

**DIMENSIONS OF URBAN POVERTY IN MIZORAM :
AN ANALYSIS**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY**

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CERTIFICATE

This is to certify that the thesis entitled “**Dimensions of Urban Poverty in Mizoram: An Analysis**” by **Joseph Lalremsanga** has been written under my supervision. The thesis is the result of his investigation into the subject. Neither the thesis as a whole nor any part of it was ever submitted to any other University for any research degree.

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Declaration

I, **Joseph Lalremsanga**, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

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The motive behind my selection of this particular study is to emphasize on the multifaceted deprivations, miseries and atrocities that haunt the poor in Mizoram, with an anticipation to objectively cause to encourage the civil society to be more proactive in fending for our fellow human beings, and align our efforts to willfully partake in this fight against poverty.

I owe my gratitude to the Deptt of Economics, Mizoram University, for granting me admission to undertake the research. I firmly believe that this study would go a long way in enriching our understanding of poverty, and serve as a meaningful reference for researchers, readers, and the policy makers in drawing out sensible conclusions.

'If among you, one of your brothers should become poor, in any of your towns within your land that the LORD your God is giving you, you shall not harden your heart or shut your hand against your poor brother....'

Deuteronomy 15:7

Date: _____

(JOSEPH LALREMSANGA)

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ABBREVIATIONS

AAY	:	Antyodaya Anna Yojana
AB-PMJAY	:	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
ADA	:	Aizawl Development Authority
ADS	:	Area Development Societies
AMC	:	Aizawl Municipal Corporation
APL	:	Above Poverty Line
ATM	:	Automated Teller Machine
BPL	:	Below Poverty Line
CBO	:	Community Based Organisations
CD	:	Compact Disk
CDS	:	Community Development Societies
CES	:	Consumer Expenditure Survey
CMDA	:	Calcutta Metropolitan Development Authority
CPIAL	:	Consumer Price Index for Agricultural Labour
CPIIW	:	Consumer Price Index of Industrial Workers
CPIUNME	:	Consumer Price Index of Urban Non-Manual Employees
EAP	:	East Asia and the Pacific
ECA	:	Eastern Europe and Central Asia
ESI	:	Employee State Insurance
ET	:	The Economic Times
FCS&CA	:	Food, Civil Supply & Consumer Affairs
G	:	Gini Coefficient
GDP	:	Gross Domestic Product
GFSI	:	Global Food Insecurity Index
GHI	:	Global Hunger Index
GMPI	:	Global Multidimensional Poverty Index
GNP	:	Gross National Product
GOI	:	Government of India
HH	:	Household
ID	:	Identification
INDDEX	:	International Dietary Data Expansion Project
JNNURM	:	Jawaharlal Nehru National Urban Renewal Mission
LAC	:	Latin America and Caribbean

LFPR	:	Labour Force Participation Rate
LPG	:	Liquified Petroleum Gas
MCGM	:	Municipal Corporation of Greater Mumbai
MDGs	:	Millennium Development Goals
MENA	:	Middle East and North Africa
MGNREGA	:	Mahatma Gandhi National Rural Employment Guarantee Act
MHIP	:	Mizo Hmeichhe Insuihkhawm Pawl
MNF	:	Mizo National Front
MSHCS	:	Mizoram State Healthcare Scheme
MPCE	:	Monthly Per Capita Expenditure
MPI	:	Multidimensional Poverty Index
MPPN	:	Multidimensional Poverty Peer Network
MR	:	Muster Roll
MUP	:	Mizoram Upa Pawl
NDA	:	National Democratic Alliance
NE	:	North East
NEC	:	North Eastern Council
NFSA	:	National Food Security Act
NFSH	:	Non-Food Security Household
NGO	:	Non-Governmental Organizations
NFHS	:	National Family Health Survey
NHG	:	Neighbourhood Groups
NIC	:	National Industrial Classification
NIN	:	National Institute of Nutrition
NIRD	:	National Institute of Rural Development
NITI	:	National Institute for Transforming India
NIUA	:	National Institute of Urban Affairs
NLUP	:	New Land Use Policy
NPC	:	National Planning Committee
NPHH	:	Non-Priority Household
NSS	:	National Sample Survey
NSSO	:	National Sample Survey Organization
ODF	:	Open Defecation Free
OECD	:	Organization for Economic Cooperation and Development
OPHI	:	Oxford Poverty and Human Development Initiative

PCE	: Per Capita Expenditure
PCNSDP	: Per Capita Net State Domestic Product
PDS	: Public Distribution System
PG	: Poverty Gap
PHE	: Public Health Engineering
PHH	: Priority Households
PIB	: Press Information Bureau
PL	: Poverty Line
PLFS	: Periodic Labour Force Survey
PMAY	: Pradhan Mantri Awas Yojana
PMJJBY	: Pradhan Mantri Jeevan Jyoti Bima Yojana
PMKVY	: Pradhan Mantri Kaushal Vikas Yojana
PMSBY	: Pradhan Mantri Suraksha Bima Yojana
PTI	: Press Trust of India
RAY	: Rajiv Awas Yojana
SDG	: Sustainable Development Goals
SHG	: Self-Help Group
TB	: Tuberculosis
TV	: Television
UD & PA	: Urban Development and Poverty Alleviation
UN	: The United Nations
UNDP	: United Nations Development Programme
UN-ECE	: United Nations Economic Commission for Europe
UNICEF	: United Nations Children's Fund
UPRS	: Urban Poverty Reduction Strategies
USA	: United States of America
WHO	: World Health Organization
WPI	: Wholesale Price Index
wrt	: With respect to
YMA	: Young Mizo Association

Chapter 1

INTRODUCTION

1.1. Introduction

Poverty is a state of being, where a person or community lacks the essential resources for living a minimum standard of life. It is defined as a social phenomenon in which a section of the society is unable to fulfill even its basic necessities of life (Datt & Shudharam, 2004). In the Indian context, any attempt to define the concept of poverty is conditioned by the vision of minimum requirement of life; thereby, the generally accepted definition emphasizes on the minimum requirement of life in terms of daily calorie intake (Thanga, 2012). At the same time, studies (Thimmaiah 1983; Panda & Sahu, 2011, etc.) observed the direct relationship between poverty incidence and socio-economic conditions, and suggested widening of the concept to cover not only the level of income, but also other socio-economic indicators like housing, sources of income, etc. Although monetary indicators are widely considered as the most reliable measure, social indicators describe the facet of human well-being that are not easily captured by pure economic measures (Uwe, 1999), and thus any study on poverty must consider socio-economic and other dimensions to reflect the deprivation of the poor on basic amenities to sustain a decent living.

Urbanization and economic development are found to accompany one another (Liddle, 2017). Slow economic growth spurred rural-urban migration and led to the phenomenon of urbanization without growth (Fay & Opal, 2000), and thus rapid urbanization can lead to higher poverty incidence and inequality (Liddle, 2017). Rural to urban migration has been observed as a major component of urban growth in developing countries, and most of the researchers converge on the opinion that both rural push (rural poverty related) and urban pull factors (city lights) are responsible for this phenomenon (Karn et. al., 2003).

As cities emerge, more focus were placed on their developments instead of the rural areas, with the result that urban areas became better equipped with

infrastructure and public facilities thereby creating more economic activities and employment opportunities. They have become drivers of growth and development, often channelizing the intellectual, educational, technological and cultural accomplishment and modernization. As cities expand far beyond the conventional provision of infrastructure and services, they attract more populations with their advanced facilities, better lifestyles, and wide range of employment prospects for both skilled and the unskilled labours. However over the years these opportunities became more and more demanding and difficult to satiate and sustain, even more so for the underprivileged that lack proper education, skill and capital. Without the corresponding growth in the employment opportunities and infrastructural backbone, the continuous influx of migrants from rural areas into the urban settlements are turning many cities into virtual homes of poverty, infested with scarcity and deprivations.

Poor people are particularly vulnerable to adverse events outside their control, analysts are of the opinion that the locus of poverty and under-nutrition is gradually shifting from rural to urban areas (Haddad et. al, 1999). Therefore, as expressed by the World Bank (2000), poverty can be pronounced as deprivation in well-being, and to be poor is to be hungry, lack shelter and clothing, be sick and not be cared for, be illiterate with no schooling. The World Bank (2020) also estimated that in 2017 the global population living below the international poverty line of \$1.90 a day was 9.2%, which also amounts to 689 million extreme poor, or 52 million fewer than in 2015.

Though poverty was initially taken to be an economic concept alone, over the years it has become evident that the cultural, social, psychological and political dimensions have played key roles in elucidating the characteristic features of poverty. To support this, Thanga (2012) emphasized that though monetary indicators are believed to be realistic measures of poverty, they fail to pay sufficient attention to the social and health dimensions of poverty, while those indicators which are not necessarily visible from the pure economic measures have been found to be responsible for illustrating the true nature of wellbeing of the population. Income based indicators also fail to take into account the extent of deprivation due to

strategies adopted to keep incomes above the poverty line. Therefore it has become a familiar practice to incorporate the socio-economic indicators in the study of poverty, since the level of income, consumption and other productive assets alone would be inadequate to depict their true nature.

The risk factor associated with poverty is so overwhelming that Mahatma Gandhi often writes poverty as the worst form of violence (Allen, 2004). The underdeveloped Indian economy characterized by low levels of economic activities and income have been in existence even during the British rule, where large sections of the population live in abject poverty. Even after decades of various planned efforts towards developments, this untoward situation is far from being resolved. The past decades of agricultural, industrial and technological developments in the country could not prevent the dimensions of poverty problems from magnifying, and the impacts of the various schemes of the government to uplift the weaker sections have only been marginal (Swain, 2015).

1.2. Urbanization

Urbanization is the process where large numbers of people settle in relatively small areas forming cities. It can be viewed from different perspectives depending on the nature of the subject matter. Sociologists look at it as a process of social transition from traditional to a modern one; geographers look at it as a process of spatial habitation which gives rise to towns and cities of various sizes; while economists view it as an engine of economic growth (Laskar, 2017). Thus urbanization is an important phenomenon which is closely linked with the economy of a country. According to McKinsey (2010) economic development and urbanization go hand in hand.

The World Bank Infrastructure Country Director for India once quoted urbanization to be the most powerful engine for poverty reduction known to mankind; cities are fantastic poverty reduction engines; and there is no society in the world that has been able to reduce poverty without the rates of urbanization settled at

60-70% (Zagha, 2012). In support of these observations, Henderson (2003) also wrote that higher concentrations of population in the urban centers are important in the initial stages of development, as it promotes savings of the economic infrastructure and managerial resources which may be in short supply. In recent years, the process of urbanization has increased globally at a rapid pace, and today more than half of the world populations live in urban centers. Urbanization can be said to have been brought about as a result of the emergence of large manufacturing centres, industrial revolution, employment opportunities, transportation, infrastructure facilities in the urban settlements, growth of the private sector and migration.

UN (2019) has projected the world population to grow by 10% for the present decade i.e from 7.7 billion in 2019 to 8.5 billion in 2030, and further by 26% to 9.7 billion in 2050 and 42% to 10.9 billion by 2100. India is estimated to be one of the countries with largest increase in population between 2019 - 2050, and is expected to overtake China as the world's most populous country by 2027. It is envisaged that for the next few decades, developing countries like India with larger rural inhabitants will experience urbanization at faster rates than the developed countries. According to Baker (2008) the growth of urban population is projected to reach almost 5 billion by 2030, with the major urbanization process predicted to occur in developing countries of Asia and Africa.

Urbanization is basically a process whereby the primary production functions are replaced by the secondary and tertiary functions. It brings with it various opportunities and threats which when unmanaged or without proper attention could lead to various difficulties and perennial hindrances to the development of the urban centers. Mohanty and Mohanty (2005) explains that urbanization by itself is no cause for alarm, rather what is alarming in the context of our developing world are the gross inefficiencies and inequalities that have characterized the process. Therefore, while urbanization can be viewed as a mechanism of economic, social and political progress, it can pose serious socio-economic problems. The issues of sustainable growth of the urban centers are challenges facing every developed and developing countries of the world.

In the face of urbanization, India has marched along the global trends where an increasing number of people live in the urban areas. As per the Planning Commission (2011), the numbers of urban populations and towns have increased steadily over the last 60 years. The share of urban population to total population has also increased significantly from 17.3% in 1951 to 31.16% in 2011. By 2004-05, 26.1% or 80.8 million people out of the estimated urban population of 309.5 million lived below the poverty line. These numbers have constituted 27.7% of the world's total urban poor estimated at 291.4 million. During the decades between 1973 and 2004, the number of urban poor has increased by 34.4% and the share of the urban poor in the total population has also increased from 18.7% in 1973 to 26.78% in 2004-05. Additionally, about 40-45 million persons have been observed to be on the border line of poverty.

Urbanization is a long term continuous process and a form of social transformation from traditional rural societies to modern urban communities. According to Kumar and Rai (2014), among other developing countries of the world, India exhibits the characteristic features of urbanisation the most. The numbers of urban towns / agglomerations in India have increased from 1827 in 1901 to 7935 in 2011, while the total population increased from 238.4 million in 1901 to 1.217 billion in 2011. Similarly, the urban population has also increased from 25.8 million in 1901 to 377.1 million in 2011. Nonetheless, the process of urbanization in India is a gradual increasing trend, and is relatively slow compared to many developing countries. The percentage of annual exponential growth rate of urban population shows that there were faster pace of growths from 1921-31 till 1951, and a sharp drop during 1951-61 mainly because of the declassification of large number of towns during the period. The decades of 1961-71 and 1971-81 witnessed significant growth in the population and thereafter dropped steadily to 3.16%. The million plus cities have also increased from 9 in 1951 to 23 in 1991 and to 53 in 2011, with about 42.3% of the total urban population living in these cities as on 2011.

Table 1.1 : Growth of Urban Population In India (1971-2011)

Particulars	Census				
	1971	1981	1991	2001	2011
Urban Population	10,91,13,977	15,94,62,547	21,76,11,012	28,61,19,689	37,71,06,125
Percentage of total population	19.91%	23.34%	25.71%	27.81%	31.14%

Source : www.censusindia.gov.in

The urban population according to census 2011 was about 377.1 million which is a net addition of 91 million to the urban population over the last decade, indicating that the percentage of urban population to the total population of the country stands at 31.14%. There has been an increase of 3.33 percentage points in the proportion of urban population in the country during 2001-2011. The urban population totals of India for the period of 1971 to 2011 is shown in Table 1.1, indicating the percentage increase in urban population from 19.91% in 1971 to 31.14% in 2011.

1.3. Urban Poverty

Urbanization is often described as growth of cities in general terms, but in its broadest sense it refers to a situation that reflects the process of transforming the cities, and influencing the population to a changing conditions in the society at large. The rise of urban centers brought with it various socio-economical challenges and problems in the form of urban poverty. At the foremost, it is imperative to underline the basic difference between rural and urban poverty for evolving an effective strategy to address the issues. Poverty in the rural areas often stems from limited access to education, markets, infrastructure, employment, health, and financial inclusions. Rural poverty connects with agriculture economy that depends on natural resources such as land, water, climate and road, etc. On the other hand, among many others, urban poverty is often marked by high real-estate prices, congestion, unsuitable or hazardous and polluted living conditions, scarcity of water, poor

sanitation, personal security and employment. In other words, urban poverty has deeper relationship with industrial and commercial activities that depends on market factors. Urban households depend on cash for their food and housing rather than their own produce as in the case of the rural areas. The issues of urban poverty therefore require a different approach as the problems encroach not just income, but a multidimensional aspects.

The occurrences of poverty have been distinctly identified in rural and urban settlements. Even though they share certain fundamental characteristic they are both unique in their own different ways. So, urban poverty is a phenomenon characterised by low level of income, deprivation in basic amenities like housing, drinking water, education, high levels of joblessness, informal sector employments, and other attributes that signify low quality of life. Cities in India experience great deal of infrastructural deficiencies and poor access to basic amenities. According to Wu et. al (2010) urban poverty is an emerging and complex phenomenon, which is driven by three broad processes viz. decline of the state-owned economy, the changing welfare provision, and the rate of urbanization and rural-to-urban migration. In the simplest term, Lemanski and Marx (2015) defined urban poverty as the poverty that occurs in urban areas, or in other words, the traits that make up the definitions of urban poverty are simply the characteristics of urban areas and cities.

With increase in the rate of industrialization, modernization and urbanization in the developing countries, urban problems have also increased simultaneously. Evidently, cities and towns in India and other developing nations across the world are marked by poverty, unemployment, migration, congestion, violence and lack of civic amenities. It is apparent that the urban development administrations in many instances have failed to cope up with the demands that arise with rapid urbanization. The benefits of various economic welfare measures seemed to have bypassed the weaker and poorer victims of the community. Thus, high level of poverty remains to be the major social problems causing sickness, personal, family and community issues. Unfortunately, slums and squatter settlements are often known to be the breeding grounds for diseases, immorality, crimes and other social evils (Gogoi, 1998).

In addition, the levels of disparity in the income distribution are at all time high. The World Economic Forum has revealed that the combined wealth of 2,153 billionaires is more than the wealth of 4.6 billion people who constitute 60% of the world population, and India's richest 1% possess more wealth than four-times the wealth held by 953 million people who make up the bottom 70% of the population of India (PTI, 2020a).

1.4. Estimates of Urban Poverty in India

The common method used to estimate poverty in India is based on income or consumption pattern, which if below a given minimum level signifies the household living Below the Poverty Line (BPL). In India, the National Planning Committee (NPC) was set up in 1938 to draw a suitable economic plan with the fundamental aim to ensure adequate standard of living for the people. In 1979 the Y.K. Alagh Committee was established to measure poverty precisely as starvation i.e. how much people eat. The committee was known to have defined the first poverty line in India. The Planning Commission of India from time to time has been estimating the levels of poverty in the country. In 1993, the Lakdawala committee was formed to review the methodology for poverty estimation. This was followed by a Task Force under Suresh D. Tendulkar in 2005, subsequent to which the official poverty estimates of Planning Commission have been carried out using consumer expenditure survey (CES) data of the NSS. The Rangarajan Committee formed in 2012 defined the latest poverty estimates of the country. The National Democratic Alliance (NDA) government under NITI Aayog constituted a 14-members Arvind Panagariya Task Force to recommend a realistic poverty line. However the committee in 2016 recommended formation of another panel of specialists to undertake the task.

In view of the above, highlighted below in Table 1.2 is a brief compilation of the poverty estimates of Lakdawala Committee, Tendulkar Committee and the Rangarajan Committee from 1977-78 to 2011-12. It may be noted that Rangarajan Committee submitted its Report in July 2014, soon after NDA government assumed office, which later abolished Planning Commission in July 2014, there was no

information on whether the new government has accepted or rejected the Report. As a result, the Tendulkar poverty estimates for 2011-12 still remains the last official estimate of poverty (Himanshu, 2019).

Table 1.2 : Poverty Estimates in India Using Different Methodologies Recommended by Expert Committees of Planning Commission

Expert Committee/ Methodology	Year	Poverty Ratio (%)			No. of Person (lakhs)		
		Rural	Urban	Total	Rural	Urban	Total
Lakdawala Committee (Methodology)	1977-78	53.1	45.2	51.3	2643	646	3289
	1987-88	39.1	38.2	38.9	2319	752	3071
	1993-94	37.3	32.4	36	2440	763	3203
	2004-05	28.3	25.7	27.5	2209	808	3017
Tendulkar Committee (Methodology)	2004-05	41.8	27.5	37.2	3258	814	4072
	2009-10	33.8	20.9	29.8	2782	765	3547
	2011-12	25.7	13.7	21.9	2167	531	2698
Rangarajan Committee (Methodology)	2009-10	39.6	35.1	38.1	3259	1287	4546
	2011-12	30.9	26.4	29.5	2605	1025	3630

Sources:

- (1) Planning Commission, Press Note on Poverty Estimates, 2009-10, Govt. of India, March 2012
- (2) Planning Commission, Press Note on Poverty Estimates, 2011-12, Govt. of India, July 2013
- (3) Planning Commission, Report of the Expert Group to Review the Methodology for Measurement of Poverty, Govt. of India, June 2014

Table 1.2 indicates that poverty ratio and estimated absolute number of poor had shown a steady decline over time if the same methodology is adopted, while estimates show significant change with the introduction of new methodology by another Expert Group. So, the methodology of measuring poverty has clear significance in the poverty estimates of the country. In respect to urban poverty, though there was significant decline in the poverty ratio during 1977-78 till 2004-05, the absolute number of urban poor had jumped from 646 lakhs to 808 lakhs. At the same time, both the poverty ratio and estimated number have shown substantial

decline after 2004-05. It may be noted that the Indian economy had experienced high growth during this period i.e. 2004 to 2011.

1.5. Dimensions of Urban Poverty

Urban poverty has been experienced in different countries across the globe. The South Asia and Sub Saharan African countries witnessed the highest incidence of urban poverty or comprise of the largest share of poor as a proportion of the urban population. The incidence has been remarkably lower for the East Asia and the Pacific (EAP), Eastern Europe and Central Asia (ECA) and the Middle East and North Africa (MENA). As a result of high urbanization rates in their regions, Latin America and Caribbean (LAC) and Eastern Europe and Central Asia (ECA) have the largest proportion of urban poor relative to the total poor. Overall, the region of the Middle East and North Africa (MENA) has the lowest incidence and share of urban poverty (Baker, 2008).

Urban poverty is a phenomenon that has various facets. While it is a cause of unequal distribution of income and wealth, it is also impacted by the deprivations of basic amenities. It is the end result of structural failure in the socio-economic mechanism in the community. These features therefore testify the multidimensional nature of urban poverty. Meanwhile the rapid rate of urbanization has been known to be the main factor responsible for rise in the magnitude of urban poverty. Kee (1969) has opined that a higher incidence of urban poverty is caused by heavy concentrations of the poor and the disadvantaged in metropolitan centers.

Among the urban poor settlers, the homeless persons with no shelter or social security/ protection are the most vulnerable ones, even while they contribute towards sustaining cities by providing cheap labour. Life in the streets involve living continuously on the edge, in a physically unforgiving and challenging environment. The intense need of the homeless people for shelter, housing and social protection is a task which can be improved upon only through appropriate policy intervention. In support of this, Olotuah and Bobadoye (2009) stated that amidst other problems

plaguing the urban poor, housing is one of the major challenges facing mankind in the 21st century. Problem of housing has been found to be universal and more critical in the developing countries. Diogu (2002) also observed that in most cases, the urban poor reside in over-crowded housing settlements, mostly built with shanty temporary structures in the slums and squatters, often comprising of deteriorating infrastructure and social services.

Another adverse effect that has been observed in the urban poor settlements is their high level of involvement in crimes. The lack of proper social institutions has a damaging repercussion on the moral of the children who very often end up being influenced by the crimes they witnessed every day in their neighbourhood. Wilson (1997) cited that in neighbourhoods of the urban poor, particularly with high levels of unemployment, the influence of the social organizations are low, and as such are prone to family breakups, gang violence, crime and trafficking of drugs; with teenagers very frequently falling victim to such racket by selling drugs etc. And it is in these regards that Khan and Hassan (2012) remarked life in the urban areas to be more stressful than that of the rural areas, and the rates of crime and other 'social pathologies' higher in large cities than in the country side.

Contemplating on the solutions to the problems of poverty and its manifestations is an ongoing exercise, and remains a tall task facing developing countries today. It requires in-depth understanding of the various factors that lead to poverty. Mathur (2002) summarized the principal causes of poverty in India as - low rate of economic growth with resultant low net national product, rapid increase / rise in price, capital deficiency, lack of proper industrialization, lack of efficient entrepreneurship, lack of skilled labour and technical knowledge, chronic unemployment and under-employment, under-utilization of natural resources, unequal distribution of income where 20% of the people own 41% of the national income, lack of well-developed means of transport and communication, inadequate implementation of land reforms, and outdated social institution like caste system and joint family etc.

In order to understand the deep rooted nature of urban poverty and its dimensions, the Govt of India has broadly classified it into the following three categories (GOI, 2016):

- (i) Residential vulnerability (problems with access to land, shelter, basic services, etc)
- (ii) Social vulnerability (deprivations related to gender, age and social stratification, inadequate voice, lack of social protection, and participation in governance structures, etc.) and
- (iii) Occupational vulnerability (uncertain livelihoods, dependence on informal sector for employment and earnings, lack of job security, poor working conditions, etc).

1.6. Multidimensional Poverty Index (MPI)

The conventional measurement of poverty which is based on income is incomplete as it fails to address other dimensions of poverty. The concept of multidimensional poverty encompasses various deprivations experienced as a result of poor health and education, low standards of living, disempowerment, vulnerability to violence and pollution, environmentally hazardous settlements etc, thereby complementing the income based poverty measures. So, it represents a more comprehensive picture by revealing range of disadvantages that poor people experience in their daily lives. Multidimensional poverty measures allow us to understand the number of households that experience deprivations at the same time. Meanwhile it can also be used to examine the whole populations, sub-groups or particular deprivations and analyse the impact of poverty on different communities (<https://mppn.org>).

The Multidimensional Poverty Index (MPI) was launched in 2010 by the Oxford Poverty and Human Development Initiative (OPHI) at the University of Oxford and the Human Development Report Office of the United Nations Development Programme (UNDP). It replaced the Human Poverty Index (HPI)

developed by the United Nations in 1997. Depending on the nature of their needs several countries have developed their own Multidimensional Poverty Indices at the national or local level. And so except for few, almost all the countries of the world have adopted national MPI's. These countries have utilized MPI by adjusting the indicators specific to their requirements for monitoring poverty trends, evaluating poverty reduction policies, national planning, Sustainable Development Goals (SDG) prioritization, policy formulation, budget allocation etc. Meanwhile since national context and policy priorities differ among countries, the national MPIs' were not comparable, therefore the MPI published by the UNDP and OPHI came to be known as the Global Multidimensional Poverty Index (MPI). The global MPI is measured annually to depict the complexities of the collective and individual lives of the poor in different countries, and presented in the Human Development Reports (Global Multidimensional Poverty Index, 2020).

The MPI reflects both the incidence of multidimensional deprivation and its intensity. It comprised of three indices viz. health, education and standard of living, each index is allotted equal weightage and comprised of 10 indicators with weightage proportionately distributed. People who experience deprivation in at least one third of these weighted indicators fall into the category of multidimensionally poor (<http://hdr.undp.org>).

The Global Multidimensional Poverty Index (MPI) tracks deprivation across three dimensions using the following 10 indicators with separate weightage as presented in Table 1.3:

TABLE 1.3 : Global MPI 2020 – DIMENSIONS, INDICATORS, DEPRIVATION CUT-OFFS, AND WEIGHTS

DIMENSIONS OF POVERTY	INDICATOR	DEPRIVED IF LIVING IN A HOUSEHOLD WHERE...	WEIGHT
Health (1/3)	Nutrition	Any person under 70 years of age for whom there is nutritional information is undernourished.	1/6
	Child mortality	A child under 18 has died in the household in the five-year period preceding the survey.	1/6
Education (1/3)	Years of schooling	No eligible household member has completed six years of schooling.	1/6
	School attendance	Any school-aged child is not attending school up to the age at which he/she would complete class 8.	1/6
Living Standards (1/3)	Cooking fuel	A household cooks using solid fuel, such as dung, agricultural crop, shrubs, wood, charcoal, or coal.	1/18
	Sanitation	The household has unimproved or no sanitation facility or it is improved but shared with other households.	1/18
	Drinking water	The household's source of drinking water is not safe or safe drinking water is a 30-minute or longer walk from home, roundtrip.	1/18
	Electricity	The household has no electricity.	1/18
	Housing	The household has inadequate housing materials in any of the three components: floor, roof, or walls.	1/18
	Assets	The household does not own more than one of these assets: radio, TV, telephone, computer, animal cart, bicycle, motorbike, or refrigerator, and does not own a car or truck.	1/18

Source : <https://ophi.org.uk>

Alkire and Jahan (2018) stated that the global MPI uses the cross-dimensional poverty cut-off of one-third, identifying each person as poor if their weighted deprivations sum up to one-third or more. Two other poverty cut-offs are also used - severe poverty (the percentage of people deprived in at least half of the weighted indicators) and vulnerability (the proportion of people deprived in 20% to 33% of weighted indicators).

The Global Multidimensional Poverty Index, 2020 compares acute multidimensional poverty for 107 developing countries which are home to 5.9 billion people, or three quarters of the world's population, and in which 1.3 billion people (22%) have been categorized as multidimensionally poor. It is unfortunate to learn that half of the multidimensionally poor (644 million) are children under age 18, denoting that one in every three children is poor as against one in six adults. The report also highlights that about 84.3% of the multidimensionally poor live in Sub-Saharan Africa and South Asian countries accounting for 558 million and 530 million respectively. Among the four countries that have reduced their MPI value to half, India with 273 million reductions has the biggest reduction in the number of multidimensionally poor people (Global Multidimensional Poverty Index, 2020).

1.7. Overview of Slums Proliferation

Rapid urbanizations without adequate housing facilities have led to the proliferation of slums across cities. Their fragile socio-economic status and homogeneity have induced the urban poor to settle in common areas known as slums. Barua (2006) has rightly observed the significant fact about the urban poor that majority of them are slum dwellers. The high rate of increase in urbanization has not been matched with adequate housing and other basic amenities, leading to rapid proliferation of slums and bustees. This has caused the emergence of uncountable slums across mega cities that need urgent attention. The total number of people living in slums have also increased substantially over the years. The United Nations has warned that rapid urbanization and migration would lead to tripling of slum population by 2050 (Kundu, 2007).

According to Census 2011, the total number of towns reported slums in India out of the overall 4041 statutory towns were 2613, and the total slum population was 6,54,94,604. From the 23 notified towns in Mizoram, only one town reported a slum with population of 78,561 (Census 2011). Urbanization in India has created improper living conditions of the people, several of them forced to choose the squatter settlements with multiple deprivations and high rates of unemployment, under-employment, malnutrition, morbidity and mortality, many becoming vulnerable to crimes and social unrests. Therefore, the thoughts that living conditions are better in larger cities than in the rural areas would only be true where city management and governance are efficiently carried out (Brockhoff & Brennan 1998).

Aligning with the above, Mohanty and Mohanty (2005) observed that urban poverty manifests itself in the proliferation of slums, rapid growth of informal sector, inadequate supply of civic services, and underutilization of the labour force, and maintained that, along with economic growth, slums will continue to exist. The inappropriate living environment of the slums have been described by Mandal and Mandal (1983) as an environment that lacks the basic characteristics of a good living condition and regarded as the most degraded form of human habitation.

According to Census 2011, the total slum households in India was 137 lakhs accounting for 17.4% of the total urban households, as against 652 lakhs for non-slum households. This is presented in Table 1.4.

Table 1.4: Slum & Non-Slum Households in India : 2011

Indicator	Number of households (in lakh)
Total (Urban)	789
Slum	137
Non-Slum	652
Number of households (in %)	
Slum	17.4
Non-Slum	82.6

Source : Census of India 2011

1.8. Urban Poverty in Mizoram

The problems of urban poverty in Mizoram can be said to be reflected highly in the state capital of Aizawl. The population of Aizawl city comprises of 26.74% of the total population of the state as per census 2011. The district headquarters that immediately follows Aizawl in terms of population size is Lunglei, which makes up hardly 19.43% of the population of Aizawl. Therefore the significance of Aizawl as an urban center and a potential hub for urban poverty for the state is very prominent. Additionally, apart from Aizawl, most of the urban areas in Mizoram prominently exhibit rural characteristics with inducement towards agriculture and allied activities. The Table 1.5 shows the number of BPL Household in all the districts of Mizoram as per the BPL Baseline Survey 2016 undertaken by Planning & Programme Implementation Department, Government of Mizoram.

Table 1.5: District –Wise Abstract of BPL Households in Mizoram (As Per BPL Survey 2016)

SI No	Name of District	Total No. of Households	No. of BPL Households	Percentage (%)
1	Mamit	20,163	7,186	35.64
2	Kolasib	19,359	3,401	17.57
3	Aizawl	92,779	12,668	13.65
4	Serchhip	13,841	1,770	12.79
5	Champhai	29,043	2,715	9.35
6	Lunglei	37,997	11,437	30.1
7	Lawngtlai	61,593	13,162	21.37
8	Siaha	13,416	4,245	31.64
	TOTAL	2,88,191	56,584	19.63

Source :BPL Baseline Survey, 2016, Government of Mizoram.

It is shown that Champhai district has the lowest urban poverty when the number of BPL households is taken as percentage of total number of households, while Mamit district has the highest percentage. At the same time, Aizawl district has the second highest number of BPL households in this census which accounted for more than 22% of the total BPL households in urban areas of Mizoram.

1.9. Significance of the Study

The widespread and persistent poverty in majority of the developing countries is one of the most serious issues facing the world today. To this end, though independent studies have been conducted for measuring and analyzing the problems of urban poverty and its dimensions in Mizoram, no specific and elaborated research have been carried out in the context. Therefore, the present study is a pioneer that throws light into the understanding of urban poor dimensions in the state. Certain features of the problems have been identified by earlier studies under the initiatives of the government and other scholars. These includes problems of housing, credit facilities, migrations, basic services like water, health, income and consumption, education, nutrition etc. However for in-depth understanding of the facets of urban poverty in Mizoram and furtherance of the analysis to the extent, it is required to substantiate the factual information on a number of factors that determined the magnitude of the problem.

The journey of urbanization of Mizoram has been remarkable. When in 1961, Mizoram was among the least urbanized state in the country with Aizawl as the only urban centre. However within a matter of four decades, the state could emerge as most urbanized in the country, and the urban centres in Mizoram have been growing at much faster rate than other towns of smaller sizes (Singh, 2017). Therefore, a thorough study encompassing the structural details of urban poverty in order to understand their characteristics and dimensions occupy greater academic significance.

Given the hardships that have been endured by the underprivileged section of the society till date, it is unfortunate that the various efforts that were experimented to combat poverty in the state have not yielded the desired outcome. Amongst other reasons, much of these failures are the results of limited information on the nature of poverty and the absence of in-depth study and research. The proportion of urban population of the state as per Census 2011 was 49.63% and 78.68% for Aizawl. In addition, as per the BPL Baseline Survey of 2016 the total BPL household in the state stood at 19.63% and the same for Aizawl was 13.65%. So, as the rate of

urbanization surges on one side, the other side signifies the need to closely monitor the phenomenon of growing urban poverty in the state.

It is important to assess the nature of urban poverty in Mizoram from various depths of deprivation to social services, income/ expenditure, financial inclusions and finally to suggest measures and recommendations for improving the living conditions of the urban poor. The present study is carried out within the framework of undivided political boundary of the eight districts of Mizoram, where the status of urban poor in the state capital of Aizawl is examined.

1.10. Statement of the Problems

The study of urban poverty has become relevant in consideration of the present magnitude of problems infesting the urban centers of different regions of the country, Mizoram being no less elusive. No urban development activities can be undertaken without comprehensively addressing the improvement needs of the urban poor. It is understood that the problems of urban poverty are rooted in a complexity of resource and capacity constraints, inadequate government policies at both the central and local level, and lack of proper planning, implementation and monitoring for urban growth and management. Given the high growth projections for most cities in developing countries, the challenges of urban poverty, and more broadly of the city management, will only worsen in many places if not addressed in a systematic and pragmatic manner. The problems of urban poverty in Mizoram can be understood in light of the data that have been generated out of the studies conducted by the government and various other agencies of research.

Mizoram has experienced growth of urbanization at a much faster rate than the progress of infrastructure and service sector to support it (Laskar, 2017). This unmanaged rise in urbanization has exhausted the capacity of the urban institutions and the infrastructural establishments, and limited the provisions for basic amenities due to pressure from the additional increase in population. This phenomenon has adversely manifested in the form of deprivations and widespread inequality. To name

a few, the presence of sizeable informal sector employment is a cause of concern as the nature of the job lacks safety and security. The other vivid setback is the problem of access to adequate water supply. According to Lalmalsawmzauva (2016), just 31.7% of the households in Mizoram have access to proper drinking water supply, and among all the districts Aizawl occupies the highest position with 57.71% coverage. Meanwhile the rapid growth of population in Aizawl has exerted tremendous pressure on the economy, land and physical infrastructure of the city (Saitluanga, 2018). According to Laskar (2017), the lack of water has become one of the major problems in the area of human settlement in Mizoram, particularly in Aizawl city. In addition, the garbage/wastes in many urban areas are disposed in open space and nearby drainage causing unhygienic and unhealthy environment for the nearby residents. Lastly, due to congestion in the spacial arrangement of the housing system, several housing units are built in areas prone to road accidents, while some are unsafe from water logging and landslides during rainy seasons. This has been a cause of great concern for safety of the community exposed to the environment. Limited financial inclusions viz. access to credit and other banking facilities is another challenge that needs rectification in order to mobilize the available facilities. Hence, strategic multidimensional responses for poverty reductions are the need of the hour.

The policies to address the issues of poverty have not performed up to their expectations since many of these programmes are undertaken without completely understanding the dynamics of globalisation, urban transformations and the need of the local poor. The lack of understanding the resourcefulness of the poor communities and their absence in the formulation of policies and programs concerning them are some of the shortfalls. Therefore, the present study will provide a better understanding of the circumstances surrounding the issues and the resourcefulness of the urban poor for evolving and formulating successful future urban policies.

1.11. Objectives

The study is an examination of the various dimensions of urban poverty in Mizoram. It is a presentation of the fundamental characteristics of urban poor in the state. The main objectives can be summarized in the following ways:

1. To study the nature and evaluate the extend of urban poverty within the area of study.
2. To elucidate and analyze the characteristics of urban poverty in Mizoram.
3. To understand the status of the urban poor in terms of their standard of living, access to assets, access to health and nutrition, and financial inclusion.
4. To examine the nature and magnitude of deprivation among the urban poor in Mizoram.
5. To suggest measures and recommendations for improving the living conditions of the urban poor.

1.12. Hypotheses

The following hypotheses were tested in this study:

1. Daily labours who constitute the majority of urban poor are the most deprived in terms of housing and other assets.
2. Income level and poverty dimensions of the urban poor in Mizoram are significantly related.
3. Financial inclusion and assets ownership are positively related among the urban poor.

1.13. Methodology

1.13.1. Data Source

The data for the study has been collected from primary as well as secondary sources. While the primary sources include interview schedules from the

respondents, the secondary data has been collected from various sources viz. Directorate of Economics and Statistics, Directorate of Urban Development and Poverty Alleviation (UD & PA), Government of Mizoram, the Aizawl Municipal Corporation (AMC) and other concerned Departments, respective Local Council records, books, reports, published and unpublished papers, leaflets, booklets, annual reports, official reports, magazines, journals, websites and other online resources etc.

a) Primary Data

The primary data for the study was collected using a scheduled questionnaire from the sample households. Selection of sample households was undertaken in two stages as follows: In the *first stage*, 11 localities were selected from the 83 localities of Aizawl Municipal area using simple random sampling method. To ensure representation of all localities having different levels of access to infrastructures and basic services, all localities were first divided into different zones, i.e north, south, east and west. Attempts were made to ensure selection of localities from each zone. Selection of sample BPL households from the selected localities formed the *second stage* of sample selection. Required numbers of sample households were randomly selected from each selected locality using the BPL households list maintained by the respective Local Councils as sampling frame.

After careful examination of the required information obtained from preliminary exercise, the sample size is determined at 405 households, i.e. 22.6% of the total number of BPL households in the selected localities, and this is allocated proportionally to the selected localities. The field survey was conducted during September – December 2019, the sample distribution of which is presented in Table 1.6.

Table 1.6: Distribution of Sample in Different Localities of Aizawl City

Sl. No	Locality	No. of Households	No. of BPL Households	Total Sample
1	Zemabawk N	686	301	60
2	Bawngkawn	2286	383	77
3	Chanmari	1224	69	14
4	Damveng	271	47	10
5	Tuikual N	1179	166	33
6	Kulikawn	1200	164	33
7	Phunchawng	297	192	38
8	Tanhril	593	178	37
9	Venghnuai & Salem Veng	1455	245	93
10	Ramhlun VT	610	43	10
	Total	9801	1788	405

Source: BPL Baseline Survey 2016, Government of Mizoram.

It may be noted that the two localities of Venghnuai and Salem Veng are adjacent to each other, and the identified pockets for the survey happen to conjoin with each other, sharing similar traits and characteristics. Therefore, for the purpose of sampling, the two localities have been collectively represented in the table above.

b) Secondary Data

The secondary data consists of those collected from various sources like Census data, National Sample Survey Organization (NSSO), National Family Health Survey (NFHS), Statistical Handbook of Mizoram, Economic Survey of Mizoram, Reports and publications of the Directorate of Economics and Statistics, Urban Development and Poverty Alleviation (UD & PA), Aizawl Municipal Corporation, NIUA, MHUPA, MHUA, Planning Commission, registered newspapers and magazines, individual research papers and publications, and online sources.

1.13.2. Analytical Framework

Data collected from primary and secondary sources are analyzed using different statistical tools to suit the need of the study. Firstly, to examine the general patterns and trends of the key variables, frequency distribution and descriptive statistics like mean, standard deviation, percentage, etc. are adopted, while charts are used wherever necessary. Secondly, to enrich the study and to enable better view on the nature and dynamics of urban poverty in Mizoram, the un-tabulated unit level data of NSS 61st, 68th and 72nd Survey Rounds on household consumer expenditure were tabulated and analyzed in a separate chapter. The poverty incidence and other dimensions of urban poverty (socio-economic, living conditions, etc.) in Mizoram are estimated based on these NSS Unit Level data. The frequency multiplier generated to each case was adopted as weight in all the estimates. Gini coefficient and poverty gap are also estimated to examine the nature of income distribution of the poor.

