlement is very densely built up, there are no playgrounds. Children play at a vacant place near the mosque at Anu Majhi’s dock and in front of the jute godown. The NGO, the Bangladesh Institute of Theatre Arts (BITA) has hired a room and arranged games for the children. Adult men watch TV, listen to the CD player etc. sitting in front of the tea shops. The women are at work and sometimes come to the shops to have a cup of tea. There are few houses that are equipped with TV satellite dish (dish fare costs BDT 200 per month), attracting adult women to watch TV. There is no suitable location for holding a get-together for a larger group.

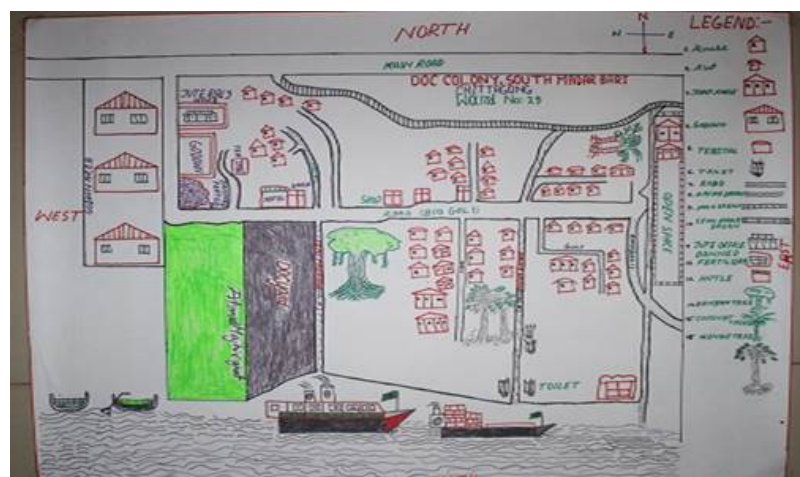


Figure 3.5 – Participatory Mapping of Docker Par Settlement

Basic services and livelihoods

No-one in this settlement works in a higher post in government or private organisations. Typical occupations of the men in Dock colony are diver; boatman; ship painter; day labourer; welder; hawker; auto rickshaw driver; garment worker; rickshaw/van puller; shopkeeper; fisherman and ship builders (labourer). Labour foremen (*Majhi*) recruit labourers at the docks and take

commission from the labourers, for instance, 0.25 paisa (a quarter of 1 BDT) per sack loaded/unloaded. The labourers carry loads at the dock or cut earth. The welders cut, repair and weld the ship. They also sell the junk of the ship. The women earn income through garment work; cooking at mess; sewing; domestic maid servant; cooking for boarders at own house and begging. Incomes vary a lot. The divers dive into the water with their own gear and collect junk and they can earn BDT 50-5000. People in other occupation can also do well, e.g., a hospital cleaner who lives in this community earn BDT 7000 per month. Typical incomes are as follows:

1. Labourer- BDT 250-300 daily
2. Boatman- BDT 7000-9000
3. Diver - BDT 50-5000
4. Garment worker – BDT 5000-6000 monthly
5. Rickshaw puller - BDT300-400
6. Shopkeeper - BDT 8000-10000
7. Maid servant - BDT2000-2500
8. Sewing - daily BDT 50 and BDT 1000-1200 monthly

Docker Par has very limited or no basic services such as water, sanitation, waste collection, health and education. Drinking water supplies are problematic in the settlement. There is no working pipeline or tubewell and people are not allowed to collect water from the nearby mosque, mills or godowns. The three landlords are unwilling to provide water to their tenants. There is a tubewell on the other side of Stand Road, from where people can buy a jar of water for 50 paisa however carrying water is troublesome so few people do so. The local municipal commissioner sanctioned a tubewell for the settlement 3-4 years ago, however it became defunct within a year. One enterprising inhabitant also sank a tubewell to sell water for BDT 1 per jar but this tubewell also broke down. There are concerns that water levels in the area have dropped to 700 meters below the surface and striking a tubewell is an uncertain prospect, whose costs (1.5 lakhs) cannot be afforded. Accordingly, most the time, people depend on water vendors. Everyone in this colony buys drinking water for BDT 6-8 per jar. Some men buy barrels of water from the Water Supply and Sewage Authority (WASA) pump stations at East Madarbari and Ujangoli and transport these on their bicycle vans to Dock colony where they sell it. The price of water fluctuates. In the summer and rainy seasons, the water is dirty, stinks and looks reddish. During acute shortage of water, people drink the river water after purifying it with some chemicals. People generally use the river water for all other household purposes. They bathe, wash clothes and utensils in the river.

There are ten latrines in the area, of which seven are hanging while three are brick built. The latter were installed by Municipal Commissioner Ziauddin, during the BNP regime. Each landlord benefited from one latrine and here 14 families share one latrine. Someone in the community is hired to clean these twice a year. The cost of BDT 4000 is carried by community members. The rest of the people use the hanging latrines, which lack ring slabs and are right above the three drains. They are not always accessible, as they are affected by the river tide. During high tide, access to the latrine is suspended for 2-3 hours, and people have to wear polythene sheets to protect them, and the women have to rush or stand up. While latrines are wrapped with clothes around the bamboo poles, the women can be seen as they stand up inside and this shameful. The tidal water does however regularly clean the latrines and drains. There are three drains in the settlement, at least one open, through which sewage flows into the river. People also dump rubbish in these, and no waste is collected. When the landlords were asked to provide more sanitation facilities people were told to build it themselves.

As the settlement borders the Karnafuli River, life revolves around the tide and flow of the river. During the new moon, water levels elevate, it is called '*Katal*'. For 15 days water levels elevate and for 5-6 days at peak times, houses are inundated daily twice for 1-2 hours. At that time people all have to sit on the cot. During the three month monsoon period the settlement is particularly vulnerable to flooding. Houses get inundated for 1-1½ days. During the 1998 cyclone, the settlement was submerged by the tidal wave and water was throat deep for two days. Houses were washed away or damaged. Everyone took shelter in the nearby Nahar Building.

Everyone uses firewood for cooking here. Electricity was first provided in the colony in 1991. Now, the entire settlement has access to electricity yet many people live in darkness because they fail to pay the electricity bill. Electricity is provided by one of the nearby dock owners, who has an electricity meter. He charges BDT 150 for a light, BDT 150 for a fan, BDT 150 for a TV, and BDT 300 for a fridge (in shops). The rates apply all year round and were increased by 50% two months ago. There is no street light in the colony. The voltage of the electricity is also low and it cannot adequately illuminate the houses, let alone the roads. This affects night time safety in the colony.

People noted that they are commonly affected by diseases like common cold, cough, diarrhoea, stomach upset, pneumonia, asthma, and scabies. Moreover, various occupational health risks were mentioned. For instance, the divers who dive into the water to collect junk take a great deal of risk. Several have drowned. People working in garments often fall victim to respiratory diseases. Many labourers burn their hands and feet while doing welding jobs. Sometimes ropes carrying goods snap and hurt the labourers. Serious injury leads to invalidity and inability to do any physical work. One elderly inhabitant noted that while in the past this would lead people to starve, this does not happen now. People often take loans but once they are caught in the web of debts they never come out. There is only one handicapped boy aged 17 years in the settlement. Despite health risks such as these, there are no health facilities in the settlement and no government or NGO doctors visit. People go to the footpath doctor or the pharmacy for advice. People also visit the imam of the local mosque for an amulet or magical water.

The nearest pharmacy is at Banglabazar, and more nearby at Majhir Ghat crossing, however very few people go there because not all medicines are available there. Previously, people visited Chittagong Medical hospital where they could obtain a BDT 100 card that would allow free medical care for the whole family for a month. But the hospital now offers such a card for BDT 10 a day. While no government or NGO health workers come here to provide family planning advice or to inoculate people. However, vitamin A supplements are provided to 5-6 year old children by "some boys from the fishermen's area near the main Stand road". It is unclear who these people are. People sometimes go to vaccination centres at Madarbari Government Primary school or nearby Kancha Rally. Adult women but not the adolescent girls also visit Mamata clinic, a 30 minute walk from here, where they get all kinds of medical help at a rate of BDT 30. They advise what medicine to buy from the pharmacy. Adolescent girls are said to practice superstitious age old practices. People noted that while "the condition of man improves day by day but we see that the situation of the country itself is turning from bad to worse. The government fails to provide us with adequate medicare."

People of all classes and occupations are interested in sending their children to school, however there is no primary or secondary school in the settlement. The Madarbari Government Primary school is only 15 minutes' walk from their houses. At the primary school no study material is supplied to the students. Only a packet of biscuit is given to each student during tiffin hour. There is also a secondary education government school about 2-3 kilometres from here in the Barek building, opposite Bangla Bazar. Two girls and three boys of this area go there. However, the number of children from the community going to primary school has increased as people realise that without education, no good jobs such as garments work can be obtained. Schools run regularly.

Inhabitants have mixed feelings regarding developmental works in the area. On the one hand, they regret their absence, and on the other hand, associate development with displacement. They consider that the landlords are not going to construct buildings here, hence feel that they are not in danger of eviction by them. In terms of the development of infrastructure by the government, people both noted that any such would have an (economic) focus on the docks, rather than a (social) focus on their colony. They fear a recently constructed road from Anu Majhi's dock, adjacent to this settlement along the shore of the Karnafuli River to Sadarghat. It links up with the new bridge to the east, and it is supposed to go all the way to the port. If the road is

extended, people wonder what is in store for them. For now, it appears that it might not come into their territory.

Institutional conditions: land and housing ownership, associational life

The ownership of the land on which this settlement is situated is disputed. Some inhabitants note that it is government owned land, of the Bangladesh Shipping Corporation and the Port authority. Landlords claim that it is built on land reclaimed from the river after the liberation war, and early settlers with some influence became the owners. At present three landlords operate here, renting out respectively 10, 20 and 110 houses. Some inhabitants note that these landlords claim that it is their own land, however they have taken its lease and rent out houses.

The three landlords are the most influential people in this settlement. The biggest landlord is said to have very close ties to Prime Minister Sheikh Hasina. His son, Ekram Chowdhury, is the current Member of Parliament (MP). One resident noted that because of poverty “There is no group here except the voters. The landless and the have-nots are the same party- thinking of their bellies only”. Inhabitants are thus called by political parties “when they need to hold a procession or meeting during election. We also have to go when our MP, the leader, calls us. We are given some hand allowances which are spent up quickly to buy tea, cigarette and betel nut”. The imam of the local mosque at the dock of Anu Majhi is not considered to be an authority.

A businessman who owns three ships of various sizes and a workshop is associated with the Awami League and acts as a fixer. He usually meets higher officials, talks to the owners of the land, City Corporation etc., on behalf of the people of this settlement. The people of the colony respect him and go to him for getting some favour or help.

This settlement is under the jurisdiction of Sadarghat Police station, with a police outpost at the dock of Anu Majhi. Disputes are locally resolved using a restorative justice approach. People identified seven people with power to resolve disputes in the community, including several labour foremen. They deal with issues such as theft, husband-wife quarrels, eve-teasing, husbands refusing to feed their wives, etc. They decide on financial compensation for the victim from the perpetrator.

About 5-7 years ago, the settlement was very unsafe and riddled with violent crime. The government did nothing about it and the community lacked unity. They then organised themselves, identified people who are entrusted with the job of judging crimes and have been able to eliminate the anti-social activities and the criminals. Muzibur Rahman, along with his fellow people has uprooted the vicious circle of criminals. They got the whole hearted support from the common people in their fight against the terrorists.

“Formerly there was no use even if the doors were closed. But now no problem arises if we sleep keeping our doors wide open.” People noted that no drugs are sold in this community.

Despite such collective action, people noted that there is no citizen committee in the settlement. Inhabitants had tried obtaining a metered electricity connection from the electricity provider and paid money yet did not get it. They visited the electricity supplier office, who demanded the photocopy of the holding number, which no-one in the community has.

No resident has started any savings scheme or opened a club, however some NGOs provide small loans and micro credit. These include Ghashful, BRAC, ASA, Marks, Multi-purpose process etc. People need to be a member of the society for a few months before being eligible for a loan, and depending on his/her financial situation. Moneylenders are also able to provide loans at high rates of interest. Where breadwinners fall ill, injured or become disabled, people quickly become indebted. BITA which is working in this area for children’s art, painting and games.

Site 4: Khejurtola Berribandh, Ward no. 80

This settlement is located on top of and on the slopes of the sea wall embankment protecting the city. It is bordered by low lying areas at the side of the Bay of Bengal and a canal on the other side of the embankment. On top lies a wide but unhardened and muddy road, lined with houses and shops. The road is used as a courtyard or a playground by the residents of the locality. The road carries on for miles, from the near end called Patenga sea beach to the far end known as Shitakundu hill. No heavy motorised vehicles can run on this road though there are two metalled feeder roads. One can enter the settlement area by two ways – one is Akmal Ali road and the other is Airport road. But the Airport road is not frequently used by the local people because they have no work in that area. Motorcycles are seen plying on the embankment, as are bicycles and hawkers selling vegetables and water on their vans. People mostly walk on foot. People go to the feeder road to find auto rickshaws, electric rickshaws, bangla (man pulled) rickshaws for taking them to the Steel Mill main road, where a bus stand is located.

The length of the settlement is 600 yards and the width is 100 yards; approximately 1.3 acres in size. Many people arrived here from other districts, affected by river erosion. Not a single person originating from Chittagong lives in this colony. Most people started settling down on both the sides of the embankment 6-8 years ago, though the embankment was constructed in 1991. About 1000 households live here in 1200 houses. The site is inhabited by about 1300-1500 adult women and 1000 men, 800-900 girls and 500 boys below 18 years of age. People of all religions live here. The number of female members in the community is great and polygamy rife; divorce and quarrels are common.

About 100-130 households have built a large housing unit, which contains ten rooms, all except one (where they live themselves) is given out on rent. The rent amounts to BDT 800- 1500 per month, the former having a mud floor and the latter a concrete floor. There is not a brick built house in this settlement. Most of the houses (700-800) are built of tin sheets though a sizeable number has bamboo walls with a tin roof (200-300) or polythene cover (100). About 20 houses have a concrete floor. The fear of eviction makes people reluctant to invest in their houses. None of the house doors here are made of wood. The doors are usually made of bamboo or sheets, or sometimes tin.

No incidents of fire or eviction have occurred in the settlement. There were severe clashes and people were injured 1/ 1½ years ago. Previously there were many incidents of mugging because of the lack of streetlights; crime has decreased since. However, outsiders visiting the area are often robbed.

On and next to the beach, there is a lot of open space that children use for playing and where adults take a stroll. Many people gossip sitting in front of the tea stalls. Some also go to the committee club to spend their leisure time.

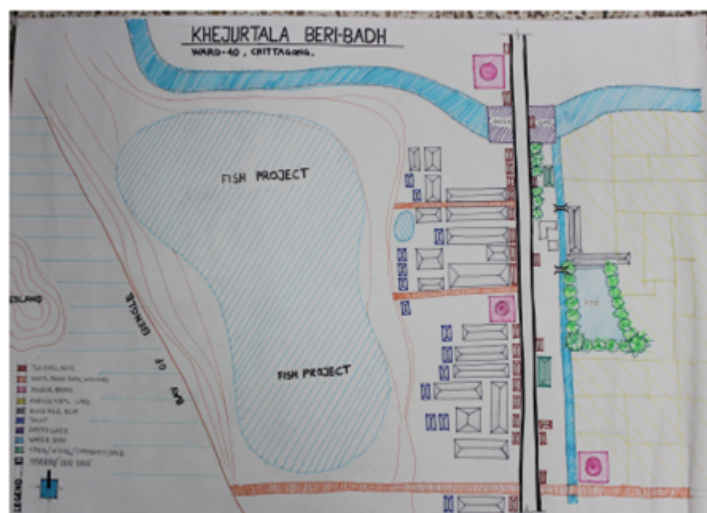


Figure 3.6 – Participatory Mapping of Khejurtola

Basic services and livelihoods

Many people here earn their livelihoods from fisheries. The majority cannot afford to buy nets and usually work on others' fishing boats. Many people dry fish at their own house and thus earn money and eat the dried fish. Some people deal in firewood. Many pull rickshaws and earn BDT 50-300 per day. Again some people drive CNG auto rickshaw. To hire a CNG one needs an identity certificate to be issued with support from some influential person. Several people sell water or work as day labourer to earn BDT 300 daily. Others sell clothes; sew clothes in their own houses; beg; provide cooked food at their houses; run grocery shops and tea stalls. Many men are engaged in masonry work. Many women work in garments factories, while husbands are unemployed. At present, one gets a handsome salary from garments factory; the lowest salary being BDT 5300. Many women also work at others houses as house maid or servants.

There is no drinking water provision by WASA in this settlement. A local pond is used for people to bathe. The municipal councillor arranged to set up five tubewells however this water is not used for drinking purpose or washing clothes because of its salinity. People have to buy drinking water. A drum of water containing 18-20 litres of water costs BDT 25-30. Some people buy water from the WASA pump at Bondortila and transport it on their vans for sale in the settlement. The water gets smelly and takes a red colour during the summer heat and the rainy season.

Most of the houses have hanging toilets which are built by the landlords for their tenants. None use ring slabs. The toilets are made of polythene and tin and most are built on the seaside slope and low lying area of the embankment. The tide cleans the toilets. Solid waste is not collected here, and there is no dumping ground. People dump rubbish on both sides of the embankment and the tide flushes it away. There is no malodour.

There is no fixed electricity meters at any house in the locality, however several people deal in electricity. Landlords arrange electricity for tenants at a monthly cost of: fan - BDT 200; light – BDT 150; satellite dish – BDT 200; TV - BDT 200; and fridge – BDT 400. The electricity dealers tend to be people who have money and power. For instance, the President of the Local Landless and Destitute Committee. The voltage here is very low. So the providers who can supply high voltage electricity are in great demand. The electricity dealers manage the electric line and connection from the electricity office with the help of some touts. There is no street light in the settlement, but the road on the embankment is illuminated by the light coming from the shops.

Since most of the people here work in the sea, they suffer from fever, cold, cough and asthma. Garment workers are vulnerable to respiratory diseases. Diarrhoea and other water-borne diseases break out in the locality quite frequently.

Everyone uses the pharmacy on the feeder road at the entrance of the embankment for health services, also because there are no health workers visiting. Most people do not visit a doctor because they lack money. Sometimes an inoculation team visits to organise a camp for children of 2½ years of age, and also gives them capsules. They usually set up camps at the club, the BRAC school and the mosque of the settlement. Otherwise, the Mamata clinic at Akmal Ali road is visited; here low cost treatment and family planning advice can be obtained.

The children of the settlement read at the BRAC school housed in a club house set up by the community on the embankment. This space is also used for community committee meetings. The BRAC school was never shut in the last year. A co-ed secondary school is located half a mile away. Two out of three children go here, however rarely study beyond class V because they get engaged in earning money. The local committee is planning to set up an adult education programme.

No other development work has been undertaken by the government and by private organisations. The people of this community say that a road is rumoured to be built through this embankment, and officials have visited to measure this place. People however have no idea when the development work would start for them to be evicted.

The houses on the seaside are often flooded with the tidal water. During the rainy season, inundation is common and kitchens and latrines of the houses on the slopes of the embankment and in the lower lying areas are washed away. Here, water enters the houses 4-6 times at the time of full tide and the water recedes with the ebb. The people living in the lower area suffer most. The road itself is not flooded by tidal water.

Institutional conditions: land and housing ownership, associational life

Though embankment land is owned by the government, various people effectively control its usage. The early settlers sold their control over some of the occupied land and also built houses and are letting these out. There is a market for leasing land: despite a lack of ownership deeds, and awareness of the risk of government eviction, people sign stamp duty paper confirming the transaction. A decimal of land nowadays costs BDT 12,000-15,000. Some of the land is under dispute.

Few government or NGO development activities take place. Sometimes an inoculation team (it is unclear who) visits and some tubewells have been struck. There appears to be some successful collective action by the inhabitants. There are two committees in the settlement. There are as many as 400 members of those two committees. The monthly subscription of one is BDT 500, while that of the other is BDT 20.

There is a Unity Committee (Khejurtola Berribandh Landless and Destitute Unity Society) and a Mosque Committee in the settlement. Both look after the wellbeing of the inhabitants and arbitrate in disputes. Difficult cases are referred to the police. The President and the secretary of the Mosque Committee are from Ward no. 40 and the remaining five members from Ward no. 39. There is a councillor too.

The Unity Committee President is affiliated with the ruling party's local MP. If anyone faces any difficulty, one goes to him for some favour. This Unity Committee has dealt with law and order issues. People were afraid to come here even five years ago because it was a place where all kinds of anti-social activities like mugging, murder, drug dealing and prostitution were rampant. Now the site has almost become crime free.

The community pays for the rent of a building in which committee meetings are held in the evenings and during the day this is used as the BRAC school.

Sites in Dhaka

Site 5: Chitar Par, Rayer Bazar, Ward-47, West Dhanmondi

This densely populated settlement is situated near the national mausoleum, in the most western part of Dhaka City Corporation (South), with Sadek Khan farmers wholesale market located in the southern-western part of this area. Four roads connect the settlement to other parts of the city. Within the site, narrow roads limit traffic to rickshaws, vans, CNG autos, motor and bicycles, and traffic by foot. Access to important transport hubs is constrained. For instance, day labourers living in Chitar Par travel to Mohammadpur or Gabtoli bus stand which are 5-6 kilometres away, often by foot. The site measures merely 1 acre (100 decimals) in size and houses 600-650 households, with an estimated population of 3500 people, of which 1500 are men and 2000 women. Almost 90% houses are made of tin sheets and the rest of bamboo and wood. All houses have lockable doors.

Basic services and livelihoods

Typical livelihoods of men in the settlement is day labour, Rickshaw pulling, or small business (tea stall, hawker), whereas women earn income as maid servant, day labourer, or through garments work. Men noted that rickshaw pullers are sometimes injured in road accidents. There are many savings and credit societies that people use. They provide loans to members, who deposit money on a daily basis, e.g., the United Development Initiatives for Programmed Actions (UDDIPAN) Jagoron, Basundhara Investment Multipurpose Society, Square Multipurpose Society, New Friends Somity. ASA, etc.

Every housing unit obtains metered water from the Khan family's water line, who are in turn supplied by WASA. Land lessees use a privately provided tubewell to get water from main line – here water is available continuously, and a further free alternative is the water pump on the south-western part of this settlement. The landlord also provides metered electricity to all tenants, from Dhaka Electricity Supply Company (DESCO). For every 40-50 households a meter exists. Tenants pay monthly electricity bills with their rent. Some street lighting is provided in the community.

There are no community toilets, however each housing block has a provision, with each toilet serving about 25 households. Toilet cleaning and waste collection services are provided for which a BDT 100 per month is charged to each housing unit. The site is not subject to floodwater because of the river embankment however rainwater logging occurs due to blocked drains of the Dhaka City Corporation.

The community is served by five pharmacies, however no doctors come here and there is no clinic. A BRAC clinic is available on Mekap Khan road. Female health workers (Shasto Shebika) from BRAC and Marie Stopes visit the community on a weekly basis to provide services to pregnant women. The landlord also made some land available for the government to conduct immunisation drives. There are no cases of disability reported for this settlement.

There is no primary school inside this site but there is a madrasa. A government primary school for boys and girls is situated in Zafrabad, located within a 20-25 minute walk, and a vocational school is located nearby in Mekap Khan road, where schooling till class eight is provided, after which students can learn technical skills. The NGO, the Underprivileged Children's Educational Programs (UCEP) runs this school, for free, for both and girls. After class eight students receive a stipend.

The site is densely built up hence no open space is available for leisure purposes. Some video game parlours enjoy patronage from local boys. Children play marble and football on the road. Children also play football and cricket in Boishakhi Math, situated on eastern part of this community, or further away, Abahani Math. Adult men socialise at carom board and tea stalls, whereas on Fridays some people go to cinema halls for recreation. Women use the market on western part of this community as a place of gathering. People consider the main road on the western side of this community unsafe for children due to the busy traffic and the lack of speed breakers. After sunset, the area in front of the national mausoleum is not safe for men and women due to the presence of drug addicts, who sometimes commit crimes.

Institutional conditions: land and housing ownership, associational life

This settlement is very young, and located on privately owned land. The Sadek Khan family is claimed to have all legal documents and rent the housing they have constructed on their land to others. Chitar Par is owned by Nader Khan, brother of Sadek Khan, a former ward commissioner and leader of Awami league. Chitar Par and much of its surrounding areas are owned by Sadek Khan's family. It was created by filling up a pond on the site in 2010, after which multi-story tin clad houses were constructed and given out in rent. Moreover, where no houses are constructed the land is leased out to families, who construct their own tenements. The landlords do not allow permanent structure to be constructed.

The site has not been subject to major urban development interventions by the government, nor subject to fires, accidents or government eviction threats. However the land owner holds absolute sway and can cancel the contract with the tenant at any time. The landlord also mediates in major disputes, although normally family problems are solved with the help of neighbours.

One of the inhabitants, Abdus Sattar is the president of Dhaka Metro City Rickshaw owner League. Older senior inhabitants like Abdul Gani and Abdus Sattar can go to Sadek Khan family members to solve any problem like the water problem or quarrelling problems. No inhabitants hold government or private office positions.

Site 6: Beltola, number 9, in Kalyanpur area close to Notunbazar, Ward-10, Mirpur

Located within Dhaka South City Corporation, this settlement was established about 35 years ago and was previously known as Tekbari Bosti. The total area of this settlement is about 3.9 acres. The settlement houses approximately 550-600 households, with a total population of 1016 men and 1200 women. About 70% are estimated to be adults. The great majority of houses are constructed using tin walls and roofing. All houses have tin, wooden or some cases bamboo doors, which can be locked.

Inhabitants use rickshaws to reach the main road or go by foot. The main Kalyanpur bus stand is about half a kilometre away from the settlement. For leisure, boys play cricket and football in a large open field in the settlement. There is no open place for girls. They spend their time in room and in front of their house. Men spend their off time in tea stalls or in carom board stalls. Adult males and females go to the cinema hall to watch the cinema on Friday and on holidays. There is a pond in the south-eastern part of the settlement where a woman, and four or five children have died. People feel it is unsafe because of djinns, especially at night.

Basic services and livelihoods

Main livelihoods of men living in Beltola include: rickshaw and van puller, security guard, day labourer and small business, whereas women are occupied as day labourer, maid servant, cleaner for the City Corporation, and as garments worker.

A water connection was first made available in 2002 with the help of Dushtha Shasthya Kendra (DSK). Since 2011, seven water points and two tubewells service the community. This suffices

except for during the dry season, when private water tankers operate as well. Six solar powered street lights operate in the slum, thanks to UPPRP support.

Electricity has been intermittently available through electricity entrepreneurs within and in adjacent settlements. Between 2003 and 2010, access to electricity was severely constrained. Currently, all houses have access to electricity, through Muktiyoddha Samiti leader Nannu Miah, who has been issued a meter in his name, and who rents out electricity: BDT 300 per month per connection on which people are allowed to use a fan, one lamp, TV and CD player.

The community has been provided some access to sanitation. Various toilet blocks provide a total of 39 toilets, plus four special toilets for disabled people thanks to UPPRP and DSK. Approximately, one toilet serves 20 households. Solid waste is not collected. DSK had introduced a garbage collection system however people did not want to pay a service charge for the waste collector. Instead, people dump waste in low lying areas in the settlement. Large parts of the site are prone to flooding. The western and northern part of the open field is flooded throughout the year, affecting at least 150 households. In the rainy season the entire field is flooded.

The settlement benefits from one dispensary. Another seven dispensaries are available in the nearby Notunbazar, where doctors are consulted in the evening. Marie Stopes and DSK provide services in the adjacent number 8 Pora Bosti once a week. Marie Stopes and Radda also provide regular immunisation services and family planning services. Pregnant women get support help from BRAC Delivery Centre before, during and after child delivery. Save the Children runs a community information centre in the slum, which includes information on health issues. There are no cases of disability reported for this settlement.

Schools: class 1-10 schooling is offered locally through a private school (Bright Star Junior High) against monthly tuition fees of BDT 100-200. The Nagar Basti Unnayan Samiti (NBUS) School is free, and run by the slum development committee. There is one government primary school in Kalyanpur. secondary schooling is available only for girls on site; the government's Kalyanpur Girls School. Nearby the settlement other secondary schools operate for both boys and girls near this settlement.

Institutional conditions: land and housing ownership, associational life

The settlement is situated on the land of the House Building Research Institute (HBRI) of the Ministry of Housing, Government of Bangladesh. HBRI contests the legality of the settlement. There is a court stay order against evictions, achieved by litigation led by D. Kamal Hossen who has worked with the community since 1989. He is affiliated with the NGO Ain O Salish Kendro (ASK). Although the land is nominally owned by the government, houses are owned and rented out by various actors. About 200 houses belong to the Freedom Fighter Samiti. Moreover, there are two slumlords who each own 56 and 60 houses. Mr. Koraisi arrived from Gopalganj, the Awami League founder's home town in 2007, and bought 56 houses. Mr. Shah Alam, who also presided the Slum Development Committee owns 60 houses. Houses are rented out for BDT 500-1200 (excluding electricity bill) to 1500-1700 (with electricity bill). When the water connection was cut off in 2003 by WASA because of unpaid bills, the president of the slum development committee Shah Alam made contact with former ward commissioner Masud Khan and solved this problem. Twelve years ago Shah Alam also arranged for a electricity meter to be issued in his name, which he used to sell electricity to inhabitants: BDT 50 (for a bulb) or BDT 200 (for bulb, fan and TV). Because the government increased the unit price of electricity bill arrears grew and in 2003 and Shah Alam cut off the line.

There are some associations in the settlement: the Freedom Fighter Samiti; NBUS, Slum Development Committee; Protibondi Punorbason Somaj Kallan Songhstha; Ain O Salish Kendro and there is also a slum representative of the political party in power (Awami League).

Various national and international NGOs and programmes also have a presence, including BRAC, UPPRP, Save the Children, Marie Stopes, WaterAid, DSK.

There is a rumour that the Water and Sanitation for the Urban Poor (WSUP) programme of the government will do something for water and sanitation systems. In the past, urban development interventions conducted included the building of roads in the slum by UPPRP, while DSK provided water connections in 2002. Inhabitants of this settlement were evicted at least four times. But most damage was done in 2003 and 2007 when many houses were bulldozed. In 1991 Darussalam Co-operative Society grabbed this settlement during the BNP government. In 2001, during the Awami League government, arson was attempted. In 2003, the government evicted this community, following which a court case was started to successfully obtain a stay order enabling people to return. Evictions recommenced in 2007 after a court cancelled the stay order, however the community again successfully appealed for another stay order.

Credit and savings societies: for men there is no organisation to deposit money however the Lottery Samiti is popular. Fifteen to twenty men come together to make a group and save BDT 100 daily. They draw this lottery every 20 days. Women however can deposit money in UPPRP (monthly BDT 50) and DSK (BDT 50 weekly) into savings accounts.

The Slum Development Committee (NBUS, President Shah Alam) helps to provide access to schools, and electricity, and helps to resolve disputes in the community. Whereas no inhabitants are said to occupy places of authority in government, political parties or in private office, people note that Shah Alam and Nannu Miah are key to making contact with government and non-government officials. NBUS was established 3-4 years ago. It was previously known as City Citizen Action Committee (CCAC). Nannu Miah is a president of Vidyut (electricity) committee. They make contact with ASK if there is any eviction threat.

Site 7: Sirnitek, Old ward no.8, New no.8 Turag City Limited, Mirpur-1.

Sirnitek is a densely populated settlement, located partly on the embankment of the river Turag, and partly a little inland adjacent to the middle class Priyanka and Turag City residential colonies. It is split right through the middle by a busy metalled road full of buses, trucks, cars, motor bikes, rickshaws vans etc. The settlement is rectangular in shape, with a length of approximately 800 feet and width of 120 feet, totalling 2.2 acres (including main road). The site has about 400 residential and business units, such as shops, garages and depots. The great majority is for housing between 300-350 households, totalling 1400 people, of which 800 are women and 600 men. Most of Sirnitek's inhabitants are tenants. The house rent ranges from BDT 1000 to 2500 per month, according to the size of each room. A good number of landlords also live here. Out of 350 houses, only three houses are built of bricks, 120-150 use tin sheets and the remaining low rent houses are made of bamboo. Doors are made of either tin or bamboo (or wood in case of the brick houses). All can be locked. The built up areas can be navigated through a warren of alleyways, accessible by foot. Steamers, ferries and cargo trawlers are seen cruising the river. The settlement can be accessed from all sides and transport facilities are good. The Diyabari bus stop is nearby as is the Mirpur-1 bus stop; the gateway to the city. The nearby ferry jetty at Diyabari bottola provides transport to Sadarghat, from where one can go anywhere in Bangladesh by river.

The settlement is now about 20-25 years old. At the time of building this embankment, the settlement grew up gradually on the vacant land on both sides of the embankment. Early settlers filled up the low lying areas adjacent to the embankment before they built their houses. The people who arrived mostly came from the districts hard hit by severe river erosion, notably from Barisal, Faridpur and Mymensing.

Basic services and livelihoods

Women work as servants at others' houses; garments workers; jute labourers; earth cutting; cooking at mess; begging; sewing/tailoring; embroidery and block/boutique work (applique of beads, sequins etc. on clothes); and as doorstep sellers of cloth. Men here gain income as fruit sellers; day labourers; rickshaw pullers (40% of all men); van pullers; beggars (elderly men). Day labour work is scarce, and is not uncommon for men to work for a day and sit idle for the next two days. There are many jute godowns in the area where many people work as labourers. Workers reported being vulnerable to respiratory diseases as they are constantly exposed to dust and sand. Rickshaws and van drivers are vulnerable to traffic accidents. Injured rickshaw pullers are seen to sit idle in their rooms without any income. This results in quarrels between the wife and husband, the latter is deemed having to stomach the insult of his wife for eating the food bought with her money.

Various NGOs including BRAC, Shakti, DSK etc. provide loans to inhabitants, whose own attempts at setting up saving societies failed due to lack of mutual trust and agreement. An NGO named 'Shiree' has provided some loans (BDT 10,000) to residents. Many used this to start small businesses like shops, cloth selling etc.

The government WASA does not provide a water connection to this settlement. One inhabitant has dug a tubewell and charges for water (BDT 3 per jar). Those who are on good terms with the owner are provided drinking water on monthly rent basis. Inhabitants also arrange water from the adjacent residential colony; this is sometimes but not always paid for. People use river water for washing and bathing. It is deemed safest during the rainy season, however people were seen using it for cleaning pots and pans and for brushing teeth outside this period also. Three further tubewells were sunk 8/9 years ago however they no longer function due to lack of maintenance. There is no community toilet in this area, however landlords have built hanging toilets for tenants on the riverside. Each is used by 4-10 families. Because of costs, toilets are cleaned only once a year. Waste is not collected and is disposed of indiscriminately, in ponds and at the riverside. The settlement does not suffer from flooding or water-logging as the river is controlled by sluices and as sufficient drainage is in place.

There is no streetlight in the locality, not even on the main road. However, each house in the settlement has an unmetered electricity connection. Three influential men have obtained electricity connections and rent out connections at a profit. The monthly bill of electricity is as follows: fan – BDT 200, light – BDT 200, TV – BDT 200, fridge – BDT 600.

Sirnitek is not visited by health workers, and for addressing health needs inhabitants depend on a nearby pharmacy, where a male doctor treats slum patients free of cost (he charges other patients). Some women visit Diyabari crossing to get medical help including deliveries. Those who can afford it attend a maternity clinic at Mirpur-1 for delivery. Immunisation camps are regularly organised at the local BRAC school and at the Turag International school. Family planning services are absent and the family sizes were observed to be large, with little time gaps between subsequent births. There are no cases of disability reported for this settlement.

There are two schools in the settlement and a madrasah. The BRAC school remains closed most of the time. The Turag A.H. International school provides private education up to class five for boys and girls. There are no fixed tuition fees for the students here. It accepts whatever amount of fees one can give. Nearby, there are also government run primary schools (two) and higher secondary schools (two). Two Sirnitek students attend high school and one reads at college.

Children however have limited leisure space to play, and adults socialise at tea stalls or on the river bank. The river bank is however also associated with crime. Sirnitek is alleged to be a safe haven of drugs, and the police jeeps patrol the area often. The nearby mausoleum of Shah Ali and liberation war martyrs' graves attract vagabonds and petty crime. Jute traders often indulge in anti-social activities and jute godowns are criminals' dens.

Institutional conditions: land and housing ownership, associational life

The land on which the settlement is located belongs to the government '*kehas*' land. The river side belongs to the Water Development Board and the eastern side of the settlement is on the land of the Roads and Highways Department. This settlement has grown up mainly on the edge of 'Beribandh' – an embankment which was built with a view to protecting the city from the overflow of the river during monsoon. At the beginning there was a great ditch or a canal by the side of the embankment. The settlement has been built up on this '*kehas*' land by gradually filling up the low land with earth and sand. Several developers are currently dredging river sands to fill up the low lying floodplains.

This shanty has been evicted thrice since its inception. The last eviction, however, took place 11 years ago. More recently, a fire broke out which eventually ravaged 15-20 houses. Apart from this no serious accident has occurred. Inhabitants of the neighbouring Turag city and Priyanka residential areas claim that the land up to the embankment is theirs, so often they incite the police to evict people from Sirnitek. The inhabitants of Sirnitek constantly fear eviction, and note that no government development has occurred or is likely to take place in the settlement.

The original settlers have built up houses and rent these out. Others take the land on lease, construct houses on these and then rent these out. Despite the land being government owned and no-one having legal deed for the land, there is an official market for leasing the land. Early settlers now dominate the community. They are in charge of construction work such as building a community mosque but also in dispute resolution and in meting out justice. Disputes are noted to occur frequently amongst the slum dwellers, and involve issues like theft, family dispute, divorce etc. There is no committee in this regard. In case arbitration fails, people call on the local Shah Ali Police station. Community elites are affiliated with the ruling party and inhabitants accordingly attend Awami League rallies, processions and meetings. Nearby jute dealers also have some influence as important employers. Inhabitants argued that those who want to exert some influence are in some or other ways involved in party politics. In fact, the active politicians are trying to dominate everything in the community. One inhabitant noted: "If you want to learn politics, go inside the slum".

The great majority of the population is illiterate, and no-one is engaged in any higher post in the government or in a private company.

3.3.7 Service provision and institutional conditions in sampled sites in India

Sites in Mumbai

Site 8: Hanuman Nagar, PN 37, Mumbai

Hanuman Nagar is a declared slum with a population of approx. 20000 people. This settlement is 29 years old and is situated on municipal land. The original settlers are from within the city. There were no lights and water in the settlement when people began living in Hanuman Nagar, people would fear to move out of their homes after six in the evening. It was more like a jungle in 1985. Already in 1987, they got municipal water connections. In 1990, they got electricity connection from Brihanmumbai Electric Supply and Transport (BEST), one meter for 15 houses. There was only one toilet for the 13 sectors, garbage was thrown all over the place. It was called a *kali basti* with lot of crimes taking place. Nowadays, however, the community as a whole is thriving and doing well as now they have all the basic services required. All the houses are made of cement and concrete, most of them are ground plus top floor structures owned by the families.

The settlement is about 29 years old and located in a densely built space next to a road. It has notified slum status. It has a round shape with about 3000 houses/households. Being close to the main road, men and women use buses and auto rickshaws to get around. All dwellings are constructed using semi-permanent/permanent materials such as bricks, mortar, and corrugated tin sheets as the primary building material. Children are seen playing in the lanes next to their houses. Adults use the women's self-help group Mahila Milan's office for meetings, events and recreational purposes.

Basic services and livelihoods

Key livelihoods for men include vegetable vendor, rickshaw drivers, security guards, labourers and work in private companies. Women earn income as maids, through home based work such as giving tuitions, tailoring or embroidery work, and work in private companies.

All the 3000 residential structures have individual municipal water connections thus getting water for five hours a day. One tap is shared by 16 members; the water bill which comes to Indian Rupee (INR) 3-4000 a month is divided amongst these 16 families. Some 2-4% of people use borewell water and 20% of the families have individual toilets while 80% use the public toilet. As this is a huge settlement that is divided into sectors, there are 50 public toilets in the settlement. Average waiting time to use the toilet is half an hour and costs INR 10 per month to use the toilet. While the municipality built these toilets, the authority did not maintain these properly. Some people have now been appointed to maintain it.

Each house has a metered electricity connection. There are also streetlights in the site and there are no power cuts. People pay on average INR600 per month for electricity services. The municipality regularly collects garbage. At times certain parts of the settlements get flooded during the rainy season. In 2006 floods caused major destruction. There is a municipal primary school for boys and girls but no secondary school. There are also a couple of balwadis in Hanuman Nagar. Boys and girls usually study up to 7th or 8th standard.

People did not note a particular illness that occurs in the settlement. Private clinics are located close to the settlement, while government clinics and dispensaries are further away. Regular immunisation drives take place. The site has benefitted by the Ambedkar housing scheme and communities want further redevelopment programmes to take place. Floods occurred in 2006 and caused major damage.

Institutional characteristics and associational life

While some families started to occupy the land, others were relocated to this place by the city government. The original land title is with the Central Government. Mahila Milan operates a credit and savings scheme. Disputes are resolved through group and community meetings.

Site 9: Indira Nagar, HE 84, Mumbai

Indira Nagar is located on the roadside, near Air India Colony, in a densely built up space near the airport. It has notified slum status. It has only 132 houses and has been in existence for 50 years. It is a mixed community which on previous occasions has been evicted from the site, though now desire the municipality to undertake in situ redevelopment. Men and women use bus and auto rickshaws to get around. About 75% of households own their dwellings, the remainder rents housing. All dwellings are constructed using permanent materials such as bricks, mortar, and corrugated tin sheets as the primary building material. They all have lockable front doors. Children are seen playing specifically in the lanes next to their houses. Adults use the Mahila Milan office for meetings, events and recreational purposes.

Basic services and livelihoods

Most the people living there work in some airport related job. Major livelihoods of men involves casual labour, daily wage earning, work in private companies, or self employed work as vegetable vendors and rickshaw drivers. The women do home based work or work as domestic maids. Only 20% of the women are estimated to work while 80% prefer not to. The reverse applies to the men: 80% works while 20% are unemployed.

Almost 90% of the 132 residential structures get municipal water through community water taps, which means one tap is shared by 10-12 households and the bill is shared equally by the families. The remaining 10% have taken individual connections from the common pipeline that is provided by the municipality. Each house has a metered electricity connection. Power cuts are rare. On an average they pay INR 800 per month as an electricity bill but are noticing an increase in the bills in the preceding 4-5 months. There are also streetlights in the site. The site is not subject to flooding and has not experienced any major events in the last few years (fire, riots, accidents, etc.).

There is one community toilet of 10 seats for men (four) and women (six); it is not maintained properly and people have to wait for as long as half an hour to use the toilets in the morning. Families pay INR 50 per month to use the toilet. The septic tank quickly fills up as it is not connected to the main sewer. Despite appeals to the Brihanmumbai Municipal Corporation (BMC) to clean the tank no action has been taken. The Municipality, through the Dattak Vasti Yojana scheme, regularly collects garbage. Being located along the road side, bus is the mode of transport that is used by men, women and children. The second most used transportation is rickshaw. People did not note a particular illness to occur here. There are no health clinics and dispensaries in or near the site. No schools, clinics or government dispensaries are located within the settlement but is very easy to access these nearby.

Institutional characteristics and associational life

The land on which the settlement is located is owned by the Central Government's Airport Authority of India. Mahila Milan operates a credit and savings scheme. Disputes are resolved through group and community meetings. The Federation of Slum Dwellers on the National Authority of India's Mumbai airport is one of the oldest members of the National Slum Dwellers Federation since the late 1970s. The Airport Slum Dwellers Federation was formed in 1995. Its initial struggles focused on evictions, and when this was of a concern, lack of access to amenities became the priority.

On the whole, in some aspects the community appears to be doing well whereas in some it is still struggling. For instance, they have been struggling to get secure tenure on the land on which they are living as the Airport authority wants all of the land to build residential colonies, shopping malls, commercial complexes etc. The community/federation have worked out how much land they need to re-house these families and argue that they are ready to give the Airport authority the land provided that it ensures the slum dwellers are accommodated on the same piece of land.

Housing and daily savings societies started in 1995-96, however after eight years people gave up saving, seeing no progress with regards to their housing. Some 80% of the residents were dependent on ration shops to get food grains at a subsidised rate, but are no longer benefitting from this. As the prices have gone up, the quantity of food grains in these shops has come down. And whatever is available is not worth buying because of the poor quality. Also, as discussed in the community, if you want to receive the ration, one must get to the shop on the day that the ration is filled in the shop, otherwise the shopkeepers dispose of the rations in the open market.

Site 10: Mahatma Phule Nagar, Mankhurd, Mumbai

Mahatma Phule Nagar is located in the city periphery. It is around 40 years old and is situated between the old Mankhurd railway station and the new Mankhurd railway station, thus, having good access to rail transport. It obtained notified slum status in 1990. It has a linear shape and has about 1300 houses.

Initially, in 1977, there were only 13 huts without access to water, sanitation, roads, street lights etc. At the time, people faced demolitions very often as the slum is situated on land belonging partly to the railways, partly to the collector, and partly by the navy. A boundary wall has been constructed to protect the navy land. Demolitions were eventually stopped in 1980, following which people started investing in their houses. Families living here now own the two story structures, renting out the first floor to outsiders.

Men and women use the train to get to and from the site, and men also use the bus. The settlement has four entry points and there are many lanes within it. Almost all the residents own their dwellings and about 90% use semi-permanent/permanent materials such as bricks, mortar, corrugated tin sheets, as the primary building material. All dwellings have lockable front doors. There are four entry points in the settlement but do not have street lights, families have individual meter connections. Being located closer to the railway tracks, they have good access to the local trains, but have to cross the railway bridge to get to the other side. They also have good access to rickshaws.

There are no designated spaces separate for boys and girls, however ample empty space is present in and around the settlement. Children are seen playing specifically in the lanes next to their houses. Women gather at a temple and its open space outside is also used for community meetings and events. The site was supposed to be relocated as part of the Maharashtra Urban Transport Project but for some reasons this did not happen. It is not clear if any development plans are going to take place. The settlement as a whole is doing well as compared to what it was when it was just a marshy land with no infrastructure or facilities; still the community feels they are struggling in terms of secure tenure.

Basic services and livelihoods

Men gain a livelihood from working as government servants and in private companies, as well as through casual labour. The women engage in vegetable vending, home based work, and as domestic maids.

All the settlement has access to piped water from taps supplied by the Municipality. The taps are not locked. On average five families use one tap and have to pay. The settlement now has 24 hour access to water through community taps; earlier they had to cross the railway tracks to get water and also had to buy water. Separate community toilets for men and women were built by the municipality but are not maintained properly. Families pay INR 10 per month towards the maintenance of the toilet blocks.

Garbage is not collected and people dump this in a local open space. Each house has an electricity connection, and some have meters from the city electricity supply. There are however no streetlights in the site. At times certain parts of the settlements get flooded with drain water during the rainy season. Prior to the opening of the new Mankhurd station, people had good access to the main road. This is now blocked, with important impacts on the community.

Inhabitants did not note the incidence of any particular illnesses. The settlement does not have clinics and dispensaries, however health camps are held by a private entity (L&T), where people pay for services, once or twice a week. Here medicine is obtained at the cost of INR 20. Otherwise, inhabitants have to cross the railway bridge or track to go to private or government hospitals/clinics. It is unclear if immunisation drives are organised in the site, and whether health

visitors come. No family planning services are provided on site. There is neither a primary nor secondary school in or near the settlement. Within the settlement there are no schools except for *balwadis*. Schools are however located within ten minutes' walk but parents have to accompany children to school as well as get them back from school. There is open space within the settlement which is used by children for playing, as a garbage dumping ground and is also used during religious festivals.

Institutional characteristics and associational life

The settlement has been built on open land owned by the Indian Railways, Government of India; the collector, and (previously) the Navy. L&T private company runs regular health camps in the site. Mahila Milan operates a credit and savings scheme. Disputes are resolved through the group and community meetings facilitated by Mahila Milan leaders. A police *chowky* is found in the settlement but locked most of the time, "because there is peace in the settlement". Also people solve issues and disputes amongst themselves. The whole community are active members of political parties.

Sites in Raipur

Site 11: Kashiram Nagar

This settlement is located in the central part of city in Ward Guru Ghasidas no. 44, zone 4. The Settlement is between Seema Nagar slum and Mumbai Howrah National Highway, also known as Ring Road. This is a declared/notified slum of Raipur. Kashiram Nagar used to be swampy and uninhabited area until 1980 when families were relocated here under the Indira Awas Yojana. A part of the settlement is a Sindhi colony rehabilitated after partition, these families have got a secured tenure but the rest of the settlement had got a 30 years *patta* (a fixed lease license from the government). Issued in 1984, the lease expired on 31st March, 2014 and now communities are worried about their future. Since this settlement was established by the government, the layout is planned in around 260 square feet plot assigned to each individual.

There are 700 structures in the settlement that comprise of 685 residential, three commercial and 12 residential cum commercial structures. About 95% of families have *pucca* (permanent) structures made up of brick walls with tin roofs and about 60% families own their houses whereas 40% stay on rent. The population of settlement is about 3500-4000. About 80% houses are *pucca* made up of bricks and cement and have gone up two storied Reinforced Cement Concrete (RCC) buildings whereas the rest of the houses are semi-*pucca* with brick walls and sloping tin roofs.



Figure 3.7 – Pictures of Kashiram Nagar

Kashiram Nagar community is divided in three sections - Mochi Mohallah (A backward Caste community), Muslim Mohallah (Muslim Community) and mixed community Mohallah.

Muslim Mohallah also incorporates the Sindhi community. The residents are mainly from Chhattisgarh/Madhya Pradesh, Odisha, Maharashtra and Andhra Pradesh (Figure)



Figure 3.8 – Map of Kashiram Nagar

Cycle or auto rickshaw is the main mode of transport being used by the community. However, wherever possible they prefer to walk or use bus transport (public) which, according to them, has been getting better in the last 3-4 years.

Basic services and livelihoods

The residents drive autos or cycle rickshaws, work as labourers on construction sites or as cobblers, or domestic workers. The younger generation works in malls or private companies. Until 4-5 years ago many women were involved in *bidi* making (at home); this has reduced because of the lower wage rate. Some families own some livestock (mainly goats) which they bought before 2001 under a subsidy programme for rural livestock and that has now become their source of income.

When communities moved into the houses in 1984, there was no water, electricity or toilet facility in the settlement. Between 1988 to 1990 the communities got a common water connection. Today, 80% of the community uses the common water tap while 15% have individual taps inside the house. There are six to seven Municipal tubewells and everyone in the settlement uses them. Very few families use the two hand pumps installed in the settlement. The water in the tubewell comes only for one hour in the morning and one hour in the evening whereas community taps provide water for only one hour during the day.

The houses provided under Indira Awas Yojana did not have toilets. So families were using a community toilet or used to defecate in the open. During 1985 a community toilet was constructed in the settlement. But today, about 40-50% families have individual toilets. Many got soak pit toilets constructed under the Basic Services to Urban Poor (BSUP) programme in the last two years at a cost of INR 1000, however many recipients are unhappy about their quality. Some 20-30% of families are still using a community toilet which does not have water facility. The community toilet is very poorly maintained therefore 10% of population defecates in the open. There is no sewer line in the settlement. A private agency appointed by Raipur Municipal Council collects garbage, albeit irregularly because many residents do not want to pay for this facility. They argue that these agencies are already paid by the Municipality so there is no need to pay them again. During the heavy monsoon period, areas in the Muslim Mohallah usually get flooded but not the rest of the area.

All houses are connected to the grid and obtained meters in 2013. Until then many had illegal connections. There are no power cuts in the area.

There are three private dispensaries inside the settlement and 80% of the community prefers to use them whereas there is only one government run clinic used by the other 20%. Once every 2-3 months the municipal corporation or an NGO organises camps for immunisation, eye and blood sugar check ups. In the *Anganwadi* (Pre-School), the Government organises pre/post natal health camps for women. Whenever jaundice or malaria outbreaks occur, the Raipur Municipal Corporation (RMC) organises camps with the help of local NGOs. Recently, there was an outbreak of jaundice and about eight to nine people including three to four children passed away in last two months. Besides the three *Anganwadi*'s one private school provides primary and secondary education, yet many children go to the nearby government school. Residents said that there is a 90% literacy rate in the settlement and on average children studied up to the 8th or 10th class. Within the settlement there are a few lawyers, engineers and doctors.

Institutional conditions and associational patterns

Communities said that Kashiram Nagar land was originally donated by Dudhadhari Math Samiti but now RMC is claiming the ownership of the land. In the settlement many families have voter's identity cards as well as ration cards.

Communities noted that until 2001 when Chhattisgarh became a state, Kashiram Nagar did not have good facilities like school, health care or livelihood opportunities but today things have changed. There is a Police *Chowky*, open space, ration shop, community centre inside or near the settlement. There is one *Masjid* in the settlement. Besides, there are three to four women's savings groups in the settlement along with three other active community groups.

Site 12: Suraj Nagar

Suraj Nagar while small in size is 48 years old. Ten years ago it was included in the municipal city limits. This settlement is on the outskirts of Raipur in Maharshi Valmiki Ward number 28, zone no. 3. It is situated in the middle of an open field. The access to the settlement is from Mumbai Howrah National Highway, also known as city mall road; it is about one to 1.5 kilometres away. The settlement is declared as a slum in the government records of the RMC.



Figure 3.9 – Map of Suraj Nagar

Suraj Nagar used to be grazing land for livestock of the nearby Labhandi village. In 1968 the Tahsildar (state government official) allotted this land for human settlement by 20-25 families of Labhandi. The settlement was named as Suraj Nagar. City boundary redrawing meant that in 2004-5 the settlement became part of the city to be declared a slum, and this has led to many improvements in the settlement. There are a total of 450 structures in the slum, 425 of which are

residential and 25 residential cum commercial. About 50% structures are *pucca* made up of brick walls and tin roof and 50% are semi-*pucca* structures. The population of the settlement is about 2000-2500.

The road which connects Suraj Nagar to the National highway is muddy, but the settlement itself benefits from metalled roads developed in the last five years. Privately owned motorcycles or auto rickshaws and public buses are the main modes of transport. But where possible people prefer to walk.

Livelihoods and basic services

Inhabitants work as auto rickshaw drivers, skilled/unskilled construction labourers, vegetable vendors, but also in government or private jobs. Only 50% women are working in this settlement. The rests prefer to stay at home and look after their children. Some engage in prostitution.

There are 3-4 community borewells/hand pumps in the settlement used by 75% of the population whereas the other 25% have private borewells inside their houses. There are no community taps in the settlement but the borewells were provided by the government.

Some 40% of houses have toilets. For those families below the poverty line (75% of these), in the last two years the government has provided soak pit toilets under the BSUP scheme. The remaining 60% of families defecate in the open. There is no community toilet in the settlement. Twice a month the RMC collects garbage from the settlement but residents were saying that this system only works on a complaint basis.

Electricity was installed in the last two years and today almost 95% of the families have electricity meters in their houses.



