

## DIMENSIONS OF POVERTY



# Understanding the Dimensions and Dynamics of Poverty in Underserved Settlements in Colombo

June 2004

# **UNDERSTANDING THE DIMENSIONS AND DYNAMICS OF POVERTY IN UNDERSERVED SETTLEMENTS IN COLOMBO**

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June 2004

**CEPA Working Paper Series No. 3 – 2004**

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National Library of Sri Lanka-Cataloguing-In-Publication Data

Gunetilleke, Neranjana

Understanding the Dimensions and Dynamics of Poverty in  
Underserved Settlements in Colombo/Neranjana Gunetilleke, Azra  
Abdul Cader and Myriam Fernando-Colombo: Centre for Poverty  
Analysis/Colombo Municipal Council, 2004 75 p; 29 cm

ISBN 955-1040-04-X

Price:

i.

ii. Title

1.

ISBN 955-1040-04-X

ISSN 1391-9946

The contents and findings do not necessarily reflect the opinion of the CMC and GTZ.



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The **Centre for Poverty Analysis** (CEPA) was established in May 2001 as an independent institute providing professional services on poverty related development issues. CEPA provides services in the areas of Applied Research, Advisory Services, Training and Dialogue & Exchange to development organisations and professionals. These services are concentrated within core programme areas that currently include the following; Poverty Impact Monitoring, Poverty and Youth, Poverty and Conflict and Poverty Information Knowledge Management.

The working paper, Understanding the Dimensions and Dynamics of Poverty in Underserved Settlements in Colombo by Neranjana Gunetilleke, Azra Abdul Cader and Myriam Fernando, is a product of the programme on Poverty Impact Monitoring, which supports development organisations and professionals in monitoring poverty related impacts and builds capacities in this area through research and training. CEPA staff from other programme areas contributed to the field based data collection.

The study was conducted in association with the **Colombo Municipal Council** (CMC). The CMC Working Group contributed to the conceptualisation and design stage and the District Teams contributed to the field based data collection. The CMC is actively engaged in activities focused towards reducing poverty in the city of Colombo. The Council contributes through its own funds and also through externally funded projects such as the Participatory Improvement of Underserved Settlements in Colombo (PRIMUSS) to poverty reduction. In promoting such studies, the CMC intends to encourage independent evaluation of poverty reduction activities funded by the Council as well as other organisations in the city of Colombo. This study was sponsored by PRIMUSS, which is a project of the CMC that is supported by the German Federal Ministry for Economic Cooperation and Development (BMZ) and implemented with the Assistance of the German Technical Cooperation (GTZ).

The CEPA Publication Series currently includes the following categories; Studies, Edited Volumes, Working Papers, Articles, Event Series, Manuals/Handbooks and Policy Briefs. CEPA also houses a Resource Centre containing a growing volume of literature and data on poverty in Sri Lanka.

## Preface

The Colombo Municipal Council has adopted the Council's "Poverty Reduction Strategy" as a cornerstone for action to achieve its vision towards establishing itself as a "Caring Municipality". The Strategy combines issues of income levels with others in the City's Underserved Settlements, such as issues of unsatisfactory living conditions, as evident in high housing densities, substandard housing, shortfalls in infrastructure provision and access to Municipal Services are integrated to constitute a wholesome approach to poverty reduction.

The Council has, in its programmes directed towards the poor and the underprivileged, addressed issues of underserved settlements in different ways such as the poverty relief work of the Council's Public Assistance Department (grants, Sunday School snacks, school books etc.), its network of Health Care & Welfare Services handled through several of its Departments (Public Health, Ayurvedic, Curative Health, Sports and Recreation), special per Member Fund Allocations since 1999 to improve service infrastructure in slum and shanty gardens and since 2002 an annual allocation of Rs. 25 Million for projects and programs targeting specially underprivileged women of Colombo.

Partnership Promotion Program (PPP) to involve Community Bases Organizations (CBOs) and Non-Governmental Organizations (NGOs), Participatory Budgeting initiative, establishing community contracting in providing service infrastructure in Underserved Settlements are some of the new tools applied by the Colombo Municipal Council in its drive to overcome "exclusion" of the poor from council affairs. "The Participatory Improvement of Underserved Settlements" (PRIMUSS) Project of the Council is a powerful means towards institutionalising participatory approaches in dealing with poverty related issues in the City's Underserved Settlements.

This study carried out by the Colombo Municipal Council with the support of the Centre for Poverty Analysis (CEPA) under the PRIMUSS Project is a milestone in further understanding the dimensions and dynamics of poverty in the Underserved Settlements in the city. It was undertaken to (a) improve understanding of poverty, (b) to support the CMC poverty reduction action and (c) as the start point for the introduction of a poverty oriented impact monitoring system within the Council.

The PIMS in the Council will be a key instrument to initially evaluate achievements of the Council's work of "Participatory Improvement of Underserved Settlements". It would be extended to similarly evaluate other pro-poor programs of the Council.

Whilst thanking the German Development Corporation (GTZ) individuals and groups, especially, the German Development Cooperation Agency (GTZ) for coming forward to provide assistance in conducting the study through the PRIMUSS project and all other involved individuals and groups, I take this opportunity to invite all stakeholders to scrutinize the Study critically and partner with the Colombo Municipal Council- "the Caring Municipality", by providing observations and suggestions so that the Study becomes a powerful and strategic instrument in the Council's drive to reduce poverty in Colombo.



Prasanna Gunawardena  
Mayor of Colombo

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## ABBREVIATIONS

|       |   |
|-------|---|
| CBO   | Community Based Organisation  |
| CDC   | Community Development Councils  |
| CEPA  | Centre for Poverty Analysis   |
| CMC   | Colombo Municipal Council   |
| DCS   | Department of Census and Statistics   |
| HI    | Health Instructors, CMC   |
| HIES  | Household Income and Expenditure Survey   |
| HWB   | High Well-being   |
| LWB   | Low Well-being  |
| MMC   | Members of Municipal Council  |
| MWB   | Medium Well-being   |
| NGO   | Non Government Organisation   |
| NHDA  | National Housing Development Authority  |
| OPD   | Out-Patient Department  |
|       | PRIMUSS                      Participatory Improvement of Underserved<br>Settlements in Colombo |
| UDA   | Urban Development Authority   |
| UNHCS | United Nations Centre for Human Settlements   |
| USS   | Underserved Settlements   |

# EXECUTIVE SUMMARY

## Introduction

The issue of poverty in Sri Lanka focuses very heavily on rural and estate populations. Correspondingly the knowledge base as well as policy formulation and interventions are very heavily biased towards these sectors. It is only over the last two decades that urban poverty has gained a certain degree of prominence.

This study was proposed by the CMC/PRIMUSS with the primary objective to:

- Increase the **understanding of the dimensions and dynamics of poverty in underserved settlements** in order to design a system to monitor the impacts of the CMC/PRIMUSS on poverty in the USS.

This objective will be met as much through the process of the study as the findings from it. The study was thus designed to meet the secondary objective of:

- Supporting the CMC in their orientation towards poverty by consolidating the awareness of poverty issues existing within the CMC, which are important in optimising the impact of its work in the USS.

Existing measures of urban poverty carried out for national level comparisons portray very low levels of poverty with an average urban household spending an equivalent to the top 20% of national expenditure categories. It becomes quite clear that the nature of poverty in the urban sector, and particularly in the USS, needs to be understood in relation to its immediate environment rather than in relation to the national level of poverty.

This study has sought to understand poverty in a broad sense as relevant to the specific setting of the USS. The conceptual framework, thus, is built on the concept of multidimensionality and dynamism, which reflects movement in these dimensions. In this study 'poverty' and 'well-being' are viewed as the negative and positive manifestations of these dimensions.

## Dimensions of Poverty

The methodology followed here gave precedence to the opinions of the inhabitants of the settlements and those working closely with the USS in attempting to understand what was considered to be poverty in the context of an USS.

Poverty, or rather well-being, was clearly considered within two spaces: within the physical boundaries of the settlement and within the physical boundaries of the house.

Within the settlement the communities identified a range of issues, which can be grouped under the headings of settlement (physical) environment, well-being of households that make up the USS, social fabric, and institutions. The range of issues identified shows that the communities view 'poverty' in a very broad sense. This is in keeping with the conceptualisation of poverty as a multi-dimensional issue rather than a purely economic one.

At the level of the household, poverty was defined overwhelmingly in terms of income and earning capacity. However, the focus was on the mix of income sources and its nature rather than on the specific magnitude. As stability of income source complemented by multiple sources was considered important by both poor and non-poor groups, most households saw the possibility of at least one member being in salaried employment while others engaged in some form of business activity as an optimal combination.



However, it was quite clear that poverty at the household level, too, was seen as a condition, which encompassed non-economic dimensions as well. Substance abuse and participation in illegal activities, attitudes of the household members and the feeling of vulnerability were identified as dimensions of household level poverty.

### **Dynamics of poverty: Its creation and alleviation**

Understanding how changes occur in the settlements and in households is key to designing effective interventions as well as monitoring any impacts that occur. The analytical process used in this section of the study was more extensive than that used in developing the initial understanding of the dimensions of poverty. This chapter analyses the dimensions of poverty/well-being to see what causes the change in dimensions. It identifies issues, which have a strong negative and/or positive impact on poverty, and discusses them in detail. All these issues are very strongly interlinked and forces which bring change frequently have a direct effect on more than one issue. Similarly, each issue, even substance abuse and illegal activities, has a positive as well as a negative link to poverty and well-being.

The issues discussed in this chapter are:

1. Livelihood patterns
  - Use of multiple sources of income is a strategy followed by all groups in the study sites. Households that enjoy higher well-being are those that have combined low but stable sources with fluctuating but higher sources of income. Stable sources serve to reduce vulnerability within households but do not succeed in helping the household move out of poverty.
  - Foreign employment provides a strong push factor in households improving well-being, unless situations of bad debt and money mismanagement occurs. The second most lucrative, though fluctuating source, is engagement in self-employment (primarily related to single-person enterprises such as three-wheeler hiring, electrical work) and enterprise (larger scale than self-employment, sometimes employing a few persons, often engaged in trading). These provide opportunities for higher earnings and liquidity, despite the fact that there are fluctuations in income.
2. Spatial issues in the USS
  - Spatial issues are discussed in two respects:
    - i. *Relative space*: the location of the settlement relative to its surroundings, which has strong links to access to sources of livelihood, markets, health and education facilities, transport facilities, networks, institutions, etc.
    - ii. *Absolute space*: living conditions within the settlement in terms of space within a house, common space in the settlement, density, etc.
  - The relative space was the key positive feature of living in USS mentioned by every settlement and key enabler in improving well-being of residents, whereas the main negative feature and constraint in well-being mentioned was absolute space both in terms of lack of space within the settlement as well as at household level. The lack of space constrains social activities, home-based income generation, building of kitchens and private toilets, etc. Residents cope by using a number of site-specific strategies, of which building additional floors is the most common.
  - The main push factor for out-migration is the lack of space at both household level and within the settlement.
  - The congestion, high population density and the close proximity of the housing structures cause the spread of disease within the settlement.
3. Housing
  - Housing is a key indicator of the well-being of individual households as well as the overall settlement. In the household survey, along with income and livelihoods, improvements in housing conditions and expanding space was one of the key milestones brought up when discussing improvement in well-being of the family over time. The main enabler in improving housing was finance. Increased income from foreign employment and loans from specialised institutional sources (particularly NHDA) enabled substantial change, while repairs and maintenance were made with short term savings.
  - Though lack of land rights was a constraint, the findings reveal that despite none of the households interviewed have freehold rights, improvements had been made to the majority of houses.

- In addition to being a direct factor influencing well-being, improvements also increase the ability to acquire services and opportunities for income generation, by renting out room(s) or through home-based activities.
4. Perceptions of land rights
- Land tenure is viewed as one of the critical factors in improving well-being and moving out of poverty, in terms of increase in security, asset base, and accessibility to services. Land tenure was not so much a variant levels of well-being but rather specific to the settlement itself.
  - The issuing of household enumeration cards had a significant impact. Though none of the residents had full title or deeds to the land, 63% were in possession of enumerator cards. Though it does not mean legal title to land, the residents viewed this as a viable alternative and believed that the enumeration cards were a preparatory step (i.e. a proof of occupation) to receiving full title. Hence, these cards have provided the residents with a sense of assurance regarding occupancy and ownership of the land, and reduced the fear of eviction. This was a critical factor in motivating investment in housing in terms of improvements and expansion. Furthermore, it also facilitated the sale of land with the transfer of enumeration cards.
5. Availability of services and infrastructure
- The weaknesses in the availability of services and infrastructure are a defining variable for USS. While economic dimensions do form the core of poverty in USS, access to services and infrastructure does not always correlate to income levels of the households.
  - Settlers within all categories consider a functioning sewerage system, drains, inner roads and solid waste disposal as the most important services and infrastructure for their settlement, while households prioritise private access to water, toilets and electricity despite the potential additional cost.
  - Lack of private access to services resulted in a number of coping mechanisms, which included diverting common pipelines, building private tube wells, households grouping to build shared toilets at their own expense, diverting sewerage lines into canals and using canals to dispose of solid waste.
  - Although there is recognition by residents that positive changes are brought about through the efforts of the CMC and other institutions such as the NHDA, they feel that much of the change in service delivery has also been as a result of political involvement and community or individual lobbying.
6. Access to facilities
- All study sites, irrespective of the well-being category, have easy access to key facilities such as health, education, markets, transport, places of worship, post offices, and banking. Special emphasis has been given in the study to health and education facilities.
  - While residents acknowledge very good access to quality health and education some constraints that prevented optimal access are:
    - i. Health - high cost of medication which has to be purchased privately
    - ii. Education - cost of school admissions, difficulty in proving residence needed for admission into better quality schools, and the stigma attached to residents of a settlement identified by the name “pura”.
  - While the living conditions of the USS lead to health problems, easy access to good health facilities and health related campaigns of the CMC have considerably minimised sickness.
  - The general level of education within a USS facilitates CMC work within a settlement, and the existence of educated individuals helps CMC’s interaction with the community and the process of change as they are more responsive, reactive and take an initiative to better their communities.
7. Role of CBOs
- The general level of CBO activity is low in most communities. Most CBOs are activity-based and lie dormant or disintegrate unless there is a specific activity at hand.
  - CDCs are the CBOs most relevant to CMC activities, and are used in coordinating for the provision and maintenance of services, health campaigns as well as organising “*shramadana*”. In addition, other external institutions operate through the CDC.

- There is general consensus among residents that CDCs have been a source of an improved standard of living in the USS. It has also provided a direct method of voicing their views and complaints as well as interacting with CMC staff.
- However, optimal use of CDCs is prevented due to the lack of dynamism arising from a number of factors. Some key factors are:
  - i. The parallel and dominant political structure that frequently ignores the role of the CDCs and prefers direct contact with the residents.
  - ii. Most residents view the CDCs as an externally (CMC) facilitated institution and as such they have a very weak sense of ownership.
  - iii. Lack of support from the community itself caused mainly by the lack of unity within the settlement (due to political and other divisions and tensions which are dominant in most of the USS) and the long process, delays and bureaucratic process in operationalising CDC/CMC work plans which are interpreted by the community as constant discussions which do not translate into action.