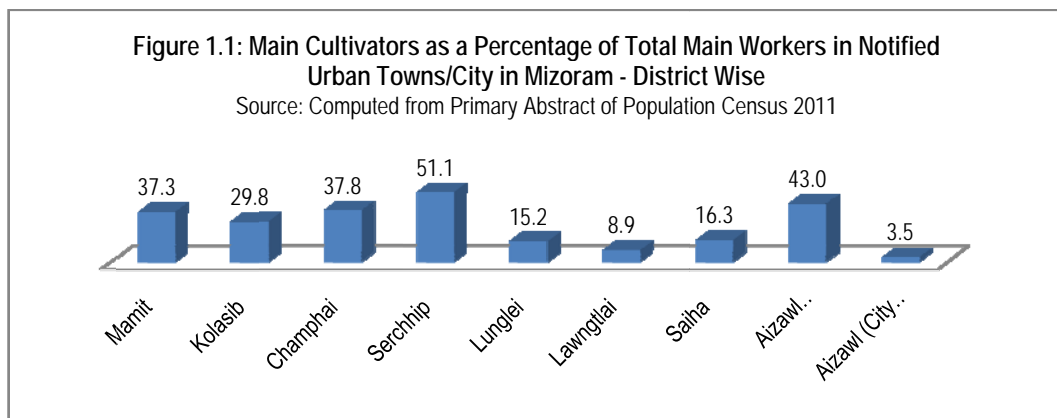
Thirdly, in the analysis of urban poverty dimensions using multidimensional index, four deprivation indices were constructed viz. standard of living, assets, health & nutrition, and financial inclusion. These indices were used to examine the extent of deprivation among the urban poor using the adopted cut-off score. The detailed descriptions are given in the relevant chapter. Lastly, to test the empirical validity of the study hypotheses, correlation and Chi-square statistics are calculated between the pairs of the above indices of deprivations and their statistical significance examined.

1.13.3. Selection of Study Area

As given in the Statistical Abstract of Mizoram 2017, there were 23 notified urban towns with a total population of 5,71,771 in 2011. Of these urban areas, Aizawl city has the highest population of 2,93,416, which accounted for more than 51% of all the urban population of the state. The second largest urban town after Aizawl is Lunglei which has a population of 57,011 (10% of the total urban

population). Aizawl city is the only urban centre with municipality in the State, and was established in 2010.

The proportion of main cultivator as a percentage of total main workers in all urban towns in different districts calculated from Primary Abstract of Population Census 2011, as given in Figure 1.1 shows significant deviation of Aizawl city area from all other urban towns in the state. The percentage of main cultivators in Aizawl city area (or Aizawl Municipal Corporation –AMC Area) who were engaged in agriculture and allied activities was only 3.5%, while it is as high as 51.3% in urban areas of Serchhip district, followed by urban towns in Aizawl district outside AMC area (43%).



It may be noted that most urban towns other than Aizawl city are statutory town as they have been defined by statutes, notification, etc. rather than census town by satisfying some criteria like 75% & above main working population engaged in non-agricultural pursuits, etc. So, Aizawl city appears to be the only urban centre (towns/city) in the state which displays purely urban characteristics. While the state capital of Aizawl exhibits the characteristics features of urban centers, the smaller towns in Mizoram still retain the characteristics of rural settlements (Singh, 2017). It may also be added that the national rural employment scheme under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is implemented in all other notified urban towns as they are reportedly admissible, having fulfilled the required criteria. This scheme has been the significant income source for people, especially the poor.

Taking into consideration all the above factors, this study purposively selected Aizawl city which has a total of 83 localities falling under Aizawl Municipal Corporation as the study area.

1.14. Scheme of Chapterisation

The study comprise of six chapters as follows:

- Chapter 1- *Introduction*. It is the introduction of the study and briefly reflects the evolution of urban poverty, conceptual framework of urbanization, understanding of urban poverty dimensions and various issues associated with the occurrences, measurement and estimation of poverty, urbanization and urban poverty in the Indian context, urban poverty in Mizoram, significance of the study, statement of the problem, objectives of the study, methodology and the scheme of the study.
- Chapter 2 - *Review of Literature*. It incorporates varieties of literature reviews that are significant for understanding the characteristic features of urban poverty in various settings.
- Chapter 3 - *Situational Overview of Urban Poverty in Mizoram*. The chapter examines the status of urban poverty in Mizoram using the unit level data of national level surveys. The chapter also estimates the incidence of poverty in Mizoram using poverty depth and inequality, the distribution of MPCE among the urban poor, evaluation of the socio-economic status and their livelihood, access to basic services and amenities, and the consumption & nutritional status of the urban poor in Mizoram. It enhances the general understanding of the primary data analysis.
- Chapter 4 - *The Living and Socio-Economic Conditions of Urban Poverty in Mizoram*. The chapter presents the status of urban poor from the data collected depicting their situation from various perspectives of socio-economic dimensions, income and consumption, employment, housing, health, migrations, access to government food security program, financial inclusion, social security and government assistance.

- Chapter 5- *Multidimensional Analysis of Urban Poverty in Mizoram*. It is an analysis of the status of urban poor from the primary survey data collected during 2019. It presents the analysis of multidimensional deprivation of urban poverty in Mizoram using four sets of indices viz. standard of living, assets, access to health care & nutrition, and financial inclusions.
- Chapter 6 -*Summary of Findings & Conclusion*. This chapter summarizes major findings and conclusions of the study. It also proposed some recommendations.
- Bibliography

Chapter 2

REVIEW OF LITERATURE

2.1. Introduction

Poverty is a phenomenon which is complex in origin and in the nature of its manifestation and is therefore important to understand its extend and penetration into the society. Poverty measures convey the number or percentage of people falling below given income amounts that represent the level of economic deprivation determined on the basis of minimum subsistence needs. Meanwhile, any study conducted on poverty remains incomplete if it undermines the essence of the socio-economic indicators which are indispensable for gaining indepth into the underlying issues of the subject matter.

The problems of poverty that infested the urban areas include poor education, accompanied by lack of experience and skills, unstable incomes that are mostly through informal sector, unpredictable demand for their services, discrimination in the provision of services in government etc (Liangyu, 2000). Slums, in many sense represent the nature of poverty prevalent in the urban settlements across the globe. Therefore literatures related to slums form one of the key sources of information for understanding urban poverty within the framework of the present study. Meanwhile, according to the erstwhile Aizawl Development Authority (2012), though there have been slum pockets declared by the state government, slums, per se, do not exist in Aizawl, a city which is distinctly the largest in Mizoram. Therefore, such settlements of the nature which are observed in other cities of the country as ‘slums’, are by and large invisible in the context of Mizoram.

In order to study the dimensions of urban poverty and understand the key features, it is important to conduct rich reviews of studies that have been carried out in various spheres of influence, and draw reasonable inference out of their recommendations and observations. Nonetheless, owing to limited availability of literature on urban poverty in Mizoram, requisite quantity of reviews for the state

could not be done. In view of this backdrop, the literature reviews of this study have been divided into sections as follows:

- 1) Situation of Urban Poverty
- 2) Slums and their Manifestations
- 3) Deprivation
- 4) Multidimensional Poverty
- 5) Welfare Schemes & Impacts

2.2. Situation of Urban Poverty

Kee (1969) studied poverty measures and factors associated with poverty level from the census of USA and analyzed the cross sectional differences in urban poverty, taking into consideration the influence of labour force participation rate, migration, job discrimination and education. A significant observation of the study was that the percentage of poorly educated adults has been the most significant variable in explaining incidence of poverty in America. This indicates that the greatest reduction in urban poor would be possible if the level of adult education is increased, particularly at the lower end of the educational spectrum. This finding suggests that investment in human resources would be a most effective way to reduce poverty in the urban areas of America. The labour force participation rate, which is an important variable in explaining urban poverty, is found to be negatively related to poverty. This incites that demand for labour can be increased with government policies and/or poverty can be reduced with general increase in overall economic activities. Reduction of poverty is possible by directing the unemployed poor into the labour market, additionally it can also be accomplished by engaging those segment of the poor who are not working like married women in poor families, into the labour force. The study also depicts a significant relationship between the urban poverty level and percentage of in-migrants into the core cities of the metropolitans. Crowley (1968) in the study of in-migration to cities in the United States during 1955-1960 observed that, in comparison with the rest of the population of the nation, migrants generally have higher average socio-economic status (i.e higher level of education,

income etc). However the in-migrants to central cities were found to possess a lower socio-economic status as compared to the non-migrant residents. Nonetheless, in order to wipe out poverty in urban America, a master plan for the war on urban poverty requires direct subsidy programs like annual guaranteed income, negative tax waver, family allowances as part of a comprehensive welfare program, etc.

Jagannathan and Halder (1989) studied the Calcutta (Kolkata) pavement dwellers by analyzing the data generated by the Calcutta Metropolitan Development Authority (CMDA). From 160 families surveyed, the income of the household were divided into three threshold levels viz. Group A (the poorest), with incomes below Rs.280 per month, Group B with income between Rs.281 and Rs.420 per month, and Group C with income above Rs.420 per month. The first group of the pavement dwellers constitute the 'temporary' migrants, for whom the urban earning opportunities are essential to support their homes in the village, and eventually return back after two or three decades of stay in the city. These are generally large group of single individuals, either unmarried or with families residing in their villages, who have even opted for shelter-less existence, in order to send substantial remittance to their rural homes. The second group, who are relatively well-off are self-employed working as hawkers, tea-shop-keepers and vegetable vendors. The third group comprised of those self-employed in marginal vocations like rag-picking and begging, much of whose functions are unacceptable in a welfare state. The study depicts the male-female ratio to be 65:35, i.e major proportion of pavement dwellers consists of male population. It was also observed that even though free primary education facility was available, barely 6% of the children are educated up to the primary school level or above. About 4% of the children actively supplement their family incomes. The average family size was 3, indicating the prevalence of nuclear families. While the age at marriage for the women ranges between 18-42 years, the average age of the spouse is higher for families at the higher income group. Women folks are seen to engage in hawking, domestic service (maid-servants and cooks), vegetable vending and rag-picking, meanwhile some have reported begging and engaging in construction work as their vocation. Hotel wastes constitute a source of meals for many of these people. The overall observation of the study suggest that for

successful eradication of urban poverty, it is required to speed up rural development; until such time, these persons will stake their claims on foot-paths, garbage vats and public parks.

Mitra (1992) analysed the rural spill-over and the resultant absorption of rural migrants in the urban informal sector in India. He examined the role of rural poverty as a catalyst for urban in-migration, which has inflated the relative size of informal sector employment, thereby putting pressure on the existing infrastructure and public services. His analysis was based on the data from population Census of 1981, Directorate General of Employment and Training (Ministry of Labour) for 1981-82, and the NSS 32nd Round surveys (1977-78). The study advocated that rural poverty has been a significant determinant of migration for employment. With poor asset base, the migrants are most likely to pick up any of the activities that are available in the urban informal sector, rather than to return to their rural home. However due to constraints in various data sets, migrations for employment alone should not be relied on to entirely explain urban poverty. On the whole, saturated and highly competitive employment opportunities, and escalating real estate prices have made urban dwelling expensive. Therefore with a rise in urban population density, the urban in-migration also tends to slow down.

Chaudhury (2000) examined the growth trends of North East India with its tremendous growth in population during the period of 1951 to 1991 from 102.6 lakhs to 314.12 lakhs. The data comprised of Census of India 1991 and basic statistics of North Eastern region for 1992 reflecting the population density, sex ratio, decadal variation and migrants from outside the states, including those from outside India. The study shows that the population of Mizoram increased by 250% during 1951-1991, and Nagaland by 471%. The highest decadal growth during 1981-91 is observed in Mizoram at 46%, followed by Manipur at 27.7%. An urgent need was observed for reducing the population pressure in the North Eastern states which can be possible by taking more intensive population control measures and containing the migrant in-flow into the region from outside India.

Bhasin (2001) in her work on urban poverty and urbanization indicated three basic components of urban growth viz. natural growth, net immigration, and reclassification. Rural to urban migration is considered to be the significant component of urbanization. As many as 40-50% of the population increase in third world countries are estimated to be as a result of migration. Meanwhile the increases in population of major cities are due to influx, not just from the rural areas but also from the semi-urban areas and smaller towns. Rural-urban migration is largely the consequence of push-factor and pull-factor. While the push-factor of the rural areas consist of unemployment, poverty, unavailability of socio-economic facilities and services, the pull-factor is the rapid expansion of industry, trade and better economic prospect like jobs, higher incomes etc. While rural-urban migration has been hinted as the major root cause of urban poverty, scholars like Ojha (1970) claimed the inadequate growth of employment opportunities in the manufacturing sector to be the main cause of urban poverty. Mohan and Thottan (1984) also blamed the stagnation in the agricultural sector and low urban economic development to be the main causes of urban poverty.

According to Saitluanga (2010), urbanization in Mizoram started during the colonial period when the British established few geographically favourable locations like Aizawl and Lunglei as the administrative centre-cum-military outposts. The rapid urbanization in the state started as a results of grouping of villages during the Mizo National Front (MNF) rebellion (Guhathakurta, 1999; Kumar, 1998), and the notification of many villages to towns during 1971-1991, among others. The historical accounts of urbanization have shown that the politico-administrative system play significant role in the process of urbanization at the macro and micro level (Singh, 2017). In Mizoram, the occupational characteristics of most of the 23 Notified Towns follow agricultural production, with little scope for immediate change. In addition, many of these towns do not fulfil the Census criteria of threshold population of 5000, urban density of 400 persons per square kilometres and an occupational engagement of at least 75% of male workers in non-agricultural sector. Therefore, the urbanization characteristics of Mizoram can be seen to have very little economic base rooted in the non-agricultural sector, and is rather a mere expression

of quantitative growth without being accompanied by any qualitative change (Vanlalhlana,1999). According to Agarwal (2006), the process of urbanization in Mizoram is both rapid and uneven, and largely concentrated in the capital city of Aizawl. This rapid change due to urbanization and in-migration have led to congestion and haphazard growth (Kamath and Waingankar, 2015).

Lianzela (1998) in his study on the economy of Mizoram pointed out that urbanization is the process in which populations migrate from countryside to the cities & towns. He highlights the steep increase in the rate of urbanization within the state, which despite several benefits had adversely aggravated the problems of congestions, housing, water crises, medical facilities etc. He emphasized that basic services like water, power, road etc for the urban dwellers are required to be provided in adequate quantity.

Ramlana (2014) in his study of poverty in Mizoram expressed that the poor in rural India far outweigh the poor in urban areas, and this huge rural poor constitute an army of potential migrants. He inferred rural-urban migration to be the results of certain factors. Firstly, as compared to highly flexible rural wage base, the much secured urban wage system supported by unionization or government policy has attracted migration from rural to urban areas. Secondly, the economic boom of the urban centers due to globalization is responsible for the rural-urban migration. As globalization further contributes to the process of urbanization, access to opportunities became much easier in cities. Thirdly, the rural-urban imbalance in development has caused biasedness in employment availability in favour of the urban areas, thus triggering rural-urban migration. Fourthly, the differential in the wages, coupled with the disparities in consumption choices between the rural with its limited choices, and urban areas with much wider choice of consumptions are responsible for the rural-urban migration. At the overall level, the out flowing of rural poor into the urban centers as a result of increasing urbanization has become the prime factor accountable for increase in urban poverty.

Mathur (2002) studied the economic reforms and poverty alleviation in India. She shared similar observation with Bhasin in that the growth of urban population is

attributable to three main factors namely, natural increase in population, net rural-urban migration and reclassification of towns. The urban poverty leads to various issues like proliferation of slums and bustee, increasing pressure on civic services, deprivation of educational and health contingencies, growth of informal sectors, and increasing casualisation of labours.

Rao (1985) pointed the type of industrialization as the main cause of increasing urban poverty rather than incidence of urbanization. According to Mitra (1993) the natural growth is the cause of urban poverty and not the urban migration.

Factors causing urban poverty according to NIUA (1988) includes, inability of the formal wage sector to grow at a same pace with the rapid increasing urban labour force, the expansion of non-wage informal sector due to the increase in casual employed workers vis-à-vis the self-employed, and the increase of marginal workers. Townsend (1979) at the micro level factored unskilled manual worker, disability, childhood, old age, fatherless/single parenting, less education, and unemployment to be closely associated with poverty. Musgrove (1980) opined that the overwhelming presence of unproductive age like children, old age and the resultant low employment rate are attributable to causes of poverty.

Mitra and Deb (2006) conducted their survey among 40 children (18 boys and 22 girls) aged between 9 to 19 years attending a programme for street children run by the Loreto Day School Sealdah, Kolkata 'Rainbow School' during April-August 2003. They examined the age, education, parental background, family structure and dynamics, parental occupation, reason of family disintegration, causes of street life, and additionally the aspiration of the children. The study also focused on case studies of children who are entangled in a web of poverty in the form of abandonment, family discord, forced prostitution, eviction and lost. Many children in developing countries are obliged to work or beg on the streets instead of going to school, inducing child labour; that has become one of the most stable forms of labour as they do not strike or disrupt production, and are the cheapest form of labour and easily fired (Bequel, 1991). The study showed that 45% of the street children belong to the age group of 12-14 years, out of which 62.5% are with primary level education

and 5% are illiterate; 25.8% of their fathers were employed as casual labour ; 8.5% were in services ; while 17.1% literally did nothing; 33.3% of mothers were housewives and 24.2% work as house maidens. Unfortunately as many as 34.2% of the fathers were found to be substance dependent, and 31.4% physically abuse the mothers. The aspiration of the female children shows 40% aiming to be teachers; 20% to be sisters (in a religious order), while a quarter ($\frac{1}{4}$) of the male children aim to be doctors or join film industries.

Das (2000) focused his study to understand the emerging competition in the informal sector of North East India. The region is home to many scheduled tribes inhabiting the hilly areas of these states. In 1991, the state of Mizoram has 94.75% scheduled tribes and had the largest ratios among the North Eastern states, followed by Nagaland at 87.7% and Meghalaya at 85.53%. As a majority community, the scheduled tribes living in urban areas of North East are overwhelmingly large i.e 92.93% in Mizoram, 62.37% in Meghalaya and 61.32% in Nagaland. Migration form significant factor leading to increased urban population. The initial experience of migrations were rural-urban within the state, but with the expansion of administrative reach and development initiatives, large contingent of government employees and professionals from outside the state filled the gap of manpower requirement within the states. This led to concentration of non-tribal population in urban pockets of Arunachal Pradesh, Meghalaya, Mizoram and Nagaland in particular. The study shows Mizoram experiencing migration trend from 52.3% in 1961 to 61% in 1971 and to 56.8% by 1981. The all India data for the same years were 44.8%, 39.3% and 38.3% respectively. The percentage distributions of birth place of urban migrants also revealed that Mizoram had experienced migration upto 80.7% during 1961, 92.8% in 1971 and 79.6% in 1981. The figures from Inter-state migration for the same period in Mizoram were 3.3%, 2.5% and 10.2% respectively. Additionally, based on Census 1981 the distribution of immigrants into urban areas of Mizoram by reasons showed 47% of male and 68.2% of female due to family migration, 21% of male and 2.8% of female due to employment, 6% of males and 4.3% of females due to education and 0.2% of male and 9.3% of female due to marriage.

Ajamuddin (2006) stated that the most commonly used measure of poverty is income or consumption based. Accordingly, a person will be considered as poor if his/her consumption or income level falls below the minimum level required to meet the basic needs. He studied the socio-economic status of urban poor living in 35 slum pockets of seven class-I cities of Orissa viz. Bhubaneswar, Cuttack, Berhampur, Rourkela, Puri, Sambalpur and Balasore, on the basis of incidence of poverty, education, status of health facilities, causes of migration, occupational distribution, demographic aspects, spatio-temporal analysis of slums (wrt land use and functions), and the impact of urban anti-poverty programmes. A surprising finding about the slum dwellers was their pattern of liberal spending on religious festivals and ceremonies, which accounted for 5.54% of their total expenditure. An even unfortunate observation was the expenses incurred towards intoxicants like alcohol, and habits including smoking, gambling, film etc which constituted 9.32% of their expenditure, while their spending on food and cooking fuels was 68.26%, and 4.83% for medical bills. Out of the total 2100 sample households surveyed, 51% or 1084 were immigrants, which is in support of the finding by Dandekar and Rath (1971) advocating that urban poor are only an overflow of rural poor into the urban areas. Majority of the slum residents are illiterate and they depend on informal sector for their livelihood. As many as 53% of the slum dwellers suffer from chronic diseases like tuberculosis, asthma and related sickness which is a result of their dilapidated and unhygienic living conditions. Unfortunately, proper latrine facilities were available only to 30% of the households, while 70% are without the facility.

Banerjee (2006) researched on urbanization, poverty alleviation and the role of informal sector in the North Eastern states. Accordingly the growth of urban centres in North Eastern states has been attributable to two factors viz. the rapidly increasing administrative centres, and the slow progress of rural economy. The urban centres with availability of jobs became the major pull-factor attracting the growing youths, while the slow progress of rural economy and the incapability to support the growing population became the push-factor. The resultant rapid increase in urban population aggravated by the process of rural-urban migration has increased poverty in the urban centres. The efforts to eradicate poverty and unemployment under the

aegis of the government and the non-governmental organizations (NGO) of the North Eastern region have only shown few encouraging signs. Considering the characteristic feature of the region, development of any poverty eradication schemes must be carried out only with robust environmental protection system, development of industries in tandem with the ecosystem, and target for labour intensive activities. The region is seen to have great potential for trade with the neighbouring countries in avenues like readymade garments, hosiery, automobiles, pharmaceuticals, leather products, shoe manufacturing, where it enjoys the benefit of geographical opportunities. In addition, NE states have great potential in natural and human resources which when efficiently harnessed with the right technology can translate into valuable assets.

Barman (2000) studied the solid waste management system in India and the role of Non-Government Organization (NGO) in the process of garbage disposal of cities. The study observed that solid waste /garbage is not a menace to the urban dwellers as long as it is properly managed and without any physical or mental problem to the people. On the other hand, pollution is created if the garbage disposal system fails. Rapid growth of industrialization has resulted in rural-urban migration, stressing the support system of the urban areas. This leads to various problems like lack of cleanliness, vegetation loss, over-crowding that deteriorates the beauty of the urban settings, and thereby transforming them into dirty, polluted and unhygienic dwellings. Garbage from urban areas and industrial wastes contain diverse materials which include toxic wastes, and therefore should be properly managed. With regard to the issue, a proper collaboration with NGO by conducting trainings and awareness can go a long way in making the people ever more aware of the problems created by unplanned management system. The study shows that about 61.3% of the population in rural India defecate out in the open, as against 1.8% in Bangladesh, and virtually zero open defecation for Sri Lanka. In the area of sanitation, India has one-third of the population covered with improved sanitation, while it is two third for China. India ranked 130th among 188 countries listed by the UNDP, where 48% of children between age group of 0-5 years are undernourished, with a meagre 1.3% of GDP allocation on health, and poor education quality in state run schools. The poorly

educated youths are incapable to compete in the global competitive job market, while their poor health adversely affects their earning potential (Nayak, 2016).

Agnihotri (2000) studied poverty and homelessness and asserted that growth of cities in developing countries like India is considered one of the major causes of homelessness among the poor. He claimed that improvements in agricultural productivity has adversely triggered unemployment in the countryside, by pulling in migrants to the cities with better chance of jobs as against the uncertainty of employment in the rural areas. According to one view, cities across the globe have expanded too fast and as such further investments in them should be discouraged. This is because considerable volumes of scarce resources are on its ever increasing demand, and with expensive infrastructure projects cities have become too costly. It was even estimated that building houses and infrastructures for migrants in Asia's cities during 1980-2000 would exhaust all domestic savings of Asia. Cities increase unemployment, breed crime as they inhibit many strangers, waste resources and even have fare share of environmental hazards. Contrarily, it was advocated that as a result of rising number of cities during the late 1980's, 73% of Indian city dwellers have access to safe water, the same was 56% for the countryside. A proper sanitation system was available to 1/3 of city dwellers, the same was almost nil for the countryside causing infant mortality rate to rise to double that of the cities. Robert McNamara, the previous President of the World Bank in the 1970's had outlined five basic and minimum needs approach in the form of primary education, primary health, supply of potable water, basic sanitation and shelter.

Ali (2006) analysed the demography of Delhi metropolis based on 2001 census, focusing on the slum settlements and their problems, the situation of Delhi transport and traffic system. The key areas of the study includes the availability of housing, infrastructure and amenities like potable water, shelter, health care, sanitation, roads, electricity, education, transport and recreational facilities. The study revealed that out of the total Delhi population of 13.78 million in 2001, half of them lived in sub-standard areas, including 14 lakhs in unauthorised colonies, approximate 12 lakhs in resettlement colonies, 13 lakhs in juggi-jhompri clusters, 1.5 lakhs in urban village, and over 5 lakhs in the rural areas. The number of slum households has

increased significantly from 12,000 in 1951 to 2.59 lakhs in 2001, migration has added more than 3 lakhs into the total population, thereby generating a tremendous pressure on the city's infrastructure and amenities. A study on three squatter settlements in the trans-Yamuna area inhabited by about 2 lakhs populations shows that water as a domestic utility is significantly the most important need for survival in the low income settlement.

Homelessness is a critical problem among the urban poor and a major policy concern in many industrialized countries. Corno (2017) studied 883 homeless individuals in Milan, Italy in January 2008 to understand how friendship network size and their characteristics influence homeless individuals in their behaviour towards crime. The respondents and five of their best home friends were interviewed taking into consideration their crime before and after becoming homeless. The findings reveal that the probability of being arrested during a spell of homelessness increases with more exposure to those peers with prior criminal records. Additionally, having at least one friend with prior criminal experience has increased the probability of the individual's incarceration. Several studies on neighbourhood effects on criminal behaviour have also indicated that, living in a neighbourhood with high intensity of crime has significantly raised the probability of becoming a delinquent one (Case & Katz, 1991). It also goes to indicate that peers could influence criminal activities by transferring their skills (Glaeser et. al. 1996) and by sharing key information (Calvo'-Armengol & Zenou 2004). As the homeless often live in extreme poverty, with the expected benefits of a crime more likely to outweigh the cost of potential punishments, crime activities are consequently becoming more attractive (Becker 1968).

Kumar (2010) analyzed the nature of urban growth in India by looking at the trends in the growth of slums from the Census of India 1971, 1991, 2001 and the 31st, 49th and 58th Rounds of the National Sample Survey Organisation (NSSO). The analysis of the data shows that the population of the notified slum as a percentage of the total urban population declined from 18.4% in 1991 to 14.2% in 2001. At the state level, Andhra Pradesh, Maharashtra, Haryana, Karnataka and Tamil Nadu have observed higher slum growth rates in comparison with the urban growth rates.

However for class I and II cities/towns in India, the urban growth rate of 3.67% has exceeded that of the slum growth rate of 1.2% for 18 states and union territories during 1991-2001. The study also shows a significantly negative correlation between urban growth rate and the magnitude of slum population, implying that, cities/towns with high urban growth rates have low slum population percentage, and increase in slum population has taken place in those cities/towns where the percentage of slum populations are low. In the mean time, it was also given to understand that the percentage decline in slum population and their lower growth rate vis-à-vis urban growth rate could most likely be the result of large scale slum evictions by the government. The interesting finding of the study is that while migration of poor from rural areas is believed to be one of the main determinants of urban population growth, the NSSO data for 1999-2000 reveals migration rate of 23.3% among the highest category of Monthly Per Capita Expenditure (MPCE) of rural areas, as against 4.3% among the lowest class. The similar pattern has been observed in urban areas, with corresponding figures being 43.3% and 10.5%. This nature of migration suggests that, as against the general belief, it is largely the relatively better off sections which are able to migrate to urban centres, as moving into the cities involve initial staying capacity and certain levels of skill.

A study of socio-economic dimensions of rural poverty in Mizoram by Thanga (2012) noted that, over the years, while the percentage of BPL population in India decreases notably, their absolute numbers have however continued to increase substantially. The Planning Commission of India estimates the incidence of poverty in India, and has diligently revised the methodologies from time to time. A definite poverty line was determined in 1979 by the Task Force of the Planning Commission on Projection of Minimum Needs and Effective Consumption, where the average per capita daily calorie requirement and minimum non-food expenditure were converted into their equivalent per capita consumption expenditure. Subsequent poverty lines were estimated by updating the poverty lines using the Wholesale Price Index (WPI). Consumer Price Index for Agricultural Labour (CPIAL) was later used specifically for estimating the rural poverty line, while the Consumer Price Index of Industrial Workers (CPIIW) and the Consumer Price Index of Urban Non-Manual Employees

(CPIUNME) were used for estimating the urban poverty line. Finally the Task Force headed by Tendulkar recommended the household unit level consumption data collected in various NSS Rounds for such estimations. Every official poverty estimates of the Planning Commission are hereafter carried out by using the consumer expenditure survey (CES) data of the NSS. In Mizoram an estimated 24.31% of the total population comprise of the poor during 2009-10, where 33.56% were from rural and 12.77% from urban areas. Among the districts of Mizoram, the urban poverty ratio in Aizawl district was 9.79% and stood at the lowest, followed by Saiha district with 10.54%, while Serchhip district has the highest urban poverty ratio at 27.66%.

Sangwan, et. al (2012) studied literacy in the state of Haryana during 2001, with the objectives to interpret imbalances in literacy, and understand the rural-urban disparity in literature, and the male-female disparity in literacy. The differentials of the rural-urban literacy show that the urban occupants are required to be more literate and better skilled, and at the same time enjoy better educational facilities. The study also shows that since its statehood in 1966 Haryana had experienced a continuous increase in its literacy i.e 19.9% in 1961 to 67.91% in 2001, with female literacy increasing by six folds. This is attributable to increasing educational facilities, increasing degree of socio-economic awareness, the waning away of social taboo, increased value of female education for matrimony and abundance of female teachers. The urban literacy rate which was 44.7% in 1961 increased to 79.16% in 2001 while the rural literacy increased from 14.8% to 63.19% during 1961 and 2001. The narrowing down of rural-urban disparity in literacy has a resulting increase in rural-urban interaction, increasing the functional values in socio-economic fronts, better facilities of countryside schooling, and disappearing social taboo and prejudice against female education. With the system of education more liberal for female in the urban areas, many rural literates migrate to urban areas in search of jobs.

The 69th Round of the NSS survey on 'Drinking water, Sanitation, Hygiene and Housing Condition' was conducted during July-December 2012. The survey focused on household size, households in slums/squatter settlements in urban areas, land ownership, dwelling units, tenurial status and location, drinking water,

electricity for domestic use, facility of bathroom & latrine, garbage disposal etc. The findings show 89.6% households in urban India with sufficient drinking water, and 76.8% receiving the water within their premises. The average travelling time spent by a person in a day to fetch drinking water from outside the house was 15 minutes, and 45.7% of them were not required to pay for the water charges. It is also noteworthy that 63.9% of the household had exclusive use of latrine facilities, while 16.7% did not have any bathroom facility; 45.2% do not have any drainage system; and 75.8% had means of garbage disposal. Majority of the families in India i.e 93.6% live in houses with pucca structures, while 5% live in semi-pucca structures and 1.4% of households in urban areas living in katcha houses. It is remarkable to note that 97.9% households have electricity for domestic consumption. The observation on health indicates that 26.9% of households in urban India reported its members suffering from 'fever due to diseases other than malaria' during the last 30 days, and 13.5% reported having 'stomach problem'. Among the households that had moved into their present urban location, 21.6% have cited 'other employment related reasons' for such movement. The survey also reveals that programmes to address the slum/squatter dwellers unfortunately do not benefit 85.6% households of the slum/squatter settlement.

Jha (2014) indicated his views on how to make urban governance pro-poor, in which he observes the importance of understanding the poor as extremely important constituent of the city and a huge asset. According to him they should therefore be provided with shelter, jobs, finance and delivery of infrastructure services. Accepting the people as integral part of the city advocates addressing their problems associated with basic services. In addition it is essential to plan, finance and deliver infrastructure services within the reach of poor people and draw up a strategy for credit system, involving organizations that work for the poor. Jha postulated three E's that drive a city, and emphasized that neglecting any one of them sows the seeds for destruction. The first is *Economy*. When a large number of people offer their talents and services, the economy of the city grows creating jobs and providing employment. The second is *Environment*. As people gather and work, a habitat is formed where they live together adopting a particular quality of life, thereby

becoming productive instruments in the city's economy. The third is *Equity*. Unless both of the above E's i.e economy and environment are available equitably to the citizens of the city, it cannot remain balanced. He also segmented urban poverty into three components; the first being *Urbanization of Poverty*. When India became independent, the people lived mainly in the villages. Therefore, poverty was basically in the villages and the question was entirely on how to eradicate the rural poverty. However large number of people started moving to the cities for better employment and better income which allows them to feed their families, and because there were more opportunities on offer in the cities like education, business etc. Therefore those who wanted a better life for themselves migrated to the cities. Second is the *Informalisation of Poverty*. The nature of poverty that had manifested the urban settlements has divided the city into two segments - the formal planned city and the informal unplanned city. The informal unplanned city inhibits slums where the nature of works are in the informal sectors like hawker, domestic assistant, or any job that is not formal, and is characterised by undercapitalisation, low skill levels and small businesses. Third is the *Feminisation of Poverty*. The profile of urban poverty reveals that the worst off are women-headed households who earn fewer wages, with smaller consumption baskets available to them. Within the framework of the urban poverty, the women-headed households have the worst quality of life in general than any other kinds of families.

Shergill (2015) using the data on Census of India 2011 and NSS 66th Round of NSS (2009-10) conducted a comparative analysis of the standard of living of people across Indian states by comparing the basket of goods consumed, including per capita consumption of durable and non-durable goods, ownership of durable consumer goods, and housing quality and living conditions. The durable consumer goods include television, refrigerator, washing machine, air conditioner/cooler, radio, transistor, phone/mobile, sewing machine, bicycle, motor cycle/scooty, car/jeep/van etc. The non-durable consumer goods include those goods which can be used or consumed for a short span of time - say one year, like footwear etc. The house and living condition looks into the nature of the house like pucca or kutcha, latrine, sewerage outlet, drinking water source, LPG for cooking, electricity for lighting. The

study shows that Kerala, Punjab and Haryana are at the top in the monthly per capita consumption expenditure (MPCE) of the non-durable goods, while Bihar, Orissa, Chhattisgarh and Jharkhand remain at the bottom. On the ownership and use of durable consumer goods, 72.24% of household in Punjab own refrigerators but only 2.72% own them in Bihar, 86.95% in Tamil Nadu own television as against 14.53% in Bihar. Similarly, mobile phones are owned by 89.67% in Kerala while only 30.70% have them in Chhattisgarh. On the housing and living facilities, 94.76% of household in Haryana live in pucca houses while the percentage for Assam is only 27.83%. The state of Punjab has 85.93% of household having source of drinking water, as against a mere 8.07% in Bihar. And finally, 96.67% of household in Punjab have electric lighting facility, while only 16.36% have it in Bihar. The study shows that states like Kerala, Punjab and Haryana are at the top, while Bihar, Orissa, Chhattisgarh and Jharkhand occupy the bottom.

Vyas (2016) studied the elderly migrant workers engaged in private security industry in Mumbai. The study examined the plight of these migrant workers who in spite of their indispensable role in the economy were discriminated due to their identity as occupants of social, political, cultural and physical space in the city. The visibility of the elderly security guards became prominent in various locations, which is reflected in the projected increasing trend of the elderly population in India i.e from 6.9% in 2001 to 12.4% by 2026 (Subaiya & Bansod 2011). The study showed that elderly workers in India accounted for 7% of the workforce, with participation rate of nearly 40% for those aged 60 years and above. For the urban areas in specific, 39% elderly men and 7% elderly women were engaged in the economic activities (GOI, 2011). Given that 70% of elderly were illiterate, the nature of declining rate in their labour force participation was due to illiteracy, decline in job opportunities, deteriorating health, and incompatible skill sets.

Jha and Kumar (2016) based their empirical research work in the city of Mumbai, enquiring the experiences of homelessness among the migrants in light of the ever growing informalization of labours, displacement, access to affordable housing, services, workspace and social life. For many of the migrants hailing from the poor working class, a proper dwelling unit in the city is a distant dream, with the

result that they either live in public spaces such as pavements or at their work place, or slums or any other shanty dwellings mostly unfit to be called as proper home. However these migrants have no other choice but to choose the unskilled or lowly skilled categories since their next inevitable option would be to remain unemployed. There are those that engage in small-scale manufacturing task at their homes or in other low income self employment activities. In this way, by engaging in cheap labour oriented and unskilled jobs, half of the migrants occupy the integral part of the city's economy (MCGM, 2010).

Constantino-David (2000) on his note on fighting urban poverty in Asian cities stated that, as the world moves towards development, cities are where the engines of modern economies take place by creating jobs, agglomerate economies and diffuse knowledge. The world as we know is undergoing transition from one century to the next, engulfed by the information revolution. This sea of change has pushed cities the world over to face this important historic challenge and opportunities. However cities in developing countries lack efficient planning and structures thereby preventing workers from accessing opportunities, which marginalizes the vulnerable and low-income groups; a large segment of which are unskilled, underemployed and poor. Among the 19 megacities of the world in 1960, fewer than 50% were in the developing countries, but the present world saw 80% of its 60 megacities emerging in the South Asian countries. Meanwhile, rapid urbanizations during the past decades have entailed certain ill effects, exhibiting the negative characteristics of unplanned growth.

2.3. Slum and their Manifestations

In one of the earlier studies, Mandal and Mandal (1983) conducted their study on the influence of industrialization among the tribals living in Hatia slum and Adityapur slum of Jamshedpur industrial towns with specific reference to their housing and the availability of space, migration, literacy, occupation and income. The study reveals that these slum dwellers have unfortunately been deprived of most of the basic facilities like electricity, piped water, drainage, paved roads, toilet etc. It

also shows that the bulk of the slum dwellers live in mud houses, with only 5% of the houses made of bricks. The prevailing housing norm prescribed by the government estimates 2 adults and 3 children to be housed in at least two-rooms, in addition to the space for kitchen. Most households i.e 85% adopt nuclear family, and every house irrespective of its type has an approximate space of 2.06 rooms. The study considers those residents that have lived in the city for less than 30 years as migrants. Accordingly, migrants account for 68%, the bulk (96.3%) of which come from rural areas, most of whom (71%) have migrated in search of jobs, 5% for better education, and 5% due to poverty, drought and famine. Nearly half i.e 48% of the slum dwellers are found to be illiterate, and about 20% are considered as barely literate. The age of marriage for boys was 20.5 years and that of the girls was 16.3 years. It was also observed that more than 51% of children of the slum dwellers have taken to the habit of theft and gambling.

Sridharan (1995) analysed the Indian slum to determine the urban problems and the efforts employed in various cities of India. His study was broadly divided into three segments viz. urbanization and growth of slum/squatter, study of recent Indian slums, and evaluation of the policies and programmes of the government. The study shows the percentage of population increase of class I cities from 26% to 65% during 1909 and 1991, where Delhi increased almost six folds during 1951-1991 i.e from 14.37 lakhs to 84.27 lakhs; with the number of slums increasing by approximately 20 times during the same period. Dharavi in Mumbai with its vibrant economic and socio-cultural activities accommodates almost 60% of the population of the city. The government of India, rather than evolving a policy of its own towards the slum, had been heavily dependent upon the experiences of other countries in dealing with the slum problems. The poverty alleviation programmes have been implemented through the government agencies or banking sectors which unfortunately are often famous for their delays and corruptions. Nonetheless, these urban slums have contributed a significant quantity of workforce to the urban labour market. It also generated income into the urban economic system which results in attracting more migrants towards such settlement.

Mohanty and Mohanty (2005) conducted their research within the slums of Bhubaneswar based on Census 2001, analyzing the nature and extend of slums and the factors responsible for their growth, functioning of the slum economy, the demographic characteristics, availability of basic services and the various poverty alleviation programmes. The study took into consideration certain aspects of urban amenities like solid waste management, surface drainage, sewerages, environmental sanitation, water supplies, education, population, public distribution systems, health, electricity, shops and other centers, occupational structures and development programmes targeted for the urban poor. The findings reveal that 44% of the sample households constitute workers in the age group of 25-60 years mostly engaged in construction, while the female work participation rate stood at 22.3%. The rate of literacy was about 74%, with 88% boys and 68% girls attending schools. The dropout rate was 7.5%, and just 6.8 % of those in the age group of 15-25 years were found to have proceeded to higher classes. A good number of the households (75%) have been administered with vaccinations like polio drops. However 85% of these slum dwellers have no arrangement for latrine. While 70% have TV sets, only 36% own radio sets, and the daily newspaper readership was 30%. The expenditure on food and living constitute the lion's share of the income, leaving just little money for clothing and personal treatment.

Barua (2006) studied the impact of poverty on functioning of the social and community life of slum dwellers in 11 slum localities in Guwahati, Assam. The study covered 185 families of different socio-cultural backgrounds in areas of educational attainment, nature of jobs and employment, family structure, marriage and dissolution, customs and evil practices, development programmes and migration. The peculiar feature of the finding is that unlike many other cities, the families of the respondents are not industrial workers and without any specific occupation, living mostly in nuclear and sub-nuclear families with heterogeneous nature of occupation and working time. It was commonly observed that women in the society are far more active than the males, and mostly take up the responsibility of preserving and realising the goals of the families. Consequently, about 30% of the households have females as their principal bread earners, while consuming liquor and gambling have

become a common habit among the men-folks. The highest educational attainment among the boys was a mere VI standard; the condition of the girls was even worse at almost nil. The study also noted two unfortunate incidents in the region where due to severe poverty husbands forced their wives to go for a night to another person in exchange for money.