Figure 3.10 – Photos of Suraj Nagar

There is no private or government dispensary in the settlement; people mainly use the government clinic which is one to 1.5 kilometres away near Labhandi. The local NGO Chetana works on HIV-AIDS yet nobody in the community talks about it. For immunisation/ pre natal/post natal care, government people come to the *Anganwadi* once or twice in the week. There is one *Anganwadi* in the settlement, however the teacher is often absent. There is one private primary school. For secondary school, children have to go away from the settlement. Residents said that there is only 60% literacy rate in the settlement and on average children studied up to the 8th standard. There is only one lawyer and one policeman in the settlement; these are the only two influential people in the settlement.

Institutional conditions and associational patterns

The ownership of the land is disputed. Some residents declared that the RMC has given them the land on lease. Many families have voter's identity cards as well as ration cards. There are about three community groups active in the settlements and 2-3 women have started a savings society. As there is no police *chowky*, the community solves disputes amongst themselves.

Sites in Vishakapatnam

Site 13: Suryateja Nagar

This site is located in the city periphery opposite a power station and the Mudiserlova water reservoir, away from other settlements. It is sandwiched between the road and the storm water drain and the lanes of the settlement are accessed from the roadside. Behind the settlement are hilly forest lands. The slum is roughly 18 years old, and has notified status. Its triangular shape measures approximately 3.95 acres in total. The settlement is inhabited by 204 houses with slightly more women to men (55:45 ratio). Mostly inhabitants are the original settlers, though a few houses are rented out.

Suryateja Nagar was part of the periphery but due to city expansion is now located within its limits. This is a rare example of a site that has not witnessed evictions. Having been settled here for years and due to a positive perception of tenure security, some families have incrementally upgraded their houses. Yet, people were still fearful of tenure insecurity.

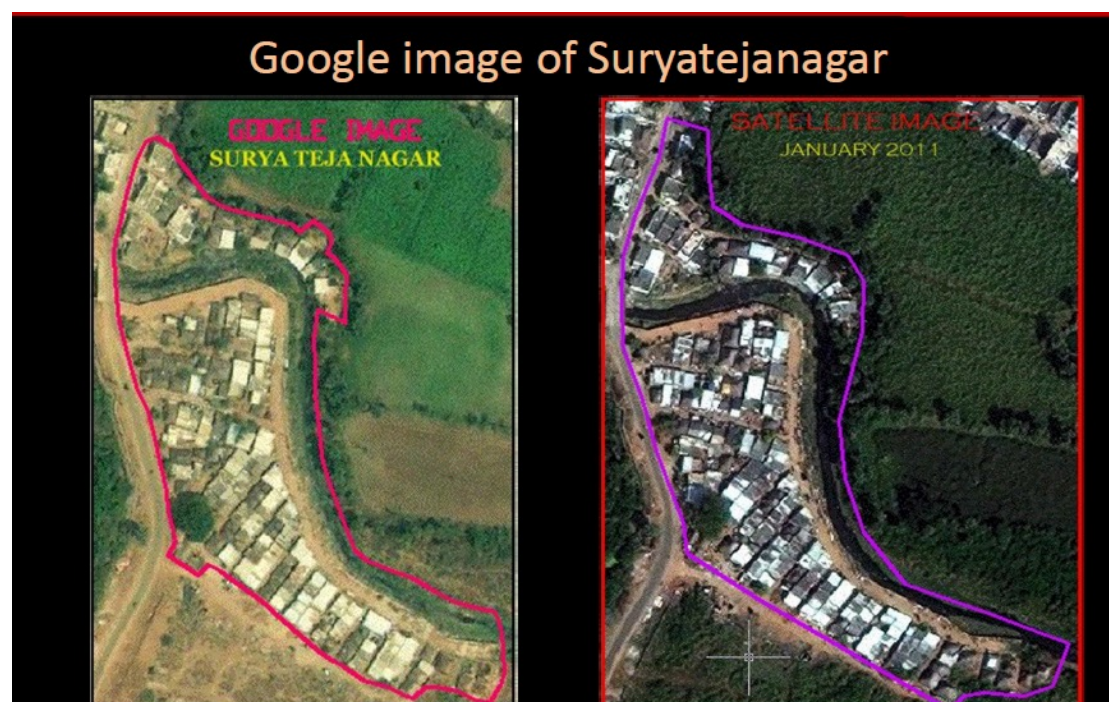


Figure 3.11 – Map of Suryateja Nagar

Some 60% of dwellings uses temporary materials (such as thatch, mud, plastics, un-joined asbestos sheets, etc.) as the primary building material; the remainder use semi-permanent/permanent materials (such as bricks, mortar, corrugated tin sheets, etc.). Houses are mostly made from stones. Some use bricks and have roughly plastered the walls. There are no reinforced concrete structures and all houses use tin/asbestos sheets for the roof. They all have lockable front doors. There is no dominant social group in the community.

For transport, a few men own motor bikes and autos, otherwise most adults use the bus since the settlement is closely situated near the Bus Rapid Transport System (BRTS) bus stop. Ample empty space is present in and around the settlement and children also play in the lanes next to their houses. There is a community centre built by the slum committee which is used for conducting meetings, running health camps etc.

Both men and women said that the settlement and its surroundings are safe and so far there have been no security related issues. Women and girls do not go out of the settlement late at night, not because of security concerns, but because this “is not common practice”.. Overall, during day and night everyone felt safe within the slum, and being close to the main road, it was noted that there are no shady or lonely areas of access to be concerned about.

Basic services and livelihoods

Typical occupations of the men include as carpenters, masons, housekeeping staff, and as auto drivers. Women sell fish and work as day labourers. The settlement contains seven borewell hand pumps and the municipality has provided a water tank – which is refilled each day by the city tankers. Hand pumps are placed at certain locations in each lane so as to ensure access to all. This provides ground water. For the purposes of drinking, water is available from a tank. In the past, the site would get flooded, when most houses were situated on either side of the drain. But after construction of the retaining wall in 2007, they no longer experience any flooding. Half the population has electricity meters and the rest take electricity from these connections at a fixed monthly rate. Very few families use kerosene lamps. Streetlights exist in the site. There are no community toilets in the settlement. About 20% of the families have built soak pit toilets, the rest defecate in the open. There are no sewer lines running along the settlement. Families use the garbage bin outside the settlement for disposal of garbage, however discarding into the open drain along the settlement is not uncommon. The municipality regularly empties the waste dump.

No particular illness occurs in the settlement, though recently two people died of tuberculosis. They use a municipal dispensary located about ½ kilometre away. World Vision visits the slum regularly and provides information and assistance on maternal and child health care diseases. Health camps provided by the government are unusual; however HIV check ups and awareness camps are conducted once in every six months. There are no family planning services in the community.

Both Municipal and private schools are close and offer primary and secondary education. Both are equally accessed by the children living in the settlement.

Institutional characteristics and associational life

The land on which the settlement is located is owned by the State Government. There is talk of regularisation of land tenure as the settlement is a pilot project under the Rajiv Awas Yojana (RAY) scheme, the government’s low income housing scheme. It will undergo in situ upgradation under the programme in the next few months. Never before has any other subsidised project been carried out in this settlement.

A retaining wall to the open drain was arranged with help of the local corporator officer in 2007. It was agreed that if people moved from one side of the drain to the other a larger area was allocated for the slum. Women have the Development of Women and Children in Urban Areas (DWACUA) groups: self help groups supported by the city for savings and credit.

The slum committee is very active in terms of resolving disputes between the people. All common issues such as family feuds between husband and wife, are dealt with by the committee. The committee has also successfully negotiated access to water, and is now in negotiations with the city for housing under the RAY scheme. For the RAY project, the committee represents the settlement with the Municipal Corporation. The NGO working here however noted that such a dominant group may not always be advantageous, e.g. when determining eligibility of inhabitants for housing and other projects.

The RAY programme is said to require beneficiaries to contribute 10% of the house costs, however residents consider that unaffordable and have requested World Vision, which has strong presence in the settlement, to provide financial assistance.

Site 14: R.P. Petha, Ward 39

RP Petha is located on an open piece of land, in the heart of the city. The settlement has existed for 14-15 years and is very closely situated along the railway line and at a small distance from the Vizag railway station. It is located under the Kancharapalem railway overbridge. It has non-notified slum status.

This settlement is made up of families that are extremely poor. While some have been living for over a decade, new huts emerge each day. It has a permanent group of inhabitants of 166 households, and also attracts about a floating population of about 100 households of seasonal migrants. An equal number of men and women live here. Inhabitants are of mixed religious backgrounds.

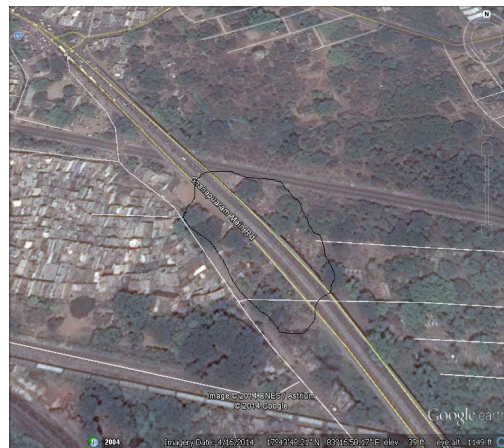


Figure 3.12 – Map of R.P. Petha

The settlement has one entrance; an enclosed space belonging to the Railways that leads to the railway tracks. For transport, people who can afford it use auto rickshaws and buses. The land belong to the Railways and all families have erected temporary tent like structures using materials such as tarpaulin sheets and bamboo. None have doors that can be locked, instead cloth curtains are used. There is open space for children to play in. Adults congregate and socialise in the community centre they have built.

The settlement predates the building of the flyover. Several times there have been threats of evictions, but there were no forceful evictions that have happened in this settlement and people do not expect any urban development activities (including the city's adoption of the RAY scheme) to affect them in coming years. In October 2014, the Cyclone Hudhud destroyed all the houses and belongings. The inhabitants have quickly rebuilt their houses using materials donated from charitable institutions.

Basic services and livelihoods

Every young teenager and adult in the settlement is working doing odd jobs. Most men living in RP Petha are involved in selling phenyl, bird keeping/selling, gas repairs, whereas women sell phenyl, flowers, and exchange utensils for second hand clothes. After lobbying by a local NGO, drinking water is now supplied by the municipal government, which has installed one water tank which is refilled every day, for the use of all residents. No one here has access to electricity, however, there are 1-2 streetlights illuminating the settlement, again installed by the municipality after intervention by the NGO. Some people use kerosene lamps inside their houses.

There are no toilets in the settlement. Young women use a privately provided pay & use toilet nearby, all others defecate in the bushes along the railway track, except during the rainy season, when the surroundings become very dirty. Bathing happens in the open, with the exception of young girls who prefer using the toilet block. The site does not get flooded. The municipality empties a waste dustbin on a daily basis.

Those inhabitants involved in making phenyl tend to suffer from skin diseases. People are also fearful of snake bites and narrated that an infant in a nearby slum had died because of this. There are municipal dispensaries as well as private medical dispensaries nearby. Private dispensaries charge INR 50 per visit and people use them for small ailments. For more serious issues, they cannot afford the medical expenses and use the government hospitals. Family planning services are available in the community.

There is adequate access to both government and private primary and secondary schooling. Primary school age children are sent to the nearby school. This requires crossing the railway tracks and younger children are therefore not sent here. Within the settlement there used to be a nursery (*balwadi* primary) run by an NGO in the community centre built by the registered committee. It was closed in the wake of the cyclone. The settlement has a high school dropout rate, where children only take early primary education at the *balwadis*, and some go to primary schools and study. However, there have been no instances of anyone who has accessed high school education.

Institutional characteristics and associational life

The settlement is located on Government of India owned land, of the Railways. The community has a recently registered committee, the 'Paidumamba Sankshayula Sanghamam' with a president and secretary. It takes many decisions for the community. This is an organised community which realises the importance of being counted. They take the initiative to form and register a society, count themselves and get identity cards, and currently are striving towards access to ration cards. The local NGO ARTD has been instrumental in the formation and organisation of the community federation. The NGO helps the committee to connect with the city administration. They have been able to get access to water and street lights only through their intervention. All houses were once numbered so as to gain access to identity cards, but the arrangement is now not working properly. There are no savings groups or credit societies in the settlement.

The president of the committee narrated: "I realized that we have to form a committee if we want to get noticed. Once the railways came here to evict us. I felt that this was because we had no identity. Therefore now, we have a registered committee and have enumerated the houses. 166 houses also have their ID card such as the voter cards, some have aadhar cards. So, now with the ID cards, I think we are more secure. To me, getting the voters ID card is a great milestone and I am very happy and proud about it. Next I want to get ration cards for everyone."

4. Describing the patterns and gradations of wellbeing outcomes

4.1 Wellbeing domain scores

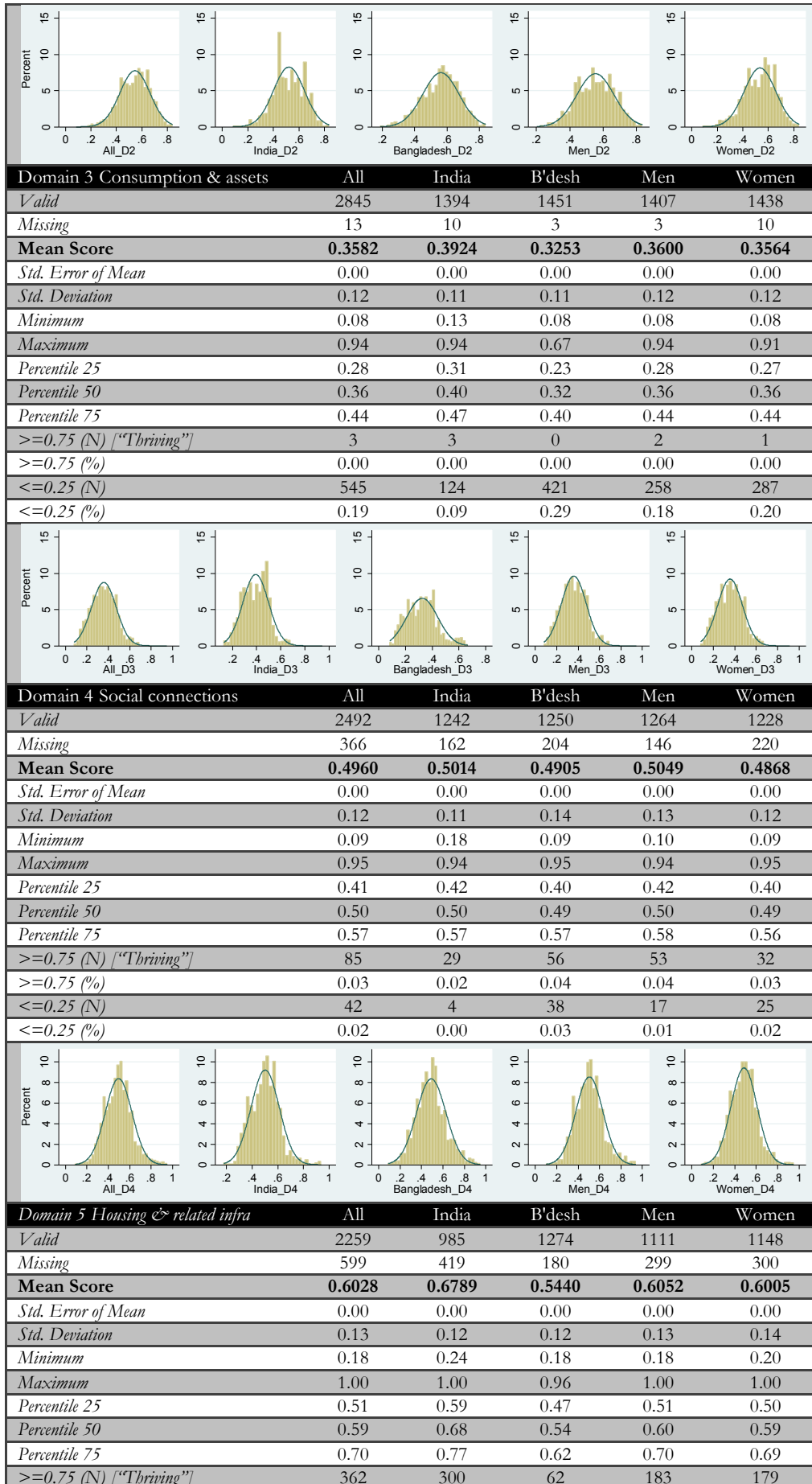
Using the template of subjective and objective components presented in Section 3.2.3 above, we describe the patterns and gradations of wellbeing outcomes for each domain grouped by:

1. Entire sample
2. Indian sites
3. Bangladeshi sites
4. All men
5. All women

The results for each group are shown in columns 1-5 for all ten domains in Table 4.1 below.

Table 4.1 – Distribution of domain scores for (1) Entire sample; (2) Indian sites; (3) Bangladeshi sites; (4) Men; (5) Women

Domain 1- Edu & skills	All	India	B'desh	Men	Women
<i>Valid</i>	2844	1394	1450	1406	1438
<i>Missing</i>	14	10	4	4	10
Mean Score	0.5497	0.5981	0.5032	0.5659	0.5339
<i>Std. Error of Mean</i>	0.00	0.00	0.00	0.00	0.00
<i>Std. Deviation</i>	0.18	0.18	0.16	0.18	0.17
<i>Minimum</i>	0.10	0.14	0.10	0.10	0.10
<i>Maximum</i>	1.00	1.00	1.00	1.00	1.00
<i>Percentile 25</i>	0.40	0.45	0.40	0.44	0.40
<i>Percentile 50</i>	0.55	0.60	0.50	0.60	0.52
<i>Percentile 75</i>	0.70	0.75	0.65	0.70	0.70
<i>>=0.75 (N) ["Thriving"]</i>	503	394	109	266	237
<i>>=0.75 (%)</i>	0.18	0.28	0.08	0.19	0.16
<i><=0.25 (N)</i>	105	28	77	48	57
<i><=0.25 (%)</i>	0.04	0.02	0.05	0.03	0.04
Domain 2 Jobs & earnings	All	India	B'desh	Men	Women
<i>Valid</i>	2485	1070	1415	1286	1199
<i>Missing</i>	373	334	39	124	249
Mean Score	0.5449	0.5214	0.5626	0.5549	0.5341
<i>Std. Error of Mean</i>	0.00	0.00	0.00	0.00	0.00
<i>Std. Deviation</i>	0.12	0.12	0.11	0.11	0.12
<i>Minimum</i>	0.08	0.08	0.19	0.20	0.08
<i>Maximum</i>	0.84	0.84	0.84	0.84	0.84
<i>Percentile 25</i>	0.46	0.44	0.49	0.47	0.45
<i>Percentile 50</i>	0.55	0.52	0.57	0.56	0.55
<i>Percentile 75</i>	0.64	0.62	0.64	0.64	0.63
<i>>=0.75 (N) ["Thriving"]</i>	67	18	49	36	31
<i>>=0.75 (%)</i>	0.03	0.02	0.03	0.03	0.03
<i><=0.25 (N)</i>	27	21	6	3	24
<i><=0.25 (%)</i>	0.01	0.02	0.00	0.00	0.02



≥ 0.75 (%)	0.16	0.30	0.05	0.16	0.16
≤ 0.25 (N)	5	1	4	2	3
≤ 0.25 (%)	0.00	0.00	0.00	0.00	0.00
Domain 6 Empowerment	All	India	B'desh	Men	Women
<i>Valid</i>	1230	466	764	793	437
<i>Missing</i>	1628	938	690	617	1011
Mean Score	0.5324	0.5499	0.5217	0.5572	0.4874
<i>Std. Error of Mean</i>	0.00	0.01	0.00	0.00	0.01
<i>Std. Deviation</i>	0.14	0.15	0.13	0.14	0.13
<i>Minimum</i>	0.10	0.10	0.19	0.18	0.10
<i>Maximum</i>	0.90	0.90	0.87	0.90	0.86
<i>Percentile 25</i>	0.43	0.43	0.43	0.46	0.40
<i>Percentile 50</i>	0.53	0.55	0.52	0.56	0.48
<i>Percentile 75</i>	0.64	0.68	0.61	0.67	0.57
≥ 0.75 (N) ["Thriving"]	86	47	39	76	10
≥ 0.75 (%)	0.07	0.10	0.05	0.10	0.02
≤ 0.25 (N)	24	13	11	12	12
≤ 0.25 (%)	0.02	0.03	0.01	0.02	0.03
Domain 7 Safety & security	All	India	B'desh	Men	Women
<i>Valid</i>	2847	1397	1450	1406	1441
<i>Missing</i>	11	7	4	4	7
Mean Score	0.6451	0.6635	0.6274	0.6396	0.6504
<i>Std. Error of Mean</i>	0.00	0.01	0.00	0.01	0.01
<i>Std. Deviation</i>	0.20	0.22	0.18	0.20	0.20
<i>Minimum</i>	0.03	0.03	0.12	0.03	0.04
<i>Maximum</i>	1.00	1.00	1.00	1.00	1.00
<i>Percentile 25</i>	0.50	0.51	0.49	0.49	0.51
<i>Percentile 50</i>	0.65	0.66	0.63	0.65	0.65
<i>Percentile 75</i>	0.80	0.83	0.77	0.80	0.80
≥ 0.75 (N) ["Thriving"]	891	506	385	429	462
≥ 0.75 (%)	0.31	0.36	0.27	0.31	0.32
≤ 0.25 (N)	65	48	17	32	33
≤ 0.25 (%)	0.02	0.03	0.01	0.02	0.02
Domain 8 Living conditions (access)	All	India	B'desh	Men	Women
<i>Valid</i>	2805	1360	1445	1397	1408
<i>Missing</i>	53	44	9	13	40
Mean Score	0.8758	0.8758	0.8758	0.8764	0.8753
<i>Std. Error of Mean</i>	0.00	0.00	0.00	0.00	0.00
<i>Std. Deviation</i>	0.10	0.09	0.10	0.10	0.10
<i>Minimum</i>	0.45	0.54	0.45	0.45	0.45
<i>Maximum</i>	1.00	1.00	1.00	1.00	1.00

Percentile 25	0.80	0.80	0.81	0.80	0.80
Percentile 50	0.89	0.88	0.90	0.89	0.89
Percentile 75	0.95	0.98	0.95	0.95	0.95
≥ 0.75 (N) ["Thriving"]	2549	1253	1296	1281	1268
≥ 0.75 (%)	0.91	0.92	0.90	0.92	0.90
≤ 0.25 (N)	0	0	0	0	0
≤ 0.25 (%)	0.00	0.00	0.00	0.00	0.00
Domain 9 Health status & facilities	All	India	B'desh	Men	Women
Valid	2838	1388	1450	1400	1438
Missing	20	16	4	10	10
Mean Score	0.6397	0.7296	0.5537	0.6417	0.6378
Std. Error of Mean	0.00	0.00	0.00	0.00	0.00
Std. Deviation	0.18	0.16	0.16	0.19	0.18
Minimum	0.10	0.23	0.10	0.10	0.10
Maximum	1.00	1.00	1.00	1.00	1.00
Percentile 25	0.53	0.63	0.43	0.53	0.53
Percentile 50	0.63	0.73	0.57	0.63	0.63
Percentile 75	0.77	0.83	0.64	0.77	0.77
≥ 0.75 (N) ["Thriving"]	769	626	143	381	388
≥ 0.75 (%)	0.27	0.45	0.10	0.27	0.27
≤ 0.25 (N)	33	2	31	19	14
≤ 0.25 (%)	0.01	0.00	0.02	0.01	0.01
Domain 10 Overall subjective outlook on life	All	India	B'desh	Men	Women
Valid	2152	1057	1095	1071	1081
Missing	706	347	359	339	367
Mean Score	0.6746	0.7449	0.6067	0.6743	0.6749
Std. Error of Mean	0.00	0.00	0.00	0.00	0.00
Std. Deviation	0.15	0.15	0.12	0.15	0.15
Minimum	0.15	0.21	0.15	0.15	0.21
Maximum	1.00	1.00	0.98	1.00	1.00
Percentile 25	0.57	0.64	0.54	0.56	0.57
Percentile 50	0.66	0.76	0.60	0.66	0.66
Percentile 75	0.78	0.85	0.67	0.78	0.78
≥ 0.75 (N) ["Thriving"]	698	566	132	356	342
≥ 0.75 (%)	0.32	0.54	0.12	0.33	0.32
≤ 0.25 (N)	8	5	3	5	3
≤ 0.25 (%)	0.00	0.00	0.00	0.00	0.00

Looking at the distributions presented in Table 4.1, we are able to infer that scores are normally distributed for the sample, with perhaps the exception of D8, wherein more than a third of the

sample thrives in terms of having physical *access* to their dwellings, informal settlement, latrines and place of work, almost throughout the year. On the remaining nine domains however, individuals in our sample are predominantly achieving scores in the middle of the 0-100 range, and that a much smaller proportion are achieving very low and very high scores. For example, score distributions for D4 (Social connections) are shown in Figure 4.1 below. It is possible to see that D4 scores are normally distributed, implying a bulk of the sample achieved scores between 25 and 75.

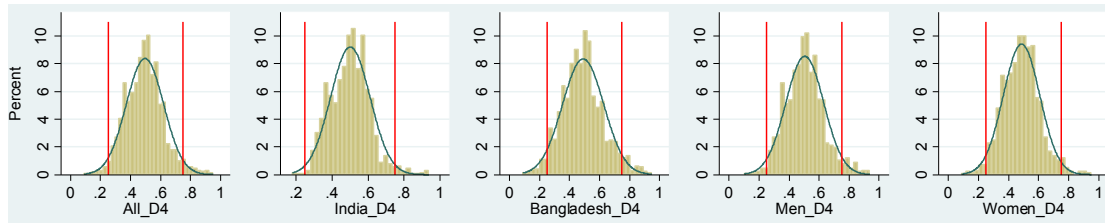


Figure 4.1: Distribution of D4 Social connections scores showing cut off at 25 and 75

On the basis of these distributions, it is plausible to categorise wellbeing outcomes as *‘thriving’* for those who achieve scores of 75 or more, as *‘failing’* for those who achieve scores of 25 or less, and as *‘surviving’* for those who achieve scores between 25 and 75. While each category of outcomes carries its own analytical merit, it is important to recognise that there are also important interactions between these categories, in so far as tracking movements of people up or down the distribution is an important objective for anti-poverty policies and programmes. In Section 5 of this report, we present findings based through the lens of those achieving *‘thriving’* scores and those achieving *‘failing’* scores, as understanding who achieves the highest and lowest scores is illustrative of the narratives that describe urban areas as locations of opportunity, innovation and therefore success, and on the other, of marginality, exclusion and therefore poverty. However, in order to also take on board information about the rest of the distribution, we represent thriving and failing scores as proportions of the entire distribution.

4.2 Robustness checks

As described in section 3.2.3 above, our wellbeing domain scores are built by *weighing the pools of subjective and objective component equally within each domain*. To check the robustness of this weighting system, we compared our wellbeing model (Model₁) with three different iterations. The four models we compare are:

Model₁ – Subjective and objective component pools weighted equally such that weights of component indicators depend on the number of indicators in the pool [*Model used in this study*]

Model₂ – No separation of subjective and objective component pools such that all component indicators are weighted equally; and therefore, component indicator weights are dependent on the number of indicators in the domain.

Model₃ – Only subjective component indicators are used such that component indicator weights depend on number of indicators in subjective pool; the objective indicator pool is weighted 0.

Model₄ – Weights for component indicators assigned as per factor analysis within domains

We find the matrix describing the correlation between the four models reassuring as we find a very high level of correlation between Model₁ and the other models.¹³ This is a sign of

¹³ The models display the highest levels of correlation for Domains 6 and 10, as both domains are constituted only of subjective indicators.

consistency and robustness of the model used. We therefore conclude that wellbeing domain score outcomes are robust to our choice of model.

Table 4.2 – Correlation between 4 wellbeing models across 10 domains

Domain 1	Model ₁	Domain 2	Model ₁
Model ₁	1.00	Model ₁	1.00
Model ₂	0.96	Model ₂	0.83
Model ₃	0.62	Model ₃	0.88
Model ₄	0.86	Model ₄	0.80
Domain 3	Model ₁	Domain 4	Model ₁
Model ₁	1.00	Model ₁	1.00
Model ₂	0.99	Model ₂	0.99
Model ₃	0.92	Model ₃	0.78
Model ₄	0.95	Model ₄	0.97
Domain 5	Model ₁	Domain 6	Model ₁
Model ₁	1.00	Model ₁	1.00
Model ₂	0.98	Model ₂	1.00
Model ₃	0.86	Model ₃	1.00
Model ₄	0.91	Model ₄	0.96
Domain 7	Model ₁	Domain 8	Model ₁
Model ₁	1.00	Model ₁	1.00
Model ₂	0.98	Model ₂	1.00
Model ₃	0.73	Model ₃	0.98
Model ₄	0.90	Model ₄	0.89
Domain 9	Model ₁	Domain 10	Model ₁
Model ₁	1.00	Model ₁	1.00
Model ₂	1.00	Model ₂	1.00
Model ₃	0.84	Model ₃	1.00
Model ₄	0.83	Model ₄	0.89

4.3 Patterns and gradations of wellbeing priorities and satisfaction levels

4.3.1 Jagged teeth charts

Patterns and gradations of wellbeing outcomes are also evident by looking systematically at the wellbeing priorities of respondents and their satisfaction levels on those goals they ranked as important.

Average importance and satisfaction scores are presented graphically to illustrate the relationship between the perceived importance of particular goals (Q6.1b from the example in Section 3.2.3 above) and the levels of satisfaction reported for the goal (Q6.1c from the example in Section 3.2.3 above). By presenting them in ranked order of goal importance, it is possible to highlight the disjuncture between the priority of goals and the perceived level of satisfaction of them. This type of graphical representation is a powerful way of illustrating gaps in achievement and in aspiration, which can be beneficial for policy recommendations and which gives some indication of the ways that public policy outcomes are failing to match people's own visions of what is important for a good life (see McGregor, Camfield and Woodcock 2009).

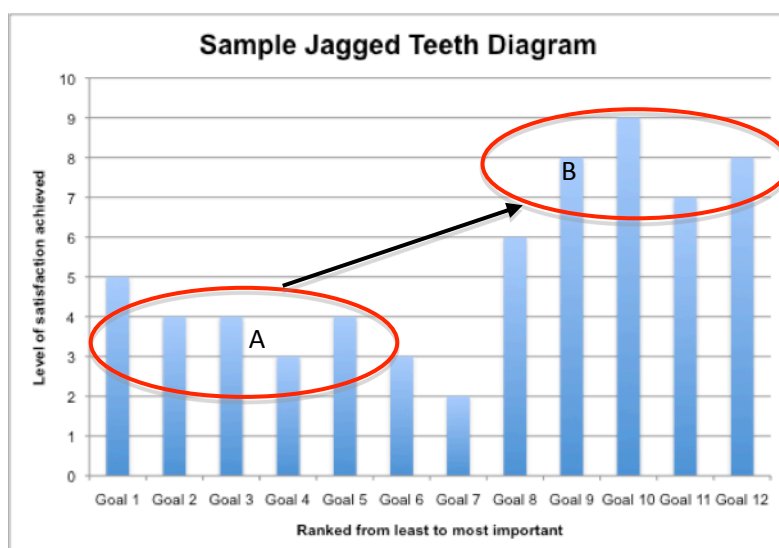


Figure 4.5 – Sample jagged teeth diagram

In the sample illustration in the diagram above, we can see that individuals have low levels of satisfaction over their achievement on goals they ranked as having low importance to their life (grouping A). Conversely, the example also shows individuals having high levels of satisfaction on goals they rank as having a high level of importance in their life (grouping B). Thus creating an upward slope of sorts. This upward slope presents a positive overall picture, *even though* individuals display low levels of satisfaction on Goals 1-7. The fact that they do not rank these goals as important in their life implies that their low levels of satisfaction on these goals do not have a significant impact on their wellbeing. We also explicitly include objective indicators, which measure goal attainment (so to follow on in the earlier example on safety, we measure objectively whether self-reported violent incidents occurred in the community) objectively to provide comparison.¹⁴ From a policy perspective therefore, it is critical to not only understanding people's objective achievements of goals, but also their subjective opinions on goal achievement weighted by how importantly they rank those goals.

4.3.2 Overall impressions of wellbeing goals ranked by individuals

In the sites sampled in India, ownership of dwelling and ease of access to drinking water were ranked in the top ten priorities of communities most often. At the same time, a number of goals never made it on to the top ten list. These include: being able to observe religious practice, having protection from work-related hazards, ease of access to medical interventions, image of settlement, ability to bring change in community, getting respect from others, connections with people to find work, good relations between young-old, deriving dignity from work, good relations between new-old residents, good relations with outsiders.

In Bangladesh, ease of access to drinking water was the ranked in the top ten most often. Having an enclosed toilet and having access to one's dwelling were also important goals. At the same time, the following goals were not ranked in the top ten in any site: having appropriate clothing for family members, having good relations within families, spending time with relatives, having appropriate clothing for one self, affordable healthcare, having control over decisions, image of settlement, having the links with government officials needed to access services, possessing the ability to bring change in community, getting respect from others, having autonomy in work, having the connections with people to find work, having good relations between young-old,

¹⁴ Also see http://www.esrc.ac.uk/_images/what-works-wellbeing-cross-cutting-specification_tcm8-32396.pdf

deriving dignity from work, having good relations between new-old residents, having good relations with outsiders, having a good landlord.

Overall, we find that satisfaction levels in the sites sampled in India were significantly higher than those in sites sampled in Bangladesh, while the latter display a much higher degree of variability on levels of satisfaction. As mentioned earlier however, the level of aggregation may be hiding the priorities of particular groups or cohorts within and across these sites. Furthermore, it should be noted that even if goals do not feature in the list of ‘top ten’ priorities, they nevertheless receives variable satisfaction and importance scores, with some respondents ranking them potentially highly, and as such do contribute to the overall wellbeing domain scores.

Table 4.3 - Wellbeing priorities ranked most often in the top 10 (Bangladeshi sites)

Goals	# of times ranked in the top 10 (Bangladeshi sites)
Ease of access to drinking water	7*
Enclosed toilet facility	6
Access to Dwelling	6
Schooling for children	5
Affordable drinking water	5
Access to work place	5
Observe religious practice	5
Ownership of dwelling	4
Access to site	4
Ease of access to toilet	4
Access to Latrines	4
Good physical and mental health	4
Protection from work-related hazards	3
Safety and security	3
Quality of construction materials	2
Ease of access to medical interventions	2
Space for living	1

* ‘7’ indicates that the goal was ranked in the top-10 in all sites in Bangladesh.

Table 4.4 – Wellbeing priorities ranked most often in the top 10 (India)

Goal	# of sites in which the goal was ranked in the top 10 (India)
Ownership of dwelling	7*
Ease of access to drinking water	6
Enclosed toilet facility	5
Access to Dwelling	5
Space for living	5
Schooling for children	4
Ease of access to toilet	4
Quality of construction materials	4
Affordable drinking water	3
Appropriate Clothing (Family members)	3
Good relations within families	3
Appropriate Clothing (Self)	3
Time with relatives	2
Autonomy in work	2
Access to site	2
Access to Latrines	2
Safety and Security	2
Good Landlord	2
Access to work place	1
Good physical and mental health	1
Affordable healthcare	1
Control over decisions	1
Links with Govt officers	1

* ‘7’ indicates that the goal was ranked in the top-10 in all sites in India.

In the sections below, we present the disaggregated patterns and gradations of wellbeing priorities and satisfaction levels on wellbeing goals by site, as well as gender in each site:

4.3.3 Wellbeing priorities and goal achievement by site

Sites in Bogra

Site 1: Sheuzgari Railway Colony, Ward No. 8

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in Sheuzgari Railway Colony. Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as *higher* than four (‘somewhat satisfied’ or ‘very satisfied’) have been marked in *green*. Goals for which on average respondents rated their satisfaction on achievement as *lower* than three (‘somewhat unsatisfied’ or ‘very unsatisfied’) have been marked in *red*. Those goals on which satisfaction levels fall in-between are marked in *amber*.

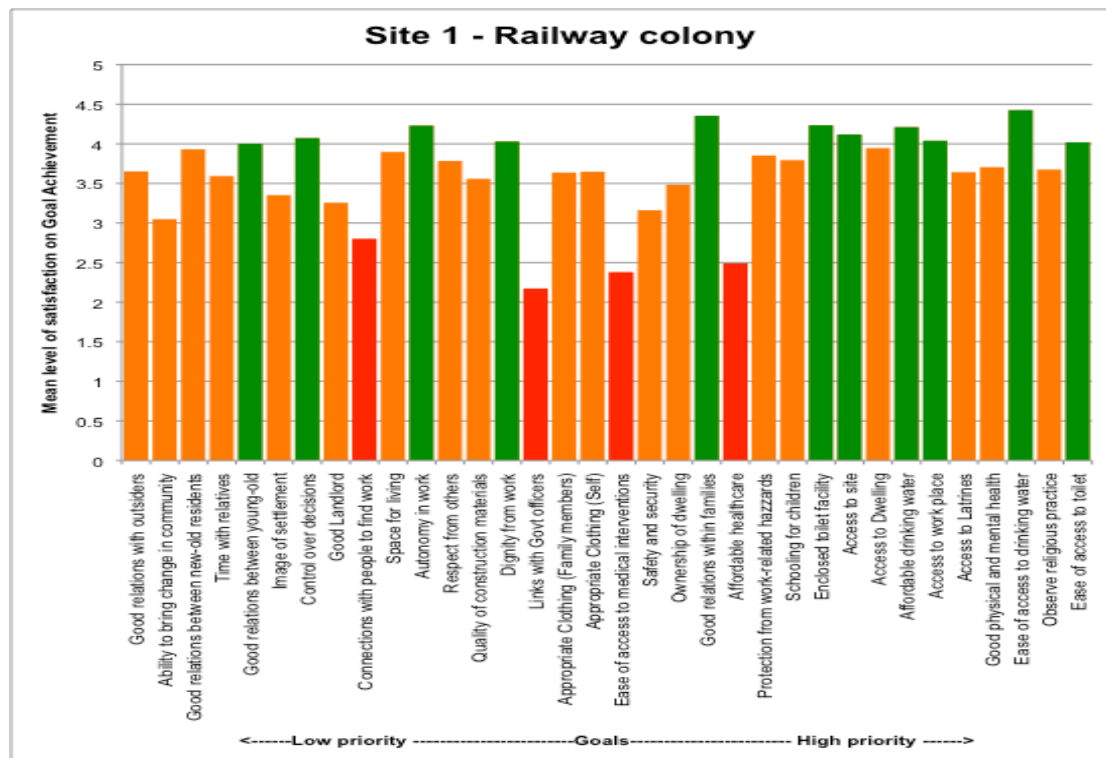


Figure 4.6 – Wellbeing priorities in Railway Colony (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: ease of access to toilet, ability to observe religious practice, ease of access to drinking water, good physical and mental health, access to latrines, access to work place, affordable drinking water, access to dwelling, access to site, and having an enclosed toilet facility. For six of these goals, the community displayed on average high levels of satisfaction on goal achievement. While the community did display low satisfaction levels on connections with people to find work, affordable healthcare, ease of access to medical interventions, and links with government officers, none of these goals were ranked as high priority goals by the community. The clustering of high level of satisfaction on achievement of high priority goals is a healthy sign. The one work related issue that features in the top ten ranked goals is access to the work place, and people are satisfied with their achievements on this indicator. People are also relatively satisfied about the autonomy they find in their work, and the dignity they derive from working. The work related topic ranked highest is protection from work related hazards, and people are fairly satisfied with the level of achievement on this indicator. People are however relatively unsatisfied with the social connections they have to people that can help them find work.

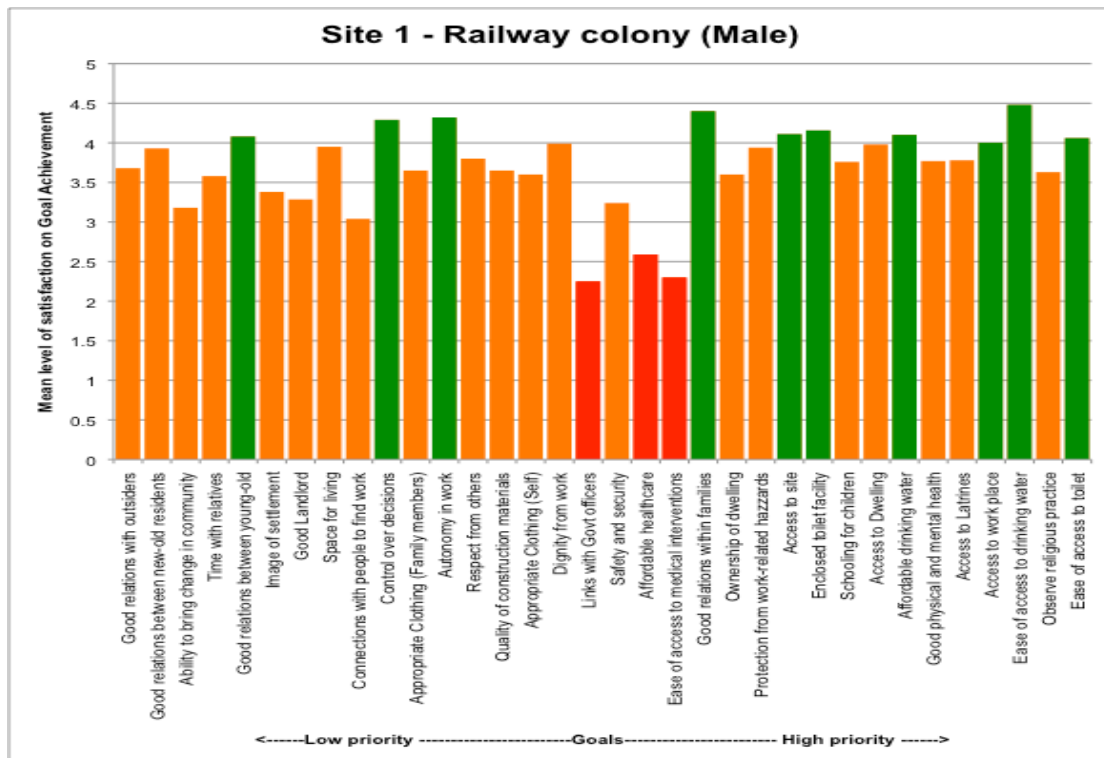


Figure 4.7 – Wellbeing priorities in Railway Colony (Men)

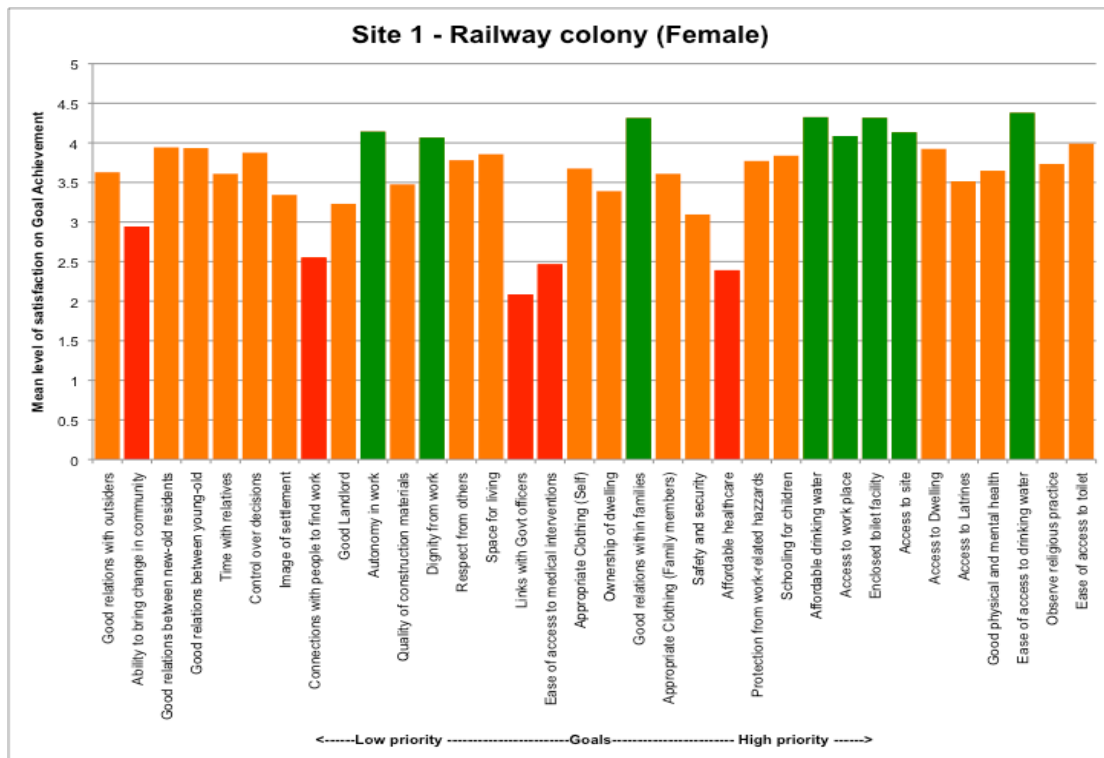


Figure 4.8 – Wellbeing priorities in Railway Colony (Women)

Table 4.5 - Site 1 - Goals ranked in the top-ten

Overall Site	Men	Women
Ease of access to toilet	Ease of access to toilet	Ease of access to toilet
Observe religious practice	Observe religious practice	Observe religious practice
Ease of access to drinking water	Ease of access to drinking water	Ease of access to drinking water
Good physical and mental health	Access to work place	Good physical and mental health

Access to Latrines	Access to Latrines	Access to Latrines
Access to work place	Good physical and mental health	Access to Dwelling
Affordable drinking water	Affordable drinking water	Access to site
Access to Dwelling	Access to Dwelling	Enclosed toilet facility
Access to site	Schooling for children	Access to work place
Enclosed toilet facility	Enclosed toilet facility	Affordable drinking water

Site 2: Malotinagar, Ward No. 11

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in Malotinagar.¹⁵

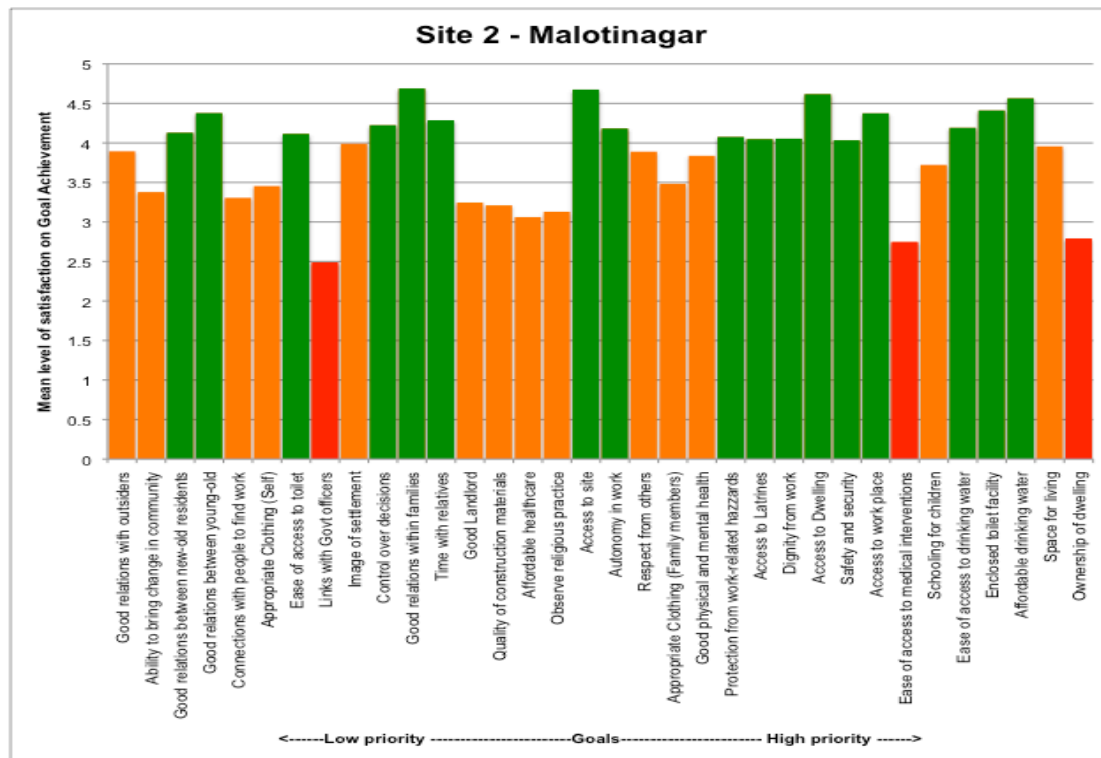


Figure 4.9 – Wellbeing priorities in Malotinagar (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: ownership of dwelling, space for living, affordable drinking water, enclosed toilet facility, schooling for children, ease of access to drinking water, ease of access to medical interventions, access to work place, access to dwelling, and safety and security. Interestingly, the community did not prioritise having good relationships with outsiders, as compared with all other goals. Quality of construction materials and the image of the settlement were also not ranked amongst the top. Of the top ranked goals, the community displayed low levels of satisfaction over achievement on two, including the most important goal (Ownership status), while displaying high levels of satisfaction over achievement on five. While the community did display high levels of satisfaction on a significant number of goals across the spectrum, 17 out of a total of 34, the clustering of dissatisfaction amongst the high ranked goals is an area of concern. The community on average also rated a very low level of satisfaction on their links with government officials. This goal however was not ranked as important by the community. In terms of work, the one issue that features in the top ten ranked goals is access to the work place, and people are satisfied with their

¹⁵ Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

achievements on this indicator. People are also relatively satisfied about the autonomy they find in their work, and the dignity they derive from working and the perceived protection from work related hazards, and the social connections they have to people that can help them find work.

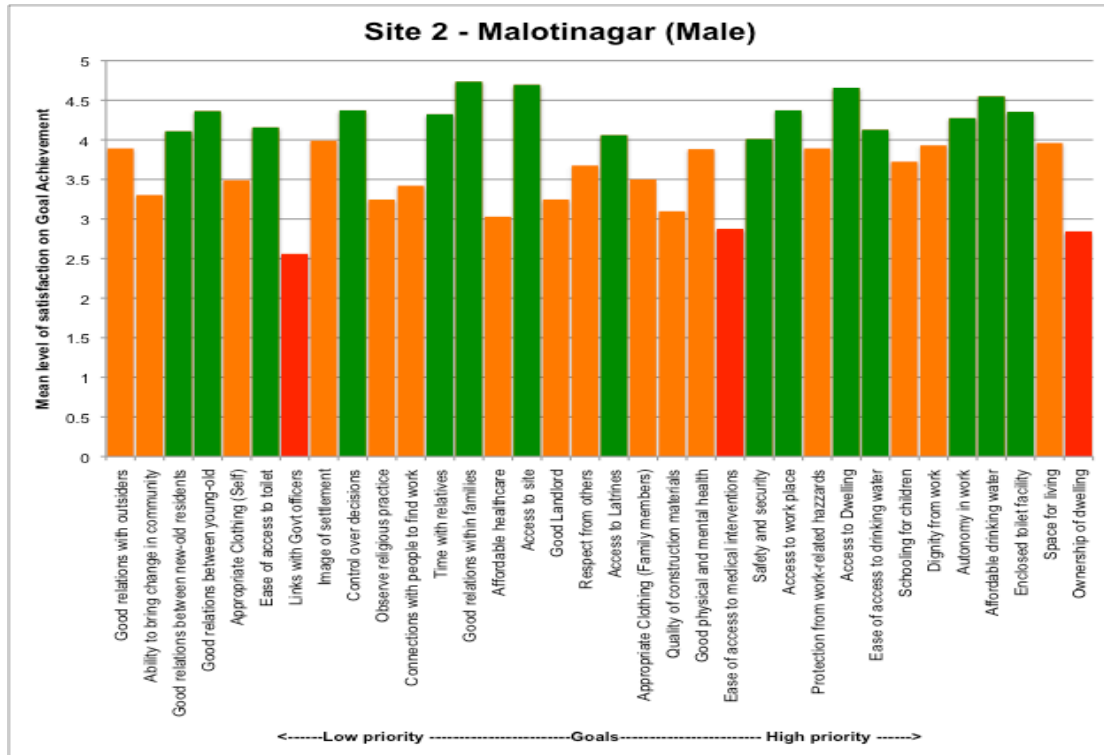


Figure 4.10 – Wellbeing priorities in Malotinagar (Men)

Women:

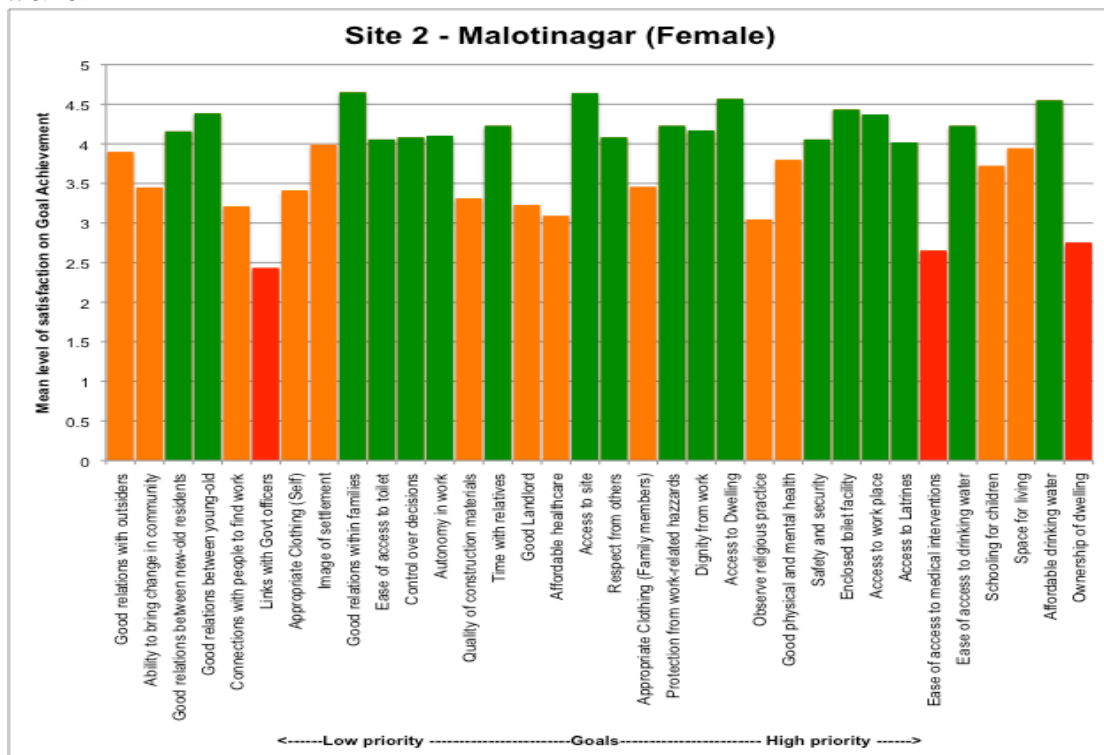


Figure 4.11 – Wellbeing priorities in Malotinagar (Women)

Table 4.6 - Site 2 - Goals ranked in the top-ten

Overall Site	Men	Women
Ownership of dwelling	Ownership of dwelling	Ownership of dwelling
Space for living	Space for living	Affordable drinking water
Affordable drinking water	Enclosed toilet facility	Space for living
Enclosed toilet facility	Affordable drinking water	Schooling for children
Ease of access to drinking water	Autonomy in work	Ease of access to drinking water
Schooling for children	Dignity from work	Ease of access to medical interventions
Ease of access to medical interventions	Schooling for children	Access to Latrines
Access to work place	Ease of access to drinking water	Access to work place
Access to Dwelling	Access to Dwelling	Enclosed toilet facility
Safety and security	Protection from work-related hazards	Safety and security

Sites in Chittagong

Site 3: Jute Rally Docker par, South Madarbari, Ward no.29

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in the Dock Yard settlement in South Madarbari.¹⁶

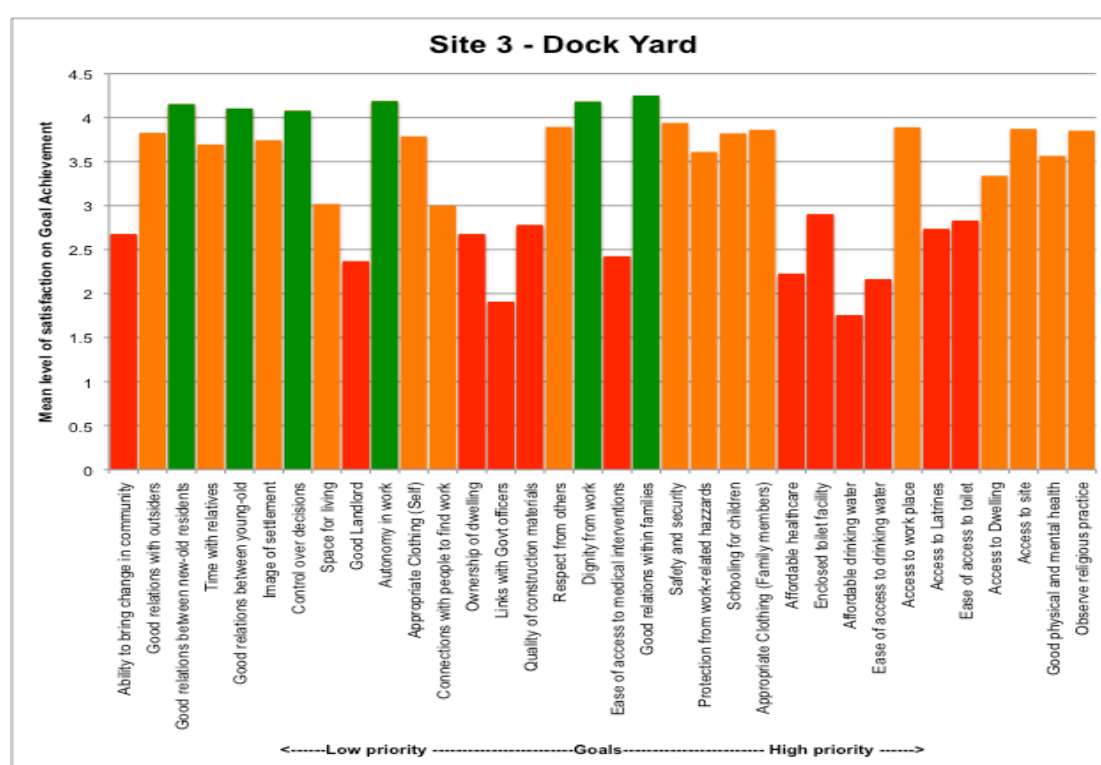


Figure 4.13 – Wellbeing priorities in Docker par (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: Observing religious practice, being in good physical and mental health, having access to the site, having access to their dwellings, ease of access to toilet, having access to latrines, having access to work place, ease of access to drinking water, affordable drinking water, and having an enclosed toilet facility. Poignantly, the community members on average did not report a high level of satisfaction on any of these goals. To the contrary, on five of these goals, the community members displayed low levels of satisfaction. While the community did display high levels of satisfaction on achievement of six of the 34 goals, none of these goals was ranked as important. Not achieving the goals which are deemed as important by the community is very likely to have a

¹⁶ Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

significantly detrimental impact on wellbeing, and consequently on poverty outcomes. This clustering of low satisfaction scores amongst high ranked goals is a cause for concern.