#### 8. Role of networks

- *Informal, semi-formal and formal networks* all play a key role in the well-being of the individual, household and settlement. The stability of the settlement populations (as against constant migrations) and the long residence period are facilitators in developing and sustaining networks.
- *Social networks* increase the sense of security – both physical and monetary - while the lack of them increases the sense of vulnerability. Social networks also support improving livelihood sources (petty credit, loans for enterprise development, employment opportunities) and housing (contributing to improvements, identifying suitable housing).
- *Political networks* are one of the most important and influential networks in the process of upgrading settlements. These networks link politicians, USS populations, the CMC, other state and non-state service providers and non-government organisations. While the predominant convergent points are MMCs, there are also strong links with Central Government and Provincial Council politicians.
- *Institutional networks* are the most formalised of the networks operating within the USS. Due to the legal / regulatory and resource constraints faced by CMC in working within the USS, it relies to a great extent on collaborating with other state and non-state institutions such as the Water Board, UDA, UNICEF, Sevanatha as well as through the network of CDCs. Health Instructors play the most significant role in developing the formal as well as semi-formal networks with the residents of the USS and CDCs.
- *Livelihood networks* are very individual based networks which are formed either through the occupations of the residents or developed intentionally to secure employment. They are also used for meeting well-being needs, which are not linked to livelihoods.
- *Illegal activity based networks* came up in many discussions. It was felt that these networks caused issues that had an adverse impact on the community as well as on households that had addicted individuals.

#### 9. Substance abuse and illegal activities

- Residents brought up this issue when discussing the negative and positive aspects of settlement life, as well as when defining poverty and well-being at the household level.
- In terms of impact on poverty, a dual role was accepted, those who are addicted bring down the well-being of self as well as the household and those who are involved in illegal activities have higher incomes.

## Potential impact areas and conclusions

The conclusion highlights the dimensions and relationships that are strongly linked to the CMC/PRIMUSS focus areas and involvement, in particular, services, infrastructure and institutions. It highlights the impact areas of the relevant dimensions of poverty and provides recommendations on responsibility and involvement of the CMC.

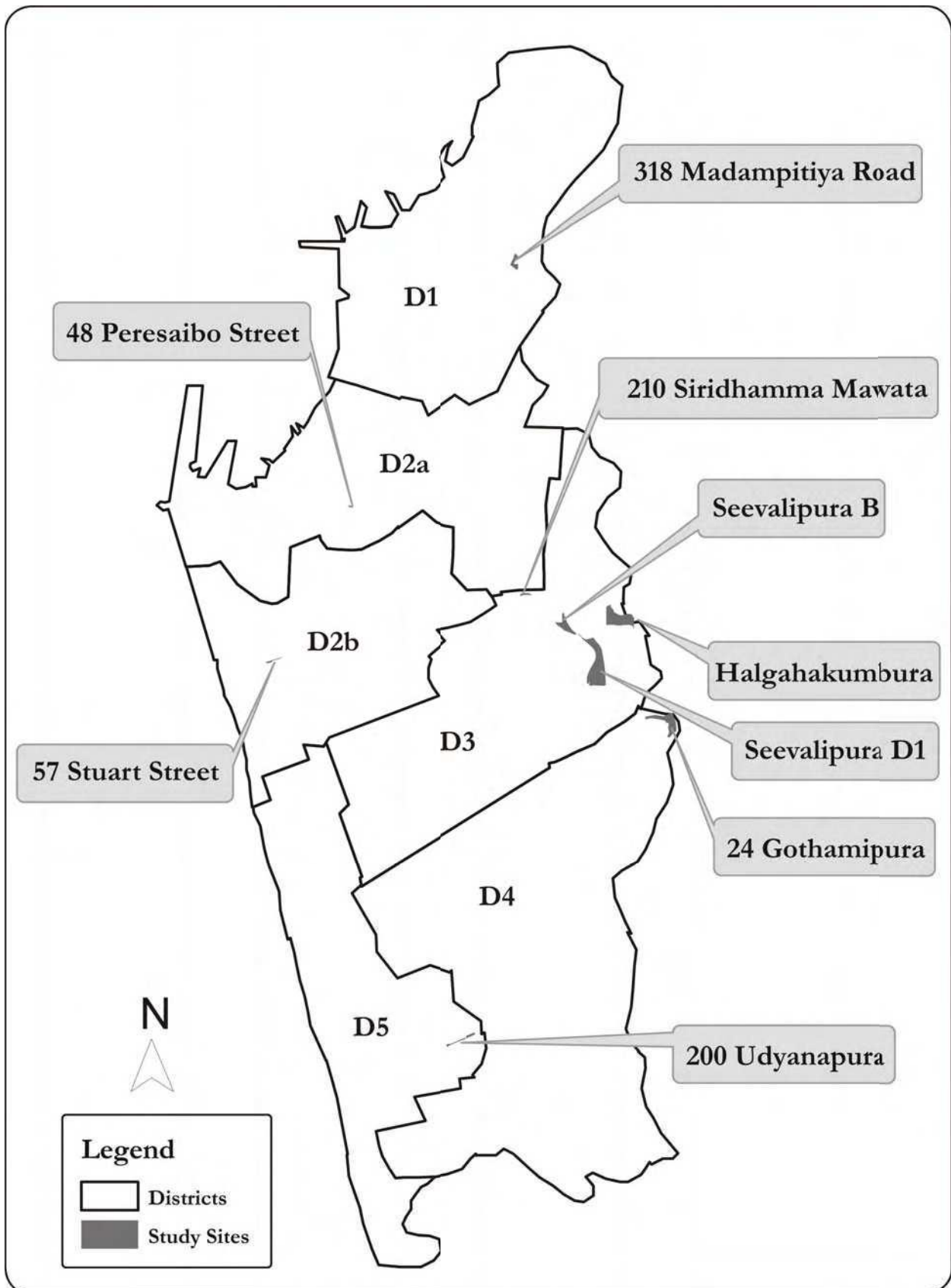
In addition to recommendations linked to existing activities of the CMC<sup>1</sup>, new areas of CMC involvement and responsibility recommended by the study team, in relation to potential impact areas on well-being of residents in USS included the following:

- *Livelihood patterns*
  - Consider a pool of skilled and semi-skilled labour made up of trainees to which the CMC contracts give priority. Encourage USS residents also to draw from this pool.
- *Services and infrastructure*
  - Consider designing pro-poor financing schemes for the provision of services and infrastructure.
  - Develop and enforce health related building standards, particularly for toilets, taking into account sanitation and settlement environment.
  - Consider developing community-based maintenance systems, which would include maintenance rosters and a pool of residents trained in basic maintenance and awareness-raising for all residents.
- *Access to facilities*
  - Increase the possibility of accessing better quality schools by replacing the word “pura” in the settlement name with Mawatha, Patumaga, etc.
- *Role of CBOs*
  - Provide institutional building (organisational capacity building, leadership skills, negotiation skills, team building, etc.) for CDCs.
- *Role of networks*
  - Encourage engineering / technical staff to form closer formalised links to specific settlements to improve lines of communication, similar to Health Instructors.

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<sup>1</sup>Please refer to Chapter 5 for the complete table.

# MAP OF STUDY SITES



# INTRODUCTION

The issue of poverty in Sri Lanka focuses very heavily on rural and estate populations. Correspondingly the knowledge base as well as policy formulation and interventions are very heavily biased towards these sectors. It is only over the last two decades that urban poverty has gained a certain degree of prominence. The very different nature of urban poverty and the interventions needed for its alleviation has been gradually acknowledged and a series of specific interventions have occurred parallel to the setting up of urban-focused institutions such as the Urban Development Authority. However, it is the Colombo Municipal Council (CMC) that has the longest history in urban governance and service delivery and, hence, it is the institute best placed to address the issue of urban poverty within the city of Colombo.

Over the last two decades the CMC focused its attention on the Underserved Settlements in Colombo in an attempt to ensure a favourable living environment to all its citizens. Progress has been achieved through a process of institutional and policy changes, specific projects, and networking with other institutions and funding agencies. Two specialised projects that are currently operating in the USS are the UNHCS/DFID and the GTZ/PRIMUSS projects.

The Participatory Improvement of Underserved Settlements in Colombo (PRIMUSS) focuses on the provision of services (particularly sanitation and drainage) to USS. This study was initiated by the CMC/PRIMUSS as a first step towards setting up a system to monitor the impact of interventions on poverty in the USS<sup>2</sup>.

**The primary objective** of the study is:

- To increase the **understanding of the dimensions and dynamics of poverty in underserved settlements** in order to design a system to monitor the impacts of the CMC/PRIMUSS on poverty in the USS.

This objective will be met as much through the process of the study as through the findings from it. As set out in the methodology section of this report, the study was designed and conducted as a collaborative effort between the external study team from CEPA and CMC staff members, who are directly involved with the delivery of services to USS. The study was thus designed to meet the **secondary objective** of:

- **Supporting the CMC in their orientation towards poverty** by consolidating the awareness of poverty issues existing within the CMC, which are important in optimising the impact of their work in USS.

The structure of the report has been developed around these objectives. The methodology section details the design of the study and fieldwork carried out in collaboration with the CMC team. The next two sections look at the dimensions of poverty in the USS and the factors that bring about change in these dimensions i.e. dynamics of poverty. The concluding chapter identifies potential impact areas that could form the basis for impact monitoring and provides brief recommendations for action.

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<sup>2</sup>Impact monitoring is generally carried out to meet one or both of the following: To improve: to help in project-steering by being sensitive to changes in the project environment, which can effect project activities and results and to minimise negative unintended impacts. To prove: to show that the project goal has been reached. That is, the activities and results of the project have enabled it to reach its broader goal.

# CHAPTER 1: BACKGROUND

This chapter aims to set the context of the study by drawing on existing knowledge of USS within the city of Colombo and issues relating to poverty and institutions, which are involved in servicing the USS.

## 1.1 Underserved Settlements in Colombo

The term Underserved Settlement identifies areas in Colombo, which have a concentration of residential units built on state or private land that is not owned by the residents. While these residential areas have the common features of having a very high population density (approximately 820 persons per ha<sup>3</sup> or four times the average of the city of Colombo) and congested housing (with each block averaging 1.5 perches), it is the chronic condition of the services and infrastructure available to the residents that give it the term ‘Underserved Settlements’.

The lack of access to services and infrastructure in these settlements is directly related to the nature of its development. These settlements started growing mainly as households, established illegally on state land, or on a very low or no-rent basis on vacant private land or buildings generally held by commercial entities or landowning families. As such, they frequently did not have a legal basis and as the settlements grew they were categorised as illegal housing that did not meet the housing regulations and/or did not have the right to the land they occupied<sup>4</sup>. The existence of these settlements with a non-migratory population of over two adult generations and a series of state interventions have now given most residents a right of residence, albeit not one sanctioned legally. Of the 1614 settlements counted by the Poverty Profile<sup>5</sup> in 2002 only 6% were considered ‘illegal’. Most of the settlements considered illegal are those occupying railway, canal, or other reservation land.

The CMC is not mandated to provide services to areas other than on land belonging to the CMC or public areas and it cannot invest money of the general budget in private properties or those belonging to other governmental institutions such as the NHDA. However, the acknowledgement of the very unsatisfactory conditions facing the residents of the USS, coupled with the government’s commitment to poverty alleviation have meant that the CMC together with other relevant institutions (such as the UDA, Water Board, CEB) have initiated service provisions and upgrading programmes<sup>6</sup>.

Despite the problems inherent in developing USS, in terms of service delivery and infrastructure development, there are certain features that can be considered as strong facilitating factors:

- USS are located in concentrated areas within Colombo rather than spread out across the city. Approximately 60% of the USS are located in Districts 2 A and B and less than 15% in the districts 4 and 5<sup>7</sup>.
- The majority of the USS are very small in size: 74% have less than 50 housing units and only 0.7% have more than 500 housing units<sup>8</sup>.
- The population growth of the USS is limited to natural growth with almost no in-migration occurring.

<sup>3</sup> Calculated based on 2001 Census and existing data on USS land area and proportion of total population in Colombo.

<sup>4</sup> See ‘Designated Lands for Implementation of Sustainable Township Programme’, Clean Settlements Project, Ministry of Housing and Urban Development, 1998 for detailed typology of the development of USS.

<sup>5</sup> See Poverty Profile City of Colombo; Urban Poverty Reduction through Community Empowerment, 2002

<sup>6</sup> For a comprehensive discussion of the issue see Section 2.2 in Poverty Profile City of Colombo; Urban Poverty Reduction through Community Empowerment, 2002, and Section 2 in ‘Working to Reduce Poverty in Colombo’ March 1999.

<sup>7</sup> Poverty Profile City of Colombo; Urban Poverty Reduction through Community Empowerment, 2002

<sup>8</sup> Poverty Profile City of Colombo; Urban Poverty Reduction through Community Empowerment, 2002

## 1.2 Poverty in the Underserved Settlements

Looking at urban poverty from a national point of view provides a very favourable picture. The urban sector has the lowest rates of poverty in Sri Lanka with only 8.6% of the population falling below the poverty line. This is significantly lower than the national rate of 23.9%.<sup>9</sup> However, these figures have to be seen in the light of the fact that urban poverty, especially in developing economies, is frequently characterized by households that have incomes which are above the poverty line (i.e. does not categorise them as being poor), but live in very poor quality housing, in crowded conditions with a severe lack of infrastructure and services.<sup>10</sup>

The Poverty Profile of the City of Colombo,<sup>11</sup> which provides the most comprehensive study on poverty in Colombo among the available literature, gives an overview of the USS in terms of non-income indicators of poverty. It identifies 20 indicators which can be grouped under the broad areas of land ownership, water, sanitation, electricity, telephones, settlement infrastructure, employment, social security and community organisations. Based on these criteria it has concluded that the majority of settlements fall into middle categories of living standards with very few in very poor and very good categories (Table 1.1).

**Table 1.1: Poverty status of USS in Colombo**

| Poverty status  | Percentage of USS |
|---|-------------------|
| Very good (fully upgraded)                                    | 0.25%             |
| Good (upgraded – could do much better)                        | 85%               |
| Poor (un-serviced settlements)                                | 14%               |
| Very poor (very poor communities needing immediate attention) | -                 |

Source: Adapted from Poverty Profile database

A review of the findings of the Poverty Profile as well as other available literature<sup>12</sup> enables a characterisation of the living conditions of the residents of the USS as follows:

- The livelihood sources of the majority of the population are unstable and are predominantly in the informal sector.
- A small minority have legal ownership of the land and houses occupied by them.
- Houses are built on 2 perches or less of land and do not adhere to the housing and land regulations of the city
- There is a severe lack of basic services for households such as private access to toilets, water, and solid waste collection.
- Basic infrastructure available in the settlements in terms of access roads, drainage and street lighting is very limited.
- Drug and alcohol addiction is a major social issue, followed by crime, marital instability and child labour.

<sup>9</sup> Household Income and Expenditure Survey – 2002, Preliminary Report, Department of Census and Statistics, Sri Lanka

<sup>10</sup> Satterthwaite, David, (1997), 'Urban Poverty: Reconciling its Scale and Nature' in IDS Bulletin, Vol. 28 No. 2

<sup>11</sup> See Poverty Profile City of Colombo; Urban Poverty Reduction through Community Empowerment, (2002)

<sup>12</sup> See Annex for a list of literature related to urban poverty in Colombo.