Mazhari (2006) studied the issues of eliminating urban poverty in North East India with special reference to Shillong, Meghalaya, and cited that the phenomenal growth of urban areas and exodus of population from rural areas during the past decades were due to attraction of employment and better quality of life offered by the urban settlement. Though the urban environment offers better income opportunities, without the right skills it is a big challenge for the rural migrants to move forward. Therefore many of them are forced to engage in low income jobs like domestic help, and other unskilled task that require minimal specialization, depriving them of the essential shelter and social services. They end up taking shelter in pavements, hume pipes, abandoned public buildings, and ramshackle structures that are often prone to flood or swampy areas, filled with garbage dumps, polluted and unhygienic sites. The expansions of slums and rundown areas in the cities have increased at a much faster pace, resulting in over-crowding, insanitation, strain on the existing civic services and degradation of urban environment.

Bhatia and Chatterjee (2010) conducted their study to identify the extent of financial exclusion of the urban poor in four slums of Mumbai with 40 to 150 households representing three regions of Mumbai city, viz. Chamunda Nagar in the east, Sani Guruji Sevasangh and Godiwala in the west, and Thandi in the south. A total of 30% households were selected randomly, and 106 respondents (52 men and 54 women) and 16 commercial bank branches situated within a radius of two kilometres from the slums were identified for the study. The study shows that 60% of the respondents were migrants from western India, while 36% originated from the eastern region of the country where either they or their parents have come to Mumbai. Majority i.e 85% of the dwellers have settled in these slums for over 10 years. Nearly half of the respondents have not received any education, and only 6% have studies up to class-XI and beyond. Their occupational ratio shows that 41%

were daily workers working as cleaners, 37% were maids, helpers in shops and office drivers, 8% were self employed, and remaining 15% were unemployed. More than half disclosed their household monthly income to be between Rs.2500 and Rs.5000. Only 56% had both permanent ration card and voter's card. Among the assets, 38% have mobile phones, where 76% of such owners spent up to Rs.300 pm on phone bills. Merely one-third of the respondents have savings bank accounts with 75% of them saving up to Rs.500 per month, while 43% saved with the Self-Help Group (SHG) promoted by a local NGO. Only two individuals among all the respondents were knowledgeable on interest rates applicable in their savings account; 47% used their accounts more than 12 times in a year, while 29% have ATM cards. Two respondents availed loans from the banks, while 10% availed loans of upto Rs.10,000 from informal sources.

The 69th Round of NSS survey on 'Urban Slums in India, 2012' was conducted during July-December 2012. The survey was the 5th all-India slum survey by the NSSO conducted from a randomly selected sample of urban blocks spread over the entire country. The survey revealed that 60% of houses in the slums were pucca structures, 25% were semi-pucca structures and 15% were katcha structures. The distribution of the slums also showed that as many as 44% settled on private lands, 6% on railway land, 37% on land owned by local bodies, and 12% on other public lands. As many as 71% have pucca and motorable approach roads/ lane/ constructed paths. An approximate 68% had electricity both for household use and for street lights, while 7% of slums in India do not have electricity connection. Taps are the major source of drinking water for nearly 71% of the slums. About 33% of residents use their own latrines, while 31% use the public/ community latrines with fee payment mandated for some, and 5% share their latrines. About 31% of slums have no drainage system, and 27% have no arrangement for garbage disposal system. About 46% experienced the problem of water logging. The proximity of a government primary school was about 500 meters for 59%, and for 20% the distance of a government hospital/ health centre was about 500 meters. Unfortunately, only about 24% of slums have reported benefiting the welfare schemes like Jawaharlal Nehru National Urban Renewal Mission (JNNURM) and Rajiv Awas Yojana (RAY).

Kenny (2012), in his study of urban poverty across developing countries observed that despite today's unforgiving nature of slums and the disparities, many people with experience of both rural and urban poverty still choose to stay in slums rather than to move back to the countryside. In a way, it makes economic sense to migrate to the cities as rich countries are urbanized, and the rich people predominantly dwell in these urban settings. According to McKinsey Global Institute, 60% of the global economic output are accounted by 600 cities the world over, hence even the slum dwellers who are at the bottom of the heap, are still better off than their counterparts in rural settings. Only 5% of the urban population in Brazil are classified as extremely poor, as against 25% in the rural areas. In the 1980's alone, the lives of many children are probably saved simply because their mothers decided to move to urban areas. Notwithstanding the signals of problems, the growth of slums is a force for good. *Right attitude of leaders, could transform slums to become drivers for development.* Accordingly slums would represent population to be serviced, as *they do not make people poor, rather attract poor people who want to be rich.* A development initiative that show promising future for the slums includes literacy in the favelas at Rio de Janeiro, where the illiteracy rate declined from 72% to 45% during 1969 and 2001; 70% of the population in the slum of Lagos, Nigeria have access to safe drinking water as against 30% for the rest of the country, approximate 1.2 million in the slums of Bangkok own CD player, mobile phone, and washing machine.

2.4. Deprivations

Sparer and Okada (1974) conducted a survey on 10 urban low-income neighbourhoods consisting of small contiguous census tracts during 1968–1971 from selected cities across the United States. Their study was a comparison of the prevalence of chronic health conditions among the poor people in ten poverty areas with that of the national average for the poor, and thereafter relating the chronicity level to physician utilization. The exercise was expected to help in understanding the difference between expected and actual physician utilization in poverty areas based

on the income levels as related to illness levels. It also attempts to find whether the national data on chronic conditions among low income groups reveal the level of disability among the poor in areas of concentrated poverty. The findings show that the poor residing in poverty areas have a much higher level of chronicity, especially of major chronic conditions, than what the national data on the poor suspected. Additionally, persons with chronic conditions in poverty areas consult physicians at a much higher rate regardless of their income, while the physician utilization for the non-chronics is low. The knowledge that the poor have higher tendency to become sick concludes that they need more medical care than the non-poor, and more of other goods and services, and also conditions related to health like nutrition, housing, environment, and opportunity for self-fulfilment.

Garner and Thaver (1993) conducted a study on the primary health care systems in developing countries. In view of the inconveniences involved in availing private doctors for slum dwellers, the World Bank (1987) and the WHO (1991) have noticed the options of private health care delivery system, which has led planners to focus on the presence of substantial private sectors already in some countries. However large variations in the service delivery have been noticed among doctors and practices in different countries. Excellent cares are provided by some, however the overall perception looked gloomy. The health services provided in these areas are predominantly curative, while preventive health care and awareness like childhood immunization, promotion of healthy practices through advice on lifestyle, are scarcely practiced. It was also likely that the standard medical practices were ignored, with excessive drugs or exorbitantly expensive prescriptions, which may adversely affect the patient. Therefore, it is important that the governments obligate to protect their populations from practices that adversely affect their health and encourage better quality service.

Mukherjee and Banerjee (2000) studied the situation of urban poverty in North Eastern states of India by analysing the monthly per capita expenditure (MPCE) spent during 30 days, for which the data of 43rd Round of NSSO (June 1987 to July 1989) was used. The study evaluates the proportion of population in low, middle and high MPCE classes, the proportionate share in food and non-food

categories, and calorie consumption. It was found that for 61% of the low MPCE class states, the main expenditure was on food. Nagaland and Mizoram showed a pattern where the variability of non-food expenditure remained below the average ratio for North Eastern states (15-30%). A comparatively lower incidence of poverty is found among urban population in the states of Nagaland, Mizoram and Meghalaya, while interestingly, these states also consume relatively lower calorie from most common food items. It is worth highlighting that the low MPCE class is totally absent in Nagaland and Mizoram, where the middle class dominate markedly. States like Arunachal Pradesh, Assam, Manipur and Tripura have higher calories mostly from cereals and pulses, but these states have high poverty conditions prevailing.

Sarin (2000) studied the slums in Shillong, the capital city of Meghalaya to determine the status of the existing civic infrastructure and the overall living conditions of the poor, highlighting the nature of deprivation of basic services like safe drinking water, toilet, sanitation and garbage disposal, housing condition, electricity, health and sickness, ration card, availability of roads etc. According to the study, the scenario of poverty in Shillong is of a relative deprivation which is different from other cities. Nearly 70% of households have access to electricity. While about 75% draw water from the community taps, there is scarcity of good quality drinking water, resulting in common occurrences of gastro-intestinal disorders. In addition, there are also high incidence of diseases like diarrhoea disorder, viral infections etc in the slums, which are the results of environmental hazards such as contaminated water, unhygienic disposal of human waste, improper garbage disposal system and their poor personal hygiene. With regards to housing and other amenities, nearly 30% of the slum dwellers live in pucca houses while 73% live in semi-pucca and kutchha houses, and 21.42% have access to private toilet facility. Unfortunately most of the slum dwellers (80%) still have the habit of disposing rubbish on the streets.

Karn et. al. (2003) carried out their research in four urban poor settlements of Mumbai to examine the consequence of socio-economic and environmental factors in areas of income, literacy, sanitation and hygiene for morbidity. The study took into account the slums, pavement dwellers and squatters in order to understand the

environmental living conditions and the consequent health impacts during the early part of 2000, with specific emphasis to water and sanitation related diseases. The study revealed that 68-85% of immigrants originated from rural areas, with 75% primarily citing employment for their reason of migration. These households are presumed to be facilitators, enabling the new migrants with easy access to slums by providing a sense of social support for their settlement in the slums. The pavement-dwellers are surprisingly found to be the oldest and more permanent residents among all urban poor, about 60% of whom are native of Mumbai or from within Maharashtra. Among the wives of household heads, 22-53% were found to have attained primary education, while the range is between 38-72% for male head of the families; and 46-90% of the young children attain primary education. It is noted that pavement-dwellers are unfortunately the least educated among the categories of poor with only 1.3% attending college. The major occupations among the main wage earners are diversely distributed among varied trades like labour comprising of 41%, services including clerical or technical job comprising of 24%, business like street vending, hawking, petty shop keeping and selling handicraft comprising of 26%. Among the pavement-dwellers, rag picking is another common occupation where 11% of males and 19% of females are engaged. Availability of toilet is the most serious common problem among all urban poor, as there were virtually no private toilets attached to dwellings. 44% of pavement dwellers practice open defecation, and more than 80% of households at Muttumariamamma Nagar dispose garbage into their nearby drain. At any moment, about 30% of the households have at least one sick person, or 4-8% of the slum population suffer from some illness, with one-fourth of sickness accounted for water-related diseases. The numbers of patients with tuberculosis and asthma patients are as high as 18 and 11 per thousand populations respectively. It is remarkably noted that higher water consumption among the urban poor has positive correlation with higher family income and better housing condition, however to a lesser degree to the family's literacy rate. It was by and large observed that toilet, drinking water and housing condition have been the three top most priority problems for the urban poor, followed by land, sewerage, unemployment, solid waste disposal, healthcare facilities and social safety.

According to Sengupta, K., (2000), in her study of the status of poverty and its determinants in the North Eastern Region, illiteracy is the result of poverty, and affects the stability of population growth. There is an important co-relation between poverty and illiteracy, in that a nation characterized by poverty would have a low rate of literacy. The main consequence of poverty is a poor living condition and shortage of houses. These lead to rise in slums and unhygienic living conditions, aggravating the misery of the poor. These features represent the urban poverty rather than the rural. It is pertinent to specifically note the diversity of the North Eastern states in their geographical, climatic, social and cultural aspects, and cannot be treated as homogenous unit for policy formulations since every state and region has its own independent characteristic features which cannot be contained within a common framework of a uniform poverty alleviation policy.

Das and Biswas (2006) examined the multidimensional nature and deprivation of the poor among the North Eastern states of India based on three basic needs of human lives viz. income and the economic well-being, educational attainment, and finally the nutritional status of the food. The study was based on the data provided by the NSSO quinquennial survey conducted during 1999-2000. The study presents that literacy rate for the North Eastern Region was 60.02%, while the level of education was only 21.92% for primary level, and merely 9.83% for the secondary level and above. The Indian Economic Survey 1999-2000 highlighted the per capita net state domestic product (PCNSDP) of the North Eastern states to be less than the all India PCNSDP at current prices (Rs.15,626), with Mizoram positioned among the highest at Rs.14,909. The investigation of the nutritional consumption shows that the poor in North Eastern states generally consume two square means in a day.

Thakurta (2000) in his study of development strategy and poverty alleviation programme in Mizoram noted that a significant demographic feature of Mizoram has been the growth rate of urban population which has doubled every decade from the 1960s' till 1991. During 1960, 1971, 1981 and 1991, the growth rates of urban population vis-à-vis the total population were 5.34%, 11.36%, 24.67% and 46.20% respectively. Imperative to note is that the key factor responsible for these abnormal

growths in the urban areas is the abundance of government jobs, where *one in every 20 persons (1:20) in the state is engaged, against 1:101 for Assam and 1:113 for all India*. The rapid urbanization has exerted pressure on basic amenities and infrastructure in the urban areas. Few aspects of concern in poverty are the accessibility to public distribution system (PDS), illiteracy, unemployment, low income, gender bias in food intake and public distribution of health and welfare, crude birth rate, child mortality rate, life expectancy, etc.

Chakraborty (2006) conducted his study among the households from Bechimari Char village in Assam for tracing the root cause of urban poverty. The study applied the Entitlement Approach of poverty for duration of 25 years i.e March 1980 - March 1990. The key area of the study circles around the effects of changes or depletion in the pattern of endowment of the households. The main observations of the study was the absence of proper housing, water logging, unhealthy drinking water and unhygienic sanitary conditions leading to poor health, identity related issues and low wages. These poor living standards and low economic conditions have made these people prone to diseases like malaria, tuberculosis, diarrhoea, several stomach related ailments. As many as 55% of the households have reported infant deaths at the age group of 1 month to 5 years. It is remarkable to note that all the respondents had indicated owing their share of plot of land 25 years before. However, by 2004 as many as 77.27% of these households have become landless owing to the unproductive output of their land due to land erosions, natural forces like floods etc. Consequently, in order to earn their living many people have moved to the urban areas.

Dey (2000) in his study on air pollution as a global environmental problem wrote that human beings have disturbed and altered the biotic and abiotic relationship in our environment, upsetting the basic principles that govern the ecosystem of the biosphere, and causing Pollutions – which has manifested as a global problem. As automobiles in urban centres emit large fumes of carbon dioxide, oxides of nitrogen, sulphur dioxide and pollutants from refuse disposal, the capital cities of North Eastern India which were once known for their healthy environment are now clouded with pollutions. It is said that air pollution from industry and petrol

exhaust are responsible for diseases like lung cancer, asthma and bronchitis. The exhausts from vehicles and machines contain lead - a carcinogenic, which when inhaled easily gets absorbed in the brain, liver, kidney and blood. Over a period of time they can lead to brain damage, muscular paralysis, convulsion and even death.

A study by Khan and Hassan (2012) is an insight into the status of deprivation of the twenty eight States and seven Union Territories of India using secondary data collected from various census publications, and other official national and state level publications. The study is focussed mainly on population structure, illiteracy, health, unemployment, land-holdings, household size and economic activities. The spatial patterns of the incidence of urban poverty and level of socio-economic deprivation showed that states like Rajasthan, Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, Chhattisgarh, Orissa, Assam and Meghalaya have witnessed high level of deprivation. Meanwhile Orissa, Bihar, Chhattisgarh, Uttar Pradesh and Madhya Pradesh show high level of both the urban poverty and socio-economic deprivation. The states having low level of socio-economic deprivation include Kerala, Tamil Nadu, Manipur, Mizoram, Jammu & Kashmir and Himachal Pradesh. Meanwhile, both the low level of socio-economic deprivation and incidence of urban poverty have been witnessed in Jammu & Kashmir, Himachal Pradesh, Sikkim, Manipur and Mizoram. The overall analysis of the study revealed that the level of urban poverty is low towards the Northern and North Eastern states of India, while it is high in Central-Eastern states. In addition, it is indicative to note that 50% of the states have direct positive relationship between urban poverty and deprivation in India. The study observed that population explosion in urban areas resulted in the continuous urban sprawl which has been creating a number of urban social problems such as concentrated poverty and central city deterioration, shelter problems like houselessness, squatter and slum settlements, and lack of basic amenities and facilities in the towns and cities of India. It is also believed that life in urban areas are more stressful than in the rural and the rate of crimes and other 'social pathologies' are higher in large cities than the country side. It is also important to understand in the context of India that incidence of urban poverty alone may not reflect the actual

level of deprivation, as there are other factors which may directly or indirectly affect the status of deprivation.

Murthy (2016) carried out his study of the lifestyle of the rag pickers, their problems & challenges, and attentions needed from the community of rag picker in the city of Rohtak, Haryana during 2014. Many of the respondents were from Assam who speak Bangla and belong to Muslim community. His analyses started with a makeshift evening school for the children of these rag pickers. The research showed that school dropout levels of these children was intensely high, mostly attributable to lack of motivation, reluctance of school teachers to go beyond their duties to provide special attention, the need for such children to care for their siblings in the absence of their parents, discriminations among students based on caste, religion and lack of personal hygiene among rag pickers which aggravated a sense of disgust among other children. To add to that, the parents are incapable of evolving suitable future plans for their children other than to become rag pickers.

Chaudhary (2017) in his analysis of the Global Hunger Index (GHI) 2016 showed the rank of India in the GHI-2016 at 97th out of 118 countries, indicating serious nutritional deprivation among Indian children. The public expenditure on factors that influence nutrition and health in particular was also very low as compared to other developing countries. Meanwhile, between 2005-06 and 2013-14 the level of stunting among children in India declined by 19% to 38%, with the underweight children accounting for 29%. Since child nutrition is becoming an important agenda of international development initiatives, and since sanitation is a determinant of malnutrition among the children, the Indian government has launched Swachh Bharat campaigns in 2014 - a drive for cleanliness and sanitation. Meanwhile it goes without saying that the desired change would take time to be effective, in view of the 626 million people routinely defecating outdoors (WHO, 2014).

2.5. Multidimensional Poverty

According to UN (2015a), until the 1970s, the poor were identified solely on the basis of income. In the mid-1970s a ‘basic needs’ approach advocated that, as opposed to a mere increase in income, development concerns should aim to provide basic needs to the people, and determining a list of the basic needs should go along with the minimum levels of satisfaction. This method assesses human deprivation with respect to the shortfalls in the minimum levels of basic needs *per se*, instead of an income criterion. Since the 1980s, many scholars questioned the credibility of income as a reliable proxy for non-monetary deprivations for identifying the poor. Empirical analysts have since come to the limelight for various non-monetary measure of deprivations to depict a better overall picture of poverty, thereby creating conducive environment where depending upon the need, multiple criteria can be chosen to decide on a particular methodology.

In order to overcome mis-matches in the various poverty-related measures, the inclusion of social indicators into the analysis of poverty has been thought of since the 1950s, and by 1960s Europe started moving towards development of social indicators to complement the income measures (Atkinson et. al, 2002). The UN-ECE (2016) has sought to address the measurement of non-monetary aspects of poverty and the social exclusion which forms the key attributes in the policy design and analysis at national and regional levels; and has also elaborated the development of multidimensional poverty indices (MPIs) as the most complete alternative to monetary poverty measures. The complementary relationship between the two measures make them valuable approaches to identify poor people in all forms.

A Multidimensional Poverty Index methodology determines the unit of analysis, identify indicators in which a person is deprived of, and summarize their poverty profile in a weighted deprivation score. A person is identified as multidimensionally poor if the deprivation score exceeds a cross-dimensional poverty cut-off. The percentage of the poor people and their average deprivation score form a part of the final poverty measure (Alkire et. al, 2016).

According to Alkire & Foster (2011) new poverty measurement methodologies were being created in the academic literature when in 1997 the Human Development Report and the 2000/1 World Development Reports, poverty was introduced vividly as a multidimensional phenomenon, in addition to the Millennium Declaration and MDGs that have highlighted the aspect of multiple dimensions of poverty since 2000. A unidimensional method of measurement requires a single dimensional variable with a single cut-off, but places no a priori restrictions on how the resource variables have been constructed. The Multidimensional Poverty Index, a composite measurement system was spearheaded by Alkire and Foster (2007, 2011) which could be used with discrete and qualitative data (eg. functionings like literacy or physical security) as well as continuous & cardinal data (as consumption and income are viewed).

Santos & Alkire (2011) observed that designing of a national measure for poverty requires setting of different cut-offs based on current policy priorities of the country, and the comprehensive consideration of non-deprived identities according to the culture. In this context, the methodology of Multidimensional Poverty Index is a versatile and flexible structure, adjustable to incorporate alternative indicators, cut-offs and weights to appropriately suite the requirements of regional, national, or sub-national contexts.

Countries like China have been adjusting their poverty elimination policies from a purely monetary perspective to a more multidimensional view on poverty (Alkire & Wang, 2009). The introduction of the multidimensional poverty in rural China and the departure from the traditional unidimensional is significant, and has therefore provided an alternative lens through which poverty may be viewed and understood (Alkire & Foster 2011). The previous international poverty identification was designed based on the unidimensional views like the standard poverty line of \$1.25 per person per day as developed by World Bank, however, it exhibits distinct limitation due to the immoderate simplicity of it. In order to complement this shortfall, Alkire and Foster (2011) have advocated for a practical A–F approach as the methodology of measurement and analysis of multidimensional poverty, in which

identification of poor is dependent upon the achievements of household members on the key indices of the measurement (Wang & Wang, 2016).

Dotter and Klasen (2014) pointed out the intense debate on the conceptual and empirical merits and problems of the Multidimensional Poverty Index from various literature (e.g. Lustig, 2011; Silber, 2011; Alkire and Foster, 2011; Rippin, 2010; Ravallion, 2011, Bossert, Chakravarty, and D'Ambrosio, 2012, among others). The three dimensions of health, education, and the standard of living have been chosen with consensus from various studies on the subject to include them in any multidimensional poverty measures, due to their ease of interpretability, and availability of data. Additionally, the databases upon which the MPI calculations are established are more reliable than the income poverty measure where the comparability across countries and over time of the survey instruments is much less certain (e.g. Devarajan, 2013).

The study by Abu-Ismaïl et. al. (2015) revised the cut-off thresholds for some of the existing indicators of Global Multidimensional Poverty Index by adding additional ones in order to highlight the spread of poverty and vulnerability in a broader spectrum, resulting in emergence of two additional MPI's which have further provided more holistic views of poverty and vulnerability. Accordingly, MPI1 which corresponds to Global MPI represents extreme poor/deprivation, MPI2 represents those who are not extremely poor and above, while MPI3 are those who are vulnerable to fall into poverty. By applying these new MPIs to three middle-income Arab countries of Jordan, Iraq and Morocco, the MPI2 and MPI3 yielded results that are significantly different from MPI1 (GMPI), hence providing a more comprehensive view of the spread of multidimensional poverty. Tafran et. al. (2020) have also established that MPI is a more realistic proxy of poverty measure than the conventional income poverty measurement, and therefore, suggested the future research and interventional policies targeting poverty and improved health to adopt the concept of multidimensional poverty.

In India, the Nodal agency for the Multidimensional Poverty Index is the NITI Aayog, and a Multidimensional Poverty Index Coordination Committee

(MPICC) has been formed on September 2, 2020. To this end, preparations are on for a MPI Parameter Dashboard to rank all the States and UTs of the country, along with a State Reform Action Plan (SRAP). Since the performance of the country on the NFHS parameters has significant bearing on the national MPI outcome, the NFHS-5 (2019/20) which is set to reflect on key areas of the survey like insanitation, cooking fuel, drinking water, housing and electricity would determine the latest position of the country under the methodology (NITI Aayog, 2020).

2.6. Welfare Programmmes & Impacts

Maiti and Chattopadhyay (1993) conducted their studies reviewing earlier studies on urban poverty which have attempted to examine the living standard in urban India using the Head-Count Ratio (HC) and the Sen Index (SI). They examined the nature of data used and methodology followed for such studies basing 40 years period i.e the early 50's to late 80's. The analysis comprised of data from 1953-54 (NSS 7th Round) to 1989-90 (NSS 45th Round) examining how the absolute levels of living of different groups of population have changed over time, and ascertaining whether or not the relative level of living i.e, the disparity in level of living, across different groups have worsened. It is also an examination of the incidence of urban poverty over a long period spread across four decades. The findings showed that the average per capita expenditure (PCE) in nominal terms for both the poorest and the richest 20% of the urban population has registered a substantial increase in the late 80's compared to the early 50's. It is worth noting that, an average urban person who spends about Rs.28 to Rs.31 (at 1960 prices) in the 50's was still spending around Rs.31 even in the late 70's. The 1980's showed mild improvements in real expenditure for all classes of the urban people. The finding suggests that absolute levels of living for different groups of urban people have remained relatively stagnant over a span of four decades (except for a mild improvement in the 80's). The extent of urban poverty has also showed a declining trend particularly after the mid 60's i.e from 56% to 34% during 1989-1990, while the disparity in urban India has remained broadly unchanged.

Paul (1994) carried out an analysis of the delivery and utilization of public service by the urban poor like water, sanitation, electricity, Public Distribution System (PDS), health, street lights, garbage and Police, by comparing feedback on these services from slum dwellers in Ahmadabad, Bangalore and Pune. The findings were intended to be employed as a means to improve public accountability and performance. In all the three cities, sanitation was the least satisfactory of all public services, and the responsiveness of public agencies was also rated to be unsatisfactory in all cities. Bangalore was most advanced in the prevalence of corruption, where every third (1/3) slum-dweller dealing with a public agency had to pay some 'speed money"; the same was one in 17 (1/17) in Pune. A remarkable initiative observed is the effort of the police department and the Municipal Corporation in the city of Pune who have successfully collaborated for many years with the citizens of different localities resulting in improved basic services, law and order and decreased crimes. The study further highlighted that some of the public services that the government provides are infrastructural, while others cater to basic civic amenities. Therefore, it becomes significantly imperative that these services impact directly on the productivity of the poor, and on their ability to avail the advantage of economic opportunities.

Mohapatra and Marbaniang (2000) conducted their study on income, literacy and education level, covering census of all 1500 households with population of about 9000 of Upper Lumphing, Lower Lumphing and Barapathar of Shillong, Meghalaya. The population was classified into five classes based on the annual income of the household. A household income of Rs.12,000 per annum was taken to be the poverty line (PL) as determined by the Planning Commission's 1990-91 prices. The first two groups were those below the PL classified into extremely poor income i.e below Rs.6000 /HH annually, and between Rs.6000 and 12,000/HH annually. The other income groups based on their annual income are Rs.12,001 – Rs.18,000, Rs.18,001- Rs.36,000 and Rs.36,001 and above. The population was also classified by their age groups as pre-school age (below 6 yrs), primary age (6-11 yrs), middle school (12-15 yrs), the main labour age (15-35 yrs), 35-65 years and those above 65 years. The study revealed that the bulk of literates belong to the

relatively higher income groups, with no or insignificant dropout. Literacy among the older generation is much lower and biased against female. The study highlights the absence of incentive or motivation for education among the poor, aggravated with the growing privatized education which limited their access.

Datta and Sharma (2002) in their study of the nature of poverty in India observed that reductions in poverty have been the results of direct income generating anti-poverty programmes - though some critics are doubtful, and the process of economic growth. These programmes comprise of assets creating component for generating regular flow of income, and employment generating programmes for earning wages. The employment generation programmes support the poor to cross poverty line, and their significance in times of natural calamities cannot be undermined. The study indicated that 64.7% of the urban populations were calorie deficient, among which 35.8% are from non-poor category, and therefore is congruent with the assertion that all poor more or less are not necessary calorie deficient. The exercise also surprisingly showed that calorie intake of 10% of the poor exceeds the requirement, while more than 53% of the non-poor remained calorie deficient.

Pat (2005) studied poverty eradication missions in Kerala, where the poverty ratio was 12% as against the national average of 26% in 2003. In view of the insignificant impact of centrally planned programmes, and encouraged by the success of programmes through community development societies which are co-sponsored by the state government, Municipal Corporations and UNICEF in the cities of Alleppy in 1993 and Malappuram in 1994, a new self-help groups based programme known as the *Kudumbashree* was launched in April 1999 to eradicate poverty within 10 years through coordinated community actions under the local self governments. The scheme had a three-tier federal structure - the neighbourhood groups (NHGs) at the grassroot level, the area development societies (ADS) at the ward level, and the community development societies (CDS) at the panchayat level. The scheme identified high risk families by their kutcha housing, access to sanitary latrines and potable water, illiterate adult members in the households, daily meals frequency, and clustered them into neighbourhood groups. They are successful in providing

maximum employment to high risk women community, forming thrift and credit societies, boosting income enhancing activities, shelter, sanitation, nutrition, education, health and safe drinking water. Additionally it also provided a forum for sharing individual grievances, problems and feedback. By March 2005 there were as many as 1.5 lakhs NHGs, 13,915 ADS and 1,050 CDS in Kerala covering 31.6 lakh families with micro savings of about Rs.474 crore, with extended micro credits of Rs.1,004 crore. More than 50,000 micro-enterprises were engaged in soap-making, ready-made garments, paper bag making, catering services, dairy, courier services, preparation of ethnic delicacies, coconut oil production, computer literacy, wayside hotels, leased land farming, micro housing schemes etc. The study concluded with a lesson from the success of Kudumbashree scheme which revealed that committed, efficient, empathetic and forward looking bureaucracy play vital role in the development process of a community.

A study by Ramanathan and Dey (2006) is an insight into the Urban Poverty Reduction Strategies (UPRS) in metropolitan cities of developing countries like Colombo of Sri Lanka, Balikpapan of Indonesia and Phnom Penh of Cambodia, and the problems of urban poverty in developed countries of Spain and South Korea with special highlights of the situation in India. The focus of the study was to understand the deprivation and access to basic needs, income generation, unproductiveness, inaccessibility to social resources and economic resources, marginalization and vulnerability with no freedom, influx of migrants and the resultant widening of the gap between demand and supply of essential services and other infrastructure in these areas, local governance, and the problems of housing. It is also centred into the India's Poverty Alleviation Programmes and the Public Distribution System (PDS). The study revealed that the poor residents of Colombo city experience lack of proper land tenure system, poor access to clean water and sanitation, low incomes, prevalence of vector-borne diseases, and existence of high number of female-headed households. While the city of Balikpapan of Indonesia has formulated a special and unique poverty alleviation program specific to the city called '*Nine carry One*' which translates that every nine better-off people is expected to support one poor person mainly through donations. Meanwhile, the capital city of Cambodia, Phnom Penh witnessed a growing lower class composed of cycle-drivers, street children, garbage

pickers and sex workers - where less than 50% of the children attend schools, only 36% households have sanitary toilet, and 68% have no solid waste collection service. Spain has $\frac{3}{4}$ of its population living in urban areas, and since the 1960's their cities have been the target of workers with lower qualifications. Although it is classified as a high-income country with an annual gross national per capita income of US \$14,000, social exclusion exists in the form of marginalization of various sectors of the population. The poverty line in Spain is based on the income needed to satisfy 'basic minimum needs' i.e measured by 50% below the average household annual income. The economic growth of South Korea has always been praised for its 'economic miracle' with phenomenal increase in its annual per capita GNP from US\$ 69 in 1960 to US \$10,079 in 1995. Notwithstanding this fact, the Korean housing situation saw decline in owner-occupation, with the rented tenure system becoming more common, resulting in overcrowding that has become endemic. The lack of shelter for the poor is however found to be the most devastating problem. The Indian urban poverty reduction strategies have been recommended to combine sustainable income and employment generation, with access to basic amenities and guaranteed tenure security with suitable collaboration from different groups in the city like the Municipality, urban poor communities, private sector and NGOs. It also recommends mobilization of the poor towards achieving self-sufficiency rather than helping them to become dependent on the program, while acknowledging the slum dwellers as active players in the urban economy.

Chandrasekhar and Mukhopadhyay (2007) based their study on the National Sample Survey Organisation (NSSO) data of 2002 covering households from urban areas i.e slum, squatters and non-slum urban areas, and comparing the slum and non-slum households in consumption of public and private goods, viz. MPCE, per capita area, drainage, rights to water source, household's consumption of private goods and access to public goods. The study shows that the provision of water and sanitation services is lagging in the slums, and surprisingly the non-slum dwellers are not unequivocally better off than slum dwellers. They asserted that slums are visual manifestations of urban poverty, viz. poor households that are deprived along multiple dimensions.

Sengupta, S., (2006) based his study on Shillong, Meghalaya highlighting its history from the Pre-British period. The city of Shillong has witnessed rapid urbanization, putting pressure and challenges on infrastructural developments of transport and communication systems and the availability and distribution of essential basic services like water, sanitation, transport, housing and healthcare. This rapid expansion in population however comes side by side with economic imbalances resulting in poor housing, inadequate community services, congested city traffic, filth, squatter and diseases. The occupational pattern shows engagement in petty traders, maid servants, construction workers etc. Often it is said that the poor have been caught in the net of vicious cycles of poverty. A poor neighbourhood, with no proper education deprived the children of better earning possibilities, poor nutrition results in poor health and poor stamina to handle heavy manual works, thereby lowering their wages, and eventually remaining poor forever. The social lives of the children, where they witness daily scenes of violence, drunkenness, crimes etc have been adversely influential.

As assigned by the North Eastern Council (NEC), the National Institute of Rural Development (NIRD, 2008) carried out a study on the North Eastern region to understand the factors underlying poverty in the region and examine poverty eradication policy initiatives, and also understand the status of the poverty dimensions. The study considered four facets, economic poverty (expenditure deprivation), human poverty (education, health, and income deprivations), nutritional poverty (deprivation to calories required i.e. 80% of the 2700 calories /person/day during 1993-94 & 2004-05) and basic amenities poverty (deprivations of basic amenities like safe drinking water, electricity, pucca housing and sanitation). The report revealed that within the North Eastern states, high poverty ratios have been observed in Sikkim (20.1%) followed by Assam (19.7%), Nagaland (19.0%), while Mizoram is placed at the lowest with 12.6%. Mizoram witnessed reduction in human poverty in the urban areas by 4.12% during 1981-2001, while Nagaland has a lower rate of 1.56%. The state wise reduction of poverty between 1973-74 and 1999-2000 are highest in Meghalaya and Mizoram at 30.85% which is higher than the all India level of 28.78%. Though livestock population is ubiquitous, the region is found to be

deficient in animal products like milk, meat and eggs. Although the region fares well in literacy, the lack of scientific job skill results in poor productivity of goods. On the poverty alleviation/ eradication programmes the study suggested initiatives specific to the NE based on a four-fold development perspectives viz. economic development perspective, human resource development perspective, institutional development perspective, and infrastructure development perspective.

Gupte (2016) studied the aspect of violence and the youths in India from the prism of a popular government slogan of 'Smart Cities' and job creations. He strongly suggested investing in the youths, creating jobs they aspire for, proper space, inclusive focus on urbanization. In order to cash in from the rich reserve of population dividend it has, the Indian government has included job creation in the nine pillars for transforming the Indian economy and initiated a multi-training mission under the aegis of Pradhan Mantri Kaushal Vikas Yojana (Prime Minister's Skill Development Scheme), with a target of training 400 million workers by 2022. The Indian government also intends to create world-class cities capable of accommodating about 40% of its population, and contributing up to 75% of the GDP by 2030. With 66% of its total population under the age of 35 years, India has the largest youth population in the world. However just 10% of the workforce in India have been engaged in organized sectors, and only 2.5% have vocational trainings, which is insignificant as compared to 60% - 70% engagement in countries of the Organization for Economic Cooperation and Development (OECD). A grave concern on the aspects of urbanization and poverty is the rate of juvenile crime, that has shot up by 40% between 2001- 2010. A specific case of the Juvenile crimes in Mumbai is its increase by more than one-third during 2015, where nearly 80% hail from households with annual income of less than Rs.50,000. Meanwhile data also revealed their experiences of being abused or humiliated, neglected, chaotic family life, lack of parental attention and guidance, poor decisions taken out of crave for a better life, and other long term mistakes in their choices. The study found that employability which is an attribute of skills, attitude, and behavioural attributes is far a bigger challenge among the youths than unemployment itself, and calls for committed attention of all stakeholders.

Vaddiraju (2016) in his study of the urban governance in India in the aspect of human rights, states that the right to the city imply to its people particularly the marginalized section, to enjoy the right to inhabit, design, reshape and transform the city. Which translates that, in addition to the larger need for transforming the city into citizen friendly space, people must be provided with the provisions for basic shelter, drinking water, sanitation etc. The Census of 2011 shows that, 31.6% of the total population of India or 377 million comprise of urban settlers who reside in 8000 cities across the country. These cities contribute over 62% of the Gross Domestic Product (GDP) of India during 2007, and are expected to increase their number by 75% as on 2021. In 2011, cities with population of 1 million or more numbered 53, and their population accounted for 43% of India's total urban population. However, the increased rate of migration to cities i.e 52% of total migrations, has resulted in growth of repercussive issues like informal economies, crimes and congestion, causing the cities to become dysfunctional. The marginalized poor and their right to the city has now become a greater concern.

2.7. Concluding Remarks

Various literature reviews in the present study have exhibited the intricate nature of urban poverty and the challenges ahead. Robert McNamara, the 5th President of the World Bank Group outlined five "*basic human needs*" namely, primary education, primary health, potable water, basic sanitation and shelter. It remains a nightmare that proper dwelling units in the city are distant dreams for migrants hailing from poor working class, and their fate has destined them to resort to living in public spaces such as pavements or slums or any other shanty dwellings mostly unfit to be called as proper home (Jha & Kumar 2016). This in turn induces homelessness, deprivations and crimes among the community. Poor education and health have adversely affected the people causing incompetency in the job market and the earning potential (Nayak, 2016). Urban poverty is also responsible for many forms of child labour, regrettable, yet identified by many as the most stable, cheap forms of labour as they do not strike or disrupt production, and are easily fired (Mitra & Deb, 2006).

While income or consumption based is the most commonly used measure of poverty (Ajamuddin, 2006), social indicators illustrate the true nature of wellbeing of the people which are not necessarily reflected in the pure economic measures (Thanga, 2012).

Some of the major causes of urban poverty that have been raised through various literature reviews consist of inadequate growth of employment opportunities, stagnation in the agricultural sector (Bhasin, 2001), overwhelming proportion of unproductive age (Townsend, 1979), the rapidly increasing administrative centres, rural poverty (Mitra, 1992) and slow progress of their economy (Banerjee, 2006), rise of rural-urban migration as cities become engines of modern economies (Constantino-David, 2000) attracting rural inhabitants (Mitra, 1992). As many as 40-50% of the population increase in the third world countries are estimated to be the result of migration (Bhasin, 2001).

At the all India level, even though the BPL population ratios decrease notably, their absolute numbers have however continued to increase substantially (Thanga, 2011). The NSS 69th Round pointed out that programmes to address the slum/squatter dwellers have yet to benefit 85.6% of such households. Karn et. al. (2003) have opined that rural to urban migration is the major reason for urban growth in developing countries. Dandekar and Rath (1971) reflect the character of urban poverty to be the result of continuous migration of rural poor into the urban centers. For the North Eastern states, the rapidly increasing administrative centres, and the slow progress of rural economy are attributable to the growth of urban centers (Banerjee, 2006).

Various observations and suggestions that have been made to reduce urban poor include - increase in the level of adult education (Kee, 1969), adequate water supply (Ali, 2006), robust rural development programme (Jagannathan & Halder, 1989), intensive population control measures for North Eastern India to contain migrant in-flow from outside India (Chaudhury, 2000), and the acceptance of the poor by the general public and their perception of the poor as important constituent and assets to the city (Jha, 2014).

The significant fact about urban poor is that majority of them are slum dwellers (Barua, 2006). The United Nations (1999) defined slums as uncontrolled settlements whose inhabitants are not fully integrated socially and economically into the development process (Ajamuddin, 2006); Mandal and Mandal (1983) described slums in India as environment that lack the basic characteristics of a good living condition and is regarded as the most degraded form of human habitation. They continued that due to the characteristic nature of their living environment, slum dwellers have unfortunately been deprived of the most basic facilities like education and health, housing, electricity, water, drainage, paved roads, toilet etc. The expansion of slums and rundown areas in the cities has increased at a much faster pace, resulting in over-crowding, insanitation, strain on the existing civic services and degradation of urban environment (Mazhari, 2006). The United Nations had earlier viewed that unless the problem of urbanization has effective solutions, the world's slum population of 1 billion squatter dwellers would double in the following 3 decades (Ramanathan & Dey, 2006).

Nevertheless, despite today's unforgiving disparities of slums, people with experiences of both rural and urban poverty still choose to stay in slums rather than to move back to the countryside. To support such views, the McKinsey Global Institute shows that 60% of the global economic output are accountable to 600 cities the world over, hence even the slum dwellers who are at the bottom of the heap, are still better off than their counterparts in rural settings (Kenny, 2012).

In the context of India, it is evident that urban poverty has resulted in proliferation of slums or bustee. Nonetheless, the holistic feature of urban poverty in its entirety encompasses characteristics much beyond the periphery of these slums, and cannot be neglected in order to accentuate the true dimensions of urban poverty.