In terms of work, the one issue that features in the top ten ranked goals is access to the work place, and people are fairly satisfied with their achievements on this indicator. People are satisfied about the autonomy they find in their work, and the dignity they derive from working. They are fairly satisfied also with the perceived protection from work related hazards, and the social connections they have to people that can help them find work.

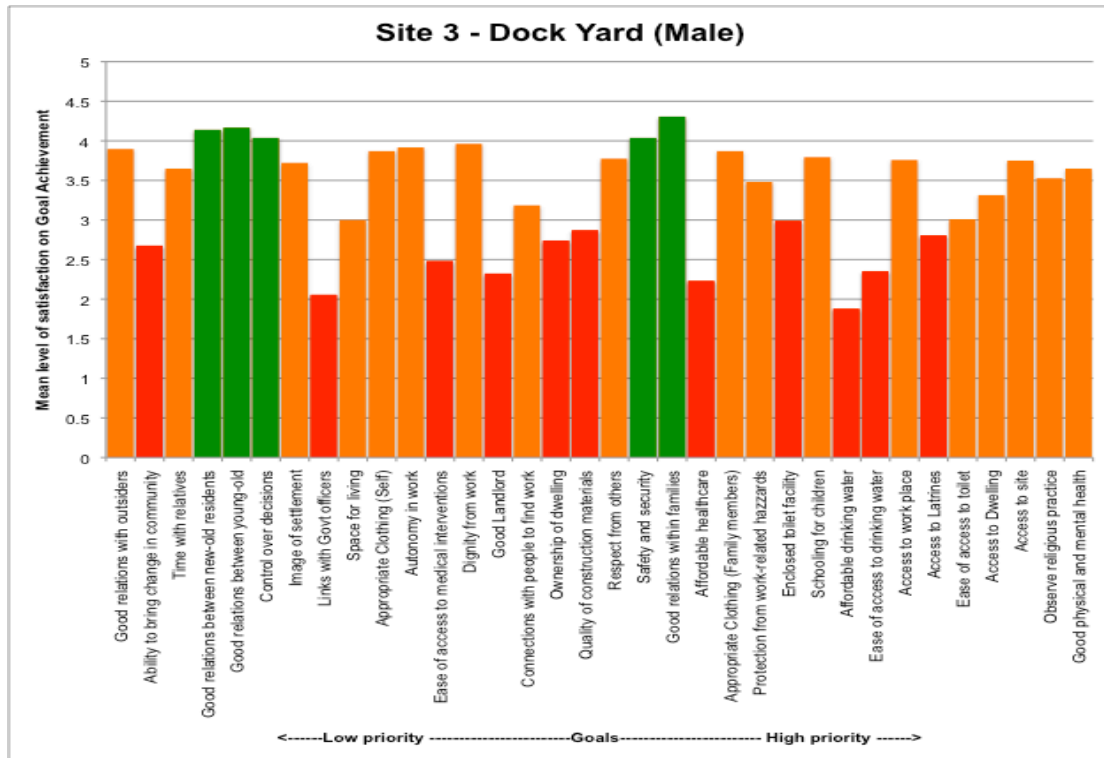


Figure 4.14 – Wellbeing priorities in Docker par (Men)

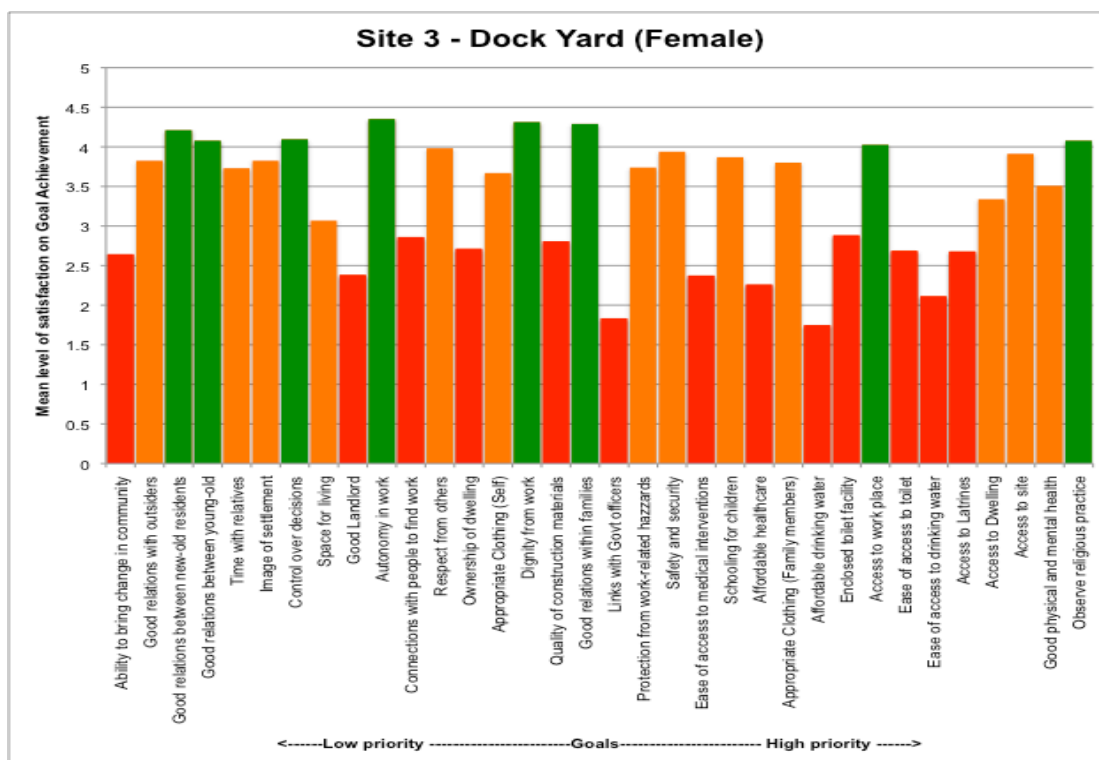


Figure 4.15 – Wellbeing priorities in Docker par (Women)

Table 4.7 - Site 3 - Goals ranked in the top-ten

Overall Site	Men	Women
Observe religious practice	Good physical and mental health	Observe religious practice
Good physical and mental health	Observe religious practice	Good physical and mental health
Access to site	Access to site	Access to site
Access to Dwelling	Access to Dwelling	Access to Dwelling
Ease of access to toilet	Ease of access to toilet	Access to Latrines
Access to Latrines	Access to Latrines	Ease of access to drinking water
Access to work place	Access to work place	Ease of access to toilet
Ease of access to drinking water	Ease of access to drinking water	Access to work place
Affordable drinking water	Affordable drinking water	Enclosed toilet facility
Enclosed toilet facility	Schooling for children	Affordable drinking water

Site 4: Khejurtola Berribandh, Ward no. 80

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in the settlement in Khajurtola (Baribadh).¹⁷

¹⁷ Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

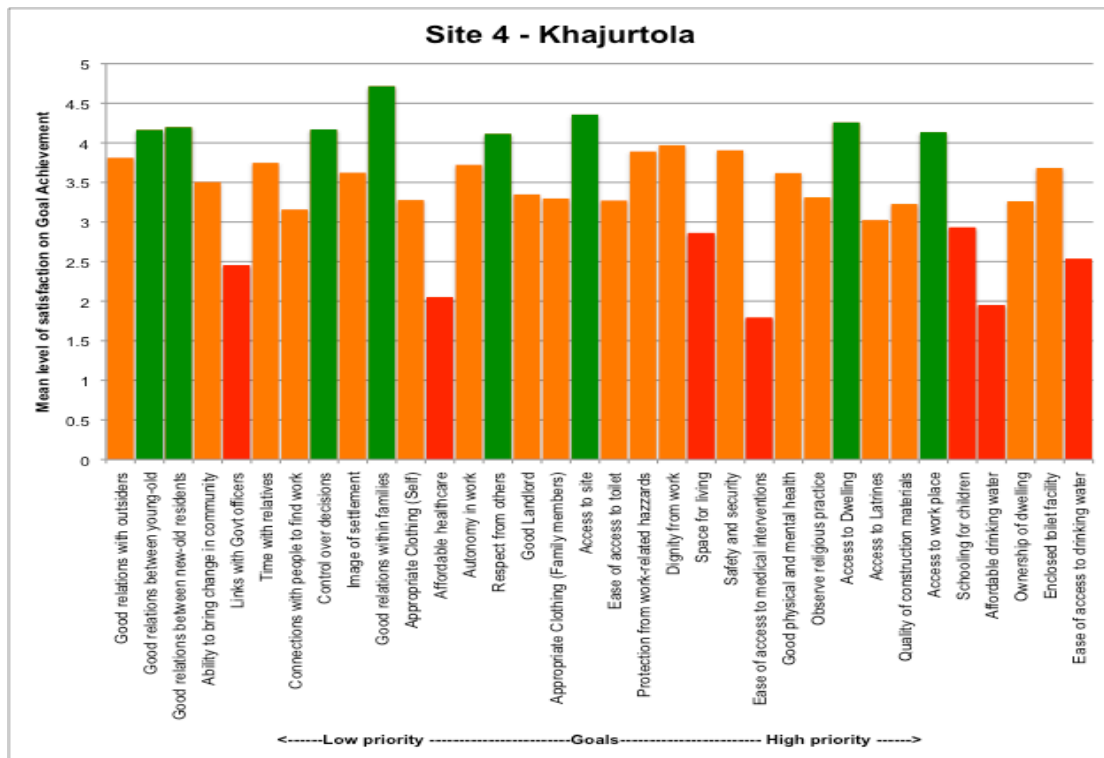


Figure 4.16 – Wellbeing priorities in Khejurtola (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: ease of access to drinking water, having an enclosed toilet facility, ownership of dwelling, having affordable drinking water, schooling for children, having access to work place, the quality of construction materials, having access to their dwelling, having access to latrines, and being in good physical and mental health. Of these, the community members on average displayed high levels of satisfaction on achievement of two goals (both relating to access – to their dwellings and their places of work). Poignantly however, the community displayed low levels of satisfaction on three goals, including their most important priority, which was having easy access to drinking water. Affordability of drinking water was also ranked in the top five priorities, but the community displayed low levels of satisfaction. While the community displayed high levels of satisfaction on achievement in eight of 34 goals, these mostly not ranked as important. The overriding concerns therefore are the seven goals in which the community was dissatisfied in their goal achievement.

In terms of work, the one issue that features in the top ten ranked goals is access to the work place, and people are satisfied with their achievements on this indicator. People are also relatively satisfied about the autonomy they find in their work, and the dignity they derive from working and the perceived protection from work related hazards, and the social connections they have to people that can help them find work.

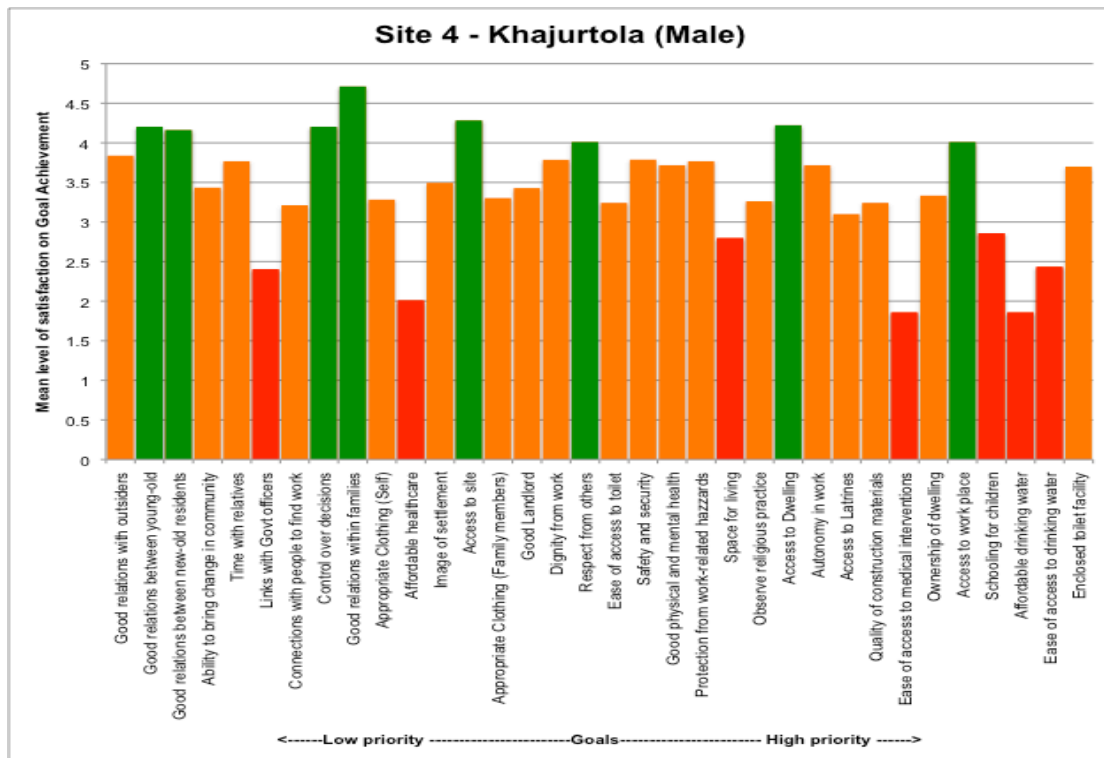


Figure 4.17 – Wellbeing priorities in Khejurtola (Men)

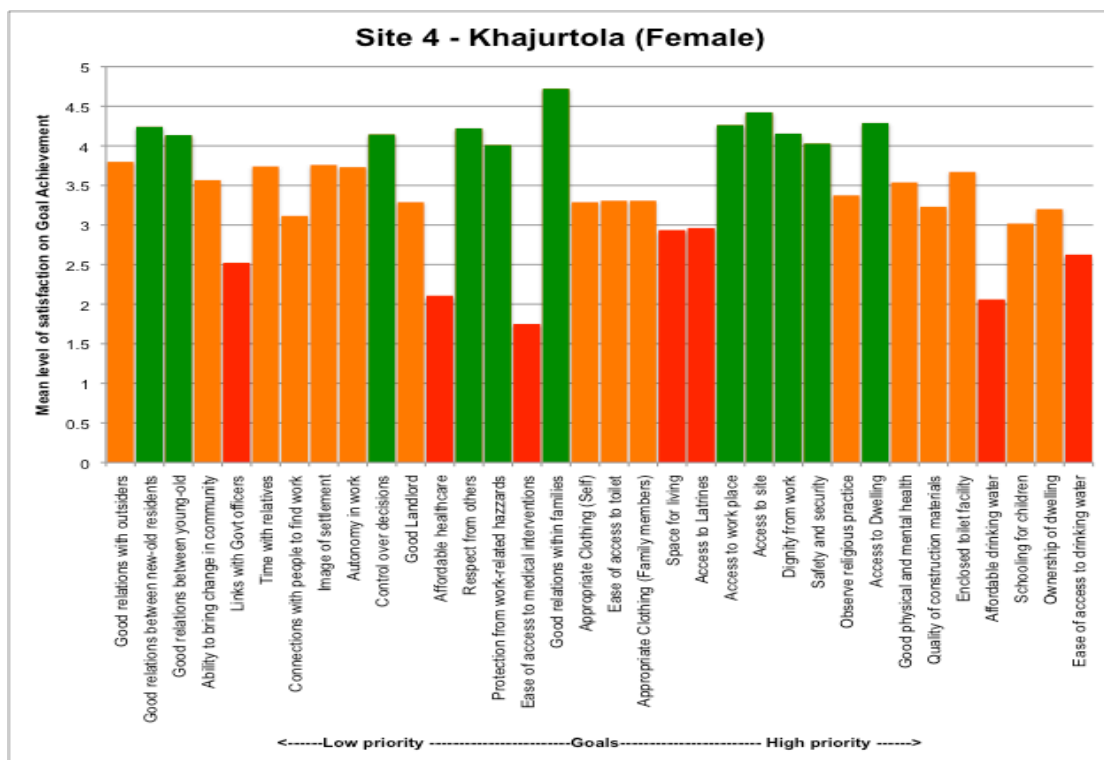


Figure 4.18 – Wellbeing priorities in Khejurtola (Women)

Table 4.8 - Site 4 - Goals ranked in the top-ten

Overall Site	Men	Women
Ease of access to drinking water	Enclosed toilet facility	Ease of access to drinking water
Enclosed toilet facility	Ease of access to drinking water	Ownership of dwelling
Ownership of dwelling	Affordable drinking water	Schooling for children
Affordable drinking water	Schooling for children	Affordable drinking water
Schooling for children	Access to work place	Enclosed toilet facility

Access to work place	Ownership of dwelling	Quality of construction materials
Quality of construction materials	Ease of access to medical interventions	Good physical and mental health
Access to Latrines	Quality of construction materials	Access to Dwelling
Access to Dwelling	Access to Latrines	Observe religious practice
Observe religious practice	Autonomy in work	Safety and security

Sites in Dhaka

Site 5: Chitar Par, Rayer Bazar, Ward-47, West Dhanmondi

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in the settlement in Chitarpar (Rayerbazar).¹⁸

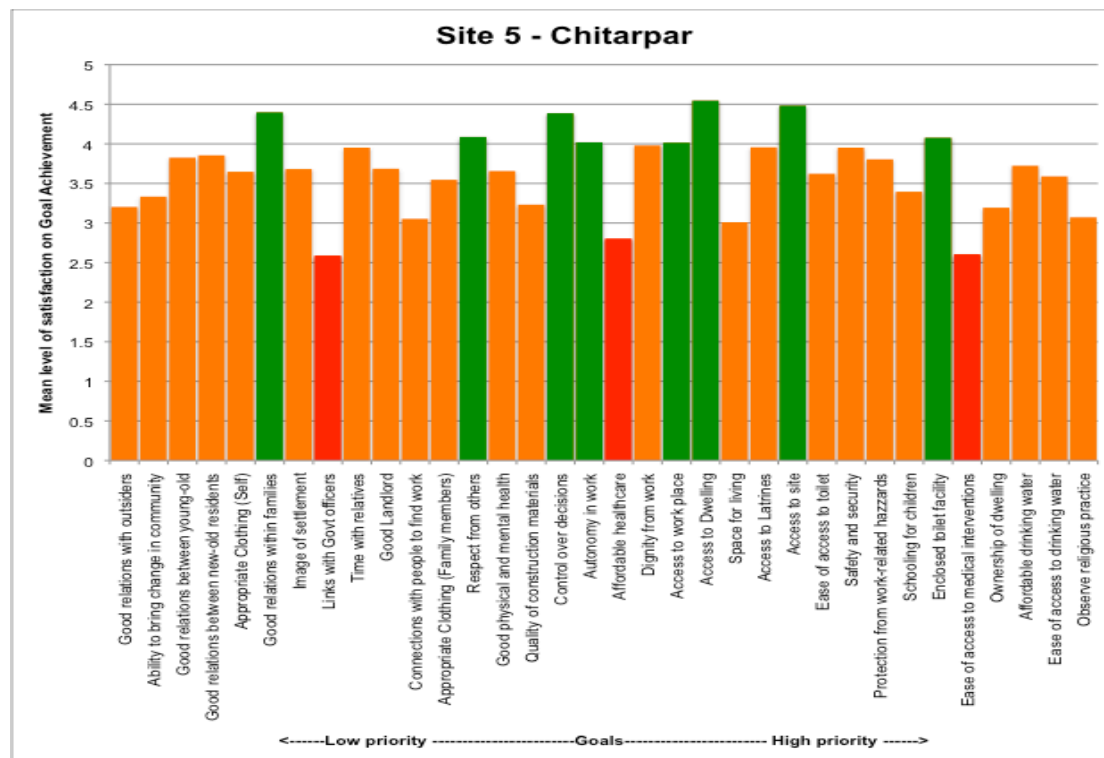


Figure 4.19 – Wellbeing priorities in Chitarpar (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: observing religious practice, ease of access to drinking water, affordable drinking water, ease of access to medical interventions, ownership of dwelling, schooling for children, enclosed toilet facility, protection from work-related hazards, safety and security, and access to site. While the community displayed high levels of satisfaction on eight of 34 goals, only two of these were ranked in the ten most important goals in the community. It is pertinent that the community valued access to medical services like immunisation highly, but displayed very low levels of satisfaction on this goal. Affordable healthcare was also a goal on which the community showed very low levels of satisfaction.

In terms of work, the one issue that features in the top ten ranked goals is perceived protection from work related hazards, and people are fairly satisfied with their achievements on this indicator. People are also satisfied about the autonomy they find in their work, and access to the

¹⁸ Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

work place, and fairly satisfied about the dignity they derive from working and the social connections they have to people that can help them find work.

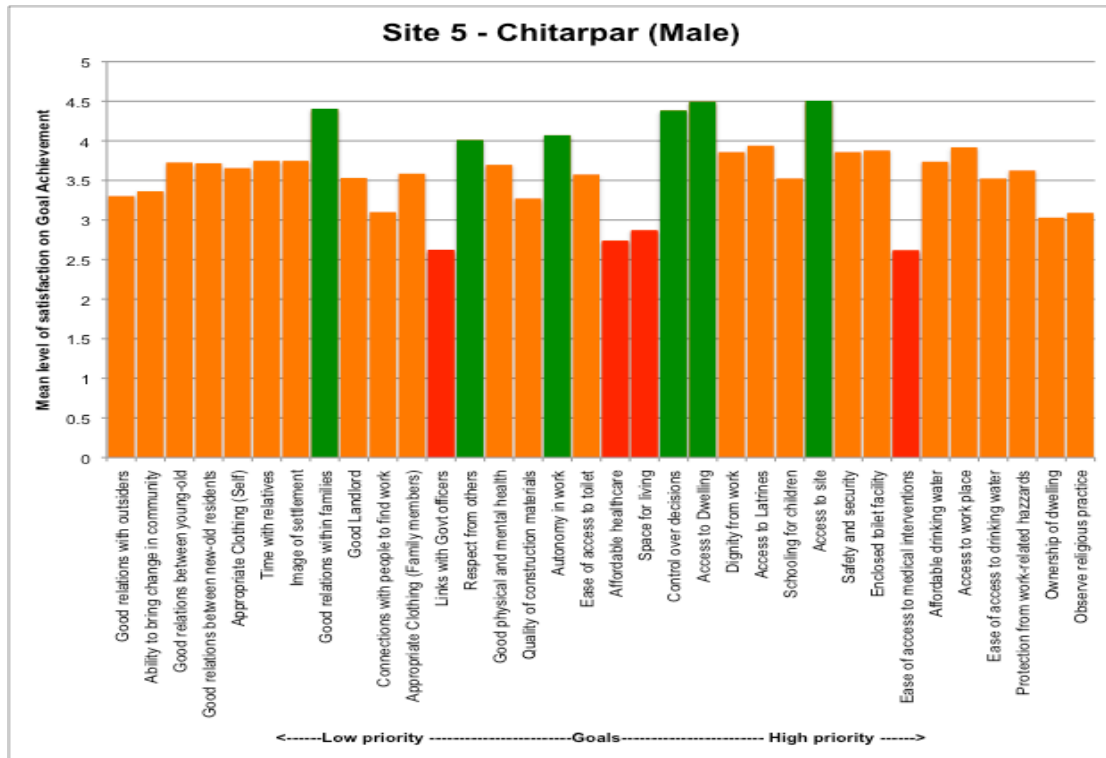


Figure 4.20 – Wellbeing priorities in Chitarpar (Men)

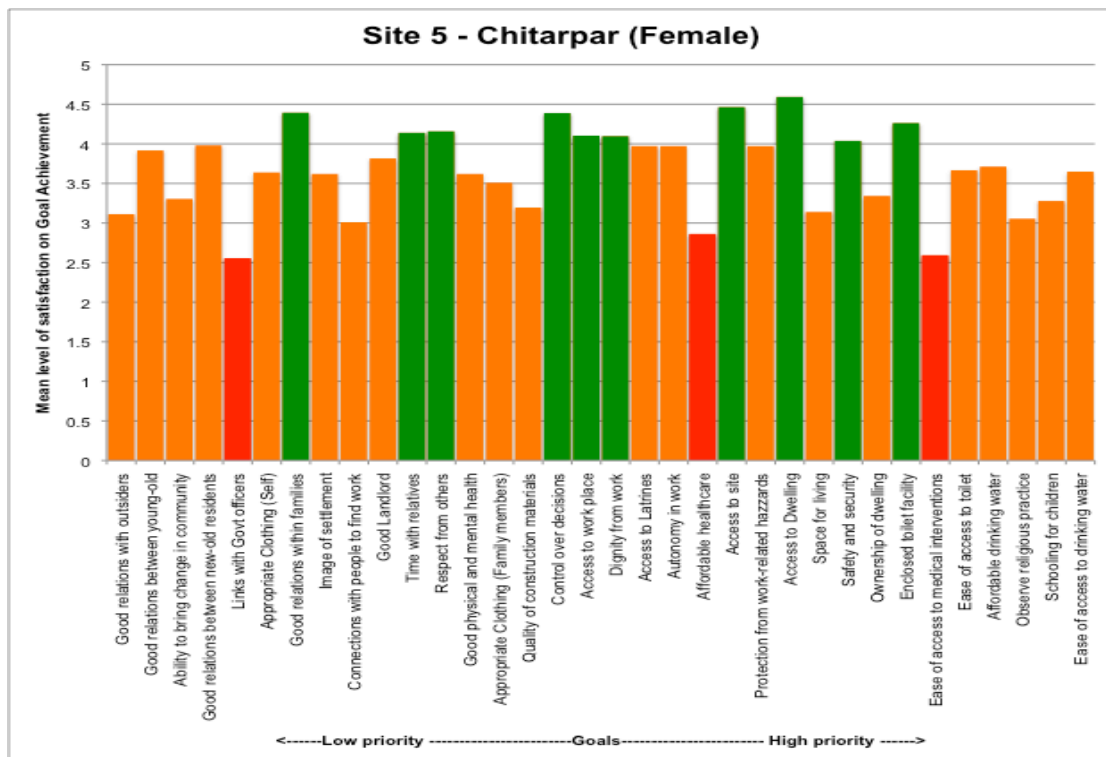


Figure 4.21 – Wellbeing priorities in Chitarpar (Women)

Table 4.9 - Site 5 - Goals ranked in the top-ten

Overall Site	Men	Women
Observe religious practice	Observe religious practice	Ease of access to drinking water
Ease of access to drinking water	Ownership of dwelling	Schooling for children

Affordable drinking water	Protection from work-related hazards	Observe religious practice
Ownership of dwelling	Ease of access to drinking water	Affordable drinking water
Ease of access to medical interventions	Access to work place	Ease of access to toilet
Enclosed toilet facility	Affordable drinking water	Ease of access to medical interventions
Schooling for children	Ease of access to medical interventions	Enclosed toilet facility
Protection from work-related hazards	Enclosed toilet facility	Ownership of dwelling
Safety and security	Safety and security	Safety and security
Access to site	Access to site	Space for living

Site 6: Beltola, number 9, in Kalyanpur area close to Notunbazar, Ward-10, Mirpur

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in the settlement in Beltola (Kallanpur).¹⁹

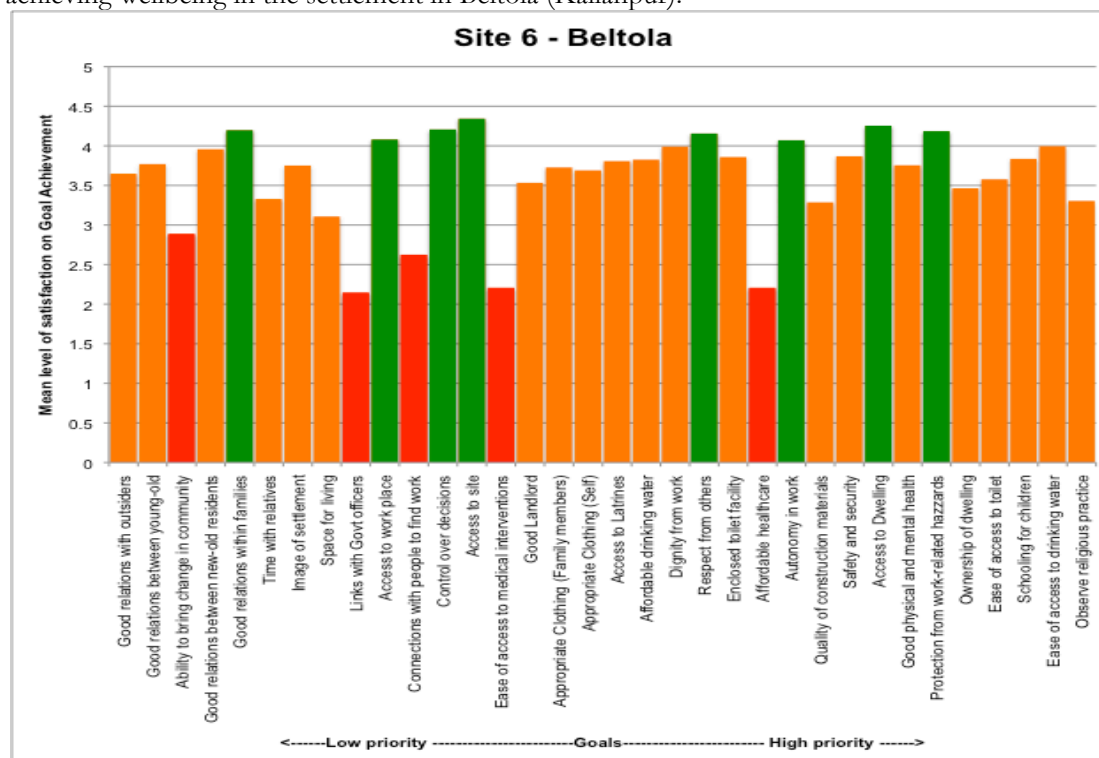


Figure 4.22 – Wellbeing priorities in Beltola (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: observing religious practice, ease of access to drinking water, schooling for children, ease of access to toilet facilities, ownership of dwelling, protection from work-related hazards, being in good physical and mental health, having access to their dwelling, safety and security and the quality of construction materials used for their dwellings. While there were five goals on which the community displayed low levels of satisfaction over achievement, including the ability to bring change in community, connections with people to find work, affordable healthcare, ease of access to medical interventions and having links with government officers in order to access schemes and benefits, none of these were ranked as high priority goals. Equally, high levels of satisfaction on goal achievement is displayed on only two of the top ten ranked goals.

In terms of work, the one issue that features in the top ten ranked goals is perceived protection from work related hazards, and people are satisfied with their achievements on this indicator. People are also relatively satisfied about the autonomy they find in their work, and the dignity

¹⁹ Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

they derive from working. They are unsatisfied with the social connections they have to people that can help them find work but do not rank this as particularly important.

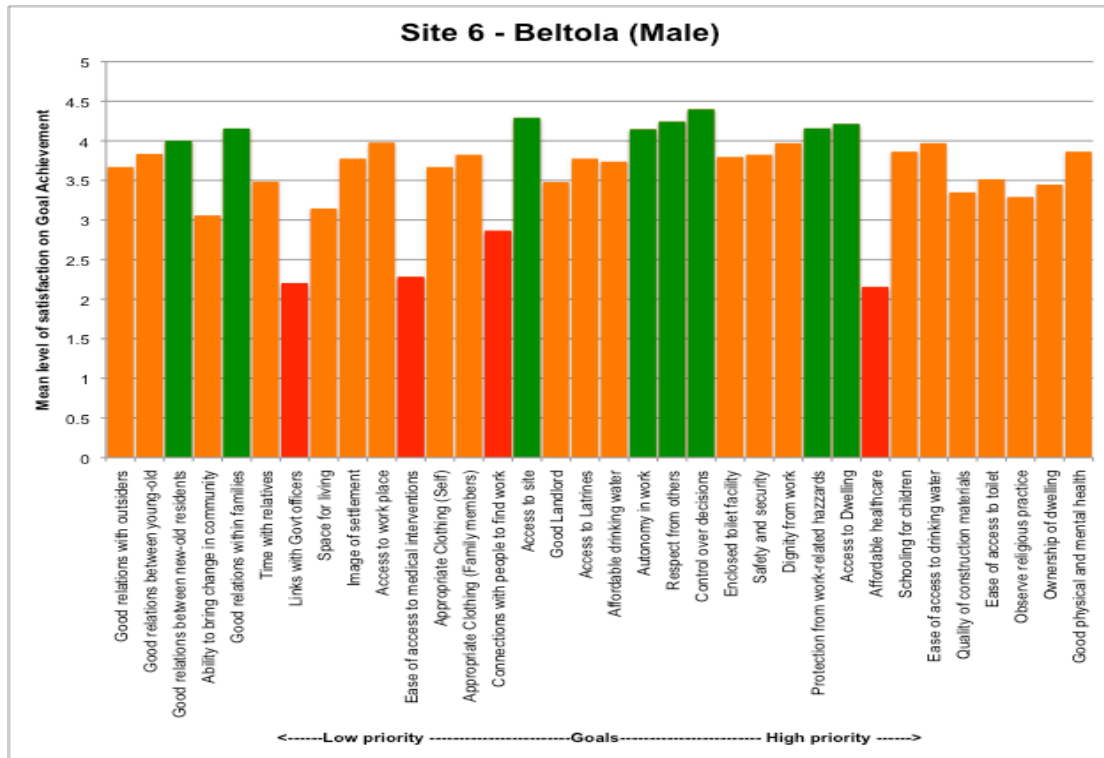


Figure 4.23 – Wellbeing priorities in Beltola (Men)

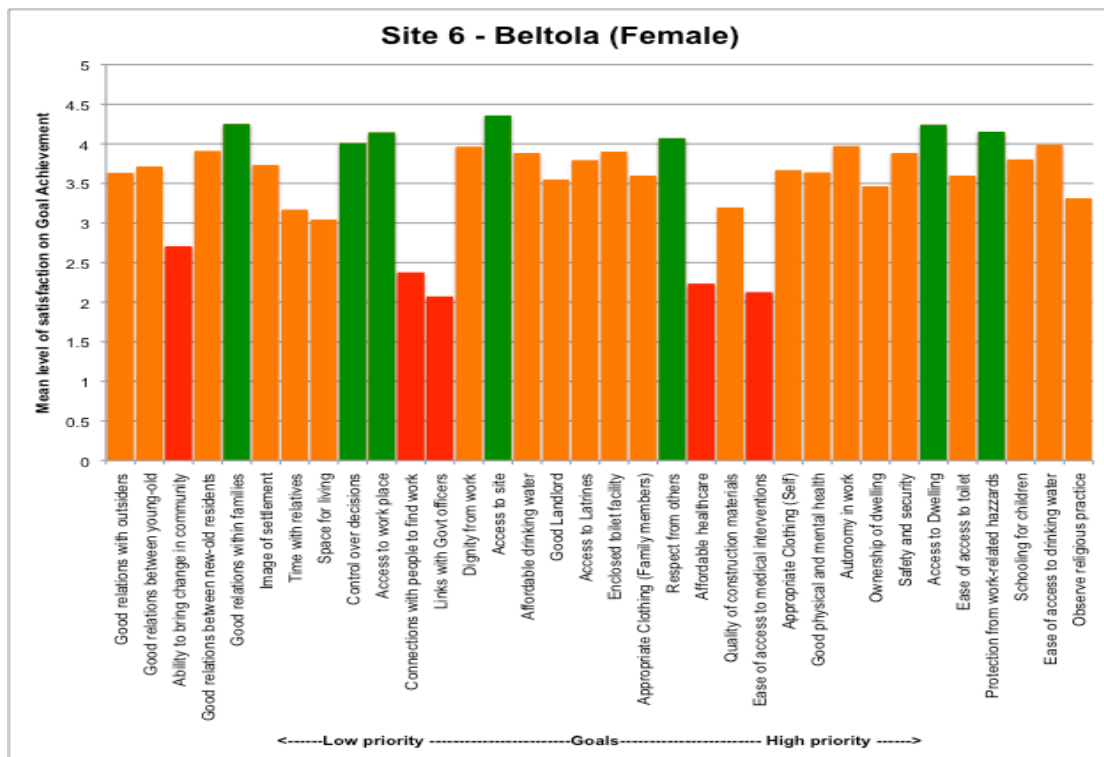


Figure 4.24 – Wellbeing priorities in Beltola (Women)

Table 4.10 - Site 6 - Goals ranked in the top-ten

Overall Site	Men	Women
Observe religious practice	Observe religious practice	Observe religious practice
Ease of access to drinking water	Ownership of dwelling	Ease of access to drinking water

Schooling for children	Good physical and mental health	Schooling for children
Ease of access to toilet	Ease of access to toilet	Protection from work-related hazards
Ownership of dwelling	Ease of access to drinking water	Ease of access to toilet
Protection from work-related hazards	Quality of construction materials	Access to Dwelling
Good physical and mental health	Schooling for children	Safety and security
Access to Dwelling	Protection from work-related hazards	Ownership of dwelling
Safety and security	Access to Dwelling	Autonomy in work
Quality of construction materials	Affordable healthcare	Good physical and mental health

Site 7: Sirnitek, Old ward no.8, New no.8 Turag City Limited, Mirpur-1.

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in the settlement in Sirnitek.²⁰

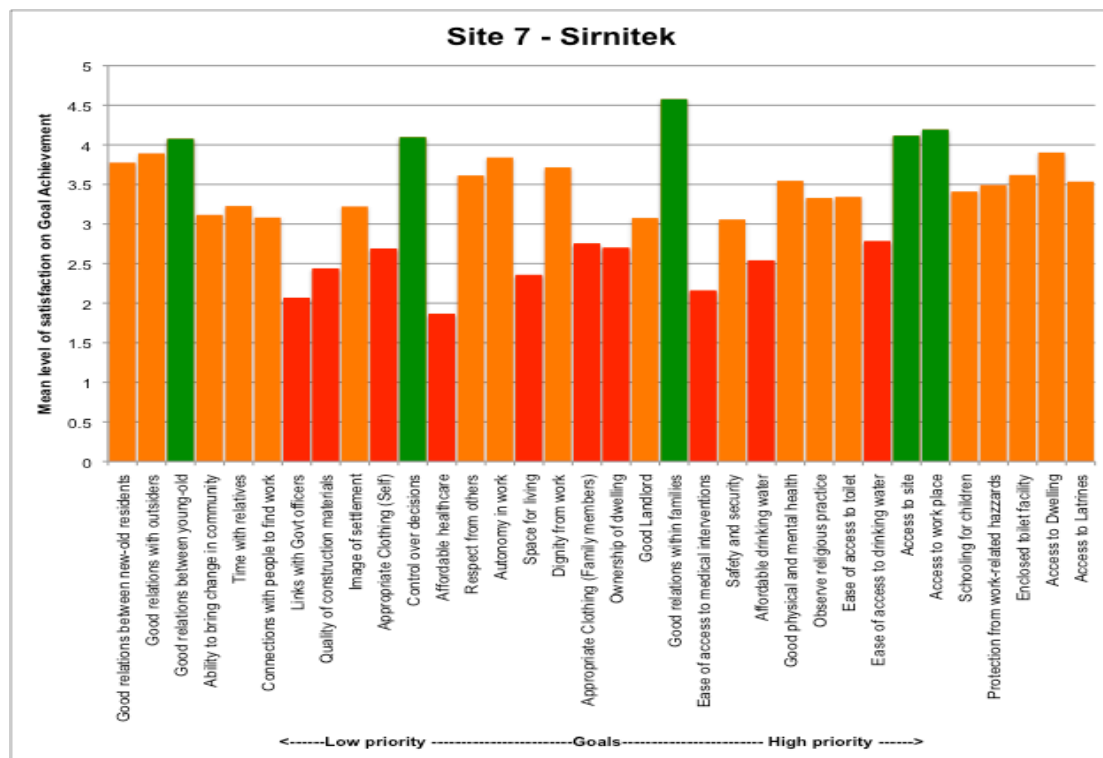


Figure 4.25 – Wellbeing priorities in Sirnitek (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: having access to latrines, having access to their dwelling, having an enclosed toilet facility, having protection from work-related hazards, schooling for children, having access to their work place, having access to the site, ease of access to drinking water, ease of access to toilet, and observing religious practice. Of these, the community were satisfied with their achievement on goals related to access, particularly on access to the informal settlement and access to their places of work. However, a major point of concern is the amount of goals on which the community displayed low levels of satisfaction on goal achievement ten out of 34).

In terms of work, two issues feature in the top ten ranked goals: people are fairly satisfied with their achievements being protected from work related hazards, and satisfied with access to the work place. People are also relatively satisfied about the autonomy they find in their work, and the dignity they derive from working, and the social connections they have to people that can help them find work.

²⁰ Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

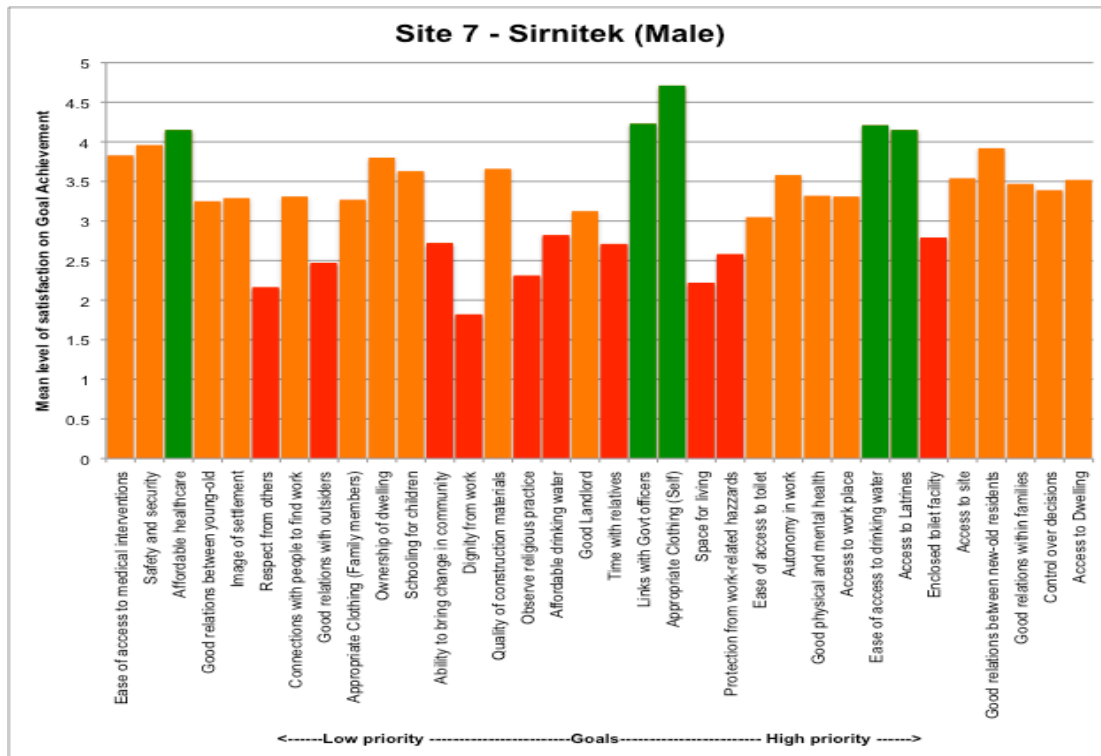


Figure 4.26 – Wellbeing priorities in Sirnitek (Men)

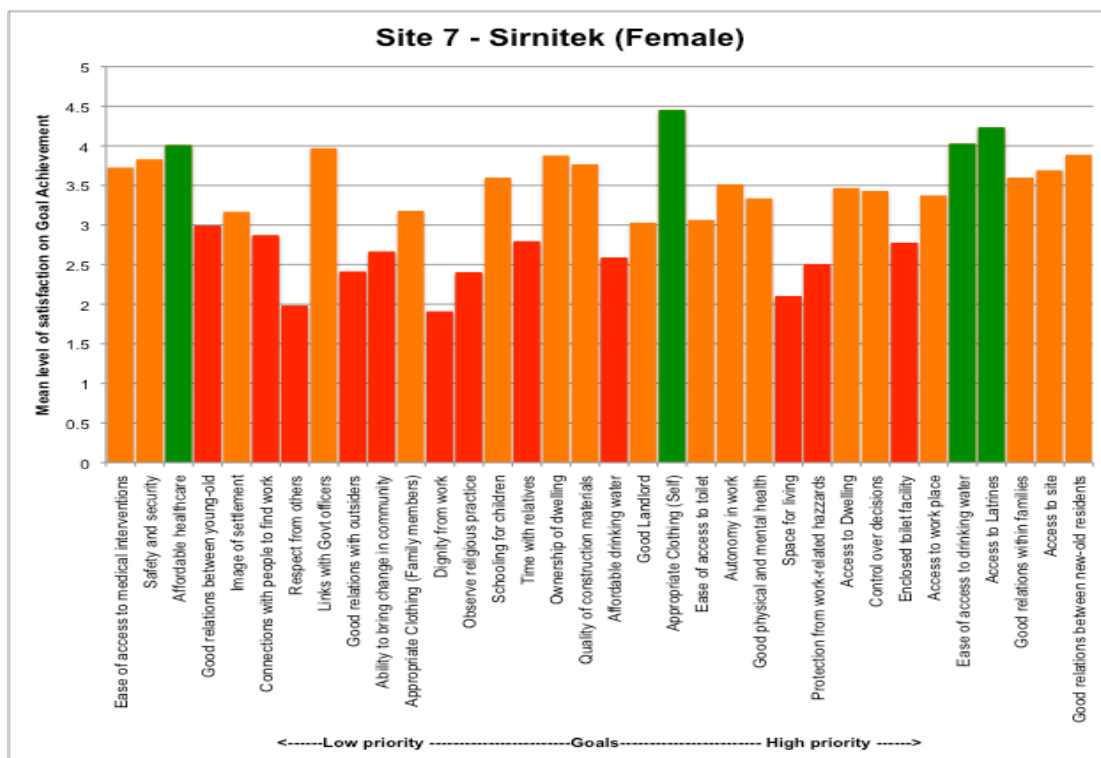


Figure 4.27 – Wellbeing priorities in Sirnitek (Women)

Table 4.11 - Site 7 - Goals ranked in the top-ten

Overall Site	Men	Women
Access to Dwelling	Access to Dwelling	Good relations between new-old residents
Access to Latrines	Control over decisions	Access to site
Enclosed toilet facility	Good relations within families	Good relations within families
Schooling for children	Good relations between new-old residents	Access to Latrines

Protection from work-related hazards	Access to site	Ease of access to drinking water
Access to work place	Enclosed toilet facility	Access to work place
Access to site	Access to Latrines	Enclosed toilet facility
Ease of access to toilet	Ease of access to drinking water	Control over decisions
Ease of access to drinking water	Access to work place	Access to Dwelling
Observe religious practice	Good physical and mental health	Protection from work-related hazards

Sites in Mumbai

Site 8: Hanuman Nagar, PN 37, Mumbai

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in Hanuman Nagar.²¹

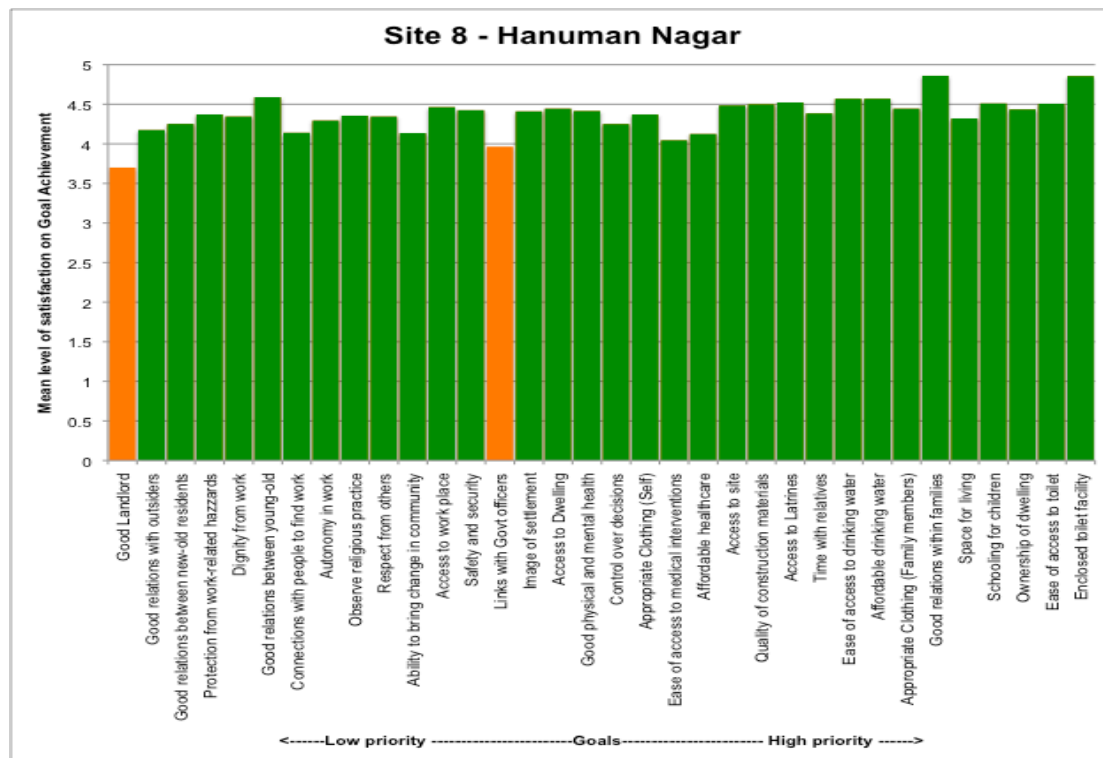


Figure 4.28 – Wellbeing priorities in Hanuman Nagar (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: having an enclosed toilet facility, ownership of dwelling, ease of access to toilet, schooling for children, space for living, good relations within families, appropriate clothing for family members, affordable drinking water, time with relatives, and ease of access to drinking water. Community members displayed high levels of satisfaction on virtually all measured goals. As with the other sites in Mumbai, it does need to be noted that at this stage of analysis, the chart presents average scores, and it is possible that particular groups (of informal workers, women, younger people etc.) might nevertheless be doing badly on some or many of these goals. People do not consider work related aspects as particularly important, as none feature in the top ten ranked goals. They are satisfied with achievements regarding all aspects: access to the workplace, dignity, autonomy and protection from work related hazards, and social connections to people that can help them find work.