### 1.3 Institutional landscape

Sustainable development of the USS settlements occurs through a range of regulatory and service providing institutions. Some of the main institutions are:

- The **Colombo Municipal Council (CMC)**: The CMC is responsible for governing the city of Colombo. It is the primary regulatory and service-provision institution of the city. The CMC carries out integrated planning and physical development within the municipal council areas and implements related development programmes, activities and services. The CMC works in close cooperation with a number of institutions in the management of the city of Colombo.  
In the past two decades, there have been increased efforts of the CMC to improve the living conditions of the urban poor. It has worked together with various other service providers and NGOs listed below towards improving the service provision for the urban poor. With regard to the services provision of USS, in 1997/8 MMCs were allocated funds for the specific purpose of developing USS, which the CMC was not mandated to service. In addition, the establishment and capacity building of CDCs in USS has been promoted to work in close collaboration with the CMC.
- The **National Housing Development Authority (NHDA)**: The NHDA was established in 1978 and the first major housing programmes were introduced, including the Million Houses Programme in the 1980s. The acquisition of low-income settlements by the NHDA, land regulations allocating individual housing lots and issue of leasehold ownership to the occupants were carried out and housing loans provided. In 1994, with the establishment of the Real Estate Exchange Limited (REEL), the construction of high-rise apartments replaced onsite upgrading of the low-income settlements.
- The **National Water Supply and Drainage Board (NWSDB)**: The Water Board is responsible for the supply of water to Colombo, in terms of operation, maintenance, development and distribution. The Randiya Programme, currently underway, is transferring non-revenue water to revenue water. Within the USS, this has resulted in a number of individual connections increasing and the number of common taps and hence the provision of non-revenue water being removed.
- The **Urban Development Authority (UDA)**: The UDA, which was set up in 1977, is responsible for planning and development of urban areas across Sri Lanka. In addition to USS being located on UDA land, the greatest impact is through its mandate for planning and implementing land-use policy as well as its execution of development projects in urban areas. The UDA has prepared the Colombo Metropolitan Region Plan, which will, among other things, address the issue of zoning based on building density regulations.
- The **Common Amenities Board (CAB)** was established by the government for the construction and maintenance of services in tenement and low-income settlements within the city. The CAB is responsible for the maintenance of NHDA housing schemes and supporting housing construction. In addition, the CAB is contracted by various councillors to work on individual projects in the construction and repair of services and infrastructure. The CAB, however, works through other government institutions with regards to USS.
- **Non-Governmental Organisations (NGOs)**: There are numerous NGOs working in Colombo, though very few work in the area of urban poverty. Sevanatha, the most prominent NGO working on urban poverty, was set up by a group of professionals working in institutions relating to the issue. It works mainly with housing and the provision of services operating in areas which government institutions cannot directly get involved in due to issues of land tenancy. It works using participatory methods, providing an alternative way for local authorities to solve urban problems and poverty. Previously, other NGOs, such as FORUT have been operating in the USS. In addition, a number of Christian based NGOs and welfare NGOs also operate in the USS.<sup>13</sup>

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<sup>13</sup> The Partnership Promotion Programme which is being developed by the CMC focuses on promoting partnerships among the municipality, NGOs and CBOs by formulating the necessary policy, institutional mechanism and strategies aimed at reducing poverty.

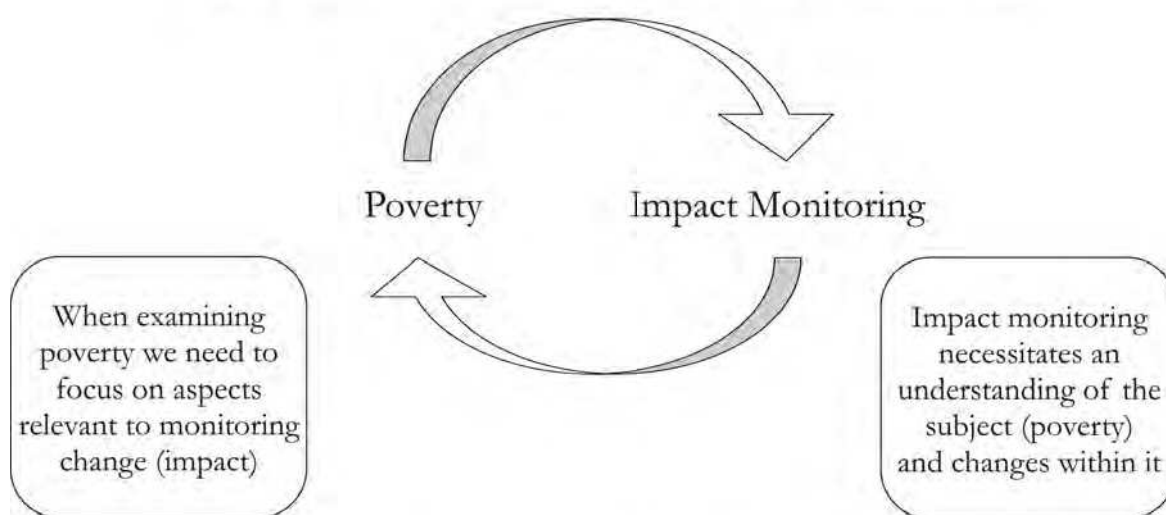
- **Community Development Councils (CDCs)** - In the early 1980's, CDCs were established in many of Colombo's USS, under the Urban Basic Services Improvement Programme of the UNICEF, implemented by the government institutions CMC and CAB. They were established to organise and mobilise the community to get involved in the decision-making and implementation of activities under the project and to continue with the explicit objective of improving the living standards of USS in collaboration with CMC and other institutions. The main focus is on improving housing and implementation of service and infrastructure provision projects.

## CHAPTER 2: STUDY METHODOLOGY

### 2.1 Conceptual Framework

The conceptual framework has been developed keeping in mind the need to understand poverty for the specific reason of monitoring the impact of CMC/PRIMUSS interventions. However, due to the very nature of impacts, it cannot be rigidly restricted to the project boundaries. Therefore, central to the conceptual framework is achieving a balance between focusing on CMC/PRIMUSS intervention related impacts and incorporating relevant aspects

**Fig 2.1: The need to understand poverty in the light of impact monitoring**



Source: Documentation of Inception Workshop

The study concept is based on defining impacts as changes, which take place in the environment the intervention takes place in and are contributed to by the project. It is important to note that:

- **Change** is a key element in conceptualising impacts for monitoring.
- The project only **contributes** to this change. It cannot take all credit or blame for such changes. This is due to impacts being conceptualised as going one-step beyond the activities and results of the project. As such, the level of control a project has over impacts is less than in the case of results or activities.
- Impacts can be direct, indirect, intended, unintended, negative, positive, occur immediately, occur after a time, exist only in the short-term, exist for a long-term, etc. A given impact can have a number of these characteristics.

The above conceptualisation of impacts leads us to define poverty by emphasising its different dimensions, together with change in these dimensions. Which aspects - or dimensions - of poverty are central to the well-being of the population of USS and how and what cause change in them is central to the analysis. This knowledge will facilitate the identification of impact areas and the development of impact hypothesis in relation to specific interventions of the CMC.

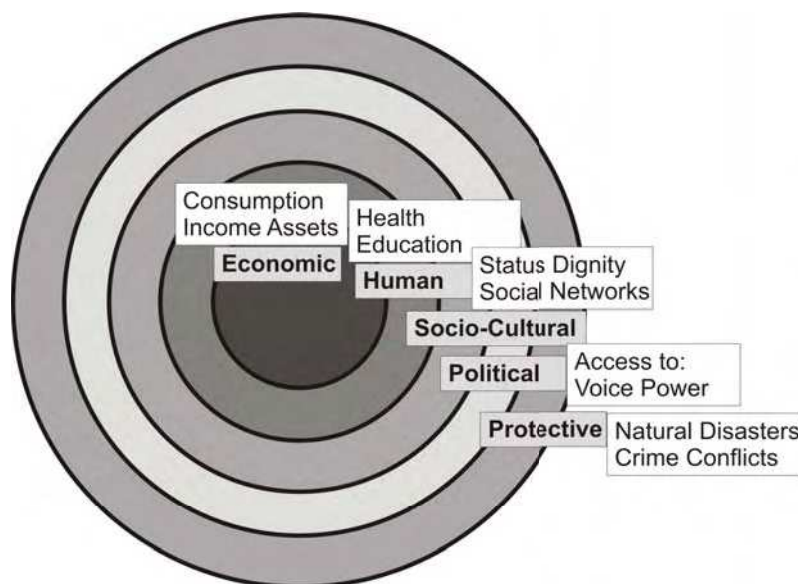
**Dimensions of poverty:** Following the cross-disciplinary development debate, which looks at poverty through a broader perspective, the study conceptualises poverty in multi-dimensional terms with the lack of entitlements and capabilities being as significant as purely economic measures of poverty. Hence, while the economic dimensions remain at the core, the definition is broadened to include human, socio-cultural, political and protective aspects. This conceptualisation of poverty is particularly sensitive to the needs of poverty impact monitoring as it goes beyond the immediate boundaries of the project and reflects the complex reality of the issue.

The dimensions of poverty are grouped as:

- *Economic* aspects of consumption (i.e. income and expenditure) and assets (e.g. land, labour),
- *Human* development, areas of education and health, etc,
- *Socio-cultural* dimensions which develop within the area, such as dignity, networks,
- *Political* dimensions which include empowerment, power, voice,
- *Protective* dimensions associated with issues such as conflict, natural disasters, risk of eviction, etc.

It is important to understand the varying dimensions of poverty when looking at impacts of project interventions as they can have impacts on directly targeted as well as non targeted dimensions.

**Fig. 2.2: Dimensions of poverty**



Source: Documentation of Inception Workshop

**Dynamics of poverty:** This brings in the core issue of change which is central to impact monitoring. In addition to the static picture of dimensions of poverty in the USS, it is important to capture a more fluid picture of the variables that interplay creating the causes and consequences of poverty. This will enable the identification of how impacts happen, i.e. the chain of changes to which the project contributes. Focusing on the dynamics of poverty allows the exploration of questions such as:

- What enables households to increase their well-being?
- What factors make households particularly vulnerable?
- Which dimensions of poverty change in unison? Which change independently?
- Which are the strongest facilitators of well-being?

The conceptualisation has also been influenced by the discussion at the Study Inception Workshop, which highlighted the changes caused through both hardware (e.g. drainage, inner roads) and software (e.g. capacity building of CBOs) in various spaces of settlement and household life.

**Poverty and well-being:** The conceptual framework, thus, is built on the concept of multi-dimensionality and dynamism, reflecting movement in these dimensions. In this study 'poverty' and 'well-being' are viewed as the positive and negative manifestations of these dimensions. This is particularly important as the methodology followed does not restrict the study to 'poor' communities or households, but looks at a cross section in an attempt to understand the different dimensions and, most importantly, the dynamics within heterogeneous communities and households.

## 2.2 Design of study and methodology orientation

The methodology and study design reflect the fact that the study sought to understand poverty in the USS rather than measure it. Hence, the study design was based on the following key points:

- The methodology was strongly oriented towards qualitative methods in sample selection, data collection and analysis. This method uses a small purposive sample and facilitates a framework that enables the exploration of a cross-section of views on a given relationship and the perusal of new issues as they develop.
- The qualitative methods were complemented with quantitative-oriented data collection to build up settlement and household profiles.

In keeping with the second objective of the study, the design included extensive collaboration with the staff of the CMC throughout the study, involving a cross-section of professionals of different responsibility levels, disciplines, and spatial out-reach.

The following elements were included in the study design to facilitate CMC participation in the study:<sup>14</sup>

1. A working group was set up, comprising CMC, PRIMUSS and CEPA staff. The primary role of the working group was to ensure the study proceeded in a direction where the final outcome would be beneficial to CMC. Therefore, each stage of the study was discussed and adjusted accordingly. The working group also provided the point of contact to other CMC staff members, who were involved in the various stages of the study.
2. A series of workshops were facilitated to obtain input to the study as well as to share the work in progress. Workshops were carried out a) at the inception of the study to clarify objectives, expectations and conceptualisation, b) prior to commencing field work to finalise field sites, tools and CMC team members,<sup>15</sup> c) two training workshops were held with the CMC staff members who were nominated to participate in the field work phase, d) an analysis workshop was held with the participation of CMC staff who had carried out the field work and e) a study finalisation workshop was held to discuss the findings and receive comments prior to the finalisation of the study report.
3. All districts in Colombo were represented in the study sample, to facilitate the participation of CMC staff members from all districts in data gathering and analysis. Field teams were made up of CMC and CEPA staff members. CMC staff members, who participated in data gathering in the field were invited to join the CEPA team on an individual basis during the data analysis.

In keeping with the discussions at the study inception workshop and the scope of work of CMC/PRIMUSS, the study focused on services (delivery of utilities such as water, drainage, sewerage, toilets) and institutions (in particular, community based organisations such as CDCs) as a core area of interest. However, in keeping with the concept of impacts, the exploration of the subject sought to look beyond the area of immediate focus.

## 2.3 Methods and tools

In keeping with the orientation of the study, a package of tools was used to generate information on the broader conceptualisation of poverty from different perspectives and to tie the analysis to the range of institutions, actors and processes at work. The use of different methodological tools enabled effective validation through ‘triangulation’ of findings. This was facilitated by the fact that all methods focused on the core areas of a) defining poverty (dimensions), b) its causes and alleviation (dynamics of poverty), c) role of services (including infrastructure) and facilities and d) institutions.

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<sup>14</sup> Annex 3 provides further details on participation structures

<sup>15</sup> Documentation of the Inception Workshop and the Pre-Field Workshop have been prepared as separate reports.

**Table 2.1: Tools used in study<sup>16</sup>**

| Method                   | Tools  | Expected information   | Information source  |
|--------------------------|--|--|---|
| Community Profile        | Structured questionnaire   | Snapshot of settlement from existing quantitative data.                                      | Poverty Profile data base, CMC / Habitat data base, CMC District officers, verified with community  |
| Key Informant Interviews | Semi structured questionnaire                                      | Specialised knowledge from different institutions, levels and areas of interaction with USS. | Community leaders, Municipal Councillors, CMC district officers, other service providers (Water Board, NHDA, etc), other actors (e.g. NGOs) |
| Focus Group Discussions  | Facilitated discussion, trend lines, ranking, perceptions          | Community level information from residents   | Women and men residing in the settlement  |
| Household Survey         | Structured questionnaire, open-ended questions and life histories. | Household level information from residents   | Households representing low, middle and high well-being   |

## 2.4 Sample selection

A purposive sample methodology was followed in this study. As a qualitative methodology, the sample studied provides indicative rather than representative findings.

The sample of 10 sites was selected from the 1614 USS in the 6 Districts of CMC, with a minimum of one sample site being selected from every district to ensure a spatial spread as well as participation opportunities for staff from all CMC districts.

As the study objective is to inform a poverty impact monitoring system for CMC/PRIMUSS interventions, a bias was built in towards these sites with 60% of the sample being CMC/PRIMUSS sites and 40% being control sites.

As poverty is the main focus of the study, sites of varying levels of poverty were selected based on the poverty rating (PRIMUSS and Poverty Profile ratings) and settlement type (illegal, upgraded, poverty reduction programme site).