A route to escape poverty in areas under strong influence of poverty is not optimistic unless there is intensive effort for preventing chronic conditions. Without robust system of intervention and prevention in place, the cycle of poor health, poverty and welfare in such areas will persist (Sparer & Okada, 1974). The high incidence of diseases like diarrhoea disorder, viral infections etc are common

occurrences in the slums, which is the result of environmental hazards such as contaminated water, unhygienic disposal of human waste, improper garbage disposal and their poor personal hygiene (Sarin, 2000). One-fourth of sickness in slums accounted for water-related diseases. The World Health Organizations estimated that 626 million people routinely defecating outdoors (WHO, 2014). The most common problems among all urban poor are the unavailability of toilet, drinking water and housing condition (Karn et. al., 2003). Pollutions from industry and petrol exhaust are responsible for diseases like lung cancer, asthma and bronchitis (Dey, 2000).

The public expenditures in India related to health and nutrition have been very low as compared to other developing countries (Chaudhary, 2017). While some studies observed that the poor have higher tendency to become sick and need more medical care than the non-poor (Sparer and Okada, 1974), others have witnessed that standard medical practices were likely ignored in many developing countries, causing adverse affects to the patients' health (Garner & Thaver, 1993).

Among North East states, Mizoram, Nagaland and Meghalaya have comparatively lower incidence of poverty, but strangely consume relatively lower calorie from most common food items. Nagaland and Mizoram have MPCE middle class distinctly dominating (Mukherjee & Banerjee, 2000). Thakurta (2000) writes that the abnormal growths in the urban areas in Mizoram is the result of abundant government jobs, where *one in every 20 persons (1:20) in the state is engaged, against* a ratio of 1:113 for all India. The resultant rapid urbanization has exerted pressure on basic amenities and infrastructure in the urban areas.

Welfare pertains to prosperity and quality of living standards in an economy. It is measured through variety of factors such as income, literacy, healthcare, levels of pollution, employment, credit system, safety, social support systems etc. These factors determine the ability to make healthy choices, conducive to general wellbeing. Maiti and Chattopadhyay (1993) observed that the levels of living among different groups of urban people in India have been stagnant for over a span of four decades. The urgent need is to revamp the credit delivery system for supporting the informal sector in the urban areas (Sridharan, 1995).

It is unfortunate that programmes for alleviating slums in India have failed, mostly because the policies have evolved with heavy dependence on the experiences of other countries, and the government agencies or banking sectors that implement the programmes are often famous for their delays and corruptions (Sridharan, 1995). It is important to understand that, in spite of these failures, initiatives to evolve new schemes to better address the issues of urban poverty are constantly being churned out by policy makers. Kerala launched its customised and successful self-help groups based programme known as the '*Kudumbashree*' in April 1999 to eradicate poverty within 10 years through coordinated community actions under the local self governments (Pat, 2005). The city of Balikpapan, Indonesia has formulated a unique poverty alleviation program called '*Nine carry One*' where every nine better-off people is expected to support one poor person mainly through donations (Ramanathan & Dey, 2006). The police department and the Municipal Corporation in the city of Pune have collaborated with the citizens in different localities enhancing basic services, law and order and have decreased crimes. These services directly impact productivity and the ability of the poor to avail the advantage of economic opportunities (Paul, 1994). It is important to contemplate on the plight of the marginalized poor and accept their right to the city as a greater way ahead (Vaddiraju, 2016). On its part, the Indian government has included job creation in the nine pillars for transforming the Indian economy and initiated a multi-training mission under the aegis of Pradhan Mantri Kaushal Vikas Yojana (Prime Minister's Skill Development Scheme), with a target of training 400 million workers by 2022. This is done in order to cash in from the rich reserve of population dividend it has (Gupte, 2016).

The need for incorporating social indicators in analyzing poverty has been brewing since the 1950s, and by 1960s Europe started moving towards development of social indicators to complement the income measures (Atkinson *et al.* 2002). Alkire and Foster spearheaded the Multidimensional Poverty Index, which could be used with discrete and qualitative data (eg. functionings like literacy or physical security) as well as continuous & cardinal data (as consumption and income are viewed). The methodology is a versatile and flexible structure, adjustable to

incorporate alternative indicators, cut-offs and weights to appropriately suite the requirements of regional, national, or sub-national contexts. The introduction of the multidimensional poverty in rural China and the departure from the traditional unidimensional one is significant, and has therefore provided an alternative lens through which poverty may be viewed and understood (Alkire & Foster, 2011). Abu-Ismail et. al. (2015) have revised the cut-off thresholds for some of the existing indicators of Global Multidimensional Poverty Index and applied these new MPis to three middle-income Arab countries of Jordan, Iraq and Morocco with findings that reveal a more comprehensive view of the spread of multidimensional poverty. To this end, the Indian government under the initiatives of NITI Aayog, is preparing MPI Parameter Dashboard to rank all the States and UTs of the country, along with a State Reform Action Plan (SRAP), while setting the NFHS-5 for determining the latest MPI position of the country (NITI Aayog, 2020).

Chapter 3

SITUATIONAL OVERVIEW OF URBAN POVERTY IN MIZORAM

3.1. Introduction

The most important concern of the world today is the fundamental issues related to poverty and uplifting those sections of the society who are otherwise deprived of basic necessities of life. A study on urban poverty is an examination of the incidence of poverty, socio-economic conditions, and various areas addressing basic urban services. According to the Ministry of Housing and Poverty Alleviation, Govt. of India, the country will have 41% of its population or over 575 million people living in cities and towns by the turn of 2030 (GOI, 2009). Census 2011 indicated that the total urban population in India was over 377 million, comprising of 31.14% of the entire population of the country. For the state of Mizoram, the increase in urban population during 2001 to 2011 was from 49.63% to 51.51%. The state was ranked 5th highest in urban population during 2001, however it slid down to 7th position because of the rapid growth of urban population in other states of India (Census 2011).

According to the Planning Commission of India, there were 270 million persons living below the Tendulkar Poverty Line in 2011-12 as against 407 million during 2004-05; which is a reduction by 137 million. The percentage of persons below the Poverty Line in 2011-12 was estimated at 21.9%, with 25.7% in rural areas and 13.7% in urban areas. During 2004-05 the respective figures were 41.8% for rural, 25.7% for urban and 37.2% for the overall. Likewise, the ratios during 1993-94 were 50.1% for rural, 31.8% for urban and 45.3% for the country as a whole. It can thus be seen that according to the Tendulkar Methodology, the poverty ratio during 2004-05 to 2011-12 (7 years) declined by a large margin as compared to the 11 years period between 1993-94 to 2004-05 (Planning Commission, 2013).

The Planning Commission constituted a subsequent Expert Group in 2012 under the headship of C.Rangarajan, which had since revised the below poverty line percentage of 2011-12 to 30.9% for rural and 26.4% for urban population, with the all-India ratio at 29.5%. According to the Report, in terms of figures, the rural area has 260.5 million; urban area has 102.5 million, with the result that the entire population of India living in poverty in 2011-12 was 363 million.

The state of Mizoram has 27.4% or 3.1 lakhs living below poverty line, with 33.7% or 1.8 Lakhs in the rural areas, and 21.5% or 1.2 lakhs in urban areas. The Expert Group (Rangarajan Committee, 2014), also established the poverty line in terms of monthly per capita consumption expenditure at Rs.972 for rural areas, and Rs.1407 for the urban areas during 2011-12. In a simple way, for a family of five, the calculation translates to a monthly consumption expenditure of Rs.4860 for rural areas and Rs.7035 for urban areas (Planning Commission, 2014).

To have better insight on the different dimensions of urban poverty to be discussed in the subsequent chapters using primary data, it is considered worthwhile to examine in this chapter the nature and situations of urban poverty in the state using the unit level data of national level surveys. The whole analysis is based on the un-tabulated unit level data of NSS 61st, 68th and 72nd Rounds on Household Consumer Expenditure. The unit level data of these surveys were tabulated to suit the need of the study. At the same time, the frequency multipliers generated by the NSS are used as weigh for all the estimates.

3.2. Trends of Poverty Incidence

It may be noted that the incidence of poverty among the different states of India were earlier estimated by the erstwhile Planning Commission, while identification of the poor had to be undertaken by the respective state governments which conducted BPL Census at regular intervals. The nodal agency to conduct BPL Census in Mizoram is the Directorate of Economics & Statistics, Government of

Mizoram, and the latest BPL Census conducted in the state was in 2016. According to this Census, the total number of BPL households in urban areas of Mizoram was 56,584 by 2016, while the Mizoram Statistical Handbook 2018 shows the total number of households as 569,970 (GOM, 2018b).

In the Table 3.1, the poverty incidence in Mizoram based on the official estimates is presented. It is important to note that upto 2004-05, Lakdawala methodology was adopted for estimation of poverty. According to the methodology, there was no state specific estimate for Mizoram in 2004-05, and so the estimate for Assam state was used for all other North Easter states. Therefore, the ratio in this year is not comparable with other estimates. From 66th NSS Round (2009-10), the Tendulkar Methodology was adopted. However as there was severe drought in the year 2009-10, another thick NSS Round (68th Round) was conducted. This round is used in this table to estimate the poverty. Meanwhile, as there were some issues on the estimates of poverty by the Tendulkar Methodology, another expert group under C.Rangarajan was formed. The estimate of this committee is also presented in the table.

Table 3.1: Trend of Poverty Estimates in Mizoram and India - Official Estimates

Year	Sector	Poverty Line (Rs. Per Person/Month)	Poverty Ratio (%)	No. of Persons (lakhs)
Mizoram				
2004-05*	Rural	387.64	22.3	1.02
	Urban	378.84	3.3	0.16
	Combined		12.6	1.18
2009-10	Rural	850	31.1	1.6
	Urban	939.3	11.5	0.6
	Combined		21.1	2.3
2011-12	Rural	1066	35.43	1.91
	Urban	1155	6.36	0.37
	Combined		20.4	2.27
2011-12**	Rural	1231.03	33.7	1.8
	Urban	1703.93	21.5	1.2
	Combined		27.4	3.1
India				
2004-05	Rural	356.3	28.3	2209.24
	Urban	538.6	25.7	807.96
	Combined		27.5	3017.2
2009-10	Rural	672.8	33.8	2782.1
	Urban	859	20.9	7647
	Combined		29.8	3546.8
2011-12	Rural	816	25.7	2166.58
	Urban	1000	13.7	531.25
	Combined		21.92	2697.83
2011-12**	Rural	972	30.9	2605.2
	Urban	1407	26.4	1024.7
	Combined		29.5	3629.9

* Assam poverty line & ratio were used for all NE States & ** estimates by Rangarajan Committee (2014)

Source: (1) Poverty Estimates for 2004-05, PIB, New Delhi, March 2007

(2) Planning Commission, *Press Note on Poverty Estimates, 2009-10*, Govt. of India, March 2012

(3) Planning Commission, *Press Note on Poverty Estimates, 2011-12*, Govt. of India, July 2013

(4) Planning Commission, *Report of the Expert Group to Review the Methodology for Measurement of Poverty*, Govt. of India, June 2014

It is surprising to see that the poverty incidence in Mizoram, rural and urban, does not show clear trend during the period under study. One thing that is clearly shown in this table is that the poverty ratio changes with the change in methodology. The poverty incidence in Mizoram is highly sensitive to the official methodology. In the light of this observation, it may be noted that Thanga (2011) in his study of poverty and inequality in North East India using consumer expenditure report of the 55th (1999-2000) and 61st (2004-05) Rounds of the NSS observed that for the urban areas, a 1% increase in poverty line resulted in increase in the incidence of poverty by 0.22% for the year 1999-2000 and 0.28% for the year 2004-05. Thus, correct measurement of the poverty line has become the main issue while estimating poverty incidence using NSS data in Mizoram.

To have better view on the regional spread of urban poverty incidence in Mizoram, the district wise poverty incidence is estimated and presented in Table 3.2. It is seen that during 2011-12, Mamit district with 39% or 1478 households has the largest ratio of urban poverty in the state, while the capital district of Aizawl with 12.4% or 6167 households has the least ratio of urban poverty for the year. Lunglei district has 27.2% or 3806 urban poor households in 2014-15, which happens to be the largest ratio of urban poverty in the state, while Champhai with a significant drop from 28.8% to 1.4% or 2233 to 122 households during 2011-12 to 2014-15 has the least ratio of urban poverty for the year. It is important to note that, there was no urban sample for Mamit in 2014-15, while no urban sample is available for Lawngtlai for both 2011-12 and 2014-15.

Table 3.2: District Wise Estimates of Urban Poverty in Mizoram

District	2011-12		2014-15	
	Poverty Ratio (%)	Estd. No. of Families	Poverty Ratio (%)	Estd. No. of Families
Mamit*	39.6	1478	--	--
Kolasib	24.3	1873	11.8	872
Aizawl	12.4	6167	7.8	3832
Champhai	28.8	2233	1.4	122
Serchhip	31.4	1932	26.6	1519
Lunglei	25.3	3422	27.2	3806
Lawngtlai**	--	--	--	--
Saiha	33.5	1175	22.2	778
Total	19.8	18280	11.9	10929

Source: Computed from Unit Level Data of NSS 68th & 72nd Rounds

* no urban sample in 2014-15 & ** no urban sample in all rounds

3.3. Estimating the Depth of Poverty

While studying the poverty incidence, it is an interest to look from the angles of inequality and the depth of poverty in the area. One of the most commonly used measure of inequality in economic research is Gini Coefficient (G), while poverty gap is the intensity of poverty. Poverty gap is defined as the amount of income required to bring the poor up to the poverty line. It is the difference between poverty line and the average per capita consumption of the poor households. The study estimates the Gini Coefficient (G) and Poverty Gap (PG) among the urban poor in Mizoram using the following formula:

$$G = \frac{2 \sum_{i=1}^n i y_i}{n \sum_{i=1}^n y_i} - \frac{n+1}{n},$$

for the household income or expenditure y_i ; $i = 1, 2, \dots, n$ and $y_i \leq y_{i+1} \leq y_{i+2} \leq \dots$ are household income arranged in ascending order.

Table 3.3 presents the resultant inequality measures and poverty gap. For the analysis, the Poverty Line as recommended by Rangarajan Committee has been adopted. There is however a slight difference with the official estimates presented in Table 3.1. As there was no separate official poverty line for the year 2014-15, the poverty line for 2011-12 was updated by using Consumer Price Index (2011-12 series). There is a slight difference in the poverty ratio in 2011-12, which is due to estimation error, and insignificant.

Table 3.3: Estimated Trends of Poverty Depth and Inequality in Rural and Urban Areas of Mizoram

Year	Measures	Rural	Urban	Combined
2011-12	Poverty Line (Rs.)	1231.0	1703.9	1467.5
	Estimated Poverty Ratio (%)	32	19.8	26.4
	Average MPCE of Poor (Rs.)	979.8	1298.5	1089.5
	Poverty Gap (Rs.)	251.2	405.4	378.0
	Poverty Gap (%)	20.4	23.8	25.8
	Gini Coefficient	0.25	0.24	0.26
2014-15	Poverty Line (Rs.)**	1442.8	1997.0	1719.9
	Estimated Poverty Ratio (%)	36.4	11.9	25.5
	Average MPCE of Poor (Rs.)	1101.5	1318.3	1146.4
	Poverty Gap (Rs.)	341.3	678.7	573.5
	Poverty Gap (%)	23.7	34.0	33.3
	Gini Coefficient	0.28	0.24	0.28

Source: Computed from Unit Level Data of NSS 61st, 68th & 72nd Rounds

Note: MPCE = monthly per capita consumer expenditure

** as there is no separate official estimates for this year, poverty line for 2011-12 as recommended by Rangarajan Committee was scaled up based on the CPI (2011-12 series)

It is observed from Table 3.3 that there was no change in the level of inequality in urban areas between 2011-12 and 2014-15, while rural areas is observed to have experienced increasing inequality. At the same time, urban poverty gap has

increased significantly from Rs.405 which turned out to be 23.8% of the poverty line in 2011-12 to Rs.678.7 or 34% of poverty line in 2014-15. That means, on an average an additional income of Rs.678.7 per capita is required by the poor to move them out of poverty in urban areas of Mizoram in 2014-15. Given this observation, it can be concluded that while poverty ratio has shown a decreasing trend, the depth of poverty has increased over time.

To supplement the observation given in Table 3.3, Table 3.4 displays the MPCE distribution, or per capita monthly income distribution of the urban poor in Mizoram for the period of 2011-12 and 2014-15. It follows that for the year 2011-12, the largest percentage of population i.e 33% correspond to the MPCE of Rs.1200-1400, followed by 28.3% with MPCE ranging between Rs.1000-2000, 11.7% with MPCE of Rs.1600 and above, and 7.7% with MPCE of below Rs.1000.

Table 3.4: Distribution of Monthly Per Capita Consumer Expenditure (MPCE) of Urban Poor in Mizoram - a proxy to income distribution

MPCE (Rs.)	2011-12		2014-15	
	Estd. No.	Percent	Estd. No.	Percent
Below 1000	1411	7.7	2299	21
1000-1200	5180	28.3	788	7.2
1200-1400	6123	33.5	730	6.7
1400-1600	3435	18.8	3307	30.3
1600& Above	2131	11.7	3804	34.8
Total	18280	100	10929	100
Average MPCE (Rs.)	1298.5		1318.3	

Source: Computed from Unit Level Data of NSS 68th & 72nd Rounds

The year 2014-15 witnessed remarkable shifts in the overall MPCE. For the most significant shifts, 34.8% of the urban poor have moved to the highest MPCE of Rs.1600 and above, followed by 30.3% moving to the MPCE range of Rs.1400-1600, and 6.7% comprising of the MPCE range of Rs.1200-1400 after witnessing a

remarkable drop from 33% during 2011-12. It is significantly noted that the ratio of urban poor within the lowest MPCE i.e below Rs.1000 has unexpectedly inflated from 7.7% in 2011-12 to 21% during 2014-15. One clear conclusion that can be drawn from the table is that around one-third (30%) of the poor are below the average MPCE of the poor.

3.4. Socio-Economic Status

Table 3.5 presents the socio-economic status of the urban poor in Mizoram from the 68th NSS data. The average family size according to the estimate is 5.41. The sex of the household heads shows 89.6% male and 10.4% female. The age distribution among the household heads reveals an average age of 47.3 years, where the highest percentage i.e 27.9% are from the age group of 30-40 years and the lowest with 7.3% are from 30 years below. The second highest proportion is 22.9% from the age group of 50-60 years, 21.4% from the age group of 60 years and above, and 20.5% from the age group of 40-50 years.

The educational level of the household heads shows that 41.3% attained education upto middle school level, 27.1% attained upto primary level, 12% attained upto secondary level, while 13.2% were below primary level, and 2.2% were non literate; of the remaining, 2% attained higher secondary level, while only 1.9% attained graduate level education.

Table 3.5: Socio-Economic Status of the Urban Poor in Mizoram

Sl. No.	status indicators	Estd. No. of HH	Percent
1. Sex of the Household Head			
	male	16386	89.6
	female	1895	10.4
	Total	18280	100
2. Age Distribution of Household Head (yrs.)			
	below 30	1330	7.3
	30-40	5099	27.9
	40-50	3748	20.5
	50-60	4195	22.9
	60& Above	3910	21.4
	Average Age (yrs)	47.3	
3. Educational Levels of Household Head			
	non literate	396	2.2
	Others	59	0.3
	literate with formal schooling: below primary	2414	13.2
	primary	4951	27.1
	middle	7557	41.3
	secondary	2188	12
	higher secondary	364	2
	graduate	351	1.9
	Total	18280	100
4. Average Family size		5.41	
5. Social Groups			
	Scheduled Tribes	17613	96.3
	Scheduled Castes	152	0.8
	Other Backward Classes	497	2.7
	Others	18	0.1
6. Religion			
	Hinduism	749	4.1
	Islam	18	0.1
	Christianity	17513	95.8

Source: Computed from Unit Level Data of NSS 68th Round (2011-12)

From Table 3.5 it can be seen that just about 3.9% of the household heads could reach educational level beyond matriculation, suggesting a need for proper

attention at the secondary education level and beyond. The distribution of various social categories in the table shows that Scheduled Tribe constitutes the majority with 96.3% of the population, Other Backward Classes constitute 2.7%, Scheduled Caste constitute 0.8% and others account for 0.1%. The religion followed by majority of the population i.e 95.8% is Christianity, followed by Hinduism with 4.1%, and Islam with 0.1%.

3.5. Livelihood Activities

To examine the main livelihood activities of the poor and the non-poor in Mizoram for the period of 2011-12 and 2014-15, their main activities were classified using NIC 2008 (GOI, 2008) upto five digit levels. In order to find out the broad structure of livelihood activities, NIC 2008 five digit levels is further reclassified into 2 digits level and these results are presented in Table 3.6.

Table 3.6 clearly shows that for 2011-12 the major component of livelihood among the urban poor accounting for 53.9% was agriculture and allied products, followed by 12.7% for public administration, 9.2% for education, 9.3% for wholesale, retail, motor repairs and 6% for construction. The data for 2014-15 shows a different trend where the percentage for construction increased to 35.2%, and agriculture and allied products decreased considerably to 33.7%, while the participations of education, mining & quarrying and human health & social works were completely reduced to nil. The share of public administration increased to 17.8%, transport & storage increased to 5.2%, while wholesale, retail and motor repairs were reduced to 2.6%.

Table 3.6: Main livelihood activities of Urban Poor in Mizoram as per NIC-2008

livelihood activities	2011-12			2014-15		
	Poor	Non-Poor	Total	Poor	Non-Poor	Total
agriculture & allied	53.9	23.9	29.7	33.7	13.9	16.1
mining & quarrying	0.9	1.2	1.1	0.0	0.5	0.4
manufacturing	2.7	3.3	3.2	0.3	6.4	5.7
electricity, water supply, etc.	0.0	0.5	0.4	0.0	0.9	0.8
construction	6.0	5.4	5.5	35.2	8.6	11.6
wholesale, retail, motor repairs	9.3	15.6	14.3	2.6	15.0	13.6
transport & storage	1.1	3.9	3.3	5.2	2.8	3.0
public administration	12.7	16.1	15.4	17.8	33.8	32.0
education	9.2	23.8	21.0	0.0	10.9	9.7
human health & social works	2.3	2.0	2.0	0.0	3.3	2.9
other services	2.1	4.4	3.9	5.1	4.0	4.1
total	100	100	100	100	100	100

Source: Computed from Unit Level Data of NSS 68th & 72nd Rounds

Table 3.7 presents the types of households in Mizoram which are classified into four categories viz. self-employed, regular wage/salary earning, casual labour and others. In 2011-12 the self employed constitute 41% of the households, followed by casual labour comprising of 33.7%, regular wage/salary earning comprising of 15.9% and other trades comprising of 9.4%. By 2014-15 the percentage of self-employed and casual labour decreased to 30.3% and 25.1% respectively, while regular wage/salary earning increased to 22.6% and others jumped to 22%.

Table 3.7: Household Types of the Urban Poor in Mizoram

Types	2011-12		2014-15	
	Estd. No.	Percent	Estd. No.	Percent
self - employed	7499	41.0	3313	30.3
regular wage/salary earning	2911	15.9	2472	22.6
casual labour	6151	33.7	2742	25.1
others	1719	9.4	2401	22.0
Total	18280	100	10929	100

Source: Computed from Unit Level Data of NSS 68th & 72nd Rounds

In order to chalk out further implication of the household types, the data for 2014-15 has been cross tabulated with their livelihood activities in Table 3.8. This is done to understand the distribution of household types based on the various livelihood activities that have been adopted by the urban poor in Mizoram. Accordingly, it can be seen from the table that agriculture & allied activities engage 33.7% of the poor households within which 55.3% are self-employed, implying a culture of working more on own farming activities rather than working in other's farming activities. It may be noted that the survey covers the notified urban towns other than the state capital (Aizawl) where agriculture and allied activities remains to be the main livelihood source for the people.

Table 3.8: Detailed Classification of Types of Household (HH) on Broad Activities - 2014-15

Activities	Estd. No. of HH	Estd. % of HH	Percentage of Households				total
			self - employed	regular wage / salary earning	casual labour	others	
agriculture & allied	3084	33.7	55.3	--	--	44.7	100
manufacturing	26	0.3	100	--	--	--	100
construction	3218	35.2	14.8	--	85.2	--	100
wholesale, retail, motor repairs	242	2.6	100	--	--	--	100
transport & storage	476	5.2	100	--	--	--	100
public administration	1627	17.8	--	100	--	--	100
other services	469	5.1	7.5	92.5	--	--	100
Total	9142	100	32.4	22.5	30.0	15.1	100

Source: Computed from Unit Level Data of NSS 72nd Rounds

At the same time, it is observed from Table 3.8 that the largest proportions (35.2%) of poor households have been engaged in construction, where 85.2% were casual labours. Manufacturing, wholesale, retail & motor repairs and transport & storage were adopted by 0.3%, 2.6% and 5.2% of the poor households respectively, and fully occupied by the self-employed category. Similarly, public administration engaging 17.8% of the households has been fully occupied by the regular wage / salary earning households of the urban poor. Other services employ 5.1% of households within which 92.5% are from regular wage / salary earning households.

3.6. Access to Basic Services and Amenities

The living conditions of the poor and their access to basic facilities have been extracted from the 68th Round of NSS and presented in Table 3.9. The status of dwelling units shows that 75.7% owned their houses, 19.1% live in hired houses, and 5.3% live in other forms of accommodation. As noted earlier, the NSS survey used in this table covered urban town outside Aizawl, especially those towns other than district capitals, where space for house construction are available. So, the figures for ownership of dwelling houses by the poor are likely to be different once these urban towns are excluded from the table. The actual housing conditions prevailing in Aizawl city are analyzed in the subsequent chapter. Meanwhile according to the Aizawl Development Authority (2012), homelessness is not a major problem in Aizawl, but a rapid increase in the demand for it is due to large scale in-migration, and practice of nuclear families.

Table 3.9: Access of the Urban Poor to Basic Facilities in Mizoram

Facilities	Status	Estd. No. of HH	Percent
1. Status of dwelling unit	owned	13832	75.7
	hired	3483	19.1
	others	965	5.3
2. Possess Ration Card	possessed	17892	97.9
	not possessed	388	2.1
3. Types of Ration Card	BPL	9461	52.9
	others	6552	36.6
4. Main source of cooking	firewood and chips	3899	21.3
	LPG	14131	77.3
	charcoal	59	0.3
	kerosene	158	0.9
	electricity	34	0.2
5. Main sources of lighting	candle	514	2.8
	electricity	17767	97.2

Source: Computed from Unit Level Data of NSS 68thRound (2011-12)

Table 3.9 also depicts that as many as 97.9% of the households possess ration cards, in which 52.9% are categorized BPL ration cards. On domestic fuel, majority of the households i.e 77.3% depend on LPG for cooking, while 21.3% depend on firewood and chips. The data on the main source of lighting shows that 97.2% depend on electricity.

3.7. Consumption & Nutritional Status

On the study of consumption pattern, the share of household expenditure (as a proxy of income) spent especially on food is widely taken as the vulnerability of the poor (INDDEX Project, 2018). As food is necessity for human survival, high food expenditure share unequivocally implicate limited consumption space for the poor to

get other non-food expenditures that may be equally needed (Lele, et. al, 2016). It also indirectly exhibits the vulnerability of the poor to food price increase.

The consumption pattern of the urban poor in Mizoram based on the NSS 68th Round is presented in Table 3.10, which reflects the break-up of monthly per capita consumer expenditure (MPCE) on different categories of food and non-food items. The table shows a total MPCE of Rs.1468.5 where the value of items in the food basket accounts for Rs.756 or 51.5% of the total MPCE, and that of the non-food accounts for Rs.712.5 or 48.5% of the total MPCE. Among the items in the basket of food, vegetables constitute 11.9%, egg, fish & meat constitute 10.9%, cereal constitute 10.2%, and beverages, refreshment, etc constitute 5.6%. On the other hand among the items in the basket of non-food items, fuel & light constitute 8.4%, clothing & bedding constitute 7%, pan, tobacco & intoxicants constitute 5.8%, tent constitute 4.3%, and consumer services excluding conveyance constitute 4.2%.

Table 3.10: Detailed break-up of Monthly Per Capita Consumer Expenditure of Urban Poor in Mizoram

sl. no.	item category	average value (Rs.)	share (%)
1	cereal	149.1	10.2
2	cereal substitutes	6.8	0.5
3	pulses & pulse products	28.8	2.0
4	milk & milk products	33.2	2.3
5	salt & sugar	17.9	1.2
6	edible oil	46.8	3.2
7	egg, fish & meat	159.9	10.9
8	vegetables	175.5	11.9
9	fruits (fresh)	21.6	1.5
10	fruits (dry)	11.0	0.7
11	spices	23.3	1.6
12	beverages, refreshment, etc.	82.2	5.6
	food: total	756.0	51.5
13	pan, tobacco & intoxicants	85.2	5.8
14	fuel & light	123.0	8.4
15	clothing & bedding	102.5	7.0
16	footwear	44.7	3.0
17	education	35.7	2.4
18	medical (institutional)	13.9	0.9
19	medical (non-institutional)	22.5	1.5
20	entertainment	34.1	2.3
21	minor durable-type goods	9.4	0.6
22	toilet articles	35.2	2.4
23	other household consumables	19.2	1.3
24	consumer services excl. conveyance	61.1	4.2
25	conveyance	28.3	1.9
26	rent	62.9	4.3
27	taxes &cess	11.4	0.8
28	durable goods	23.3	1.6
	non-food: total	712.5	48.5
	total expenditure	1468.5	100

Source: Computed from Unit Level Data of NSS 68thRound (2011-12)

Table 3.10 shows that food expenditure constitute more than half (51.5%) of the total consumption basket of the urban poor. This may be interpreted as a

reflection of food insecurity among the poor in urban areas of Mizoram. While there is no internationally agreed thresholds on the level of food insecurity based on the proportion of food expenditure, Smith and Subandoro (2007) have shown that those spending 50-65% have food insecurity, and those that spend less than 50% of their income on food are considered to have lower level of food insecurity.

While studying the consumption patterns of the poor households in the study area, it is also an academic interest to examine the nutritional status of the poor households. Though it is not possible to cover all the items which constitute the food consumption basket given the limited availability of unit level data on the quantity of food items in NSS survey Data, it is believed that selection of few items as sample indicator could well serve the purpose. Thus, three food items, namely cereals, pulses & products, and sugar were taken for the sample. Meanwhile, the daily recommended intake as suggested by National Institute of Nutrition (2010), Hyderabad has been simply adopted, and the unit level data of NSS 68th Round is used as basis for the calculation. The result is presented in Table 3.11.

Considering the recommended daily intake for cereal in particular, it is clear that all categories of the income classes (MPCE) of poor households fall below the recommended 400g per day, although the non-poor households are more or less within the margin. Meanwhile, it is imperative to highlight that all categories of both the poor and non-poor households could not achieve the required daily intake of 80g of pulses & products and 40g of sugar per day. Taking this into consideration it can be assumed that the poor households have not attained the daily required intake for their staple food (cereals), despite the fact that more than 50% of these households have BPL Ration Card from the Public Distribution System (PDS). Thus, it may be concluded that food insecurity and poor nutritional status are the closely interlinked nature of urban poverty in Mizoram.

Table 3.11: Nutritional Status of the Urban Poor in Mizoram (for selected food items)

per capita/day (in gram)

MPCE (Rs.) distribution/category	cereal	pulses & products	sugar
recommended daily intake (g/day)**	400	80	40
<u>Non-Poor Households</u>			
below 2000	392.70	18.67	13.26
2000-3000	404.61	21.57	15.90
3000-4000	416.67	23.45	16.74
4000& above	438.52	27.45	17.72
all groups average	410.86	22.50	16.11
<u>Poor Households</u>			
Below1000	349.74	10.97	20.72
1000-1200	366.53	10.99	14.80
1200-1400	371.61	15.37	13.73
1400-1600	356.60	15.34	20.18
1600& above	372.79	19.11	13.87
all groups average	365.80	14.26	15.48

Source: Computed from Unit Level Data of NSS 68th Round (2011-12)

**National Institute of Nutrition (2010), *Dietary Guidelines for Indians: A Manual*, Hyderabad.

3.8. Concluding Note

The analysis undertaken in this chapter does not show clear trend of the urban poverty incidence in Mizoram, and it is rather found determined by the change in the measurement of poverty. This in turn, exhibit the highly volatile state of urban poverty in which substantial number of the households can be above or below poverty line with a slight change in the methodology of measurement or price increase if it is effectively factored in the poverty line. The serious issue observed in

the preceding analysis is the deepening of poverty as indicated by widening poverty gap over time. This may be taken to implicate that certain section of the poor population have become poorer in relative term, while simultaneously their status on food security and nutrition need appropriate attention. In terms of livelihood source, the largest proportion of the urban poor earned income as wage/daily labour from construction sector. So, any policy intervention on the livelihood security of the poor has to be directed effectively to address the terms of employment/engagement and work place security of the workers in the construction sector.

Chapter 4

THE LIVING AND SOCIO-ECONOMIC CONDITIONS OF URBAN POOR IN MIZORAM

4.1. Introduction

Studies in urban poverty emphasize on the complex structure and challenges faced with the growth of urbanization, and the resulting deficiencies in basic amenities like water, electricity etc, lack of adequate shelter and nutrition, deprivations of income, health, education, security, empowerment and many more. At the national level these factors are monitored through surveys carried out by the NSSO, NFHS, census of India and various other survey agencies. As alluded in earlier context, with 29.25% of urban population of the world living in slums (World Bank, 2018), much of the reviews have been based on analysis of the characteristics of slums and their manifestations.

North Eastern India is under a strong grip of poverty due to its peculiar nature as compared to the rest of the country. In addition to the problems that infest the cities in India and across the globe, because of its geographic location the region of North East India experiences lack of communication infrastructure, resulting in high transportation cost, and triggering further increase in the general price levels as compared to other parts of the country. Therefore, imposing the national poverty line without any special consideration for these slackness could only result in under estimation of poverty incidence and inequality in the region (Thanga, 2011).

The problems of poverty have always been stumbling blocks in the process of development initiatives, with the result that the vicious cycle of poverty still entraps the poor, and disparity between the rich and the poor persists with every passing time. Attempt is made in this chapter to examine the basic living and economic conditions of urban poor in Mizoram using the primary data collected from the sample survey. The main study parameters are socio-economic conditions, asset

ownership, access to basic services, social security, housing status, and migration and its implication on urban poverty in Mizoram.

4.2. Socio-Economic Dimensions of Urban Poor

This section presents the status of the poor households covered in the study on different socio-economic indicators. Table 4.1 presents the sex and age distribution of household heads among the urban poor in Aizawl city. The Table reveals that the youngest age group among the household heads i.e. 15-29 years comprise of the smallest numbers of the household heads at 5.2%, while the age group of 45-59 years comprising of 135 families constitute the largest proportion of household heads i.e 33.3%.

Table 4.1: Age Distribution of the Household Heads of BPL Households

Age Group	No. of Households			% of Household		
	Male	Female	Total	Male	Female	Total
15-29	17	4	21	6.4	2.8	5.2
30-44	104	25	129	39.4	17.7	31.9
45-59	89	46	135	33.7	32.6	33.3
60 & Above	54	66	120	20.5	46.8	29.6
Total	264	141	405	100	100	100
Average Age	48.44	57.27	51.52	Average Family Size: 4.9		
Std. Dev. Age	15.24	14.58	15.57	Std. Deviation : 1.6		

Source: Field Survey, 2019

In addition, it can also be seen from the table that, the number of household heads increase as their age increase, which is considered to be a natural trend that as people attain more age they tend to shoulder more responsibilities in the family. The mean age of the male household heads is 48.44 years with standard deviation of

15.24, while the mean age for the female family heads is 57.27 years with standard deviation of 14.58. A strange pattern witnessed in the data set between the male and the female heads is that, while the male household heads reached their largest number in the age group of 30-44 years and decline thereafter, the number of female heads tends to increase continuously in ascending order all through the ages.

Table 4.2: Age Distribution of the Family Members of BPL Households

Age Group (Yrs)	No. of Persons			% of Persons			% of Age Group
	Male	Female	Total	Male	Female	Total	
Upto14	221	214	435	50.8	49.2	100	27.4
15-29	197	216	413	47.7	52.3	100	26.0
30-44	177	185	362	48.9	51.1	100	22.8
45-59	104	116	220	47.3	52.7	100	13.8
60 & Above	57	102	159	35.8	64.2	100	10.0
All Groups	756	833	1589	47.6	52.4	100	100
Average Age	28.97	32.07	30.60				
Std. Dev. Age	19.62	22.87	21.43				

Source: Field Survey, 2019

Unlike the age distribution of the household heads, the members of the family display different pattern of age distribution. Table 4.2 shows that the size of the population for each age group is in descending order as the members become older; the youngest group i.e. below 14 years comprise of the largest number at 27% of the total respondents, and the oldest group i.e. 60 years and above comprise of only 10%. The mean age for the male members of the household is 28.97 years with standard deviation of 19.62, and the mean age for the female is 32.07 years with standard deviation of 22.87. This signifies a wide dispersion of the age among members.

In addition, a sex ratio of 1101 has been observed among the respondents as against 976 for the entire state as per census 2011, indicating more female population

than male. This is mostly due to the sudden significant drop in the male population at the age group of 60 years and above.

Table 4.3: Religions of the Urban Poor Families in Aizawl City

Sl No	Religion	No. of Households	% of Households
1	Christian	404	99.8
2	Muslim	1	.2
Total		405	100.0

Source: Field Survey, 2019

Table 4.4: Educational Attainment of the Household Heads

Sl. No	Educational Levels	No. of Households	% of Households
1	Illiterate	12	3.0
2	Literate, no formal education	22	5.4
3	Primary School	93	23.0
4	Middle School	144	35.6
5	H/S level	106	26.2
6	HSS level	25	6.2
7	Graduate level	1	.2
8	PG level	1	.2
9	Professional Degree	1	.2
Total		405	100

Source: Field Survey 2019

Education is an important factor determining human development. Kundu (2007) wrote that educational attainment emerges as the single most significant factor impacting on poverty. The attainment of education level of the household heads is presented in the above Table 4.4. It can be seen that while there are 3% illiteracy, the highest educational level for 35.6% of the household heads was middle school, this is followed by high school level attained by 26.2%, primary school level

attained by 23%, higher secondary level attained by 6.2%. In addition, there is one person each at the graduate, postgraduate and professional education level. It can also be observed that though large portion of the household heads have attained education upto high school level, only few have attained higher secondary level and beyond.

Table 4.5: Educational Attainment of Members of Urban Poor Families

SI No	Educational Levels	No. of Household Members	% of Household Members
1	Illiterate	123	7.7
2	Literate	59	3.7
3	Primary School	279	17.6
4	Middle School	496	31.2
5	H/S level	416	26.2
6	HSS level	160	10.1
7	Graduate level	43	2.7
8	PG level	4	.3
9	Professional Degree	7	.4
10	Special Education	2	.1
	Total	1589	100

Source: Field Survey 2019

Table 4.5 shows the attainment of education level by members of the households. It can be seen accordingly that similar to the trends followed by the household heads, there are sizeable number of illiterate i.e 7.7% of the total household members, while those that attain higher education are very few. The largest proportion i.e 31.2% comprised of those attaining middle school level education, followed by high school level with 26.2%, primary school level with 17.6%, higher secondary level with 10.1%, under graduate with 2.7%, professional degree with 0.4% and special education with 0.1%.

In addition to the educational levels of the family members presented in Table 4.5, it is observed that of the 1075 working family members (aged 18 years and above), only 34 are reported to have acquired skill training (7 completed less than 3 months course, 21 completed 6 months course and 6 completed one year and above course).

Table 4.6 shows the age group of earning members of the family among urban poor in Aizawl city. It is seen from the table that out of the total 1589 household members 30.96% are engaged in earnings for their family. The major earning age are those within 15-60 years comprising of 27.12%, earning members above 60 years account for 3.84%, while there are no income earners among the age group below 15 years.

Table 4.6: Earning Members of BPL Household by Age Group

Sl No	Age Group (Yrs)	Earning Members of the Family			
		One Member	Two Members	Three Members	Four Members
1	Below 15 Yrs	-	-	-	-
2	15-60 Yrs	304	51	7	1
3	60 and Above	55	3	-	-
	Total	359	54	7	1

Source: Field Survey, 2019

Table 4.7 exhibits the age group and income range of earning members of the households among the urban poor in Aizawl city. It is seen from the table that the major earning age fall within 30-44 years accounting for 12.33% of the total household members or 39.84% of the earning members. The next are those aged between 45-59 years comprising of 8.24% of total household members or 26.63% of the total earning members. The age groups of 15-29 years and above 60 years comprise of 4.91% and 4.41% of total household members, or 15.85% and 14.22% of the earning members respectively.

4.3. Income and Consumption

Poverty is a phenomenon where a section of the society is incapable of fulfilling its basic necessities of life. Inequality is the unequal distribution of income or consumption among the population of the country. In other words, a less unequal distribution of income would indicate a lower incidence of poverty. Due to this fundamental relationship between poverty and inequality, any study on poverty must primarily be focussed on the aspect of distribution of income and consumption (Thanga, 2011).

Every household requires a sufficient income to sustain its survival; as such income constitutes the most significant component determining poverty. The Table 4.7 is a distribution of monthly income among the urban poor families in Aizawl city. It is observed that the average monthly income of the poor household is estimated at Rs.7682 with standard deviation of Rs.4231.2, implicating that majority of the families are in the range Rs.3500-Rs.12000. It can be seen accordingly that the income of 31.6% of households lie between Rs.6000-Rs.9000, and 30.6% households have income ranging between Rs.3000-Rs.6000. It is worthy to note that there are 2% of households whose monthly income have crossed Rs.18,000, while 7.2% are with income below Rs.3000. Around 70% of all the BPL households are having monthly income of less than Rs.9000.