²¹ Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

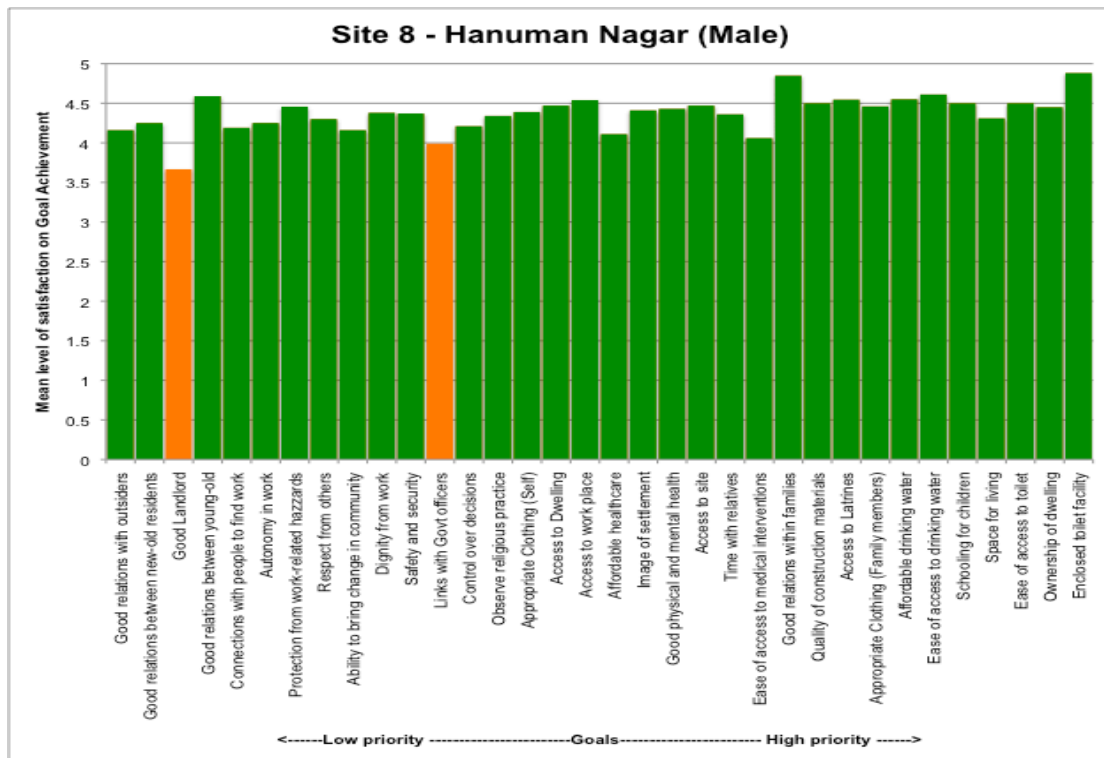


Figure 4.29 – Wellbeing priorities in Hanuman Nagar (Men)

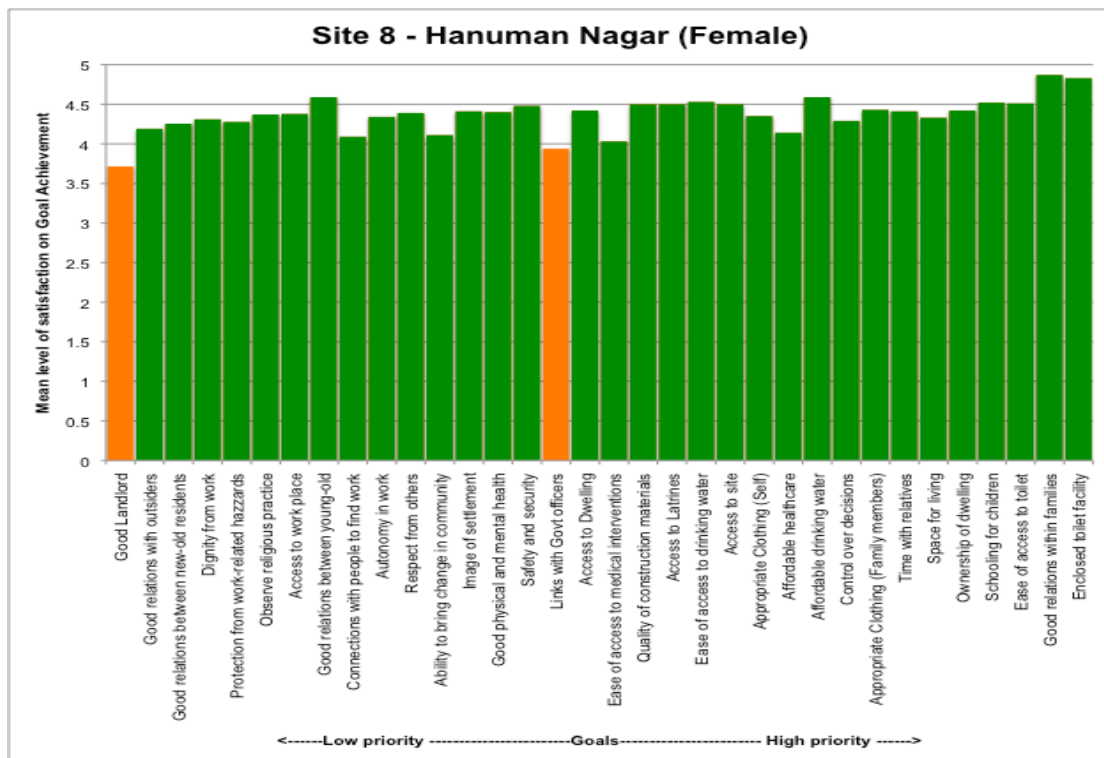


Figure 4.30 – Wellbeing priorities in Hanuman Nagar (Women)

Table 4.12 - Site 8 - Goals ranked in the top-ten

Overall Site	Men	Women
Enclosed toilet facility	Enclosed toilet facility	Enclosed toilet facility
Ownership of dwelling	Ownership of dwelling	Good relations within families
Ease of access to toilet	Ease of access to toilet	Schooling for children
Schooling for children	Space for living	Ease of access to toilet
Space for living	Schooling for children	Ownership of dwelling

Good relations within families	Ease of access to drinking water	Time with relatives
Appropriate Clothing (Family members)	Affordable drinking water	Space for living
Affordable drinking water	Appropriate Clothing (Family members)	Appropriate Clothing (Family members)
Ease of access to drinking water	Access to Latrines	Control over decisions
Time with relatives	Quality of construction materials	Appropriate Clothing (Self)

Site 9: Indira Nagar, HE 84, Mumbai

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in Indira Nagar.²²

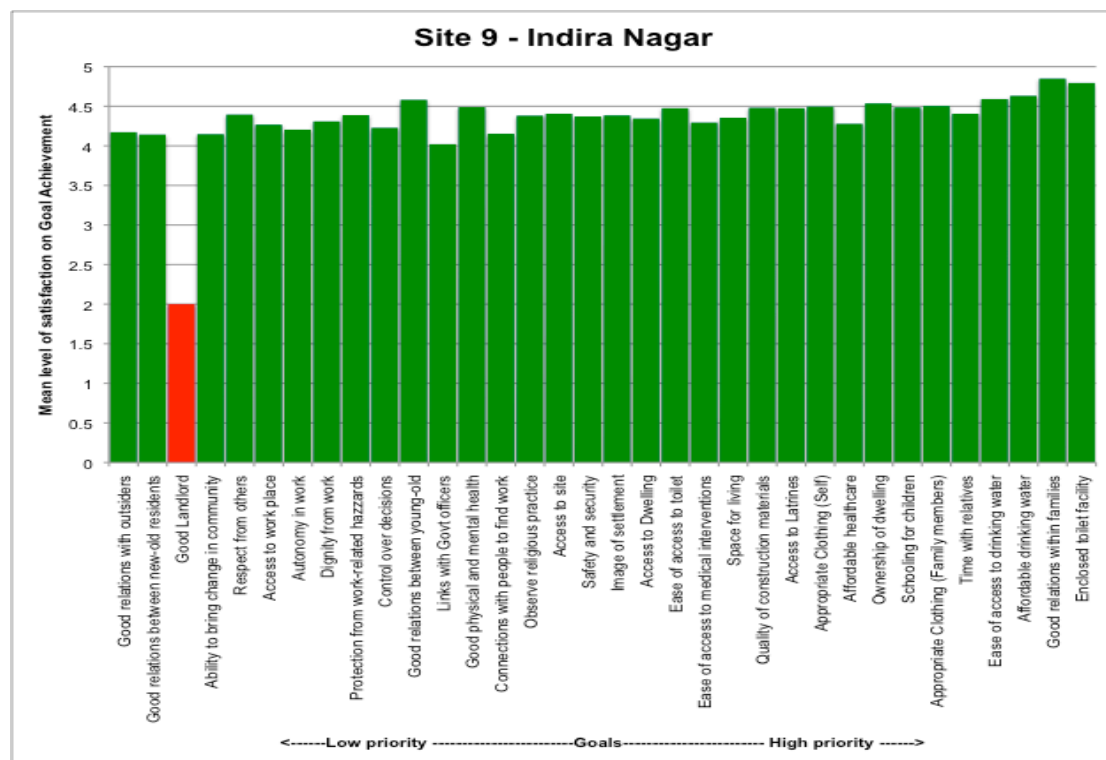


Figure 4.31 – Wellbeing priorities in Indira Nagar (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: having an enclosed toilet facility, good relations within families, affordable drinking water, ease of access to drinking water, appropriate clothing for family members, spending time with relatives, schooling for children, ownership of dwelling, affordable healthcare, appropriate clothing for one self. The only goal on which a suboptimal level of satisfaction on goal achievement was displayed was having a landlord who is responsible and takes adequate care of the dwellings they rented. People here consider work related aspects as very important to their wellbeing. They include access to the workplace; dignity; autonomy and protection from work related hazards in their top ten, and are satisfied with their achievements on each. They are also satisfied with achievements having social connections needed to help them find work.

²² Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

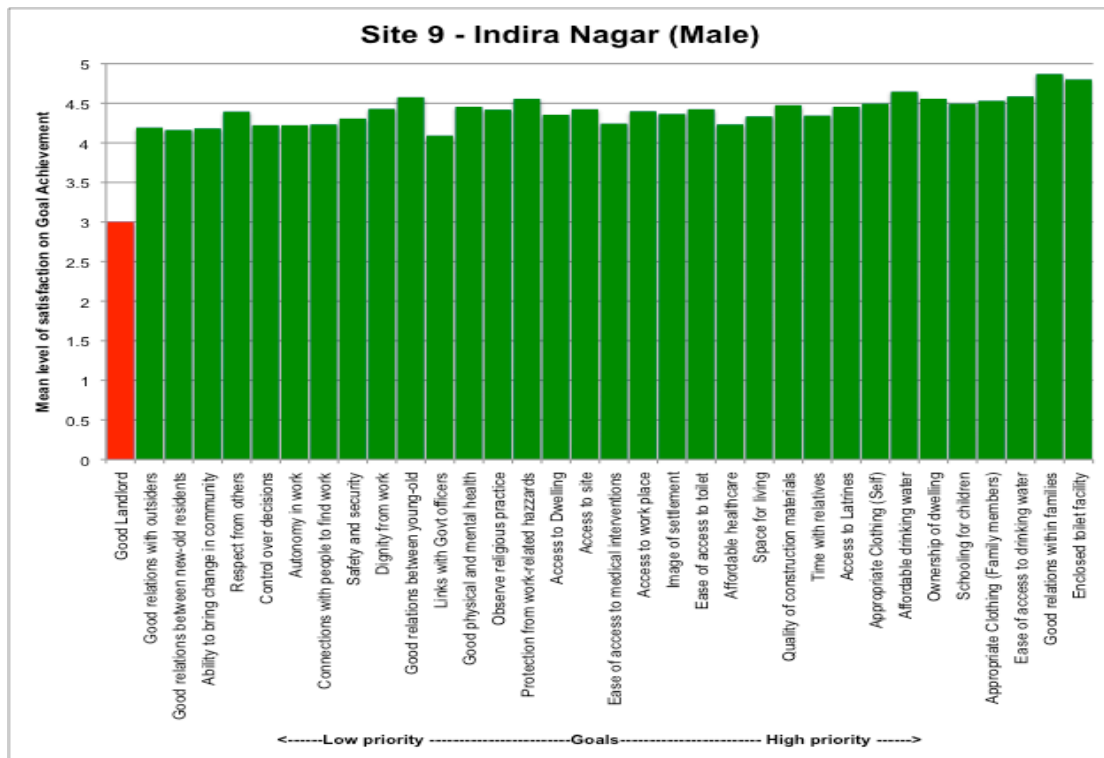


Figure 4.32 – Wellbeing priorities in Indira Nagar (Men)

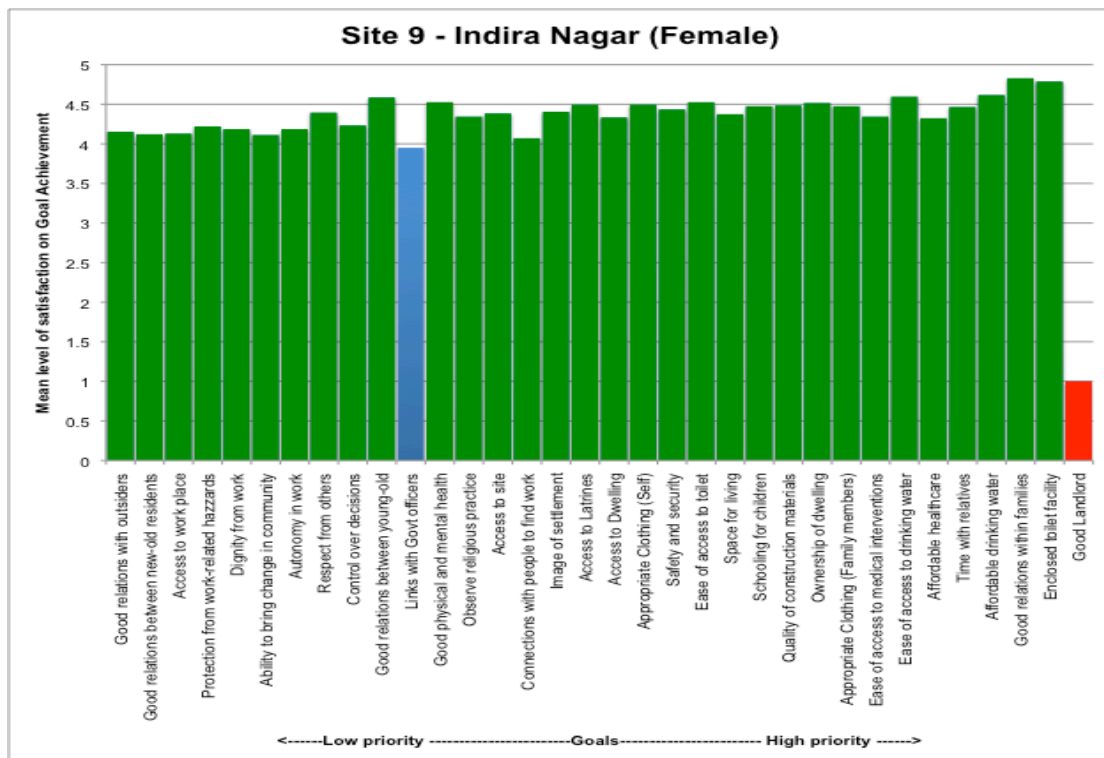


Figure 4.33 – Wellbeing priorities in Indira Nagar (Women)

Table 4.13 - Site 9 - Goals ranked in the top-ten

Overall Site	Men	Women
Enclosed toilet facility	Enclosed toilet facility	Good Landlord
Good relations within families	Good relations within families	Enclosed toilet facility
Affordable drinking water	Ease of access to drinking water	Good relations within families
Ease of access to drinking water	Appropriate Clothing (Family members)	Affordable drinking water
Appropriate Clothing (Family members)	Schooling for children	Time with relatives

Time with relatives	Ownership of dwelling	Affordable healthcare
Schooling for children	Affordable drinking water	Ease of access to drinking water
Ownership of dwelling	Appropriate Clothing (Self)	Ease of access to medical interventions
Affordable healthcare	Access to Latrines	Appropriate Clothing (Family members)
Appropriate Clothing (Self)	Time with relatives	Ownership of dwelling

Site 10: Mahatma Phule Nagar, Mankhurd, Mumbai

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in the Mahatma Phule settlement in Mankhurd.²³

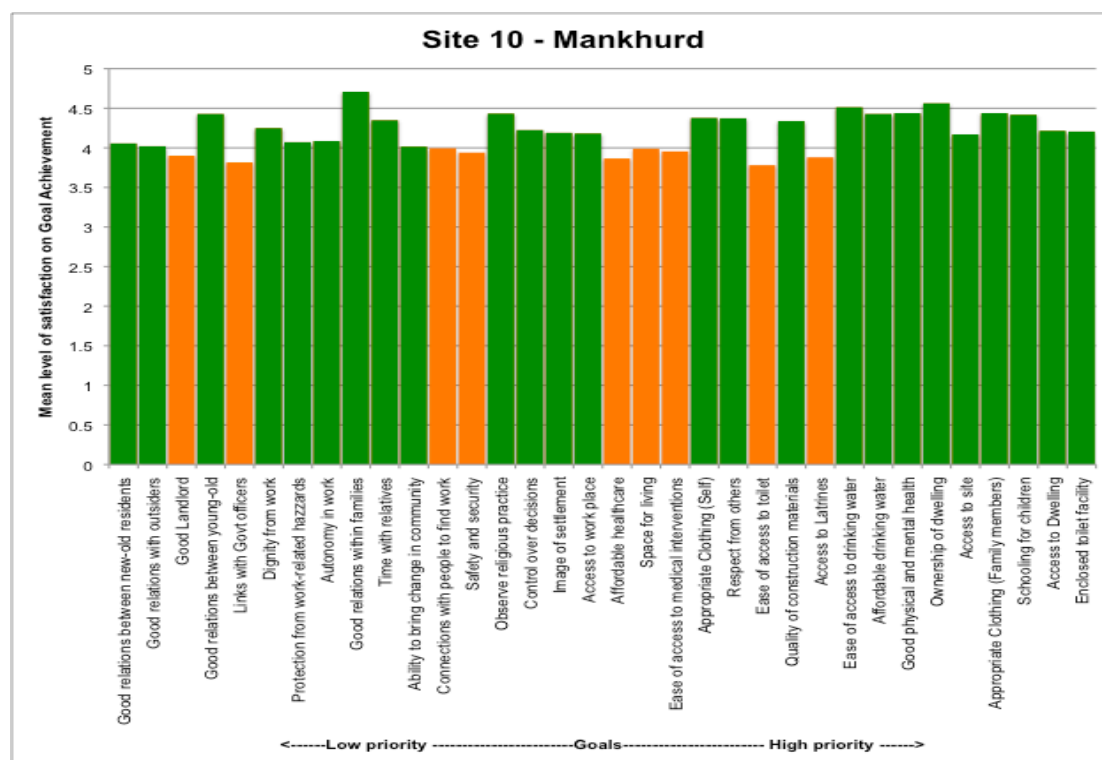


Figure 4.34 – Wellbeing priorities in Mankhurd (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: having an enclosed toilet facility, having access to their dwelling, schooling for children, family members having appropriate clothing, ownership of dwelling, having access to site, being in good physical and mental health, having affordable drinking water, ease of access to drinking water, and having access to latrines. Very unlike the other study sites outside of Mumbai, community members in Mahatma Phule Nagar displayed high level of satisfaction on nine of the ten top ranked goals. Indeed, this trend is seen across the spectrum of all 34 goals. High levels of satisfaction on achievement of goals, is a sign of a community that is likely to be living well. It does need to be noted that at this stage of analysis, the chart presents average scores, and it is possible that particular groups (of informal workers, women, younger people etc.) might nevertheless be doing badly on some or many of these goals.

People do not consider work related aspects as particularly important, as none feature in the top ten ranked goals. They are satisfied with the access to the workplace, dignity, autonomy and protection from work related hazards, and fairly satisfied having social connections to people that can help them find work.

²³ Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

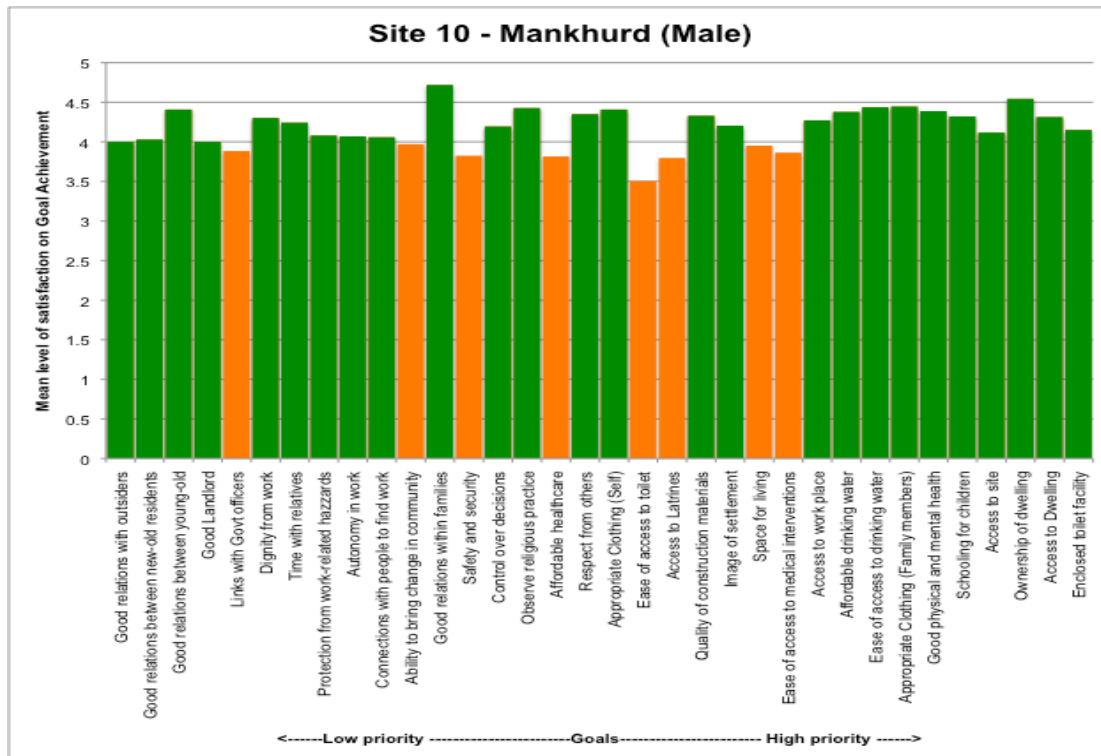


Figure 4.35 – Wellbeing priorities in Mankhurd (Men)

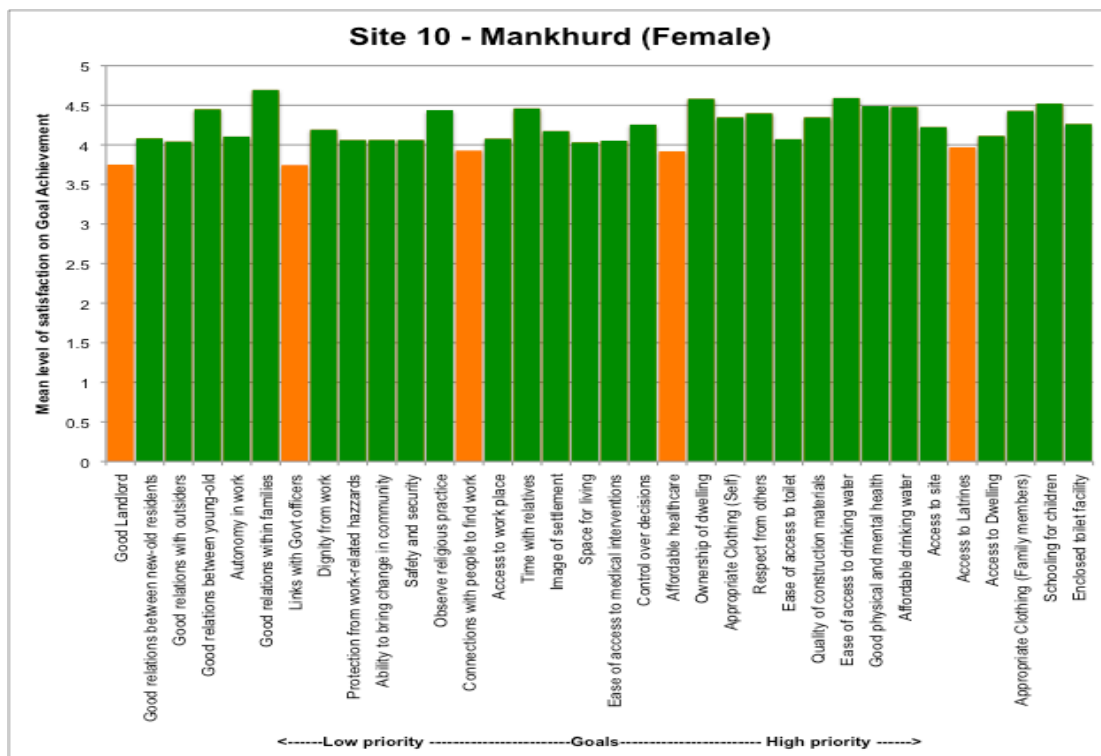


Figure 4.36 – Wellbeing priorities in Mankhurd (Women)

Table 4.14 - Site 10 - Goals ranked in the top-ten

Overall Site	Men	Women
Enclosed toilet facility	Enclosed toilet facility	Enclosed toilet facility
Access to Dwelling	Access to Dwelling	Appropriate Clothing (Family members)
Schooling for children	Ownership of dwelling	Schooling for children

Ownership of dwelling	Access to site	Access to Latrines
Access to site	Schooling for children	Access to Dwelling
Appropriate Clothing (Family members)	Good physical and mental health	Access to site
Good physical and mental health	Appropriate Clothing (Family members)	Affordable drinking water
Ease of access to drinking water	Ease of access to drinking water	Respect from others
Affordable drinking water	Affordable drinking water	Ease of access to toilet
Access to Latrines	Access to work place	Quality of construction materials

Sites in Raipur

Site 11: Kashiram Nagar

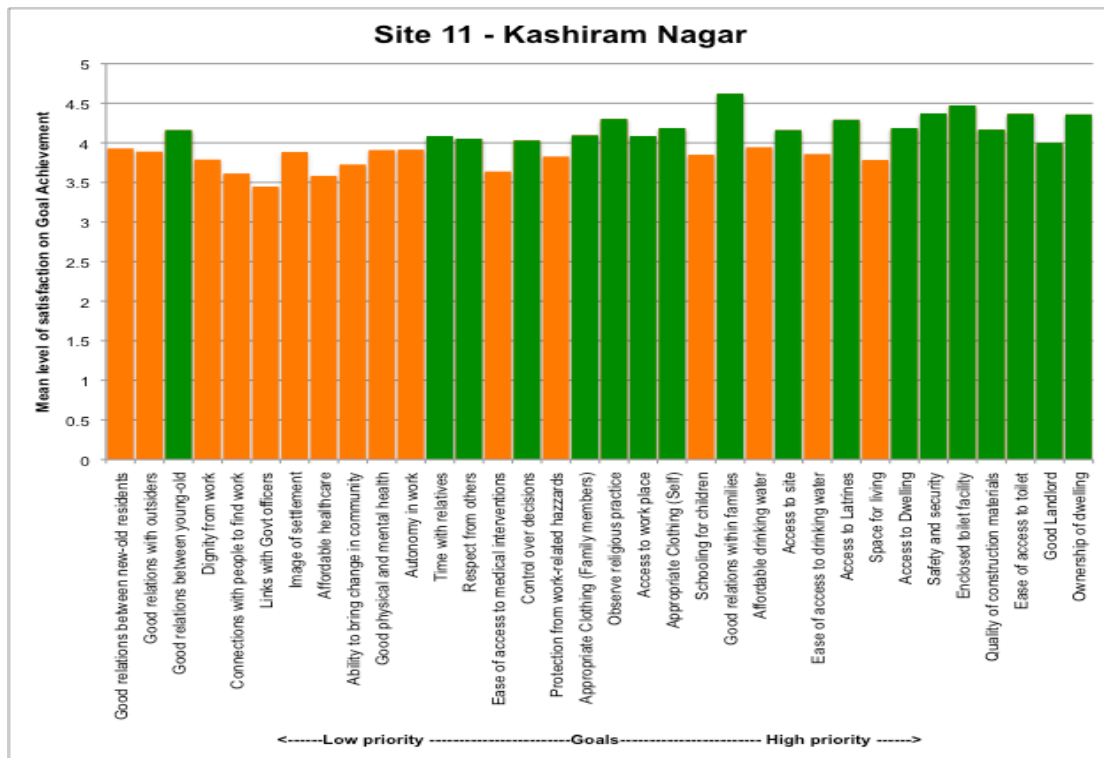


Figure 4.37 – Wellbeing priorities in Kashiram Nagar (All)

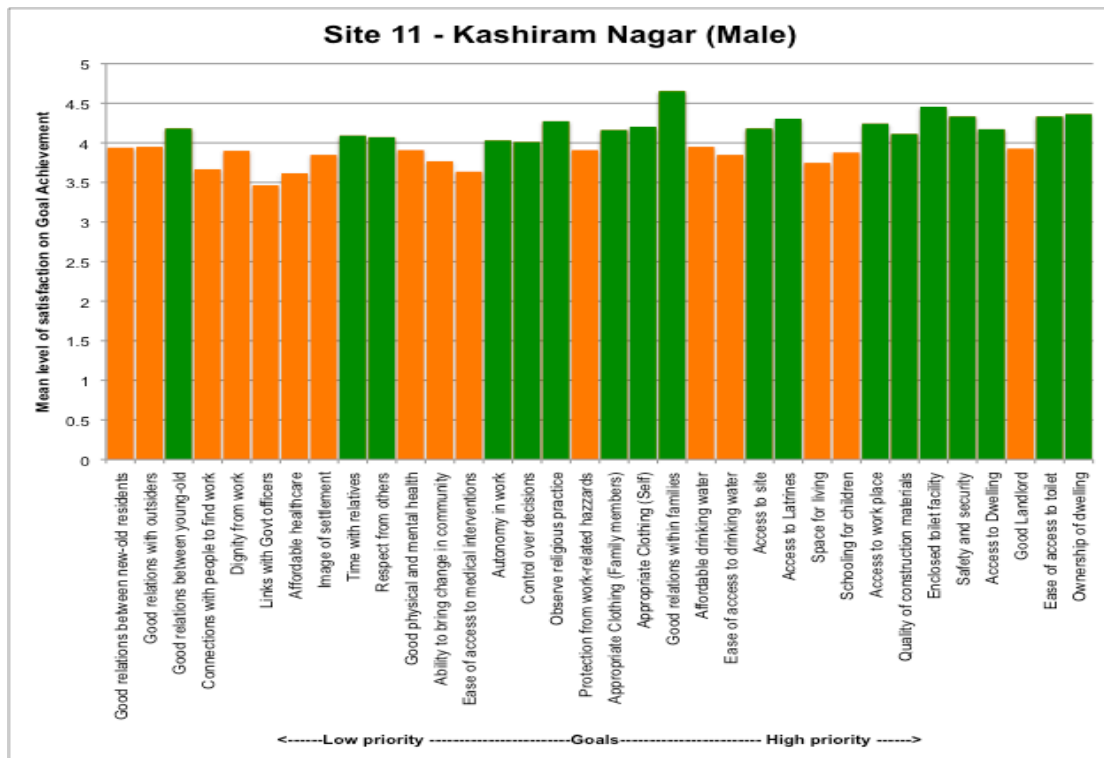


Figure 4.38 – Wellbeing priorities in Kashiram Nagar (Men)

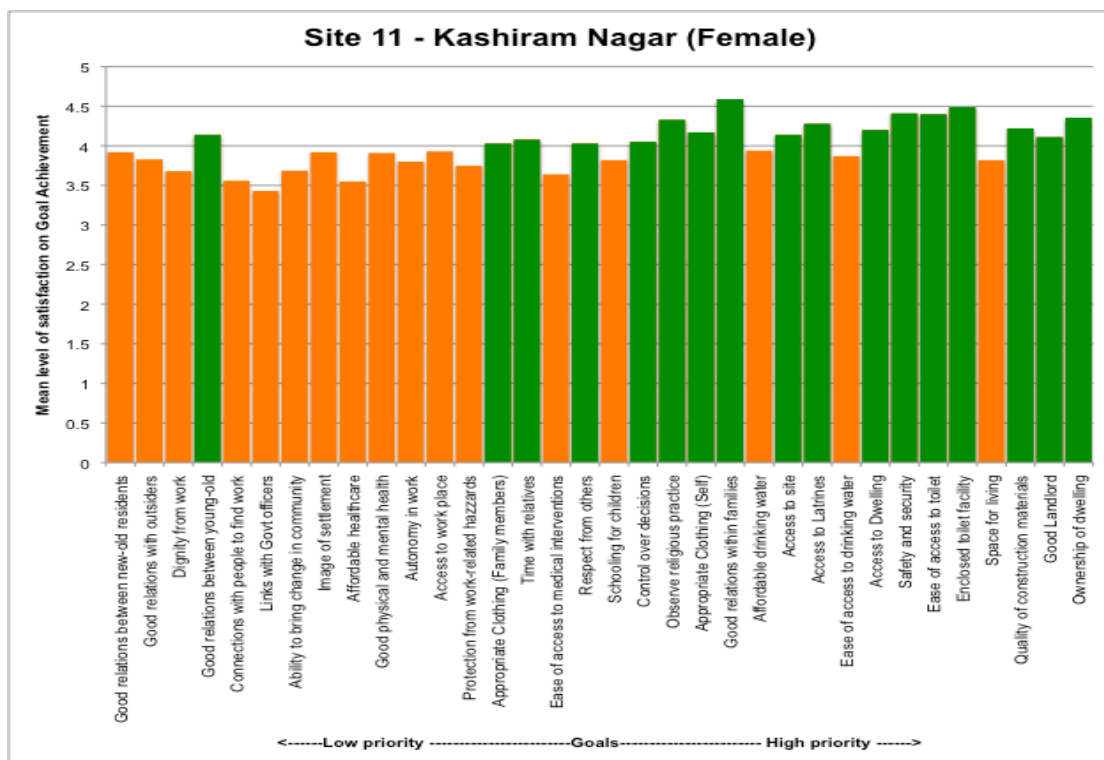


Figure 4.38 – Wellbeing priorities in Kashiram Nagar (Women)

Table 4.15 - Site 11 - Goals ranked in the top-ten

Overall Site	Men	Women
Ownership of dwelling	Ownership of dwelling	Ownership of dwelling
Good Landlord	Ease of access to toilet	Good Landlord
Ease of access to toilet	Good Landlord	Quality of construction materials
Quality of construction materials	Access to Dwelling	Space for living
Enclosed toilet facility	Safety and security	Enclosed toilet facility
Access to Dwelling	Enclosed toilet facility	Safety and security

Safety and security	Quality of construction materials	Ease of access to toilet
Space for living	Access to work place	Access to Dwelling
Access to Latrines	Schooling for children	Ease of access to drinking water
Ease of access to drinking water	Space for living	Affordable drinking water

Site 12: Suraj Nagar

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in Suraj Nagar.²⁴

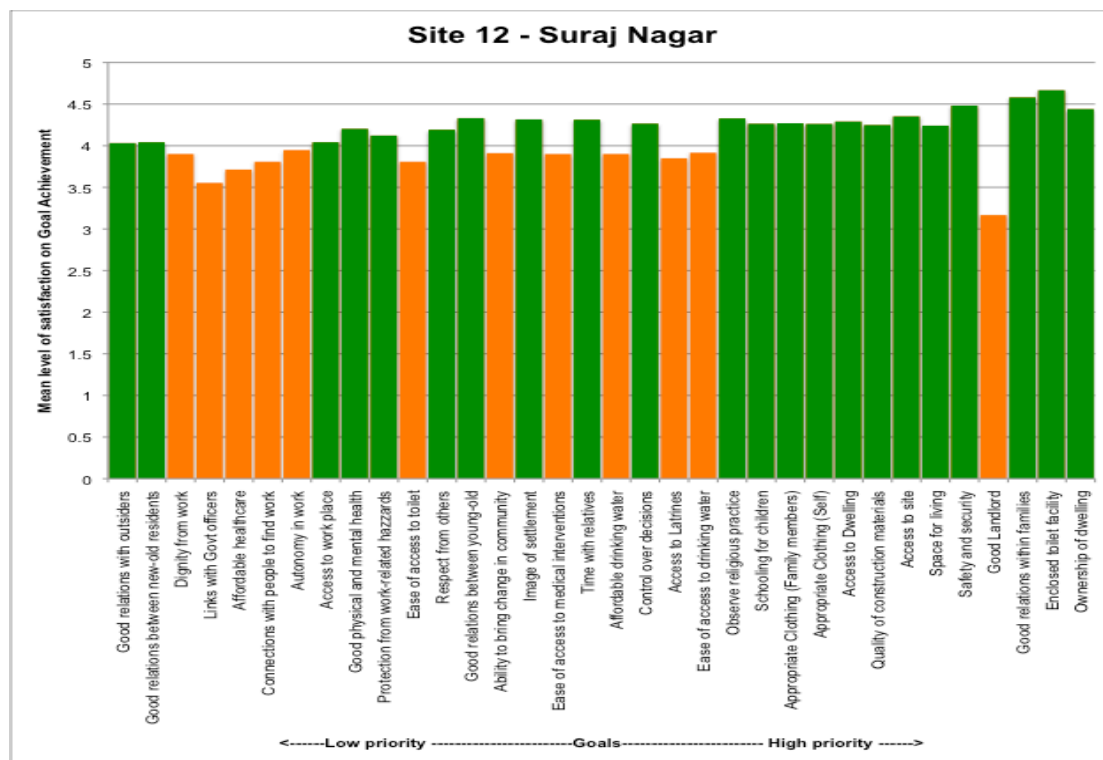


Figure 4.39 – Wellbeing priorities in Suraj Nagar (All)

²⁴ Satisfaction levels of an ‘Enclosed toilet facility’ is not graded since no-one in the site had an enclosed toilet facility. Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 (‘somewhat satisfied’ or ‘very satisfied’) have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 (‘somewhat unsatisfied’ or ‘very unsatisfied’) have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

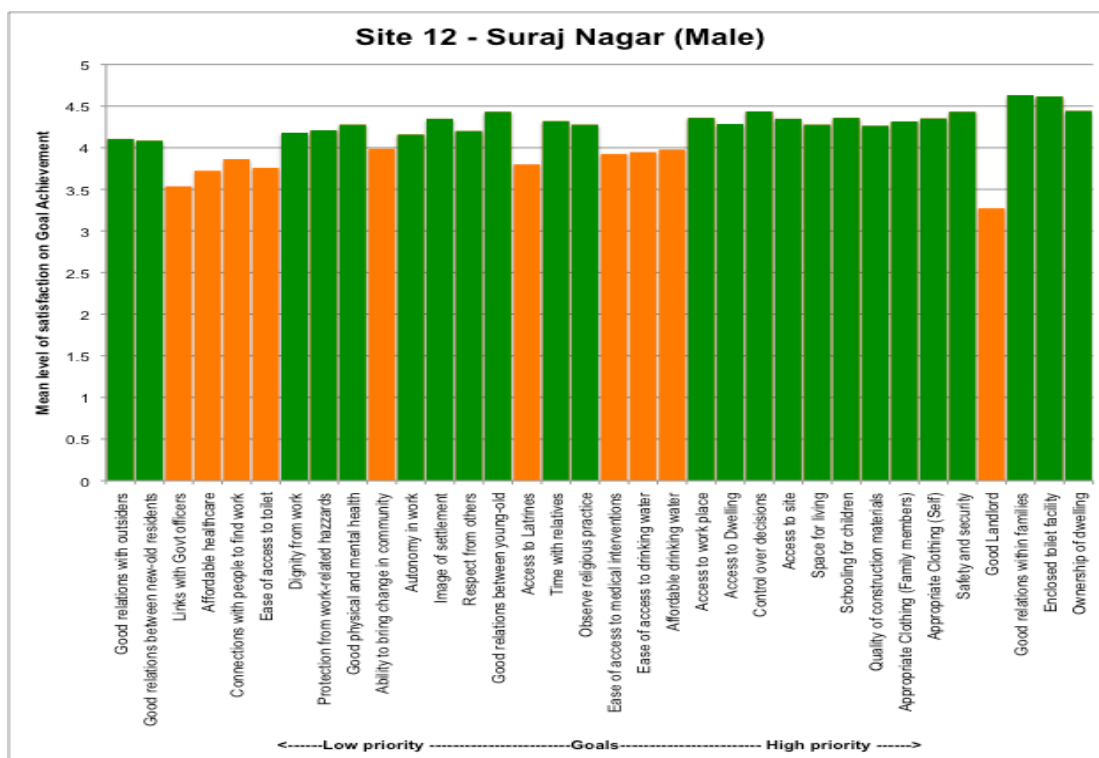


Figure 4.40 – Wellbeing priorities in Suraj Nagar (Men)

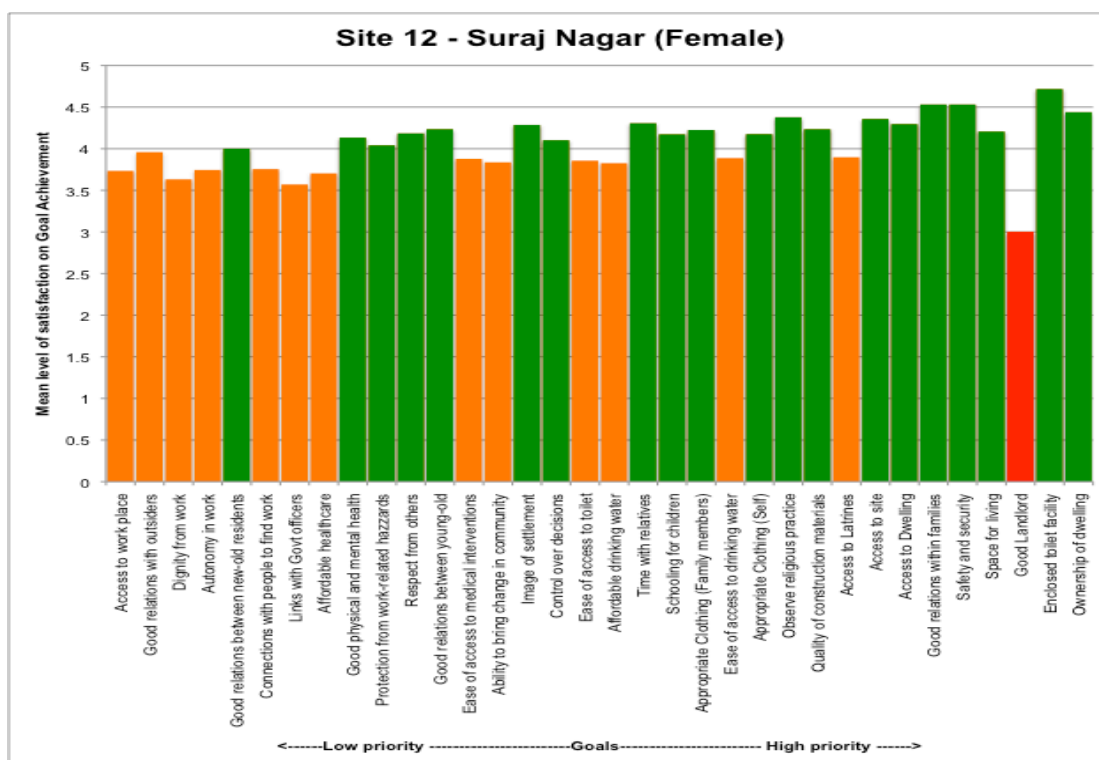


Figure 4.41 – Wellbeing priorities in Suraj Nagar (Women)

Table 4.16 - Site 12 - Goals ranked in the top-ten

Overall Site	Men	Women
Ownership of dwelling	Ownership of dwelling	Ownership of dwelling
Enclosed toilet facility	Enclosed toilet facility	Enclosed toilet facility
Good relations within families	Good relations within families	Good Landlord
Good Landlord	Good Landlord	Space for living
Safety and security	Safety and security	Safety and security

Space for living	Appropriate Clothing (Self)	Access to Dwelling
Quality of construction materials	Appropriate Clothing (Family members)	Good relations within families
Access to site	Quality of construction materials	Access to site
Access to Dwelling	Schooling for children	Access to Latrines
Appropriate Clothing (Self)	Space for living	Quality of construction materials

Sites in Vishakapatnam

Site 13: Suryateja Nagar

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in Suryatheja Nagar.²⁵

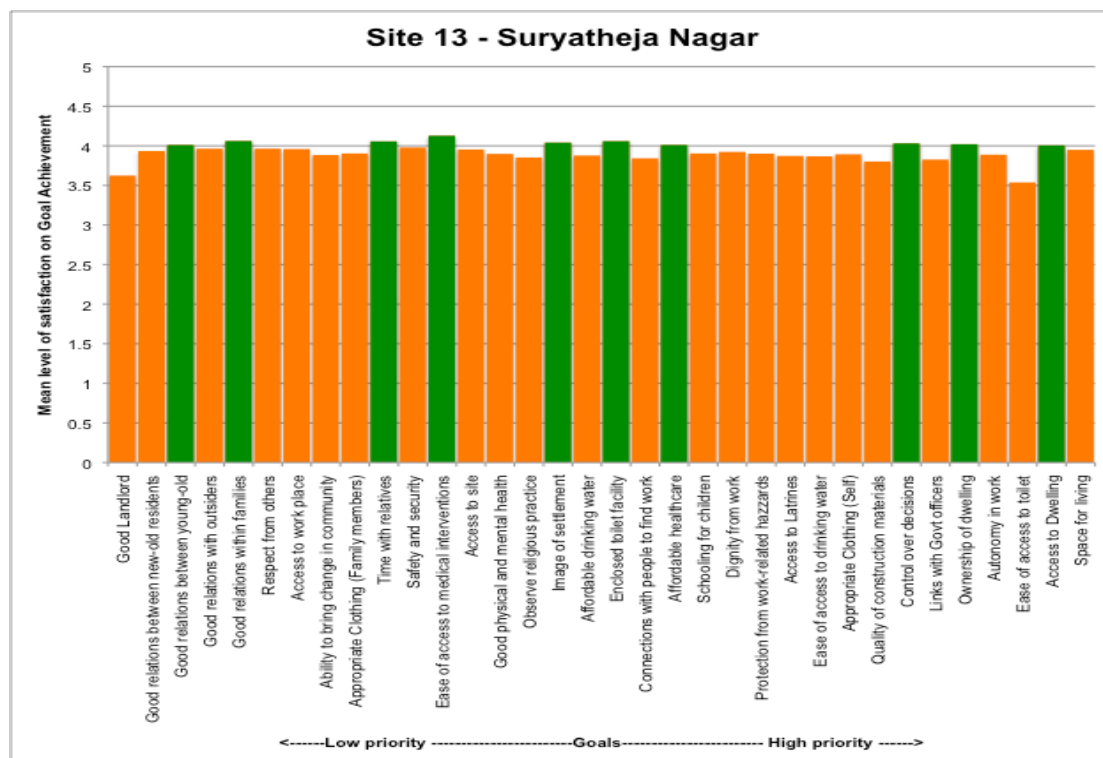


Figure 4.42 – Wellbeing priorities in Suryatheja Nagar (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: having adequate space for living, having access to their dwelling, ease of access to toilet, having autonomy in work, ownership of dwelling, having the required links with government officials in order to access services, having control over decisions, quality of construction materials, having appropriate clothing for one self, and ease of access to drinking water. Only on achievement of three of these ten did the community display high levels of satisfaction. However, it equally needs to be noted that none of the goals received a low level of satisfaction score. Interestingly, having a good landlord (who takes good care of the houses and services in the settlement) was the lowest ranked goal.

People consider autonomy in work as one of ten top ranked wellbeing goals and are fairly satisfied in this respect. They are also fairly satisfied with achievements regarding access to the

²⁵ Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

workplace, dignity, and protection from work related hazards, and social connections to people that can help them find work.

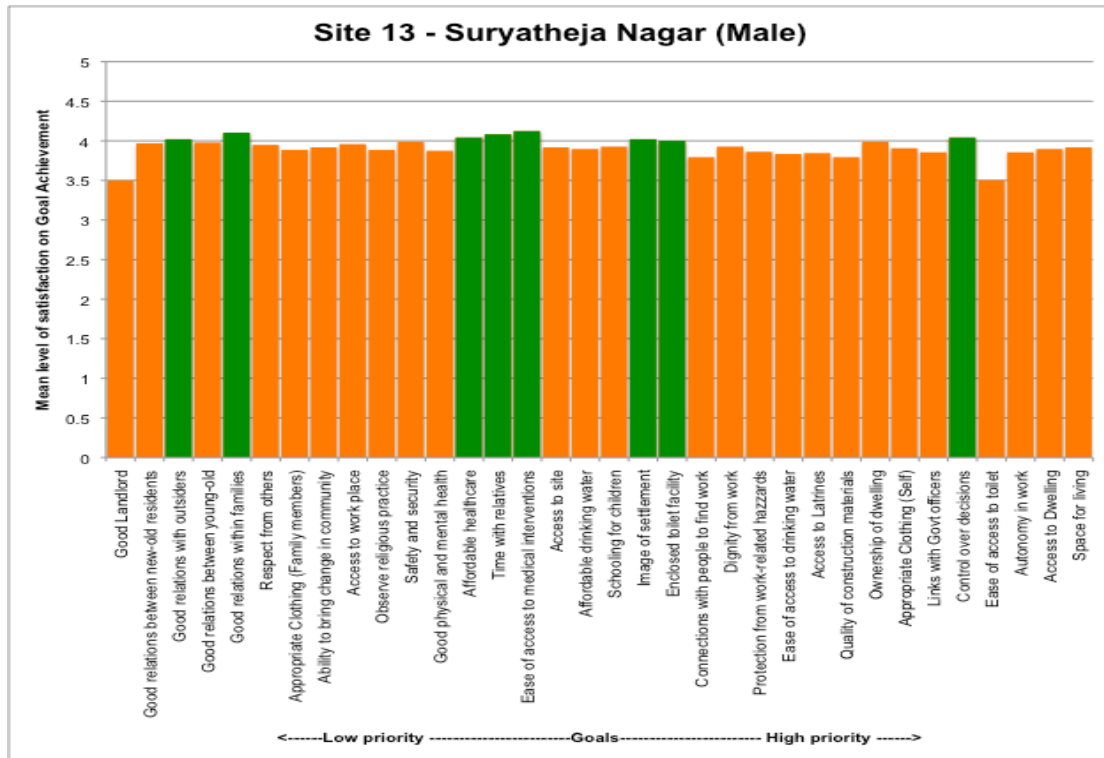


Figure 4.43 – Wellbeing priorities in Suryatheja Nagar (Men)

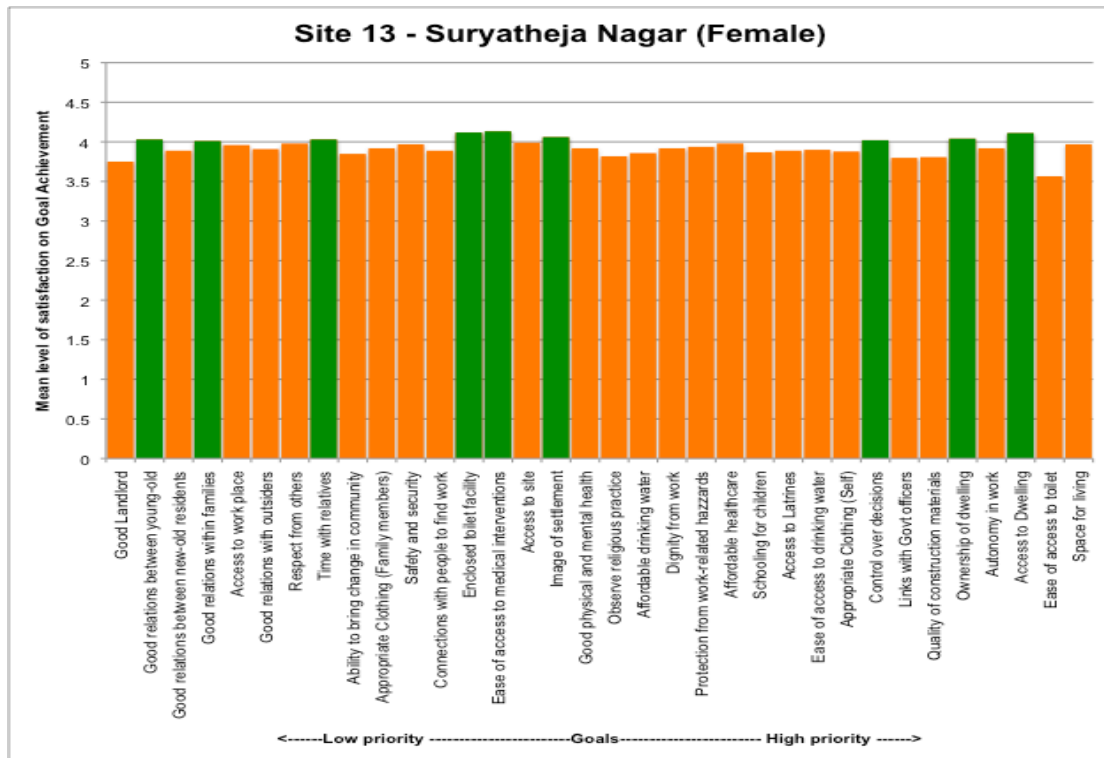


Figure 4.44 – Wellbeing priorities in Suryatheja Nagar (Women)

Table 4.16 - Site 13 - Goals ranked in the top-ten

Overall Site	Men	Women
Space for living	Space for living	Space for living
Access to Dwelling	Access to Dwelling	Ease of access to toilet

Ease of access to toilet	Autonomy in work	Ownership of dwelling
Autonomy in work	Ease of access to toilet	Autonomy in work
Ownership of dwelling	Control over decisions	Access to Dwelling
Links with Govt officers	Links with Govt officers	Quality of construction materials
Control over decisions	Appropriate Clothing (Self)	Links with Govt officers
Quality of construction materials	Ownership of dwelling	Control over decisions
Appropriate Clothing (Self)	Quality of construction materials	Appropriate Clothing (Self)
Ease of access to drinking water	Access to Latrines	Ease of access to drinking water

Site 14: R.P. Petha, Ward 39

The chart below depicts the mean level of satisfaction on achievement of those goals required in achieving wellbeing in R.P. Petha.²⁶

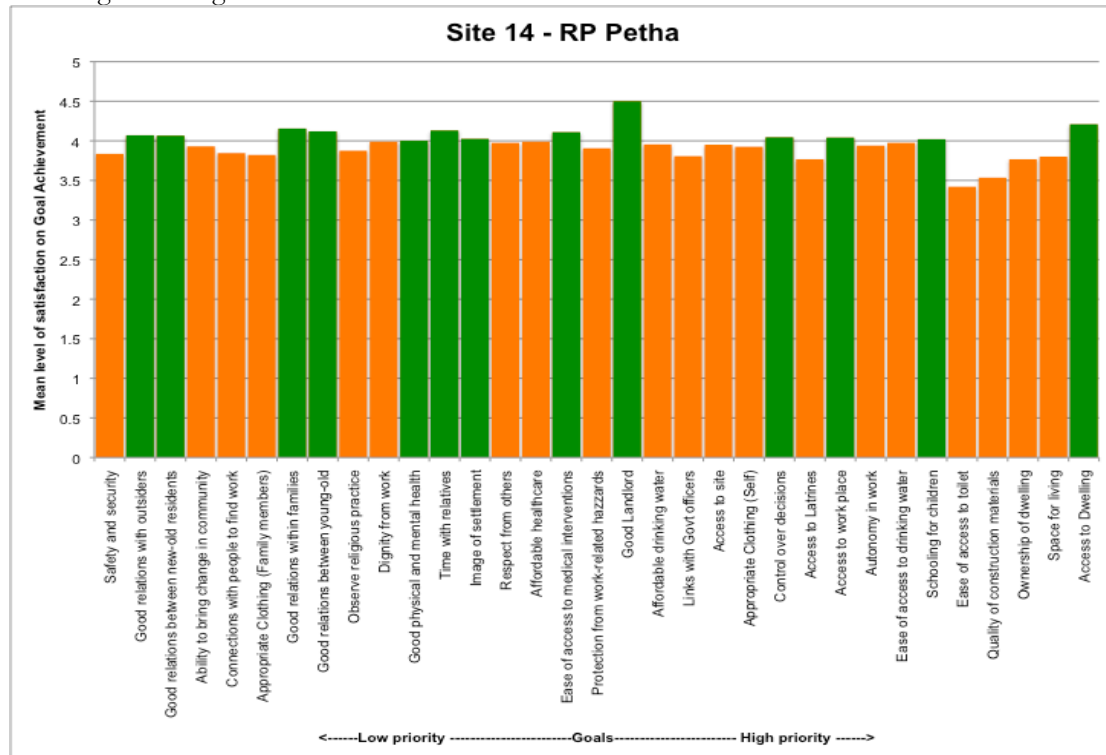


Figure 4.45 – Wellbeing priorities in RP Petha (All)

As can be seen in the chart above, the top ten ranked goals, from highest priority, were: having access to their dwelling, space for living, ownership of dwelling, the quality of construction materials, ease of access to toilet, schooling for children, ease of access to drinking water, autonomy in work, access to work place and access to latrines. The community displayed high levels of satisfaction on four of these goals. As described above, the dwellings in this site are characterised by very flimsy and temporary building materials. This site was also completely devastated in the cyclone Hudhud. As such, it is not surprising to see that having building materials of good quality was rated as an important goal. However, it is somewhat puzzling to note that the community ranked safety and security as the lowest ranked goal.