**Table 2.2: Purposive sampling of settlements**

| District | Sample Site                              | Selection criteria used  |
|----------|--|--|
| 1        | 318 Madampitiya Road, Colombo 15         | Substituted by participants at Pre-field Workshop for 312 (which was selected on the basis of being the only PRIMUSS site in the district) as a more suitable study site as it was less developed.       |
|          | Applewatte, Colombo 10                   | Illegal settlement   |
| 2a       | 48 Peer Saibo Street, Colombo 12         | 1. Lowest Poverty Profile and PRIMUSS Ratings in district<br>2. Lowest ratings on PRIMUSS hardware provision (in particular Ques. 3, 5, 6, 7, 9) <sup>17</sup>   |
| 2b       | 57, Stuart Street, Colombo 2             | 1. Lowest Poverty Profile and PRIMUSS Ratings in district<br>2. Low operation and maintenance on PRIMUSS typology<br>3. Lowest ratings on PRIMUSS hardware provision (in particular Ques. 3, 5, 6, 7, 9) |
| 3        | D1, Seevalipura, Colombo 8               | 1. Lowest Poverty Profile and PRIMUSS Ratings in district<br>2. Lowest ratings of hardware provision (in particular Ques. 3, 5, 6, 7, 9)   |
|          | Halgahakumbura                           | Illegal settlement   |
|          | B Seevalipura                            | Upgraded settlement  |
|          | 210 Siridhamma Mawatha                   | Poverty reduction programme site   |
| 4        | 24 Gothamipura, Colombo 8                | Only PRIMUSS USS in district   |
| 5        | 200 Udyanapura, Havelock Road, Colombo 5 | Only PRIMUSS USS in district   |

<sup>16</sup> Please contact CEPA for further information on the tools used in the study.

<sup>17</sup> The questions relate to nature of housing, availability of water and toilets, sewerage systems and municipal solid waste collection service indicators of the Poverty Profile City of Colombo; Urban Poverty Reduction through Community Empowerment, 2002, [Annex III.]

The sample selection of key informants and households to be interviewed were also based on purposive sampling. Six sample households from each settlement were studied with an equal representation of low, middle and high well-being families. The rationale behind the sampling method was the need to facilitate the analysis of change in well-being. Looking at such a cross-section facilitated the exploration of the factors that enabled some households to progress while others stagnated or regressed. The specific households in each settlement were selected, based on community perceptions of poverty discussed in the focus groups and key informant inputs.

Key informants to be interviewed were selected to represent different groups of external actors such as institutional service providers, politicians and non-state actors. In addition community leaders were interviewed primarily to get an ‘institutional view’ from inside the settlement.

**Table 2.3: Profile of data collection**

| District     | Settlement Name      | Settlement Profile | Data Collection |       |       |                  |     |     |                         |     |         |                 |
|--------------|----------------------|--------------------|-----------------|-------|-------|------------------|-----|-----|-------------------------|-----|---------|-----------------|
|              |                      |                    | Focus Group     |       |       | Household Survey |     |     | Key Informant Interview |     |         |                 |
|              |                      |                    | Men             | Women | Mixed | HWB              | MWB | LWB | Community Leaders       | MMC | Service | Other           |
| 1            | 318 Madampitiya Road | 1                  |                 | 1     |       | 2                | 2   | 2   | 1                       |     |         |                 |
| 2A           | 48 Peer Saibo St.    | 1                  | 1               |       | 1     | 2                | 2   | 2   | 2                       | 1   | 1       |                 |
| 2B           | 57 Stuart Street     | 1                  |                 | 1     |       | 2                | 2   | 2   | 1                       |     | 1       |                 |
| 3            | 210 Siridhamma Mw.   | 1                  | 1               | 1     |       | 2                | 2   | 2   | 1                       |     |         |                 |
| 3            | B Seevalipura        | 1                  | 1               | 1     |       | 2                | 2   | 2   | 1                       | 1   | 1       |                 |
| 3            | D1 Seevalipura       | 1                  | 1               | 1     |       | 2                | 2   | 2   | 1                       |     |         |                 |
| 3            | Halgahakumbura       | 1                  | 1               | 1     |       | 2                | 2   | 2   | 1                       |     |         |                 |
| 4            | 24 Gothamipura       | 1                  | 1               | 1     |       | 2                | 2   | 2   | 1                       |     | 3       |                 |
| 5            | 200 Udyanapura       | 1                  | 1               | 1     |       | 2                | 2   | 2   | 1                       |     |         |                 |
| Sub-total    |                      | 9                  | 7               | 8     | 1     | 18               | 18  | 18  | 10                      | 2   | 6       | 4 <sup>18</sup> |
| <b>TOTAL</b> |                      | 9                  | 16              |       |       | 54               |     |     | 22                      |     |         |                 |

HWB = High well-being MWB = Medium well-being LWB = Low well-being

## 2.5 Limitations and problems encountered

As qualitative, rather than quantitative, sampling methodology has been used in this study, the findings do not claim to be representative of the poverty situation in all the USS within municipal limits of Colombo. However, the sample methodology used has enabled an indicative exploration of the nature of poverty faced by the population of USS and factors causing change in it. Further, the percentages used in the study report indicate relative proportions and trends, in lieu of “many”, “majority”, “large”, “few”, rather than providing quantified generalisations.

<sup>18</sup> Common Amenities Board, National Housing Development Authority, Sevanatha and Water Board

Despite the 10 settlements being selected as the sample, data could be collected only from nine sites. The study team could not gain access to the tenth site, which was required to be an illegal settlement. Despite the fact that initial site visits were carried out in three alternative sites, it was not possible to return to carry out focus group discussions and household survey. After prolonged discussions with key informants linked to the sites, the study team and working group decided not to pursue the survey in the alternative sites.

The study did not progress according to its time schedules due to the fieldwork stretching to over five months as against the scheduled two months. A combination of issues ranging from the availability of the CMC staff participating in the data collection phase, difficulty in scheduling focus group discussions with USS and changes in the control sites due to inaccessibility and unsuitability were the cause of the delays in the fieldwork. Following from these delays the analysis and report writing had to be rescheduled due to prior commitments entered into by the CEPA team.

In relation to data collection, male representation was very limited in focus groups conducted in three sites. In two of these sites there were sufficient men observing the study team to form a focus group, but there was a distinct lack of interest to participate despite the efforts of the CMC staff and community leaders. The fact that all focus groups were conducted in the morning when the majority of men were out of the settlement, was also a constraint to male participation.

While the CMC field team played a vital role throughout the data collection phase, work commitments prevented their active involvement to the level originally planned. In most cases the CMC staff organised the meetings and participated in the morning sessions when the study was introduced to the residents and focus group discussions conducted. Time and institutional constraints also prevented the CMC from participating in the analysis of data with the CEPA team.



## CHAPTER 3: DIMENSIONS OF POVERTY

As discussed and agreed upon at the inception workshop, the primary task of this study is to understand the nature of poverty in the USS with the focus on the dimensions considered important by the population of the settlements and the process of change. This chapter will present the findings in terms of dimensions of poverty/well-being, while the next chapter will focus on the aspect of change in relation to these dimensions, i.e. the dynamics of poverty.

### 3.1 Defining poverty

This section brings into focus what ‘poverty’ means to those living within the USS in Colombo. Poverty has been considered within the two separate spaces of:

- A. The settlement – within the physical boundaries of the settlement
- B. The household – within the physical boundary of the house

#### 3.1.1 Settlement level poverty

##### 3.1.1.1 Self-identified dimensions of poverty

The following were identified by at least two focus groups when discussing the comparative living standards among settlements.

##### **Settlement Environment**

Congestion and cleanliness  
Size of settlement  
Settlement infrastructure

##### **Social Fabric**

Substance abuse  
Crime and violence  
Social cohesion and equality  
Unity

##### **Well-being of Households in USS**

Utilities (water, sanitation, electricity)  
Housing  
Average level of income  
Ownership of land/house

##### **Institutions**

Efficiency of CMC

The range of issues dealt with, confirms very strongly that the communities view ‘poverty’ in a very broad sense.

When conceptualising poverty, dimensions dealing with the income, services and assets of individual households that make up the community point to the basic dimensions of ‘consumption’, ‘assets’ and ‘human’. The dimensions grouped under Settlement Environment mirror these issues, albeit, at the community level. The variables brought forward under the grouping of Social Fabric and Institutions reflect the broader concepts of ‘socio-cultural’, ‘political’ and ‘protective’ dimensions of poverty.

**Settlement Environment:** The construction and paving of the inner roads, street lighting, and drainage of black, grey and rain water were the primary variables identified as necessary elements of **settlement infrastructure**. The **size of the settlement** was identified as smaller settlements were seen as less congested, better positioned to attract improvements in services and infrastructure and more likely to have a strong social fabric. **Congestion** was seen primarily in terms of density of housing and narrowness of inner lanes. This was frequently linked to the size of the settlement though very narrow inner lanes were also a feature of small settlements such as 210

**Well-being of Household in USS:** This includes dimensions, which focus on the standard of living of the majority of families within the settlement. The percentage of households within the settlement that have private or good access to **water and toilets** was seen in direct relationship to the settlements level of well-being. It is a dimension, which was brought up in every focus group. In addition to water and toilets, most groups added electricity with a few also including telephones.

Parallel to the discussion on access to utilities was the issue of **housing**. The condition of the majority of houses within the settlement and the number of multiple storey houses was frequently cited when comparing well-being among settlements. Significantly, the issue of ownership of land/house was brought up much more infrequently. It appeared to be a pressing issue mainly in settlements where further improvements were constrained by the lack of ownership.

**Social fabric:** This was a dimension that was brought up in various forms. On the adverse side were the issues of substance abuse, illegal activities, crime, petty violence and tensions caused by political party affiliations. While the existence of these social ills were seen as issues which affected everyone, the existence of what was considered to be a ‘child-unfriendly’ social environment caused concern to many parents. However, the positive side was also emphasised in the focus groups. The ability to depend on neighbours in times of stress, the harmony generated by homogeneity of the residents (based, for example, on broadly equal income groups and single ethnic groups) were highlighted.

**Institutions:** While the role of institutions came up rarely when defining poverty in relation to other settlements, when it was articulated, the CMC rather than other institutions was focused upon. The inability of the community to obtain satisfactory services from the CMC in comparison to other settlements was seen as a dimension of deprivation.

**3.1.1.2 Relative poverty among settlements**

Based on the dimensions identified, the communities studied ranked their own settlement in relation to others in Colombo.

**Table 3. 1: Self-evaluation of own settlement in relation to others**

| Better than others | Average              | Worse than others | Reluctant to categorise |
|--------------------|----------------------|-------------------|-------------------------|
| 200 Udyanapura     | D1 Seevalipura       | Halgahakumbura    | B1 Seevalipura          |
| 210 Siridhamma Mw. | 318 Madampitiya Road | 24 Gothamipura    |                         |
|                    | 57 Stuart Street     | 48 Peer Saibo     |                         |

Source: Focus Group Discussions

One aspect of settlement life that was seen as uniformly positive in every single settlement in the sample was the central location. The easy access to income generation opportunities and facilities such as schools, hospitals, administrative offices, was mentioned by both men and women. The women also focused on the ease of buying household necessities such as vegetables, groceries etc., some of which are bought from mobile vendors that frequent the settlements.

Both 210 Siridhamma Mawatha and 200 Udyanapura felt that their living conditions were no different to the non-settlement population in Colombo. As quipped by a focus group member in Udyanapura ‘*this is like the Cinnamon Gardens of the settlements!*’. However, the population of both settlements felt strongly about the stigma attached to a “watte”. In the case of Udyanapura they felt the main indicator of their settlement status was the existence of “pura” in their address. They felt strongly that it was preferable to be known as, for example, Udyana Mawatha. While this problem was not faced by the population of Siridhamma Mawatha, they felt the space factor kept them trapped in a settlement status:

*‘It is the very narrow street and the linked houses with no green space that makes this look like a slum’* Siridhamma Mawatha Focus Group

Except for limited issues with services - particularly toilets - these two settlements felt positive about other dimensions identified, especially with regard to the social fabric.

In stark contrast, the settlements of Halgahakumbura, 24 Gothamipura and 48 Peer Saibo, which identified themselves as in a worse situation than other settlements, focused strongly on the issues of settlement environment, services, and – with the exception of Peer Saibo - the adverse social fabric.

The feelings expressed with regard to the settlement environment and services were frequently linked together:

*'I came here after marriage from a village. My relatives scold me for living amidst this filth',*  
Member of Halgahakumbura Focus Group.

*'It is congested, hot, dirty, no fresh air, no proper roads, the drains overflow as soon as it rains, there is no water, no water for the toilets...conditions are getting even worse',*  
Peer Saibo Street Focus Group.

*'This place stinks most of the time...during the rains the toilets overflow, when it does not and the canal dries up it smells terrible',* Gothamipura Focus Group.

With regard to the unsatisfactory social fabric, the major dimension was substance abuse, crime and violence. Of the three lowest self-rated settlements, only Peer Saibo Street articulated satisfaction in this dimension. They attributed it to being a Muslim i.e. single ethnic community, located on Mosque land.

The settlements, which evaluated their standards to be average, did so due to the fact that while some dimensions had a favourable existence others were unfavourable. The lack of satisfactory access to services was the important dimension focused on by 318 Madampitiya Road, 57 Stuart Street and B Seevalipura. The high level of congestion due to lack of space, which gave rise to a negative settlement environment, was also a dimension discussed in 57 Stuart Street and D1 Seevalipura.

### 3.1.2 Household level poverty

The following dimensions were identified by the households and communities when defining household level poverty.

**Table 3. 2: Defining household poverty**

| Dimensions in household definition     | Frequency | Dimensions in community definition     | Frequency |
|--|-----------|--|-----------|
| Income and earning capacity            | 30        | Income and earning capacity            | 33        |
| Housing                                | 6         | Housing                                | 14        |
| Substance abuse and illegal activities | 6         | Substance abuse and illegal activities | 8         |
| Attitude                               | 6         | Dependents                             | 7         |
| Assets                                 | 4         | Services / Utilities                   | 4         |
| Debt                                   | 4         | Assets                                 | 4         |
| Vulnerability                          | 4         |  |           |
| Services / Utilities                   | 2         |  |           |

Source: Focus Group Discussions and Household Survey

In the above table, the frequency of the occurrence of a poverty dimension in relation to household poverty indicates the relative importance of each issue. As such, income and earning capacity are clearly the most important dimension identified by both the community and the individual households. In addition there is agreement with regard to housing, substance abuse and illegal activities, as well as assets and services/utilities. The issue of attitude and vulnerability was not discussed in the focus group while individual households did not mention dependants. This difference can probably be explained by the structure of the responding groups.

In the case of the community focus groups, where both poor and non-poor were present, the discussion of attitudes, focused on laziness, addiction, etc., as well as vulnerability, focused on the lack of a support network, would be sensitive issues to discuss. Similarly, it would be difficult for a family to identify the existence of dependants (children, elderly, chronically sick) as the cause of their poverty.