Table 4.7: Monthly Income Distribution of BPL Household

Sl No	Income Range (Rs)	No of Households	% of Households
1	Below 3000	29	7.2
2	3000-6000	124	30.6
3	6000-9000	128	31.6
4	9000-12000	73	18.0
5	12000-15000	15	3.7
6	15000-18000	28	6.9
7	18000 & Above	8	2.0
Total		405	100.0

Average Monthly Income: Rs.7682.4 & Std. Deviation: Rs.4231.2

Source: Field Survey, 2019

In continuation to the Table 4.7, the per capita income of urban poor within Aizawl has been determined and depicted in Table 4.8. It is seen that the largest category of per capita income ranging between Rs.1000-Rs.2000 accounts for 38.8% of respondents, followed by 26.2% with monthly per capita income range of Rs.2000-Rs.3000. It is notable that more than half (50.7%) of the BPL families in the study areas are with per capita monthly income of less than Rs.2000. At the same time, it is surprising to see that as much as 12.1% of the poor families have per capita monthly income of more than Rs.4000. This is unbecoming in view of the BPL criteria and the official poverty line of the country. However, there are other factors that occurred during the reference period which the Scheduled Questionnaire failed to factor out, such as government assistance, sale of animal, etc. which inflates the income but may not be sustained in the coming years. Similarly, the inclusion of well to do families due to misinformation of the authority may also impact the income distribution upward.

Table 4.8: Per Capita Monthly Income of Households

SI No	Income Range (Rs)	No of Households	% of Households
1	Below 1000	48	11.8
2	1000-2000	157	38.8
3	2000-3000	106	26.2
4	3000-4000	45	11.1
5	4000& above	49	12.1
	Total	405	100.0

Source: Field Survey 2019

Table 4.9: Main Income Sources of the Poor Household in Mizoram

Sl. No	Sources	No. of Households	Percent
1	Govt. /Master Roll	17	4.2
2	Private firm (Shop/restaurant/security, etc.)	72	17.8
3	Driver	30	7.4
4	Daily Labour	215	53.1
5	Petty business	20	4.9
6	Farming	18	4.4
7	Pensioner	20	4.9
8	Remittance	3	0.7
9	Donations	2	0.5
10	Entrepreneurs	4	1
11	Others	4	1
Total		405	100

Source: Field Survey 2019

Table 4.9 presents the main income sources of BPL households in the study areas. It may be noted that earnings of these families are normally low and as such they have to perform multiple income generating activities to sustain family needs. So, identification of main income source was even difficult for some families. Thus, in such case, the source which contributes the largest income or which accounted for family mandays was recorded as family income/occupation of the family.

Table 4.9 shows that more than half (53.1%) of the BPL families are depending on daily labour. Other major income sources of the poor households in the study areas are, working in private firm or establishment (shops, restaurants, etc.) accounting for 17.8% of the households, driver (7.4%), petty business (4.9%), pension (4.9%), farming like crop cultivation, poultry, piggery, etc (4.4%), and Govt./master roll (4.2%). It may be noted that the government employ temporary workers and paid wages on daily basis, based on their skill levels, as per the minimum wages which is revised from time to time. Group of these workers under the government are called Muster Roll employees. Given their nature of engagement

and wage level, they can be called as poor if their income and other parameters fall short of the Official benchmark for poverty.

Table 4.10: Per Capita Monthly Consumption Expenditure Pattern among the BPL Households

SI No	Consumption Expenditure	Mean (Rs)	Percent
1	Food Items	709.99	26.35
2	Basic Services Items	243.67	9.05
3	Domestic Fuel & Electricity	349.88	12.99
4	Clothing & Footwear	79.88	2.97
5	Education	252.14	9.36
6	Health	106.17	3.94
7	Pan, Tobacco & Intoxicants	485.35	18.02
8	Housing & Furniture, Utensils & Appliances	41.78	1.55
9	Social Contributions / Donations	425.15	15.78
Total Monthly Expenditure		2694.01	100

Source: Field Survey 2019

The other dimension that directly relate to the generation of income is household consumption expenditure and its patterns. However, the problem faced during the field work was that the respondent found it hard to recollect the items of family consumption even for few days. Poor family head, uneducated and with little accounting knowledge cannot be expected to provide accurate picture of their day-to-day consumption information. Further, ‘consumption figures reported’ happen to be ‘reported income’ in many cases! Despite all these issues, the pattern of household consumption as observed in the survey is presented in Table 4.10. It can be seen that the highest percentage of expenditure is on food comprising of 26.35% of total expenditure, followed by pan, tobacco and intoxicants which accounted for 18.2%. Housing, furniture, utensils and appliances occupy the lowest spending destination accounting for merely 1.55%, clothing and footwear occupy 2.97%, and surprisingly health occupies the lower expenditure volume.

4.4. Employment and Sources

Unemployment and limited access to secure occupation could be one of the main reasons for urban poverty issues and problems. Meanwhile the scarcity of employment has forced most of the urban poor to move to the informal sector. Baker (2008) observed that majority of the urban poor work in the informal sector. The size of informality is estimated to range from 30% to 70% of GDP in developing countries. Sadly these employments are characterized by relatively poor working environments, overcrowded and often unsanitary living conditions, absence of social security and legal standing, and presence of high level of unemployment and underemployment, vulnerable to economic fluctuations, affecting the poor who are low on savings.

To have better understanding on the nature and implication of employment-unemployment among the urban poor, the condition of work participation and unemployment calculated based on the field study are presented in Table 4.11. In a simply way, labour force participation may be defined as the working population currently employed and available for work. People who are still undergoing studies, housewives and old age are not reckoned in the labour force. The ‘available for work’ category in Table 4.11 includes those currently working, as well as those seeking for suitable works.

Table 4.11: Labour Force Participation and Unemployment among the BPL

Particulars	No. of Members			% of Members		
	Male	Female	Total	Male	Female	Total
Availability of Family Members for Work						
Available for work	384	271	655	50.8	32.5	41.2
Not available for work	78	244	322	10.3	29.3	20.3
Student	245	231	476	32.4	27.7	30.0
Old age	49	87	136	6.5	10.4	8.6
Total	756	833	1589	100	100	100
Employment-Unemployment of Family Members						
Unemployed	86	129	215	22.4	47.6	32.8
Employed	298	142	440	77.6	52.4	67.2
Total	384	271	655	100	100	100

Source: Field Survey 2019

In view of the definition of labour force participation, it is observed that the total labour force participation rate among the members of poor families in urban areas is estimated to be 41.2%. The number is significantly lower for women members. It may be noted that the total labour force participation rate (LFPR) of India according to the Periodic Labour Force Survey (PLFS) 2017-18 by NSSO was 47.6% in urban areas. Given this, it is surprising to see the lower LFPR among the poor in Mizoram when compared to the national urban average, and its implication of high dependency ratio is another demographic problem among the poor households in the study areas.

At the same time, unemployment rate may be defined as the percentage of persons unemployed among those in the labour force (NSSO: PLFS, 2017-18). It is observed from Table 4.11 that the unemployment rate among the urban poor is very high at 32.8%, with 22.4% for male and 47.6% for female. This is on the higher side when compared with the national urban unemployment rates which showed 8.8% and 12.8% for males and females respectively. Thus, massive unemployment could be one of the most severe problems faced by the urban poor in Mizoram.

Table 4.12: Sources of Employment for the Urban Poor in Mizoram

Sources/Activity Categories	No. of Members			% of Members		
	Male	Female	Total	Male	Female	Total
Muster Roll/Temporary job under Govt.	14	5	19	4.7	3.5	4.3
Private firm (Shop/restaurant/security/etc.)	43	42	85	14.4	29.6	19.3
Driver	31	0	31	10.4	0.0	7.0
Daily Labour	182	59	241	61.1	41.5	54.8
Petty business	7	19	26	2.3	13.4	5.9
Housemaid	0	1	1	0.0	0.7	0.2
Farming	14	6	20	4.7	4.2	4.5
Pensions	2	4	6	0.7	2.8	1.4
Entrepreneurs	3	2	5	1.0	1.4	1.1
Others	2	4	6	0.7	2.8	1.4
Total	298	142	440	100	100	100

Source: Field Survey 2019

Table 4.12 presents the various sources in which the working family members of the BPL households in the study area are engaged. It is observed from this table that more than half (54.8%) of the family workers are engaged as daily labour, followed by private firm or private establishment such as shops, restaurants, private security, etc. which accounted for 19.3% of the total employment of the urban poor. Meanwhile, private drivers constitute 7%, while working under the state government or other statutory bodies (municipality, etc.) as temporary/Master Roll workers accounted for 4.3% of the cases. The table also revealed the involvement of poor family in running petty business as 5.9% of the employment was accounted by it.

Table 4.12 also shows the gender wise distribution of the employment in different activities/sources. Daily labour has been the most important source of employment for both male (61.1%) and female (41.5%). It is notable that there is significant difference between the two genders in case of petty business and private

firms. So, one may conclude that petty business is a more female friendly livelihood source in urban Mizoram. Under the category of 'private firm' are included waiters of restaurants, sales staff in retail and wholesale shops, private security, etc. The table showed that almost one third (29.6%) of the female employees of the poor households are engaged in these activities.

4.5. Housing and Housing Amenities

Housing provides shelter and is therefore considered to be the most crucial factor determining quality of life. The pressures asserted by rapid increase in population in urban areas as a result of migration of rural masses searching for jobs and better life, have caused not only deprivation in essential amenities, but have also adversely impacted the socio-economic status of the urban poverty. The urban areas experience severe housing shortages as their demand increases day by day. India is not much better even as it emerges to be the fastest growing economy in the world, since millions across the country are without adequate housing, thus posing bigger concern for the authorities.

Table 4.13 shows that as many as half of them own their dwelling places, 46.4% live in rented houses, while 2.7% live in houses with other means of tenancy. Of the 188 families living in rented house, only 2 families said they had written contract with their landlords. It is learned that there is no statutory provision for regulation of house rent, and security of tenancy in urban areas of Mizoram. The Mizoram Urban Areas Rent Control Bill, 2017 and its related Rules are yet to see its legislative approval. It is also observed that as many as 65.7% of the respondents live in semi-pucca houses, and 33.8% live in pucca houses, while 2 families stayed in thatched house.

Table 4.13: Structure and Ownership Status of Dwelling Units

Sl. No.	Status	No. of Households	% of Households
1	Structure		
	Pucca	137	33.8
	Semi Pucca	266	65.7
	Thatched	2	0.5
	Total	405	100.0
2	Ownership status		
	Rented	188	46.4
	<u>Tenureship Status</u>		
	<i>With written Contract</i>	2	1.1
	<i>Without written Contract</i>	161	85.6
	<i>No Answer</i>	25	13.3
	Owned	206	50.9
	Others	11	2.7
Total	405	100.0	

Source: Field Survey 2019

The average monthly rent and its distribution are presented Table 4.14. It may be noted that as many as 26 respondents who stayed in rented house did not pay monthly housing rent. Further enquiry revealed that some poor households who stayed in the house of their relatives and friends had not paid the rent during the reference period; mostly the landlord did give concession as an act of goodwill.

Table 4.14 shows that the average monthly house rent paid by the poor families in urban areas turned out to be Rs.2061.7 with standard deviation of Rs.1397 implicating that the rent paid by majority of the families are in the range of Rs.500 to Rs.3500. The average amount of rent paid per month by the BPL families in the study areas are on the higher side keeping in view the average monthly income of Rs.7682.4 as given earlier. A more intense situation is that, as many as 59.6% of the families are paying house rent of more than Rs.2000 per month. So, a higher requirement towards payment of rent would unequivocally compromise the

household's ability to sustain decent consumption standard. Thus, it may be argued that measurement of household poverty based on income alone may not give accurate poverty estimate at least up to certain income levels. The measurement should take into consideration the consumption requirement of the family to ensure decent living and healthy life.

Table 4.14: Housing Rent Paid by BPL Households in Urban Areas

Rent (Rs./Month)	No. of Households	Percent
< 1000	36	19.1
1000-2000	40	21.3
2000-3000	56	29.8
3000&<	56	29.8
Total	188	100
Average Rent per Household (Rs./Month)	Rs.2061.7	
Standard Deviation of Rent	Rs.1396.8	

Source: Field Survey 2019

Table 4.15 is a distribution of floor area among the dwelling units of the urban poor in Aizawl city. The average floor area of the dwelling house of the poor is estimated to be 354.5 Sq. ft., and the distribution showed that the floor areas for around 70% of the respondents are less than 400 Sq. ft., while 6.9% are living in 600 Sq. ft. and above. Meanwhile, a significant majority of the respondents (66.7%) have two rooms, and only 13.6% have three rooms.

Table 4.15: Floor Area and Number of Rooms in the Dwelling Units

Sl. No	Floor Area & Rooms	No. of Households	% of Households
A	Floor Area (Sq. ft.)		
1	<200	16	4
2	200-400	267	65.9
3	400-600	94	23.2
4	600&<	28	6.9
	<i>Total</i>	<i>405</i>	<i>100</i>
B	No. of Rooms		
1	One room	73	18
2	Two rooms	270	66.7
3	Three rooms	55	13.6
4	Four rooms	7	1.7
	<i>Total</i>	<i>405</i>	<i>100</i>

Source: Field Survey 2019

Toilets and proper bathing place are important requisites of a normal urban life. As can be seen from the below Table 4.16, almost every household in the area of study i.e 96.3% use septic tank system of toilet. This is much higher than 71.3%, which is the status of the entire urban Mizoram as per Census 2011. Meanwhile 3.7% of the respondents still rely on the traditional pit latrine system. This shows promising trend, since Census 2011 shows 8% of the entire urban Mizoram still relying on the traditional pit latrine system. The table also shows that as many as 93.3% of the households have their bathrooms attached to the toilet, while 6.7% have separate bathrooms. This also shows a much better status when compared to 55.4%, which is the national level for urban households with attached bathrooms (69th NSS). The significant feature that exhibits an improved living standard among the urban poor households within Aizawl is the use of septic tank system of toilet by majority of the households, with zero case of open defecation.

Table 4.16: Toilet /Latrine and Bathroom Facilities of BPL Families

Sl. No.	Toilet /Bathroom System	No. of Household	% of Household
1	Toilet		
A)	Pit Latrine	15	3.7
B)	Septic Tank	390	96.3
	Total	405	100.0
2	Bathroom		
A)	Bathroom Attached with Toilet	378	93.3
B)	Separate Bathroom	27	6.7
	Total	405	100.0

Source: Field Survey 2019

Electricity is another important basic component of life in urban areas. As high as 98.1% of the urban areas of Mizoram have access to power supply, and 99.2% of the urban areas of Aizawl district have electricity (Census 2011). The Table 4.17 shows that all respondent households have power connections into their houses, and within that, 53.1% have separate connections exclusively for themselves, while the remaining 45.9% share their connections with their neighbours.

Table 4.17: Status of Domestic Electricity Connections of the Urban Poor

Sl No	Type	No of Household	% of Household
1	Free connection	4	1.0
2	Shared with others	186	45.9
3	Separate connection	215	53.1
	Total	405	100.0

Source: field survey 2019

Table 4.18: Waste/Garbage Management

Sl No	Status	No of Household	% of Household
1	Disposal		
a)	Collection by Aizawl Municipal Corporation	339	83.7
b)	Open space Disposal	66	16.3
	Total	405	100.0
2	Segregation		
a)	Segregate Bio-degradable and Non-degradable	252	62.2
b)	Does not Segregate Bio-degradable and Non-degradable	153	37.8
	Total	405	100.0

Source: Field Survey 2019

Another big challenge facing urban settlement is the management of its garbage; the humongous volumes of wastes accumulated as a result of the ever expanding population, and the painstakingly tedious tasks that it demands. The Table 4.18 shows the manner of disposal of such waste/garbage within Aizawl city. About 83.7% of the households dispose their wastes by utilizing the collection system arranged by the Aizawl Municipal Corporation (AMC) while the remaining 16% resort to open space disposal. The table also displays whether or not segregation of garbage into bio-degradable and non-degradable have been carried out. While 62.2% of the households are able to segregate, 37.8% still fail to comply.

According to Census 2011, mobile phones are owned by 77.9% of urban residents in Mizoram (Census 2011), and the same for urban areas in India is 96% (NFHS-4, 2018). The Statistical Handbook of Mizoram (2018) indicated that the number of mobile phone subscribers in Mizoram in 2017-18 was 10,76,319 (GOM,

2018b). Table 4.19 displays the status of assets and vehicles owned by urban poor households within Aizawl city.

Table 4.19 : Assets Owned by BPL Family with Quantity

Sl. No	Assets	No. of Households	% of total sample
1	Mobile phone	396	97.8
2	Pressure cooker	404	99.8
3	Water filter	283	69.9
4	Television	321	79.3
5	Gas connection	382	94.3
6	Fridge	310	76.5
7	Washing machine	158	39
8	Steel almirah	309	76.3
9	Computer	19	4.7
10	Two wheeler	75	18.5
11	Three wheeler	1	0.2
12	Vehicle	10	2.5

Source: Field Survey 2019

Among all the assets, pressure cooker is the most common item with 99.8% of households owning at least one, followed by mobile phone which is owned by 97.8% of the households. Mobile phone has become a basic household asset that is found in every household. Table 4.19 shows that more than 97% of the urban poor in Mizoram have mobile phones, and of these, 74% of the households reported having more than one phone. Steel almirah, refrigerator, water filter and television are another common items owned by approximately 3/4 of the respondents. A remarkable observation from the analysis is the ownership of vehicles by 10 nos of households (2.47%), and two wheeler owned by 75 households accounting for 18.5% of the total respondents.

Table 4.19 presents the peculiar nature of urban poverty in the study area in which the poor households have fairly high access to basic housing assets such as phone, cooker, TV, refrigerator, etc. However, given their limited income and requirement for rent payment and other consumption necessities, having such household assets may not indicate better living and affordability. It was reported during the field work that the moral values of Mizo society and Christianity are in favour of helping the poor and the needy. So, giving secondhand or used household assets to the poor are very popular. In clear support to this, many families reported to have received many items from their well-to-do relatives and friends.

Water is a commodity most essential for survival, without water it is impossible to sustain life. Table 4.20 displayed the main water source of the urban poor households in Aizawl city. It shows that as much as 72% of the respondents have access to Public Health Engineering (PHE) water connections either in shared mode or individually, and the remaining 27.65% rely on public ground water points. A notable achievement from Table 4.20 is that the urban poor settlers in Aizawl city have proper access to water and that the water source is adequate all year round for 90.6% of the households. This signifies that, water, a key component of life is readily available for majority of the respondents, indicating a competent achievement and a great relief on the part of the public authorities.

Table 4.20: Sources and Availability of Drinking Water to the Urban Poor

Sl. No.	Sources/Availability	No. of Households	Percent
1	Main Sources of Drinking Water		
	Individual PHE connection	103	25.4
	Shared PHE connection	189	46.7
	Public water point	112	27.7
	Other	1	0.2
	Total	405	100
2	Adequacy of water supply year round		
	Adequate	367	90.6
	Not Adequate	38	9.4
	Total	405	100

Source: Field Survey 2019

4.6. Health Conditions

Health is one of the most important feature determining development and welfare of citizens of a country, and therefore occupies key component in the measurement of poverty. Table 4.21 shows the most common illness of the poor in the study areas. Out of the 405 households, only 210 respondents furnished information regarding illness. Among those, the most common illness infesting 45.7% of the households is common cold. Those that suffer from fever accounted for 3.5%, 1.5% suffer from stomach problems, and a fraction of cases are identified with diarrhea and tooth ache.

Table 4.21: Most Common Illness/Sickness in the BPL Family

Sl No	Illness/Sickness	No. of Household	% of Household
1	Common cold	185	45.7
2	Fever	14	3.5
3	Stomach problem	6	1.5
4	Diarrhea	2	0.5
5	Tooth ache	3	0.7
	Total Respondent	210	51.9
	Non-respondent	195	48.1
	Total	405	100.0

Source: Field Survey 2019

As many as 188 respondents (46.4%) reported that they have family members who have chronic illness like cancer, hepatitis, blood sugar, hypertension, etc. The top 10 chronic illnesses suffered by members of poor households in the study are presented in Table 4.22. It can be seen that diabetic problem has the highest occurrence disrupting 8.6% of the households, followed by nerve problem with cases in 6.7% of the households, and asthma in 3.5% of households. Other common illnesses include heart disease, spinal cord, tuberculosis, ulcer, kidney, seizure, pneumonia, etc.

Vaccination is an important preventive health necessity. The Table 4.23 shows the status of vaccination of children within the study area. Among the 229 households that have responded, 224 households or 97.8% (or 55.3% of entire household surveyed) have received vaccination at least once, and 2.18% have not taken the vaccination. The table shows positive signs of inoculation process, which is an important effort in protecting them against various diseases / illnesses not just in the context of their present health status but all throughout their life. Table 4.24 shows the frequency of visits to medical facilities by the urban poor in Aizawl city during the past 365 days preceding the survey. This may be taken to show the access of the poor households within the study area to institutional healthcare systems.

Table 4.22: Chronic Illness Among Urban Poor Households in Order of Occurrences

Sl. No	Illness	No of Cases Reported	% of Total Sample
1	Diabetes	35	8.6
2	Nerve Problem	27	6.7
3	Asthma	14	3.5
4	High Blood Pressure	10	2.5
5	Cancer	9	2.2
6	Heart Disease/Problem	7	1.7
7	Spinal Problem	7	1.7
8	Tuberculosis (TB)	7	1.7
9	Intestine Problem	6	1.5
10	Ulcer	6	1.5

Source: Field Survey 2019

It is also observed that as many as 40% of the respondents visited hospitals, about 14% visit private clinics, and about 12.3% undertook laboratory tests. Even among those that visit the hospitals, as many as 69 households or 42.33% indicated visiting more than 5 times during the last one year, followed by 53 households or 32.5% with annual visits between 3-5 times. This table clearly indicates the need for medical attention among the urban poor and streamlining the medical care system.

Table 4.23: Vaccination of Children of BPL Family

Sl. No	Status	No of Household	% of Household
1	No Vaccination Taken	5	1.2
2	At least one time Vaccination	224	55.3
	Total	229	56.5
	Non respondent	176	43.5
	Total	405	100.0

Source: Field Survey 2019

Table 4.24 Visits to Medical Services in the last 1 year Except for Pregnancy and Vaccination

Sl. No	Frequency of Visits	Medical Services		
		Hospitals	Private Clinic/Doctor	Laboratory Test
1	More than 5 times	69	22	26
2	3 to 5 times	53	27	17
3	Less than 3 times	41	9	7
4	None	242	347	355
Total		405	405	405

Source: Field Survey 2019

4.7. Migrations

Migration is when people migrate across a specified boundary for various purposes. It has always been a driving force of urbanization, attracting opportunities and challenges. Thanga (2011) observed that during 1999-00 and 2004-05, the higher rate of decrease in poverty in the rural areas of North East India as compared to the urban areas can be credited to the urbanization process, where the poor gradually migrate to urban areas in search of better opportunities. So, the migration dynamics and its nature have to be one of the crucial dimensions of urban poverty. In Table 4.25 are presented some information collected in the field survey which can be considered indicative of the migration of poor families from rural to urban areas.

It is observed from Table 4.25 that more than 34% of the urban poor in Mizoram have originated from rural areas, which may lead us to the conclusion that rural-urban migrations have been one of the significant factors contributing to urban poverty problems in the study area. Of these, only 12.3% shifted to their current place within the last 10 years, while 18.8% were within 10-20 years. Significant majority (66.7%) are observed to have migrated to urban areas more than 20 years ago. All these factors suggest that the impact of rural-urban migration on urban poverty has not been a short term phenomenon; rather is a long term process.

Table 4.25: Dimension of Rural-Urban Migration in Urban Poverty

Indicators	No. of Households	Percent
1. Place of Origin		
Rural	138	34.1
Urban	267	65.9
Total	405	100
2. Duration of Stay in Urban Areas		
<10 yrs	17	12.3
10-20yrs	26	18.8
20 yrs&<	92	66.7
No Answer	3	2.2
Total	138	100
3. Reason for Migration from Rural to Urban		
Daily labour	47	34.1
Full time Employment/Job	5	3.6
Health related issue	2	1.4
Education	8	5.8
Marriage	6	4.3
Others	70	50.7
Total	138	100

Source: Field Survey 2019

The reason for migration as observed in Table 4.25 shows employment as a significant factor of rural-urban migration. It is observed that 34.1% of them cited daily labour as the reason for their movement and 3.6% cited full time employment as the reason. At the same time, more than half (50.7%) could not clearly indicate specific reason and chose to select others as the reason for their migration.

4.8. Access to Government Food Security Program by the Urban Poor

Mizoram adopted National Food Security Act 2013 (NFSA, 2013) on June 22, 2015. Under this Act, the public distribution system (PDS) was implemented by categorizing all the households into three, namely *Antyodaya Anna Yojana* (AAY), *Priority Households* (PHH), and others or *Above Poverty Line* (APL). AAY families

are the poorest sections of the poor, while PHH are basically the below poverty line (BPL) households of the previous system. The AAY households are entitled to 35 kg of rice per household per month at Rs.3 per kg. PHH are entitled to receive 5 kg of foodgrains per person per month at a rate of Rs.3 per kg, and they are permitted to purchase additional 3 kg per person over and above their entitlement for being PHH but at higher rate as specified for others (APL households). Other households not covered by the Food Security Act may be called *Non-Food Security Household* (NFSH) or APL households. The APL households enjoy monthly ration quota of 8 kg per person presently at a rate of Rs.15 per kg, which would be revised by the government as and when necessary.

Table 4.26 shows that as much as 96.5% of the urban poor possessed Family Ration Card and are covered by the state Public Distribution System and Food Security Act. Of these, more than half (56.5%) are under Food Security Act and possessed PHH Ration Card, while 33.3% are under Antyodaya scheme. This indicates that almost 90% of the urban poor in Mizoram have access to the Food Security Scheme specifically targeted to the poor households.

Table 4.26 : Category of Ration Card Holders Among BPL Families

Sl. No	Category of Ration Card	No. of Households	% of Households
1	AAY/BPL (Yellow)	135	33.3
2	Priority Household (PHH-Blue/Green)	229	56.5
3	Non-Priority Household (NPHH-White)	27	6.7
	Sub-Total	391	96.5
	Without Ration Card	14	3.5
	Total	405	100.0

Source: Field Survey 2019

At the same time, 14 households were found not possessing the Family Ration Card for availing the Public Distribution System (PDS) at the time of the survey. It may be noted that the identification of the poor families and their eligibility

to the different food schemes are undertaken by Food, Civil Supply & Consumer Affairs (FCS&CA) Department, with the help of the concerned local councils. In the process, the families who are deemed eligible for the scheme should possess some documentary evidence like voter ID in the locality. It was reported that those families who recently shifted to the place and have not transferred the Elector Voter ID to their new place had to be left out. This is the main reason why these poor households do not possess the family ration cards.

4.9. Financial Inclusion

Financial inclusion is an important factor in the process of development. Studies have shown that access to finance is positively correlated to economic growth and employment (Park, 2018), and 92% of urban households in India have bank account or post office account (NFHS-4, 2017). Table 4.27 shows the status of bank accounts operated by the urban poor within the area of study. It follows that except for 4 households, 99% of the respondents have operational bank accounts. Additionally it was also observed that 76.7% of the households have more than one bank account. Overall, it exhibits an optimistic penetration of the organized financial institutions into the daily lives of the urban poor in Mizoram.

Table 4.27 illustrates the ability of the urban poor within the area of study to maintain monthly deposits into their bank accounts. There were 18 households or 4.4% that are able to afford monthly deposits into their bank accounts, out of which 5 households have single bank account each; 8 households have 2 bank accounts each; 4 households have 4 bank accounts each, and one family has 7 bank accounts. The entire exercise reveals that as many as 383 families or 95.5% are unable to maintain monthly deposits into their bank accounts. This shows the limited potential of these households and the challenges to promote savings within the community. It is noteworthy that 12 out of the 18 households or 2.96% of the total households could afford a monthly deposit of above Rs.3000. The mode of withdrawal of money by the respondents from their bank accounts shown in Table 4.27 revealed that 54.8% or

222 households still resort to physical visits to their banks, while 44.2% or 179 households use ATM for cash withdrawals.

Table 4.27: Possession and Operation of Banking Account

Bank A/C Operation	No. of Households	Percent
1. Whether the Family have Bank Account		
No Bank Account	4	1
Possess Bank Account	401	99
Total	405	100
2. If possessed Bank A/C, whether able to maintain monthly deposit		
No	383	95.5
Yes	18	4.5
Total	401	100
3. If maintain monthly deposit, amount?		
<Rs.500	2	11.1
Rs.500- Rs.1500	2	11.1
Rs.1500- Rs.3000	2	11.1
Rs.3000<	12	66.7
Total	18	100
4. Mode of withdrawal of money from bank account		
Bank visits	222	55.4
ATM	179	44.6
Total	401	100

Source: Field Survey 2019

Table 4.28 is the position of loans borrowed by the respondents and their purpose for borrowing such loans. In all, 93 of the respondents or 23.5% have availed such loans, with the largest portion (61.3%) being borrowed for the purpose of attending urgent needs of their households. Among the remaining, 9 households or 9.7% have borrowed for health related purposes, 6 households or 6.5% for infrastructure, 4 households or 4.3% for education and 17 households or 18.3% for reasons other than the above.

Table 4.28: Loan Obtained by the Poor Households in Urban Areas

Loan/Borrowing	No. of Households	Percent
1. Have the family ever borrowed loan		
No	312	77.0
Yes	93	23.0
Total	405	100
2. Purpose of the Borrowing		
Health	9	9.7
Education	4	4.3
Infrastructure	6	6.5
Urgent family need	57	61.3
Others	17	18.3
Total	93	100

Source: Field Survey 2019

4.10. Social Security and Government Assistance

Romig (2008) in her study of the importance of social security among Americans found out how social security benefits play important role in reducing poverty in every American state, alleviating more Americans above the poverty line than any other programs. According to her observation, in the absence of social security, 21.7 million more Americans would be poor. Therefore, depending on their design, reductions in social security benefits could drastically increase poverty, especially among the elderly citizens. So, it is considered relevant in the context of the study to examine the access of the poor households on the various social security schemes. The nature of social security relevant to the area of the present study comprise of health insurance, life insurance, employee state insurance (ESI) and other assistance schemes received from the government. The survey tries to extract the nature of such social security systems in place and the accessibility of such facilities by the urban poor families. It also highlights the status of subscriptions or reasons for non-subscriptions to such schemes and benefits.

Table 4.29 indicates subscription of life insurance, health insurance and ESI by the household heads, in which it is seen that none have subscribed to the ESI scheme and just 0.99% subscribed to the life insurance policy. On the other hand 67.17% subscribed the health insurance /healthcare schemes, which still appears to be highly undersubscribed given the benefit and the ease of availing the facility.

Table 4.29: Subscription of Life Insurance, Health Insurance and ESI

Sl. No	Particulars	Status				Total HH
		Yes		No		
		No. of Household	% of Household	No. of Household	% of Household	
1	Life Insurance	4	0.99	402	99.3	405
2	Health Insurance	272	67.17	133	32	405
3	Employee State Insurance	0	0	405	100.0	405

Source: Field Survey 2019

In continuation to Table 4.29, Table 4.30 depicts the breakup of the subscriptions of healthcare schemes by households. It may accordingly be noted that there are no families availing the services of private healthcare companies, while the schemes of the government i.e. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) of the central government and Mizoram Healthcare Scheme (MSHCS) of the state government are widely subscribed. The AB-PMJAY has been subscribed by 50.9% or 206 households, while MSHCS is subscribed by 58.8% or 238 households. It should however be kept in the mind that, since many families subscribe to both the schemes, the numbers highlighted in the table are overlapping. In all, 67.16% or 272 of the households subscribed to either PMJAY or MSHCS or both of the healthcare schemes.

Table 4.30: Enrolment in Healthcare Schemes

Sl. No	Healthcare Schemes	No. of Household	% of Household
1	Central Govt. Healthcare Scheme (Golden/Smart Card)-AB-PMJAY	206	50.9
2	Mizoram Healthcare Scheme (MSHCS)	238	58.8

Source: Field Survey 2019

While 67.16% are enrolled into the healthcare schemes, it is distressing that even after the opportunity to subscribe are openly made available to them, there are still large number of families that do not avail of the facilities. Table 4.31 highlights the various reasons behind which these families failed to enroll themselves in the healthcare schemes. One of the most common reasons specified by the respondents was that they had no time to enroll themselves, as enrolments are conducted during mid days when most of them would have left for their works. In fact, the practice of carrying out enrolments during their oddest hours has been blamed by many respondents for their unawareness or lateness in enrolling themselves.

Financial problems is another reason cited by many respondents as the main cause of their failure to subscribe to the schemes, while some claim that their names have not been included in the final list published by the authorities. In addition, the various other reasons for their failure to subscribe the healthcare schemes have been listed in the table. These reasons pointed out by the respondents indicate the necessity to conduct proper awareness drives on the schemes, the benefits and the mandates for their enrolments in the most simplified manner, so that any chance of confusion or misinterpretation are ruled out.

Table 4.31: Reasons for Non-Subscription of Healthcare Schemes by the Urban Poor

Sl. No	Reasons	Central Scheme		State Scheme	
		No. of Household	%	No. of Household	%
1	Unaware	42	20.4	19	8.0
2	Financial Problem	22	10.7	22	9.2
3	Complicated Procedure	3	1.5	--	--
4	Late	26	12.6	19	8.0
5	Not Interested	3	1.5	2	0.8
6	Religious Belief	1	0.5	1	0.4
7	Not in the List	20	9.7	8	3.4
8	Enrolled in MSHCS/AB-PMJAY	8	3.9	9	3.8
9	Not functional due to Error	6	2.9	1	0.4
10	Have no Time to Attend	39	18.9	46	19.3
11	No ADHAAR / Ration card / etc.	4	1.9	1	0.4
12	Applied For	1	0.5	--	--
	Did not specify	31	15.0	110	46.2
Total		206		238	

Source: Field Survey 2019

Table 4.32 displays the nature of hospitals visited in events of hospitalization by the urban poor and their mode of payments of such hospital bills. It can be seen that 21.2% (86 nos.) of the respondent families have reported hospitalization of their family members during the last one year from the date of interview. Of these families having members hospitalized, 59.3% were admitted in Government Hospitals and 40.7% were admitted in Private Hospitals.

Table 4.32: Hospitalization and Settlement of Hospital Bills

Particulars	No. of Households	Percent	
1. Whether any family member hospitalized during last 1 year			
Hospitalized	86	21.2	
Not Hospitalized	319	78.8	
Total	405	100	
2. Hospital to which admitted			
Government	51	59.3	
Private	35	40.7	
Total	86	100	
3. Mode of Hospital Bill Settlement (%)			
	<u>Government Hospital</u>	<u>Private Hospital</u>	<u>Total</u>
Individual source of Bill Payment	17.6	22.9	19.8
PMJAY (Gold/Smart Card) Bill Payment	21.6	8.6	16.3
Mizoram Healthcare Bill Payment	15.7	20.0	17.4
Other sources	45.1	48.6	46.5
Total	100	100	100

Source: Field Survey 2019

The modes of payment of their hospital bills show that only 16.3% have used the Central Government Health Care Scheme (AB-PMJAY, etc.), while 17.4% are settled using Mizoram state scheme (MSHCS). Combining these two schemes, 33.7% of the hospitalization expenditures of the poor households in urban areas come from the government health care schemes. However, it is surprising to see that major portion of the hospitalization expenditures were settled through out-of-pocket payments.

Pension benefits are important components of the social security structure. They remain an important source of income to support the family or to meet the basic needs. The following Table 4.33 highlights the number of urban poor households

within the area of study who are beneficiaries of different pension schemes. As can be seen, 11.4% of the respondents enjoy pension benefits. Moreover the survey observed that there are presently no household enrolled in any pension scheme.

Table 4.33: Urban Poor Households Receiving Pension Benefits

Sl No	Status	No. of Household	% of Household
1	Yes	46	11.4
2	No	359	88.6
3	Enrollment in Pension Scheme	-	-
Total		405	100.0

Source: Field Survey 2019

The field study also observed that out of 46 individual receiving pensions, 22 receive old age pension from the state government, 5 receive pensions from the armed forces, 3 benefit from the family pension (spouse), and 4th Grade pensioners. It is unfortunate to see that no household has enrolled themselves in any pension scheme, while only 5 out of the total 1589 members of the BPL families had subscribed the life insurance policy. This indicates low penetration of the urban poor community by the social security net implemented by the government.

For the present study, apart from the pension schemes, other benefits that households receive in cash or kind include various assistance schemes as detailed in the Table 4.34. These are benefits accruing to a handful of urban poor households during the past three years. It can be seen from the table that 5 families out of the total households surveyed have received financial assistance for septic tank construction, 3 families received livelihood promotion funds from the Labour and Employment Deptt. of the government of Mizoram, and trade assistance under the New Land Use Policy (NLUP) by another 3 families.

Table 4.34: Scheme and Purpose of Assistance Received from the Government During the Past 3 Years

Sl. No	Name of the Scheme	Purposes (No. of Households)		
		Livelihood Promotion	Housing	Others
1	Labour and Employment Deptt	3	0	0
2	New Land Use Policy	1	0	2
3	Prime Minister AwasYojana	0	1	0
4	Rangva	0	1	0
5	Septic Tank	0	0	5
6	Workers Welfare Board	1	0	0
Total		5	2	7

Source: Field Survey 2019

4.11. Conclusion

The chapter displays the characteristics of urban poverty prevalent in the state of Mizoram. It encapsulates the dimensions of poverty from various aspects like economic poverty, human poverty, nutritional poverty and basic amenities. The following points may be noted as conclusion.

First, the educational attainment of more than 60% of all the members of poor households was middle school level and below. Further, out of the 1589 family members, only 34 persons are reported to have acquired skill training. Low human quality may be considered as the undesirable attribute of the poor families in urban areas of Mizoram.

Second, it is understood that the main problem of the poor is low income. But even relatively high income may not implicate higher living standard if the cost of living in the area is very high. Around 70% of the households in the study area have income of less than Rs.9000 per month, while the average monthly rent payable by those staying in rented houses turned out to be Rs.2062. Given the average family size of around 5, the earnings of larger proportion of the poor households are extremely low, relative to the consumption requirement, to sustain decent living.

Third, the study observed that majority of the poor households in urban areas depend on daily labour as the main source of income for the family, while substantial proportion (almost 20%) rely on private business (restaurant, shop keeping, private security, etc.) for their main income source. Though our survey schedule failed to capture their status of engagement, the field observation showed that engagement as daily labour or working in private firms are all informal and fail to provide job security on the part of the employees. Meanwhile, the study observed that more than 32.8% of the persons available for work are unemployed. Further, low skill levels on their part have prevented them from entering into formal and reliable employment. It can thus be assumed that livelihood insecurity and unemployment have been the problem of the poor living in urban areas of Mizoram.

Fourth, relatively favourable situations are observed in case of housing and housing amenities, including possession of other housing assets. Further, the government food security scheme implemented through public distribution system has covered most of the poor households. It is also observed that more than half of the respondents are living in owned houses, while 46.5% live in rented houses. A grim condition is observed for those who live in rented houses without formal written agreement with the landlord, side by side with the absence of rent regulation in force in the area.

Lastly, it is observed that 99% of the families have bank accounts, and if financial inclusion is to be measured only in terms of the number of urban poor families with bank accounts, it would be a reflection of an impressive performance. However, most of these bank account holders (96%) do not regularly operate their account by making regular deposits. At the same time, while 23% of the households have availed institutional loans, the life insurance coverage among the poor families is very limited, and there are no subscribers to pension policy and Employee State Insurance (ESI) in the area. All these indicate the limited coverage of the poor families in urban areas of Mizoram by institutional finance and social security system.

Chapter 5

MULTIDIMENSIONAL ANALYSIS OF URBAN POVERTY IN MIZORAM

5.1. Introduction

According to Sen (1979), poverty measurement consisted of two fundamental issues – determining who is the poor, and construction of an index to measure the extent of poverty. Poverty has been traditionally measured in one dimension, usually income or consumption (Santos & Alkire, 2011). The total monetary value of the minimum requirement for healthy life like food, fuel, light, clothing, housing, etc. is usually accepted to be poverty line. However, this unidirectional method had showed its distinct limitation due to its immoderate simplicity (Wang & Wang 2016). Unidimensional methods require a single dimensional variable and a single cut-off, but place no a priori restrictions on how the resource variable has been constructed (Alkire & Foster, 2011).

In the mid-1970's the 'basic needs' approach posited that development concerns should be focused on providing people their basic needs, as opposed to merely increasing their income (Afonso, et al. 2015). A list of basic needs may be determined, along with minimum satisfaction, for poverty identification. Contrasting with the income method, the direct method assesses human deprivation in terms of shortfalls from minimum levels of basic needs per se, instead of using income as an intermediary of basic needs. As such, it is now widely accepted that poverty everywhere is no longer a question of lack of income or insufficient calorie intake, it has broadened to include several areas of deprivation such as inadequate and unsafe housing, insecure workplaces, debilitating environments, etc. (Siddiqui, 2014). With the increasing understanding that poverty is of multidimensional and dynamic natures, many studies have responded with new measures and tools that comprehensively measure poverty to the strong demands of governments and international communities (Wang & Wang, 2016).