People consider two work related aspects as particularly important: autonomy and access to the work place. They are fairly satisfied on account of the former and satisfied with the latter. They are also fairly satisfied with achievements regarding other work related aspects.

²⁶ Satisfaction levels of an 'Enclosed toilet facility' is not graded since no-one in the site had an enclosed toilet facility. Goals have been ranked from left to right in order of priority, and goals for which on average respondents rated their satisfaction on achievement as higher than 4 ('somewhat satisfied' or 'very satisfied') have been marked in green. Goals for which on average respondents rated their satisfaction on achievement as lower than 3 ('somewhat unsatisfied' or 'very unsatisfied') have been marked in red. Those goals on which satisfaction levels fall in-between are marked in amber.

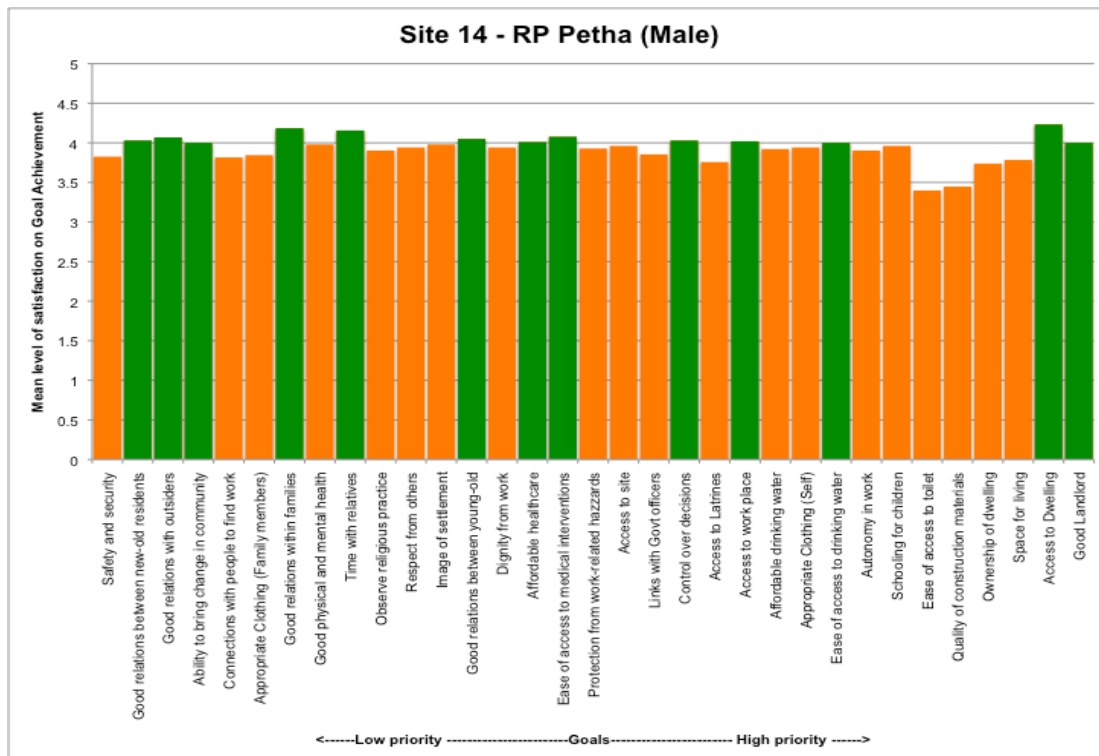


Figure 4.46 – Wellbeing priorities in RP Petha (Men)

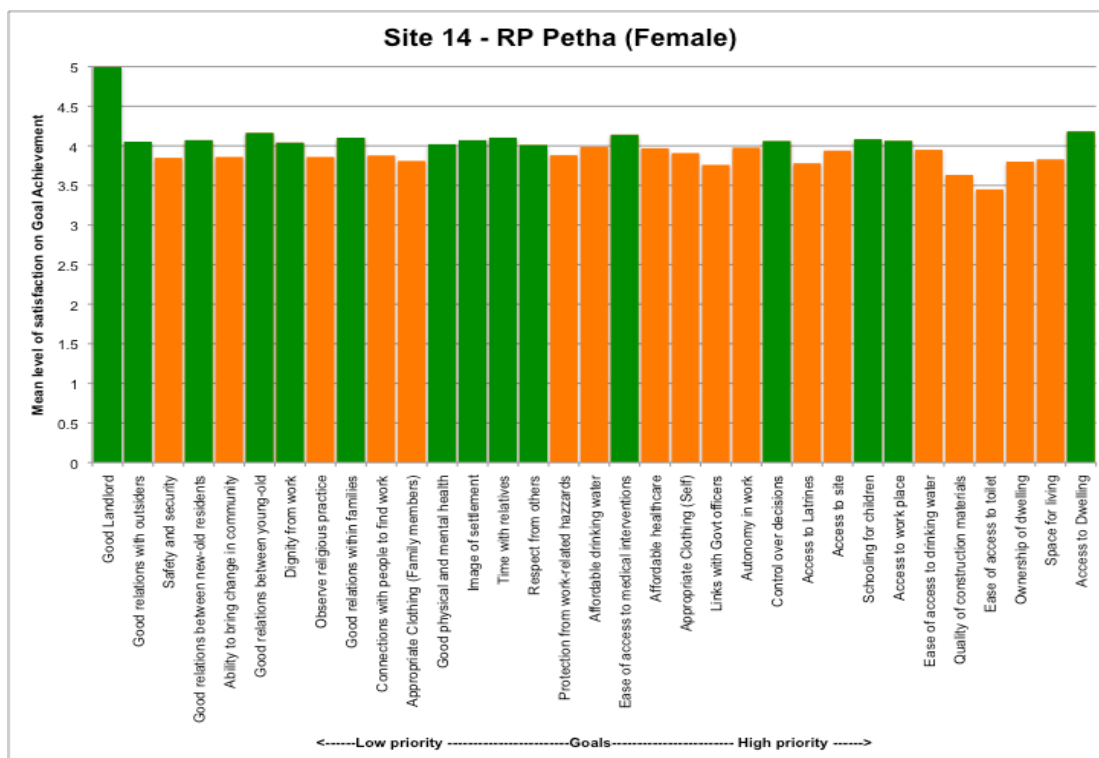


Figure 4.47 – Wellbeing priorities in RP Petha (Women)

Table 4.18 - Site 14 - Goals ranked in the top-ten

Overall Site	Men	Women
Access to Dwelling	Good Landlord	Access to Dwelling
Space for living	Access to Dwelling	Space for living
Ownership of dwelling	Space for living	Ownership of dwelling
Quality of construction materials	Ownership of dwelling	Ease of access to toilet
Ease of access to toilet	Quality of construction materials	Quality of construction materials
Schooling for children	Ease of access to toilet	Ease of access to drinking water

Ease of access to drinking water	Schooling for children	Access to work place
Autonomy in work	Autonomy in work	Schooling for children
Access to work place	Ease of access to drinking water	Access to site
Access to Latrines	Appropriate Clothing (Self)	Control over decisions

5. Interactions between institutional conditions and individual wellbeing outcomes

In order to explore the impact of diverse institutional conditions on informal worker wellbeing, we first unpack wellbeing outcomes by country. This is presented in Section 5.1. However, in recognition of the wide range of formal and informal institutions that urban contexts, and informal settlements in particular, are characterised by, our analysis of the interaction between institutional conditions and wellbeing outcomes also includes variations in wellbeing outcomes between three types of urbanising contexts: emergent cities, established secondary cities, and mega cities (in Section 5.2); labour market conditions (in Section 5.3); conditions relating to basic service provisioning (in Section 5.4); incidence of insecurity at the site-level as a proxy for failed or inadequate security provision by the state (in Section 5.5) and the experience of demolition at the individual level as a proxy for adverse interactions between the state and urban residents (in Section 5.6). Where appropriate, we also produce results disaggregated by gender.

Illustrating wellbeing outcomes on radar graphs

We illustrate the proportions of individuals within a particular group who achieve ‘thriving’ scores, that is, those who achieve scores of 75 or more, on domains as a ten-sided polygon in a radar graph, as illustrated in Figure 5.1 below. Such radar graphs can be interpreted as follows: each axis represents a wellbeing domain, and is on a scale that radiates out from 0 to 100. This implies that the further away from the centre the edges of the polygon are, the *higher* the proportions of people represented. The differences between the proportions of the two groups on each domain is tested for significance using simple two-tailed t-tests or chi-square-tests (in the case of a comparison between 3 sub-groups) for proportions. *For ease of viewing, we then illustrate only those dimensions on which the differences in proportions are statistically significant.*

The graphs can then be used to compare whether the polygon of one group lies *fully outside* that of another group, that is, whether one polygon is definitively larger than another, as this would imply that the proportions of workers failing, surviving or thriving, are larger. It is also illustrative to compare the polygons describing the proportions of a group that are thriving or failing to a polygon traced at the $1/3^{\text{rd}}$ (33.33%) mark (indicating the polygon describing a hypothetical scenario of a $1/3^{\text{rd}}$ of the sample thriving or failing). Polygons that overlap imply mixed results.

The sample radar graph in Figure 5.1 below, illustrates outcomes for two groups – Group A (shown in red), and Group B (shown in green). Domains 1 through 10 are illustrated, indicating that the differences in proportions thriving between Group A and Group B are significant for all domains. Furthermore, 60% of Group A and 40% of Group B are shown to be thriving in all domains, and this results in the red polygon being completely outside the green one. We can therefore infer that the proportions of people in Group A that are thriving are greater than the proportions of people in Group B, in all domains. In other words, people in Group A are more likely to thrive than people in Group B.

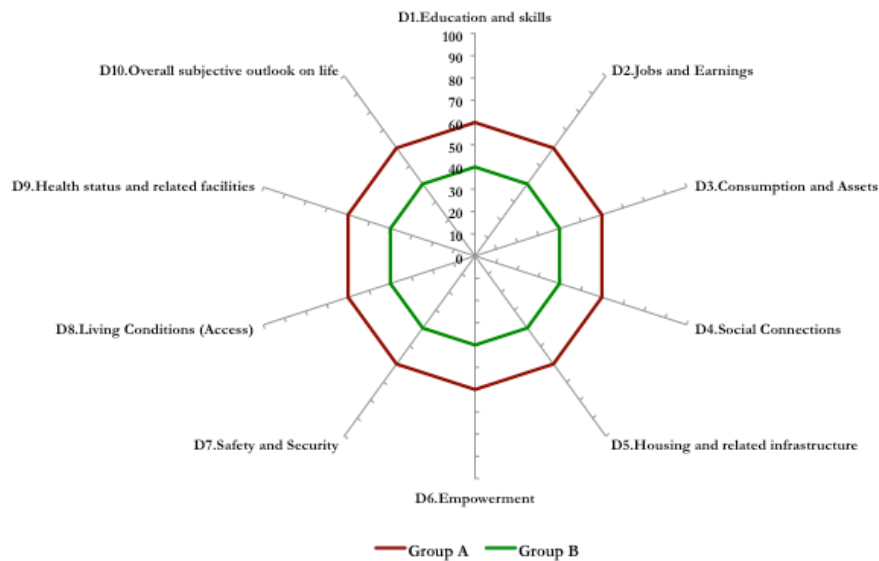


Figure 5.1 - Sample chart showing greater proportions of Group A thrive in all domains as compared with Group B

5.1 Paid workers grouped by country

As can be seen from our sample descriptive statistics presented in Section 3.3 above, in terms of commonly used objective indicators, mean income, mean age and mean size of household, our sampled sites in Bangladesh and India are very similar. Mean age across both Indian and Bangladeshi sites is between the mid to late thirties, average household size is approximately four members per household, and average monthly household income is just under £90.²⁷ However, we find remarkably differing outcomes for paid workers in terms of the proportions of people thriving across all domains.

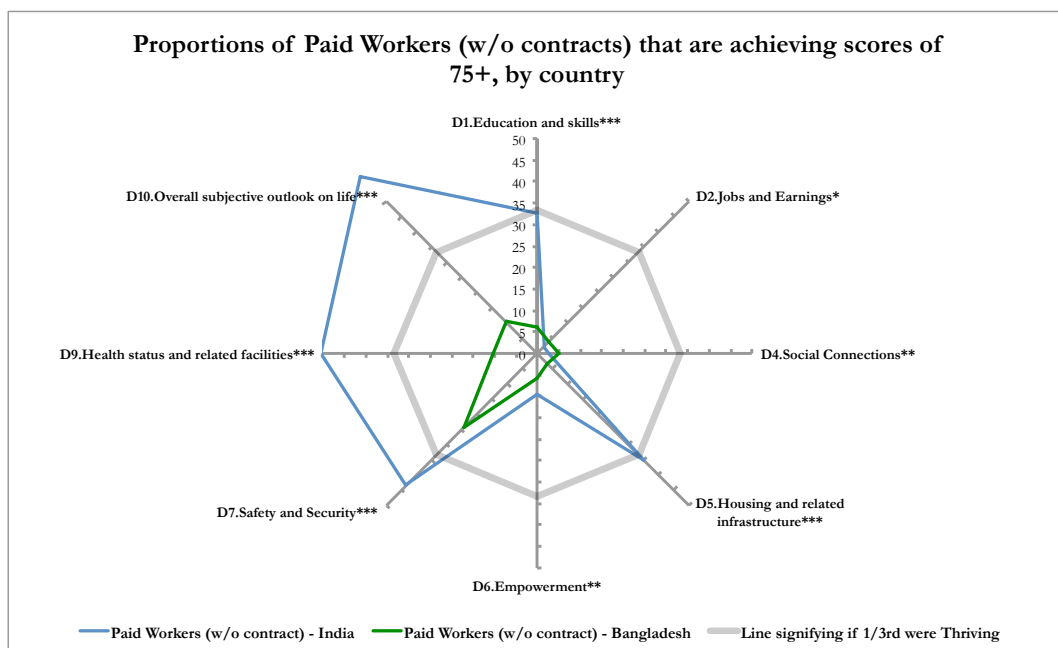


Figure 5.2:²⁸ The likelihood of achieving a thriving score is vastly lower for the informal workers surveyed in Bangladesh as compared with those surveyed in India.

*** implies the difference in proportions of the two groups is significant at the 99%-level; ** implies it is significant at the 95%-level; and * implies it is significant at the 90%-level. Difference in proportions of domains not shown (D3 and D8) were not statistically significant.

²⁷ Average household monthly income is approximately £87 in the Bangladeshi sites and £85 in the Indian sites

²⁸ See data table with significance tests in Annex.

Overall, we find that the paid workers without contracts sampled in India stand a remarkably higher likelihood of achieving scores above 75 in Domains 1 (Educations and skills), 5 (Housing and related infrastructure), 7 (Safety and security), 9 (Health Status and related facilities) as well as 10 (Overall subjective outlook on life). In Domain 6 (Empowerment), the workers (w/o contracts) sampled in India stood a moderately higher likelihood of achieving scores above 75. Only in Domains 2 (Jobs and Earnings) and 4 (Social connections) do the sampled paid workers in Bangladesh stand a higher likelihood of achieving scores of 75 or more. We take this result as grounds to further probe national- and local- level institutional conditions, in view to trace some of the potential mechanisms driving these differing outcomes.

5.2 Wellbeing outcomes by city-type

While our selection of cities is not designed to be representative of the universe of urban areas in India and Bangladesh in a statistical sense, it is reflective of distinct stages of urbanisation, and thus allows us to examine how their diverse economic, socio-political and institutional conditions can constitute threats as well as opportunities for informal workers. The diversity of conditions across the three types of cities was preliminarily schematised as per Table 3.15 above. This allows us to delineate three broad types of urbanising contexts in order to be reflective of distinct sizes and stages of urbanisation, and thus allow us to examine how their diverse economic, socio-political and institutional conditions can constitute threats or opportunities for informal workers: emergent cities (small to medium-sized cities that are experiencing higher urban growth than other comparable cities); secondary metros (medium to large sized cities which may or may not be experiencing rapid growth) and mega cities (the largest of cities that continue to expand and grow). For example, we characterise emergent cities as those in greatest flux, having substantial social change through sizeable arrivals of migrant populations, rapidly growing informal economies, relatively low administrative capacities unable to deal with growing populations, thus offering particular potential for non-state arrangements to emerge that govern informal workers ability to earn. These emergent cities are less likely to attract large-scale urban development investments (especially in infrastructure), compared with established cities and megacities.

We disaggregate our sample using this city typology and look at proportions of respondents that are achieving scores above 75. We note that our selection of cities (and sites) is not designed to be statistically representative of the universe of these kinds of cities (and sites) in India and Bangladesh and findings therefore have to be cautiously interpreted. For instance, Bogra is unusual as the home-base of one of the leading political parties in Bangladesh, and has from time to time benefited from relatively high levels of urban infrastructure investments. Nevertheless, the city selection is reflective of distinct stages of urbanisation, to allow a tentative examination of how their diverse urban economic, socio-political and institutional conditions may be associated with particular patterns and gradations in wellbeing outcomes for workers living in informal settlements. Such an examination may point to potentially fruitful areas for further investigation.

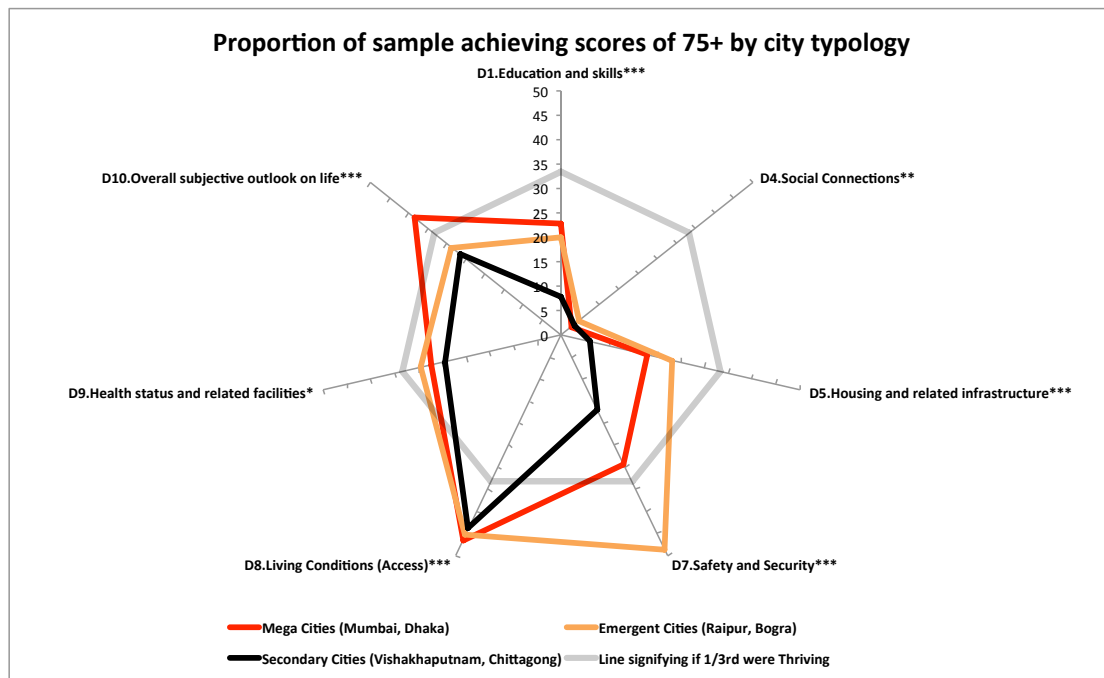


Figure 5.3 – Proportions of sample achieving 75+ scores by city typology.

*** implies the difference in proportions of the two groups is significant at the 99%-level; ** implies it is significant at the 95%-level; and * implies it is significant at the 90%-level. Difference in proportions of domains not shown (D2, D3 and D6) were not statistically significant. Difference in proportions tested using a chi-square test.^{29 30}

From Figure 5.3 we see that the overall pattern of wellbeing outcomes evident is that *respondents living in the sites in secondary cities (Vizag and Chittagong) were the least likely to thrive* as compared with respondents living in sites in the other two types of cities. Outcomes in Domains 1 (Education and skills), 8 (Living Conditions (Access)), and 10 (Overall subjective outlook on life) are such that respondents from sites in the two mega-cities were the most likely to achieve scores of 75 or more, as compared with those living in the other two types of cities. These results are generally in line with the schematic of diverse institutional conditions (see Table 3.15 above) used to distinguish between the three city types, insofar as we assume conditions of service provision, accessibility and livelihood options to be greatest in mega-cities.

We do find it interesting to note that *for Domains 4 (Social connections), 5 (Housing and related infrastructure), 7 (Safety and security), and 9 (Health status and related facilities), respondents living in the emergent cities of Raipur and Bogra were most likely to achieve thriving scores*. This result is of interest for variety of reasons: for instance, based on our typology, we would expect outcomes in Domain 7 to be worst in the context of rapidly growing cities, as these are often typified as prone to crime and insecurity. Our results on indicate a dramatic departure from the literature that links rapid urban growth with crime and violence (see for example the United Nations Office for Drugs and Crime 2011 and the World Bank 2010), as well as with inadequate infrastructure. In particular, a more complex relationship between urban typology and wellbeing outcomes is evident. As Rodgers (2010) notes, “while large numbers, density, and heterogeneity can plausibly be considered universal features of cities, it is much less obvious that they necessarily lead to urban violence.” The interactions with other factors, such as economic outcomes, strength of national and municipal institutions are also important factors.

Using these results as a starting point therefore, we now turn to further explore how institutional conditions of informal settlements might explain the patterns of wellbeing failure and success outcomes that we observe and support informal workers to escape poverty or entrap them in it.

²⁹ D8 Access is on a 0-100 scale

³⁰ See data tables with significance tests in Annex.

We identify institutional conditions in relation to urban labour markets, and analyse how these are associated with particular wellbeing outcomes. We first set out the characteristics of worker typologies in our sample, and then analyse wellbeing outcomes for:

- a) The **sector** within which work is undertaken (distinguishing the formal sector and the informal sector)
- b) The nature of **employment conditions** (distinguishing workers with and without contracts and social protection arrangements).

We further identify how aspects of the socio-economic and physical-spatial environments of informal settlements are associated with particular patterns in wellbeing outcomes, notably:

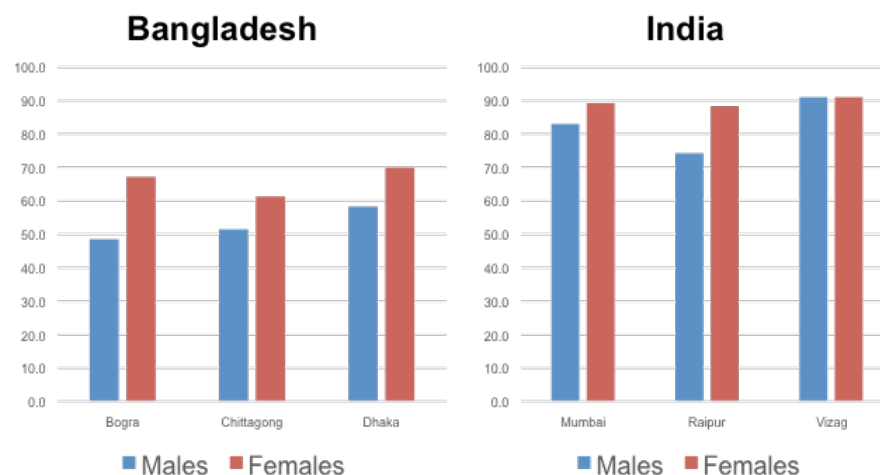
- c) **Essential service provision;**
- d) **Safety and insecurity** within the settlement.

We have also applied a gendered analysis and present findings where these institutional conditions are associated with strongly gendered wellbeing outcomes; i.e. a comparison of wellbeing outcomes in salient domains for men and women.

5.3 Labour markets

5.3.1 Access to urban labour markets

While urbanisation is acknowledged to confer many benefits to city dwellers in the form of closer access to services and more opportunities for employment, it also poses threats, particularly for the poor and marginalised and in situations of rapid urbanisation. The ‘urban advantage’ that was readily associated with the burgeoning cities and modernisation in many countries of the global South does not always hold true, especially if examined with a multidimensional lens that the human wellbeing approach affords. Thus, our findings show that whereas people living in informal settlements aspire to better quality paid jobs (*not* just any job), a great majority of respondents in our sample perceive themselves as lacking the social capital required to access such labour markets. Such perceived lack of connections to people who can help find paid work was particularly pronounced amongst women, and in Indian sites (Figure 5.4).



Figures 5.4 – Proportion of men and women that reports not having social connections to people who can help them find paid work³¹

³¹ See data tables with significance tests in Annex.

Typology of workers

Informal work is highly segmented (Chen 2007), and we accordingly break down our sample in key groups, stratified across the following dimensions (Table 5.1):

- Whether they are paid workers³²; unpaid care workers; or non-workers
- Whether paid workers are employed in the formal sector (i.e. Government; Private sector registered; Non-profit sector registered) or in the informal sector (i.e. Private sector non-registered; Non-profit not registered);
- Whether paid workers' employment conditions are set out in a formal labour contract or not;
- Whether (paid and unpaid care) workers have any form of social protection in place (Paid Sick Leave, Paid Holiday, Maternity/Paternity Leave, Retirement Pension, Social Security Benefits, Health Insurance, or Free Medical Care through employer).

		Labour contract and social protection characteristics				
Paid/Unpaid	What sector?	With labour contract		Without labour contract		Sub-totals
		With social protection	Without social protection	With social protection	Without social protection	
Paid	Formal sector (Government; Private sector registered; Non-profit sector registered)	<i>Worker Type 1</i>	<i>Worker Type 2</i>	<i>Worker Type 3</i>	<i>Worker Type 4</i>	312
		74	39	85	114	1576
Purely Unpaid	Informal sector (Private sector non-registered; Non-profit not registered)	<i>Worker Type 5</i>	<i>Worker Type 6</i>	<i>Worker Type 7</i>	<i>Worker Type 8</i>	1264
		12	23	256	973	
Non-workers	n/a			<i>Worker Type 9</i>	<i>Worker Type 10</i>	1063
				104	959	1215
				<i>Worker Type 11</i>	<i>Worker Type 12</i>	153
	Sub-totals	86	62	503	2140	
	<i>Other (unclear)</i>		148		2643	2791
				58	94	67
Grand Total						2858

Table 5.1 – Typology of workers and number of sampled individuals falling within each category

Not unsurprisingly, Table 5.1 shows that the largest group of respondents operate in the informal sector (1264), followed by those in purely unpaid care work (1063); and those who are employed by formal sector employers (312). Work in the informal sector is highly segmented, and includes waged work (e.g. domestic servants), unskilled and semi-skilled casual work, self-employment or home-based industrial outwork and piece rate work (Kantor et al. 2006; Chen 2007). Few workers in the informal sector have contracts (12+23), however a significant minority has some form of social protection (12+256). 104 out of 1063 unpaid care workers were covered by social protection. Conversely, in our sample, out of these employed in by formal sector employers (312), 64 per cent is incorporated under adverse terms, without contracts (311). More so, even amongst those with contracts (74+39), 34.5 per cent did not have social protection. This group illustrates a growing global phenomenon: the informalisation of employment conditions *within* the formal sector (Charmes 2012).

Using this typology, we define ‘classic informal workers’ as those who work without a labour contract, do not have any form of social protection in place and are employed in the informal

³² While some ‘paid workers’ also reported the number of hours engaged in unpaid care-work, we do not at this stage distinguish between these.

sector – this category is represented by *Worker Type 8* in Table 5.1 above. At the other end of the spectrum, Worker Type 1 describes ‘classic formal workers’ who have labour contracts in place, benefit from some form of social protection, and are employed by the formal sector employers. Interestingly, our survey also picked up a small number of those who have some form of a labour contract in place but are employed in the informal sector (Worker Types 5 and 6).³³

5.3.2 Comparing paid workers against those who only do unpaid care work

When investigating all paid workers (Worker Types 1 through 8, total of 1576), we find that only small proportions of the labouring poor living in informal settlements obtain high wellbeing scores, and if they do, on only a limited number of wellbeing domains (see the black polygon in Figure 5.5). More than a third of paid workers thrive only in Domain 8, that is, in terms of having physical *access* to their dwellings, informal settlement, latrines and place of work, almost throughout the year. However, this is also true for those who are involved purely in unpaid care work. Indeed, we find that across the entire sample, people received very high scores on Domain 8. In contrast, particularly small proportions (up to 15%) of paid workers obtain high scores in the domains of education and skills; jobs and earnings; consumption and assets; social connections; and housing and related infrastructure. As such, we conclude that **the great majority of paid workers do not achieve high levels of wellbeing**. This contrasts significantly with the outcomes of those who are involved purely in unpaid care work (including looking after children, doing household chores and general maintenance), who are more likely to thrive in Domains 1 (Education and skills), 5 (Housing and related infrastructure), 9 (Health status and related facilities) and 10 (Overall subjective outlook on life).

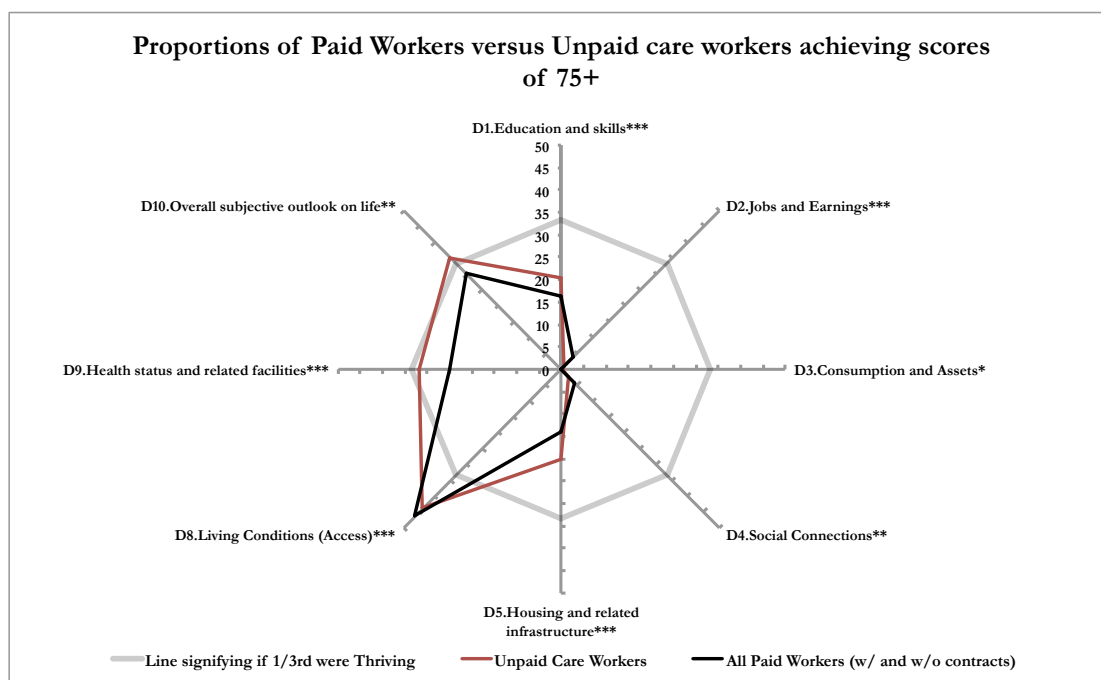


Figure 5.5 – Wellbeing outcomes for Paid Workers (Worker Types 1 through 8) and those involved purely in unpaid care work (Worker Types 9 and 10).

**** implies the difference in proportions of the two groups is significant at the 99%-level; ** implies it is significant at the 95%-level; and * implies it is significant at the 90%-level. Difference in proportions of domains not shown (D7) were not statistically significant. D6 is not included as unpaid workers did not receive a D6 score.*^{34 35}

³³ While these categories are potentially of interest, they are not the main focus of our present study. The size of these sub-groups is also too small to produce results with any reasonable level of significance.

³⁴ D8 Access is on a 0-100 scale

³⁵ See data tables with significance tests in Annex.

Labour participation rates in South Asia are significantly lower for women than men (Charmes 2012). Labour market participation may have empowering effects, however not all forms of economic activity are equally empowering: studies suggest that formal regular waged work has the greatest transformative potential although paid work outside the domestic domain can also have positive impacts on women's lives. It is therefore critical to understand that the terms under which women and men participate in labour markets deeply affect the poverty reducing and empowering potential of work.

Disaggregating paid and unpaid worker outcomes by gender

Overall, our findings show that that relatively small proportions of both women and men paid workers without contracts obtain high wellbeing scores in any domain, and even amongst men, at least 70% do not obtain high wellbeing scores. Within this, we do find that men in paid work without contracts are more likely to obtain high wellbeing scores than women, on six out of the ten wellbeing domains (Figure 5.6 below). This gendered divide could well reflect the fact that globally women are typically engaged in the most insecure, unstable and poorest paid jobs (as described in Kabeer 2012). However, we also find that women who are in paid work without contracts do significantly better than men in terms of Jobs and Earnings (D2). Looking at the components of this domain, this intriguing result may be driven by several factors other than a higher wage, including for instance undertaking less hazardous jobs, and calls for further detailed analysis. Another interesting result is that the proportions of men and women paid workers thriving in Domain 4 (Social connections) is not statistically different – this again provides an avenue for further research.

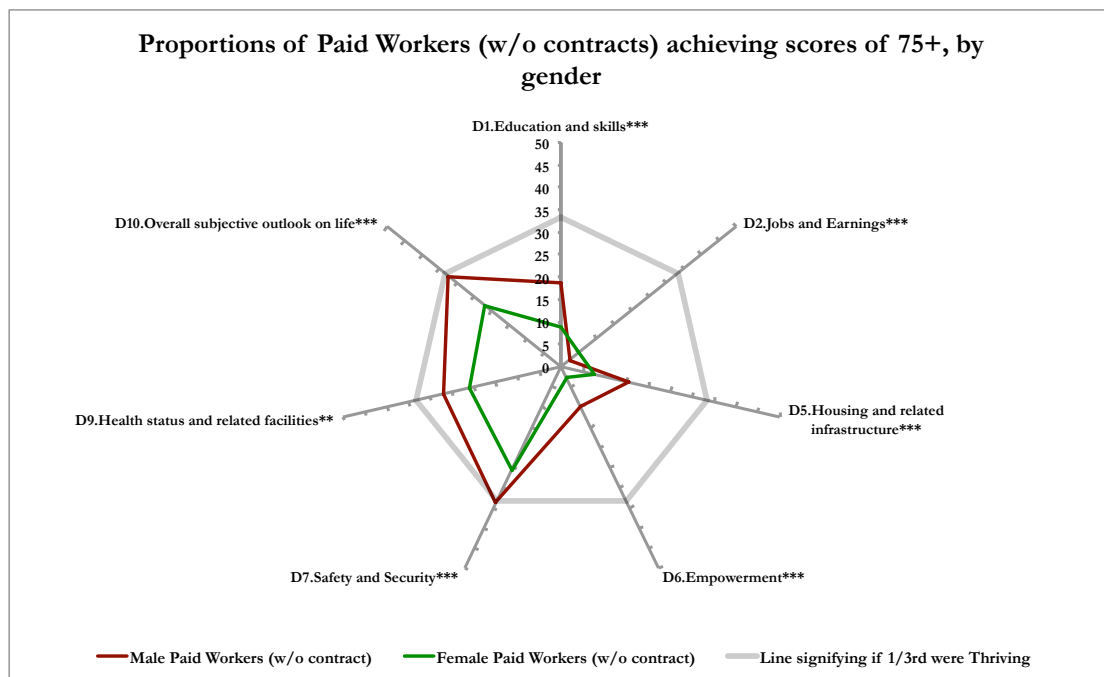


Figure 5.6 – Wellbeing outcomes of male versus female paid workers

*** implies the difference in proportions of the two groups is significant at the 99%-level; ** implies it is significant at the 95%-level; and * implies it is significant at the 90%-level. Differences in proportions of domains not shown (D4 and D8) were not statistically significant. D3 was not included as no one from either group achieved a score of 75+.³⁶

Arguably, in urban contexts characterised by highly commoditised labour, a high dependence on cash, coupled with low rates of overall assets and savings, one may expect wellbeing outcomes for paid workers to be higher than for unpaid care workers. However, outcomes are likely to be strongly gendered. Evidence indicates that women do most unpaid care-giving in all contexts,

³⁶ See data tables with significance tests in Annex.

regardless of the share of household income they earn (Elson 1995; Razavi 2007; Eyben and Fontana 2011). Gender-specific constraints on women's labour choices and opportunities are typically mediated by family and kinship relations (Kabeer 2012). The imposition of male preferences on women's use of their time, women's obligations to work on men's farms and enterprises, the assignment of primary responsibility for domestic and care work to women, social norms about acceptable activities for men and women; restrictions on their mobility in the public domain, customary laws which give women little or no rights over property all constrain women's engagement in paid work and achievement of economic empowerment (Kabeer 2012: 51-52). The routine necessity of care-giving, particularly for small children, pushes poor women into flexible, low-skilled and low-paid, informal work that accommodate care responsibilities, including the direct care of dependants and the necessary ancillary activities (cooking, cleaning, fetching water, procuring food) (Kabeer et al. 2012). And where women gain entry into paid work this has not been accompanied by a change in the gendered division of unpaid care work (Kabeer 2012).

Zooming in on the group of unpaid care workers (those who exclusively do unpaid work including childcare, housework, maintenance and other chores), we find again some gendered wellbeing outcomes. Smaller proportions of men than women obtain high wellbeing scores on the Safety and security (D7) and the Subjective outlook on life (D10) domains.³⁷ Findings on the latter suggest that patriarchal social norms persist governing men and women's engagement in urban labour markets, however other factors may also underlie such findings. It is unclear why significantly lower proportions of men achieve thriving wellbeing scores on the security and safety domain; one reason could be that their unpaid care work makes them targets of bullying and abuse. Approximately 44 per cent of men involved purely in unpaid work report being a victim of physical violence, bullying, verbal abuse or disrespect in the past year, whereas only 34 per cent of men doing some degree of paid work report experiencing these forms of maltreatment.

Globally, men represent a majority of informal workers, however the probability for them to work in the informal sector is generally lower than for women, making informality a source of gender inequality (World Bank 2012). Scholars have noted the feminisation of informal work and the concentration of women in low-skilled, low-paid, unstable and vulnerable work without contracts (Chant and Pedwell 2008; Heintz 2006) and with little scope for advancement (Kabeer 2012). Segmentation of jobs by gender persists in both formal and informal sectors of the economy (Chen 2007; Kabeer 2012), as do wage gaps, even when men and women do the same jobs (Kantor 2009). The gendered segmentation of jobs reflects the constraints in the types of work that women can do. Such gendered labour markets help explain our finding that wellbeing outcomes are heavily gendered, also within the group of workers without contracts.

These stark differences in wellbeing *outcomes* between men and women workers, are not reflected however in the wellbeing goals and priorities that these men and women have. The two plots below (Figure 5.7) show wellbeing goals ordered from left to right in terms of the level of importance attributed to each goal by the individuals, and mean satisfaction levels on each goal. We find that men and women have a very similar set of priorities when it comes to their wellbeing – both rank having an enclosed toilet facility, ease of access to drinking water, access to and ownership of their dwellings, affordable drinking water, access to latrines, and schooling for their children, for instance, very highly. From a wellbeing standpoint, it is evident therefore that men and women informal workers do not have vastly differing sets of priorities or levels of satisfaction on highly rated wellbeing goals. And yet, as we have shown above, we find that there

³⁷ Results in both these domains were significant at the 99 per cent level. Results on the other domains were not significant. No comparative data is available for D6 for unpaid care workers.

are very significant differences in outcomes, wherein women workers are far *less* likely to achieve scores of 75 or more.

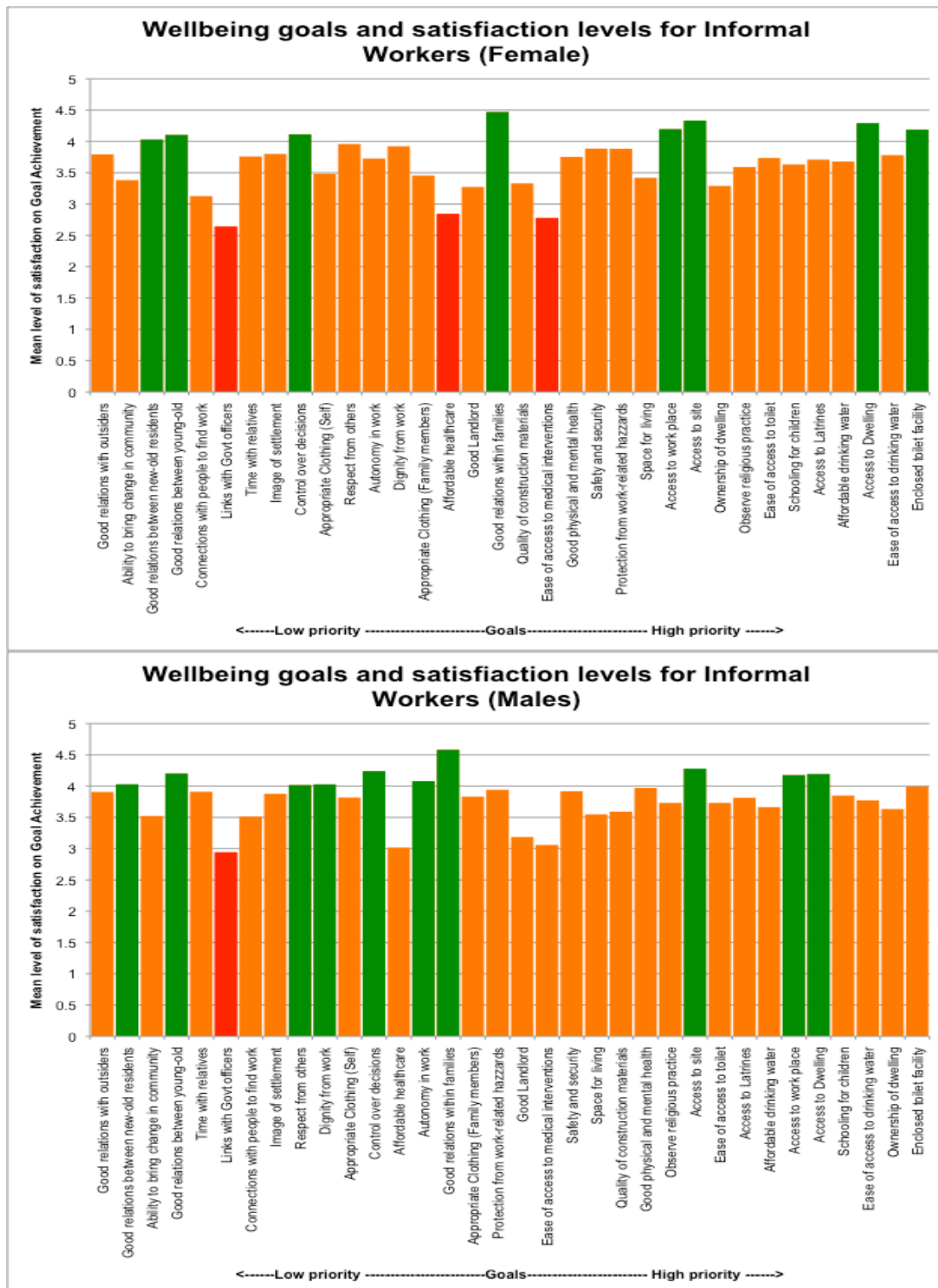


Figure 5.7 – Wellbeing priorities and goal satisfaction for male and female workers

5.3.3 Working in the formal versus the informal sector

The best working conditions are normally found in the formal sector, being governed by labour contracts, labour regulations, and include provisions of social protection. In many developing

countries, including India and Bangladesh, a relatively small share of work is located in the formal sector, and formal sector work opportunities have contracted. Moreover, because of growing informalisation of employment conditions within the formal sector, decent work (in conditions of freedom, equity, security and human dignity) is not only scarce but declining (Kabeer 2012). To isolate variation in wellbeing outcomes by *sector*, we compare paid workers who do not have contracts or social protection operating in the formal sector (Worker Type 4) versus those in the informal sector (Worker Type 8). *We find that though significantly higher proportions of such 'casualised' paid workers employed by formal sector employers have higher scores on Domain 1 (Education and skills) than those employed in the informal sector, the outcomes for these two groups are not statistically distinguishable on any of the other domains.*³⁸ This suggests that while the workers who are better educated, are more satisfied with their skill level and value their children's education (the components of Domain 1), are more likely to get paid work from formal sector employers (albeit without contracts or social protection), simply being in the formal sector does not seem to generate any positive spill-over effects for them. For instance, where an entire work place is governed by health and safety laws, it can be argued that safer working conditions benefit all workers. However, as we find no statistical difference between Worker Types 4 and 8, further analysis is required to establish whether the positive spill-over effects of the formal sector can lead to higher wellbeing.

5.3.4 Comparing paid workers with contracts against paid workers without contracts

Given that we find being employed in the formal sector without a contract, as opposed to in the informal sector, has no significant spill-over impacts on wellbeing, we next compare the wellbeing outcomes for workers with and without a labour contract. That is, we compare two groups of workers: all paid workers without labour contracts (Worker Types 3, 4, 7 and 8) and all workers with a labour contract (Worker Types 1, 2, 5 and 6). Keeping in mind that we are only including those who were *currently* in paid work at the time of the survey, we first explore the question whether having a labour contract is associated with positive wellbeing outcomes, and if so which.

Only a minority of our sample of paid workers (148 out of 1576) is working with labour contracts, and within this group, approximately 44 per cent are women. Not only are women less likely than men to have access to work with labour contracts, globally, persistent wage gaps exist for the same work carried out by women and men, even in the formal sector and for jobs with labour contracts (Fontana and Paciello 2007; Kabeer 2012). *Our findings suggest that workers with a contract do significantly better than those without contracts on two domains: Jobs and earnings, and on Housing and related infrastructure.* The differences are statistically significant at the 99 per cent level.³⁹ This neatly fits the picture that labour contracts signify more secure jobs, with better and more stable income, that people use to gain better access to credit and invest in their housing.

We know from other studies that for those workers for whom self-employment is not merely a survival strategy (Kabeer 2012), such aspects are important factors in achieving wellbeing, and traded off against the security and stability that labour contracts offer. Indeed, some studies have shown cases that labour contracts, far from being empowering, can reproduce structures of oppression and may therefore be more exploitative than work arrangement which are not contracted (see Mosse 2002; Deshingkar 2006; Olsen and Ramanamurthy 2000). Moreover, we surmise that for some workers, particularly those in formal sector jobs, being unable to move out of informal settlements may carry a level of (disempowering) stigma. However, it is interesting to note that we do not find any statistical differences in the proportion of workers with and without contracts that are thriving on any other domains. Even though a significant subgroup within the category of workers without contracts are self-employed (and thus have no contract), such as street vendors, and rickshaw pullers, and these workers value how self-employment bestows

³⁸ See data tables with significance tests in Annex.

³⁹ See data tables with significance tests in Annex.

greater autonomy, control over working hours, etc, we do not find this having an impact on the relevant wellbeing domains.

5.4 Essential service provision

Satterthwaite and Mitlin (2013) argue that it is not urbanisation *per se* that produces negative impacts on wellbeing, but rather poor urban governance when cities exceed the capacities of local governments to provide necessary services. There are some examples of cities that have grown rapidly, such as Bogotá and Medellín in Colombia and Porto Alegre in Brazil, that have managed to provide basic services such as accessible public transportation and safe water, to a wide majority of citizens, including those on the margins.

Our research findings present quite a mixed picture in terms of key aspects of urban governance, such as the provision of essential services, and the security and safety in informal settlements. Community profiles developed for all study sites have enabled the analysis of the presence, and provisioning by various stakeholders of essential services such as health and education facilities; street lighting; sanitation; drinking water; housing; electricity and solid waste collection. The two tables below set out the mosaic of arrangements for key services.

Institutional conditions: essential service provision in Bangladesh sites								
	Housing	Water	Electricity	Street-lights	Sanitation	Waste	Health and family planning	Education
Bogra								
Malotinagar	Landlords, Inhabitants	Landlords, Donors, Municipality	Landlords, Landlords, Private owners	Donor	Landlords, Community	no-one	Private, NGOs	Public, Private
Railway Colony	Landlords	Landlords, Donors, Municipality	Private owners	Donor	Donor	no-one	Private, NGOs	Public, Private
Chittagong								
Dock colony	Landlords, Inhabitants	Private suppliers	Landlords, Landlords,	no-one	Municipality, Landlords	no-one	Private, Public	Public, Private
Khejurtola	Landlords, Inhabitants	Private suppliers	Private owners	no-one	Landlords	no-one	Private, Public	NGO, Public, Private
Dhaka								
Beltola	Landlords	NGO, donor, Private suppliers	landlord, Private owners	Donor	NGO, donor	no-one	NGO, Private sector, Public	Public, Private, Community action, NGO
Chitar par	Landlords, Inhabitants	landlord	landlord	tbc	Landlord	Landlord	Private, NGO, Govt'	Public, NGO, madrasah
Sirnitek	Landlords, Inhabitants	Private owners	Landlords	no-one	Landlords	no-one	Public, Private	Private, madrasah

Table 5.2 – Institutional conditions: essential service provision, Bangladesh sites

Shaded cells denote some degree of municipal or state provision

Institutional conditions: essential service provision in Indian sites								
	Housing	Water	Electricity	Street-lights	Sanitation	Waste	Health and family planning	Education
Mumbai								
Mahatma Phule Nagar	Landlords	Municipality	Landlords, Private owners	no-one	Municipality	no-one	Public, Private	Public, Private
Hanuman Nagar	TBC	Municipality	Electricity corporation	Municipality	Municipality	Municipality	Private, Public	Public, Private
Indira Nagar	Inhabitants	Municipality	Electricity corporation	Municipality	Municipality	Municipality		
Vizag								
Suryateja Nagar	Municipality	Municipality	Landlords, Private owners	tbc	Private	Municipality	Public, Private, NGO	Public, Private
RP Petha	Inhabitants	Municipality	no-one	Municipality	Private pay and use	Municipality	Public, Private	Private, NGO
Raipur								
Kashiram Nagar	Landlords, inhabitants	Municipality	Electricity corporation	tbc	Central Govt'; Municipality	Private (behalf of Municipality)	Private, Govt', NGOs	Govt', Private
Suraj Nagar	Inhabitants	Municipality, Private	Electricity corporation	tbc	Central Govt'	Govt', NGOs	Govt', Private	

Table 5.3 – Institutional conditions: essential service provision, Indian sites
Shaded cells denote some degree of municipal or state provision

One striking difference between Indian and Bangladeshi sites is the very low presence or absence of municipalities in providing basic services such as street lighting (associated with safety concerns), water, sanitation and waste collection in Bangladesh, despite these being part of the mandate of urban authorities. The Indian sites witness a much stronger presence of municipal authorities. City governments in India had given all but one of the informal settlements in our study official slum status ('recognised slums'). We found that in these settlements, a higher level of public services are provided, and their greater security of tenure have allowed citizens to invest in and upgrade their housing and communities. More so, in India, even in the most precarious site at RP Petha, the Municipal Corporation of Vishakapatnam took responsibility to provide the community with water provision following collective action by the inhabitants supported by an NGO.

In India, over time, urban governments have introduced various administrative categories of slums, such as 'notified slums'; 'non-notified slums'; and 'recognised slums'. These categorisations signal diverse levels of engagement by city governments, with the first category benefiting from greater levels of recognition and legitimacy (in the eyes of the state), which translate in greater levels of municipal service provision. The process of gaining a particular slum status is highly politicised, involving both vote bank politics and local level collective action, and can lead to greater levels of tenure security. The process is highly uncertain and slow, taking 2-3 decades, and as a consequence, tenure insecurity is an everyday shadow over the lives of inhabitants. More so, there remains a type of slum which operates outside these categories, and thus goes unrecognised by local governments and inadequately accounted for in statistics and planning policies. Inhabitants of these settlements are subjected to structural violence, as governments fail to meet their basic needs, and such groups are known to experience wellbeing failures, particularly in the relational dimension (Subbaraman et al. 2012).

In Bangladesh, no such administrative categorisations for slums have as yet been developed, and the default position for urban authorities is that slums are illegally located on public land, lacking legitimacy and thus cannot be directly provided with public services. Hence, a top official of the Chittagong's Development Authority remarked in an interview that informal settlements are not part of its 'development' mandate, which instead was concerned with building bridges, roads and

flyovers. We however also encountered enterprising bureaucrats in government agencies, who tied up with NGOs and the United Nations Development Programme (UNDP) funded urban poverty reduction programme (UPPRP) to enable these to provide services within slums, thus finding a balance between ignoring these sites, while avoiding active delivery of services (which their mandate does not permit due to the illegal status of the settlements).

Nevertheless, as many willing government officials are unable to directly overcome the illegal status of informal settlements, and provide inhabitants with essential public services, non-state actors have stepped in to provide some (often highly inadequate) level of basic services, passively or actively condoned by urban authorities. Typically, slumlords with powerful political connections provide services to inhabitants, such as water and electricity. As markets for such water and electricity services are not open for competition, slum inhabitants are charged premium prices. In other cases, donors and NGOs provide basic services, having obtained government provision to do so. Consequently, in Bangladesh, informal settlements depend much more heavily on private initiative, and monopolistic (landlord controlled) and oligopolistic markets for electricity and water provide these at inflated prices to poor inhabitants. Moreover, services such as waste collection rarely exist; they have not been adequately monetised, and are not carried out by the government.

These findings might be compared with experiences of the urban poor in other cities that have grown rapidly, such as Bogotá and Medellín in Colombia and Porto Alegre in Brazil, that have managed to provide basic services such as accessible public transportation and safe water, to a wide majority of citizens, including those on the margins. In these cities many urban projects that aim to improve service provision have ignored the subjective and relational implications on beneficiaries' wellbeing (Satterthwaite and Mitlin 2013; Walker et al. 2013). From such evidence, we know that severely constrained provision of essential services can also have highly gendered implications. Where women have responsibility managing the household, time-consuming and limited access to, for instance, drinking water constrains their ability to engage in labour markets. Access to electricity and running water can help ease women's time constraints, by alleviating the burden on women's domestic responsibilities and increasing their physical mobility, and ability to engage in enterprise (Kabeer 2012). Electricity to lit spaces at night when risk and fear of violence may help women to move safely in public urban spaces is key to urban women's health (Hawkins, MacGregor and Oronje 2013).