**Income and earning capacity:** A range of issues were mentioned under the broader dimension of income and earning capacity. The source of income and its nature was uniformly proxied for magnitude by the respondents. Both poor and non-poor households as well as the community identified business and foreign employment as a critical factor in overcoming poverty. Salaried employment – both in the state and private sectors – was considered to be a stable source, which had little potential for monetary advancement. As stability of income source complemented by multiple sources was considered important by both poor and non-poor groups, most households felt that at least one member being in salaried employment while others engaged in some form of business activity was an optimal combination.

**Housing:** Though considerably lower in frequency of discussion than income, housing is an issue which was brought up frequently, especially as a criteria for identifying different income groups. Temporary/plank houses on marginal land, such as near the canal, away from the road and on the rail track, were considered to be a sign of poverty. Permanent brick houses, particularly two and three storied ones were seen as a sign of relative affluence.

**Substance abuse and illegal activity:** Substance abuse – primarily drugs, but also alcohol – was seen as an important dimension of poverty. While the issue was brought up fairly frequently in focus groups, the variation in opinion was most strongly evident in the household survey. While the non-poor perceived addiction and wastage as a primary feature of poor households, the poor felt that the non-poor frequently depended on illegal activities such as sale of drugs to maintain income levels.

Frequently linked with the idea of addiction was the issue of attitudes. Interestingly, both the poor and non-poor saw the attitude towards hard work and lack of wastage as contributing to moving out of poverty. Both groups perceived a greater prevalence of wastage and lack of effort among households where the main income earners were addicted to drugs or alcohol.

**Services/utilities:** Individual access to water, toilets and electricity were discussed under the broad dimension of services. This, however, was an important issue for all households rather than a differentiating variable. This is probably the reason for the low frequency seen in both the household survey and focus group discussions on features of poor households.

**Table 3.3: Summary of well-being features of a household**

| Poor  | Non-poor                                      |
|---|---|
| <b>Income and earning capacity</b>            | <b>Income and earning capacity</b>            |
| Unemployed                                    | Business                                      |
| Irregular income                              | Foreign Employment                            |
| Wage labour                                   | Salaried employment (state)                   |
| Single source                                 | Multiple sources                              |
|   | Stable/regular income                         |
| <b>Housing</b>                                | <b>Housing</b>                                |
| Illegal                                       | Permanent                                     |
| Bad condition/wooden house                    | Houses closer to road                         |
| Live near canal/rail track                    | Multiple storey house                         |
| <b>Substance abuse and illegal activities</b> | <b>Substance abuse and illegal activities</b> |
| Drug and alcohol addiction                    | Illegal business (e.g. drug dealing)          |
| <b>Attitude</b>                               | <b>Attitude</b>                               |
| Don't make an effort to improve               | Hardworking                                   |
| Addicted                                      | Use brains                                    |
|   | Don't waste                                   |
| <b>Services/Utilities</b>                     | <b>Services/Utilities</b>                     |
| Lacks private access to water, toilets        | Have private access to toilets, water         |
| No electricity                                | Have electricity, telephone                   |
| <b>Dependents</b>                             | <b>Assets</b>                                 |
| Disabled/sick/elderly members                 | Multiple houses                               |
| Many small children                           | Vehicles                                      |
| Large household size                          | Jewellery and other savings                   |
| <b>Debt</b>                                   |   |
| In constant debt                              |   |
| <b>Vulnerability</b>                          |   |
| 'No one to help'                              |   |
| 'Always problems'                             |   |

Source: Focus Group Discussion and Household Survey

It is clear that as in the case of the community's definition of settlement level poverty, at the household level too poverty and well-being were perceived in a very broad and multi-dimensional sense. While the income (consumption) dimension predominates, there is a strong tendency to view poverty in terms of socio-cultural, political and protective dimensions as is evidenced by the discussions on substance abuse, illegal activities, attitudes and vulnerability. However, there was a fairly clear differentiation between dimensions that are more prone to creating/alleviating poverty than those that are indicators of poverty. Hence, while income, substance abuse, illegal activities, attitudes and dependents are discussed more in terms of creating or alleviating poverty, housing, services, assets, debt and vulnerability are discussed more in terms of indicators.<sup>19</sup>

### 3.2 Complementarities and contradictions in defining poverty.

This section of the chapter seeks to look at the different definitions of poverty based on the different sources of primary data collected in this study as well as existing secondary sources. The objective of this comparison is to triangulate perceptions of the community, households and key informants and to assess the consistency and variations in perceptions between different stakeholders. In addition, the findings based on primary information will be compared with secondary sources, which are based on quantitative methodologies, to set the findings of the study against the national context.

<sup>19</sup> Health, which is normally an important dimension of poverty, did not come up as a defining factor of poverty. However, conditions leading to ill-health, such as flooding, bad sanitary conditions, congestion were mentioned both by focus groups and households in relation to the settlement. See Section 4.6 for discussion on health as an impact area.

### 3.2.1 Comparison of perceptions of study respondents

**Defining poverty at the community level:** A high degree of compatibility can be seen in the dimensions of poverty identified by the key informants (institutional and political) and the communities themselves. Both the community and key informants saw instability of income sources as the most important dimension. Once again the issue brought up was the source and type of income generating activity rather than the amount earned per se. The other dimensions focused on by key informants were lack of access to services such as water and toilets and lack of adequate settlement level infrastructure, particularly access roads and drainage.

**Defining poverty at the household level:** As explained in the methodology chapter of this report, the communities studied were expected to identify the households to be interviewed based on dimensions of poverty identified by the focus group. During the household interview each family rated themselves against others in terms of relative poverty. The table below (Table 3.4) compares the perceptions of the community to those of the households with regard to grouping of households.

**Table 3. 4: Did the community definitions and household definitions correspond?**

| Survey group based on community identification | Own perceptions of households |                   |                |             |
|--|-------------------------------|-------------------|----------------|-------------|
|  | High Well-being               | Middle Well-being | Low Well-being | No response |
| High   | 35% (6)                       | 44% (8)           | 5% (1)         | 16% (3)     |
| Middle   | 0%                            | 78% (14)          | 11% (2)        | 11% (2)     |
| Low  | 0%                            | 22 % (4)          | 75% (12)       | 0%          |

Source: Household Survey and Focus Group Discussions  
 NB: Numbers in parenthesis indicate actual number of responses

The degree of compatibility between the community perception and household perception was very high in both the middle and low well-being groups. However, two households, which were perceived as middle income by the community, felt their standard of living was low. This discrepancy arose due to the household comparing themselves against a much higher standard than the community did:

*‘There are those who have BMWs, 5 shops...’*

and referred to the high cost of living:

*‘The income does not match the expenditure’.*

Interestingly four households that were identified by the community as having a low standard of living perceived themselves to be of average standard. These families perceived poverty to be intense deprivation, hence, did not see themselves in that category:

*‘Poor people are beggars in the street and rich people are doing business’  
 ‘Poor don’t have any facilities, they have no income earners, rich have lots of jewellery  
 “ratharang babalanawa”*

As could be expected the greatest variation was in the ‘high’ category. However, here too, over 30% perceived themselves to be enjoying a higher standard of living than their neighbours. Only one household felt it had a low standard of living. However, this family had recently faced severe livelihood losses and thus perceived themselves to be in great difficulty in relation to their previous situation.

The close correspondence between the community perceptions and household perceptions provide an indication of the level of self-knowledge within the community as well as the close match in ideas as to what constitutes poverty within the USS.

### 3.2.2 Comparison of study findings with existing secondary sources

While the national statistical providers such as the Department of Census and Statistics produce basic data on poverty in the urban sector, secondary data that relates to the living standards and livelihoods of Colombo's poor are not plentiful. However, over the recent past, some studies have been conducted on the subject and databases developed.<sup>20</sup> Most key informants identified the Poverty Profile carried out by Sevanatha as the most comprehensive and current source. This study used the Poverty Profile database in the first phase of familiarization and short-listing sample sites.

Secondary data used in this section for comparison with study findings have been drawn from Poverty Profile and the Department of Census and Statistics.

#### 3.2.2.1 Poverty Profiles Database

The Poverty Profile of The City of Colombo publication and database provides data on 20 indicators and gives each settlement a poverty rating and a ranking based on this.

The table below (Table 3.5) compares the ranking of the 9 settlements in terms of the community's self evaluation with the ranking of the Poverty Profile and its categorisation.

There is a significant correlation between the rating given in the Poverty Profile and the self-assessment of the communities. Peer Saibo Street and Halgahakumbura see themselves as worse than other settlements and are rated 'poor' by the Poverty Profile. Similarly Siridhamma Mawatha and Udyanapura which ranked themselves 'better than others' are ranked very high (96 and 88) within the 'Moderate' rating of the Poverty Profile. Two settlements that stand out as contradicting this ranking are Gothamipura and Stuart Street.

**Table 3.5: Comparison of poverty rankings**

| Settlement             | PP Ranking* | PP Rating* | Community self evaluation** |
|------------------------|-------------|------------|-----------------------------|
| B Seevalipura          | 102         | Moderate   | Not available               |
| 210 Siridhamma Mawatha | 96          | Moderate   | Better than others          |
| 200 Udyanapura         | 88          | Moderate   | Better than others          |
| 24 Gothamipura         | 86          | Moderate   | Worse than others           |
| D1 Seevalipura         | 74          | Moderate   | Average                     |
| 318 Madampitiya Road   | 62          | Moderate   | Average                     |
| 48 Peer Saibo          | 58          | Poor       | Worse than others           |
| 57 Stuart street       | 56          | Poor       | Average                     |
| Halgahakumbura         | 52          | Poor       | Worse than others           |

Source: \*Poverty Profile of the City of Colombo, 2002, \*\*Study data.

It can also be observed that even if a ranking of settlements is done using only Profile indicators that reflect the dimensions identified by the community rather than all the Profile indicators (11 indicators as against 20)<sup>21</sup> ranking of the sample settlements remains the same.

These comparisons help us conclude that the communities have a significantly accurate sense of their standards of living in relation to other settlements.

#### 3.2.2.2 Urban poverty measures of the Department of Census and Statistics

In the conventional national definitions of poverty, which inform its measurement, expenditure on food and non-food items are the critical variables considered. The Department of Census and Statistics compiles the average per month expenditure on food for the nation, each sector, i.e. rural, urban and estate as well as for each income decile nationally.

<sup>20</sup> Examples are: 1) Case studies of USS were carried out under the Clean Settlements Programme, 2) Data base and Poverty Profile City of Colombo; Urban Poverty Reduction through Community Empowerment, (2002).

<sup>21</sup> See Annex III in Poverty Profile City of Colombo, Urban Poverty Reduction through Community Empowerment, (2002).

According to the latest data available<sup>22</sup> the average per month expenditure of an urban household on food is Rs. 8540.<sup>23</sup> When compared with the national averages of expenditure on food, the urban average equates that of the second highest expenditure (a proxy to income earned) decile in the country (Table 3.6 below).

**Table 3. 6: National average monthly expenditure on food**

| Household expenditure decile | Expenditure on food and drink* |
|------------------------------|--------------------------------|
| Lowest expenditure decile    | 2,293                          |
| Second decile                | 3,417                          |
| Third decile                 | 4,128                          |
| Fourth decile                | 4,753                          |
| Fifth decile                 | 5,491                          |
| Sixth decile                 | 6,101                          |
| Seventh decile               | 6,656                          |
| Eighth decile                | 7,526                          |
| Ninth decile                 | <b>8,547</b>                   |
| Highest expenditure decile   | 11,265                         |
| <b>Sri Lanka</b>             | <b>6,016</b>                   |

\*Excluding alcohol and tobacco, Source: HIES, 2002

The very high urban average on food expenditure is a reflection of the commoditisation of the urban sector, i.e. money is the primary variable in all aspects of livelihood. It is also a reflection of the fact that, when considered in national terms, the urban sector has the lowest levels of poverty: 8.6% in comparison to the national average of 28%.<sup>24</sup>

Against this context, the expenditure patterns of the households in the settlements studied can be compared with the figures on urban food expenditure. A number of interesting points come to light:

- 46% of the sample households spend more than the national urban average, while 54% spend less than the average on food.<sup>25</sup>
- Based on the income groups provided by the communities and confirmed to a significant degree by the households, the high income households' expenditure on food is higher than the average; middle income equates the average while the lower income spends less than the average (see Table 3. 7 below).

**Table 3. 7 Estimated food expenditure by household groups**

| Income groups | Average monthly expenditure on food<br>(national urban average = Rs. 8540) |
|---------------|--|
| High          | Rs. 9972   |
| Middle        | Rs. 8000   |
| Low           | Rs. 6600   |

Source: Household Survey

It must be noted that expenditure on food was not mentioned as an indicator or dimension of poverty either in focus groups or by the households. This could be due to the fact that most households are able to meet the basic food requirements and thus do not perceive it as a priority issue. However, it could also be that the respondents were biased towards infrastructure and service dimensions due to the awareness of the study's link to the CMC.

### 3.3 Analytical categories used in the study

The dimensions of poverty and well-being discussed in this chapter provide the static picture of USS. The following chapter which looks at the dynamic picture will carry out the analysis by looking at the differences within groups of settlements and households. The grouping has been done based on the dimensions discussed in this chapter.

<sup>22</sup> Household Income and Expenditure Survey 2002, Preliminary Report, Department of Census and Statistics, Sri Lanka.

<sup>23</sup> This figure refers to all urban households and is not disaggregated according to income groups.

<sup>24</sup> Head Count Index, calculated by DCS, HIE Survey, 2002, Preliminary Report.

<sup>25</sup> The HIES estimates and the estimates in this study are not exactly comparable, since HIES has used a detailed expenditure module for data collection while an open-ended question format was used by this study. However, as smaller modules generally underestimate expenditure, it may be assumed that even a greater proportion of the sample would have expenditure higher than the national urban average.



### 3.3.1 Settlement categories

The settlement ranking according to well-being used in the rest of this report will be based on the self-assessments of the communities. This is justified by the fact that the self-assessment closely corresponded with the ranking of the Poverty Profile as well as being verified by study team observations. Where a variation was seen, the self-assessment has been accepted for the purposes of this study. In the case of Seevalipura B, which declined from ranking itself, the study team's decision has been to rank it under the average category (Table 3.8). This is based on the Poverty Profile ranking as well as the focus group discussions and study team observations that showed that while a large part of the settlement was 'improved', there were a significant number of houses along the rail track which were experiencing low well-being. It must be noted that the categorisation is in relation to other settlements rather than in absolute terms.

**Table 3. 8: Ranking of sample settlements in terms of relative poverty**

| Better than others<br>(High Well-being) | Average              | Worse than others<br>(Low Well-being) |
|---|----------------------|---------------------------------------|
| 200 Udyanapura                          | D1 Seevalipura       | Halgahakumbura                        |
| 210 Siridhamma Mw.                      | 318 Madampitiya Road | Gothamipura                           |
|   | 57 Stuart Street     | 48 Peer Saibo                         |
|   | B Seevalipura        |                                       |

Source: Focus Group Discussions

### 3.3.2 Household Categories

Based on the study methodology, the sampling for the household survey was designed to include equal proportions of households in the three categories of high, medium and low well-being, which were identified as such by the focus groups based on the dimensions discussed by them. The analysis of household dynamics in the following chapter is based on these groupings. The decision to maintain the household well-being groups identified by the community is justified by the fact that the self-evaluation of the households themselves closely corresponded to the community evaluation. In the cases where it differed it was clear that the household was comparing itself to either very high levels of well-being (e.g.: ownership of BMW vehicles) or very low levels of well-being (e.g.: homeless beggars) which were outside the purview of the settlements.<sup>26</sup>

It must be noted that the groups are termed well-being groups as against poverty groups. This is mainly due to the need to highlight the mix of positive and negative manifestations of the dimensions. As such, low well-being (LWB) households have features that are predominantly in line with the 'poor' category in Table 3.3 in this chapter. In contrast, the profile of high well-being (HWB) households would match closely with those listed under 'non-poor' in Table 3.3. Middle well-being (MWB) households are those that have a mix of these features.