The benefits of urbanization and the urban economy have provided opportunities to the masses and have also become the foundations of economic growth and job creations. Nonetheless, the other side of the coin shows that not everyone living in the cities benefit from these opportunities. On the contrary, the urban poor face daunting challenges due to low skills, low wages, unemployment and under-employment, unsatisfactory working conditions and lack of social security and insurance. In some countries, the inadequate infrastructures, spatial location of slums, and negative stigma towards the urban poor have caused severe constraints in their employment opportunities (Baker, 2008). Today, the issues of urban poverty have emerged as a complex multidimensional phenomenon that cannot be left neglected any further. Chaudhry et. al. (2006) emphasized that urban poverty and governance are the contemporary issues in the subject of economic development particularly for the developing countries.

Amis (1995) and Moser (1995) deliberated two broad approaches to urban poverty. The first one focussed on the problems of physical infrastructure like housing, water, sanitation, land use and transportation. The second approach which is based on the recent emphasis on private investments, institutional and management aspects of urban development focused on socio-economic infrastructure issues such as employment, education and community services.

Similarly, Masika et. al. (1997), defined urban poverty broadly from the economic and anthropological perspectives. The economic interpretation uses a common index of material welfare to classify the poor based on income or consumption and other social indicators like life expectancy, nutrition, infant mortality, high expense on food, access to health clinics, drinking water, literacy, and school enrolment rates. The alternative anthropological interpretation attached great value to qualitative dimensions such as independence, security, identity, self-respect, social relationships, decision-making and legal & political rights. In addition to these interpretations, there are debates on the inclusion of more subjective definitions that relate to vulnerability, entitlement and social exclusions.

Urban poverty is the manifestation of various deprivations experienced by the urban poor in their daily lives. Due to its nature of multidimensionality, addressing poverty requires a range of interventions in the educational system, labour markets, economic policy, infrastructural setup, health, finance, environmental and social protection.

In tandem with the general features of the global urban poor, several regional characteristics can be found in the context of Mizoram. Tuanmuansanga (2016) in his study of urban poor in Aizawl city observed intense problems faced by the urban poor in areas of home ownership, livelihood condition, tenure security, access to basic amenities etc. And for many families, their means of access to basic amenities like water, toilet, electricity, are mostly in the form of shared basis between tenants (families) who reside within the same premise. Laskar (2017) in his study of urbanization in Mizoram has noted that the rapid urbanization in the state is responsible for the civic inconveniences, sanitation, congestion in traffic movements, unemployment, problem of housing and education, and lack of proper medical facilities. The adverse effects have also manifested in the form of social evils like drug peddling, distilling of illicit liquor, crimes, thefts, burglaries etc. Another typical problems faced in Mizoram is the lack of water. As most urban centers are located in the hill tops, their experiences of water scarcity are aggravated even more. The urban housing system, particularly of Aizawl is responsible for the existence of large housing deficiency where only about half of the total inhabitants own their houses, while the remaining families stay on rented accommodations. The collection and disposal of the city garbage are administered by the Aizawl Municipal Corporation (AMC). However the unplanned city structures with limited accessible roads have hindered the system of collection and disposal of the solid wastes. As a result it is not uncommon experiences to witness miscreants dumping garbage on the roadsides, often causing nuisance, unhygienic and unhealthy environment. Therefore the solid waste and garbage disposal is altogether a major challenge facing urban centers in Mizoram.

This chapter attempts to analyze the multidimensional aspects of urban poverty in Mizoram. The nature and extent of deprivation of the urban poor from

basic goods and services required to sustain decent living. Four indices of deprivation are constructed based on the primary data collected from the field survey. The indices are constructed to exhibit deprivation of the poor on standard of living, assets, health & nutrition and financial inclusion, and the aggregate of these indices is adopted as multidimensional index of poverty. The detailed methodology and components of each index are elaborated in the methodology.

5.2. Methodology

The Multidimensional Poverty Index (MPI) has been developed by Alkire and Santos (2010) for the 2010 Human Development Report. It is an index of acute multidimensional poverty and is based on the Alkire and Foster (2011) dual cut-off method for poverty specification (Dotter & Klasen, 2014). Three dimensions identified to be included in the multidimensional poverty index (MPI) are health, education, and the standard of living (Dotter & Klasen, 2014). Santos and Alkire (2011) proposed 10 indicators; two for health (nutrition and child mortality), two for education (years of schooling, school attendance), and six for living standard (cooking fuel, sanitation, water, electricity, floor and assets).

The MPI is normally calculated at the country level using globally comparable data and it compares the situation of countries with respect to acute poverty. The Human Development Report 2011 presented the global MPI for 109 countries. At the same time, the MPI is a very versatile methodology and there are multidimensional poverty measures that have been created by adapting the method upon which the MPI is based to better address local realities, needs and the data available (Santos and Alkire, 2011). Therefore, new methods may be needed to be introduced to identify the complex and multidimensional measure through which poverty may be viewed and understood (Wang & Wang, 2016). Accordingly, attempt is made in this chapter to construct MPI keeping in view the internationally adopted indicators, such as health, standard of living, education, assets, etc., but with modification and introduction of additional sub-indicators to suit the available information obtained from the sample survey and to better address the local conditions of the study area.

The MPI analysis undertaken in this study may not be comparable with other studies because this specifically designed MPI is used to examine the extent and nature of deprivation prevailing among the poor in urban areas of Mizoram, rather than estimating the headcounts of multidimensional poor. Four major indices with 36 sub-indicators are constructed based on the sample information, namely standard of living, assets, health & nutrition, and financial inclusion. They are elaborated below.

(1) Standard of Living

Information collected in the survey that are considered to be indicating the standard of living are included in this index and each sub-indicator is given equal weightage for a maximum index score of 11. The sub-indicators and arbitrarily allotted score are as follows:

SN.	Indicators	Score
1	Structure of dwelling house	0 -thatch, 0.5-semi pucca, 1-pucca
2	Floor surface per person (minimum of 10 sq.m/person*)	0 - below, 1-above
3	No. of room (s) in the dwelling house	0- 1 room, 1-more than 1 rooms
4	Toilet status	0- open defecation, 0.25- public toilet, 0.5- pit latrine, 1- septic tank
5	Whether the toilet is attached in the house	0- no, 1- yes
6	Separate/dedicated electric connection	0- no, 1- yes
7	Main source of water	0- other, 0.5- shared connection, 1- pipe water connection
8	Adequacy of drinking water supply	0- no, 1- yes
9	Disposal of household waste	0- open, 1-through municipality
10	Whether segregate household waste	0- no, 1-yes
11	Any family member having upto high school education (completed 9 yrs. of schooling)**	0- no, 1- yes

Maximum: 11 & Minimum: 0

*as given in Mastrucci & Rao (2017) and **Rao & Min (2018)

The index has a collection of 11 indicators each with a weightage of 1, so that the total weightage for the standard of living index for urban poor in Mizoram is capped at 11, which also translates that the index score would range between 0-11. A higher score represents higher standard of living, while a lower score represents lower standard of living.

(2) Assets

To construct asset index, the ownership and access to assets by the respondent households were examined. The following sub-indicators are selected to represent asset index.

SN.	Indicator	Score
1	Ownership status of living house	0- rented, 3- owned
2	Whether the household possess land other than living house	0- no, 2-yes
3	Whether any family member has mobile phone	0- no, 1- yes
4	The family has pressure cooker	0- no, 1- yes
5	The family has Water Filter	0- no, 1- yes
6	The family has Television	0- no, 1- yes
7	The family has LPG Connection	0- no, 1- yes
8	The family has Refrigerator	0- no, 1- yes
9	The family has Washing Machine	0- no, 1- yes
10	The family has Steel Almirah	0- no, 1- yes
11	The Family has Computer set	0- no, 1- yes
12	The Family has Two Wheeler vehicle	0- no, 1- yes
13	The Family has other vehicle	0- no, 1- yes

Maximum: 16 & Minimum: 0

As these assets have significant differences in value terms, it was difficult to allocate weightage to each asset reflecting their significances in value and earning. So, it is decided to arbitrarily allocate more weight to ownership of living house/land and additional land, keeping in view their market value relative to other assets, by

giving three times and two times of other assets respectively (i.e. give 3 if owned house & 2 if owned additional land). The asset index has been attached with 13 indicators reflected from the primary survey of the study with a maximum weightage of 16. This means that the index score on assets would have value ranging between 0-16. While a higher score represents larger possession of the various categories of assets by the households, a lower score represents otherwise.

(3) Health & Nutrition

To measure the access to health and nutrition, the following simple questions that are asked during the course of the survey were used as the indicators. The selected sub-indicators for this index that can be observed from field responses which are indicating or closely related to health and nutrition are as follows:

SN.	Indicator	Score
1	Visit to hospital at least once during last one year for checkup (excluding maternity & medical emergency)	0- no, 1-yes
2	Visit to Private Clinic at least once during last one year for checkup (excluding medical emergency)	0- no, 1-yes
3	Visit to Private Laboratory at least once during last one year for checkup (excluding medical emergency)	0- no, 1- yes
4	All children are vaccinated	0- no, 1- yes
5	Enrolled in state government health care scheme	0- no, 1- yes
6	Enrolled in central government health care scheme	0- no, 1- yes
7	Have two square meals in a day	0- no, 1- yes
8	Enrolled under Food Security Act or Poor Scheme for Food Supply (AAY & PHH)	0- no, 1- yes

Maximum: 8 & Minimum: 0

The index on health and nutrition has 8 indicators with equal weightage. It reflects the weightage of the urban poor on access to healthcare & nutrition from a maximum possible score of 8. In other words, the index score on access to healthcare

& nutrition would range between 0-8. While a higher score reflects a better healthcare and better nutrition among the urban poor households, a lower score represents a compromised healthcare and nutrition.

(4) Financial Inclusion

Though financial inclusion is not included by previous studies (Santos and Alkire, 2011; Dotter & Klasen, 2014; Alkire et al. 2016, etc.) as indicators of MPI, it is included in this study as access to institutional finance is considered a significant determinant of access to economic resources by the poor in the study area. Respondents were asked certain information about their activities on bank and institutional transactions to indicate their level of financial inclusion. The sub-indicators of financial inclusion are as follows:

SN.	Indicator	Score
1	Whether any one of the family members has bank account	0- no, 1-yes
2	Whether operated the account regularly by making monthly deposit	0- no, 1-yes
3	Ever taken loan from any bank	0- no, 1- yes
4	Received credit/cash assistance from the government during last 3 years.	0- no, 1- yes

Maximum: 4 & Minimum: 0

As it was assumed that having bank account alone may not perfectly indicate financial inclusion, other supporting information like maintenance of regular bank deposits, access to loan, receiving assistance from the government (in the form of credit or other mode) were also incorporated. At the same time, they were also asked if they have subscribed to pension schemes or life insurance policies. But, they are excluded from the index of financial inclusion to ensure consistency of data as only negligible cases were observed. The financial inclusion index has a total of 4 indicators having equal weightage of 1 and with a maximum index score of 4. It means that, the index score on the access to financial inclusion would lie anywhere between 0-4. A higher score reflects better level of financial inclusion among the urban poor, while a lower score represents the opposite.

(5) Multidimensional Poverty Index - Aggregation of the Indices

The four deprivation indices calculated above are simply aggregated to find out the overall deprivation index without assigning separate weightage to the four indicators given above. Though the aggregate index may not be comparable with MPI in other papers, this index will be, hereinafter, called the Multidimensional Poverty Index (MPI) for the study area. The score of individual household as a percentage of maximum possible score in each main parameter (i.e. standard of living, assets, health & nutrition, and financial inclusion) are worked out to find their level of attainment in percentage term. Similarly, the total score in all the parameters is worked out for each household to ascertain their status in percentage term.

Given the nature and implication of all indicators considered for each deprivation index, there would be no difficulty for normal households, which have already enjoyed decent standard of living to attain 100% score. At the same time, indicators like house and land may be difficult to have for many poor families. Taking these factors into consideration, it is assumed that the poor households should attain at least 50% of the total score in all the indicators to ensure attainment of decent living and any score below it would mean deprivation in varying degrees. Thus, the sample households were accordingly classified into three groups of deprivation viz. severe, moderate and better off according to their score as a percentage of the maximum MPI score as follows :

<u>Level of deprivation</u>	<u>Score in the Index</u>
Severe	< 50%
Moderate	50-75%
Better off	75%&<

5.3. Summary of the Scores in Different Indices

After careful tabulation, the scores of the households from all the four deprivation indices were computed and presented in the following Tables 5.1, 5.2,

5.3, and 5.4 respectively. Their final scores reflect the status of deprivation in each category of the index for which they have been developed.

Firstly, the Table 5.1 presents the score of urban poor households on the Standard of Living Index based on the 11 indicators, for a maximum weightage of 11. The average score of the households in this case is calculated to be 7.88 with a standard deviation of 1.65, implicating that around 68% of the sample observation have a score in the range of 6.23 to 9.53.

Table 5.1: Summary of Information and Scores in Standard of Living Index

% of households

1. Housing Structure				2. Whether acquired Minimum floor surface requirement		
Thatch	Semi Pucca	Pucca		Below	above	
0.5	65.7	33.8		65.9	34.1	
3. No. of Rooms in the House				4. Status of the toilet		
1 Room	> 1 Rooms			Pit Latrine	Septic Tank	
18	82			3.7	96.3	
5. Whether toilet attached				6. Whether having separate electricity connection		
No	Attached			No	Yes	
6.7	93.3			46.9	53.1	
7. Water Connection status				8. Whether received adequate water		
No Connection	Shared	Owned		No	Yes	
27.9	46.7	25.4		9.4	90.6	
9. Disposal of Household Waste				10. Whether waste segregated		
Open	Municipality			No	Yes	
16.3	83.7			37.8	62.2	
11. Have members attained upto High School level education				Total Average Score	7.88	
No	Yes			Std. Deviation	1.65	
24.2	75.8					

Source: Computed from data of Field Survey 2019

Table 5.1 shows that most houses have toilets attached and use septic tanks, they are connected with electricity and generally have adequate water supply. The modes of disposal of waste/garbage for most of the households are Municipality compliant. On the other hand, semi-pucca structure of housing comprise of 2/3 of the total housing units. Though most houses have more than two rooms, 2/3 of the houses are with areas below the standard minimum floor space required for dwelling units i.e 10 sq.m/person (Mastrucci & Rao, 2017). The educational attainment of the household members, as computed based on 9 years of schooling completed (Rao & Min, 2018) shows $\frac{3}{4}$ of the members attaining upto high school level education.

Secondly, Table 5.2 reflects the score of urban poor households in the Asset Index for a maximum weightage of 16. The average score of the households is calculated at 8.34 with a standard deviation of 2.36. Given the value of average score and standard deviation, and by assuming normal distribution, 68% of the households have scores in the range of 5.98 to 10.70. The distribution is skewed towards the left side which indicates poor performances of the sample households on assets while comparing with the standard of living.

Table 5.2: Summary of Performances in Assets Index

Sl. No.	Sub-Indicators	% of households	
		No	Yes
1	Whether owned dwelling house	49.1	50.9
2	Whether owned additional land (other than dwelling house)	88.1	11.9
3	Whether any family member has mobile phone	2.2	97.8
4	The family has Pressure Cooker	0.2	99.8
5	The family has Water Filter	29.9	70.1
6	The family has Television	20.5	79.5
7	The family has LPG Connection	5.4	94.6
8	The family has Refrigerator	23.2	76.8
9	The family has Washing Machine	61	39
10	The family has Steel Almirah	23.7	76.3
11	The family has Computer Set	95.3	4.7
12	The family has Two Wheeler Vehicle	81.5	18.5
13	The family has other vehicles	99.8	1
Average Score: 8.34 & Std. Deviation: 2.36			

Source: Computed from data of Field Survey 2019

The index displays a significant observation that half of the families own their houses, in addition to 1/10 owning additional land. Except for vehicles, computer sets and washing machines, which are owned only by few households, most of the urban poor families possess the conventional assets as listed in the index. This may be a peculiar nature of urban poverty in the study area where substantial portion of the poor are staying in owned house.

Thirdly, Table 5.3 shows the score of urban poor households in the Health & Nutrition Index. The average score of the households out of the maximum weightage of 8 is calculated at 3.73 with a standard deviation of 1.12 indicating that 68% of the households have scores between 2.61 (i.e. 32.6% of maximum) and 4.85 (i.e. 60.1% of maximum possible score).

Table 5.3: Summary Performances of Households in Health & Nutrition Index

% of households

Sl. No.	Sub-Indicators	No	Yes
1	Visit to hospital at least once during last one year for checkup (excluding maternity & medical emergency)	59.8	40.2
2	Visit to Private Clinic at least once during last one year for checkup (excluding medical emergency)	85.7	14.3
3	Visit to Private Laboratory at least once during last one year for checkup (excluding medical emergency)	87.7	12.3
4	All children are vaccinated	44.7	55.3
5	Enrolled in state government health care scheme	41.2	58.8
6	Enrolled in central government health care scheme	49.1	50.9
7	Have two square meals in a day	0	100
8	Enrolled under Food Security Act or Poor Scheme for Food Supply (AAY & PHH)	10.1	89.9
Average Score: 3.73 & Std. Deviation: 1.12			

Source: Computed from data of Field Survey 2019

The index firstly reveals that the urban poor visit the hospitals much more frequently than the private clinics or laboratories during the period of one year before the survey. In addition, it also reveals that vaccinations were administered to over half of the households under survey. Though more than half of the households have enrolled in the healthcare schemes, the proportion of non-enrollment among the population is still very large considering the ease of enrolling to such schemes. The data on the enrollment under Food Security Act or Poor Scheme for Food Supply (AAY & PHH) shows most households captured under the Act, though a handful of them still remained uncovered. All households under survey claimed to have two square meals daily, which is a great achievement considering India's rank of 74th out of 113 countries in the global ranking by the Global Food Insecurity Index (GFSI), a body that ranks countries based on the availability, affordability, quality, and safety of food during 2009-10 (Diehl et. al., 2019).

Lastly, Table 5.4 is the score of households on the Financial Inclusions Index from a maximum weightage of 4. The average score of the households was calculated to be 1.3 with standard deviation of 0.51.

Table 5.4: Indicators and Average Score in Financial Inclusion Index

Sl. No.	Sub-Indicators	% of households	
		No	Yes
1	Whether any one of the family members has bank account	1	99
2	Whether operated the account regularly by making monthly deposit	94.6	5.4
3	Ever taken loan from any bank	77	23
4	Received credit/cash assistance from the government during last 3 years	96.5	3.5
Average Score: 1.3 & Std. Deviation: 0.51			

Source: Computed from data of Field Survey 2019

The understanding that most of the urban poor households have bank accounts and that nearly a quarter of them have availed loans could be an optimistic achievement in the area of financial inclusion. However contrary to this observation, it was also discovered that most of the households fail to maintain monthly deposits in their bank accounts, and only a handful of families receive assistance under the various schemes of the government during the last 3 years. This demonstrates the impediments of the urban poor households on financial inclusion.

5.4. Estimating Deprivation in Multiple Dimensions

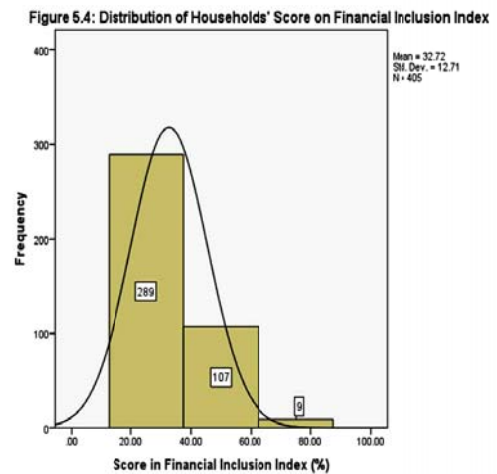
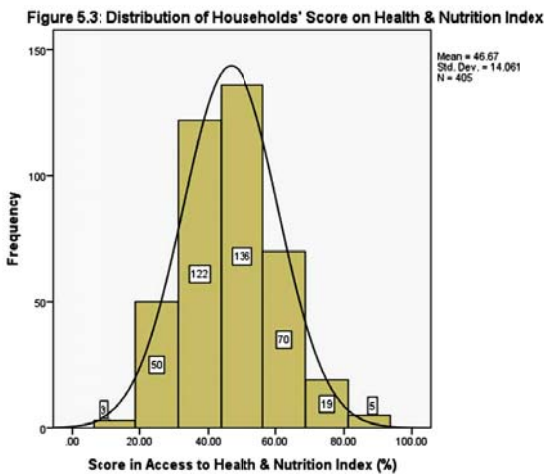
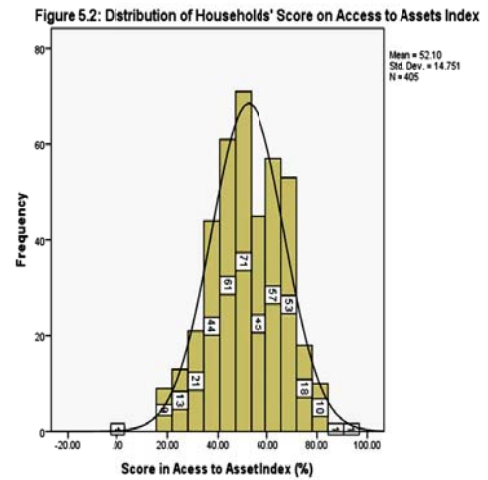
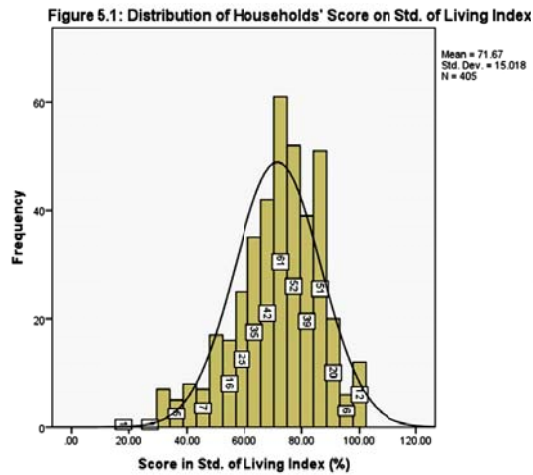
Synchronizing the index scores with the threshold deprivation level established for the study as in Section 5.2 above, the status of multidimensional deprivation of the urban poor in Mizoram on the four indices were determined and presented in Table 5.5. To enable better view on the spread of the households in different deprivation levels, their distributions are presented in Figure 5.1, 5.2, 5.3 and 5.4 respectively.

It is observed from Table 5.5 that only 7.2% of the poor families in the study area are severely deprived from a decent standard of living. At the same time, 48.4% of the urban poor households fall in the category of moderately deprived, while 44.4% may be considered as better off relative to their counterpart poor families. A closer look at the distribution as presented in Figure 5.1 shows that around 4% of the households are subject to severe deprivation with a 5% change in the cut-off point (i.e. 50% of maximum score of 11 points). This may lead us to the conclusion that due to better access/position of the poor households (no. as a percentage of total sample) to indicators like housing structures, number of rooms, toilet, waste disposal, education, toilet, and drinking water as given in Table 5.1, the poor households in urban areas have relatively better standard of living, though substantial number (44.4%) could not attain 75% of the required score.

Table 5.5: Estimate of Deprivation among urban poor using MPI sub-indices

Deprivation Level	Frequency	Percent	Deprivation Level	Frequency	Percent
1. Standard of Living			2. Assets		
Severe	29	7.2	Severe	149	36.8
Moderate	196	48.4	Moderate	226	55.8
Better Off	180	44.4	Better Off	30	7.4
Total	405	100	Total	405	100
3. Health & Nutrition			4. Financial Inclusion		
Severe	175	43.2	Severe	289	71.4
Moderate	206	50.9	Moderate	107	26.4
Better Off	24	5.9	Better Off	9	2.2
Total	405	100	Total	405	100

Source: Computed from data of Field Survey 2019



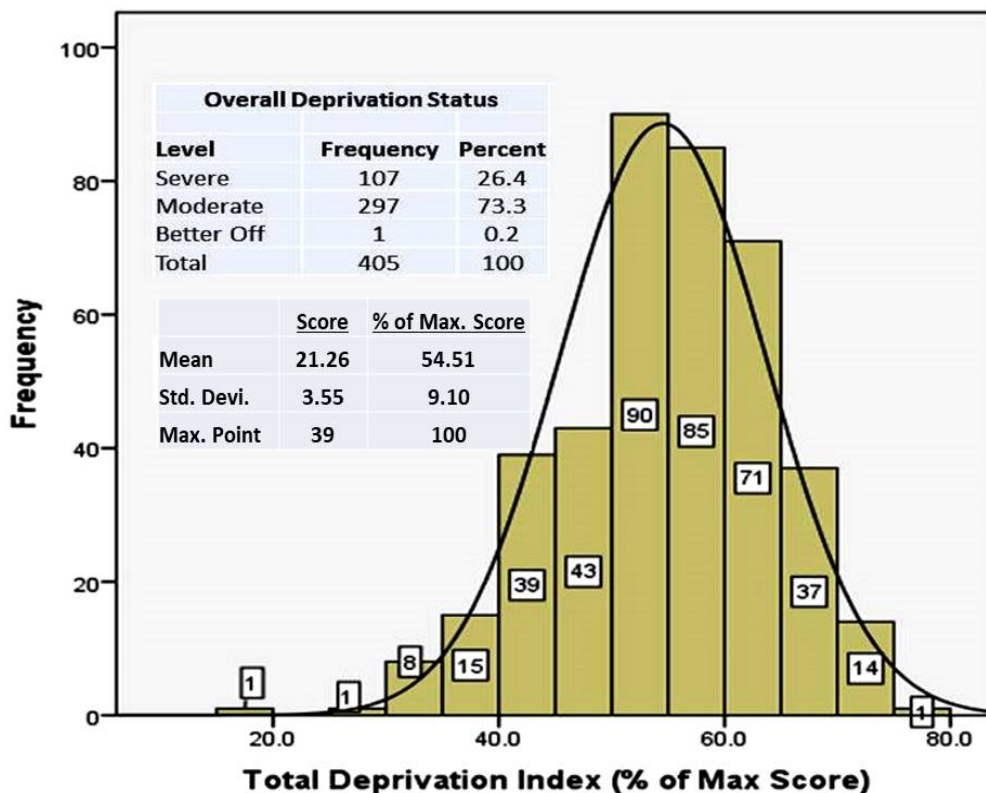
With regards to the access to assets, as much as 36.8% are severely deprived and the distribution given in Figure 5.2 shows that almost 20% would fall in this category with a 5% change in the cut-off. At the same time, 55.5% of the households fall between 50-75% in the deprivation index, while only 7.4% of households that could cross 75% in the deprivation index were categorized as relatively better off.

The status on health and nutrition shows 43.2% of the households falling to severely deprived, with 50% in the range of 50-75% scores, called moderate. As against this, as little as 5.9% could cross 75% of the score in the deprivation index to be categorized as relatively better off families. It is thus clear that nearly half of the urban poor experience severe inability to access health and nutrition.

The tabulation of the financial inclusion index shows 26.4% of households clustered between 50-75% in the deprivation level, indicating their moderate access to financial inclusion. There were just a handful of households i.e. 2.2% that could cross 75% in the deprivation index to qualify for the relatively better off category. On the other hand, a disproportionate 71.4% of households fall below 50% in the deprivation index, which means that the ability to have access to financial services for nearly three quarters of the urban poor is severe or critical.

The aggregate of the above four indices, called Multidimensional Poverty Index (MPI) or total deprivation index, is presented in Figure 5.5. The average score of the sample households in the MPI turned out to be 21.26, which is 54.51% of the maximum possible score. The standard deviation of 3.55 (i.e. 9.1% of total points) indicates that as much as 68% of the urban poor in the study areas are within the score range of 43.41% to 63.61%.

Figure 5.5: Performance of the Urban Poor in Total Deprivation Index



Classification of the households in different levels of deprivation given in Figure 5.5 shows that 26.4% are severely deprived, and 73.4% moderately deprived, while only 0.2% could be considered as better off. It is noteworthy that a quarter of the urban poor households or 26.4% are severely deprived, and even those that are moderately deprived are clustered around the border of 50% scores, which is the cut-off point for severe deprivation. That is, as much as 22.2% could fall to the category of severe deprivation if the cut-off point is increased even by 5%. This may be interpreted as the vulnerability of the urban poor to severe deprivation with respect to a slight change/reduction in the provision of basic necessities of life they currently availed.

5.5. Inter-Dimensional Relationships

In order to find the relationships between the various deprivation indices, correlation coefficient between each pair of the index are calculated based on the scores of the households on these indices. In addition to the correlational test, Chi-square statistic are also calculated using cross tabulation of the pair of indices each, and grouped by attributes of severe, moderate and better off. The Chi-square test gives us the significance of relationship based on frequency cross tabulation, while correlation gives the direction of the relationship (positive or negative). The result is presented in Table 5.6.

Table 5.6: Relationship Between Different Deprivation Indices

Sl. No.	Compared Variables	Chi-Square		Pearson
		Value	sig. level	Correlation
1	Standard of Living and Assets	36.88**	0.000	0.311**
2	Standard of Living and Health & Nutrition	4.95	0.292	-0.031
3	Standard of Living and Financial Inclusion	20.3**	0.000	-0.016
4	Assets and Health & Nutrition	3.36	0.499	0.037
5	Assets and Financial Inclusion	11.65*	0.020	0.114*
6	Health & Nutrition and Financial Inclusion	3.41	0.492	0.032

Source: Computed from data of Field Survey 2019

** significant at 1% level, & * significant at 5% level

It is observed from Table 5.6 that there is significant and positive correlation between standard of living and possession or access to assets by the poor households in urban areas. Thus, those who have better command on the assets are the ones who enjoyed better standard of living and vice versa. Notably, there is positively significant correlation between household status on financial inclusion and their possession of assets. It may be noted that the households which have valuable assets like land and house are likely to have better access to bank loan because it is the normal practice of banks in the area to demand security collateral for any application of bank loans. The significance of the relationship between financial inclusion and assets is in clear support of our study Hypothesis No. 3 as given in Chapter 1.

5.6. Poverty Dimension and Income Distribution

It is a general practice in India to identify poverty in terms of income or consumption (proxy to income) and, in general, the poverty line is determined in monetary term keeping in view the minimum amount that is needed to ensure access to basic necessities of life. This implicates that increasing income will have

significant impact on poverty incidence, and as such, poverty and income distribution are assumed to be significantly related. At the same time, a situation where increase in purchasing power allows the poor to better achieve their basic needs may not always be valid (Afonso, et al. 2015). Thus, the proposition that poverty elimination through additional income generation may not hold true if poverty is taken into the context of multidimensionality. To examine the relationship between income and total deprivation as given by MPI, Table 5.7 presents the cross tabulation of per capita monthly income and the three categories of deprivation (based on MPI).

Table 5.7: Deprivation and Per Capita Monthly Household Income

Rs./month	No. of Households				% of Households			
	Severe	Moderate	Better Off	Total	Severe	Moderate	Better Off	Total
<1000	17	31	--	48	35.4	64.6	--	100
1000-2000	41	116	--	157	26.1	73.9	--	100
2000-3000	29	76	1	106	27.4	71.7	1	100
3000-4000	11	34	--	45	24.4	75.6	--	100
4000-5000	6	23	--	29	20.7	79.3	--	100
5000-6000	1	13	--	14	7.1	92.9	--	100
6000&<	2	4	--	6	33.3	66.7	--	100
Total	107	297	1	405	26.4	73.3	0.2	100

Source: Computed from data of Field Survey 2019

Calculated Chi-Square = 8.32 (p-value: 0.760) is not significant

Table 5.7 does not reveal clear pattern on the relationship between the income distribution and levels of deprivation among the urban poor in the study area. For example, 35.4% of households having per capita income less than Rs.1000 are on the severe deprived category, while 33.3% of those having income above Rs.6000 are also categorized on this same category. The Chi-square statistic, though minimum

cell frequency is not satisfied, was calculated and found statistically insignificant. This has led us to the conclusion that there is no significant relationship between income distribution and household levels of deprivation. This observation is against our study hypothesis, and hence, the empirical data collected from the sample observation fails to prove our study Hypothesis No. 2. Thus, one may conclude that though income is the key requisite for uplifting the poor, but, when it comes to the multidimensional poverty context, the chain of improving household deprivation status through income may not be direct and straight forward.

Further, in order to examine the relationship between the income sources and deprivation, the distribution of the households on deprivation levels was superposed on the various income sources of the urban poor households, and is presented in the Table 5.8. It is noticed that the Chi square test show significance at 1% level. An important observation that can be seen from the table is that majority of the households engaged with the government, private firm/Estd. and farming were moderately deprived, while 1/3 of those engaged in daily labour and petty business experience severe deprivation.

Table 5.8: Family Income Sources and Total Deprivation Index

Employment Nature / Source	No. of Households				% of Households			
	Severe	Moderate	Better Off	Total	Severe	Moderate	Better Off	Total
Govt/MR	1	17	0	18	5.6	94.4	0	100
Private Firm/Estd.	12	60	0	72	16.7	83.3	0	100
Driver	6	23	0	29	20.7	79.3	0	100
Daily Labour	71	144	0	215	33.0	67.0	0	100
Petty business	7	14	0	21	33.3	66.7	0	100
Farming	3	14	0	17	17.6	82.4	0	100
Others	7	25	1	33	21.2	75.8	3.0	100
Total	107	297	1	405	26.4	73.3	0.2	100

Source: Computed from data of Field Survey 2019

Calculated Chi-Square = 48.2 is significant at 1% level.

Note: Private Firm/Estd. denotes working in shops, restaurant, private security, etc.

As the analysis show significance in the relationship between the family income sources and deprivation, further examination on the deprivation index and nature of employment were carried out. Table 5.9 is essentially an extension of Table 5.8 which was the abstract of the multidimensional deprivations on the four established indices.

Table 5.9 : Urban Poverty Dimension and Employment (Income Source)

Employment Nature/ Source	Standard of Living (% of HH)			Assets (% of HH)		
	Severe	Moderate	Better Off	Severe	Moderate	Better Off
Govt/MR	5.6	44.4	50.0	22.2	61.1	16.7
Private Firm/Estd.	4.2	38.9	56.9	29.2	62.5	8.3
Driver	6.9	55.2	37.9	34.5	62.1	3.4
Daily Labour	9.3	49.3	41.4	44.2	50.2	5.6
Petty business	0.0	61.9	38.1	28.6	61.9	9.5
Farming	5.9	58.8	35.3	23.5	64.7	11.8
Others	6.1	45.5	48.5	27.3	60.6	12.1
Total	7.2	48.4	44.4	36.8	55.8	7.4
	Access to Health & Nutrition (%)			Financial Inclusion (% of HH)		
Govt/MR	38.9	61.1	0.0	33.3	55.6	11.1
Private Firm	48.6	48.6	2.8	69.4	27.8	2.8
Driver	48.3	41.4	10.3	65.5	34.5	0.0
Daily Labour	39.5	54.4	6.0	75.8	22.8	1.4
Petty business	52.4	42.9	4.8	76.2	19.0	4.8
Farming	47.1	41.2	11.8	82.4	17.6	0.0
Others	45.5	45.5	9.1	63.6	33.3	3.0
Total	43.2	50.9	5.9	71.4	26.4	2.2

Source: Computed from data of Field Survey 2019

Note: Private Firm/Estd. denotes working in shops, restaurant, private security, etc.

The first analysis took into consideration the Standard of Living Index and the nature of employment or sources of income, which were then cross-tabulated. Consequently, Table 5.9 can be seen to highlight that, among the different categories of employment, those employed in private firm/Estd. were relatively better off with more than half crossing the barrier into the category of better living standard. Similarly those employed in petty business, government / Muster Rolls (MR) were also relatively better off. Meanwhile, households engaged in daily labours remained at the bottom as 9.3% live in severe deprivation in the standard of living.

The Asset Index and employment were cross-tabulated for the next analysis as presented in Table 5.9. Among other employments, those engaged with the government, in percentage per se account for the largest percentile that has better access to assets. While the daily labours retains the highest proportion of severely deprived households. It can also be observed from Table 5.8 that majority of the urban poor (53%) are working as daily labour for their main source of income, followed by employment in private firm/establishment (18%). So, this observation is in support of our study Hypothesis No. 1 which states that 'Daily labours who constitute the majority of urban poor are the most deprived in terms of housing and other assets'.

For the analysis on health & nutrition, a cross-tabulation of the nature of employment and level of access to health & nutrition were examined for understanding the level of deprivation in health and nutrition vis-à-vis the nature of employment. Among those households whose nature of employment are in private firms, drivers, petty business and farming, the table exhibits an overwhelmingly high percentage of severe deprivation in health and nutrition.

Analysis on employments and financial inclusion was carried out by cross-tabulating their distributions. It was observed that households with employment in farming, petty business and daily labour experience high level of deprivations or a case of severe financial inclusion, while those engaged with the government experience the least deprivation and comprised of the highest percentage per se that are alleviated to the status of better financial inclusion.

5.7. Perceptions of the Poor

One of the key components of the present study is to understand the dimensions of urban poor in Mizoram by establishing an insightful feedback from the respondents, and eventually evolving a valuable knowledgebase out of these firsthand experiences. Even at the national level, these features play key roles in highlighting typical characteristics of the population under study. In trying to find the root cause of the problems that infest the urban poor society, it is vital to consider the perceptions of the very people who are under observation; their point of views, level of motivation and observation of the general state of affairs etc. As a reflection to this, Robb (1999) had noticed that the poor themselves perceived low human development aspects like powerlessness, vulnerability, physical and social isolation, and lack of security, self-respect and dignity, as the root cause of poverty. The results of the assessment of the poor peoples' perception on different issues surrounding their physical and mental state are presented in this section. It is expected that these results may contribute values in the context of this study and enable emergence of many more effective suggestions.

Table 5.10 shows the general perception of the urban poor on 18 assertive indicators on urban poverty related issues. To indicate their agreement or disagreement, the respondents were asked to rate their opinion in a scale of 0-5. It follows from table 5.10 that certain assertive indicators exhibit low mean values due to lesser response. This has however revealed that fewer numbers of urban poor were exposed to adverse experiences like discrimination in the community, children imitating bad habits like theft/gambling, unhealthy customs & evil practices in the family, exposure of dwelling units to risks like water logging, pollution and noise. Meanwhile, a larger number of households reveal the nearness of their residence from high tension power lines, which could be dangerously life threatening. The table also shows some indicators with high mean values, indicating high ratings on key attributes like promptness of police forces in discharging their duties in their neighbourhood, career planning for children by their parents, high aspirations among children, and acknowledging urban poor as valuable city workforce.

Table 5.10: Perception of the Poor on the Causes of Urban Poverty, their Safety, etc.
(Respondents' Rating in the Scale of 0–5)

SN	Arguments / Questions	Mean Score	Std. Deviation
1	Rural migrations the reason for urban poverty	2.0	1.5
2	There is discrimination in the community against the poor	0.1	0.5
3	Poverty can adversely influence the character of a family member	1.8	1.1
4	Children in the family have picked up the habit of theft/gambling	0.6	0.8
5	Peers can induce crime and homelessness	2.0	1.6
6	Occurrence of Crimes/Violence in your neighbourhood during the last 6 months	2.0	1.0
7	Unhealthy customs & evil practices existed among the poor families	0.8	0.8
8	Nearness of high tension power lines from their houses pose danger to the poor families	2.5	1.2
9	There is a risk to the house from water logging during rainy season, landslide/sinking area	0.4	1.0
10	Air pollution (dust/fumes/smog etc) in the surrounding areas	0.6	1.1
11	Poor people are prone to road accidents	0.4	0.8
12	Street noise (traffic, businesses, factories) is the problem near the residence	0.5	1.0
13	Street lights are not functioned properly near the residence	2.0	2.1
14	The Police discharge their duties within the neighbourhood to safeguard the interest of the poor people.	2.8	1.4
15	Parents of the poor families have proper career plans for their children	4.1	1.0
16	Children of the poor families have high aspirations for their future	3.1	1.1
17	The urban poor extensively contribute to the city workforce	3.0	1.2
18	Cities are benefiting from the services rendered by the urban poor/slums	2.9	1.1

Source: Computed from data of Field Survey 2019

Table 5.11 lists the major problems and challenges faced by the urban poor in Mizoram. They are open ended statements spelt out by the very inhabitants that dwell in these settlements, which include their personal accounts, citing their version of the core issues and challenges of poverty that swarm their environment. Accordingly, 25.4% accused the lack of employment to be the major problems facing the urban poor. Other problems cited include financial constraints, higher house rents, fooding, inflations, access to education, transportation, housing, low wage of labour, social discrimination, discrimination in allotment of development schemes etc.

Table 5.11: Major Problems faced by the Urban Poor as observed in their response to Open-ended Questions

Sl. No.	Problems	% of HH Reported
1	Lack of employment opportunities	25.40%
2	Financial Problem	10.20%
3	Requirement for payment of house rent	10.20%
4	Food problems	6.80%
5	Problem related to rising cost of living (i.e. Inflation)	6.80%
6	Discrimination in allotment of development Schemes	5.90%
7	Social discrimination	5.10%
8	Inadequate opportunities/limited access to Education	3.40%
9	Lack of housing and facilities	3.40%
10	Transportation problem	2.50%
11	Low labour wage	2.50%

Source: Computed from data of Field Survey 2019

In addition to the above, the respondents were asked to state their suggestions for solving the urban poverty problems which is presented in table 5.12. They are the voices of the urban poor on the very issues that inhibit their daily lives, and in many sense have prevented them from living a decent life. Accordingly, 24.30% of the respondents suggested ‘hard work’ to be the necessary quality for improving the conditions of urban poverty, followed by ‘loyalty’ supported by 11.80% of the

respondents. The other suggestions prompt the government to give more efforts to address the poor, better housing, and qualitative features like unity, readiness to do any type of work, while some others condemn acts of discriminations in the process of distributing government assistance schemes.