5.5 Interaction between the incidence of insecurity and wellbeing outcomes

The literature on insecurity in urban areas tells us that it arises out of three dimension specific to the urban context (Moser 1998) – firstly, a high degree of commoditisation of labour, which implies a heavy dependence on the cash economy and that labour itself is the urban poor's single most valuable asset. They are therefore highly vulnerable to income shocks. Second, a grossly inadequate provision of housing, water, sanitation and solid waste disposal in urban centres, which compounds the already magnified environmental hazards such as water, air and industrial pollution. Third, the heterogeneity of the urban condition, where the concentration of migrant labour and other mobile populations is much higher than in non-urbanised contexts, can leave urban residents vulnerable to social fragmentation – they can be cut off from community safety nets that they might have had access to in a rural or even semi-urban setting.

This implies that insecurity, caused by direct or indirect violence, can impact all dimensions of an individual's wellbeing. And furthermore, the urban poor are most vulnerable: during incidents of insecurity, such as fights, rioting or other forms of physical violence, not only do the urban poor face a heightened risk of injury, but they are also less likely to recover quickly from wounds sustained, more likely to lose all income from regular day-wage labour, more likely to be left homeless, and less likely to have the resources to get access to fair justice (Homer-Dixon 1999).

In this light, we next analyse how wellbeing outcomes play out differently between sites that are secure and are insecure. We define insecure sites as those in which at least half of its respondents (i.e. approximately 100 respondents per site) have reported the occurrence of insecurity incidents (crimes, violence, etc.) within the last year. It was interesting to note that we were able to categorise 10 out of 14 sites as such, while the remaining four had very few respondents reporting insecurity incidents.

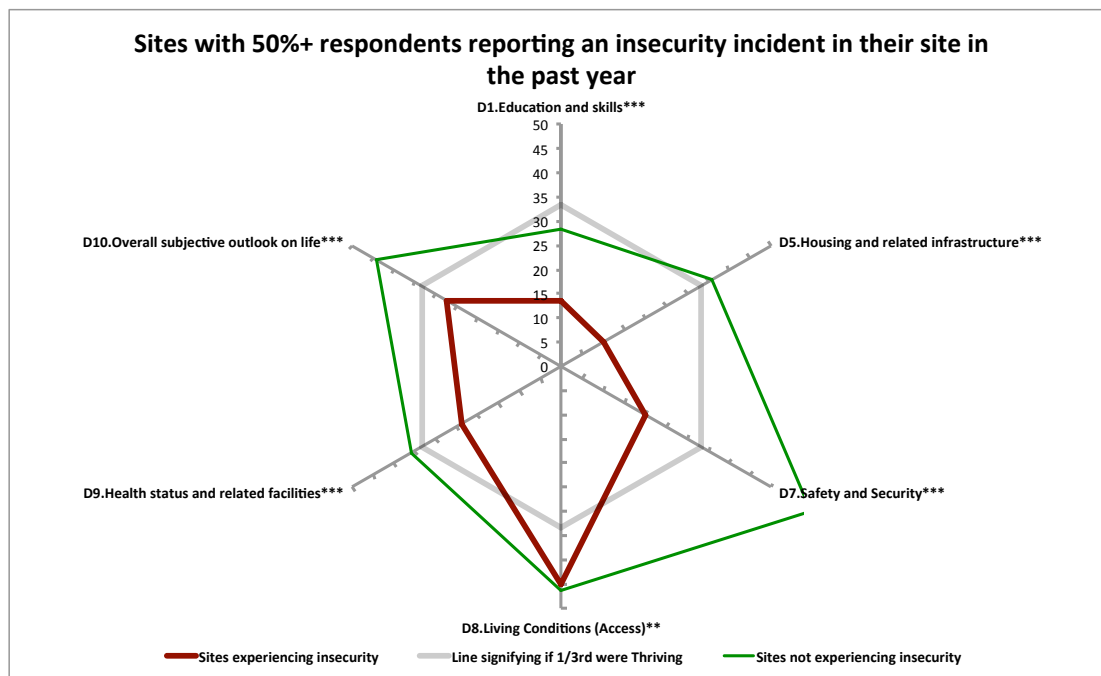


Figure 5.8 – Wellbeing outcomes in sites reporting incidents of insecurity versus sites not experiencing such incidents

*** implies the difference in proportions of the two groups is significant at the 99%-level; and ** implies it is significant at the 95%-level; Difference in proportions of domains not shown (D2, D3, D4, and D6) were not statistically significant.^{40 41}

We find a very clear picture emerges that indicates insecure sites are associated with lower proportions of residents achieving high wellbeing scores (Figure 5.8). Disaggregating further by gender, we find that both men and women are impacted by insecurity – that is, wellbeing outcomes are starkly lower not only for women affected by insecurity (Figure 5.9), who are often the focus of debates about insecurity in cities, but this is also the case for men (Figure 5.10). This has important consequences for how policy makers, practitioners and donors formulate their approach towards safety and security initiatives in cities. In particular, further nuanced work is required to assess the causal linkages between particular modalities or drivers of insecurity and the reduction in wellbeing outcomes. At this stage of analysis, we find it interesting to note that some domains could potentially be viewed as being more susceptible to the impacts of insecurity (like jobs, earnings, health, outlook on life, for example), while others are more likely to be associated with the drivers of insecurity (like education, for example). Further work would be needed to tease out the precise nature of such cause-effect mechanisms.

⁴⁰ D8 Access is on a 0-100 scale

⁴¹ See data tables with significance tests in Annex.

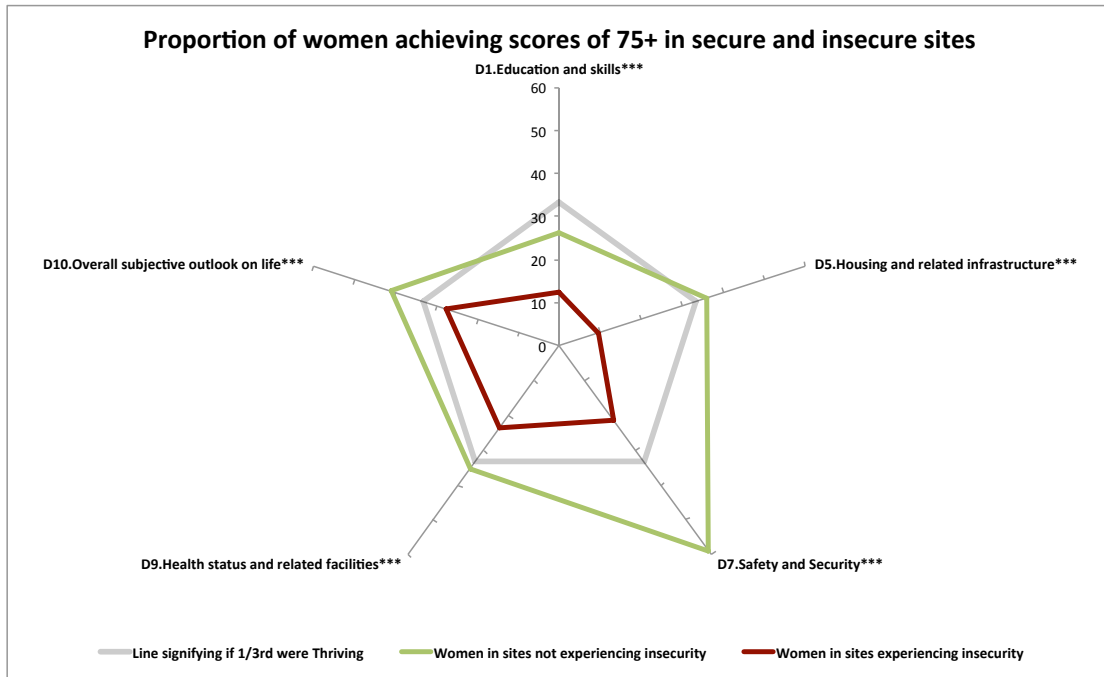


Figure 5.9 – Wellbeing outcomes for women are lower in sites experiencing insecurity incidents
 *** implies the difference in proportions of the two groups is significant at the 99%-level. Difference in proportions of domains not shown (D2, D3, D4, D6 and D8) were not statistically significant.⁴²

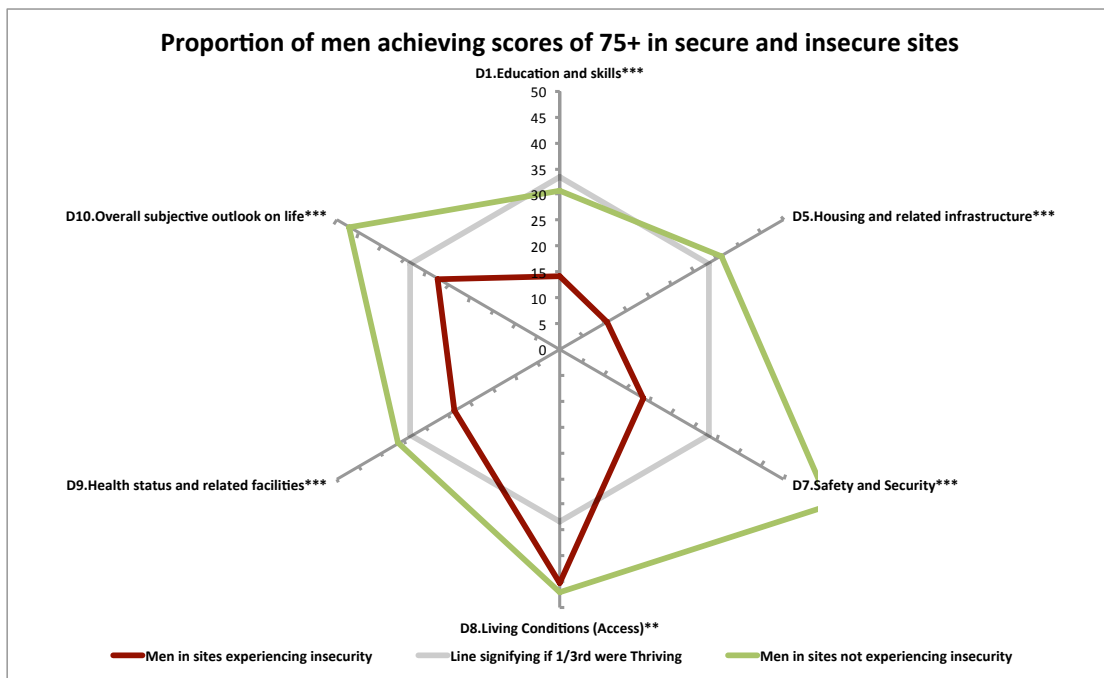


Figure 5.10 – Wellbeing outcomes for men are lower in sites experiencing insecurity incidents
 *** implies the difference in proportions of the two groups is significant at the 99%-level; and ** implies it is significant at the 95%-level. Difference in proportions of domains not shown (D2, D3, D4, and D6) were not statistically significant.^{43 44}

5.6 Interaction between demolition of informal settlements and wellbeing

Many urban development interventions that aim to improve material conditions ignore the subjective and relational implications on beneficiaries' wellbeing and there is a clear need to

⁴² See data tables with significance tests in Annex.

⁴³ D8 Access is on a 0-100 scale

⁴⁴ See data tables with significance tests in Annex.

better understand the circumstances in which poor urban governance creates opportunities and threats for the wellbeing of those who live in and migrate to cities (Satterthwaite and Mitlin 2013; Walker et al. 2013). This challenge has been taken up in the recent wellbeing literature that has focussed on urban areas. For example, where slum resettlement programmes disperse populations, social fabrics are torn and economic structures of opportunity rejigged. The Dhaka Urban Transport Project (Khandoker and Rouse 2004) had serious adverse effects on the livelihoods opportunities of rickshaw pullers and displaced street traders, while in Mumbai, housing developments for relocating pavement basket weavers drove higher incidences of ill-health (Burdett and Taylor 2011). Walker et al. (2013) found that slum upgrading efforts in Mumbai that involved high rises confer some material benefits of particular interest to women and the disabled, such as closer water connections and toilets, but also disrupt social networks, which play a large role in how women and the disabled meet other material and needs, thus eroding sources of subjective and relational wellbeing.

As such, compulsory land acquisitions to make way for road or rail network improvements are now commonplace in the large cities of the developing world (IBRD 2009: 18). These large-scale infrastructure projects often have financial and technical support from international aid agencies (Cernea 1988, 1993; ADB 1998; DFID 2010), and necessitate the relocation of informal settlers or 'squatters' from within city limits (for example, in India see Ramanathan 2005; in Thailand see Viratkapan & Perera 2006; or in Kenya see Macharia 1992). These programmes are driven by the thinking that informality in slums is a primary cause of urban poverty since it forces people into illegal and unregulated economies (de Soto 2001). As a result, relocation initiatives are aimed at evicting informal settlements and providing legal tenure to evictees elsewhere.

Substantial research has been done on the negative impacts of relocation on social and economic wellbeing of evictee households, like for example, economic hardships, disruption of the social fabric, and a feeling of uprootment (see amongst many others Crane et al. 1997; Dupont 2008; Takeuchi et al. 2008; Hazareesingh 2001; Lall et al. 2008). Cernea (2000) points out that when eviction and relocation leave people worse off, this is often caused by joblessness, marginalisation, food insecurity, social disarticulation as well as poor service provision. As even well-intended urban development interventions have unanticipated side effects, it will come as no surprise that slum demolitions, a common urban development intervention that has no such benevolent aims, has clear negative impacts on the wellbeing of slum inhabitants.

In line with this literature, our data shows that people who have had their dwelling demolished at some point over the past 6 years are *less likely* to achieve thriving scores of 75+ when compared with those who had never had their dwellings demolished (Figure 5.11 below) on D1 (Education and skills), D5 (Housing and related infrastructure), D7 (Safety and security), D8 (Living conditions (access)), and D10 (Overall subjective outlook on life). This result is not so straightforward to interpret, however, as it is intriguing to note that those who have had their dwellings demolished actually show *better* outcomes on D9 (Health status and related facilities) than those respondents who have not had their dwellings demolished. Furthermore, we do not pick up any significant differences between the proportions of people thriving amongst these two groups in terms of D2 (jobs and earnings), D3 (Consumption and assets), D4 (Social connections) or D6 (Empowerment) – all areas that other studies have highlighted as associated with the negative impacts of demolition. At this stage, we may interpret this mixed result in terms of scores of 75+, which describe outcomes at the top end of the distribution, as an indication of the variety of risk-averse and coping strategies that people residing and working in informal settlements operationalize.

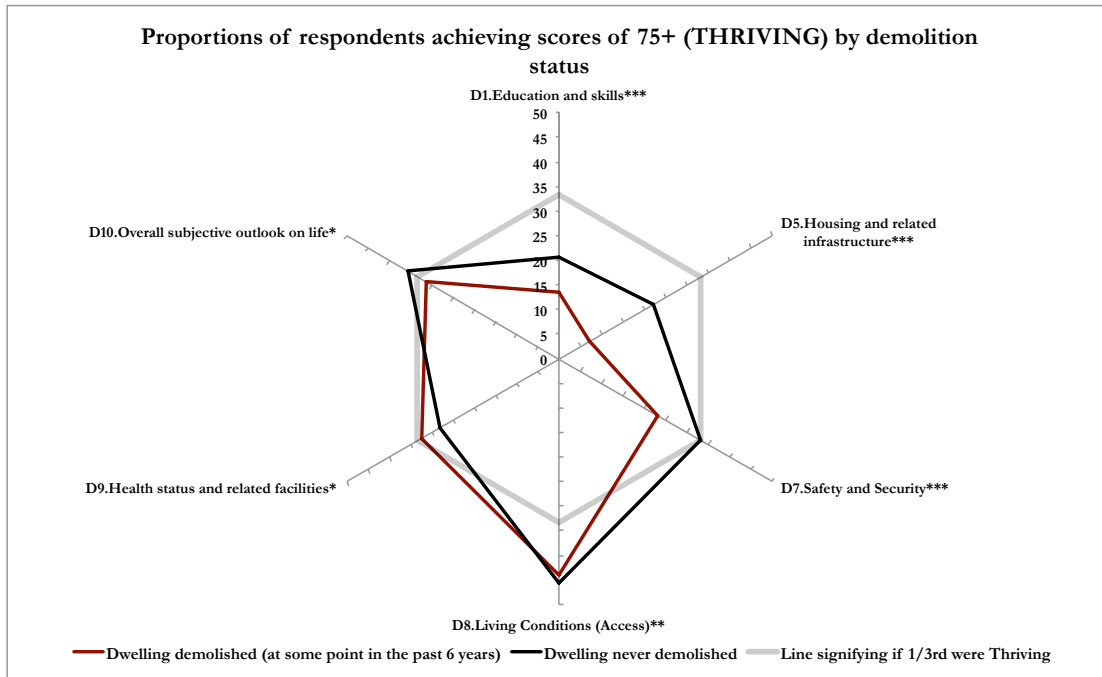


Figure 5.11 – Proportion of respondents achieving scores of 75+ by demolition status

*** implies the difference in proportions of the two groups is significant at the 99%-level; ** implies it is significant at the 95%-level; and * implies it is significant at the 90%-level. Difference in proportions of domains not shown (D2, D3, D4, and D6) were not statistically significant.^{45 46}

Following the mixed result in terms of proportions of people achieving scores of 75+, we further elaborate by looking at the other end of the spectrum – at the proportion of people achieving scores of 25 or below – these are people who achieve less than 25% of the available score on the ten domains. At this end of the spectrum, the impact of demolition is far more evident, in that we find that people who have not had their dwellings demolished are far *less likely* to fail in six of the ten domains, as compared with people who have had their dwellings demolished (see Figure 5.12). Furthermore, *we find that this impact appears to be sensitive to the time since demolition, appearing to be most acute amongst those who have had their dwellings demolished in the past 12 months, while a lesser impact is evident on those who report that their dwelling was demolished in the more distant past.*

⁴⁵ D8 Access is on a 0-100 scale

⁴⁶ See data tables with significance tests in Annex.

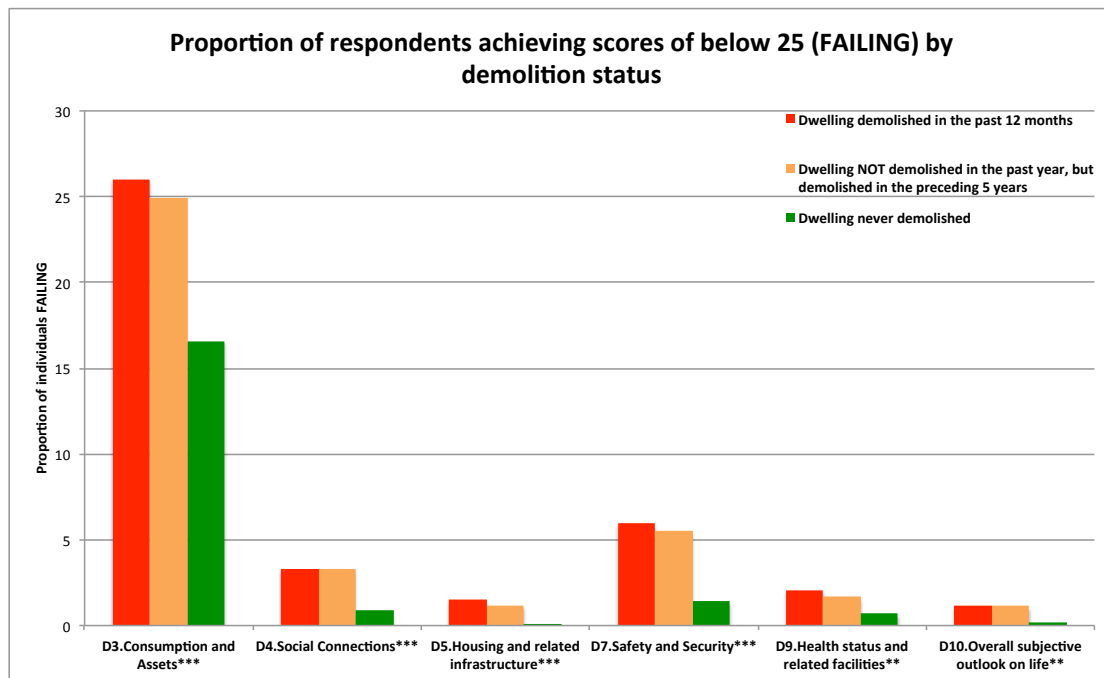


Figure 5.12 – Proportion of respondents ‘failing’ (scores of 25 or less) by demolition status

*** implies the difference in proportions of the two groups is significant at the 99%-level; and ** implies it is significant at the 95%-level. Difference in proportions of domains not shown (D1, D2, D6, and D8) were not statistically significant. Difference in proportions tested using a chi-square test. ⁴⁷

The results at both ends of the domain score distributions illustrated above together form a powerful narrative that suggests that slum demolition, a not uncommon policy instrument used by urban authorities in South Asia, has the potential to wreak developmental havoc as it is associated with lower wellbeing outcomes on a variety of wellbeing domains. Situating these findings in the context of Mumbai, for example, is particularly relevant as Mumbai City development authorities have planned to relocate and re-house between five and nine million slum dwellers in the next 20 years (BMC 2005). This constitutes the largest relocation programme ever attempted. It is striking to note that particularly since the late 1990s and early 2000s, compulsory land acquisition and mass relocation has been conducted in an unprecedented and increasingly brutal manner. The eviction of close to 85,000 slum dwellers from Sanjay Gandhi National Park in 2001 is one instance where a state sponsored eviction drive showed little regard for the physical safety, let alone the homes and livelihoods, of those being evicted (Zérah 2007). A variety of anecdotal evidence suggests that the brutality of evictions and the trauma of relocation render an adverse impact on physical wellbeing: like for example, the adverse impact on women’s access to healthcare, that women are more vulnerable to domestic violence in relocation sites, and that parents are not sending their daughters to school fearing for their physical safety, while young men struggle with new networks of crime, violence and informal justice (Contractor 2008; Gupte forthcoming; Kavadi et al. 2008; Kothari and Contractor 1996; Ramanathan 2005; Bhide 2008; Gupte 2010).

As such, these results indicate an urgent need to further unpack the impacts of demolition, particularly aimed at unpacking the casual mechanisms behind these significant associational links.

⁴⁷ See data tables with significance tests in Annex.

6. Implications for anti-poverty policy and programming

What do these insights into wellbeing outcomes and processes tell us about what methods and instruments should be employed in anti-poverty policy for informal workers in urbanising contexts?

This research proposed to develop and implement a new and innovative RAW methodology. This has been achieved. It has developed an IWS and this has been implemented using Tablet PCs to collect data on: the three dimensions of wellbeing **outcomes** (material, relational and subjective); the **processes** that people and households engage with in an effort to generate their wellbeing; and the physical and institutional **conditions** and structures of urban settlements in which informal workers live and operate. The study has involved all of the partners from the UK and in India and Bangladesh reviewing and adapting elements of the wellbeing methodology and research instruments developed in earlier work on WeD (Gough and McGregor 2007).

The data that has been generated by the IWS instrument has produced valuable insights into a wider range of dimensions of wellbeing than any other research instrument at this time. While it takes into account how well people are doing in terms of their income, it then provides insights that allow us to move beyond a narrow income approach.

The research has demonstrated the feasibility of a methodology that involves iteration between ‘bottom-up’ and ‘top-down’ perspectives on human wellbeing: The IWS is context specific – its detail is generated out of the experiences of people in these particular settlements in these cities in India and Bangladesh. The detail of the IWS instrument is grounded in a participatory (bottom-up) process of identifying what people regard as important for their wellbeing in these particular communities. This then is given order and structure by relating it to a recognised (top-down) universal framework for understanding and measuring human wellbeing. The OECD How’s Life Framework (2011) identifies three broad dimensions of wellbeing (their terms are Material Conditions, Quality of Life and Sustainability), the first two of these dimensions are then broken down into eleven domains. In the IWS, and in relation to the data generated from the ‘bottom-up’ process, these have been translated into ten domains. The analysis of FGD transcripts provided a guide as to what would be appropriate and specific objective and subjective indicators for each of the domains.

Box 1 – The appeal of a wellbeing approach for civil society organisations:

ActionAid Bangladesh is currently drafting its next 10 year programme vision for urban development programming, and has requested IDS to support its deliberations re: adopting a wellbeing approach. SPARC is currently developing a research paper comparing findings from the wellbeing research and from existing community led research approaches.

An important lesson from this work is about the methodology itself. The study confirms that the methodology whereby context sensitive instruments can be produced and can be conducted in a relatively streamlined way. The response to the methodology by partner grass-roots organisations and by research participants has been positive (Box 1).

The study has demonstrated that it is possible to operationalise a thoroughly multidimensional conception of human wellbeing for application in urban contexts: This takes us beyond the usual; income/consumption measures of poverty and also takes us beyond the limited range of human development indicators used in the MPI. The results presented in the form of radar graphs earlier in this report indicate that people do not perform uniformly well

across all of the domains of their wellbeing. Where people are doing well in some domains they may be doing badly in others. The focus of much of the analysis has been on informal workers, and we show how different groups, including paid workers, unpaid care workers, workers without labour contracts within the formal sector and informal sector achieve different wellbeing outcomes. We also note how such wellbeing outcomes are often highly gendered, although it is not always women who do least well. Further analyses of worker types (e.g. comparing street vendors vs home-based workers) could be conducted in future, to again show how the wellbeing approach can generate highly population specific and therefore policy specific analysis.

The methodology thus allows for new insights into the complexity and unevenness of people's wellbeing performance, at least in relation to two aspects. *First*, some urban conditions that are particular to sites, such as the levels of safety and insecurity, drive uneven wellbeing outcomes by affecting people's perceptions about their education and skills, their housing and related infrastructure, their living conditions, their health status, as well as their overall subjective outlook on life. *Second*, it suggests how different wellbeing priorities may be being traded-off against each other. For example, to do well in 'jobs and income' by taking on paid jobs with labour contracts may involve doing badly in terms of 'empowerment'.

The insights yielded by this type of analysis have a number of possible and obvious policy uses.

First, it allows policy agents who are concerned with the wellbeing of particular segments of the population to focus in on the wellbeing achievements of this population across a broad range of domains. Thus when policy makers have an intuition that some groups (for example, it could be 'women') may be doing badly in some aspect of their life, this data provides a way of testing this and understanding that relative to their performance in respect of other aspects of their wellbeing. This then provides the basis for further study as to why some domains are turning out badly while others may be turning out well.

Second, it allows policy makers who are concerned with the governance of particular places (a settlement or neighbourhood) to identify where there are systematic failures in particular aspects of wellbeing (for example, security). This kind of analysis can be conducted at different levels of settlement – it could involve comparison between cities, or between settlements within a city, or with reference to particular neighbourhoods in a settlement. Analysis can then be conducted as to what might explain systematic wellbeing failures (or successes). In our case material the experience of demolition of dwelling within the last five years explains some specific poor performance in a range of other wellbeing domains.

We illustrate this with an example from one of our Chittagong sites in Box 2 below:

Box 2 – Using wellbeing priorities and goal satisfaction for policy

Focus Group Discussions with women and men living in informal settlements across 6 cities in India and Bangladesh were used to draw up a long list of wellbeing goals which the communities themselves saw as essential for 'living well'. A random sample of 107 men and 111 women from the Dockyard settlement in Chittagong then ranked these goals by importance, and their satisfaction levels on goal achievement. Simple 'jagged teeth' diagrams can be used to illustrate wellbeing goals (ranked from least to most importance on the horizontal-axis), and their corresponding satisfaction levels (vertical axis). Columns can be colour-coded for better visual representation.

➤ The diagram to the right illustrates the wellbeing goals for the Dock Yard settlement. Green columns denote the community is on average satisfied with goal achievement; Red columns denote an average level of dissatisfaction; Amber columns denote a degree of uncertainty – some are satisfied, but others are dissatisfied.

➤ Amongst the top-ten ranked goals (right most on horizontal axis), the community is particularly dissatisfied with goals relating to **access and use of toilets/latrines**, as well as **affordability of and access to drinking water**.

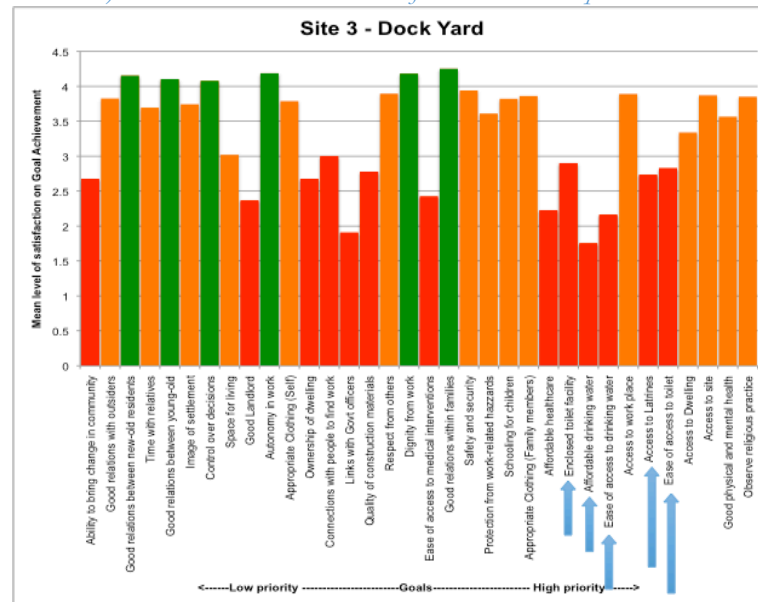


Figure 4.13 – Wellbeing priorities in Docker par (All)

➤ Goals and priorities can also be mapped onto institutional conditions and conditions of service provisioning. This can highlight any obvious gaps in service provision, as well as specific actors, agents, and their roles and responsibilities.

In the Dock Yard settlement, if we focus on those wellbeing goals which the community ranked important but also were dissatisfied with their present conditions, we see that the **municipality** does in part provide sanitation facilities.

However, **landlords** are also involved in this provision. **Private suppliers** exclusively provide water. Policy interventions would therefore need to take into account all of these actors and agents.

The wellbeing priorities of communities can be used to pinpoint particular areas of hardships faced by the communities, and these can be used to create roadmaps for prioritising policy interventions

Institutional conditions: essential service provision in Bangladesh sites								
	Housing	Water	Electricity	Street-lights	Sanitation	Waste	Health and family planning	Education
Bogra								
Malotnagar	Landlords, Inhabitants	Landlords, Donors, Municipality	Landlords, Landlords, Private owners	Donor	Landlords, Community	no-one	Private, NGOs	Public, Private
Railway Colony	Landlords	Donors, Municipality		Donor	Donor	no-one	Private, NGOs	Public, Private
Chittagong								
Dock colony	Landlords, Inhabitants	Private suppliers	Landlords, Landlords, Private owners	no-one	Municipality, Landlords	no-one	Private, Public	Public, Private, NGO, Public, Private
Khejarola	Landlords, Inhabitants	Private suppliers	Private owners	no-one	Landlords	no-one	Private, Public	Private
Dhaka								
Beltola	Landlords	NGO, donor, Private suppliers	landlord, Private owners	Donor	NGO, donor	no-one	NGO, Private sector, Public	Public, Private, Community action, NGO, Public, Private, NGO, madrasah
Chitar par	Landlords, Inhabitants	landlord	landlord	the	landlord	Landlord	Private, NGO, Govt	NGO, Public, Private, madrasah
Srinick	Landlords, Inhabitants	Private owners	Landlords	no-one	Landlords	no-one	Public, Private	Public, Private, madrasah

Table 5.2 – Institutional conditions: essential service provision, Bangladesh sites

As per the broader OECD How's Life Framework and Guidelines on Indicators with which to operationalise it, the overall assessment of wellbeing conducted here has the distinctive virtue of bringing together (self reported) objective data and subjective assessments in each domain.

The juxtaposition of objective and subjective data has not been analysed in this study thus far but it is generally believed that a systematic analysis of these two types of data can reveal important issues of dissonance: either where people are objectively doing badly but subjectively report that they are doing well or *vice versa*. This kind of objective-subjective pairing analysis can provide further important policy relevant information about where motivations and (mis)apprehensions need to be confronted with further information (for example, about sanitation needs and its relation to the objective reporting of particular illnesses).

Drawing more fully on the subjective data generated in this process 'the jagged teeth diagrams' represent an obvious and immediately relevant policy tool. By presenting a ranking for people's wellbeing priorities and then showing that in relation to the level of satisfaction that people report we can get an immediate visual insight into where there may be important development problems. Either this points to issues where there is a real problem of provision (for example, of water provision) or of dissatisfaction with how the service is being provided. Either way this evidence should direct policy attention. This tool can be used either by those who are supposed to be responsible for supporting the wellbeing of people in particular communities or by the communities themselves, to hold service providers to account where they are evidently failing in their duties.

The potential for this type of simple diagram to have a role in stimulating local deliberation about development priorities and the performance of government and other service providers has potential policy significance when considering issues of empowerment and governance in urban contexts.

Moreover, community feedback meetings by ActionAid and BRAC University researchers were conducted in Chittagong and in Dhaka in March 2015 to share and validate draft research findings. In Chittagong, community discussions were organised in Khejurtola and Dock Colony. Overall, communities affirmed the study findings, however they noted that since the research had been conducted, in Khejurtola an eviction notice had been issued by the City Corporation, and accordingly securing tenure had become a new top wellbeing priority. Both Chittagong and Dhaka communities also noted that as the survey had been conducted immediately after the Eid period, this may have led to individuals giving high priority to religious observance. In Chittagong, on the following day, community representatives debated findings (and the wellbeing effects of the eviction notice) in a workshop with local government officials, including the chief town planner, and researchers from Chittagong University. Chittagong's chief town planner also attended the Dhaka workshop, as did five women and men representatives from each of Dhaka's study sites, who directly engaged those government officials present. The Dhaka communities further reflected on a community participatory video shot in Dock Colony, Chittagong, and recognised many of the issues highlighted in it.

Media coverage of Dhaka and Chittagong workshops

Following the Dhaka workshop, seven national and local newspapers reported on the workshop, with many quoting the community testimonials given at the event. With city elections announced in both Dhaka and Chittagong, there is clear media interest in the study findings.

Selected Bangladesh media reports on Dhaka and Chittagong workshops:

- Prothom Alo, 23rd March 2015 – (in Bangla) [গবেষণার তথ্য, মৌলিক সর্বোৎকৃষ্টি বস্তবিসীরা](#)

- The Daily Star, 23rd March 2015 - [Govt must provide basic amenities to urban poor](#). Development practitioners tell workshop, saying the population deserving for their contribution to economic development.
- Newage, 23rd March 2015 - [Slum people pay more for basic needs](#)
- The Daily Sun, 23rd March 2015 - [Lack of basic needs prolongs poverty of slum dwellers](#)
- UNB, 23rd March, 2015 - [Slum informal workers deprived of drinking water, sanitary latrine](#)
- Samakal, 22nd March, 2015 – (in Bangla) [সুপায়ে, পানির দুষ্প্রাপ্যতাই বস্তবাসীর প্রধান সমস্যা](#)
- Amardesh – (in Bangla) [মানসম্পন্ন জীবনমান অর্জনকে ব্যর্থ হচ্ছনে বস্তবাসীরা](#)
- Manob Kantha – (in Bangla) [যুক্তরাজ্যেরে সাসকেস বিশ্ববিদ্যালয় রে গবেষণা ফল](#)
- Bhorer Kagoj – (in Bangla) [পরিকল্পনার অভাবে মানসম্পন্ন জীবনযাপনে ব্যর্থ বস্তবাসীরা](#)
- The Report 24.com – (in Bangla) [‘বস্তবাসীর জীবনমান উন্নয়নে নীতমালা দরকার’](#)
- The Daily Sangbad – (in Bangla) [দারিদ্র্যমুক্ত হতে পারছে না বস্তবাসীরা](#)
- Al Ihsan – (in Bangla) [পয়সা দিয়ে মৌলিক সেবা কনিত হই. বস্তবাসীকে](#)
- News Bangladesh – (in Bangla) [১০ সমস্যা, বস্তবাসী দারিদ্র্য মুক্ত হচ্ছনে না](#)
- Priyo – (in Bangla) [দশটি কারণে জীবনমান অর্জনকে ব্যর্থ বস্তবাসীরা: একশনএইড](#)

Finally, there is also some indication (Box 3) that application of this kind of wellbeing can have the kind of positive ‘governance’ spin-off, as suggested by Hall and Rickard (2013).

Box 3 – 7th Five Year Plan, 2015-2020, Government of Bangladesh

The Planning Commission of the Government of Bangladesh is currently developing its 7th Five Year Plan. The Commission has currently identified 19 themes for which background papers and analyses have been commissioned. None so far concern urban poverty and urban development. The poverty reduction strategy of the government does not distinguish between urban and rural poverty and its traditional focus is on rural poverty. A deputy director of the Economics Division of the Planning Commission participated in the final project workshop in Delhi. Inspired by discussions, research partner Prof Ferdous Jahan from BRAC University was invited to develop a background paper on wellbeing of urban informal workers in informal settlements. The paper will be pursued in coming months.

7. Conclusion

Many informal workers operate and reside in informal settlements; globally, these are the home of 828 million people (UN Habitat 2011). India's 2011 slum census conservatively identified 13.8 million households, or about 64 million people as located in urban slums. According to UN population estimates 61.6% of the population of Bangladesh, 58.1% in Nepal and 46.6% in Pakistan lives in informal settlements. While the overall share of the population living in informal settlements is dropping in Bangladesh (from 77.8% in 2000 to 61.6% in 2009) and India (from 41.5% in 2000 to 29.4% in 2009), these trends need to be viewed with a degree of caution for several reasons. Drops in national proportions of slum dwellers to urban populations might be reflective of changes in how particular slums are defined or categorised, hide exacerbated conditions within particular cities, or result from under-counting.

In reality, residents of informal settlements continue to achieve significantly inferior health and education outcomes due to limited public services, substandard housing, environmental fragility and unsanitary conditions. Therefore, focusing on informal settlements enables us to pay particular attention to the plight of the poorest 10% of the population. Yet, critically, informal settlements are also spaces of opportunity and hives of economic activity. People prefer these locations for their low cost of living, their affordable (albeit substandard) housing, and proximity to work.

In this study, we have explored how wellbeing outcomes for informal workers living in informal settlements interact with the institutional conditions across a diverse set of urbanising localities in Bangladesh and India. Our approach departs from usual poverty assessment approaches to consider how informal workers' material, relational and subjective wellbeing outcomes are produced in relation to institutional conditions that govern access to labour markets; how they relate to urban governments and other governance actors, which do or do not allow them to establish meaningful social relations with peers and other economic actors. The study uses a combination of secondary data analysis and a 'bottom-up' human wellbeing assessment methodology, to present solid empirical evidence on *patterns and gradations* of wellbeing success and failure that are emerging for women and men engaged in informal work and living in informal settlements.

For this study, we developed and implemented a new and innovative RAW methodology, and devised an IWS. Community profiles and focus group discussions have accordingly fed into an IWS instrument that was administered across 14 informal settlements in six cities in India and Bangladesh, covering 2858 individual respondents (1448 women and 1410 men) in 1454 households. The IWS incorporates objective and subjective aspects of wellbeing across ten domains:

- Domain 1: Education and skills
- Domain 2: Jobs and earnings
- Domain 3: Consumption and assets
- Domain 4: Social connections
- Domain 5: Housing and related infrastructure
- Domain 6: Empowerment
- Domain 7: Safety and security
- Domain 8: Living conditions (access)
- Domain 9: Health status and related facilities
- Domain 10: Overall subjective outlook on life

7.1 Drivers of wellbeing success and failure in urban contexts

While urbanisation is acknowledged to confer many benefits to city dwellers in the form of closer access to services and more opportunities for employment, it also poses threats, particularly for the poor and marginalised and in situations of rapid urbanisation. The ‘urban advantage’ that was readily associated with the burgeoning cities and modernisation in many countries of the global South does not always hold true, especially if examined with a multidimensional lens that the human wellbeing approach affords. However, it is not urbanisation *per se* that produces negative impacts on wellbeing in some cases, but rather poor urban governance when cities exceed the capacities of local governments to provide necessary services.

Our data on wellbeing shows that only small proportions of the labouring poor living in informal settlements sampled, thrive, and if they do, on only a limited number of wellbeing domains. Less than a third of the paid workers sampled in both India and Bangladesh achieve scores above 75 – a metric we use to denote ‘thriving’. Overall, we find that the paid workers sampled in India stand a remarkably higher likelihood of achieving scores above 75 in Domains 1 (Education and skills), 5 (Housing and related infrastructure), 7 (Safety and security), 9 (Health status and related facilities) as well as 10 (Overall subjective outlook on life). Only in Domain 4 (Social connections) and Domain 2 (jobs and earnings) do the sampled paid workers in Bangladesh stand a higher likelihood of achieving scores of 75 or more.

Some of our results were in line with the schematic of diverse institutional conditions used to distinguish between the three city types, insofar as we assume conditions of service provision, accessibility and livelihood options to be greatest in mega-cities. Our data shows that wellbeing outcomes in our sampled sites in mega-cities (Mumbai, Dhaka) tended to be better than those from sites in emergent cities (Raipur, Bogra) and secondary established cities (Vizag, Chittagong) in Domains 1 (Education and skills), 8 (Living Conditions (Access)), and 10 (Overall subjective outlook on life). However, there were other significant findings, which challenged this assumed hierarchy:

For example, on Domain 4 (Social connections), 5 (Housing and related infrastructure), 7 (Safety and security), and 9 (Health status and related facilities), respondent in *emergent-cities* showed the highest likelihood of achieving scores of 75+. The expectation based on our city-typology was that safety and security outcomes be worst of in the context of rapidly growing cities, as these are often typified as prone to crime and insecurity. In this regard, we found the results in Domain 7 (Safety and security) particularly interesting as it turned out to be reverse of the expected outcome in this domain, and as such is a step towards broad-brushed assumptions that seek to link rapid urbanisation and insecurity. This warrants further analysis.

A ranking of wellbeing priorities showed us that in the sites sampled in India, ownership of dwelling was ranked in the top ten priorities of communities in all sites, while all in Bangladeshi sites, ease of access to drinking water was ranked in the top ten. Having an enclosed toilet and having access to one’s dwelling were also important goals. One striking difference between Indian and Bangladeshi sites was the very low presence, or outright absence, of the municipalities in providing basic services such as street lighting (associated with safety concerns), water, sanitation and waste collection in Bangladesh, despite these being part of the mandate of urban authorities.

Overall, satisfaction levels in the sites sampled in India were significantly higher than those in sites sampled in Bangladesh, while the latter displayed a much higher degree of variability on levels of satisfaction. We do take these results with a sense of caution, however, since levels of

aggregation may be hiding the priorities of particular groups or cohorts within and across these sites.

For the majority of slum dwellers, however, having paid work *does not* translate into high wellbeing outcomes. Very small proportions (up to 15%) of paid workers obtain high scores in the domains of education and skills; jobs and earnings; consumption and assets; social connections; and housing and related infrastructure. As such, we conclude that the great majority of paid workers do not achieve high levels of wellbeing. In particular, women in our sample are *less* likely to obtain high wellbeing scores than men, in at least on five out of ten wellbeing domains. Poignantly, we find that even though men and women have a very similar set of priorities when it comes to their wellbeing, this gendered divide in terms of wellbeing outcomes could well reflect the fact that globally women are typically engaged in the most insecure, unstable and poorest paid jobs.

Our findings also show that whereas people living in informal settlements aspire to *better quality paid jobs* (not just *any* job), a great majority of respondents in our sample perceive themselves as lacking the social capital required to access such labour markets. Such perceived lack of connections to people who can help find paid work was particularly pronounced amongst women, and in Indian sites. While the literature suggests that for some workers, simply being in the formal sector (even when employed without contracts or social protection) may generate some positive spill-overs, we do not find any significant differences between the proportions of 'casualised' paid workers in the *formal* sector achieve higher wellbeing outcomes and those in the *informal* sector. Further analysis is required to disentangle the negative impacts of casualised work arrangements, which may be drowning out any positive spill-over impacts, particularly as we do find that workers with a contract do significantly better on D2 (Jobs and earnings) and on D5 (Housing and related infrastructure) than those without contracts.

This result is complex to interpret however, as a significant subgroup within the category of workers without contracts are those who are self-employed (and are therefore categorised as having no contract), such as street vendors, and rickshaw pullers, and these workers value how self-employment bestows greater autonomy, control over working hours. For these workers, self-employment is not merely a uni-dimensional strategy for survival, but a more complex livelihood option, where certain aspects of wellbeing are traded off against the security and stability that labour contracts offer.

Intriguingly, we found that while those purely involved in *unpaid* care work achieve lower wellbeing scores in the Jobs & Earnings (D2), Social Connections (D4) and Living Conditions (D8) domains, they achieve higher wellbeing scores in the Education and skills (D1), Housing and related infrastructure (D5), Health status and related facilities (D9) and Overall subjective outlook on life (D10), than those who are in paid work. We again find that this result has some highly gendered dimensions to it: Smaller proportions of men than women obtain high wellbeing scores on the Safety and security (D7) and Subjective outlook on life (D10) domains. We suggest that this may be reflective of patriarchal social norms that govern men and women's engagement in urban labour markets, however other factors may also underlie such findings. It is unclear why significantly lower proportions of men achieve high wellbeing scores on the security and safety domain; we postulate that it may be that their unpaid care work makes them targets of bullying and abuse.

Our final set of findings relate to the impact of insecurity. We found that insecure sites are associated with lower proportions of residents achieving high wellbeing scores on several key domains. This is in line with the substantial evidence in the literature on the far-reaching negative impacts of insecurity on development outcomes in wide variety of urban contexts. Importantly,

we find that *both* men and women are impacted by insecurity, and this has important consequences for how safety and security interventions in cities are conceptualised and implemented. Our data also shows that people who have faced violence at the behest of the state, in the form of demolitions, are more likely to obtain very low wellbeing outcomes, as compared with those who have not had their dwellings demolished. In particular, we found that experiencing demolition is associated with lower outcomes on a range of wellbeing domains – suggesting that this type of an intervention can have far-reaching, and potentially unintended, consequences.

7.2 Concluding thoughts

While people's understanding of wellbeing across cultures has been studied to a wide extent in the wellbeing literature, there have been some recent forays into the notion that place, on a city or neighbourhood scale, also forms a relevant basis for the contextual determinants of wellbeing. By comparing perceptions of city-wide social and economic conditions to personal wellbeing evaluations, studies have found that local contextual factors are strong predictors of personal wellbeing. In their work on urban neighbourhoods in Peru, Guillen-Royo and Kasser's (2014) find that in some slum districts, a focus on intrinsic goals (e.g. affiliations, community, and personal fitness) over extrinsic goals (e.g. financial success, appearance, and popularity) does not necessarily lead to increased wellbeing, contrary to findings in objectively better-off populations.

Our data also shows these types of nuances at a very local level of granularity. Some urban conditions that are particular to sites, such as the levels of safety and insecurity, drive uneven wellbeing outcomes by affecting people's perceptions about their education and skills, their housing and related infrastructure, their living conditions, their health status, as well as their overall subjective outlook on life. In particular, we find that people may be trading-off different wellbeing priorities against each other, and through this study we have attempted to show that using a wellbeing methodology is critical to an assessment and exploration of the significant trade-offs that are underpinned by subtle and non-obvious norms and value systems. As such, this methodology presents metrics that are very relevant for urban policy making.