<sup>26</sup> See Section 3.2.1 in this chapter for detailed discussion.

## CHAPTER 4: DYNAMICS OF POVERTY: ITS CREATION AND ALLEVIATION

Change, as mentioned previously, is a key element of understanding if interventions have had an impact on poverty. This chapter will look at what causes such change in the dimensions of poverty identified in the previous chapter. In addition to this, intermediary factors such as networks, which interplay with the identified dimensions, are also analysed in relation to creating change in poverty/well-being.

### 4.1 Livelihood patterns

Source and nature of income generation were the primary dimension of well-being at the household level discussed by households and the community.

#### 4.1.1 Types of livelihoods correlated to different levels of income

This section focuses on the types of livelihoods undertaken by the people in these settlements and how they

**Table 4.1.1: The types of livelihood correlated to the levels of household well-being**

| Type of livelihood                               | HWB         | MWB         | LWB         |
|--|-------------|-------------|-------------|
| <b>High potential for well-being improvement</b> |             |             |             |
| Foreign employment                               | 18% (8)     | 3% (1)      | 2% (1)      |
| Self-employment                                  | 18% (8)     | 6% (2)      | 7% (3)      |
| Business (enterprise)                            | 14% (6)     | 6% (2)      | 0           |
|  | } 32%       | } 12%       | } 7%        |
| <b>Stabilising influence</b>                     |             |             |             |
| Low level formal sector employment               | 25% (11)    | 20% (7)     | 14% (6)     |
| <b>Low potential for well-being improvement</b>  |             |             |             |
| Wage labour                                      | 0%          | 37% (13)    | 49% (21)    |
| Unemployed                                       | 20% (9)     | 23% (8)     | 28% (12)    |
| Retired  | 5% (2)      | 6% (2)      | 0%          |
| <b>Total</b>                                     | <b>100%</b> | <b>100%</b> | <b>100%</b> |

Source: Household Survey

NB: Numbers in parenthesis indicate actual number of responses.

The above table shows that there is a very clear relationship between certain types of livelihood and levels of household well-being. In addition while the livelihood patterns are very similar in MWB and LWB households, they contrast starkly with the pattern of HWB households. Foreign employment, self-employment and enterprise are strongly correlated to higher well-being households with very few members of MWB and LWB households engaging in them. In contrast, no member of HWB households engaged in wage labour, which was the primary form of livelihood for the LWB and MWB households.

Low-level formal sector employment includes occupations such as cleaners, garment factory workers, CMC and Water Board labourers, state-sector office aides, etc. This is a dominant form of employment in the HWB households surveyed. Its dominance shifts in MWB and LWB households, but remains an important source of income in these two groups as well.

The level of unemployment is high within all three categories in the settlements, but is highest amongst LWB households. Categories of people who were identified as unemployed include youth, especially young men, dependants, such as disabled people, the elderly as well as the drug addicts. Residents also tended to classify people who engage in casual labour on an intermittent basis as unemployed. This was in contrast to those that were said to be engaging in wage labour, where they actively sought employment on a daily basis.

A distinct feature of HWB households in the settlements is the tendency for women in the household to choose to stay at home because their source of livelihood is sufficient to fulfil the needs of the household. 72% of the women in HWB households interviewed were housewives.

The women of HWB households, who do work to supplement the household income, often work in the Middle East as housemaids, help out in the family enterprise such as a grocery shop or are employed in garment factories. Women of LWB households engage in more wage labour-based livelihoods such as domestic work and working on construction sites than unskilled manual labour.

The income sources of LWB households are supplemented by welfare payments and support from relatives and immediate family members.

*'I rent out one of the rooms in my house. In addition I receive a "pin padi" of Rs 400 a month and Samurdhi allowance. I am looking after two of my daughter's children so she gives me some money every month as well'* Udyanapura, LWB household.

#### 4.1.2 Facilitators for moving away from poverty through livelihood sources

Many HWB households have been able to move out of poverty and improve their living conditions through certain livelihood choices, such as foreign employment, self-employment or engaging in enterprise.

**Foreign employment** was the single most frequently cited factor in causing change of household well-being. Change is brought about by short term substantial increase in household savings, which are converted into housing, household utilities, income generation investments, social investment and at times purchasing land outside the settlement.

*'We developed after I went to the Middle East – we reconstructed the house, bought furniture and electrical equipment and gave my two daughters in marriage'* Madampitiya Road, HWB household.

More sustained change is brought about either by repeated or continued foreign employment or better income generation capacity on return due to change in the household livelihood sources. HWB households, which had in the past depended on lower paying, irregular sources of livelihoods such as wage labour, have progressed to more sustainable and stable sources of income in the present. For instance in a HWB household in 210 Siridhamma Mawatha, although the members of the household had to depend on different kinds of wage labour in the past - pasting labels on tea bags, domestic work during the wedding season, etc. - they were able to move away from this dependence when the daughter went to the Middle East and her husband set up a small-scale enterprise venture which proved profitable.

The second source of change is **self-employment** (primarily related to single person enterprises such as three-wheeler hiring, electrical work) **and enterprise** (larger scale self-employment, sometimes employing a few persons, often engaged in trading), which provides opportunities for higher earnings and liquidity, despite the fact that there are fluctuations in income.

*'These days everyone wants to do business. Regular jobs don't pay as much, it is difficult to move up in them. Salaries hardly change'* Peer Saibo Street, HWB household.

In comparison to foreign employment, self-employment and enterprise related income generation had a greater sustainability though it took longer to develop and would undergo many changes in focus. However, income earned from foreign employment frequently formed the initial investment. When discussing 'business' as a source of moving to higher levels of well-being, drug and alcohol dealing were also mentioned as a lucrative source of livelihood.

While foreign employment and enterprise were the main push factors in households moving up to higher well-being levels, the sustainability was maintained by multiple sources with some stable income. The very high prevalence of members being employed in the formal sector is an indicator of the coping strategies of HWB households. Many households also moved up the scale of well-being in a gradual process of increasing and stabilising their livelihood portfolio.

*We worked in the garment factory and saved money little by little and opened the shop in 1988 and started slowly putting up the house. Before we used to live in a wooden house.'*  
B Seevalipura, HWB household

#### 4.1.3 Constraints to moving away from poverty through livelihood sources

Lack of stability of income sources can be identified as the critical factor in preventing households from moving up to the next level of well-being. This is clearly seen when analysing the nature of wage labour, which forms the core livelihood for both the MWB and LWB households.

The wage labour engaged in by the population of USS includes unloading goods in Colombo's wholesale districts such as Pettah and Aluthkade, providing unskilled and semi-skilled labour to the construction sector, providing day labour in factories which produce tea bags, package fertiliser, etc. It also includes taking on sub-contracts for piecemeal home-based production such as pasting incense boxes and bags.

The household survey and livelihood profiles show a definite differentiation between the type of wage labour members of MWB households and LWB households engage in. While members of MWB households predominately engage in semi-skilled sector, provide day labour at factories and loading and unloading in wholesale markets, LWB households engage in the unskilled sector and take on sub contracting. LWB also engage in wage labour in wholesale markets. The strongest defining factor in moving from LWB to MWB is the stability of the wage contract. In areas, such as loading and unloading, for which both MWB and LWB households provide wage labour, those in MWB households have developed greater stability through stronger networks, more reliable performance (arriving early everyday to ensure hiring) and channelling the wages to the household rather than to addiction.

The instability of the livelihood sources is caused by a number of factors:

**Seasonality:** Light food production is predominantly festival driven where during the month of Ramadan and Christmas sales increase, during the rainy season, for example, the sale of "murukku" is less, because it loses its freshness and retailers are not willing to purchase these goods for sale. The rainy season reduces the opportunities for wage labour in construction, garages, etc. quite substantially.

**Networks:**<sup>27</sup> Wage labour is secured primarily through contacts. Weak networks can increase the irregularity of wage labour dramatically.

**Excess supply of labour:** There is an excess supply of labour in all areas of labour provided by the MWB and LWB households. Even delays in arriving at the hiring point in the morning can lead to lost opportunities of a daily wage.

Use of multiple sources of income is a strategy followed by all groups in the study sites. This pattern of livelihoods has been followed over a period of time as was seen by the life history analysis. Analysing the relation to the three different groups a clear pattern that emerges is once again linked to the stability of source:

*My husband does wage labour, while I stitch pillow case covers for sale and our daughter works at a cleaning company and earns Rs. 3000/- a month'* Halgahakumbura, LWB household.

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<sup>27</sup> This issue is explored in greater detail in Section 4.4

*In the past my husband was employed by the CMC. However, his income alone was insufficient to sustain the household so I started working as a domestic. Currently the main source of income is from my husband who works in a garment factory. In addition my brother, who has a job as a lorry driver, and mother, who works in a house, also contribute towards household income.'* Udyanapura Road, MWB household

The dependency of LWB families on multiple sources is a result of the unstable nature of their sources of livelihoods, which is aggravated by the desire to earn money daily rather than receive a monthly wage. Hence, multiple sources of unstable income reduce vulnerability of the household, but do not succeed in moving them up the scale of well-being. A parallel situation exists when a household depends on a stable but single source of income.

*'The only income is from my husband who is working in the Water Board.'*  
Gothamipura, LWB household

A second factor that can rapidly slide a household into poverty, as well as keep households trapped in poverty with little hope of moving out, is the issue of health and addiction. It influences people's ability to gain and maintain employment as well as causing a constant drain on the household's resources.

*I lost a son recently due to illness. We had to take a loan to meet the funeral expenses and another loan at a lower rate of interest to pay off the first loan. My son who works at the Water Board has to spend a lot of his salary on paying off this loan.'* Siridhamma Mawatha, MWB household

*'My husband became ill about 5 years ago, he had to have surgery and almost lost his leg. Now he is quite sickly and can't work. He also has a heart problem and high blood pressure. He stopped driving the three-wheeler and I started to make short eats. He used to be the main income provider and now he can't do anything.'* Stuart Street, MWB household

Addiction to drugs and alcohol or critical illness of the males in the household is a primary reason for women to seek employment in order to provide for the household.

*'My husband became an alcoholic after a while and stopped working. I was forced to start working to support the family. There hasn't been much change in my life. My eldest son died from an alcohol-induced disease and another son is a drug addict. I have to bring up the two children left by my eldest son as well.'* Gothamipura, LWB household

Foreign employment which is a strong facilitator in moving up the well-being levels can also act as a constraint. The most common source is the inability to meet the debt-burden caused by financing foreign employment through borrowings. It is not uncommon for MWB and LWB households to be unable to pay back such loans and often get into further debt resulting in a worsening of their living conditions.

*'Some women go abroad and build homes others fall into debt and get ruined.'*  
Gothamipura, MWB household

*'I was in the Middle East for one and a half years but the first year's pay was used to pay off the debt I incurred to go abroad. Not much has changed since I was not able to bring back much money from the Middle East.'* Madampitiya Road, LWB household

Another factor which prevents foreign employment from being a facilitator is the squandering of earnings by family members in Sri Lanka on drugs and illicit activities.

**In summary**, with regard to the impact on well-being the two critical variables that are highlighted are the stability of the livelihood source and the size of the income (yield) it generates. While stability reduces vulnerability, the size of the income reduces poverty. An optimum is for a household to develop a portfolio which has a mix of stable and high yielding income sources. The worst scenario is unstable low yielding livelihood sources. The level of well-being of a household is strongly linked to the precise mix of the households' livelihood portfolio.

## 4.2. Spatial issues in Underserved Settlements

This section looks at location and space in relation to community and household well-being. For the purpose of analysis, the aspects of location and space have been classified as follows:

- A. Relative space: the location of the settlement relative to its surroundings, links to sources of livelihood, transport and communication facilities, health and education facilities, etc.
- B. Absolute space: living conditions within the settlement and the household in terms of congestion and density.

The relative space and centrality of the USS were the key positive features of living in the settlement, whereas the main negative feature was absolute space in terms of congestion within the house and the settlement.

### 4.2.1 Relative Space

#### 4.2.1.1 Relative location of settlement

All study sites were centrally located in the Colombo municipality. Residents in these settlements are well placed to access a wide range of services and facilities. Though issues such as social exclusion and lack of education and/or lack of income may inhibit or restrict some, on the whole accessibility to sources of livelihoods, services and facilities was seen as the critical defining factor of the positive aspects of the settlement by all the USS studied.

*'The only positive thing about this settlement is that it is centrally located'*  
Halgahakumbura Focus Group.

Relative location of the USS are linked mainly to poverty dimensions of livelihoods and access to facilities. The core characteristics of relative location which impact these dimensions of poverty in the USS can be categorised as follows:

#### i. Access to livelihoods

In all the selected settlements, the centrality of the location of the settlement enabled good access to wage labour and other sources of employment. It is also a strong facilitating factor in self-employment and enterprise.

**Access to employment:** The largest sources of wage labour in Colombo are centred around the wholesale markets in Pettah, Aluthkade, Grandpass, etc. The proximity enables residents to access wage labour without incurring a transport cost and they get priority for hiring by being available at the appointed times. For example, the members of the men's focus group in Peer Saibo felt strongly that unemployment among men was very low because the settlement was located within an area with high employment opportunities.

In addition to wage labour, the location provided good access to Colombo city, which was the main source of formal sector employment.

*'The most important factor is the location of the settlement as everyone works outside the settlement, but within Colombo. All income sources are linked to the outside.'*  
Siridhamma Mawatha Focus Group.

The central location, coupled with the existence of a critical mass of labour also means that labour contractors access residents for employment. In a sense the opportunities are brought right into the USS with no effort on the part of the labourer. This is generally the case for unskilled, day labourers but it can be the case for semi-skilled labour as well.

*'It is convenient for people (contractors) to access the un/skilled labour due to the good location just by the road'* Madampitiya Focus Group.

**Market access for income generation activities within the settlement:** Enterprise related activities always thrive in market proximity. Due to the vicinity of markets and shops, raw materials are easily available and the produce (e.g. "buth" packets, short eats, cement bags) can be sold easily. Though other constraints, such as lack of space to carry out home based income generation activities (discussed in the following section under absolute location) and lack of finances do constrain such activities, easy access to markets and commercial hubs such as Pettah and Borella, has had a positive influence on the number of income generating activities and their success.

*'Whatever is produced can be sold'* Peer Saibo Focus Group.

*'The fact that it (Peer Saibo) is located within the commercial hub is the reason why their commercial activities are more prosperous than would be in other settlements'*  
CMC Key Informant.

#### ii. Access to facilities such as health services, schools, markets and shops

The access to facilities was seen as the critical positive aspect of the location in all settlements studied. Health and education was mentioned in all study sites in terms of access to facilities, with access to markets and wholesale dealers ranked second and access to banks and post offices mentioned by two settlements.