Table 5.12: Suggested Measures to Solve Urban Poverty Problem based on Open-ended Questions

Sl. No.	Problems	% of HH Reported
1	The need to keep Hardworking culture	24.30%
2	Loyalty	11.80%
3	More government interventions on the interest of the poor	8.80%
4	No discrimination in beneficiaries of Govt. Assistance	7.40%
5	The family should be ready to do any type of work	5.90%
6	General care and assisting the poor	3.70%
7	Determination & perseverance	3.70%
8	Unity	3.70%
9	Provision of government jobs for the poor	3.70%
10	Provision of housing for the poor	2.90%

Source: Computed from data of Field Survey 2019

5.8. Conclusions

Urban poverty is a phenomenon which is multidimensional in nature. Therefore the manifestation can vary widely depending upon the region, culture, people, society and their economic conditions. Due to this multifaceted nature there can be no single solution to address the problems of urban poverty. Based on the analysis undertaken in this chapter, the following points may be noted.

Firstly, of the four sub-deprivation indices, the urban poor families have fairly better performance on the standard of living as only 7.2% are considered severely deprived. A lesser deprivation and greater experience of decent standard of living among the urban poor is mainly due to the good educational attainment, more

living rooms, separate toilet (septic tank), proper waste disposals, and availability of adequate and safe drinking water for most families. It may be noted that the state of Mizoram is one of the most literate state and is already declared Open Defecation Free (ODF). So, it may not be surprising to see relatively better standard of living even among the poor families.

Secondly, grim conditions of deprivations are observed in health & nutrition and financial inclusion. The main factors that pull down the health & nutrition index are the inability of the households to seek regular medical checkup and the failure to fulfill 100% vaccination to the children. At the same time, critical factor for financial inclusion index is the incapability of the account holders to regularly operate by way of deposits and withdrawals, and the limited access to institutional credit. The above problems may be addressed by adopting two pronged strategies namely (i) awareness creation on the significance of regular medical checkup and regular operation of bank account (small savings, etc.); and (ii) public intervention to ramp up inoculation among children, and provision to equip the poor with better access to institutional credit.

Thirdly, the significant and positive correlation between financial inclusion and their possession of assets may be interpreted further (Hypothesis No. 3). The main sub-indicator that increased financial deprivation or compromised financial inclusion is the limited access of the poor to bank loan, while substantial number of families not having land of their own is one of the factors that increase asset deprivation. So, the requirements of security collaterals set by the banking system to the applicants of bank loans have resounding effect on the financial inclusion of the poor people.

Fourthly, it is surprising to see insignificant relationship between per capita monthly income and MPI, while significant chi-square statistic is observed between the distributions of MPI and occupation or income sources. It may be noted that the families which rely on government as casual/contract/muster roll/lower rank work and those employed in the private business establishment (waiter in restaurant, private retail/wholesale shops, etc.) have relatively lower percentage of severely

deprived. As against this, families depending on daily labour and petty business (roadside vendors, vegetable vendors, small grocery shops, etc.) are the groups which have the highest percentage of severe deprivation. It is thus argued that while the absolute income may not necessarily be the significant determinant of deprivation, rather it is the regularity and dependability of the income source which is the significant factor determining the deprivations of the poor in the study areas.

Fifthly, the overall deprivation of the poor as given by the distribution of MPI revealed vulnerability of the urban poor to severe deprivation in the study areas. While a quarter of the urban poor are severely deprived, another 22.2% could fall into this category even by a slight increase in the cut-off point (i.e. 5%). This may be taken to indicate the vulnerability of the urban poor to severe deprivation, with substantial proportion of the poor likely to fall back to severe deprivation with a slight change in their access to basic necessities of life.

Lastly, the positive responses of the sample households reflected in their ratings in Sl. No. 14-18 of Table 5.10 may be construed as the poor people in urban areas of Mizoram having positive views and aspirations on their present and future course of socio-economic developments. This is substantiated by the positive attitude as given in their suggested measures (Table 5.12) in which a culture of hardworking and loyalties occupy the topmost positions. At the same time, the result of the open-ended responses on their problems presented in Table 5.11 revealed that lack of employment opportunities, financial problem and rent payments are the top 3 problems cited by the respondents. Therefore, it is clear that there is a mismatch between the aspirations of the poor and the level of employment generation in the urban areas.

Chapter 6

SUMMARY OF FINDINGS AND CONCLUSIONS

6.1. Introduction

Poverty has become the greatest concern of the global community. The UN Sustainable Development Goals (SDGs) 2015 is evolved to transform the world and create a better and more sustainable future for all. The SDG comprised of 17 interlinked global goals, in which the first goal aims to end poverty in all its forms everywhere by 2030 (UN, 2015b). Analyzing urban poverty is a complex task as it encompasses many dimensions. Cities across the world suffer from infrastructural deficiencies, poor sanitation and solid waste disposal, shortage of water, poor health care system and frequent epidemics, slums proliferations and many more. While urbanization can be viewed as endowments to the urban centers as it brings about developments and prospective future, it is equally important to recognize the infrastructural needs that can be enormously demanding in terms of investments and efforts, hence posing daunting challenges to many cities that have not been able to keep up their pace to calibrate with the urban development projections.

According to the Multidimensional Poverty Peer Network (MPPN), many countries define poverty traditionally as the lack of money. However, the plight of the poor is much beyond the border of monetary aspect as it ranges between multiple disadvantages. Therefore, deliberating on one factor alone would be highly inadequate to arrest the true cause of poverty (<https://mppn.org>). Deprivation of households can be outlined on both income and non-income dimensions. The complexity of the phenomenon is that even though a household is not poor along the income dimension, it could suffer from inadequate access to water, sanitation, health etc. Alternatively, a household might be poor along the income dimension, but could still have adequate access to water and sanitation (Chandrasekhar & Mukhopadhyay, 2007). While it is accepted that the dimensions of poverty are numerous, there are

certain characteristics that are more prominent in the context of urban poor that require specific analysis (Baker & Schuler, 2004).

The present study has been carried out within the framework of various studies in the context of urban poverty, and the issues and challenges of the multidimensional deprivations prevalent in the study area. The analysis are performed on the basis of the primary survey data collected from the respondents, and the secondary data obtained by decomposing the un-tabulated unit level data of NSS 61st, 68th and 72nd Rounds on Household Consumer Expenditure. The recommendations that have emerged out of these intricate exercises are proposed to edify the nature of deprivation prevalent among the urban poor in Mizoram and in the context of MPI. They would also serve as resources provoking more insightful studies among the communities of researchers and policy makers to draw out more sensible conclusions.

6.2. Major Findings and Observations

1. The district wise incidence of urban poverty in Mizoram for 2011-12 using the unit level data of NSS (Table 3.2) shows that Mamit district has the largest proportion of urban poverty in the state, followed by Siaha district. For the estimate of 2014-15, Lunglei has the largest ratio of urban poverty in the state, with Serchhip district closely behind. Remarkably, the district of Champhai with a significant reduction has the least ratio of urban poverty in the state, as Aizawl slid to the second position. Nevertheless, in absolute terms Aizawl district continues to retain the largest number of urban poor households for both the estimated years.
2. Gini Coefficient (G) and Poverty Gap (PG) of the urban poor in Mizoram were estimated for 2011-12 and 2014-15 using the Poverty Line as recommended by Rangarajan Committee (Table 3.3). The analysis shows no change in the level of inequality in urban areas between 2011-12 and 2014-15, however the rural areas experienced increasing inequality. At the same time, urban poverty gap between these years increased considerably by Rs.273.7. It can therefore be concluded

that while poverty ratio shows decreasing trend over the years, the depth of poverty has been increasing over time.

3. The MPCE distribution of the urban poor in Mizoram for 2011-12 shows that approximately one-third (30%) of the urban poor in Mizoram live below the average MPCE of Rs 1298.5 in 2011-12 and Rs 1318.3 in 2014-15, with an overall trend moving towards the higher range. Nonetheless, it is clear that, for many of the urban poor in Mizoram a slight upward revision in the MPCE range can easily result in backsliding into the lower range. This exhibits the vulnerable nature of urban poor in Mizoram as a reflection of their MPCE.
4. Further classification of the unit level data of NSS shows that construction activities which occupied 35.2% of the household activities has engaged 85.2% of the casual labour during 2014-15, while agriculture and allied activities that account for 33.7% of the household activities has engaged 55.3% of the self-employed, and most regular wage / salary earning categories have been engaged in public administration and other services.
5. The nutritional status of the urban poor in Mizoram was analysed (Table 3.11) using the NSS 68th Round and in consideration of the daily recommended intake by National Institute of Nutrition (NIN), Hyderabad. From the three items of food taken for the sample viz. cereals, pulses & products and sugar, the analysis shows all the income classes (MPCE) of urban poor falling below the NIN recommended 400g per day of cereals, though the non-poor households were observed within the margin level. It is also distinctly revealed that both the poor and non-poor households fell much below the NIN recommended daily intake of 80g of pulses & products and 40g per day of sugar. Therefore it is conclusive that even though half of the urban poor possess BPL Ration Cards, yet they fail to achieve the recommended NIN daily nutritional requirements, suggesting that food insecurity and poor nutritional status are significant features of urban poverty in Mizoram.
6. From analysis of the poverty estimates in Mizoram for 2004-05 to 2011-12 (Table 3.1), it is observed that the estimated poverty ratio in Mizoram was 12.6%

for 2004-05 (Lakdawala methodology), 21.1% for 2009-10 (Tendulkar methodology), 20.4% for 2011-12 (Tendulkar methodology) and 27.4% for 2011-12 (Rangarajan methodology). However the entire exercise on the incidence of poverty in Mizoram does not show any clear trend, rather changes with change in the methodology. Therefore, it can be inferred that the poverty incidence in Mizoram is highly sensitive to the methodology of measurement.

7. The educational attainment of more than 60% of all the members of poor households was middle school level and below (Table 4.5). Further, out of the 1589 family members covered in the survey, only 34 persons (i.e. 2.13%) are reported to have acquired skill trainings. Thus, low human quality may be considered as the undesirable attribute of the poor families in urban areas of Mizoram.
8. The study shows from the primary survey data that the mean age of all the 264 male household heads is 48.44 years, while it is 57.27 years for the 141 female heads (Table 4.1), with more or less similar standard deviations. The distribution further reveals that the male heads reached their largest number in the age group of 30-44 years and decline thereafter, while the female heads tend to increase continuously with increase in the age. Therefore, a perplexed observation that the proportion of male household heads decrease with increase in their age after a certain age group, is a phenomenon that calls for further examination.
9. Though it is understood that the main problem of the poor is low income, yet even a relatively high income may not implicate higher living standard if the cost of living in the area is very high. Around 70% of the household in the study area have income of less than Rs.9000 per month (Table 4.7), while the average monthly rent payable by those staying in rented houses turned out to be Rs.2062 (Table 4.14). Given the average family size of 5, the earnings of larger proportion of the poor households are extremely low, relative to the consumption requirement, to sustain decent urban standard of living.
10. The study observed that majority of the poor households (54.8%) in urban areas depend on daily labour as the main source of income for the family (Table 4.12),

while substantial proportion of the poor (almost 20%) work in private business (restaurant, shop keeping, private security, etc.) as their main income source. Though our survey schedule failed to capture their status of engagement, the field observation showed that engagement as daily labour or working in private firms are all informal and fail to provide job security on the part of the employers. Meanwhile, the study observed that more than 32.8% of the persons available for work are unemployed (Table 4.11). Further, low skill levels on their part have prevented them from entering into formal and dependable employment. It may be concluded that livelihood insecurity, unemployment and low employability have been the problems of the poor living in urban areas of Mizoram.

11. Relatively favourable situations are observed in case of housing and housing amenities, including possession of other housing assets. It is also observed that more than half of the respondents are living in owned houses, while 46.4% live in rented houses (Table 4.13). Further, as many as 96.3% have septic tank, which is considered safe toilet, while 93.3% have bathroom and toilet attached in the house (Table 4.16). However, grim condition is observed for those who live in rented houses without formal written agreement with the landlord, side by side in the absence of rent regulation in force in the area. The floor areas for around 70% of the poor households are less than 400 sq. ft., while 66.7% have two rooms and 18% have single room (Table 4.15).
12. It is observed that as many as 99% of the families have bank accounts (Table 4.27). If financial inclusion is measured only in terms of the number of urban poor families having bank accounts, it would be a reflection of an impressive performance. However, as much as 96% of these bank account holders do not regularly operate their account by making regular deposits. At the same time, while 23% of the households have availed institutional loans, the life insurance coverage among the poor families is very limited, and there are no subscribers to pension policy and Employee State Insurance (ESI) in the area (Table 4.29). All these indicate the limited coverage of the poor families in urban areas of Mizoram by institutional finance and social security system.

13. The analysis of the levels of deprivations of the urban poor using specifically constructed Multidimensional Poverty Index (MPI) assumed that, a normal household, if attained decent living, would not have problem in achieving 100% point score in the MPI. But, after making some reservation, it arbitrarily adopted a score of 75% (as percentage of maximum possible) as cut-off point for deprivation as severe deprived (<50%) and moderate deprived (50%-75%).
- a. Based on this criteria, as many as 7.2% of the respondents are found severely deprived, while 48.4% as moderate, thereby, indicating that 55.6% of the poor families are deprived of decent standard of living (Table 5.5)
 - b. On possession or access of assets dimension, it is found that 36.8% of the households experience severe deprivations, and 55.5% are moderately deprived. A point of concern from the analysis (Table 5.5) is that, an upward change of 5% in the cut-off level would force an approximate 20% of the moderately deprived households to backslide into severe deprivations. Therefore, it can be said that in comparison with the standard of living, more households have been exposed to severe deprivation in their access to conventional assets, and only few families experience the least deprivation in the study matrix.
 - c. The health & nutrition index of the urban poor in Mizoram shows that 43.2% are severely deprived, 50.9% are moderately deprived, and 5.9% are relatively better (Table 5.5). The score shows nearly half of the urban poor in Mizoram experiencing severe deprivation in health and nutrition, insinuating the importance of building a robust healthcare infrastructure encapsulating the need and welfare of the urban poor in Mizoram.
 - d. In line with the observations on financial inclusion above (Ref. No. 12), mere opening of bank account does not translate into actual access to banking and institutional credit. As many as 71.4% of the poor households (Table 5.5) can be considered severely deprived in financial inclusion.

14. The distribution of Multidimensional Poverty Index (MPI) showed that 26.4% of the urban poor are severely deprived, and 73.4% are moderately deprived (Figure 5.5) on multidimensional indicators of the requirement for decent living. It is also found that while a quarter of the urban poor are severely deprived, another 22.2% could fall into this category with a slight upward movement in the cut-off point (i.e. 5%), indicating that substantial proportion of the poor are vulnerable to fall back to severe deprivation with a slight change in their access to basic necessities of life.
15. It is already noted that majority of the urban poor depend on daily labour as their main source of income (Ref. No. 10). The cross-tabulation of the households between income/employment sources and levels of deprivations on assets (Table 5.9) shows that 44.2% of the urban poor in the study areas are considered severely deprived in the assets index. Keeping in view the significant chi-square statistics between deprivations and income sources, it may be concluded that daily labours who constitute the majority of urban poor are the most deprived in terms of housing and other assets, in support of our study Hypothesis No.1.
16. It is surprising to observe that while the income sources and MPI show significance in the chi-square statistic, the relationship estimate found no significant correlation between the per capita monthly household income and the MPI, and fails to prove the study Hypothesis No. 2. In view of this finding, given a low level of deprivation for those employed in government in part-time or muster roll (MR) and private firm/establishment (shops, restaurants, private security, etc.), as against severe deprivations observed for those in daily labour and petty business, it would be logical to conclude that though the volume of income is important for uplifting the poor, a stable income source has more bearing in determining deprivation among the poor in the study areas.
17. Study of the relationship between various deprivation indices of the urban poor households within the area of study (Table 5.6) shows a significant and positive correlation between standard of living and access to assets, meaning that, those with better command on the assets are the ones leading a better standard of living

and vice versa. It is also observed that there is positively significant correlation between asset possessions and financial inclusion. Thus, families with valuable assets that qualify as collaterals like land and houses have better access to bank loans. This observation supports our study Hypothesis No. 3 as postulated in Chapter 1.

6.3. Conclusions

The callousness of poverty that has plagued the urban environments has today reached to a point where communities across the world are coerced to act on its cause and effects, and align their attention to address the plight of the underprivileged victims. The present study has been carried out in the state capital of Aizawl, the population of which accounts for a quarter of the total population of Mizoram, and comprising of more than 51% of the total urban population of the state. The study took into consideration those legitimate factors that are paramount in our comprehension of the dimensions of urban poverty in Mizoram. The results of the analysis enlightened us in our understanding of the data sets, contriving to draw inferential conclusions. The results that emerge out of the secondary data analysis have leveraged to facilitate contemplations on the primary survey data, on the basis of the given parameters determined for the study.

The analysis of urban poverty in Mizoram using the official poverty estimates and unit level NSS data could not establish a reasonable trend of the incidence of urban poverty in Mizoram, as it fluctuates with the change in methodology. The vulnerability of the households is reflected in that a slight change in the methodology would easily move the households above or below the poverty line. So, the concept of urban poverty may be taken in a broader context to capture human deprivation taking place in urban areas. The introduction of Multidimensional Poverty Index (MPI) in the analysis of deprivation among the urban poor in the study area has been found useful as it gives an insightful portray of urban poverty in the multidimensional context. But the highly sensitive nature of the incidence of severe deprivation among the urban poor has necessitated serious consideration in

determining the minimum human basic needs, and selection of its indicators, to enable effective determination of the cut-off point to estimate the incidence of human deprivations or poverty in urban areas.

The significance of daily labour as a main income source among the urban poor in Mizoram has been observed in the sample survey, and this is also justified by the analysis of the broader NSS survey data. Comparing with other economic activities, daily labour is considered the most insecure in terms of engagement period, job security, etc. The existence of substantial number of persons who have participated in the labour force, but not found work (unemployed) vis-à-vis low skill profile and low educational attainments among the family members of the poor households appears to be the push factor for the increase in the proportion of daily labour. So, increasing their capacity and adaptability to different works through skill development or education, while also making provisions for the work place security, health insurance, etc. and effective implementation of wage regulations may be the key areas of concern for the upliftment of the urban poor in the study area.

Financial inclusion of the poor and their access to institutional credit have been considered the critical area that required policy attention to enable the poor to leverage the opportunities arising out of economic development through entrepreneurship, business or other ventures. However, this study observed limited access of the poor to bank credit due to poor assets backing that can be used as security collaterals. In this context, the concept of financial inclusion should not be restricted to a mere opening of bank account by the poor, but should be broadened to include their access to institutional credit (loan) and their ability to operate regular normal transactions in their bank account. So, any attempt through central or state government (like Jhandhan Yojana, Microfinance, etc.) that envisage financial inclusion has to be directed towards enhancing the access of non-asset-backing poor families to bank loan.

6.4. Suggestions and Recommendations

The following are some of the suggestions and recommendations that have evolved out of the present study.

- ✚ Considering the ease of subscribing to the government healthcare facilities and the benefits they offers, it is surprising to find that about a quarter of the urban poor households within the study area have not enrolled themselves into the schemes. Therefore, it is recommended to conduct extensive awareness drives once again using the various forms of media, and other available platforms to ensure enrolments and physical coverage of all the urban poor households. These awareness drives may be carefully orchestrated to rule out any possible chance of confusion or misinterpretation.
- ✚ Life insurance is another important social security measure. With a meagre 0.7% of the respondents in the study area subscribing to it, the concern for promoting life insurance among the urban poor is highly intense. It is disheartening to realise that an unfortunate event of a grief loss of sole bread winner of the family could also cripple the economic backbone of the bereaved family. Therefore, schemes like Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana (PMSBY) etc can easily be linked to the bank accounts with minimal premiums and maximum benefits. Initiatives to popularise such facilities must go much beyond the present efforts to capture all the urban poor within the framework of the scheme thereby ensuring maximum benefits.
- ✚ Among the social security schemes introduced to the respondents in the present study, it is unfortunate to learn that, even among those that are engaged in organised establishments, none of the households have subscribed to the Employee State Insurance (ESI). It is therefore suggested to conduct blanket awareness campaigns on the scheme to ensure that all eligible households/individuals enrol and benefit from the scheme.

- ✚ The study of the education attainment level among the household heads and the members reveals that the gross enrolment ratio has steeply dropped beyond the secondary education level. Kee (1969) had observed that the greatest reduction in urban poverty would be possible by increasing the level of adult education, particularly at the lower end of the educational spectrum. Therefore, a suggestion in this regard is to inculcate an atmosphere of career based learning and introduce job-oriented and skill based vocational courses at the various schooling levels. This will promote learning in their area of interest, and render higher chance of survival in the job market. Additionally, employment generation can be enhanced by promoting the small and micro enterprises as they are now regarded as the backbone of the Indian economy with a total contribution of 30% of the GDP (PTI, 2020b).
- ✚ The study found high level of deprivations in healthcare & nutrition. The shortcomings can be addressed by adopting the following two pronged strategies - (i) Awareness creation and capacity building on the significance of regular medical checkup; (ii) Public intervention to ramp up vaccination of children.
- ✚ With limited access to credit facilities and government assistance, coupled with minimal household capable of maintaining monthly deposits in their bank accounts, financial inclusion is found to be the area where the respondents experience deprivations the most. An immediate suggestion for this critical financial inclusion issue would be to create provisions to equip the poor with better access to institutional credit, and create awareness on the benefits of regular operation of bank accounts (small savings, etc.)
- ✚ The study found no significant correlation between deprivation and the per capita monthly household income, however observes a significant relationship between deprivation and the source of income. This finding suggests that a stable income source and security of the job play decisive role in determining deprivation among the poor in the study areas. Therefore, an amicable solution to address the dilemma would be for the policy makers to create conducive business

environment for private firm/Estd. like shops, restaurant, private security, etc and farming.

- ✚ Entrepreneurship is an engine of economic growth (Zvavahera et. al, 2018), that has influenced the country's economic performance with innovative ideas, skills and production methods and better productivity. In spite of these attributes, the study found minimal exposure of the respondents in the area of entrepreneurship. It is therefore imperative to highlight upon the dividends and aggressively usher efforts to cash in from the unlimited scope unfolded under the aegis of the government initiatives to promote skills for self reliance, particularly among the youths. Promotion of skill development programmes and facilities would undoubtedly be a strong driving force to eradicate poverty and promote sustainable livelihood among the urban poor.
- ✚ Instead of depending mainly on the government resources to address the evils of poverty, the active participations of the Church, Community Based Organisations (CBO) like YMA, MHIP, MUP etc, student organizations, and private establishments can be sought. These efforts can be strategically oriented to address the key areas plaguing the urban community like lack of education and basic skills, poor health, limited credit facilities and other basic services, infrastructural needs, and various socio- economic issues etc.
- ✚ The examination of the dwelling units of the respondents reveals that two third (2/3) of the houses have semi-pucca structures, and the floor areas of most houses are much below the standard 10 sq.m/person. In the mean time, while half of the respondents own their houses, only one family has availed the benefit of the Pradhan Mantri Awas Yojana (PMAY) – briefly a scheme for financial assistance to urban poor for constructing pucca-houses. Therefore, the two factors of demand and supply can be made to traverse at a point where a systematic implementation of the schemes is carried out within the timeframe of 2022.

✚ Urban poverty is often expressed as the causal effect of rural poverty. The characteristic nature of urban poverty has emerged as a result of the continuous migration of the rural poor whose livelihood base have failed them, causing growth of pavement and slum dwellers in the cities (Dandekar & Rath, 1971). Until earning differentials and economic opportunities between cities and rural areas are minimised, the rural poor will continue to migrate into the urban areas. So, an important suggestion for the eradicating of urban poverty would be to speed up the process of rural development. In other words, focussing our attention on the issues of urban poverty without compromising our efforts on rural development can produce successful synergies.

APPENDIX - I

Date of Visit : / /

Questionnaire on Dimensions of Urban Poverty in Mizoram

1. GENERAL INFORMATION

- i) BPL Registration No. _____
- ii) Main Occupation _____ []
- iii) Status of house [] *Pucca*, [] *Semi Pucca*, [] *Thatch*
- iv) Social Category [] *Gen* / [] *SC* / [] *ST* / [] *OBC*
- v) Possession of Ration Card [] (0-No, 1-Yes)
- vi) Religion _____ []
- vii) No of family members [] *M*, [] *F*
- viii) Family members below 15 yrs _____
- ix) Family members above 60 yrs _____

2. DETAILS OF FAMILY MEMBERS

SI No	(A) Family Members (Head of Family in SI No '1')	(B) Sex (1-2)	(C) Age	(D) Relationship with Head (1-6)	(E) Education Level (1-8)	(F) Employment status (1-4)	(G) Occupation (1-9)	(H) Skill Sets (1-4)	(I) Tech. course (1-6)	(J) Life Insurance (0-1)	(K) Health Insurance (0-1)	(L) ESI subscription (0-1)
1												
2												
3												
4												
5												

Code :

- (B) Sex : 1=Male; 2=Female
- (D) Relationship with Head : 1=Self; 2=Wife/Husband; 3=Inlaw; 4=Children; 5=Grand children; 6=Others

- (E) Education Level : 0=Illiterate; 1=Can read & write; 2=Primary School; 3=Middle School; 4= H/S level; 5=HSS level; 6=Graduate level; 7= PG level; 8=Professional Degree; 9=Spl. Edn
- (F) Employment status : 1=Available for work; 2=Not available for work; 3=Student; 4=Old age (15-59 years)
- (G) Occupation (*Being employed refers to an engagement for at least 3 months during last 1 year*)
:0=Unemployed; 1=Govt/MR; 2=Private firm (Shop/restaurant/security guard agency); 3=Teacher; 4=Driver; 5=Daily Labour; 6=Petty business; 7=Housemaid; 8=Farming; 9=Pensions; 10=Remittance; 11=Donations ; 12=Entrepreneurs; 13=Others ; HW=House wife; OA=Old Age
- (H) Skill sets (Training) :0=Nil;1=Three months; 2=Six months; 3=One year & above
- (I) Technical course :1=IT; 2=Fashion; 3=Automobile; 4=Electrical; 5=Electronic; 6=Mobile & Computer; 7=Nursing; 8=Paramedical science; 9=Others
- (J) Life Insurance :0=No; 1=Yes
- (K) Health Insurance :0=No; 1=Yes
- (L) ESI subscription :0=No; 1=Yes

3. HOUSING

- 1) What is the occupancy status of your present accommodation?
[] 1=Rented; 2=Owned; 3=Others
- 2) If rented, state whether you are under any written contract agreement.
[] 0=No; 1=Yes
- 3) If your house is rented, what is the rent per month?
Rs _____
- 4) How long have you been in your present accommodation?
_____ Years _____ Months

- 5) What is the approximate floor area of your house (in square feet)? Specify the no. of rooms?

Particulars	Size/Quantity
Floor area (Sft)	
No of rooms	

- 6) Does your family have additional land holding or house?
 0=No; 1=Yes
- 7) Have you ever been evicted from your place of stay?
 0=No; 1=Yes
- 8) If you have been evicted from your place of stay, state the main reason?
 1=Disagreement; 2=Crime; 3=Intoxicated; 4=Renovation
- 9) What type of toilet /latrine system does your household have?
 1=Pit latrine; 2=Septic tank; 3=Public toilet; 4=Open Defecation
- 10) Is your toilet attached with bathroom or is separate?
 1=Attached; 2=Separate
- 11) What is the type of electric connection in your household?
 1=Shared; 2=Separate
- 12) What is your main source of water?
 1=Individual PHE connection; 2=Shared PHE connection; 3=Public water point
- 13) Is your water source adequate to meet the household requirements all year round?
 0=No; 1=Yes
- 14) How do you dispose off your household waste/garbage?
 1=Open space; 2=Aizawl Municipal Corporation collection
- 15) Do you segregate your waste (garbage) between Bio-degradable and Non-degradable?
 0=No; 1=Yes

4. INCOME AND EXPENDITURE

1) State the main income of your family by source during the last 1 year :

SI No	Source of Income	Code	Amount
1			
2			
3			
4			
TOTAL			

Code:

0=Unemployed; 1=Govt/MR; 2=Private firm (Shop/restaurant/security guard agency); 3=Teacher; 4=Driver; 5=Daily Labour; 6=Petty business; 7=Housemaid; 8=Farming; 9=Pensions; 10=Remittance; 11=Donations ; 12=Entrepreneurs; 13=Others

2) List out the expenditure of your family by source :

SI No	Particulars of Expenditure	Period of Observation	Amount Spent
1	Food related like rice, meat, vegetables, cookies, milk and other basic food items	Monthly	
2	Basic services like transport, cable TV, mobile bill, bus fare	Monthly	
3	Domestic fuel & electricity	Monthly	
4	Clothing & footwear	Yearly	
5	Education	Yearly	
6	Health	Yearly	
7	Pan, tobacco & intoxicants	Daily	
8	Housing & furniture, utensils & appliances	Yearly	
9	Social contribution/donations (Church offerings, Tithe, wedding, YMA, Youth Services etc)	Monthly	
10	Others -		

5. OCCUPATION / EMPLOYMENT

1) State the main occupation of your family

[] Occupation (Being employed refers to an engagement for at least 3 months during last 1 year) :

Code: *0=Unemployed; 1=Govt/MR; 2=Private firm (Shop/restaurant/security guard agency); 3=Teacher; 4=Driver; 5=Daily Labour; 6=Petty business; 7=Housemaid;*

8=Farming; 9=Pensions; 10=Remittance; 11=Donations ; 12=Entrepreneurs;
13=Others

2) How many members are earning in your family?

Age Group	Numbers
Below 15 Yrs	
15-60 Yrs	
Above 60 Yrs	

3) What livestock does your family own? Specify the quantity?

SI No	Livestock	Code	Quantity
1	Chicken		
2	Pig		
3	Goat		
4	Cow		
5	Others		

6. HEALTH

1) Does any of the family members have chronic illness?

[] 0=No; 1=Yes

Name of the chronic illness _____ []

2) What is the most common illness/sickness in your family during the last 1 Year?

Name of the illness _____ []

3) How many times have you attended medical services during the last 1 year for reasons other than pregnancy and preventative health care like vaccination etc?

SI No	Name of Medical Services	Frequency of visits during the last 1 year			
		None	<3	3-5	5<
1	Hospital	None	<3	3-5	5<
2	Private Clinic/Doctor	None	<3	3-5	5<
3	Laboratory Tests	None	<3	3-5	5<

- 4) If you have been hospitalized, indicate whether the hospitalization is in a Private or Government Hospital, stating the mode of bill settlement.

SI No	Particulars	Tick relevant Code
1	Hospitalization	
2	Mode of Bill Settlement	

Code: 1= Government Hospital; 2= Private Hospital; 3=Individual source of Bill Payment; 4= AB-PMJAY (Gold/Smart Card) Bill Payment; 5= Mizoram Healthcare Bill Payment; 6= Employee State Insurance (ESI); 7= Other sources

- 5) Have the children in your family been vaccinated at least once?
 0=No; 1=Yes
- 6) How many square meals do you take in a day?
 1=Once; 2=Twice

7. MIGRATION

- 1) Which village do you originate from?
 Name of the village _____ []
 1=Rural; 2=Urban
- 2) In which year did you migrate to Aizawl?
 Year _____ (Total years of settlement [])
- 3) Indicate the reason for migrating from your previous place?
 1=Daily labour; 2=Full time Employment/Job; 3=Health related issue;
 4=Education; 5=Marriage; 6=Others _____

8. ASSETS

- 1) List the major assets & property that your family own with their quantity.

SI No	Items	0-Not owned; 1-Owned	Quantity
1	Mobile Phone		
2	Pressure cooker		
3	Water filter		
4	Television		
5	Gas connection		

6	Fridge		
7	Washing Machine		
8	Steel Almirah		
9	Computer		
10	Two Wheeler		
10	Three wheeler		
11	Vehicle		
12	Others		

9. INSTITUTIONAL LINKAGE (Financial Inclusion, Programmes, Policy, Social Security)

1) How many members of your family have bank account?

2) Could you maintain monthly deposits in your bank account?

[] 0=No; 1=Yes

3) If yes, state the approximate monthly deposits to the bank a/c?

Deposit Range	Tick	Code
Below Rs 500		
Rs 500-Rs 1500		
Rs 1500-Rs 3000		
Above Rs 3000		
No Bank account		

4) What is the mode of withdrawal of money from your bank account?

[] 1=Bank visits ; 2=ATM

5) Have you ever borrowed loan from any source?

[] 0=No; 1=Yes

6) If you have borrowed a loan, kindly specify the purpose? And rate your benefit from the loan in a scale of 0-5.

Purpose of the loan	Rating of Benefits from loan (0-5)

Code: 1=Health; 2=Education; 3=Infrastructure; 4=Urgent family need; 5=Others

- 7) Have you received any assistance from the Government during the past 3 years?
 0=No; 1=Yes
- 8) If yes, indicate the source of the assistance, the purpose and the total amount.

Sl No	(A) Name of the Source /Scheme	(B) Purpose	(C) Purpose Code	(D) Amount	(E) Rate your benefit (0-5)
1					
2					

Code: 1=Normal assistance; 2=Livelihood promotion; 3=Housing; 4=Wage employment;
5=Others

- 9) If you have a ration card, specify the category.
 1=AAI/BPL (Yellow); 2=Priority Household (PHH-Blue/Green);
3=Non-Priority Household (NPHH-White)
- 10) Are you enrolled in a Central Govt. healthcare scheme (with Golden card/Smart card)?
 0=No; 1=Yes
- 11) If no, specify the reason for not subscribing the healthcare.

- 12) Are you enrolled in the Mizoram Healthcare Scheme (MSHCS)?
 0=No; 1=Yes
- 13) If no, specify the reason for not subscribing the scheme.

- 14) Does anyone in your family receive pension?
 0=No; 1=Yes
- 15) If yes, specify the type pension received.
 1=Old Age; 2=Spouse ; 3=Others _____
- 16) Is there any member of the family who is currently enrolled in a pension scheme?
 0=No; 1=Yes
- 17) If yes, specify the scheme.
 1= Atal Pension Yojana; 2=National Pension Scheme; 3=Employee Provident
Fund.

18) How many members of the household are listed as beneficiary to the above pension scheme?

10. GENERAL PERCEPTION (Safety & Security, High Risk Factors)

SI No	Questions	Code	Agreement of respondent rated in scale (0-5)
1	Rural migrants are the reason for urban poverty		
2	Presence of discrimination in the community		
3	Poverty can adversely influence the characters of a family member		
4	Children in the family have picked up the habit of theft/gambling		
5	Peers can induce crime and homelessness		
6	Occurrence of Crimes/Violence in your neighbourhood during the last 6 months		
7	Existence of unhealthy customs & evil practices in the family.		
8	Nearness of high tension power lines from your house		
9	Risk of the house from water logging during rainy season, landslide/sinking area		
10	Air pollution (Dust/fumes/Smog etc)		
11	Proneness to road accidents		
12	Street noise (traffic, businesses, factories)		
13	Functionality of street lights		
14	Discharge of duties by the Police within the neighbourhood to safeguard your interest.		
15	Parents have proper career plans for their children		
16	Children have high aspirations for their future		
17	The urban poor extensively contribute to the city workforce		
18	Cities are benefiting from the services rendered by the urban poor/slums		
19	Any other		

11. Give three major problems face by urban poor:

- 1) _____ []
- 2) _____ []
- 3) _____ []

12. Suggested measures to help/improve the condition of urban poor

- 1) _____ []
- 2) _____ []
- 3) _____ []

13. Any other information :

APPENDIX - II

BASIC PROFILE OF MIZORAM

SI No	Particulars	Unit	
1	State Capital		Aizawl
2	Geographical Area	Sq.Km	21,081
3	Geographical Location		
	(i) Longitude	Degree	92o.15' E to 93o.29' E
	(ii) Latitude	Degree	21o.58'N to 24o.35'N
4	Length		
	(i) North to South	Km	277
	(ii) East to West	Km	121
5	International Borders		
	(i) With Myanmar	Km	404
	(ii) With Bangladesh	Km	318
6	Inter-State Borders		
	(i) With Assam	Km	123
	(ii) With Tripura	Km	66
	(iii) With Manipur	Km	95
7	Administrative Set-up		
	(i) Districts	Nos.	8
	(ii) Autonomous District Councils	Nos.	3
	(iii) Sub-Divisions	Nos.	23
	(iv) R.D.Blocks	Nos.	26
	(v) Total Villages {2011 Census}	Nos.	830
	(a) Inhabited	Nos.	704
	(b) Uninhabited	Nos.	126
8	Total Household (2011 Census)	Nos.	2,22,853

SI No	Particulars	Unit		
9	Population Totals {As per 2011 Census}			
	A. Population			
	(i) Persons	Nos.	10,97,206	
	(ii) Male	Nos.	5,55,339	
	(iii) Female	Nos.	5,41,867	
	(iv) Rural	Nos.	5,25,435	
	(v) Urban	Nos.	5,71,771	
	B. Decadal Population Growth (1991-2011)			
	(a) Absolute	Nos.	2,08,633	
	(b) Percentage	%	23	
	C. Population Density (2011 Census)	Per Sq.Km	52	
	D. Sex Ratio	Females per 1000 males	976	
	E. 0-6 Population			
	(i) Persons	Nos.	1,68,531	
	(ii) Males	Nos.	85,561	
	(iii) Females	Nos.	82,970	
10	District wise no. of RD Block & Villages (2011 Census)			
SI No	District	No. of Sub-Division	No. of Blocks	No. of inhabited villages
1	Mamit	3	3	86
2	Kolasib	3	2	34
3	Aizawl	3	5	94
4	Champhai	3	4	83
5	Serchhip	3	2	35
6	Lunglei	3	4	161
7	Lawngtlai	3	4	159
8	Siaha	2	2	52
	Total	23	26	704

Source: Statistical Handbook Mizoram 2018, Directorate of Economics and Statistics, Mizoram : Aizawl

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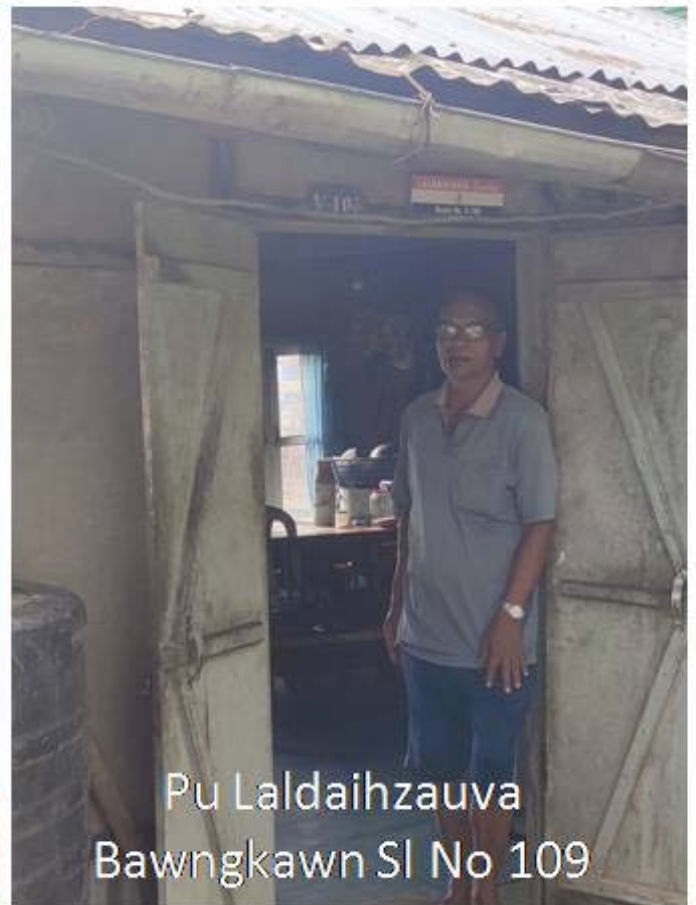
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ABSTRACT

DIMENSIONS OF URBAN POVERTY IN MIZORAM :

AN ANALYSIS

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY**

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**DEPARTMENT OF ECONOMICS
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**DIMENSIONS OF URBAN POVERTY IN MIZORAM :
AN ANALYSIS**

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1. Introduction

Poverty is a state of being where a person or community lacks the essential resources for living a minimum standard of life. It is defined as a social phenomenon in which a section of the society is unable to fulfil even its basic necessities of life (Datt & Shudharam, 2004). In the Indian context, any attempt to define the concept of poverty is conditioned by the vision of minimum requirement of life; thereby, the generally accepted definition emphasizes the minimum requirement of life in terms of daily calorie intake (Thanga, 2012). At the same time, studies (Thimmaiah 1983; Panda & Sahu, 2011, etc.) observed the direct relationship between poverty incidence and socio-economic conditions, and suggested widening of the concept to cover not only the level of income, but also other socio-economic indicators like housing, sources of income, etc. Although monetary indicators are widely considered as the most reliable measure, social indicators describe the facet of human well-being that are not easily captured by pure economic measures (Uwe, 1999), and thus any study on poverty must consider socio-economic and other dimensions to reflect the deprivation of the poor on basic amenities to sustain a decent living.