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Annex 1 – Data tables

A. Domain scores by sub-groups 1:

domain	stat	all	india	bangladesh	men	women	no_contract	contract	no_contract_IN	no_contract_BD	no_contract_men	no_contract_women
1	Valid	2,844	1,394	1,450	1,406	1,438	1,423	148	540	883	1,043	380
	Missing	14	10	4	4	10	5	0.00	1	4	3	2
	Mean	0.55	0.60	0.50	0.57	0.53	0.54	0.60	0.63	0.49	0.56	0.49
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01
	Std. Dev	0.18	0.18	0.16	0.18	0.17	0.18	0.17	0.17	0.16	0.17	0.17
	Min.	0.10	0.14	0.10	0.10	0.10	0.10	0.25	0.15	0.10	0.10	0.10
	Max.	1	1	1	1	1	1	1	1	1	1	1
	25th Perc	0.40	0.45	0.40	0.44	0.40	0.40	0.50	0.55	0.35	0.40	0.35
	Percentile 50	0.55	0.60	0.50	0.60	0.52	0.55	0.65	0.65	0.45	0.60	0.45
	75th Perc	0.70	0.75	0.65	0.70	0.70	0.70	0.70	0.75	0.65	0.70	0.60
	>=0.75 (N)	503	394	109	266	237	230	25	176	54	196	34
	>=0.75 (%)	0.18	0.28	0.08	0.19	0.16	0.16	0.17	0.33	0.06	0.19	0.09
	<=0.25 (N)	105	28	77	48	57	63	3	10	53	38	25
	<=0.25 (%)	0.04	0.02	0.05	0.03	0.04	0.04	0.02	0.02	0.06	0.04	0.07
2	Valid	2,485	1,070	1,415	1,286	1,199	1,361	146	488	873	989	372
	Missing	373	334	39	124	249	67	2	53	14	57	10
	Mean	0.54	0.52	0.56	0.55	0.53	0.55	0.62	0.54	0.56	0.55	0.56
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00	0.01
	Std. Dev	0.12	0.12	0.11	0.11	0.12	0.11	0.11	0.11	0.11	0.11	0.12
	Min.	0.08	0.08	0.19	0.20	0.08	0.19	0.29	0.20	0.19	0.20	0.19
	Max.	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84
	25th Perc	0.46	0.44	0.49	0.47	0.45	0.47	0.57	0.45	0.49	0.47	0.48
	Percentile 50	0.55	0.52	0.57	0.56	0.55	0.56	0.64	0.53	0.57	0.55	0.57
	75th Perc	0.64	0.62	0.64	0.64	0.63	0.64	0.69	0.64	0.65	0.64	0.65
	>=0.75 (N)	67	18	49	36	31	42	13	10	32	23	19

	>=0.75 (%)	0.03	0.02	0.03	0.03	0.03	0.03	0.09	0.02	0.04	0.02	0.05
	<=0.25 (N)	27	21	6	3	24	4	0.00	1	3	2	2
	<=0.25 (%)	0.01	0.02	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.01
3	Valid	2,845	1,394	1,451	1,407	1,438	1,425	148	540	885	1,045	380
	Missing	13	10	3	3	10	3	0.00	1	2	1	2
	Mean	0.36	0.39	0.33	0.36	0.36	0.36	0.36	0.40	0.33	0.36	0.36
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.01
	Std. Dev	0.12	0.11	0.11	0.12	0.12	0.11	0.12	0.10	0.11	0.11	0.12
	Min.	0.08	0.13	0.08	0.08	0.08	0.08	0.09	0.13	0.08	0.08	0.09
	Max.	0.94	0.94	0.67	0.94	0.91	0.71	0.68	0.71	0.67	0.70	0.71
	25th Perc	0.28	0.31	0.23	0.28	0.27	0.28	0.28	0.33	0.25	0.28	0.28
	Percentile 50	0.36	0.40	0.32	0.36	0.36	0.36	0.37	0.42	0.33	0.36	0.36
	75th Perc	0.44	0.47	0.40	0.44	0.44	0.44	0.45	0.47	0.40	0.44	0.43
	>=0.75 (N)	3	3	0.00	2	1	0.00	0.00	0.00	0.00	0.00	0.00
	>=0.75 (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<=0.25 (N)	545	124	421	258	287	268	28	40	228	192	76
	<=0.25 (%)	0.19	0.09	0.29	0.18	0.20	0.19	0.19	0.07	0.26	0.18	0.20
4	Valid	2,492	1,242	1,250	1,264	1,228	1,294	133	506	788	954	340
	Missing	366	162	204	146	220	134	15	35	99	92	42
	Mean	0.50	0.50	0.49	0.50	0.49	0.50	0.53	0.50	0.49	0.50	0.48
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.01
	Std. Dev	0.12	0.11	0.14	0.13	0.12	0.13	0.13	0.11	0.14	0.13	0.13
	Min.	0.09	0.18	0.09	0.10	0.09	0.10	0.17	0.18	0.10	0.10	0.12
	Max.	0.95	0.94	0.95	0.94	0.95	0.95	0.89	0.92	0.95	0.93	0.95
	25th Perc	0.41	0.42	0.40	0.42	0.40	0.41	0.46	0.43	0.40	0.42	0.39
	Percentile 50	0.50	0.50	0.49	0.50	0.49	0.50	0.53	0.50	0.49	0.50	0.47
	75th Perc	0.57	0.57	0.57	0.58	0.56	0.57	0.62	0.57	0.57	0.58	0.55
	>=0.75 (N)	85	29	56	53	32	53	6	13	40	42	11
	>=0.75 (%)	0.03	0.02	0.04	0.04	0.03	0.04	0.05	0.03	0.05	0.04	0.03
	<=0.25 (N)	42	4	38	17	25	23	1	2	21	13	10
	<=0.25 (%)	0.02	0.00	0.03	0.01	0.02	0.02	0.01	0.00	0.03	0.01	0.03

5	Valid	2,259	985	1,274	1,111	1,148	1,156	125	363	793	830	326
	Missing	599	419	180	299	300	272	23	178	94	216	56
	Mean	0.60	0.68	0.54	0.61	0.60	0.59	0.63	0.69	0.54	0.59	0.58
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00	0.01
	Std. Dev	0.13	0.12	0.12	0.13	0.14	0.13	0.14	0.11	0.11	0.13	0.12
	Min.	0.18	0.24	0.18	0.18	0.20	0.18	0.36	0.24	0.18	0.18	0.26
	Max.	1	1	0.96	1	1	1	1	1	0.96	0.96	1
	25th Perc	0.51	0.59	0.47	0.51	0.50	0.50	0.51	0.60	0.47	0.50	0.49
	Percentile 50	0.59	0.68	0.54	0.60	0.59	0.58	0.61	0.69	0.54	0.59	0.58
	75th Perc	0.70	0.77	0.62	0.70	0.69	0.67	0.74	0.78	0.61	0.68	0.64
	>=0.75 (N)	362	300	62	183	179	153	28	127	26	128	25
	>=0.75 (%)	0.16	0.30	0.05	0.16	0.16	0.13	0.22	0.35	0.03	0.15	0.08
	<=0.25 (N)	5	1	4	2	3	2	0.00	1	1	2	0.00
	<=0.25 (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6	Valid	1,230	466	764	793	437	1,069	118	414	655	714	355
	Missing	1,628	938	690	617	1,011	359	30	127	232	332	27
	Mean	0.53	0.55	0.52	0.56	0.49	0.54	0.52	0.55	0.53	0.56	0.49
	Std. Error	0.00	0.01	0.00	0.00	0.01	0.00	0.01	0.01	0.01	0.01	0.01
	Std. Dev	0.14	0.15	0.13	0.14	0.13	0.14	0.12	0.15	0.13	0.14	0.13
	Min.	0.10	0.10	0.19	0.18	0.10	0.10	0.20	0.10	0.19	0.18	0.10
	Max.	0.90	0.90	0.87	0.90	0.86	0.90	0.82	0.90	0.87	0.90	0.85
	25th Perc	0.43	0.43	0.43	0.46	0.40	0.43	0.43	0.43	0.43	0.46	0.40
	Percentile 50	0.53	0.55	0.52	0.56	0.48	0.53	0.52	0.55	0.52	0.56	0.47
	75th Perc	0.64	0.68	0.61	0.67	0.57	0.64	0.62	0.68	0.62	0.67	0.57
	>=0.75 (N)	86	47	39	76	10	79	4	40	39	70	9
	>=0.75 (%)	0.07	0.10	0.05	0.10	0.02	0.07	0.03	0.10	0.06	0.10	0.03
	<=0.25 (N)	24	13	11	12	12	23	1	13	10	12	11
	<=0.25 (%)	0.02	0.03	0.01	0.02	0.03	0.02	0.01	0.03	0.02	0.02	0.03
7	Valid	2,847	1,397	1,450	1,406	1,441	1,422	148	537	885	1,042	380
	Missing	11	7	4	4	7	6	0.00	4	2	4	2
	Mean	0.65	0.66	0.63	0.64	0.65	0.65	0.66	0.70	0.62	0.66	0.64
	Std. Error	0.00	0.01	0.00	0.01	0.01	0.01	0.02	0.01	0.01	0.01	0.01

	Std. Dev	0.20	0.22	0.18	0.20	0.20	0.19	0.19	0.20	0.17	0.19	0.17
	Min.	0.03	0.03	0.12	0.03	0.04	0.04	0.16	0.04	0.14	0.10	0.04
	Max.	1	1	1	1	1	1	1	1	1	1	1
	25th Perc	0.50	0.51	0.49	0.49	0.51	0.51	0.53	0.57	0.49	0.51	0.52
	Percentile 50	0.65	0.66	0.63	0.65	0.65	0.65	0.64	0.69	0.61	0.65	0.64
	75th Perc	0.80	0.83	0.77	0.80	0.80	0.80	0.81	0.83	0.75	0.81	0.76
	>=0.75 (N)	891	506	385	429	462	450	47	234	216	352	98
	>=0.75 (%)	0.31	0.36	0.27	0.31	0.32	0.32	0.32	0.44	0.24	0.34	0.26
	<=0.25 (N)	65	48	17	32	33	20	2	14	6	16	4
	<=0.25 (%)	0.02	0.03	0.01	0.02	0.02	0.01	0.01	0.03	0.01	0.02	0.01
8	Valid	2,805	1,360	1,445	1,397	1,408	1,416	148	534	882	1,036	380
	Missing	53	44	9	13	40	12	0.00	7	5	10	2
	Mean	0.88	0.88	0.88	0.88	0.88	0.88	0.89	0.88	0.88	0.88	0.89
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
	Std. Dev	0.10	0.09	0.10	0.10	0.10	0.09	0.08	0.10	0.09	0.10	0.09
	Min.	0.45	0.54	0.45	0.45	0.45	0.45	0.55	0.54	0.45	0.45	0.57
	Max.	1	1	1	1	1	1	1	1	1	1	1
	25th Perc	0.80	0.80	0.81	0.80	0.80	0.81	0.84	0.80	0.82	0.80	0.83
	Percentile 50	0.89	0.88	0.90	0.89	0.89	0.90	0.90	0.88	0.90	0.90	0.90
	75th Perc	0.95	0.98	0.95	0.95	0.95	0.96	0.95	0.98	0.95	0.97	0.96
	>=0.75 (N)	2,549	1,253	1,296	1,281	1,268	1,307	141	499	808	951	356
	>=0.75 (%)	0.91	0.92	0.90	0.92	0.90	0.92	0.95	0.93	0.92	0.92	0.94
	<=0.25 (N)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<=0.25 (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Valid	2,838	1,388	1,450	1,400	1,438	1,421	148	536	885	1,040	381
	Missing	20	16	4	10	10	7	0.00	5	2	6	1
	Mean	0.64	0.73	0.55	0.64	0.64	0.63	0.62	0.75	0.55	0.64	0.60
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01	0.01
	Std. Dev	0.18	0.16	0.16	0.19	0.18	0.19	0.17	0.16	0.17	0.19	0.18
	Min.	0.10	0.23	0.10	0.10	0.10	0.10	0.17	0.25	0.10	0.10	0.10
	Max.	1	1	1	1	1	1	1	1	1	1	1
	25th Perc	0.53	0.63	0.43	0.53	0.53	0.50	0.52	0.63	0.43	0.53	0.47

	Percentile 50	0.63	0.73	0.57	0.63	0.63	0.61	0.60	0.77	0.57	0.63	0.60
	75th Perc	0.77	0.83	0.64	0.77	0.77	0.77	0.70	0.86	0.63	0.77	0.70
	>=0.75 (N)	769	626	143	381	388	361	29	271	90	280	81
	>=0.75 (%)	0.27	0.45	0.10	0.27	0.27	0.25	0.20	0.51	0.10	0.27	0.21
	<=0.25 (N)	33	2	31	19	14	18	1	1	17	15	3
	<=0.25 (%)	0.01	0.00	0.02	0.01	0.01	0.01	0.01	0.00	0.02	0.01	0.01
10	Valid	2,152	1,057	1,095	1,071	1,081	1,125	120	448	677	827	298
	Missing	706	347	359	339	367	303	28	93	210	219	84
	Mean	0.67	0.74	0.61	0.67	0.67	0.66	0.69	0.75	0.60	0.67	0.63
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.01	0.01
	Std. Dev	0.15	0.15	0.12	0.15	0.15	0.15	0.13	0.15	0.11	0.15	0.13
	Min.	0.15	0.21	0.15	0.15	0.21	0.15	0.38	0.27	0.15	0.15	0.30
	Max.	1	1	0.98	1	1	1	1	1	0.98	1	1
	25th Perc	0.57	0.64	0.54	0.56	0.57	0.56	0.59	0.65	0.54	0.56	0.55
	Percentile 50	0.66	0.76	0.60	0.66	0.66	0.64	0.67	0.78	0.59	0.65	0.62
	75th Perc	0.78	0.85	0.67	0.78	0.78	0.77	0.79	0.86	0.66	0.78	0.74
	>=0.75 (N)	698	566	132	356	342	332	43	261	71	267	65
	>=0.75 (%)	0.32	0.54	0.12	0.33	0.32	0.30	0.36	0.58	0.10	0.32	0.22
	<=0.25 (N)	8	5	3	5	3	2	0.00	0.00	2	2	0.00
	<=0.25 (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

B. Domain scores by sub-groups 2:

Domain	stat	mega_	secon	immer	paid_	unpai	unpaid_	unpai	insecur	secu	insecur	secure	insec	secur	dem	dem	not_de	dem		
		city	dary_c	gent_c	work	d_wor	worker_	ker_w	e_all	re_a	e_wom	_wom	ure_m	e_me	olish	olis	molish	olish		
			ity	ity	er	ker	men	omen	type4	type8		ll	en	en	12	h5	ed	ed		
1	Valid	1,222	814	808	1,571	1,056	170	886	112	970	2,035	809	1,029	409	1,006	400	380	470	1,829	671
	Missing	4	8	2	5	7	1	6	2	3	12	2	9	1	3	1	5	6	4	8
	Mean	0.58	0.50	0.54	0.55	0.56	0.56	0.55	0.60	0.53	0.53	0.61	0.51	0.58	0.54	0.63	0.52	0.53	0.56	0.53
	Std. Error	0.00	0.01	0.01	0.00	0.01	0.01	0.01	0.02	0.01	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01
	Std. Dev	0.17	0.16	0.19	0.18	0.17	0.18	0.17	0.18	0.17	0.17	0.18	0.17	0.18	0.17	0.17	0.16	0.16	0.18	0.16
	Min.	0.14	0.10	0.10	0.10	0.14	0.19	0.14	0.20	0.10	0.10	0.14	0.10	0.14	0.10	0.15	0.20	0.10	0.10	0.10
	Max.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

	25th Perc	0.45	0.35	0.40	0.40	0.40	0.40	0.40	0.45	0.40	0.40	0.50	0.39	0.45	0.40	0.51	0.37	0.40	0.40	0.40
	Percentile																			
	50	0.60	0.50	0.55	0.55	0.56	0.55	0.60	0.60	0.55	0.50	0.64	0.50	0.60	0.55	0.65	0.50	0.50	0.60	0.50
	75th Perc	0.70	0.65	0.70	0.70	0.70	0.70	0.70	0.70	0.65	0.65	0.75	0.65	0.75	0.70	0.75	0.65	0.70	0.70	0.65
	>=0.75 (N)	277	65	161	255	214	29	185	27	139	273	230	130	107	143	123	45	72	376	91
	>=0.75																			
	(%)	0.23	0.08	0.20	0.16	0.20	0.17	0.21	0.24	0.14	0.13	0.28	0.13	0.26	0.14	0.31	0.12	0.15	0.21	0.14
	<=0.25 (N)	37	25	43	66	33	3	30	4	46	76	29	40	17	36	12	7	15	69	18
	<=0.25																			
	(%)	0.03	0.03	0.05	0.04	0.03	0.02	0.03	0.04	0.05	0.04	0.04	0.04	0.04	0.04	0.03	0.02	0.03	0.04	0.03
2	Valid	1,018	689	778	1,507	847	141	706	109	920	1,740	745	834	365	906	380	331	402	1,576	585
	Missing	208	133	32	69	216	30	186	5	53	307	66	204	45	103	21	54	74	257	94
	Mean	0.55	0.55	0.53	0.56	0.52	0.55	0.51	0.54	0.53	0.55	0.53	0.55	0.50	0.56	0.55	0.55	0.55	0.54	0.55
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.01	0.01	0.00	0.00
	Std. Dev	0.11	0.10	0.13	0.11	0.12	0.11	0.12	0.11	0.10	0.11	0.13	0.11	0.14	0.11	0.11	0.11	0.12	0.12	0.11
	Min.	0.18	0.20	0.08	0.19	0.08	0.27	0.08	0.30	0.19	0.18	0.08	0.18	0.08	0.20	0.23	0.24	0.22	0.12	0.22
	Max.	0.84	0.84	0.84	0.84	0.82	0.77	0.82	0.84	0.78	0.84	0.84	0.82	0.84	0.84	0.83	0.84	0.84	0.84	0.84
	25th Perc	0.46	0.48	0.44	0.48	0.43	0.46	0.43	0.45	0.45	0.48	0.44	0.48	0.40	0.48	0.46	0.48	0.47	0.45	0.47
	Percentile																			
	50	0.57	0.56	0.53	0.57	0.53	0.55	0.53	0.55	0.54	0.56	0.54	0.56	0.50	0.56	0.55	0.56	0.55	0.55	0.56
	75th Perc	0.65	0.63	0.63	0.65	0.60	0.63	0.60	0.63	0.61	0.64	0.63	0.63	0.61	0.64	0.65	0.63	0.65	0.63	0.64
	>=0.75 (N)	30	15	22	55	6	2	4	1	2	48	19	22	9	26	10	10	14	36	19
	>=0.75																			
	(%)	0.03	0.02	0.03	0.04	0.01	0.01	0.01	0.01	0.00	0.03	0.03	0.03	0.02	0.03	0.03	0.03	0.03	0.02	0.03
	<=0.25 (N)	8	2	17	4	20	0.00	20	0.00	3	8	19	6	18	2	1	2	3	21	3
	<=0.25																			
	(%)	0.01	0.00	0.02	0.00	0.02	0.00	0.03	0.00	0.00	0.00	0.03	0.01	0.05	0.00	0.00	0.01	0.01	0.01	0.01
3	Valid	1,220	816	809	1,573	1,059	171	888	113	973	2,037	808	1,031	407	1,006	401	384	473	1,824	675
	Missing	6	6	1	3	4	0.00	4	1	0.00	10	3	7	3	3	0.00	1	3	9	4
	Mean	0.38	0.29	0.40	0.36	0.36	0.35	0.36	0.36	0.36	0.34	0.40	0.34	0.40	0.34	0.40	0.33	0.34	0.37	0.34
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.01	0.01	0.00	0.00
	Std. Dev	0.11	0.10	0.11	0.11	0.12	0.12	0.12	0.13	0.11	0.12	0.11	0.12	0.11	0.11	0.11	0.12	0.12	0.11	0.12
	Min.	0.11	0.08	0.13	0.08	0.08	0.11	0.08	0.09	0.08	0.08	0.13	0.08	0.13	0.08	0.13	0.11	0.12	0.08	0.11

	Max.	0.68	0.94	0.77	0.71	0.91	0.77	0.91	0.65	0.71	0.94	0.77	0.91	0.71	0.94	0.77	0.68	0.68	0.94	0.68
	25th Perc	0.31	0.21	0.33	0.28	0.27	0.27	0.27	0.26	0.28	0.26	0.32	0.25	0.32	0.26	0.32	0.25	0.25	0.29	0.26
	Percentile																			
	50	0.38	0.28	0.40	0.36	0.36	0.32	0.37	0.37	0.35	0.34	0.40	0.34	0.40	0.34	0.40	0.31	0.33	0.36	0.33
	75th Perc	0.46	0.34	0.47	0.44	0.44	0.42	0.45	0.44	0.43	0.42	0.48	0.42	0.48	0.42	0.48	0.42	0.42	0.45	0.42
	>=0.75 (N)	0.00	2	1	0.00	2	1	1	0.00	0.00	2	1	1	0.00	1	1	0.00	0.00	3	0.00
	>=0.75																			
	(%)	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<=0.25 (N)	163	330	52	296	208	36	172	28	187	484	61	256	31	228	30	100	118	302	164
	<=0.25																			
	(%)	0.13	0.40	0.06	0.19	0.20	0.21	0.19	0.25	0.19	0.24	0.08	0.25	0.08	0.23	0.07	0.26	0.25	0.17	0.24
4	Valid	1,038	706	748	1,427	893	142	751	105	886	1,762	730	866	362	896	368	336	419	1,645	589
	Missing	188	116	62	149	170	29	141	9	87	285	81	172	48	113	33	49	57	188	90
	Mean	0.49	0.50	0.50	0.50	0.49	0.51	0.49	0.49	0.49	0.50	0.49	0.49	0.48	0.51	0.50	0.49	0.49	0.50	0.49
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.01	0.01	0.00	0.01
	Std. Dev	0.12	0.12	0.13	0.13	0.12	0.13	0.12	0.12	0.12	0.13	0.12	0.12	0.12	0.13	0.12	0.14	0.13	0.12	0.14
	Min.	0.12	0.09	0.12	0.10	0.09	0.23	0.09	0.23	0.10	0.09	0.12	0.09	0.12	0.10	0.15	0.12	0.09	0.14	0.09
	Max.	0.89	0.94	0.95	0.95	0.94	0.94	0.93	0.78	0.95	0.95	0.92	0.95	0.91	0.94	0.92	0.95	0.94	0.93	0.95
	25th Perc	0.40	0.42	0.41	0.41	0.41	0.43	0.40	0.42	0.41	0.41	0.40	0.40	0.40	0.42	0.42	0.38	0.40	0.42	0.40
	Percentile																			
	50	0.50	0.49	0.50	0.50	0.49	0.51	0.49	0.50	0.49	0.50	0.50	0.49	0.49	0.50	0.50	0.49	0.50	0.50	0.49
	75th Perc	0.57	0.57	0.57	0.58	0.57	0.58	0.56	0.57	0.56	0.57	0.57	0.56	0.56	0.58	0.58	0.58	0.58	0.57	0.58
	>=0.75 (N)	26	23	36	59	20	4	16	2	34	63	22	24	8	39	14	12	15	46	20
	>=0.75																			
	(%)	0.03	0.03	0.05	0.04	0.02	0.03	0.02	0.02	0.04	0.04	0.03	0.03	0.02	0.04	0.04	0.04	0.04	0.03	0.03
	<=0.25 (N)	21	12	9	24	16	2	14	1	16	27	15	18	7	9	8	11	14	14	18
	<=0.25																			
	(%)	0.02	0.02	0.01	0.02	0.02	0.01	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.03	0.03	0.01	0.03
5	Valid	861	680	718	1,281	805	120	685	94	801	1,748	511	889	259	859	252	269	332	1,459	508
	Missing	365	142	92	295	258	51	207	20	172	299	300	149	151	150	149	116	144	374	171
	Mean	0.61	0.56	0.64	0.59	0.61	0.63	0.61	0.59	0.59	0.58	0.68	0.58	0.68	0.58	0.68	0.54	0.55	0.64	0.55
	Std. Error	0.00	0.00	0.01	0.00	0.01	0.01	0.01	0.02	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.01	0.01	0.00	0.01
	Std. Dev	0.13	0.13	0.14	0.13	0.14	0.12	0.15	0.15	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.14	0.14	0.13	0.13

	Min.	0.26	0.18	0.24	0.18	0.20	0.32	0.20	0.18	0.24	0.18	0.24	0.20	0.29	0.18	0.24	0.18	0.18	0.24	0.18
	Max.	0.89	0.94	1	1	1	0.94	1	0.90	1	0.96	1	0.94	1	0.96	1	0.89	0.89	1	0.89
	25th Perc Percentile	0.51	0.48	0.55	0.50	0.51	0.53	0.50	0.49	0.50	0.49	0.58	0.49	0.58	0.49	0.58	0.45	0.43	0.55	0.45
	50	0.60	0.55	0.63	0.58	0.61	0.64	0.61	0.59	0.58	0.58	0.67	0.58	0.67	0.58	0.66	0.53	0.54	0.62	0.54
	75th Perc	0.70	0.64	0.74	0.67	0.72	0.72	0.72	0.69	0.67	0.67	0.78	0.67	0.78	0.67	0.78	0.63	0.66	0.73	0.65
	>=0.75 (N)	155	40	167	181	162	22	140	17	102	178	184	86	93	92	91	18	26	321	36
	>=0.75 (%)	0.18	0.06	0.23	0.14	0.20	0.18	0.20	0.18	0.13	0.10	0.36	0.10	0.36	0.11	0.36	0.07	0.08	0.22	0.07
	<=0.25 (N)	0.00	4	1	2	3	0.00	3	1	1	4	1	3	0.00	1	1	4	4	1	4
	<=0.25 (%)	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.01
6	Valid	609	234	387	1,187	0.00	0.00	0.00	93	702	895	335	348	89	547	246	129	179	780	242
	Missing	617	588	423	389	1,063	171	892	21	271	1,152	476	690	321	462	155	256	297	1,053	437
	Mean	0.54	0.51	0.53	0.53				0.51	0.53	0.53	0.55	0.49	0.50	0.55	0.57	0.55	0.56	0.52	0.55
	Std. Error	0.01	0.01	0.01	0.00				0.02	0.01	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01
	Std. Dev	0.14	0.13	0.14	0.14				0.15	0.14	0.14	0.15	0.13	0.13	0.14	0.14	0.13	0.14	0.14	0.13
	Min.	0.10	0.20	0.18	0.10				0.19	0.10	0.10	0.18	0.10	0.21	0.18	0.18	0.28	0.25	0.18	0.25
	Max.	0.88	0.83	0.90	0.90				0.83	0.90	0.88	0.90	0.86	0.76	0.88	0.90	0.90	0.90	0.90	0.90
	25th Perc Percentile	0.44	0.42	0.43	0.43				0.39	0.44	0.43	0.44	0.40	0.40	0.45	0.46	0.45	0.45	0.43	0.45
	50	0.54	0.51	0.52	0.53				0.49	0.53	0.52	0.56	0.47	0.49	0.55	0.58	0.55	0.55	0.51	0.55
	75th Perc	0.65	0.60	0.63	0.64				0.61	0.63	0.62	0.67	0.56	0.59	0.65	0.69	0.65	0.65	0.63	0.64
	>=0.75 (N)	47	10	29	83	0.00	0.00	0.00	6	43	61	25	9	1	52	24	9	17	49	19
	>=0.75 (%)	0.08	0.04	0.07	0.07				0.06	0.06	0.07	0.07	0.03	0.01	0.10	0.10	0.07	0.09	0.06	0.08
	<=0.25 (N)	14	3	7	24	0.00	0.00	0.00	3	15	14	10	7	5	7	5	0.00	1	15	1
	<=0.25 (%)	0.02	0.01	0.02	0.02				0.03	0.02	0.02	0.03	0.02	0.06	0.01	0.02	0.00	0.01	0.02	0.00
7	Valid	1,223	815	809	1,570	1,060	171	889	113	968	2,039	808	1,032	409	1,007	399	383	474	1,826	676
	Missing	3	7	1	6	3	0.00	3	1	5	8	3	6	1	2	2	2	2	7	3
	Mean	0.65	0.56	0.73	0.65	0.64	0.54	0.66	0.65	0.65	0.59	0.78	0.60	0.78	0.58	0.78	0.56	0.59	0.67	0.58
	Std. Error	0.01	0.01	0.01	0.00	0.01	0.02	0.01	0.02	0.01	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01

	Std. Dev	0.19	0.18	0.19	0.19	0.22	0.22	0.21	0.19	0.19	0.18	0.18	0.18	0.18	0.18	0.21	0.21	0.19	0.20	
	Min.	0.03	0.09	0.12	0.04	0.06	0.09	0.06	0.04	0.16	0.03	0.04	0.06	0.04	0.03	0.11	0.09	0.04	0.03	0.04
	Max.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	25th Perc	0.49	0.45	0.59	0.51	0.47	0.37	0.50	0.55	0.51	0.47	0.65	0.47	0.65	0.46	0.66	0.42	0.46	0.53	0.44
	Percentile																			
	50	0.65	0.56	0.74	0.65	0.65	0.49	0.67	0.65	0.65	0.59	0.80	0.61	0.80	0.59	0.81	0.55	0.59	0.67	0.58
	75th Perc	0.79	0.67	0.87	0.80	0.82	0.67	0.83	0.79	0.80	0.70	0.95	0.71	0.95	0.69	0.95	0.69	0.77	0.81	0.71
	>=0.75 (N)	359	138	394	497	363	29	334	35	302	409	482	221	241	188	241	82	125	605	156
	>=0.75																			
	(%)	0.29	0.17	0.49	0.32	0.34	0.17	0.38	0.31	0.31	0.20	0.60	0.21	0.59	0.19	0.60	0.21	0.26	0.33	0.23
	<=0.25 (N)	25	34	6	22	37	12	25	3	12	58	7	29	4	29	3	23	26	26	32
	<=0.25																			
	(%)	0.02	0.04	0.01	0.01	0.03	0.07	0.03	0.03	0.01	0.03	0.01	0.03	0.01	0.03	0.01	0.06	0.05	0.01	0.05
8	Valid	1,193	805	807	1,564	1,024	168	856	112	965	2,004	801	1,006	402	998	399	379	469	1,791	670
	Missing	33	17	3	12	39	3	36	2	8	43	10	32	8	11	2	6	7	42	9
	Mean	0.89	0.84	0.89	0.88	0.87	0.86	0.87	0.87	0.88	0.87	0.89	0.87	0.88	0.87	0.89	0.84	0.87	0.88	0.86
	Std. Error	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Std. Dev	0.09	0.09	0.10	0.09	0.10	0.10	0.10	0.10	0.09	0.09	0.10	0.10	0.09	0.09	0.10	0.10	0.10	0.10	0.10
	Min.	0.45	0.45	0.54	0.45	0.45	0.55	0.45	0.56	0.55	0.45	0.45	0.45	0.53	0.52	0.45	0.54	0.54	0.45	0.54
	Max.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	25th Perc	0.81	0.80	0.82	0.81	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.79	0.80	0.80	0.80
	Percentile																			
	50	0.90	0.85	0.90	0.90	0.88	0.85	0.88	0.88	0.90	0.88	0.90	0.89	0.89	0.88	0.90	0.84	0.88	0.89	0.86
	75th Perc	0.98	0.90	0.98	0.96	0.95	0.93	0.95	0.95	0.95	0.95	0.98	0.95	0.98	0.95	0.98	0.91	0.95	0.97	0.93
	>=0.75 (N)	1,112	705	732	1,448	897	145	752	104	896	1,806	743	901	367	905	376	324	416	1,635	590
	>=0.75																			
	(%)	0.93	0.88	0.91	0.93	0.88	0.86	0.88	0.93	0.93	0.90	0.93	0.90	0.91	0.91	0.94	0.85	0.89	0.91	0.88
	<=0.25 (N)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<=0.25																			
	(%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Valid	1,222	810	806	1,569	1,057	169	888	113	968	2,033	805	1,031	407	1,002	398	383	474	1,816	676
	Missing	4	12	4	7	6	2	4	1	5	14	6	7	3	7	3	2	2	17	3
	Mean	0.64	0.62	0.65	0.63	0.66	0.67	0.66	0.64	0.62	0.62	0.69	0.62	0.69	0.62	0.69	0.63	0.65	0.66	0.64

	Std. Error	0.01	0.01	0.01	0.00	0.01	0.01	0.01	0.02	0.01	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01
	Std. Dev	0.18	0.17	0.20	0.19	0.18	0.18	0.18	0.20	0.18	0.18	0.18	0.18	0.18	0.19	0.19	0.21	0.17	0.20
	Min.	0.10	0.10	0.10	0.10	0.10	0.17	0.10	0.10	0.10	0.10	0.17	0.10	0.23	0.10	0.17	0.10	0.10	0.10
	Max.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	25th Perc Percentile	0.53	0.52	0.53	0.50	0.53	0.57	0.53	0.53	0.50	0.50	0.57	0.50	0.57	0.51	0.57	0.50	0.50	0.55
	50	0.63	0.63	0.63	0.61	0.63	0.64	0.63	0.63	0.61	0.63	0.67	0.63	0.67	0.63	0.65	0.63	0.63	0.63
	75th Perc	0.77	0.73	0.80	0.73	0.80	0.80	0.80	0.80	0.73	0.73	0.83	0.73	0.83	0.73	0.83	0.80	0.80	0.77
	>=0.75 (N) >=0.75	334	198	237	390	335	58	277	32	233	481	288	244	144	237	144	120	159	509
	(%)	0.27	0.24	0.29	0.25	0.32	0.34	0.31	0.28	0.24	0.24	0.36	0.24	0.35	0.24	0.36	0.31	0.34	0.28
	<=0.25 (N) <=0.25	10	7	16	19	12	2	10	1	15	28	5	13	1	15	4	8	8	13
	(%)	0.01	0.01	0.02	0.01	0.01	0.01	0.01	0.01	0.02	0.01	0.01	0.01	0.00	0.01	0.01	0.02	0.02	0.01
10	Valid	930	548	674	1,245	779	112	667	88	792	1,498	654	752	329	746	325	261	357	1,431
	Missing	296	274	136	331	284	59	225	26	181	549	157	286	81	263	76	124	119	402
	Mean	0.70	0.66	0.65	0.66	0.69	0.65	0.70	0.70	0.66	0.66	0.71	0.66	0.70	0.66	0.71	0.68	0.67	0.69
	Std. Error	0.01	0.01	0.01	0.00	0.01	0.01	0.01	0.02	0.01	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00
	Std. Dev	0.17	0.13	0.14	0.15	0.16	0.15	0.16	0.15	0.15	0.15	0.16	0.15	0.16	0.15	0.16	0.15	0.16	0.15
	Min.	0.15	0.21	0.22	0.15	0.21	0.24	0.21	0.39	0.15	0.15	0.22	0.21	0.27	0.15	0.22	0.21	0.15	0.22
	Max.	1	0.98	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	25th Perc Percentile	0.58	0.57	0.55	0.56	0.58	0.54	0.59	0.59	0.55	0.56	0.59	0.57	0.59	0.56	0.58	0.59	0.57	0.57
	50	0.68	0.65	0.65	0.65	0.67	0.65	0.68	0.70	0.64	0.65	0.71	0.65	0.71	0.65	0.73	0.66	0.65	0.67
	75th Perc	0.83	0.76	0.76	0.77	0.80	0.75	0.81	0.79	0.78	0.77	0.80	0.77	0.80	0.76	0.80	0.81	0.77	0.79
	>=0.75 (N) >=0.75	359	145	194	375	274	28	246	33	246	410	288	207	135	203	153	92	104	507
	(%)	0.39	0.26	0.29	0.30	0.35	0.25	0.37	0.38	0.31	0.27	0.44	0.28	0.41	0.27	0.47	0.35	0.29	0.35
	<=0.25 (N) <=0.25	2	5	1	2	3	1	2	0.00	2	7	1	3	0.00	4	1	3	4	3
	(%)	0.00	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.01	0.00

C: T-tests and chi-square test for differences in proportions by subgroups:

Subgroup codes:

Code	Sub-group
1	all
2	india
3	bangladesh
4	men
5	women
6	no_contract
7	contract
8	no_contract_IN
9	no_contract_BD
10	no_contract_men
11	no_contract_women
12	mega_city
13	secondary_city
14	immergent_city
15	paid_worker
16	unpaid_worker
17	unpaid_worker_men
18	unpaid_worker_women
19	type4
20	type8
21	insecure_all
22	secure_all
23	insecure_women
24	secure_women
25	insecure_men
26	secure_men
27	demolish12months
28	demolish5years
29	not_demolished
30	demolished

Key for all tables listed below:

Valid75_[subgroup]: number of respondents in subgroup achieving a domain score of 75 or more

Valid25_[subgroup]: number of respondents in subgroup achieving a domain score of 25 or less

Tot_[subgroup]: total valid cases in subgroup

Prop75_[subgroup]: proportion of subgroup achieving a domain score of 75 or more (ratio of valid/total)

Prop25_[subgroup]: proportion of subgroup achieving a domain score of 25 or less (ratio of valid/total)

ttest75_[subgroupA]_[subgroupB]: P-values for t-test for difference between proportions using prop75_[subgroupA] and prop75_[subgroupB]; blanks indicate 0 valid

ttest25_[subgroupA]_[subgroupB]: P-values for t-test for difference between proportions using prop25_[subgroupA] and prop25_[subgroupB] ; blanks indicate 0 valid

chi75_[subgroupA]_[subgroupB]_[subgroupC]: P-values for chi-square test for difference between proportions using prop75_[subgroupA], prop75_[subgroupB], prop75_[subgroupC]

chi25_[subgroupA]_[subgroupB]_[subgroupC]: P-values for chi-square test for difference between proportions using prop25_[subgroupA], prop25_[subgroupB], prop25_[subgroupC]

i. Paid workers with no-contract versus contract

domain	valid75_6	tot_6	prop75_6	valid75_7	tot_7	prop75_7	ttest75_6_7
D1	230	1,423	0.162	25	148	0.169	0.819
D2	42	1,361	0.031	13	146	0.089	0.000
D3	0.000	1,425	0.000	0.000	148	0.000	
D4	53	1,294	0.041	6	133	0.045	0.819
D5	153	1,156	0.132	28	125	0.224	0.005
D6	79	1,069	0.074	4	118	0.034	0.106
D7	450	1,422	0.316	47	148	0.318	0.978
D8	1,307	1,416	0.923	141	148	0.953	0.190
D9	361	1,421	0.254	29	148	0.196	0.120
D10	332	1,125	0.295	43	120	0.358	0.151

ii. Paid workers with no-contract in India versus Bangladesh

domain	valid75_8	tot_8	prop75_8	valid75_9	tot_9	prop75_9	ttest75_8_9
D1	176	540	0.326	54	883	0.061	0.000
D2	10	488	0.020	32	873	0.037	0.098
D3	0.000	540	0.000	0.000	885	0.000	
D4	13	506	0.026	40	788	0.051	0.026
D5	127	363	0.350	26	793	0.033	0.000
D6	40	414	0.097	39	655	0.060	0.024

D7	234	537	0.436	216	885	0.244	0.000
D8	499	534	0.934	808	882	0.916	0.209
D9	271	536	0.506	90	885	0.102	0.000
D10	261	448	0.583	71	677	0.105	0.000

iii. **Paid workers with no contract men versus women**

domain	valid75_10	tot_10	prop75_10	valid75_11	tot_11	prop75_11	ttest75_10_11
D1	196	1,043	0.188	34	380	0.089	0.000
D2	23	989	0.023	19	372	0.051	0.008
D3	0.000	1,045	0.000	0.000	380	0.000	
D4	42	954	0.044	11	340	0.032	0.351
D5	128	830	0.154	25	326	0.077	0.000
D6	70	714	0.098	9	355	0.025	0.000
D7	352	1,042	0.338	98	380	0.258	0.004
D8	951	1,036	0.918	356	380	0.937	0.237
D9	280	1,040	0.269	81	381	0.213	0.030
D10	267	827	0.323	65	298	0.218	0.001

iv. **Respondents in megacity, secondary city and emergent city sites**

domain	valid75_12	tot_12	prop75_12	valid75_13	tot_13	prop75_13	valid75_14	tot_14	prop75_14	chi75_12_13_14
D1	277	1,222	0.227	65	814	0.080	161	808	0.199	0.000
D2	30	1,018	0.029	15	689	0.022	22	778	0.028	0.606
D3	0.000	1,220	0.000	2	816	0.002	1	809	0.001	0.244
D4	26	1,038	0.025	23	706	0.033	36	748	0.048	0.029
D5	155	861	0.180	40	680	0.059	167	718	0.233	0.000
D6	47	609	0.077	10	234	0.043	29	387	0.075	0.192
D7	359	1,223	0.294	138	815	0.169	394	809	0.487	0.000
D8	1,112	1,193	0.932	705	805	0.876	732	807	0.907	0.000
D9	334	1,222	0.273	198	810	0.244	237	806	0.294	0.078
D10	359	930	0.386	145	548	0.265	194	674	0.288	0.000

v. **Paid workers versus unpaid workers**

domain	valid75_15	tot_15	prop75_15	valid75_16	tot_16	prop75_16	ttest75_15_16
D1	255	1,571	0.162	214	1,056	0.203	0.008
D2	55	1,507	0.036	6	847	0.007	0.000
D3	0.000	1,573	0.000	2	1,059	0.002	0.085
D4	59	1,427	0.041	20	893	0.022	0.014
D5	181	1,281	0.141	162	805	0.201	0.000
D6	83	1,187	0.070	0.000	0.000		
D7	497	1,570	0.317	363	1,060	0.342	0.165
D8	1,448	1,564	0.926	897	1,024	0.876	0.000
D9	390	1,569	0.249	335	1,057	0.317	0.000
D10	375	1,245	0.301	274	779	0.352	0.018

vi. **Unpaid workers men versus women**

domain	valid75_17	tot_17	prop75_17	valid75_18	tot_18	prop75_18	ttest75_17_18
D1	29	170	0.171	185	886	0.209	0.256
D2	2	141	0.014	4	706	0.006	0.271
D3	1	171	0.006	1	888	0.001	0.193
D4	4	142	0.028	16	751	0.021	0.612
D5	22	120	0.183	140	685	0.204	0.596
D6	0.000	0.000		0.000	0.000		
D7	29	171	0.170	334	889	0.376	0.000
D8	145	168	0.863	752	856	0.879	0.580
D9	58	169	0.343	277	888	0.312	0.423
D10	28	112	0.250	246	667	0.369	0.015

vii. **Worker Type 4 versus Worker Type 8**

domain	valid75_19	tot_19	prop75_19	valid75_20	tot_20	prop75_20	ttest75_19_20
D1	27	112	0.241	139	970	0.143	0.007
D2	1	109	0.009	2	920	0.002	0.200
D3	0.000	113	0.000	0.000	973	0.000	
D4	2	105	0.019	34	886	0.038	0.317
D5	17	94	0.181	102	801	0.127	0.148
D6	6	93	0.065	43	702	0.061	0.902
D7	35	113	0.310	302	968	0.312	0.961
D8	104	112	0.929	896	965	0.928	0.998
D9	32	113	0.283	233	968	0.241	0.320
D10	33	88	0.375	246	792	0.311	0.218

viii. Respondents in insecure versus secure sites

domain	valid75_21	tot_21	prop75_21	valid75_22	tot_22	prop75_22	ttest75_21_22
D1	273	2,035	0.134	230	809	0.284	0.000
D2	48	1,740	0.028	19	745	0.026	0.769
D3	2	2,037	0.001	1	808	0.001	0.850
D4	63	1,762	0.036	22	730	0.030	0.482
D5	178	1,748	0.102	184	511	0.360	0.000
D6	61	895	0.068	25	335	0.075	0.692
D7	409	2,039	0.201	482	808	0.597	0.000
D8	1,806	2,004	0.901	743	801	0.928	0.028
D9	481	2,033	0.237	288	805	0.358	0.000
D10	410	1,498	0.274	288	654	0.440	0.000

ix. Women in insecure versus secure sites

domain	valid75_23	tot_23	prop75_23	valid75_24	tot_24	prop75_24	ttest75_23_24
D1	130	1,029	0.126	107	409	0.262	0.000

D2	22	834	0.026	9	365	0.025	0.863
D3	1	1,031	0.001	0.000	407	0.000	0.530
D4	24	866	0.028	8	362	0.022	0.573
D5	86	889	0.097	93	259	0.359	0.000
D6	9	348	0.026	1	89	0.011	0.410
D7	221	1,032	0.214	241	409	0.589	0.000
D8	901	1,006	0.896	367	402	0.913	0.327
D9	244	1,031	0.237	144	407	0.354	0.000
D10	207	752	0.275	135	329	0.410	0.000

x. Men in insecure versus secure sites

domain	valid75_25	tot_25	prop75_25	valid75_26	tot_26	prop75_26	ttest75_25_26
D1	143	1,006	0.142	123	400	0.308	0.000
D2	26	906	0.029	10	380	0.026	0.813
D3	1	1,006	0.001	1	401	0.002	0.500
D4	39	896	0.044	14	368	0.038	0.659
D5	92	859	0.107	91	252	0.361	0.000
D6	52	547	0.095	24	246	0.098	0.912
D7	188	1,007	0.187	241	399	0.604	0.000
D8	905	998	0.907	376	399	0.942	0.030
D9	237	1,002	0.237	144	398	0.362	0.000
D10	203	746	0.272	153	325	0.471	0.000

xi. Respondents whose dwelling has been demolished (in the past 6 years) versus those whose dwelling has not been demolished

domain	valid75_29	tot_29	prop75_29	valid75_30	tot_30	prop75_30	ttest75_29_30
D1	376	1,829	0.206	91	671	0.136	0.000
D2	36	1,576	0.023	19	585	0.032	0.206
D3	3	1,824	0.002	0.000	675	0.000	0.292
D4	46	1,645	0.028	20	589	0.034	0.461
D5	321	1,459	0.220	36	508	0.071	0.000
D6	49	780	0.063	19	242	0.079	0.392

D7	605	1,826	0.331	156	676	0.231	0.000
D8	1,635	1,791	0.913	590	670	0.881	0.015
D9	509	1,816	0.280	219	676	0.324	0.033
D10	507	1,431	0.354	152	485	0.313	0.101

xii. **Respondents whose dwelling has been demolished in the past 12 months, in the preceding 5 years, or never demolished**

domain	valid25_27	tot_27	prop25_27	valid25_28	tot_28	prop25_28	valid25_29	tot_29	prop25_29	chi25_27_28_29
D1	7	380	0.018	15	470	0.032	69	1,829	0.038	0.229
D2	2	331	0.006	3	402	0.007	21	1,576	0.013	0.197
D3	100	384	0.260	118	473	0.249	302	1,824	0.166	0.000
D4	11	336	0.033	14	419	0.033	14	1,645	0.009	0.000
D5	4	269	0.015	4	332	0.012	1	1,459	0.001	0.001
D6	0.000	129	0.000	1	179	0.006	15	780	0.019	0.243
D7	23	383	0.060	26	474	0.055	26	1,826	0.014	0.000
D8	0.000	379	0.000	0.000	469	0.000	0.000	1,791	0.000	
D9	8	383	0.021	8	474	0.017	13	1,816	0.007	0.020
D10	3	261	0.011	4	357	0.011	3	1,431	0.002	0.030

Annex 2 – Guidelines for FGDs

Introduction

In order to effectively design the empirical research that will be undertaken in this study it is important first to remind ourselves of its stated and contracted objectives.

Main objective:

- This study will explore the determinants of wellbeing for informal workers living in informal settlements across a diverse set of urbanising localities in Bangladesh and India.

To do so it will use a combination of secondary data analysis and a 'bottom-up' human wellbeing assessment methodology in order to produce an analysis of the patterns and gradations of wellbeing success and failure that are emerging for women and men engaged in informal work and living in informal settlements.

Sub-objectives:

- a) It will seek to understand the institutional conditions that entrap some and enable others to succeed in escaping urban poverty.
- b) It will specifically seek to provide answers as to what governments and other development agents could do to better protect and promote the wellbeing of informal workers.

These are captured in 3 questions that the contract states the research will answer:

4. What patterns and gradations of wellbeing outcomes (success and failure) do we observe for informal workers in informal settlements in different kinds of urbanising towns and cities in Bangladesh and India?
5. What kinds of institutional conditions of informal settlements explain the patterns of wellbeing failure and success outcomes that we observe and support informal workers to escape poverty and or entrap them in it?
6. What do these insights into wellbeing outcomes and processes tell us about what methods and instruments should be employed in anti-poverty policy for informal workers in urbanising contexts?

Some FAQs about a wellbeing approach

Why wellbeing?

Because it is a concept that is profoundly universal: all people everywhere have some notion of what wellbeing is (for them) and they are usually trying to achieve it.

This then includes poor people and rich people, men and women, people of different ethnic or religious identities, old people and young people. It does not treat 'the poor' as some different kind of human being from the wealthy person but does provide a way of understanding why some people succeed in achieving wellbeing while others consistently fail.

It provides a way of exploring how wellbeing is defined differently by different people and how those people are able or are disabled from pursuing and achieving their notion of what wellbeing is.

What is wellbeing?

- Wellbeing is a state of being with others:

it can be achieved:

- a) when a person's human needs are being met
- b) when that person is able to act meaningfully to pursue their own goals
- c) when they are experiencing a satisfactory quality of life

Note this is not a definition of wellbeing. People define wellbeing for themselves in relation to particular physical economic and cultural contexts. Rather it is a universal framework for understanding wellbeing.

How do we make a universal framework useful for particular people in particular places?

In order to understand whether wellbeing is being achieved by particular people in particular contexts then we need to understand

- a) What needs do people identify as important to be met?

There are well developed Theories of Human Needs and there is much general agreement about what universal human needs are, however it always then necessary to be specific about what needs are in particular places for particular people (we can agree that food is universal human need,- but in any particular place we would want to know what food and how much). We can ask: What are your needs and are they being met? and we would also want to know: What things must people have or be able to do to meet their needs?

- b) What goals do they value?

Goals stretch beyond needs to encompass wants and aspirations (they also look more specifically towards the future). We can ask: To what extent are you achieving your goals? and related: To what extent are you able to have the things or do the things that you believe that you need to in order to achieve your goals?

- c) How satisfied are people with their quality of life?

This involves people reflecting both on what they are achieving in terms of both immediate needs and goals and aspirations and it inherently involves them reflecting on how satisfied they are with what they have and can do. We can ask: what is important for a good quality of life for you and how satisfied are you in your achievements in respect of those things?

It should be noted that all three of these sets of considerations overlap to some extent. This is to be expected because each actually represents a slightly different 'language' that has been used for

assessing the same thing – human wellbeing⁴⁸. The problem with using only one of these languages is that they tend to ignore important things or issues that one or other of the three languages highlight as important for understanding people’s lives and their chances of wellbeing. So each set of questions outlined above represents a way of tackling the same problem (understanding people’s lives and their chances of wellbeing) from a different perspective and brings with it some additional and important information. This has been described as a 3-Dimensional Wellbeing Framework.

Why is this referred to as a 3-Dimensional Wellbeing Approach?

This approach to understanding human wellbeing in particular places has been called three dimensional because it suggests that there are three dimensions of human being that we need to gather data on in order to reach a rounded assessment of human wellbeing. In simple terms the collected set of questions above can be assessed in terms of three considerations:

1. What do people have? (**having**)
2. What are they able to do with what they have? (**doing**)
3. What do they think and feel about what they have and can do? (**being**)

Question 1 refers to an assessment of Outcomes at any one point in time

Question 2 refers to the assessment of the Process that people engage in their efforts to achieve wellbeing outcomes.

Question 3 refers to the subjective assessment of their situation (encompassing both outcomes and processes).

This cuts across with another ‘set of three’ which more properly refers to the types of data that such a conception of human wellbeing requires.

The three types of data are:

- Objective
- Subjective
- Inter-Subjective

Objective data is that which can be externally or scientifically verified. It can be used to provide some of the answers to Questions 1 and 2. For example, in relation to Q1 either the person lives in concrete house or they do not, either they have a bicycle or they do not. In relation to Q2, either they meet with members of their extended family at least once a week or they do not.

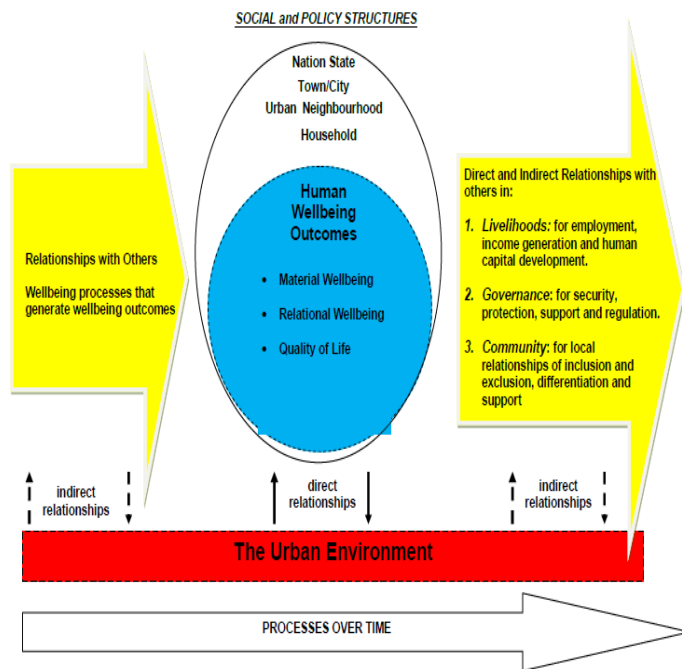
Subjective data is primarily used to answer Question 3. For example, a person may objectively have concrete house but they may also express high degree of dissatisfaction with their house. We can gather subjective data both on their overall level of satisfaction with life and subjective data on their level of satisfaction with the extent to which their different needs and aspirations are being met. For example I have a job, and I am very satisfied with my job.

Inter-subjective can be used to provide information in relation to Questions 1 and 2. It refers to that data that is neither objective nor is it the singular subjective view of one person. It usually refers to the quality of something that can be objectively reported. So for example when a person

⁴⁸ The languages are all familiar in the study of development and are: a) the language of human needs, b) the language of freedoms, agency and autonomy, c) the language of participation or the subjective assessment of quality life.

is reported as being a person of high status in the community, it is not usually the view of one person but something that a number of people agree with. Or when it is reported that the person is has good relations with their extended family then that is quality judgement that can be inter-subjectively affirmed.

How does this framework look when we put it all together?



Guidelines for the First Phase of Fieldwork

The first step of the methodology involves gathering mainly qualitative information, using Focus Groups to explore what is needed for wellbeing in these communities.

The second step, which will take place after the first, will involve the application of a Quality of Life survey (built from the focus group results) to a sample of the population. This could be supplemented (possibly) by a small number of semi-structured interviews to build cases of 'positive and negative experiences of informal work'.

Step One

The Participatory Assessment of Subjective Wellbeing Using Focus Group Discussion (FGD).

The results of these focus group discussions will yield a list of 'items' that people regard as important for their wellbeing. After these are complete we will analyse the results and prepare a short Quality of Life (QoL) survey instrument in which we will list the 'items' (things that people must have, be able to do, or be able to be in order to live well in this community).

In the second step we will then apply this QoL survey to a sample of men and women respondents in the informal settlements. The survey will ask them how important they regard the

item to be for them personally and their level of satisfaction in their achievement regarding the item.

It is recommended that you conduct at least four FGDS in each community (probably two with men and two with women). You can do more if you have the capacity or feel that it is necessary. It is to be expected that each FGD will take around three hours. Following our discussion in the Inception Meeting we recommend that you take care to plan for participants to be able to spend that amount of time in the FDG and that you consider providing the appropriate incentives for people to commit to participating, this may at least include providing some food and refreshment for participants to acknowledge their participation.

It should be noted that a structured Focus Group Discussion is a distinct social science research instrument. It is not the same as an open discussion or a general community consultation.

Notes on the facilitation of FDGs for this study:

- At least two people should run the focus group discussion – i) the facilitator (main person who chairs the session and facilitates the group discussion) and ii) the facilitator's assistant – to take backup notes, make observations, to assist the facilitator where necessary). A third person may also be necessary in some cases for additional observation, assistance in facilitation, or help with translation where that is required.
- If possible the Focus Groups should consist of around 10 persons (this could go as low as 6 but should not exceed 12)..
- Wherever possible, try to work with 'naturally occurring' groups of people, who work together, or are friends (for example). Discussion may flow much more easily if people feel comfortable with one another.
- Avoid large differences in rank, or power, within the same group as the discussion is likely to be dominated by the views of the more powerful participants. This domination may not even be apparent but be reflected in what people feel they are not able to say or what they should say in the presence of more powerful others.
- When asking questions, allow time for participants to think over and leave spaces for them to answer. It may be appropriate to give examples, but do not feed answers. The role of the facilitator then is also to explore the reasons for the answers and to probe people to explain **why** they choose a particular response.
- Use writing materials such as cards or and sheets of paper to construct the lists of responses.

THE GOLDEN RULES FOR FDGs:

As much as possible, keep to the wording of the question as it is agreed and which reflects the questions that we have agreed and are given in this guide. If it is not at first understood, try repeating the question, giving people a bit of time to think.

Remember that a Focus Group Discussion is an attempt to get local people to discuss and deliberate to come up with answers.

It is not a succession of individual interviews of people in the room.

Facilitation efforts should aim to encourage discussion between participants and not be a series of dialogues with the facilitator. The facilitator should **not** seek to provide the answers.

The FDG is **not** an attempt to generate a consensus. It is hoped and expected that the discussion between participants will reveal areas of agreement and differences of view within any group. Both agreement and differences of view should be recorded.

Section 1 General Wellbeing

First introduce the session by explaining that by wellbeing we mean a rounded sense of being, that includes their material circumstances, their relational circumstances and how they feel about their experience of life. Explain that overall the research is interested in understanding who is thriving, who is failing and who is just getting by.

Ethics: assure participants that all their responses will be in confidence. That they will not be identified in person as participants in the focus group and that no contributions will be attributed or be attributable to a specific person.

Q. 1.

- a) How would you describe, in general, a man/woman that is doing well (thriving) in this community?

- b) How would you describe, in general, a man/ woman that is not doing well (failing) in this community?

Notes for facilitator

We use these questions as a general ice-breaker, and to get people thinking about what they perceive as contributing to wellbeing in this particular community. Try ensure these first questions are discussed in an abstract sense, rather than relating to actual persons in the group. Since we are focussing on the middle-aged group in this study the discussion should focus on that group and should not stray into a discussion of the old or the young. Prompts can include explicit reference to the three dimensions of wellbeing:

“what would he/ she need to have?”

“what would he/she need to be able to do?”

“what would that person need to be?” - or more easily “what sort of person would he/ she be, and what might others feel towards that person?”

The next question moves the FGD participants onto thinking about themselves. You might want to say this and introduce the question by saying that now we would like them to think about their own lives.

Q. 2. In your life here what do you need to live well in this community (and why)?

Additional guidance “We would like you to think more specifically about what is important for you to be able to live well here. These can be things you need to have, things you need to be able to do, the sort of person you need to be, people you need to know, information you need to know etc...”

RECORD THE ITEM LISTS ON FLIPCHART SHEETS OR ON CARDS

There may be items of agreement and items of difference, ask the participants to discuss and explain why there are some things in common and why some things are different

Notes for facilitator:

As soon as an item is offered by the group, write it down and place it on the flipchart so it is easily visible to the group.

As part of a way of organising the lists try to group the ‘items’ in categories of ‘have’, ‘do’, ‘be’.

Don’t worry too much about distinguishing between whether it is something that they must ‘have’ ‘do’ or ‘be’. Just put them where people feel is right.

But do try to find something for each category and having at least five items for each category would be good.

For illustration we can think of these categories in relation to the examples below

What they must have (for example – a motorbike, access to piped water, a mobile phone).

What they must be able to do (for example, to go to their place of employment every day, go to their temple/church/mosque when appropriate)

What they must be able to be (for example, be a good neighbour, be a good father or husband, be a good Hindu, Muslim, Buddhist or whatever – note this last one is different and broader than simply going to temple/church/mosque).

As items are agreed on or differed from, ask the group members to explain why they agree or take a different view on why it is important for wellbeing. Ensure these reasons are recorded.

Section 2 Wellbeing Accessibility and Priorities

This section is about whether the things that are important for wellbeing are readily available for members of this community.

Q.3. Please consider each wellbeing component that the group has listed and state how accessible or achievable it is for you and people like you.

Explain that we want them to use a four point scale.

1 = Easy to access/achieve;

2 = Somewhat easy,

3 = Somewhat difficult,

4 = Very difficult to access/achieve

(you can use numbers or colours or whatever symbols might be appropriate if it is not possible to use numbers. E.g. 1 = red, 2 = blue, 3 = yellow, 4 = black (of course you will need a supply of

working marker pens or coloured stickers. Or it could be symbols star, a circle, a square, a squiggly line).

Ask them each to place a number (colour or symbol) on each item – this number should indicate the difficulty or ease with which they personally can achieve that item.

When you see what the distribution of markers is then ask them discuss this. Is it as they expected? Are there any surprises? Are there any areas of disagreement? What accounts for differences?

The next question is asking them to prioritize the importance of each item for them personally.

Q.4. We recognize that all these items are important, but if you had to prioritize a top three, which would they be?

Ask each of them to give:

Three ticks to the most important =

√√√

Two ticks to the second most important =

√√

One tick to the third most important =

√

They should then be asked to discuss the distribution of priorities. Is there much agreement between the three priorities? What would explain differences? Are there any surprises and if so why is it surprising?

Here is an illustration of how we would want to record the information gathered in these two questions.

Wellbeing Items (Q2) (category - to have)	Accessibility scale (Q3)	Priority (Q4)
Income – a stable job	1 x response 1 0 x response 2 3 x response 3 6 x response 4	6 x 3-ticks 2 x 2 ticks 1x 1 tick (note because this adds to 9 this set of responses shows that almost everyone in a group of 10 finds this important to some degree)
Access to piped water	2 x response 1 3 x response 2 1 x response 3 4 x response 4	2 x 3 ticks 3 x 2 ticks 2 x 1 tick
A concrete house	4 x response 1 2 x response 2	2 x 3 ticks 0 x 2 ticks

	2 x response 3 4 x response 4	2 x 1 tick
A bicycle		
Other item		
Other item		

Section 3 Wellbeing, Community and Change

This next section turns to ask the participants to consider whether the community as a whole is doing well (thriving) or is struggling. It also asks them to consider how things have changed over recent years and explores who has benefited or lost out from the changes.

Q.5. Would you say that this community/settlement as a whole is thriving, just getting by, or struggling?

Just record a list of how many people hold whichever view, but then ask them to explain why they think so.

Q. 6. What do you see to be the main key changes in the community that have occurred over the last 5-10 years?

Record a list of what changes people suggest and ask them to explain so that everyone understands what the person means by that change.

Q. 7. Have there been any major events or external changes that have impacted on the community over the last 5-10 years

Record a list of what events or external changes. Ask participants to explain how the event or change had impact on the community.