International literature on urban poverty points out that, though settlements are centrally located in areas with close access to facilities, the poor rarely have access to these as they are excluded on the grounds of cost, discriminatory administrative and legal practices, as well as other forms of social exclusion.<sup>28</sup> In this study, however, only residents in three settlements stated exclusion as an issue. This was largely in relation to the high quality National Schools, which were located close to the settlement, and the cost of medication for healthcare. The cost constraint was seen as a subsidiary issue both in education and health, which are officially provided free of charge. The majority view in all the sites was that the population had good access to high quality facilities.<sup>29</sup>

*'Very close to all facilities such as schools and hospitals- government, private, western, Ayurveda... The quality provided is generally good'* Gothamipura Focus Group.

#### iii. Access to transport facilities, in particular bus facilities

Access to transport is linked to the access to labour markets as well as access to other facilities and services; however it has been classified as a separate category as the residents viewed it to be an important factor in describing the positive aspects of the settlement.

*'If we live in the village we have to walk for miles to get to the main road'*  
Gothamipura Focus Group.

While transport was seen primarily in terms of facilitating the accessibility to labour market, facilities and services, its role in social networking was also highlighted.

<sup>28</sup> Meeting the Challenge of Poverty in Urban Areas, DFID, ((2001); p 17)

<sup>29</sup> See Section 4.6 in this report for detailed discussion.

#### iv. Access to network and institutions

Access to networks and institutions was not apparent in the discussion on positive factors of the settlements. Access to information, institutions and other social, political and legal structures are an important factor in promoting economic, social and political power of the poor. Such access impacts all dimensions of poverty. However, this is largely overlooked by the residents of the settlements. A possible explanation for this is that as many of the residents are second and third generation migrants, to whom access to socio-economic, bureaucratic and political networks and institutions is taken as the norm. The close contact that the residents have with the CMC district staff, HI's and MMC's is also taken for granted and not seen as a positive factor in improving their standard of living. However, with regards to access to livelihoods, networks were mentioned as an important factor in securing employment.<sup>30</sup>

#### 4.2.1.2 Relative location within the settlement

In addition to the settlement as a whole, the location of houses within the settlement, too, had an impact on the dimensions of poverty faced by the household, especially in terms of access to services and settlement environment. Households near the main access ways had much greater potential to receive services. This was especially the case in large, poor settlements such as Halgahakumbura where more houses, situated near the main road, had private toilets, water connections and electricity than houses situated on the far side of the settlement and along the canal. The more marginal areas of the settlements also had a worse environment in terms of infrastructure, congestion, etc. Households located near the main access ways also had greater opportunity to engage in enterprises such as retail shops.

#### 4.2.2 Absolute space

Absolute space within the settlement and houses was identified most frequently as the negative aspect of the settlement. Urban poverty is invariably associated with overcrowded living conditions and this holds true in the case of the USS of Colombo.

Absolute space was also used as a critical element in defining a USS by the residents themselves.

*'It is the very narrow streets and the linked houses with no green space that makes this look like a slum'* Siridhamma Mawatha Focus Group.

In all settlements studied, apart from in Udyanapura, living conditions in terms of absolute space at both settlement level and at household level were the key negative aspect.

*'Ours is hardly a USS, our houses have space even to have a funeral unlike other places'* Udyanapura Focus Group.

**Household level:** The main negative features of the settlements were that houses were too small, being located on 1-2 perch blocks. The lack of space for social functions such as funerals, weddings, lack of privacy between families living together, inability to dry clothes,<sup>31</sup> and constraints to carrying out home based income generation activities were some of the issues discussed. In D1 Seevalipura and Halgahakumbura lack of space was stated as inhibiting residents from starting or expanding home-based income generation, despite the existence of a good market. However, lack of space for home-based income generation was not mentioned as frequently as the lack of space for living, mentioned in all settlements. Another issue brought up in Siridhamma Mawatha and Stuart Street was the lack of space to build toilets. In Siridhamma Mawatha, poor households were identified as those without facilities due to the lack of space (and lack of money), but in Stuart Street space rather than money was the deciding factor. The most popular method of coping with the lack of space was to build upwards; houses going up to four stories were observed in certain settlements. In Stuart Street the households had acquired land across the narrow lane to build kitchens and bathing rooms, while in Siridhamma Mawatha the drain had been covered and toilets built on it.

The inability to expand living space was mentioned as the central reason by residents why the flats built by the NHDA and UDA were not popular.

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<sup>30</sup> See Section 4.8 Networks for further discussion

<sup>31</sup> See photo in Annex 1



Out-migration is a good example of space being the deciding criteria for change. Throughout migration was not significant, congestion was the main reason for households moving out. An interesting interrelationship between perception of well-being and space was the ethnic dimension brought out in the community and household survey as well as the key informant interviews:

*'The Sinhalese dream of bigger houses with a garden. With land regularization,<sup>32</sup> they have more frequently moved out, selling the 2 perches of land to Muslims and buying 10 perches outside Colombo. Muslims, because of socio-cultural factors, buy land close to each other and don't mind living together in small spaces. This is more accepted, also, as women are confined to the households. The Tamils also prefer to remain here as it is safer than living outside Colombo.'* Institutional Key Informant.

**Community level:** While the lack of community halls for social functions and garden space around houses was discussed, the critical issues were the very narrow lanes which prevented even a three-wheeler coming in. Other issues discussed were the lack of parks and playgrounds for use by children and youth. The loss of access to public playgrounds was felt strongly by the youth;

*'We had a football club, in the evening no one hung around with nothing to do as we played. Now the playground does not belong to the CMC, the private people don't let us use it like before.'* Youth, Udayanapura.

The congestion, high population density and linked housing structures enable the spread of diseases within the settlement. This issue is discussed in more detail in Section 4.6.

**In summary,** the central location of the settlement (relative space) was the key enabler in improving the well-being of residents in terms of access to livelihood, facilities, institutions and networks. This is the main factor that sustains the USS in its current locations despite issues of congestion within the house and the settlement (absolute space), which is a primary constraint to improving well-being at both the household and community levels.

## 4.3 Housing

Housing was mentioned both by the communities and households as a key indicator of the levels of poverty of households. This section looks at the housing conditions across poverty levels and seeks to capture the dynamics between poverty and housing conditions in terms of improvements, the role in securing services and general sense of well-being.

In the household survey, along with livelihood changes, improvements in housing conditions and expanding space was one of the key milestones brought up when discussing improvement in well-being over time. Amelioration of housing, not only improves the living conditions of the residents, but also facilitates the improvement of living standards with regards to increasing the asset base of the household and securing tenure (largely through building of permanent structures). Improved housing conditions also increase the social status of the household in terms of prestige and dignity. Furthermore, it also increases the ability to acquire services<sup>33</sup> and opportunities for income generation, by renting out room(s) or for home based activities.

### 4.3.1 Housing Conditions

Houses of the HWB group is characterised by asbestos roofing and brick walls while in the LWB group, more than half of the housing has tin roofs and plank walls. There is a distinct increase in the number of rooms from the LWB to the HWB households, which affect absolute space at the household level. The rooms included both bedrooms and living space, as in most households, particularly LWB households, rooms were multipurpose rooms (Table 4.3.1).

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<sup>32</sup> See Section 4.4 for effect of land rights.

<sup>33</sup> Please refer to Section 4.5 on the link between housing structure and access to electricity.

**Table 4.3.1: Housing conditions I**

| Group | Roofing           |             | Flooring |                     |          | Walls       |         | Rooms             |
|-------|-------------------|-------------|----------|---------------------|----------|-------------|---------|-------------------|
|       | Tin<br>"Takkaran" | Asbestos    | Tiles    | Terrazzo /<br>Tiles | Cement   | Brick       | Planks  | Average<br>Number |
| HWB   | 0%                | <b>100%</b> | 0%       | 22%(4)              | 78% (14) | <b>100%</b> | 0%      | 3.7               |
| MWB   | 0%                | 89% (16)    | 11%(2)   | 0%                  | 100%     | 94% (17)    | 6% (1)  | 2.7               |
| LWB   | 56% (10)          | 39% (7)     | 0%       | 0%                  | 100%     | 50% (8)     | 50% (8) | 2.3               |

Source: Household Survey

NB: Numbers in parenthesis indicate actual number of responses.

**Table 4.3.2: Housing conditions II**

| Housing conditions | HWB            | MWB             | LWB             |
|--------------------|----------------|-----------------|-----------------|
| No living room     | 0%             | 0%              | 6% (1)          |
| No kitchen         | 0%             | 17% (3)         | <b>39% (7)</b>  |
| No toilet          | 11% (2)        | <b>56% (10)</b> | <b>61% (11)</b> |
| Have second floor  | <b>50% (9)</b> | 17% (3)         | 6% (1)          |

Source: Household Survey

NB: Numbers in parenthesis indicate actual number of responses.

Lack of separate kitchen and toilets was clearly a differentiating factor between groups (Table 4.3.2). A larger number of LWB households (approximately 40%) did not have kitchens and over half of LWB and MWB households did not have individual toilets. In comparison, all HWB households had kitchens and 89% had toilets. Individual toilets were a function of both poverty levels of the household, as well as the conditions specific to the settlement. For example in 318 Madampitiya, none of the households had toilets due to lack of services and infrastructure prevalent in the entire settlement.

### 4.3.2 Enablers and constraints to improving housing

The main enabler to improve housing conditions was the availability of money. This was facilitated mostly through remittances from foreign employment (used generally together with savings and loans), household savings/income from employment and own enterprises and loans (both informal and from the NHDA).

The reliance on foreign remittances was most prevalent in the HWB households, followed by income and personal savings. Only two HWB households took loans, whereas with MWB, 50% took loans to improve their houses. Of this, 33% (six households) had NHDA loans. The greatest dependence on NHDA loans was with MWB households, with only one HWB household being funded by NHDA loan and none in the LWB households. This is possibly due to the NHDA criteria of providing loans for lower income households, yet ensuring repayment of loan. LWB households relied mainly on "seetu"<sup>34</sup> money or informal loans to finance whatever improvements that were made.

The type of improvements differed amongst the levels of well-being, reflecting base condition as well as financing. For HWB households and MWB households, the improvements were more large scale, with the building of additional floors, quality improvements such as tiling etc. The LWB households focused more on smaller scale improvement and repairs to the house. LWB households also stressed the need to build permanent structures.

Lack of land rights<sup>35</sup> as well land size were mentioned as constraining factors. Security of tenure often leads families to improve their homes yet risk of eviction faced by the residents prevent families constructing. For example, a HWB household in 24 Gothamipura, which had sufficient savings to put up a second floor was delaying construction due to fear of eviction.

<sup>34</sup> Informal group revolving credit system

<sup>35</sup> Land rights were more specific to the settlement than to individual households, see Section 4.4 for further discussion

**In summary**, good housing is a primary factor in well-being for all levels of households. With regards to enablers and constraints to improve housing, money was the key enabler and lack of the money the key constraint. Though lack of land rights was a constraint, the findings reveal that, though none of the households interviewed had freehold rights, improvements had been made to the majority of houses.

#### 4.4 Perceptions of Land Rights

This section looks at land tenure in terms of the residents' perceptions of land tenure in the USS, and its impact on their well-being. Land tenure is viewed as an important factor in improving well-being and moving out of poverty, both in terms of increase in asset base and also in terms of accessibility to services and security. Hence, its impacts are felt across economic and political dimensions – characterising as well as causing poverty:

*'If you define poverty in terms of vulnerability, then land tenure is crucial. Furthermore as a family there is no hope if one is living in a temporary house. They feel they are poor and cannot build up social aspects and status'* Institutional Key Informant.

At the settlement level, land tenure is viewed by the legal and administrative institutions as the critical factor defining the USS (services and nature of housing rank second and third<sup>36</sup>). Issues such as illegal occupancy, residing on land belonging to other government departments are constraints faced by institutions such as CMC and other semi government providers when working in the settlements. Some efforts to overcome this constraint have led to the systems such as MMC Funds and linking up with non-state institutions.<sup>37</sup>

From the findings in the household survey, it was evident that land rights, or more specifically, the type of occupancy, were not so much a variant to levels of well-being of the individual household, but rather specific to the settlement itself. Table 4.4.1 below classifies the ownership of the settlements as well as the land rights of the residents within the settlement.

**Table 4.4.1: Land tenure of the study settlements**

| Settlement              | Ownership*                         | Type of ownership of occupancy**                                  | Household occupancy of land***              |
|-------------------------|------------------------------------|---|---|
| 200, Udyanapura         | NHDA                               | Leasehold   | 6-user permit                               |
| 210, Siridhamma Mawatha | CMC                                | Freehold ownership - no legal ownership, informal property rights | 4 - other<br>1 - user permit<br>1- freehold |
| 318, Madampitiya Road   | CMC                                | User permit   | 3 - green card<br>2 - freehold<br>1 - other |
| 57, Stuart Street       | NHDA                               | Leasehold   | 3 - user permit<br>3 - rent                 |
| B, Seevalipura          | NHDA                               | User permits<br>NHDA hopes to give occupants deeds shortly        | 4 - user permit<br>2 - leasehold            |
| D1, Seevalipura         | NHDA                               | User Permit   | 6 - user permit                             |
| 48, Peer Saibo Street   | Privately owned land (mosque land) | User permit   | 6 - mosque land                             |
| 24, Gothamipura         | NHDA                               | User Permit   | 5 - user permit<br>1- unauthorised          |
| Halgahakumbura, Borella | Mixed                              | User permits  | 4 - user permit<br>2 - unauthorised         |

Source: \*Community Profiles \*\* Poverty Profile Database \*\*\*Household Survey Sample households

Only 7% of the household interviewed categorised themselves as unauthorised dwellers. These were all LWB households with temporary structure made of plank walls and tin roofing. This was equally due to the lack of income as well as the fear of eviction.

<sup>36</sup> Based on Key Informant Interviews.

<sup>37</sup> An Institutional Key Informant stressed that donor agency such as PRIMUSS should operate in such disputed areas as it has more political weight and recognition than a local NGO such as Sevanatha.

However, none of the residents interviewed hold full title to the land property, though plans are currently underway to provide deeds to residents in some settlements, such as Seevalipura and Udayanapura. However, 63% were in possession of enumeration cards, which though not legally binding, are seen as a viable alternative by the residents of USS.

The issuing of enumeration cards which are based on user permits and leaseholds was a major step taken by the National Housing Development Authority (NHDA), newly formed in 1977, towards securing land tenure for low income settlements.<sup>38</sup>

*'It brought order into the settlements and residents became eligible for deeds. Before people used to set up houses in a baphazard manner'* CMC Key Informant.

The issuing of household enumeration cards had a significant impact though it does not mean legal title to land or property. The residents strongly believe that the enumeration cards are a preparatory step (i.e. a proof of occupation) to receiving full title to the property and not merely a form of identification. Hence, these cards have provided the residents with the sense of assurance regarding occupancy and ownership of the land and freedom from the fear of eviction. This provided an impetus for them to invest in housing improvements and expansion.