With increase in the rate of industrialization, modernization and urbanization in the developing countries, urban problems have also increased simultaneously. Evidently, cities and towns in India and other developing nations across the world are marked by poverty, unemployment, migration, congestion, violence and lack of civic amenities. It is apparent that the urban development administrations in many instances have failed to cope up with the demands that arise with rapid urbanization. The benefits of various economic welfare measures seemed to have bypassed the weaker and poorer victims of the community. Thus, high level of poverty remains to be the major social problems causing sickness, personal, family and community issues. Unfortunately, slums and squatter settlements are often known to be the breeding grounds for diseases, immorality, crime and other social evils (Gogoi, 1998).

The common method used to estimate poverty in India is based on income or consumption pattern, which if below a given minimum level signifies the household

living Below the Poverty Line (BPL). In India, the National Planning Committee (NPC) was set up in 1938 to draw a suitable economic plan with the fundamental aim to ensure adequate standard of living for the people. In 1979 the Y.K. Alagh Committee was established to measure poverty precisely as starvation i.e. how much people eat. The committee was known to have defined the first poverty line in India. The Planning Commission of India from time to time has been estimating the levels of poverty in the country. In 1993, the Lakdawala committee was formed to review the methodology for poverty estimation. This was followed by a Task Force under Suresh D. Tendulkar in 2009, subsequent to which the official poverty estimates of Planning Commission have been carried out using consumer expenditure survey (CES) data of the NSS. The Rangarajan Committee formed in 2012 defined the latest poverty estimates of the country. The NDA Government under NITI Aayog constituted a 14-members Arvind Panagariya Task Force to recommend a realistic poverty line. However the committee in 2016 recommended formation of another panel of specialists to undertake the task.

2. Urbanization and Urban Poverty

Urbanization is basically a process whereby the primary production functions are replaced by the secondary and tertiary functions. It brings with it various opportunities and threats which when unmanaged or without proper attention could lead to various difficulties and perennial hindrances to the development of the urban centers. Mohanty and Mohanty (2005) explains that urbanization by itself is no cause for alarm, rather what is alarming in the context of our developing world are the gross inefficiencies and inequalities that have characterized the process. Therefore, while urbanization can be viewed as a mechanism of economic, social and political progress, it can pose serious socio-economic problems. The issues of sustainable growth of the urban centers are challenges facing every developed and developing countries of the world.

Urban poverty is a phenomenon that has various facets. While it is a cause of unequal distribution of income and wealth, it is also impacted by the deprivations of

basic amenities. It is the end result of structural failure in the socio-economic mechanism in the community. These features therefore testify the multidimensional nature of urban poverty. Meanwhile the rapid rate of urbanization has been known to be the main factor responsibility for rise in the magnitude of urban poverty. Kee (1969) has opined that a higher incidence of urban poverty is caused by heavy concentrations of the poor and the disadvantaged in the metropolitan centers.

The problems of urban poverty in Mizoram can be said to be reflected highly in the state capital of Aizawl. The population of Aizawl city comprise of 26.74% of the total population of the state as per census 2011. The district headquarters that immediately follows Aizawl in terms of population size is Lunglei, which makes up hardly 19.43% of the population of Aizawl. Therefore the significance of Aizawl as an urban center and a potential hub for urban poverty for the state is very prominent. Additionally, apart from Aizawl, most of the urban areas in Mizoram prominently exhibit rural characteristics with inducement towards agriculture and allied activities. The Table 1 shows the number of BPL Household in all the districts of Mizoram as per the BPL Baseline Survey 2016 undertaken by Planning & Programme Implementation Department, Government of Mizoram.

Table 1: District –Wise Abstract of BPL Households in Mizoram (As Per BPL Survey 2016)

SI No	Name of District	Total No. of Households	No of BPL Households	Percentage (%)
1	Mamit	20,163	7,186	35.64
2	Kolasib	19,359	3,401	17.57
3	Aizawl	92,779	12,668	13.65
4	Serchhip	13,841	1,770	12.79
5	Champhai	29,043	2,715	9.35
6	Lunglei	37,997	11,437	30.1
7	Lawngtlai	61,593	13,162	21.37
8	Siaha	13,416	4,245	31.64
TOTAL		2,88,191	56,584	19.63

Source :BPL Baseline Survey, 2016, Government of Mizoram.

3. Review of Literature

Various literature reviews in the present study have exhibited the intricate nature of urban poverty and the challenges ahead. Robert McNamara, the 5th President of the World Bank Group outlined five "*basic human needs*" namely, primary education, primary health, potable water, basic sanitation and shelter. It remains a nightmare that proper dwelling units in the city are distant dreams for migrants hailing from poor working class, and their fate has destined them to resort to living in public spaces such as pavements or slums or any other shanty dwellings mostly unfit to be called as proper home (Jha & Kumar 2016). This in turn induces homelessness, deprivations and crimes among the community. Poor education and health have adversely affected the people causing incompetency in the job market and the earning potential (Nayak, 2016). Urban poverty is also responsible for many forms of child labour, regrettable, yet identified by many as the most stable, cheap forms of labour as they do not strike or disrupt production, and are easily fired (Mitra & Deb, 2006).

Some of the major causes of urban poverty that have been raised through various literature reviews consist of inadequate growth of employment opportunities, stagnation in the agricultural sector (Bhasin, 2001), overwhelming proportion of unproductive age (Townsend, 1979), the rapidly increasing administrative centres, rural poverty (Mitra, 1992) and slow progress of their economy (Banerjee, 2006), rise of rural-urban migration as cities become engines of modern economies (Constantino-David, 2000) attracting rural inhabitants (Mitra, 1992). As many as 40-50% of the population increase in the third world countries are estimated to be the result of migration (Bhasin, 2001). While income or consumption based is the most commonly used measure of poverty (Ajamuddin, 2006), social indicators illustrate the true nature of wellbeing of the people which are not necessarily reflected in the pure economic measures (Thanga, 2012).

At the all India level, even though the BPL population ratios decrease notably, their absolute numbers have however continued to increase substantially (Thanga, 2011). The NSS 69th Round pointed out that programmes to address the

slum/squatter dwellers have yet to benefit 85.6% of such households. Karn et. al. (2003) have opined that rural to urban migration is the major reason for urban growth in developing countries. Dandekar and Rath (1971) reflect the character of urban poverty to be the result of continuous migration of rural poor into the urban centers. For the North Eastern states, the rapidly increasing administrative centres, and the slow progress of rural economy are attributable to the growth of urban centers (Banerjee, 2006).

Various observations and suggestions that have been made to reduce urban poor include increase in the level of adult education (Kee, 1969), adequate water supply (Ali, 2006), robust rural development programme (Jagannathan & Halder, 1989), intensive population control measures for North Eastern India to contain migrant in-flow from outside India (Chaudhury, 2000), and the acceptance of the poor by the general public and their perception of the poor as important constituent and assets to the city (Jha, 2014).

The significant fact about urban poor is that majority of them are slum dwellers (Barua, 2006). The United Nations (1999) defined slums as uncontrolled settlements whose inhabitants are not fully integrated socially and economically into the development process (Ajamuddin, 2006); Mandal and Mandal (1983) described slums in India as environment that lack the basic characteristics of a good living condition and is regarded as the most degraded form of human habitation. They continued that due to the characteristic nature of their living environment, slum dwellers have unfortunately been deprived of the most basic facilities like education and health, housing, electricity, water, drainage, paved roads, toilet etc. The expansion of slums and rundown areas in the cities has increased at a much faster pace, resulting in over-crowding, insanitation, strain on the existing civic services and degradation of urban environment (Mazhari, 2006). The United Nations is of the view that unless the problem of urbanization has effective solutions, the world's slum population of 1 billion squatter dwellers will double in the next 3 decades (Ramanathan and Dey, 2006).

Nevertheless, despite today's unforgiving disparities of slums, people with experiences of both rural and urban poverty still choose to stay in slums rather than to move back to the countryside. To support such views, the McKinsey Global Institute shows that 60% of the global economic output are accountable to 600 cities the world over, hence even the slum dwellers who are at the bottom of the heap, are still better off than their counterparts in rural settings (Kenny, 2012).

In the context of India, it is evident that urban poverty has resulted in proliferation of slums or bustee. Nonetheless, the holistic feature of urban poverty in its entirety encompasses characteristics much beyond the periphery of these slums, and cannot be neglected in order to accentuate the true dimensions of urban poverty.

A route to escape poverty in areas under strong influence of poverty is not optimistic unless there is intensive effort for preventing chronic conditions. Without robust system of intervention and prevention in place, the cycle of poor health, poverty, and welfare in such areas will persist (Sparer & Okada, 1974). The high incidence of diseases like diarrhoea disorder, viral infections etc are common occurrences in the slums, which is the result of environmental hazards such as contaminated water, unhygienic disposal of human waste, improper garbage disposal and their poor personal hygiene (Sarin, 2000). One-fourth of sickness in slums accounted for water-related diseases. The World Health Organizations estimated that 626 million people routinely defecating outdoors (WHO, 2014). The most common problems among all urban poor are the unavailability of toilet, drinking water and housing condition (Karn et. al., 2003). Pollutions from industry and petrol exhaust are responsible for diseases like lung cancer, asthma and bronchitis (Dey, 2000).

The public expenditures in India related to health and nutrition have been very low as compared to other developing countries (Chaudhary, 2017). While some studies observed that the poor have higher tendency to become sick and need more medical care than the non-poor (Sparer and Okada, 1974), others witnessed that it was likely that standard medical practices have been ignored in many developing countries, causing adverse affects to the patient's health (Garner & Thaver, 1993).

Among North East states, Mizoram, Nagaland and Meghalaya have comparatively lower incidence of poverty, but strangely consume relatively lower calorie from most common food items. Nagaland and Mizoram have MPCE middle class distinctly dominating (Mukherjee & Banerjee, 2000). Thakurta (2000) writes that the abnormal growths in the urban areas in Mizoram is the result of abundant government jobs, where *one in every 20 persons (1:20) in the state is engaged, against* a ratio of 1:113 for all India. The resultant rapid urbanization has exerted pressure on basic amenities and infrastructure in the urban areas.

Welfare pertains to prosperity and quality of living standards in an economy. It is measured through variety of factors such as income, literacy, healthcare, levels of pollution, employment, credit system, safety, social support systems etc. These factors determine the ability to make healthy choices, conducive to general wellbeing. Maiti and Chattopadhyay (1993) observed that the levels of living among different groups of urban people in India have been stagnant for over a span of four decades. The urgent need is to revamp the credit delivery system for supporting the informal sector in the urban areas (Sridharan, 1995).

It is unfortunate that programmes for alleviating slums in India have failed, mostly because the policies have evolved with heavy dependence on the experiences of other countries, and the government agencies or banking sectors that implement the programmes are often famous for their delays and corruptions (Sridharan, 1995). It is important to understand that, in spite of these failures, initiatives to evolve new schemes to better address the issues of urban poverty are constantly being churned out by policy makers. Kerala launched its customised and successful self-help groups based programme known as the '**Kudumbashree**' in April 1999 to eradicate poverty within 10 years through coordinated community actions under the local self governments (Pat, 2005). The city of Balikpapan, Indonesia has formulated a unique poverty alleviation program called '**Nine carry One**' where every nine better-off people is expected to support one poor person mainly through donations (Ramanathan & Dey, 2006). The police department and the Municipal Corporation in the city of Pune have collaborated with the citizens in different localities enhancing basic services, law and order and decreased crimes. These services directly impact

productivity and the ability of the poor to avail the advantage of economic opportunities (Paul, 1994). It is important to contemplate on the plight of the marginalized poor and accept their right to the city as a greater way ahead (Vaddiraju, 2016). On its part, the Indian government has included job creation in the nine pillars for transforming the Indian economy and initiated a multi-training mission under the aegis of Pradhan Mantri Kaushal Vikas Yojana (Prime Minister's Skill Development Scheme), with a target of training 400 million workers by 2022. This is done in order to cash in from the rich reserve of population dividend it has (Gupte, 2016).

The need for incorporating social indicators in analyzing poverty has been brewing since the 1950s, and by 1960s Europe started moving towards development of social indicators to complement the income measures (Atkinson *et al.* 2002). Alkire and Foster spearheaded the Multidimensional Poverty Index, which could be used with discrete and qualitative data (eg. functionings like literacy or physical security) as well as continuous & cardinal data (as consumption and income are viewed). The methodology is a versatile and flexible structure, adjustable to incorporate alternative indicators, cut-offs and weights to appropriately suite the requirements of regional, national, or sub-national contexts. The introduction of the multidimensional poverty in rural China and the departure from the traditional unidimensional is significant, and has therefore provided an alternative lens through which poverty may be viewed and understood (Alkire & Foster, 2011). Abu-Ismael *et. al.* (2015) have revised the cut-off thresholds for some of the existing indicators of Global Multidimensional Poverty Index and applied these new MPIs to three middle-income Arab countries of Jordan, Iraq and Morocco with findings that reveal a more comprehensive view of the spread of multidimensional poverty. To this end, the Indian government under the initiatives of NITI Aayog, is preparing MPI Parameter Dashboard to rank all the States and UTs of the country, along with a State Reform Action Plan (SRAP), while setting the NFHS-5 for determining the latest MPI position of the country (NITI Aayog, 2020).

4. Significance of the study

The widespread and persistent poverty in majority of the developing countries is one of the most serious issues facing the world today. To this end, though independent studies have been conducted for measuring and analyzing the problems of urban poverty and its dimensions in Mizoram, no specific and elaborated research have been carried out in the context. Therefore the present study is a pioneer that throws light into the understanding of urban poor dimensions in the state. Certain features of the problems have been identified by earlier studies under the initiatives of the government and other scholars. These includes problems of housing, credit facilities, migrations, basic services like water, health, income and consumption, education, nutrition etc. However for in-depth understanding of the facets of urban poverty in Mizoram and furtherance of the analysis to the extent, it is required to substantiate the factual information on a number of factors that determined the magnitude of the problem.

It is important to assess the nature of urban poverty in Mizoram from various depths of deprivation to social services, income/ expenditure, financial inclusions and finally to suggest measures and recommendations for improving the living conditions of the urban poor. The present study is carried out within the framework of undivided political boundary of the eight districts of Mizoram, where the status of urban poor in the state capital of Aizawl is examined.

5. Statement of the problem

The study of urban poverty has become relevant in consideration of the present magnitude of problems infesting the urban centers of different regions of the country, Mizoram being no less elusive. No urban development activities can be undertaken without comprehensively addressing the improvement needs of the urban poor. It is understood that the problems of urban poverty are rooted in a complexity of resource and capacity constraints, inadequate government policies at both the central and local level, and lack of proper planning, implementation and monitoring

for urban growth and management. Given the high growth projections for most cities in developing countries, the challenges of urban poverty, and more broadly of the city management, will only worsen in many places if not addressed in a systematic and pragmatic manner. The problems of urban poverty in Mizoram can be understood in light of the data that have been generated out of the studies conducted by the government and various other agencies of research.

Mizoram has experienced growth of urbanization at a much faster rate than the progress of infrastructure and service sector to support it (Laskar, 2017). This unmanaged rise in urbanization has exhausted the capacity of the urban institutions and the infrastructural establishments, and limited the provisions for basic amenities due to pressure from the additional increase in population. This phenomenon has adversely manifested in the form of deprivations and widespread inequality. To name a few, the presence of sizeable informal sector employment is a cause of concern as the nature of the job lacks safety and security. The other vivid setback is the problem of access to adequate water supply. According to Lalmalsawmzauva (2016), just 31.7% of the households in Mizoram have access to proper drinking water supply, and among all the districts Aizawl occupies the highest position with 57.71% coverage. Meanwhile the rapid growth of population in Aizawl has exerted tremendous pressure on the economy, land and physical infrastructure of the city (Saitluanga, 2018). According to Laskar (2017) the lack of water has become one of the major problems in the area of human settlement in Mizoram, particularly in Aizawl city. In addition, the garbage/wastes in many urban areas are disposed in open space and nearby drainage causing unhygienic and unhealthy environment for the nearby residents. Lastly, due to congestion in the spacial arrangement of the housing system, several housing units are built in areas prone to road accidents, while some are unsafe from water logging and landslides during rainy seasons. This has been a cause of great concern for safety of the community exposed to the environment. Limited financial inclusions viz. access to credit and other banking facilities is another challenge that needs rectification in order to mobilize the available facilities. Hence, strategic multidimensional responses for poverty reductions are the need of the hour.

6. Objectives of the Study

The present study is an examination of the various dimensions of urban poverty in Mizoram. It is a presentation of the fundamental characteristics of urban poor in the state. The main objectives can be summarized in the following ways:

1. To study the nature and evaluate the extend of urban poverty within the area of study.
2. To elucidate and analyze the characteristics of urban poverty in Mizoram.
3. To understand the status of the urban poor in terms of their standard of living, access to assets, access to health and nutrition, and financial inclusion.
4. To examine the nature and magnitude of deprivation among the urban poor in Mizoram.
5. To suggest measures and recommendations for improving the living conditions of the urban poor.

7. Hypotheses

The following hypotheses were tested in this study:

1. Daily labours who constitute the majority of urban poor are the most deprived in terms of housing and other assets.
2. Income level and poverty dimensions of the urban poor in Mizoram are significantly related.
3. Financial inclusion and assets ownership are positively related among the urban poor.

8. Methodology

8.1. Data Source

a) Primary Data

The primary data for the study was collected using a scheduled questionnaire from the sample households. Selection of sample households was undertaken in two

stages as follows: In the *first stage*, 11 localities are selected from the 83 localities of Aizawl Municipal area using simple random sampling method. To ensure representation of all localities having different levels of access to infrastructures and basic services, all localities were first divided into different zones, i.e north, south, east and west. Attempts were made to ensure selection of localities from each zone. Selection of sample BPL households from the selected localities formed the *second stage* of sample selection. Required numbers of sample households were randomly selected from each selected locality using the BPL households list maintained by the respective Local Councils as sampling frame.

After careful examination of the required information obtained from preliminary exercise, the sample size is determined at 405 households, i.e. 22.6% of the total number of BPL households in the selected localities, and this is allocated proportionally to the selected localities. The field survey was conducted during September – December 2019 the sample distribution of which is presented in Table-2.

Table 2: Distribution of Sample in Different Localities of Aizawl City

Sl. No	Locality	No. of Households	No. of BPL Households	Total Sample
1	Zemabawk N	686	301	60
2	Bawngkawn	2286	383	77
3	Chanmari	1224	69	14
4	Damveng	271	47	10
5	Tuikual N	1179	166	33
6	Kulikawn	1200	164	33
7	Phunchawng	297	192	38
8	Tanhrlil	593	178	37
9	Venghnuai & Salem Veng	1455	245	93
10	Ramhlun VT	610	43	10
	Total	9801	1788	405

Source : BPL Baseline Survey, 2016, Government of Mizoram.

It may be noted that the two localities of Venghnuai and Salem Veng are adjacent to each other, and the identified pockets for the survey happen to conjoin with each other, sharing similar traits and characteristics. Therefore, for the purpose

of sampling, these two localities have been collectively represented in the table above.

b) Secondary Data

The secondary data consists of those collected from various sources like Census data, National Sample Survey Organization (NSSO), National Family Health Survey (NFHS), Statistical Handbook of Mizoram, Economic Survey of Mizoram, Reports and publications of the Directorate of Economics and Statistics, Urban Development and Poverty Alleviation (UD&PA), Aizawl Municipal Corporation, NIUA, MHUPA, MHUA, Planning Commission, registered newspapers and magazines, individual research papers and publications, online sources.

8.2. Analytical Framework

Data collected from primary and secondary sources are analyzed using different statistical tools to suit the need of the study. Firstly, to examine the general patterns and trends of the key variables, frequency distribution and descriptive statistics like mean, standard deviation, percentage, etc. are adopted, while charts are used wherever necessary. Secondly, to enrich the study and to enable better view on the nature and dynamics of urban poverty in Mizoram, the un-tabulated unit level data of NSS 61st, 68th and 72nd Survey rounds on household consumer expenditure were tabulated and analyzed in a separate chapter. The poverty incidence and other dimensions of urban poverty (socio-economic, living conditions, etc.) in Mizoram are estimated based on these NSS Unit Level data. The frequency multiplier generated to each case was adopted as weigh in all the estimates. Gini coefficient and poverty gap are also estimated to examine the nature of income distribution of the poor.

Thirdly, in doing analysis of urban poverty dimensions using multidimensional index, four deprivation indices were constructed, for standard of living, assets, health & nutrition, and financial inclusion. These indices were used to examine the extent of deprivation among the urban poor using the adopted cut-off

score. Lastly, to test the empirical validity of the study hypotheses, correlation and Chi-square statistics are calculated between the pairs of the above indices of deprivations and their statistical significance examined.

8.3. Construction of Multidimensional Poverty Index

The Multidimensional Poverty Index (MPI) has been developed by Alkire and Santos (2010) for the 2010 Human Development Report. It is an index of acute multidimensional poverty and is based on the Alkire and Foster (2011) dual cut-off method for poverty specification (Dotter & Klasen, 2014). Three dimensions identified to be included in the multidimensional poverty index (MPI) are health, education, and the stand of living (Dotter & Klasen, 2014). Santos and Alkire (2011) proposed 10 indicators: two for health (nutrition and child mortality), two for education (years of schooling, school attendance), and six for living standard (cooking fuel, sanitation, water, electricity, floor and assets).

The MPI is normally calculated at the country level using globally comparable data and it compares the situation of countries with respect to acute poverty. The Human Development Report 2011 presented the global MPI for 109 countries. At the same time, the MPI is a very versatile methodology and there are multidimensional poverty measures that have been created by adapting the method upon which the MPI is based to better address local realities, needs and the data available (Santos & Alkire, 2011). Therefore, new methods may be needed to be introduced to identify the complex and multidimensional measure through which poverty may be viewed and understood (Wang & Wang, 2016). Accordingly, attempt is made in this chapter to construct MPI keeping in view the internationally adopted indicators, such as health, standard of living, education, assets, etc., but with modification and introduction of additional sub-indicators to suit the available information obtained from the sample survey and to better address the local conditions of the study area.

The MPI analysis undertaken in this study may not be comparable with other studies because this specifically designed MPI is used to examine the extent and nature of deprivation prevailing among the poor in urban areas of Mizoram, rather than estimating the headcounts of multidimensional poor. Four major indices with 36 sub-indicators are constructed based on the sample information, namely standard of living, assets, health & nutrition, and financial inclusion.

Given the nature and implication of all indicators considered for each deprivation index, there would be no difficulty for normal households, which have already enjoyed decent standard of living, to attain 100% score. At the same time, indicators like house and land may be difficult to have for many poor families. Taking these factors into consideration, it is assumed that the poor households should attain at least 50% of the total score in all the indicators to ensure attainment of decent living and any score below it would mean deprivation in varying degrees. Thus, the sample households were accordingly classified into three groups of deprivation viz. severe, moderate and better off according to their score as a percentage of the maximum MPI score as follows:

<u>Level of deprivation</u>	<u>Score in the Index</u>
Severe	< 50%
Moderate	50-75%
Better off	75%&<

9. Scheme of Chapterisation

The study comprise of six chapters as follows:

- Chapter 1 - *Introduction.*
- Chapter 2 - *Review of Literature.*
- Chapter 3 - *Situational Overview of Urban Poverty in Mizoram.*
- Chapter 4 - *The Living and Socio-Economic Conditions of Urban Poverty in Mizoram.*
- Chapter 5 - *Multidimensional Analysis of Urban Poverty in Mizoram.*
- Chapter 6 - *Summary of Findings & Conclusion.*
- Bibliography

10. Brief Description of Study Area

It may be noted that most urban towns other than Aizawl city are statutory town as they have been defined by statutes, notification, etc. rather than census town by satisfying some criteria like 75% & above main working population engaged in non-agricultural pursuits, etc. So, Aizawl city appears to be the only urban centre (towns/city) in the state which exhibit purely urban characteristics. The state capital of Aizawl exhibits the characteristics features of urban centers, the smaller towns in Mizoram still retain the characteristics of rural settlements Singh (2017). It may also be added that the national rural employment scheme under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is implemented in all other notified urban towns as they are reportedly admissible having fulfilled the required criteria. This scheme has been the significant income source for people, especially for the poor.

Taking into consideration all the above factors, this study purposively selected Aizawl city which has a total of 83 localities falling under Aizawl Municipal Corporation as the study area.

11. Major Findings

- (1) The district wise incidence of urban poverty in Mizoram for 2011-12 using the unit level data of NSS shows that Mamit district has the largest proportion of urban poverty in the state, followed by Sialha district. For the estimate of 2014-15, Lunglei has the largest ratio of urban poverty in the state, with Serchhip district closely behind. Remarkably, the district of Champhai with a significant reduction has the least ratio of urban poverty in the state, as Aizawl slid to the second position. Nevertheless, in absolute terms Aizawl district continues to retain the largest number of urban poor households for both the estimated years.
- (2) Gini Coefficient (G) and Poverty Gap (PG) of the urban poor in Mizoram were estimated for 2011-12 and 2014-15 using the Poverty Line as recommended by

Rangarajan Committee. The analysis shows no change in the level of inequality in urban areas between 2011-12 and 2014-15, however the rural areas experienced increasing inequality. At the same time, urban poverty gap between these years increased considerably by Rs. 273.7. It can therefore be concluded that while poverty ratio shows decreasing trend over the years, the depth of poverty has been increasing over time.

- (3) The MPCE distribution of the urban poor in Mizoram for 2011-12 shows that approximately one-third (30%) of the urban poor in Mizoram live below the average MPCE of Rs 1298.5 in 2011-12 and Rs 1318.3 in 2014-15, with an overall trend moving towards the higher range. Nonetheless, it is clear that, for many of the urban poor in Mizoram a slight upward revision in the MPCE range can easily result in backsliding into the lower range. This exhibits the vulnerable nature of urban poor in Mizoram as a reflection of their MPCE.
- (4) Further classification of the unit level data of NSS shows that construction activities which occupied 35.2% of the household activities has engaged 85.2% of the casual labour during 2014-15, while agriculture and allied activities that account for 33.7% of the household activities has engaged 55.3% of the self-employed, and most regular wage / salary earning categories have been engaged in public administration and other services.
- (5) The nutritional status of the urban poor in Mizoram was analysed using the NSS 68th Round and in consideration of the daily recommended intake by National Institute of Nutrition (NIN), Hyderabad. From the three items of food taken for the sample viz. cereals, pulses & products and sugar, the analysis shows all the income classes (MPCE) of urban poor falling below the NIN recommended 400g per day of cereals, though the non-poor households were observed within the margin level. It is also distinctly revealed that both the poor and non-poor households fell much below the NIN recommended daily intake of 80g of pulses & products and 40g per day of sugar. Therefore it is conclusive that even though half of the urban poor possess BPL Ration Cards, yet they fail to achieve the

recommended NIN daily nutritional requirements, suggesting that food insecurity and poor nutritional status are significant features of urban poverty in Mizoram.

- (6) From analysis of the poverty estimates in Mizoram for 2004-05 to 2011-12, it is observed that the estimated poverty ratio in Mizoram was 12.6% for 2004-05 (Lakdawala methodology) was 12.6%, 21.1% for 2009-10 (Tendulkar methodology), 20.4% for 2011-12 (Tendulkar methodology) and 27.4% for 2011-12 (Rangarajan methodology). However the entire exercise on the incidence of poverty in Mizoram does not show any clear trend, rather changes with change in the methodology. Therefore, it can be inferred that the poverty incidence in Mizoram is highly sensitive to the methodology of measurement.
- (7) The educational attainment of more than 60% of all the members of poor households was middle school level and below. Further, out of the 1589 family members covered in the survey, only 34 persons (i.e. 2.13%) are reported to have acquired skill trainings. Thus, low human quality may be considered as the undesirable attribute of the poor families in urban areas of Mizoram.
- (8) The study shows from the primary survey data that the mean age of all the 264 male household heads is 48.44 years, while it is 57.27 years for the 141 female heads, with more or less similar standard deviations. The distribution further reveals that the male heads reached their largest number in the age group of 30-44 years and decline thereafter, while the female heads tend to increase continuously with increase in the age. Therefore, a perplexed observation that the proportion of male household heads decrease with increase in their age after a certain age group, is a phenomenon that calls for further examination.
- (9) Though it is understood that the main problem of the poor is low income, yet even a relatively high income may not implicate higher living standard if the cost of living in the area is very high. As around 70% of the household in the study area are having income less than Rs.9000 per month, the average monthly rent that need to be paid by those staying in rented houses turned out to be Rs.2062. Given the average family size of 5, the earnings of larger proportion of the poor

households are extremely low, relative to the consumption requirement, to sustain decent urban standard of living.

- (10) The study observed that majority of the poor households (54.8%) in urban areas depend on daily labour as the main source of income for the family, while substantial proportion of the poor (almost 20%) work in private business (restaurant, shop keeping, private security, etc.) as their main income source. Though our survey schedule failed to capture their status of engagement, the field observation showed that engagement as daily labour or working in private firms are all informal and fail to provide job security on the part of the employers. Meanwhile, the study observed that more than 32.8% of the persons available for work are unemployed. Further, low skill levels on their part have prevented them from entering into formal and dependable employment. It may be concluded that livelihood insecurity, unemployment and low employability have been the problems of the poor living in urban areas of Mizoram.
- (11) Relatively favourable situations are observed in case of housing and housing amenities, including possession of other housing assets. It is also observed that more than half of the respondents are living in owned houses, while 46.4% live in rented houses. Further, as many as 96.3% have septic tank, which is considered safe toilet, while 93.3% have bathroom and toilet attached in the house. However, grim condition is observed for those who live in rented house without formal written agreement with the landlord, side by side in the absence of rent regulation in force in the area. The floor areas for around 70% of the poor households are less than 400 sq. ft., while 66.7% have two rooms and 18% have single room.
- (12) It is observed that as many as 99% of the families have bank accounts. If financial inclusion is measured only in terms of the number of urban poor families having bank accounts, it would be a reflection of an impressive performance. However, as much as 96% of these bank account holders do not regularly operate their account by making regular deposits. At the same time, while 23% of the households have availed institutional loans, the life insurance

coverage among the poor families is very limited, and there are no subscribers to pension policy and Employee State Insurance (ESI) in the area. All these indicate the limited coverage of the poor families in urban areas of Mizoram by institutional finance and social security system.

- (13) The analysis of the levels of deprivations of the urban poor using specifically constructed Multidimensional Poverty Index (MPI) assumed that, a normal household, if attained decent living, would not have problem in achieving 100% point score in the MPI. But, after making some reservation, it arbitrarily adopted a score of 75% (as percentage of maximum possible) as cut-off point for deprivation as severe deprived (<50%) and moderate deprived (50%-75%).
- a. Based on this criteria, as many as 7.2% of the respondents are found severely deprived, while 48.4% as moderate, thereby, indicating that 55.6% of the poor families are deprived of decent standard of living.
 - b. On possession or access of assets dimension, it is found that 36.8% of the households experience severe deprivations, and 55.5% are moderately deprived. A point of concern from the analysis is that, an upward change of 5% in the cut-off level would force an approximate 20% of the moderately deprived households to backslide into severe deprivations. Therefore, it can be said that in comparison with the standard of living, more households have been exposed to severe deprivation in their access to conventional assets, and only few families experience the least deprivation in the study matrix.
 - c. The health & nutrition index of the urban poor in Mizoram shows that 43.2% are severely deprived, 50.9% are moderately deprived, and 5.9% are relatively better. The score shows nearly half of the urban poor in Mizoram experiencing severe deprivation in health and nutrition, insinuating the importance of building a robust healthcare infrastructure encapsulating the need and welfare of the urban poor in Mizoram.

- d. In line with the observations on financial inclusion above (Ref. No. 12), mere opening of bank account does not translate into actual access to banking and institutional credit. As many as 71.4% of the poor households can be considered severely deprived in financial inclusion.
- (14) The distribution of Multidimensional Poverty Index (MPI) showed that 26.4% of the urban poor are severely deprived, and 73.4% are moderately deprived on multidimensional indicators of the requirement for decent living. It is also found that while a quarter of the urban poor are severely deprived, another 22.2% could fall into this category with a slight upward movement in the cut-off point (i.e. 5%), indicating that substantial proportion of the poor are vulnerable to fall back to severe deprivation with a slight change in their access to basic necessities of life.
- (15) It is already noted that majority of the urban poor depend on daily labour as their main source of income (Ref. No. 10). The cross-tabulation of the households between income/employment sources and levels of deprivations on assets shows that 44.2% of the urban poor in the study areas are considered severely deprived in the assets index. Keeping in view the significant chi-square statistics between deprivations and income sources, it may be concluded that daily labours who form the majority of urban poor are the most deprived in terms of housing and other assets, in support of our study Hypothesis No.1.
- (16) It is surprising to observe that while the income sources and MPI show significance in the chi-square statistic, the relationship estimate found no significant correlation between the per capita monthly household income and the MPI, and fails to prove the study Hypothesis No. 2. In view of this finding, given a low level of deprivation for those employed in government in part-time or muster roll (MR) and private firm/establishment (shops, restaurants, private security, etc.), as against severe deprivations observed for those in daily labour and petty business, it would be logical to conclude that though the volume of income is important for uplifting the poor, a stable income source has more bearing in determining deprivation among the poor in the study areas.

(17) Study of the relationship between various deprivation indices of the urban poor households within the area of study shows a significant and positive correlation between standard of living and access to assets, meaning that, those with better command on the assets are the ones leading a better standard of living and vice versa. It is also observed that there is positively significant correlation between asset possessions and financial inclusion. Thus, families with valuable assets that qualify as collaterals like land and houses have better access to bank loans. This observation supports our study Hypothesis No. 3.

12. Conclusions

The callousness of poverty that has plagued the urban environments has today reached to a point where communities across the world are coerced to act on its cause and effects, and align their attention to address the plight of the underprivileged victims. The present study has been carried out in the state capital of Aizawl, the population of which accounts for a quarter of the total population of Mizoram, and comprising of more than 51% of the total urban population of the state. The study took into consideration those legitimate factors that are paramount in our comprehension of the dimensions of urban poverty in Mizoram. The results of the analysis enlightened us in our understanding of the data sets, contriving to draw inferential conclusions. The results that emerge out of the secondary data analysis have leveraged to facilitate contemplation on the primary survey data, on the basis of the given parameters determined for the study.

The analysis of urban poverty in Mizoram using the official poverty estimates and unit level NSS data could not establish a reasonable trend of the incidence of urban poverty in Mizoram, as it fluctuates with the change in methodology. The vulnerability of the households is reflected in that a slight change in the methodology would easily move the households above or below the poverty line. So, the concept of urban poverty may be taken in a broader context to capture human deprivation taking place in urban areas. The introduction of Multidimensional Poverty Index (MPI) in the analysis of deprivation among the urban poor in the study area has been found useful as it gives insightful portray of urban poverty in the multidimensional

context. But the highly sensitive nature of the incidence of severe deprivation among the urban poor has necessitated serious consideration in determining the minimum human basic needs, and selection of its indicators, to enable effective determination of the cut-off point to estimate the incidence of human deprivations or poverty in urban areas.

The significance of daily labour as a main income source among the urban poor in Mizoram has been observed in the sample survey, and this is also justified by the analysis of the broader NSS survey data. Comparing with other economic activities, daily labour is considered the most insecure in terms of engagement period, job security, etc. The existence of substantial number of persons who have participated in the labour force, but not found work (unemployed) vis-à-vis low skill profile and low educational attainments among the family members of the poor households appears to be the push factor for the increase in the proportion of daily labour. So, increasing their capacity and adaptability to different works through skill development or education, while also making provisions for the work place security, health insurance, etc. and effective implementation of wage regulations may be the key areas of concern for the upliftment of the urban poor in the study area.

Financial inclusion of the poor and their access to institutional credit have been considered the critical area that required policy attention to enable the poor to leverage the opportunities arising out of economic development through entrepreneurship, business or other ventures. However, this study observed limited access of the poor to bank credit due to poor assets backing that can be used as security collaterals. In this context, the concept of financial inclusion should not be restricted to a mere opening of bank account by the poor, but should be broadened to include their access to institutional credit (loan) and their ability to operate regular normal transactions in their bank account. So, any attempt through central or state government (like Jhandhan Yojana, Microfinance, etc.) that envisage financial inclusion has to be directed towards enhancing the access of non-asset-backing poor families to bank loan.

13. Suggestions & Recommendations

The following are some of the suggestions and recommendations that have evolved out of the present study.

- ✚ Considering the ease of subscribing to the government healthcare facilities and the benefits they offers, it is surprising to find that about a quarter of the urban poor households within the study area have not enrolled themselves into the schemes. Therefore, it is recommended to conduct extensive awareness drives once again using the various forms of media, and other available platforms to ensure enrolments and physical coverage of all the urban poor households. These awareness drives may be carefully orchestrated to rule out any possible chance of confusion or misinterpretation.
- ✚ Life insurance is another important social security measure. With a meagre 0.7% of the respondents in the study area subscribing to it, the concern for promoting life insurance among the urban poor is highly intense. It is disheartening to realise that an unfortunate event of a grief loss of sole bread winner of the family could also cripple the economic backbone of the bereaved family. Therefore, schemes like Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana (PMSBY) etc can easily be linked to the bank accounts with minimal premiums and maximum benefits. Initiatives to popularise such facilities must go much beyond the present efforts to capture all the urban poor within the framework of the scheme thereby ensuring maximum benefits.
- ✚ Among the social security schemes introduced to the respondents in the present study, it is unfortunate to learn that, even among those that are engaged in organised establishments, none of the households have subscribed to the Employee State Insurance (ESI). It is therefore suggested to conduct blanket awareness campaigns on the scheme to ensure that all eligible households/individuals are enrol and benefit from the scheme.
- ✚ The study of the education attainment level among the household heads and the members reveals that the gross enrolment ratio has steeply dropped beyond the

secondary educational. Kee (1969) had observed that the greatest reduction in urban poverty would be possible by increasing the level of adult education, particularly at the lower end of the educational spectrum. Therefore, a suggestion in this regard is to inculcate an atmosphere of career based learning and introduce job-oriented and skill based vocational courses at the various schooling levels. This will promote learning in their area of interest, and render higher chance of survival in the job market. Additionally, employment generation can be enhanced by promoting the small and micro enterprises as they are now regarded as the backbone of the Indian economy with a total contribution of 30% of the GDP (PTI, 2020b).

- ✚ The study found high level of deprivations in healthcare & nutrition. The shortcomings can be addressed by adopting the following two pronged strategies - (i) Awareness creation and capacity building on the significance of regular medical checkup; (ii) Public intervention to ramp up vaccination of children.
- ✚ With limited access to credit facilities and government assistance, coupled with minimal household capable of maintaining monthly deposits in their bank accounts, financial inclusion is found to be the area where the respondents experience deprivations the most. An immediate suggestion for this critical financial inclusion issue would be to create provisions to equip the poor with better access to institutional credit, and create awareness on the benefits of regular operation of bank accounts (small savings, etc.)
- ✚ The study found no significant correlation between deprivation and the per capita monthly household income, however observes a significant relationship between deprivation and the source of income. This finding suggests that a stable income source and security of the job play decisive role in determining deprivation among the poor in the study areas. Therefore, an amicable solution to address the dilemma would be for the policy makers to create conducive business environment for private firm/Esttd. like shops, restaurant, private security, etc and farming.

- ✚ Entrepreneurship is an engine of economic growth (Zvavahera et. al, 2018), that has influenced the country's economic performance with innovative ideas, skills and production methods and better productivity. In spite of these attributes, the study found minimal exposure of the respondents in the area of entrepreneurship. It is therefore imperative to highlight upon the dividends and aggressively usher efforts to cash in from the unlimited scope unfolded under the aegis of the government initiatives to promote skills for self reliance, particularly among the youths. Promotion of skill development programmes and facilities would undoubtedly be a strong driving force to eradicate poverty and promote sustainable livelihood among the urban poor.
- ✚ Instead of depending mainly on the government resources to address the evils of poverty, the active participations of the Church, Community Based Organisations (CBO) like YMA, MHIP, MUP etc, student organizations, and private establishments can be sought. These efforts can be strategically oriented to address the key areas plaguing the urban community like lack of education and basic skills, poor health, limited credit facilities and other basic services, infrastructural needs, and various socio- economic issues etc.
- ✚ The examination of the dwelling units of the respondents reveals that two third (2/3) of the houses have semi-pucca structures, and the floor areas of most houses are much below the standard 10 sq.m/person. In the mean time, while half of the respondents own their houses, only one family has availed the benefit of the Pradhan Mantri Awas Yojana (PMAY) – briefly a scheme for financial assistance to urban poor for constructing pucca-houses. Therefore, the two factors of demand and supply can be made to traverse at a point where a systematic implementation of the schemes is carried out within the timeframe of 2022.
- ✚ Urban poverty is often expressed as the causal effect of rural poverty. The characteristic nature of urban poverty has emerged as a result of the continuous migration of the rural poor whose livelihood base have failed them, causing growth of pavement and slum dwellers in the cities (Dandekar & Rath, 1971). Until earning differentials and economic opportunities between cities and rural

areas are minimised, the rural poor will continue to migrate into the urban areas. So, an important suggestion for the eradicating of urban poverty would be to speed up the process of rural development. In other words, focussing our attention on the issues of urban poverty without compromising our efforts on rural development can produce successful synergies.

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