MAKE A LIST OF THE KEY EVENTS/CHANGES:

Some possible examples of changes:

Less respect for elder people amongst youth

Better transport links

More access to sanitation facilities

Homes were knocked down

Q. 8. How have these changes affected your ability to meet your wellbeing criteria (these can be positive or negative affects)

Prompt: The facilitator should again refer the participants to the list of wellbeing components derived in question 2. Try to get a set of explanations of the effects of impacts on all important wellbeing items – even if that is that it has not had any affect in respect to that item.

Additional items of wellbeing may also come up in this discussion – in which case, these can be added to the list (but make a note that these are items added at this stage).

The participants may want to discuss other key events that don't relate easily to wellbeing items listed, which is also fine.

Q. 9. Reflecting on a number of these important changes/ events in the community (as a whole), how have people been affected differently and who has lost out and who has done well from these changes?

It may be, depending on time remaining available, that you only want to choose 3 or 4 of the most prominent changes that people have indicated. (e.g. young men, or older men, women etc. - Is this group amongst the winners, or losers, or mixed and why?)

As a final part of this section we move on to a more general discussion of how changes that are happening now are affecting them.

Q.10. Do you feel that life (for you and for people like you) is getting better or worse? In what ways?

Section 8: Informal Work

This final section turns the discussion towards the theme of informal work which is central to the research objectives of the study. It should be introduced by telling participants that you now want them to think about the relationship between their wellbeing and the work that they do

Q. 11. What kind of work do men/women in this community do?

Just make a simple list on flipchart sheets or on cards.

Q.12. What are considered to be good jobs that help people thrive?

Using the list already generated ask people to distinguish which are good jobs and to explain why?

Q.13. What are considered to be bad jobs that are associated with people struggling?

Using the list already generated ask people to distinguish which are bad jobs and to explain why?

Q. 14. Looking at the list of jobs that have been generated, ask the participants to indicate the top three jobs that they personally would prioritise as desirable.

This uses the same three tick system

Three ticks to the most desirable job =

vvv

vv

Two ticks to the second most desirable =

One tick to the third most desirable =

v

Q.15. Please consider each of the jobs that has been listed and state how accessible or achievable that job is for you and people like you.

Explain that we want them to use a four point scale.

1 = Easy to access/achieve;

2 = Somewhat easy,

3 = Somewhat difficult,

4 = Very difficult to access/achieve

(as before you can use numbers or colours or whatever symbols might be appropriate if it is not possible to use numbers. E.g. 1 = red, 2 = blue, 3 = yellow, 4 =black (of course you will need a supply of working marker pens or coloured stickers. Or it could be symbols star, a circle, a square, a squiggly line).

Ask them each to place a number (colour or symbol) on each item – this number should indicate the difficulty or ease with which they personally can achieve that item.

When you see what the distribution of markers is then ask them discuss this. Is it as they expected? Are there any surprises? Are there any areas of disagreement? What accounts for differences?

Closure – thank the recipients. Give the opportunity to participants to ask questions to you. Ask if they would be willing to take part in any follow-up discussion and take contact details as appropriate.

If appropriate, facilitators may want to return to a question to clarify a response or ask a ‘closing’ question (e.g. “What else would you like us to understand about wellbeing in your community?” “Is there anything else we should have asked you?)

Annex 3 – Community Profile Questionnaire

Annex 3 - Community Profile Questionnaire

IDS

A	Basic Information of informal settlement	
A1	Name of settlement:	
A2	Details of settlement	
1	Name and number of ward	
2	Is the settlement (<i>isolated/ in densely built space/ in city periphery</i>)	
3	Nearest recognisable landmark (<i>eg. near market/flyover/ major building/ river/ bridge/ etc</i>)	
4	Official status of the settlement (<i>in India: notified, non-notified, recognised; in Bangladesb...</i>)	
5	What is immediately to the N/S/E/W of site?	N
		S
		E
		W
A3	Size of the settlement (<i>in sqft/ acres, provide best estimates if accurate figures are not available</i>):	
1	Total length and width of the settlement	
2	Shape of the settlement (<i>round/ linear/ rectangle..</i>)	
3	Total number of houses and households in the settlement? (<i>Indicate if estimation</i>)	
4	Ratio of (adult + adolescent) women to men living in the settlement? (<i>Indicate if estimation</i>)	
A4	Accessibility to/from settlement	
1	What types vehicles are useable for transport to the site/in the site (<i>if none, say by foot only; else specify form of vehicles incl. bus, boat, rickshaw, cycle etc</i>)	(<i>by men</i>): (<i>by women</i>): (<i>by both</i>):
2	How many ways/pathways are there to enter or exit the site and details of those	(<i>for men</i>):

		(for women): (for both):
3	Details of local transport system to the site if any (provide details of accessibility to nearest bus stop/ train station/ other and connectivity from that point to rest of the city)	
A5	Type of land tenure:	
1	On what type of land is the settlement located? (footpath, in-between built space, on un-built space, river bank etc)	
2	Who owns the land settlement is on? (government, private)	
3	If it is owned by Government then which institution? If private, then provide details.	
4	Legal status of land informal settlement is on (include if possible details of any ongoing dispute regarding land)	
5	Do most residents rent or own their dwelling?	(men): (women):
A6	Historical background and key events	
1	Age of informal settlement (in yrs, indicate if approximate)	
2	How was informal settlement first created?	
3	Are there any predominant groups present (by sending location, by livelihood, by caste, by religion, etc)	
4	Has this site ever experienced major urban development interventions (bulldozing, slum clearance, people relocating en masse to the site, upgrading/ renewal/ rejuvenation initiatives), if so, provide details (date of intervention, public/private initiative, what was done)	
5	Are any major urban development interventions expected in the next 12 months? 24 month? (eg. bulldozing, slum clearance, people relocating en masse to the site, upgrading/ renewal/ rejuvenation initiatives), if so, provide details (date of intervention, public/private initiative, what was done)	
6	Does the site get flooded (never/ only during monsoons/ all the time)	
	if yes, describe which areas of the site are inaccessible during flooding (none/ some/ all – indicate on map if possible)	(for men): (for women): (for both):
7	Any other major event in the past year? 2 years? 5 years? (fire, riot, accident, etc?)	

B	Map	<i>Tick if mapped</i>
	Map by walking around the site, with community key informants; can use google maps image as basic template.	
	Suggested list of features/elements to highlight in maps (<i>Please mark the above on maps and provide a separate write-up/ description of each feature, using code-numbers to indicate</i>)	
	<i>i. Boundaries/ extent of site</i>	
	<i>ii. Pathways, alley ways, Roads, entry/ exit points</i>	
	<i>iii. Location of butments – indicating main building material</i>	
	<i>iv. Main points of shared service provision if any (water, garbage collection, street/ outdoor lighting, toilets, others)</i>	
	<i>v. Shops or stalls indicating goods sold</i>	
	<i>vi. Small businesses indicating type and if they employ local residents</i>	
	<i>vii. Open areas, play grounds – mark and state primary usage</i>	
	<i>viii. Places of worship</i>	
	<i>ix. Community halls or locations for celebrations and festivals</i>	
	<i>x. Schools (including makeshift classrooms, footpath schooling)</i>	
	<i>xi. Markets / mundi – identify type of goods sold</i>	
	<i>xii. Nearest police station or kiosk – provide name and jurisdiction</i>	
	<i>xiii. Nearest government office - provide name and mandate</i>	
	<i>xiv. Inaccessible areas (open sewers, garbage dumps, others)</i>	
	<i>xv. Any other prominent physical features or landmarks</i>	
	<i>xvi. Location of sampled households (retrospectively code with questionnaire number only; no names).</i>	

C	Basic Services and livelihoods	
C1	Water	
1	Where in the settlement is there regular access to (a) piped water, (b) tubewells, and/or (c) other sources?	
	i. Who provided this/where is it taken from?	
	ii. Is provision controlled (<i>i.e. is tap/well locked</i>)? If locked, who maintains the key?	
	iii. If bought on private market, describe who pays for it (<i>collectively?</i>) and who manages distribution (<i>local resident; leader; municipality; other</i>)	
	iv. If none, what is the nearest point of access outside the settlement for drinking water? (<i>stream, tap/ pipe, other</i>)	(<i>for men</i>): (<i>for women</i>): (<i>for both</i>):

C2	Electricity	
1	Who in the settlement has electricity supply? (<i>no one, only in shared/common areas, only some households, all households</i>)	
	i. Who provides it/where is it taken from?	
	ii. Do all/some/none of the households have electricity meters? If not, who manages distribution? (local resident; leader; municipality; other)	
	iii. Are there streetlights in the settlement? (throughout/some areas - indicate which/none)	
C3	Housing	
1	What approximate proportion of dwellings uses <u>temporary</u> materials (<i>such as thatch, mud, plastics, un-joined asbestos sheets, etc</i>) as the <u>primary</u> building material?	
2	What approximate proportion of dwellings uses <u>semi-permanent/permanent</u> materials (<i>such as bricks, mortar, corrugated tin sheets, others</i>) as the <u>primary</u> building material?	
3	What approximate proportion of dwellings has lockable front doors?	
C4	Toilet facilities and garbage collection	
1	Does the settlement have built community toilets? (y/n)	(for men): (for women):
	i. If yes, describe: (eg. <i>how many? Were these built via a public/private initiative? Are there funds for continued upkeep/maintenance? Is somebody employed to look after the toilets? Who cleans them?</i>)	
	ii. If not, describe where the majority of resident defecate.	(men): (women):
2	Is there regular garbage collection from the site? (y/n)	
	i. If yes, by who?	
	ii. If no, where do resident dispose of garbage?	
C5	Healthcare	
1	Are there any clinics and dispensaries in or near the settlement?	
	i. Where?	
2	Are there regular visits from a health professional to the site (<i>if yes, are health professionals male or female?</i>)	
3	Are there regular immunisation drives in the site (y/n)?	
4	Are there family planning services available in the community (y/n)?	
5	Any other healthcare services accessed regularly by members of the community? (eg. <i>sexual and reproductive health services; ante/post natal and delivery care; gender-based violence services; substance abuse services; etc</i>)	(by men): (by women):
6	Do residents suffer from any work related illnesses, diseases or disabilities?	(men): (women):
7	Any recent deaths due to disease in the site? If yes, describe: (<i>age of diseased, cause of death if known</i>)	

C6	Livelihoods		
1	What do most people earn a living from? <i>Provide details of type(s) of activity(ies)</i>	(men):	
		(women):	
2	Are there savings or credit facilities present? <i>(if yes, mention type)</i>	(for men):	
		(for women):	
C7	Schooling		
1	Is there a primary school in or near the settlement?	(for girls):	
		(for boys):	
	i. Who runs these? <i>(municipality/private/NGO/other)</i>		
	ii. Has this school remained closed during school term for more than a week in the past 12 months? Why?		
2	Is there a secondary school in or near the settlement?	(for girls):	
		(for boys):	
	i. Who runs these? <i>(municipality/private/NGO/other)</i>		
	ii. Has this school remained closed during school term for more than a week in the past 12 months? Why?		
C8	Other services		
1	How are disputes resolved in this community? <i>(via slum panchayat; religious group; informal group; particular individuals etc)</i>	(for men):	
		(for women):	
	i. Provide details <i>(eg. management, associated costs if any, who pays)</i>		
2	Is there any particular space in or near the settlement that is used by children to play in? <i>(this may be a space which is also used for another purpose)</i>	(for girls):	
		(for boys):	
3	Is there any particular space in or near the settlement that is used by adults for recreation/gathering/community events? <i>(this may be a space which is also used for another purpose)</i>	(by men):	
		(by women):	
4	Is there any particular space in or near the settlement that is unsafe? If yes, describe reasons why it is unsafe:	(for men during day)	(for men at night)
		(for women during day)	(for women at night)
		(for children during day)	(for children at night)
5	Do any members of the community hold positions of authority? <i>If yes, request interview with key informant, if possible.</i>		

	i. In a government office? <i>(if yes state position and male/female)</i>	
	ii. In a political party? <i>(if yes state position and male/female)</i>	
	iii. In a private office? <i>(if yes state position and male/female)</i>	
	iv. Any other people in the community who can 'get things done' for existing residents and newcomers when dealing with the government/local urban bodies??	

Annex 4 – Integrated Wellbeing Survey (IWS)

Informal Work and Wellbeing in Urban South Asia: Who Succeeds, Who Fails and Under What Conditions?

Integrated Wellbeing Questionnaire (Individual)

--VARIABLE NAMES AND CODES--

Questionnaire Identification Number	City Code	Site code	Household code
	1 Bogra 2 Chittagong 3 Dhaka 4 Mumbai 5 Raipur 6 Visakhapatnam	1 Railway colony 2 Malotinagar 3 Dock Yard (South Madarbari) 4 Khajurtola (Baribadh) 5 Chitarpar (Rayerbazar) 6 Beltola (Kallanpur) 7 Sirnitek 8 Hanuman Nagar 9 Indira Nagar 10 Mankhurd 11 Kashiram Nagar 12 Suraj Nagar 13 Suryatheja Nagar 14 RP Petha	(use same code for both respondents) 1-100 (normal sample) 900-... (booster sample)

Date of interview

DD	MM	YYYY
	Supervisor	
From	To	

Enumerator code

Time of interview

My name is _____. I work for _____ in conjunction with the Institute of Development Studies, University of Sussex in the United Kingdom.

This is a study about wellbeing of informal workers living in a diverse set of informal settlements. Our focus is on what slum dwellers themselves prioritise and their opinions of what it is like to live in settlements such as yours. You may have come into contact with some members of our research team already, as we have conducted focus (group) discussions with a number of people from your settlement on these issues. Our survey today follows up on issues that were raised by you or your community members at those discussions.

I'm going to ask you some questions about your life, your work and what you think about living in this informal settlement. Your answers are completely confidential. Your name will never be used in connection with any of the information you tell me, without your explicit consent. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time. The interview will take between 45 minutes to one hour.

Again, you can withdraw your consent for us to use the information gathered at any time before, during and after the interview.

If you have questions or concerns after the interview, you may contact the persons indicated on the information card.

Do you agree to take part in our study?

Section 1

Respondent details

Religion	Language	Relationship to Head of HH	Occupations
1 Hindu	1 Urdu	1 Self	1 Housework/caring for children
2 Muslim	2 Bengali	2 Spouse	2 Daily wage earner
3 Christian	3 Hindi	3 Son/daughter	3 Manual Labour
4 Buddhism	4 Gujrati	4 Grandchild	4 Street vendor
5 Sikh	5 Marathi	5 Niece/nephew	5 Domestic Worker
6 None	6 Kannad	6 Father/mother	6 Rickshaw Driver/Van Driver
7 Rather not say	7 Telegu	7 Sister/brother	7 Peon/office asst.
Othe	9 Bhojpuri	8 Son/daughter-in-law	8 Shopkeeper
r	10 Marwadi	9 Brother/sister-in-law	9 Businessman
	12 Konkani	10 Grandfather/mother	10 Professional (advocate, CA, doctor)
	13 Udia	11 Father/mother-in-law	11 Clerk/ Salesman
	14 Yairani	Othe	12 Service/ officer/ manager
	Othe	r	Personal Service activity
	r		13 (driver, beauticians, etc)
			Agriculture (including livestock rearing, fishing)
			14 Teacher/ Tutor
			15 Government employee
			16 (excluding police)
			Social work/ NGO employee/
			17 Health Worker
			18 Truck Driver
			19 Police
			20 Skilled labour
			21 DK/CS
			22 N/A
			Othe
			r

ODK Var Name	Question	Hint	Answers Codes
geopoint	Is GPS on? Record your location:		
image_front_door	Ask respondent if it is ok to take a picture of their dwelling. Take a picture of dwelling:	Respondent may or may not like to be in the picture	
resp_name	Name of respondent (Code as 99ANON if anonymity requested)		
hh_head	Are you the Head of household?		1 Yes 2 No 3 DK/CS
main_earner	Are you the primary earner (in terms of financial contribution) in the household?		1 Yes 2 No 3 DK/CS
resp_note	PLEASE NOTE: Respondent should be primary earner, or spouse of primary earner.		
present	Who else is present at the time of interview?		1 Respondent is Alone 2 Spouse present 3 Children present 4 Other Adults present
resp_age	Age (in completed years) of the respondent	Enter 999 if respondent does not know or cant say	
resp_sex	Gender of the respondent		1 Male 2 Female
resp_religion	Religion of respondent		Religion
resp_caste_group	Caste group (India)		1 SC 2 ST 3 OBC 4 General Other

resp_caste_group_bang	Respondent's Ethnicity (Bangladesh):		1 Bengali Other:
resp_mothertongue	Mothertongue of respondent		Language
resp_work_language	Language use at work/ with neighbours		
resp_mar_stat	Respondents Marital Status:		1 Married 2 Never Married 3 Divorced/Separate 4 Widowed 5 Not mentioned
resp_rel_head	Relationship of Respondent with Head of Household		Rel to Head
resp_edu	Education level of respondent:	To the level completed	1 None, never been to school 2 Primary (class 1-5) 3 Lower Secondary (class 6-8) 4 Up to SSC (class 9-10) 5 Up to HSC (class 10-11) 6 Some college but not graduate Graduate/ postgraduate 7 (general) Graduate/ postgraduate 8 (professional) 9 DK/CS Other
resp_curr_edu	Are you currently attending school/college/training?		1 Yes 2 No 3 DK/CS
resp_activity1	What is/was your main occupation?		Occupations
resp_activity2	What is/was your secondary occupation (if any)?		

Name (Other than Respondent) ONLY ASK FIRST respondent		Marital Status	Gender		Rel. with head of HH	Age-Yrs			1) Does this HH member contribute financially to household income? 2) Does hh member contribute in-kind to the household work? (like doing chores, looking after children, cleaning etc)	
			Male	Female					Yes	No
1			1	2					1	2

									1	2
2			1	2					1 1	2 2
3			1	2					1 1	2 2
4			1	2					1 1	2 2
5			1	2					1 1	2 2
6			1	2					1 1	2 2
7			1	2					1 1	2 2
8			1	2					1 1	2 2

Section 2

I would now like to ask you about your consumption and the assets you have

Importance Scale	Satisfaction Scale	Assets	Assets 2
1 Very important 2 Somewhat important 3 Neither important nor unimportant 4 Somewhat unimportant 5 Very unimportant	1 Very satisfied 2 Somewhat satisfied 3 Neither satisfied nor unsatisfied 4 Somewhat unsatisfied 5 Very unsatisfied	1 Kerosene lamp 2 Electric lamp 3 Fan 4 Sewing machine 5 Repair equipment 6 Beds/mattress/mat to sleep on 7 Chair(s) 8 Table 9 Cupboard with lock 10 Television 11 Radio 12 Watch 13 Food processor/mixer/grinder 14 Cooking Stove 15 Cycle 16 Rickshaw/van or thela 17 Motorcycle/autorickshaw 18 Mobile phone/telephone Other	1 ID cards 2 Ration cards 3 Caste Certificate 4 Bank Account 5 Loan from Bank 6 Loan from Govt Scheme 7 Loan from Credit Group/Self-Help Group 8 Loan from other individual

Skip Logic	ODK Var Name	Question	Hint	Answers Codes
	hh_assets_own	2.1a) Does your household currently *OWN* any of the following that are in working order?	Read aloud the list, you may show the list to respondent. Can you see any of the listed assets inside the dwelling? Mark all that apply. If more than one "Other" enter all with	Assets

	hh_assets_rent	2.1b) Does your household currently *RENT* any of the following that are in working order?	spaces Read aloud the list, you may show the list to respondent. Can you see any of the listed assets inside the dwelling? Mark all that apply.	Assets
	hh_assets2	2.2a) Does anyone in your household have the following	Mark all that apply	Assets2
	tools_of_trade	2.2b) Do you require specific assets (like any equipment, tools, push-carts etc) to conduct your trade?	Give some examples if respondent is unclear.	1 Yes 2 No 3 DK/CS
tools_of_trade=1	tools1	2.2c-i) Which one is the most important asset or tool?	Write a description if respondent does not know specific name.	
tools_of_trade=1	tools1_o_r	2.2c-i) Do you OWN or RENT the \${tools1}?		
tools_of_trade=1	tools2	2.2c-ii) Which asset/tool is the second in importance?	Leave blank if none	
tools_of_trade=1 and tools2!="	tools2_o_r	2.2c-ii) Do you OWN or RENT the \${tools2}?		1 Own 2 Rent
tools_of_trade=1 and tools2!="	tools3	2.2c-iii) Which asset/tool is the third in importance?	Leave blank if none	As above
tools_of_trade=1 and tools3!="	tools3_o_r	2.2c-iii) Do you OWN or RENT the \${tools3}?		As above
	clothing_imp	2.3a) How important it is for you to wear the right kind of clothes during important events or functions like celebrations or festivals?		Importance scale
	clothing_sat	2.3b) How satisfied are you with your standard of clothing during important events or functions like celebrations or festivals?		Satisfaction scale
	clothing_imp2	2.3c) How important it is for you that members of your immediate family wear the right kind of clothes during important events or functions like celebrations or festivals?		Importance scale
	clothing_sat2	2.3d) How satisfied are you with your immediate family's standard of clothing during important events or functions like celebrations or festivals?		Satisfaction scale
	clothing_obj	2.3e) In the last year have all members of your household been able to wear the right kinds of clothes during important events or functions like celebrations or festivals?		

Section 3

I would now like to ask you about your education and skills

Skip Logic	ODK Var Name	Question	Hint	Answers Codes
	skills	3.1a) Do you require any specific skills to conduct your trade? (like ability to use sewing machine, or drive rickshaw)?		1 Yes 2 No 3 DK/CS
skills=1	how_learnt	3.1b) Which statement best describes how you acquired this skill?		1 I taught myself 2 I learnt it from a family member I learnt as an apprentice to 3 somebody I am not related to I learnt it at a place for formal training (school, college, vocational 4 training etc)
skills=1	skills_adequacy1	3.1c) Do you think that this skill CURRENTLY allows you to achieve an adequate level of income to fully support your household?		1 Yes 2 No 3 DK/CS
skills=1	skills_adequacy2	3.1d) Do you think that this skill will enable you in the FUTURE to achieve an adequate level of income to fully support your household?		1 Yes 2 No 3 DK/CS
	skills_sat	3.1e) How satisfied are you with your current skills?		Satisfaction scale
	djob	3.2) I would like you to think about your most desired job (think of a job you aspire to).		
	more_formal_ed	3.2a) In order to get this job, do you feel you need MORE FORMAL EDUCATION (via a school, college, institute) than you have at the moment?		1 Yes 2 No 3 DK/CS
	more_skills	3.2b) In order to get this job, do you feel you need MORE SKILLS TRAINING than you have at the moment?		1 Yes 2 No 3 DK/CS
	djob2			
	formal_ed_imp	3.3a) How important do you feel schooling is for your children?		Importance scale
	formal_ed_sat	3.3b) How satisfied are you with your children's schooling?		Satisfaction Scale

Section 4

I would now like to ask you about the nature of your housing and related infrastructure

Floor Material	Roof Material	Wall Material	Toilet Types
1 Earth/Sand	1 No Roof	1 No Walls	1 Flush to piped sewer system
2 Dung	2 Thatch/Palm leaf/Grass	2 Cane/Palm/Trunk	2 Flush to septic tank
3 Wood Planks	3 Sod	3 Dirt	3 Flush to pit (latrine)
4 Palm/bamboo	4 Rustic Mat	4 Bamboo with Mud	4 Flush to somewhere else
5 Parquet or polished wood	5 Palm/Bamboo	5 Stone with Mud	Flush to unknown place/not
6 Vinyl or asphalt strips	6 Wood Planks	6 Uncovered Adobe	5 sure/DK where
7 Ceramic tiles	7 Cardboard	7 Plywood	Ventilated Improved Pit latrine
8 Cement	8 Metal	8 Cardboard	6 (VIP)
9 Carpet	9 Wood	9 Refused wood	7 Pit latrine with slab
Other	10 Calamine/Cement Fibre	10 Cement	Pit latrine without slab / open
r	11 Ceramic Tiles	11 Stone with Lime/Cement	8 pit
	12 Cement	12 Bricks	9 Composting toilet
	13 Roofing Shingles	13 Cement Blocks	10 Bucket
	14 Corrugated Asbestos/Tin	14 Covered Adobe	11 Hanging toilet/hanging latrine
	15 Tarpaulin	15 Wood Plank/Shingles	Open defecation (on streets,
	Other	Other	12 railtracks etc)
	r	r	Other
			r

Water Sources	Fuel Types	Time at location	Reasons for move
1 Piped into dwelling	1 Electricity	Always lived in the same	Voluntarily Resettled as part
2 Piped into yard or plot	2 Liquid Propane Gas (LPG)	1 dwelling	1 of government scheme
3 Public tap/standpipe	3 Natural gas	In the same settlement but	Forcible eviction from
4 Tubewell/borehole	4 Firewood (wood, leaves &	2 different dwelling	2 previous residence
5 Dug well	twigs, etc)	3 In a different settlement, but	3 Marriage
6 Protected well	5 Kerosene	4 same city	4 Job seeking
7 Unprotected well	6 Coal / Lignite	5 In a different city	5 DK/CS
8 Protected spring	7 Charcoal	6 In a village	Other
9 Unprotected spring	8 Dung	6 DK/CS	r
10 Rainwater	Other	Other	
11 Tanker-truck	r	r	

12	Cart with small tank/drum			
13	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)			
14	Bottled Water			
Other				

Skip Logic	ODK Var Name	Question	Hint	Answers Codes
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	floor	4.1a) What is the main material for the dwelling FLOOR?	OBSERVE AND CODE THE ANSWER	Floor material
	roof	4.1b) What is the main material for the ROOF?	OBSERVE AND CODE THE ANSWER	Roof Material
	walls	4.1c) What is the main material of the EXTERIOR WALLS?	OBSERVE AND CODE THE ANSWER	Wall material
	build_material_imp	4.1d) How IMPORTANT are the quality of construction materials of your dwelling to you?		Importance scale
	build_material_sat	4.1e) How SATISFIED are you with the quality of construction materials of your dwelling?		Satisfaction Scale
	toilet	4.2a) What kind of toilet facility do members of your household usually use?	Mark all that apply	Toilet types
	toilet_share	4.2b) Do you share this toilet facility with other households?		1 Yes 2 No 3 DK/CS
toilet_share=2	toilet_location	4.2bii) Is the toilet located within your dwelling?		1 Yes 2 No 3 DK/CS
toilet_location!=12	toilet_enclo	4.2biii) Is your toilet facility enclosed?		1 Yes 2 No 3 DK/CS
	toilet_imp	4.2c) How important is it for you to have easy access to a toilet facility?		Importance scale
	toilet_sat	4.2d) How satisfied are you with the ease of access you have to your toilet facility?		Satisfaction Scale
toilet_enclo=1	toilet_encl_imp	4.2e) How important is having an ENCLOSED toilet facility to you?		Importance scale

toilet_enclo=1	toilet_encl_sat	4.2f) How satisfied are you with the level of enclosure of your toilet facilities?		Satisfaction Scale
	source_water	4.3a) What is the MAIN source of drinking water for the household members?		Water Source
	water_pay	4.3a) Do you have to pay for obtaining drinking water?		1 Yes 2 No 3 DK/CS
source_water!=1	water_collector	4.3b) Who usually goes to collect the water for your household?		1 Adult woman (age 15+ years) 2 Adult man (age 15+ years) 3 Female child (under 15) 4 Male child (under 15) 5 Don't know
source_water!=1	time_to_water	4.3c) How long does it take to get to the water source, get water and come back?		Water on Premises or less than a minute 1 2 Less than 15 minutes by foot 3 More than 15 minutes by foot 4 Don't know
	water_source_imp	4.3d) How important is having easy access to source of drinking water to you?		Importance scale
	water_source_sat	4.3e) How satisfied are you with your current access to drinking water?		Satisfaction Scale
	water_afford_imp	4.3f) How important is it for you to have AFFORDABLE drinking water?		Importance scale
	water_afford_sat	4.3g) How satisfied are you with the affordability of your drinking water?		Satisfaction Scale
	type_of_fuel	4.4a) What type of fuel does your household mainly use for cooking?		
	kitchen_location	4.4b) Does your dwelling have a separate kitchen (in a separate room)?		
kitchen_location=2	no_kitch_cook	4.4c) Where do you cook your food?		1 Inside your dwelling 2 Outside dwelling on your own 3 Outside dwelling in communal kitchen
	own_rent_dwelling	4.5a) Do you or a household member pay rent to live here (for the house or for the building materials)?		1 Yes 2 No 3 DK/CS

	lived_years	4.5b) How long have you lived in this dwelling, in completed years		
	lived_months	and months		
	ownership_imp	4.5bii) How important is it for you to own your dwelling?		Importance scale
	ownership_sat	4.5biii) How satisfied are you with your ownership status regarding your dwelling?		Satisfaction Scale
own_rent_dwelling=1	landlord_obj	4.5c) Over the past year, has your landlord (who you pay rent to) done anything to upkeep your dwelling?		1 Yes 2 No 3 DK/CS
own_rent_dwelling=1	landlord_imp	4.5d) How important is it for you to have a landlord who takes good care of the houses and services in the settlement?		Importance scale
own_rent_dwelling=1	landlord_sat	4.5e) How satisfied are you with your landlord's efforts at taking care of the houses and services in the settlement?		Satisfaction Scale
	elec_hours	4.6a) How many hours of electricity do you get in a day?	Enter 24 for full day; 12 for half day	
	elec_meter	4.6b) Does your dwelling have an individual electricity meter?		1 Yes 2 No 3 DK/CS
	rooms	4.7a) How many SEPARATE ROOMS does your dwelling have?		
	sleeping_rooms	4.7b) How many of these rooms are used for SLEEPING?		
	rooms_imp	4.7c) Considering all the members of your household, how important is the amount of space you have for living (inside and immediately outside) your dwelling to you?		Importance scale
	rooms_sat	4.7d) Considering all the members of your household, how satisfied are you with the amount of space you have for living?		Satisfaction Scale
	sublet	4.7e) Do you sublet any part of your dwelling to someone else (i.e. a room, section of room, a place to sleep)?		1 Yes 2 No 3 DK/CS
	demolished12	4.8a) Has your dwelling been demolished in the past 12 months?		1 Yes 2 No 3 DK/CS
	demolished5	4.8b) Has your dwelling been demolished in the past 5 years?		1 Yes 2 No 3 DK/CS

demolished12=1 or demolished5=1	rebuild_loan	4.8c) Did you need to take a loan to rebuild after demolition?		1 Yes 2 No 3 DK/CS
demolished12=1 or demolished5=1	rebuild_savings	4.8d) Did you use your own savings to rebuild after demolition?		1 Yes 2 No 3 DK/CS
	how_long	4.9a) Where did you live before you started living in this dwelling?		Time at Location
how_long!=1	why_move	4.9b) What was the main reason for moving?		Reason for move

Section 5

I would now like to ask you about access and transportation issues

Skip Logic	ODK Var Name	Question	Hint	Answers Codes
	no_access_dwelling	5.1a) In the past 12 months, have you at any point of time been UNABLE to access your DWELLING?		1 Yes 2 No 3 DK/CS
no_access_dwelling=1	no_access_dwelling_months	5.1b) During which months were you unable to access your dwelling?	If they say "during rains" translate that into specific months	
no_access_dwelling=1	why_no_access_dwelling	5.1c) Why were you unable to access your dwelling?	Read aloud each option; MARK ALL THAT APPLY; If more than one "Other" enter all with spaces	1 Due to rains 2 River flooding 3 Due to fire 4 Due to other physical obstruction Other
	access_imp	5.1d) How important is it for you to have access to your dwelling all year round?		Importance scale
	access_sat	5.1e) How satisfied are you with your ability to access your dwelling all year round?		Satisfaction Scale

	no_access_latrine	5.2a) In the past 12 months, have you been UNABLE to access the TOILET FACILITIES?		1 Yes 2 No 3 DK/CS
no_access_latrine=1	no_access_latrine_months	5.2b) During which months were you UNABLE to access the TOILET FACILITIES?	If they say "during rains" translate that into specific months	
no_access_latrine=1	why_no_access_latrine	5.2c) Why were you unable to access the toilet facilities?	Read aloud each option; MARK ALL THAT APPLY; If more than one "Other" enter all with spaces	As above (5.1c)
	latrine_imp	5.2d) How important is it for you to have access to toilet facilities all year round?		Importance scale
	latrine_sat	5.2e) How satisfied are you with your ability to access your toilet facilities all year round?		Satisfaction Scale
	no_access_settlement	5.3a) In the past 12 months, have you been UNABLE to access the SETTLEMENT in which you currently live?		1 Yes 2 No 3 DK/CS
no_access_settlement=1	no_access_settlement_months	5.3b) During which months were you UNABLE to access the SETTLEMENT?	If they say "during rains" translate that into specific months	
no_access_settlement=1	why_no_access_settlement	5.3c) Why were you unable to access the settlement?	Read aloud each option; MARK ALL THAT APPLY; If more than one "Other" enter all with spaces	As above (5.1c)
	settlement_imp	5.3d) How important is it for you to be able to access the settlement all year round?		Importance scale
	settlement_sat	5.3e) How satisfied are you with your ability to access the settlement all year round?		Satisfaction Scale
	no_access_work	5.4a) In the past 12 months, have you at any point of time been UNABLE to access your PLACE OF WORK?		1 Yes 2 No 3 DK/CS
no_access_work=1	no_access_work_months	5.4b) During which months were you unable to access your PLACE OF WORK?	If they say "during rains" translate that into specific months	
no_access_work=1	why_no_access_work	5.4c) Why were you unable to access your PLACE OF WORK?	Read aloud each option; MARK ALL THAT APPLY; If more than one "Other" enter all with spaces	As above (5.1c)

	work_imp	5.4d) How important is it for you to be able to access your place of work all year round?		Importance scale
	work_sat	5.4e) How satisfied are you with your ability to access your place of work all year round?		Satisfaction Scale

Section 6

I would now like to ask you about the safety and security of this area

Skip Logic	ODK Var Name	Question	Hint	Answers Codes
	how_safe	6.1a) How safe do you think your area is to live in?	Read aloud all options	1 Very Safe 2 Somewhat Safe 3 Somewhat unsafe 4 Not at all safe
	safety_imp	6.1b) How important is the safety and security of the area you live in to you?	Read aloud all options	Importance Scale
	safety_sat	6.1c) How satisfied are you with the level of safety and security in your community?	Read aloud all options	Satisfaction Scale
	move_due_to_safety	6.2) Would you like to move out of this area because of safety concerns about the area?		1 Yes 2 No 3 DK/CS
	fem_safety_day	6.3a) How safe would your female HH members feel about having to go out alone during the DAY?	Read aloud all options	1 Very Safe 2 Somewhat Safe 3 Somewhat unsafe 4 Not at all safe
	fem_safety_night	6.3b) How safe would your female HH members feel about having to go out alone during the NIGHT (when it is dark)?		1 Very Safe 2 Somewhat Safe 3 Somewhat unsafe 4 Not at all safe
fem_safety_day	fem_unsafe_r	6.3c) You mentioned that your female HH members do not	DO NOT PROMPT. Mark all	1 Fear of being mugged or physically attacked

='3' or fem_safety_day ='4' or fem_safety_nigh t='3' or fem_safety_nigh t='4'	easons	feel safe to go out after dark. Why do they feel so?	that apply; If more than one "Other" enter all with spaces	2 Fear of burglary/vandalism 3 Fear of the dark/night 4 Fear of going out on your own 5 Fear of eve-teasing/harassment Other
	insecurity_incidents	6.4a) Have any of incidences of the following occurred in your site in the past year?	Mark all that apply	1. Crime 2. Road safety/traffic accidents 3. Extortion 4. Local Bullies 5. Slum eviction (No or poor tenancy/property rights) 6. Political violence/party violence 7. Communal violence/riots 8. Flooding (monsoon) 9. Poor/unreliable amenities provision 10. Drug/ Illegal activities 11. Unemployment 12. Gangs 13. Health problems/illness 14. Eve teasing 15. No police station in area 16. None 17. DK/CS
insecurity_incidents selected	insec_reason1	6.4b) Which of those you have selected has caused you the MOST concern?		

Section 7

I would now like to ask you about your jobs and earnings

Skip Logic	ODK Var Name	Question	Hint	Answers Codes
	paid_work	7.1a) Did you do any type of PAID work in the last 4 weeks?		1 Yes 2 No 3 DK/CS
paid_work=2	looking_work	7.1b) Have you been looking for PAID work in the last 4 weeks?		1 Yes 2 No 3 DK/CS
looking_work=2	why_not_looking_work	7.1c) What was the main reason for not working in the last 4 weeks and not looking for paid work?		1 No work available 2 Seasonal Inactivity 3 Student 4 Household/Family Duties 5 Too Old/Too Young 6 Infirmary
paid_work=1	current_jobtype	7.2a) What is the MAIN type of PAID work you are currently doing, or have done in the past 4 weeks?		As above
paid_work=1	current_pay_freq	7.2b) How frequently are you paid for your MAIN job?		1 Daily 2 Weekly 3 Monthly Other
paid_work=1	employ_arrangements	7.2c) Could you please indicate which of the following categories best applies to your main job?		Home-based worker (industrial outwork, piece rate work) 1 2 Casual wage worker Self-employed (outside the home) 3 without employees Self-employed (outside the home) with employees 4 5 Salaried worker Other
paid_work=1	how_pay	7.2d) How are you paid for your main current job?		1 In cash 2 In goods

				3 In cash and goods Other
employ_arrange ments=1 or employ_arrange ments=2 or employ_arrange ments=5	who_employer	7.2e) Who do you work for?	Read aloud all options	1 Government Private sector business: registered 2 with government authorities: Private sector business: non- registered with government 3 authorities Non-profit sector: registered with 4 government authorities Non-profit sector: non-registered 5 with government authorities 6 DK/CS Other
paid_work=1	curr_contract	7.2f) Is your relation to the employer set out in a labour contract?		1 Yes 2 No 3 DK/CS
paid_work=1	hours_per_w ek	7.3a) Thinking about all the jobs you do, how many HOURS did you do PAID work in the last week (last 7 days)?	Put 0 if none	
paid_work=1	week_intensit y	7.3b) As compared to a regular week, did you work relatively more, less or the same in the last week?		1 More 2 Less 3 Same
	jobs	7.4a) How many PAID jobs did you have in the last ONE YEAR?		
	low_job_availa bility	7.4b) Are there any distinct months in the year when you expect work to be less available?		1 Yes 2 No 3 DK/CS 4 NA
low_job_availabi lity=1	low_job_availa bility_months	7.4b) Are there any distinct months in the year when you expect work to be less available?		Months
	low_income_e xpectation	7.4c) Are there any distinct months in the year when you expect your EARNINGS to be lower than normal?		1 Yes 2 No 3 DK/CS 4 NA
low_income_exp pectation=1	low_income_e xpectation_mo nths	7.4c) Are there any distinct months in the year when you expect your EARNINGS to be lower than normal?		Months
	which_social_ prot	7.4d) Over the past year, has your MAIN job entitled you to any of the following?	READ EACH OPTION ALOUD	1 Paid Sick Leave 2 Paid Holiday

				3 Maternity/Paternity Leave 4 Retirement Pension 5 Social Security Benefits Health Insurance/Free Medical 6 Care through employer 7 No 8 N/A 9 Dk/CS
	lost_job_coping	7.4e) If the main earning member of your household lost their job, would your household have enough savings to get by for 3 months without someone from the household getting a job?		1 Yes 2 No 3 DK/CS
	work_hazards_expose	7.5a) In your day to day work over the past YEAR, have you been exposed to any of the following work-related hazards?	If more than one "Other" enter all with spaces	uncomfortable posture/long hours of standing 1 cutting/grinding machines or hand tools 2 Noise too loud to talk normally 3 Extreme temperatures (high or low) 4 Harmful chemicals, dust, fumes, smoke, gases or vapours 5 Carrying heavy loads 6 Other
	work_hazards_suffer	7.5b) Have you suffered any accidental injury, disability or other physical or mental health problem caused by your work during the past 12 months?		1 Yes 2 No 3 DK/CS
work_hazards_suffer=1	loss_of_work_days	7.5c) Did any of these incidents lead to loss of work of one or more days?		1 Yes 2 No 3 DK/CS
work_hazards_suffer=1	which_hazard_impact	7.5d) The most serious incident had:	READ EACH OPTION ALOUD	1 No permanent effect 2 A permanent effect, but you're able to carry on with the same job 3 A permanent effect, but you're able to work, although not in the same job 4 A permanent effect that prevents you from working at all 5 Don't Know
	work_hazards_imp	7.5e) How important is it for you as a worker to be protected against work-related hazards?		Importance scale

count-selected(work_hazzards_expose)>0 or work_hazzards_suffer=1	work_hazzards_sat	7.5f) How satisfied are you with the measures provided by your employer or arranged by yourself that protect you from being harmed by any of these hazards at work?		Satisfaction Scale
	hhincome_week	7.6a) How much income does your HOUSEHOLD usually take home in a regular WEEK from ALL PAID WORK?	Think about all paid jobs done however small done by all members of the household. EXCLUDE any direct cash benefits.	
	hhincome_month	7.6b) How much income does your HOUSEHOLD usually take home in a regular MONTH from ALL PAID WORK?	Think about all paid jobs done however small done by all members of the household. EXCLUDE any direct cash benefits.	
	which_income_supplement	7.6c) Have you in the last year supplemented your income from any of the following sources?	READ EACH OPTION ALOUD; If more than one "Other" enter all with spaces	1 Subsidies (food subsidies) 2 Remittances/ negative 3 Renting out a room in your house Renting out property/houses elsewhere 4 Money lending Any in-kind payments (like food, goods etc) 5 No 6 DK/CS 7 N/A Other
	income_foregone	7.6d) In order to obtain work, do you sometimes have to forego part of the earnings (for foremen, bosses, etc)?		1 Yes 2 No 3 DK/CS 4 NA
income_foregone=1	income_foregone_share	7.6e) In general, what share of daily earnings do you have to forego?	READ EACH OPTION ALOUD	1 <5% 2 5 - 15% 3 15-25% 4 >25% 5 DK/CS
	income_change	7.6f) Over the last month, did your HOUSEHOLD's income increase, remain constant or decrease compared with a		1 Increase

		regular month?		2 Decrease 3 Remained Constant 4 DK/CS
income_change =2	income_dec_reason	7.6g) What were the main reasons your HOUSEHOLD's income decreased?	READ EACH OPTION ALOUD. Mark all that apply; If more than one "Other" enter all with spaces	Had less sales or there was less work, but I was still working. 1 The involuntary loss of a household member's job. 2 Shut-down or bankruptcy of the family business. 3 Sickness, serious accident or death of a household member who had an income. 4 A household member who had an income left the home. 5 Natural disaster (Drought, frost, flooding, earthquake, etc.). 6 Reduction in the income received from someone who is not part of the household (for example, fewer remittances from abroad). 7 Outgoing remittances to support family members and friends 8 Other
income_change =2	which_income_dec_response	7.6h) What did you do in response to this decrease in your income?	READ EACH OPTION ALOUD. Mark all that apply; If more than one "Other" enter all with spaces	Spent savings/sold assets/furniture/livestock /etc. 1 2 Went into debt or borrowed money Those who worked had to work more 3 4 Other household members started working 5 Received a State subsidy Received help from an 6 7 NGO/Church 8 Reduced food/consumption Received help from family or other people outside the household 9 10 Started to sell household goods Started to do another informal activity Other

	unpaid_work	7.6i) How many hours of UNPAID carework within your dwelling (like looking after children, cooking, doing housework or chores like fixing broken things etc) do you conduct on a typical day?	Put 0 if none	
	auto_obj	7.7a) In the last *year* have you been able to make any decisions in your work that have affected *what you do* or *how you did your work*?		1 Yes 2 No 3 DK/CS
	job_auto_imp	7.7b) How important is it for you that you have some level of autonomy/independence in your work (paid or unpaid)? Like decide on the number of hours of work, decide which jobs to take on or refuse, when to take leave/break etc.		Importance scale
	job_auto_sat	7.7c) How satisfied are you with your current level of autonomy/independence you have in your work (paid or unpaid)? Like decide on the number of hours of work, decide which jobs to take on or refuse, when to take leave/break etc.		Satisfaction Scale
	ideal_job_note	For the following two questions, please think about your IDEAL work situation:		
hours_per_week >0	fewer_hours	7.8a) Considering the total number of hours worked in the past 7 days, would you ideally like to work fewer hours even if it meant a reduction in income?		1 Yes 2 No 3 DK/CS
hours_per_week >0	more_hours	7.8b) Considering the total number of hours worked in the past 7 days, would you like to work more hours in order to increase your income?		1 Yes 2 No 3 DK/CS
hours_per_week >0	job_sat	7.8c) How satisfied are you with your main/primary job?		Satisfaction Scale
	dignity_collective_obj	7.8d) Are you a member of a union or other organisation that represents workers' collective interests with employers and/or the government?		1 Yes 2 No 3 DK/CS
	dignity_imp	7.8e) How important is it for you to derive dignity from your work? (eg. your coworkers/employer respects you, your contributions are valued, etc)		Importance scale
	dignity_sat	7.8f) How satisfied are your ability to derive dignity from doing your current/most recent job? (eg. your coworkers/employer respects you, your contributions are valued, etc)		Satisfaction Scale

Section 8

I would now like to ask you about your social connections

Skip Logic	ODK Var Name	Question	Hint	Answers Codes
	relation_obj	8.1a) Do you spend time with close relatives from outside your immediate household?		1 Yes 2 No 3 DK/CS
	fam_time_imp	8.1b) How important is spending time with close relatives from outside your household to you?		Importance Scale
	fam_time_sat	8.1c) How satisfied are you with the amount of time you have been able to spend with close relatives outside the immediate household?		Satisfaction Scale
	hhm_recognised_org	8.2a) Has anyone in this household or any close relative ever held any recognised position of responsibility in any kind of organisation?	<i>This includes all forms of organisation from formal NGO, religious or similar, it includes from village or community through local to national levels</i>	1 Yes 2 No 3 DK/CS
	hhm_recognised_govt	8.2b) Has anyone in this household or any close relative ever held a recognised government position?	<i>This includes all forms of government from village or community through local to national.</i>	1 Yes 2 No 3 DK/CS
	govt_connections_obj	8.2c) Do you currently have linkages with people in government that could help you get access to government schemes or services?	--"	1 Yes 2 No 3 DK/CS
	govt_rel_imp	8.2d) Generally speaking, how important is it for you that you have direct linkages with government officers in order to get access to schemes or services?	--"	Importance Scale
	govt_rel_sat	8.2e) Generally speaking, how satisfied are you with your level of direct linkages with government officers in order to get access to schemes or services?	--"	Satisfaction Scale
	connection_obj	8.3a) Do you have good connections with people that could help you find paid work?		1 Yes 2 No 3 DK/CS

	connection_imp	8.3b) If you needed to find a job, how important is it to have good connections with people in order to find paid work?		Importance Scale
	connection_satisfaction	8.3c) If you needed to find a job, how satisfied are you with the level of your current connections to people that could help you find paid work?		Satisfaction Scale
	hhm_clubs	8.4a) In the last YEAR have you or any of your household been a member of any club, association, society, co-operative or other form of organisation in the community?		1 Yes 2 No 3 DK/CS
hhm_clubs=1	which_club	8.4b) What type of organisation?		
	in_need	8.5a) In a time of need in the past five years, were you able to rely on any of your neighbours for the following:	READ EACH OPTION ALOUD. Mark all that apply; If more than one "Other" enter all with spaces	1 Food 2 Borrow money at below market interest rates 3 Borrow consumer goods 4 Support for your children (e.g. food, shelter) 5 Support for other household members (eg. food, cash, shelter) 6 No 7 N/A 8 DK/CS Other
	trust_imp	8.5b) How important is it for you to be able to rely on your neighbours to support each other in times of need?		Importance Scale
in_need=1	trust_sat	8.5c) How satisfied are you with your ability to rely on your neighbours for help in times of need?		Satisfaction Scale
	Label	8.6) Currently, in this settlement, what is the strength of relations between:		
	generation	a) Generations (old-young) within your settlement		1 Strong 2 Moderate 3 Weak 4 DK/CS
	outsiders	b) Settlement residents and outside visitors		
	new_old	c) Newcomers and established households		
	fam_trust	d) Within families		
	Label	8.7) How important is it for you that there are good relations between:		
	generation_imp	a) Generations (old-young) within your settlement		Importance Scale
	outsiders_imp	b) Settlement residents and outside visitors		
	new_old_imp	c) Newcomers and established households		
	fam_trust_imp	d) Within families		
	Label	8.8) How satisfied are you with the nature of relations		

		between:		
	generation_sat	a) Generations (old-young) within your settlement		Satisfaction Scale
	outsiders_sat	b) Settlement residents and outside visitors		
	new_old_sat	c) Newcomers and established households		
	fam_trust_sat	d) Within families		
	image_obj	8.9a) Have you recently heard any people who do not live here talking negatively about this settlement?		1 Yes 2 No 3 DK/CS 4 N/A
	image_imp	8.9b) How important is it that people that do not live here have a positive image of your current settlement?		Importance Scale
	image_sat	8.9c) How satisfied are you with the image that people that do not live here have of your current settlement?		Satisfaction Scale
	treat_obj	8.10a) Have you experienced any of the following forms of maltreatment in the last year?	READ ALOUD ALL OPTIONS; If more than one "Other" enter all with spaces	1 Physical violence 2 Bullying 3 Verbal abuse 4 Disrespect 5 No/ NA 6 DK/CS Other
	treatment_imp	8.10b) How important to you is the manner in which people generally treat you?		Importance Scale
	treatment_sat	8.10c) Are you satisfied with the manner in which people generally treat you?		Satisfaction Scale

Section 9

Skip Logic	ODK Var Name	Question	Hint	Answers Codes
	control_imp	9.1a) How important is it for you to have control over decisions that affect your life in general?		Importance Scale

	control_sat	9.1b) How satisfied are you with the level of control you have over decisions regarding your life in general?		Satisfaction Scale
	control_job	9.1c) In general, how much control do you have in making personal decisions about the number of hours of work that you do?		1 Control over *all* decisions 2 Control over *most* decisions 3 Control over *some* decisions 4 *No* control over any decisions 5 Don't know/no answer
	control_type_job	9.1d) In general, how much control do you have in making personal decisions about the kind of work that you undertake, or refuse to undertake?		As above
	change_imp	9.2a) How important is it for you to be able to change things in your community if you would want to?		Importance Scale
	change_sat	9.2b) How satisfied are you with your ability to change things in your community?		Satisfaction Scale
hours_per_week >0	job_reason_note	I will now ask you to express your level of disagreement or agreement with the following statement, where 1 is greatly disagree with the statement and 4 is strongly agree, regarding why you do the MAIN PAID WORK you do.		
	Label	9.3) Please tell me your level of disagreement or agreement with the following statements regarding why you do the PAID work you do.		
	need_money	a) The main reason I work is only because I need the money.		1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree
	partner_says	b) The main reason I work is because my spouse/partner, other people, society, social organisations or my community insist that I do.		
	others_say	c) The main reason I work is because others expect it of me or to obtain their approval. If I didn't, they might blame me.		
	I_say	d) The main reason I work is because I personally consider it important.		
unpaid_work>0	unpaid_job_reason_note	I will now ask you to express your level of disagreement or agreement with the following statement, where 1 is greatly disagree with the statement and 4 is strongly agree, regarding why you do the UNPAID HOUSEWORK you do.		
	Label	9.4) Please tell me your level of disagreement or agreement with the following statements regarding why you do the UNPAID housework you do.		
	unpaid_need_	a. The main reason I do household tasks is only because		1 Strongly Disagree

	money	they're necessary.		2 Disagree 3 Agree 4 Strongly Agree
	unpaid_partner_says	b. The main reason I do the household tasks is because my spouse/partner, other people, society, social organisations or my community insist that I do.		
	unpaid_others_say	c. The main reason I do the household tasks is because others expect it of me or to obtain their approval. If I didn't, they might blame me.		
	unpaid_I_say	d. The main reason I do the household tasks is because I personally consider it important		

Section 10

I would like to now ask you about how you feel about your life in general

ODK Var Name	Question	Answers Codes
life_sat	10.1) How satisfied are you with your life, overall?	Satisfaction Scale
life_better	10.2a) Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	1 Improved 2 More or less the same 3 Worsened 4 DK/CS
future_better	10.2b) And in one year from now, do you expect that your life will be better, will have improved, be more or less the same, or have worsened, overall?	As above
life_note	Below are five statements about life in general that you may agree or disagree with. Please indicate your agreement with each item.	
Label	10.3) Please indicate your agreement with each statement:	
life_ideal	a. In most ways my life is close to my ideal.	1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree
life_excellent	b. The conditions of my life are excellent.	
life_satisfied	c. I am satisfied with my life.	
got_imp_things	d. So far I have gotten the important things I want in life.	

not_change_anything	e. If I could live my life over, I would not change anything	
life_meaning_note	I will now read 8 statements with which you may agree or disagree. Please indicate your agreement with each item by indicating that response for each statement.	
Label	10.4) Please indicate your agreement with each statement:	
life_meaning1	a. My social relationships are supportive and rewarding	1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree
life_meaning2	b. I am engaged and interested in my daily activities	
life_meaning3	c. I actively contribute to the happiness and well-being of others	
life_meaning4	d. I am competent and capable in the activities that are important to me	
life_meaning5	e. I am a good person and live a good life	
life_meaning6	f. I am optimistic about my future	
life_meaning7	g. People respect me	
life_meaning8	h. I lead a purposeful and meaningful life	
religion_imp	10.5a) In your life, how important is it for you to observe religious practice?	Importance Scale
religion_sat	10.5b) How satisfied are you with your ability to observe religious practice?	Satisfaction Scale

Section 11

I would now like to ask you about the medical facilities available to you, and the illness and treatment of all household members

ODK Var Name	Question	Hint	Answers Codes
illness	11.1a) Does any household member of the household suffer from chronic ill health?		1 Yes 2 No 3 DK/CS
disability	11.1b) Does any household member suffer from a major disability?		1 Yes 2 No

			3 DK/CS
no_work	11.1c) In the last 12 months have you been so ill/injured that you were unable to perform usual daily activities including work?	Physical or mental illness, including stress	1 Yes 2 No 3 DK/CS
which_med_intervention	11.2) Has any person in the household ever received the following medical services/benefits while living in this settlement?	Mark all that apply	1 Vitamin A 2 Chloroquine 3 Milk 4 Bed net 5 Oral Rehydration Salts 6 Contraceptives 7 (condoms/injections/pills/IUD) 8 Immunization (eg polio drops, other vaccinations) 8 Iron-Folic Acid tablets Other
healthcare_access_imp	11.3a) How important is it for you to have easy access to such medical services?		Importance scale
healthcare_access_sat	11.3b) How satisfied are you with your ease of access to such medical services?		Satisfaction Scale
healthcare_access_obj	11.3c) Do you have access to affordable health care?		1 Yes 2 No 3 DK/CS
healthcare_imp	11.3d) How important is it for you to have *access* to affordable health care?		Importance scale
healthcare_sat	11.3e) How satisfied are you with the *access* to affordable health care you currently have?		Satisfaction Scale
drug_use	11.4) Does anyone in the household indulge in excessive gambling, alcohol or drug consumption?		1 Yes 2 No 3 DK/CS
health_imp	11.5a) How important is it for you to be in good physical and mental health?		Importance scale
health_sat	11.5b) How satisfied are you with your mental and physical health?		Satisfaction Scale

I would like to thank you for your time.
Please mark down interview status

- 1 Interview completed
- 2 Interview refused
- 3 Refusal converted
- 4 No usable information

NOTES