*'In Colombo if they have ownership they can do anything and ensure that their needs are met. If they have ownership they look at building their lives and moving out of poverty'* CMC Key Informant

The enumeration cards, despite these limitations, gave a certain legitimacy to the house and land which was *'something of value, they can sell it although they do not have deeds'* (CMC Key Informant). This is of crucial importance in increasing the **asset base** of the residents. As explained previously, migrating residents are able to sell their property (and transfer the enumeration card) to buy larger plots of land away from the settlement. The value of the land is naturally not the market value, as the household enumeration cards are not legally binding. However, they provide the holders with the asset base to increase their mobility. This, in a sense, is legalised with the official transfer of household enumeration cards by the NHDA<sup>39</sup>. The increase in asset base also provides security for the residents to take official loans from NHDA and other service providers.

The enumeration cards also have an impact on the self-worth and dignity of the residents as articulated in focus groups:

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#### **Case study on land tenure in Bosevana**

(This case study was narrated by an Institutional Key Informant to highlight the impact of secure land tenure on the well-being of the settlement)

The community leader Nalini (not her real name) lived in a small hut under a tree in the 1980's. Due to lobbying by residents NHDA regularized the land and each resident, including Nalini, received 2 perches of land as well as a loan from the housing authority. Since then a Women's Credit and Savings Group has been formed and private toilets obtained with the support of external funds. The settlement was further developed with good drains and individual water connections.

Nalini has now extended her house and built a second floor, which she rents out and receives a regular income of Rs. 6000 per month.

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<sup>38</sup> Chularatna, H.M.U (2000), Land Tenure Issues and Improvement of Urban Low Income Settlements - Experiences of Colombo, Sri Lanka.

<sup>39</sup> The transfer of enumeration cards from one household to another is facilitated by NHDA for a nominal fee of Rs. 1000.00 if within the family, and for a higher fee to an outsider; Key Informant NHDA.

## 4.5 Availability of services and infrastructure

The weaknesses in the available services and infrastructure are a defining variable for USS. While economic dimensions do form the core of poverty, access to services and infrastructure does not always correspond to income levels of the households.

*Even though their income is higher in comparison to other settlements, they have common toilets and taps'* CMC Key Informant referring to Peer Saibo Street

Private access to services was an element identified both at the household and community discussions when defining household poverty, while settlement infrastructure was a defining dimension for settlement level poverty.

### 4.5.1 Prioritisation of services and level of satisfaction of services received at the household level

This section will focus on the priority that residents of USS place on services and the kinds of services they consider to be important for their existence across levels of well-being. It will also focus on the level of satisfaction

**Table 4.5.1: General priority given to services**

| Service                        | Priority 1 (P1) | Priority 2 (P2) | Priority 3 (P3) |
|--------------------------------|-----------------|-----------------|-----------------|
| Water for domestic use         | 43%(22)         | 26% (12)        | 13% (4)         |
| Sanitation and sewerage system | 27% (14)        | 24% (11)        | 27% (8)         |
| Electricity                    | 24% (12)        | 24% (11)        | 33% (10)        |
| Solid waste management         | 0%              | 7% (3)          | 10% (3)         |
| Drainage of rainwater          | 6% (3)          | 17% (8)         | 17% (5)         |
| Inner roads                    | 0%              | 2% (1)          | 0%              |
| <b>Total</b>                   | <b>100</b>      | <b>100</b>      | <b>100</b>      |

Source: Household Survey

NB: Numbers in parenthesis indicate actual number of responses.

The availability of water for domestic use is given the highest priority within the settlements, followed by sanitation (toilets) and sewerage systems. People also give priority to electricity. In comparison to these services, people placed hardly any priority on solid waste management and the development of roads leading to the settlement and by-lanes within it. A possible explanation for residents placing such low priority towards solid waste management issues is that often, even if they do not receive the CMC service as other residents in Colombo do, they have an alternative to disposing of their garbage. Since many of the settlements are situated along a canal, residents admitted to throwing their garbage into it.

**Table 4.5.2: Priority given to services across levels of well-being**

| Service                        | HWB         |             |             | MWB         |             |             | LWB         |             |             |
|--------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|                                | P1          | P2          | P3          | P1          | P2          | P3          | P1          | P2          | P3          |
| Water for domestic use         | 44% (7)     | 13% (2)     | 0%          | 47% (8)     | 23% (3)     | 25% (3)     | 39% (7)     | 41% (7)     | 7% (1)      |
| Sanitation and sewerage system | 31% (5)     | 25% (4)     | 33% (1)     | 24% (4)     | 15% (2)     | 17% (2)     | 28% (5)     | 29% (5)     | 33% (5)     |
| Electricity                    | 13% (2)     | 19% (3)     | 33% (1)     | 29% (5)     | 38% (5)     | 33% (4)     | 28% (5)     | 18% (3)     | 33% (5)     |
| Solid waste management         | 0%          | 6% (1)      | 0%          | 0%          | 15% (2)     | 17% (2)     | 0%          | 0%          | 7% (1)      |
| Drainage of rainwater          | 13% (2)     | 31% (5)     | 33% (1)     | 0%          | 8% (1)      | 8% (1)      | 6% (1)      | 12% (2)     | 20% (3)     |
| Roads                          | 0%          | 6% (1)      | 0%          | 0%          | 0%          | 0%          | 0%          | 0%          | 0%          |
| <b>Total</b>                   | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> |

Source: Household Survey NB: Numbers in parenthesis indicate actual number of responses.

From the above table it is clear that, although the availability of water for domestic use is given highest priority by HWB households, they also place a high priority on drainage of grey water and surface water. Placing a lower priority on other services such as a sanitation and sewerage system and electricity by these households could be a result of their already having access to these services. Except for one HWB household interviewed, all had access to water for domestic use.

While MWB households give highest priority to the availability of water for domestic use they feel electricity is an important service as well. Although LWB households feel that a sanitation and sewerage system are important services, they also mention the importance of proper drainage of rainwater. The high importance placed on drainage by the LWB households may be due to the high propensity for these households to be situated in the marginal land (low-lying land, marshes, canal reservations) of the settlement and therefore are more vulnerable to flooding.

**Table 4.5.3: Satisfaction of service receivers by the level of well-being**

| Service                      | HWB     |         |         | MWB     |         |          | LWB     |         |          |
|------------------------------|---------|---------|---------|---------|---------|----------|---------|---------|----------|
|                              | Bad     | Avg.    | Good    | Bad     | Avg.    | Good     | Bad     | Avg.    | Good     |
| Water for domestic use       | 8% (1)  | 38% (5) | 54% (7) | 8% (1)  | 15% (2) | 77% (10) | 13% (1) | 13% (1) | 75% (6)  |
| Sanitation & sewerage system | 25% (2) | 25% (2) | 50% (4) | 25% (3) | 25% (3) | 50% (6)  | 0%      | 0%      | 100% (1) |
| Electricity                  | 0%      | 27% (3) | 73% (8) | 20% (3) | 7% (1)  | 73% (11) | 0%      | 40% (2) | 60% (3)  |
| Solid waste management       | 14% (1) | 14% (1) | 71% (5) | 17% (2) | 25% (3) | 58% (7)  | 0%      | 33% (1) | 67% (2)  |
| Drainage of rain water       | 57% (4) | 29% (2) | 14% (1) | 50% (6) | 25% (3) | 25% (3)  | 33% (2) | 33% (2) | 33% (2)  |

Source: Household Survey NB: Numbers in parenthesis indicate actual number of responses.

The table above indicates that those who have access to water, a sanitation and sewerage system, electricity and solid waste management, feel that they receive good services. HWB and MWB householders had an opposing views when it came to drainage of rainwater, which they felt was a necessity given the high tendency for flooding and canal and waterway overflows in these areas. It must be noted here that the population who actually receive the above-mentioned services is very small. The condition and coping mechanisms of residents who do not receive these services will be discussed later in this section.

#### 4.5.2 Prioritisation of services and level of satisfaction of services received at the community level

While the previous section focused on the household level, this section will focus on the community level. The analysis will focus on presenting the findings of the study along the community classification of the settlement as high, medium or low well-being.<sup>40</sup>

Settlements within all categorisations consider water for domestic use, a sanitation and a sewerage system, electricity, drains and roads as the most important services and infrastructure for their settlement.

All settlements prioritised private water connection regardless of the existing situation in the settlement. Residents who do not have private access to water use public sources, such as common wells, tube wells and public taps. Private access to water exists mainly in high well-being settlements, most households in 200 Udyanapura and 210 Siridhamma Mawatha have private access to water, while notable proportions amongst middle<sup>41</sup> and low well-being settlements have to depend on public water sources.

<sup>40</sup> Please refer Section 3.3.1 of Chapter 3.

<sup>41</sup> Seevalipura B was in the process of obtaining private lines during the study field visits.

Many of the middle and low-well-being settlements have to depend on public toilets while the high well-being settlements have greater access to private toilets. At the same time, in Halgahakumbura, a poor settlement, the acute shortage of public toilets has resulted in people building 'illegal' private toilets i.e. toilets, which are not connected to an acceptable disposal system. Such constructions often lead to household and settlement problems such as drain and pipe blockages, sewerage overflows, etc. Another concern expressed by the communities in relation to sanitation is the poor sewerage system. It was noted that in some cases the sewerage system is diverted into a canal, which creates health related problems, especially if it starts flooding. The households that are most vulnerable in such cases are the LWB households, which live on marginal land.

*'There is one drain that runs through the settlement and flows into the adjacent canal. People throw rubbish into it and it gets blocked. When it rains it overflows and the houses get flooded.'* Madampitiya Road Focus Group.

The drainage of surface water in most settlements is problematic and often leads to flooding. In 24 Gothamipura and Halgahakumbura both grey and black water, as well as rain water, is drained into the canal or stagnates on access roads and low lying areas. According to the residents of Gothamipura *'the drains have never been properly constructed nor maintained'*. It was during the discussion on the condition of drainage that problems resulting from the settlement environment were brought up most often.

*'Drains are not cleaned; they are full of worms and become a breeding ground for mosquitoes'*  
Community Key Informant, B Seevalipura.

In relation to other infrastructure, residents mentioned the conditions of roads both leading to the settlement and by-lanes within the settlement. The difficulty in accessing the settlement and bringing vehicles into the settlement is attributed to the poor conditions and narrowness of the roads. In 24 Gothamipura the residents indicated that the *"inner roads are in very bad condition"*. Even 210 Siridhamma Mawatha highlighted the narrowness of the road, identifying it as one factor that made it a "watte". The CDC leader in 48 Peer Saibo Street attributed the increased ability of the community to take advantage of its location to the improved quality of the road leading to the settlement.

#### **4.5.3 Advantages and disadvantages of common and private access water and sanitation**

Table 4.5.4 indicates advantages and disadvantages of public and private access to water and sanitation in the settlements.

Clearly, for people in the settlements the disadvantages associated with common access to water outweigh the economic advantage of obtaining water at no cost. Considering the advantages of private access to water, residents prefer to pay for a service that ensures a constant supply of water rather than suffer the consequences of a limited supply of water, even if it is provided at no cost.

**Table 4.5.4: Advantages and disadvantages of common and private access to water**

| <b>Advantages of common water access</b>  | <b>Disadvantages of common water access</b>  |
|---|--|
| Ideal economically as there are no bills / free water.  | Wastage of water – people with individual connections use the common water sources in order to save on their private consumption, some use the water to wash their vehicles.   |
|   | Improper drainage of water from common sources leads to muddy roads.   |
|   | Water is given at low pressure.  |
|   | Irregular supply of water – water is not available during most of the day and people cannot use it when they want to ( in the mornings and after work) and they are forced to use other sources of water, such as the canal. |
|   | Old and rusty pipelines reducing the quality.  |
|   | Queues and fights amongst users.   |
|   | Have to collect water, bath etc early in the morning to avoid the rush.  |
|   | There is no one to repair and maintain common connections.   |
| <b>Advantages of private access to water</b>  | <b>Disadvantages of private access to water</b>  |
| Increased privacy and convenience, especially for young women bathing.  | Bills (cost).  |
| There is no need to stand in queues; time saved can be used for more productive activities eg. income generation. |  |
| Can get work done faster as the number of people using it is much less.   |  |
| They can use it whenever they want to.  |  |
| They don't have to wake up early.   |  |
| It limits contact with others external to the family unit [and reduces impending conflicts].                      |  |

Source: Key Informant Interviews with CDC Leaders and Service Providers

In the case of common versus private access to toilets there is unsurprisingly agreement that private access is far more advantageous, for reasons of easy accessibility, privacy and better hygiene (Table 4.5.5).

At the same time the building standards of these toilets - common or private - is indirectly questioned. In the case of common toilets, it is clearly the insufficiency of common toilets for the size of the population that has to use them that result in overflows and blockages, whereas for private toilets it is related more to improper building techniques.

**Table 4.5.5: Advantages and disadvantages of common and private access to toilets**

| <b>Advantages of common access to toilets</b>  | <b>Disadvantages of common access to toilets</b>  |
|--|---|
| No advantages of having common access to toilets except having access to some toilet | Overflows<br>Unhygienic<br>Heat that emanates from stagnant toilets<br>Not always accessible<br>Visitors are also forced to use these toilets<br>Not clean due to poor usage – especially by children |
| <b>Advantages of private access to toilets</b>                                       | <b>Disadvantages of private access to toilets</b>   |
| Easily accessible<br>Hygienic<br>Easy to keep clean<br>Ensures privacy               | Overflows<br>Built in an unhygienic manner and not adhering to standards  |

Source: Key Informant Interviews with CDC Leaders and Service Providers



#### **4.5.4 Coping strategies for lack of private services**

Inaccessibility or lack of private services results in residents being dependent on community services to fulfil their needs. In the case of water, the lack of water for domestic use results in residents having to use common sources such as public taps and wells. Others solve the problem of access by diverting the common pipeline or pipelines from other houses, often relatives, to their houses. In Peer Saibo Street over 46% of the households interviewed have private tube wells; some being fitted inside the houses. This illustrates a coping strategy of a very weakly served community with good cash incomes.

Similarly, for toilets, the most common solution is to use public toilets but there are instances, for example, in Halgahakumbura, where a group of households built a shared toilet at their own cost. As mentioned previously in this chapter, sewerage lines are diverted into canals or adjoining waterways, in the absence of a sewerage system. Such coping strategies are generally adopted by HWB and at times MWB households. In better-off USS such as Siridhamma Mawatha only the LWB families use the public toilets. These families complained that the toilets are never cleaned and hence almost unusable. However, the ten households using them have failed to develop any method of maintaining them.

The canal is used in a similar manner when the community lacks a solid waste disposal system. While this attitude may sometimes stem from lack of civic consciousness on the part of the residents, at times the lack of a disposal service leave them with no obvious alternative. Solid waste disposal is a settlement issue, which is relevant to all groups of households.

Residents lacking electricity, which is predominantly a LWB phenomenon, cope by using kerosene lamps and car batteries.

#### **4.5.5 Usage of services in income generating activities**

The usage of services for income generating activities was mentioned. They were mainly self-employment activities carried out at home, such as making food, sewing, etc undertaken by women in their homes and those who have shops (selling frozen food items). In this regard water and electricity were the main services used. The quality or availability of the service was not discussed at length, except in the case of water for food enterprises. Households that carried out home-based piece contracts (pasting boxes, etc) were often from the LWB and either did not have access to electricity or used it sparingly.

#### **4.5.6 Elements that caused service related changes in the settlements**

The need to have cement and brick structures in order to obtain electricity resulted in a substantial number of housing structures within many of the settlements being rebuilt. This point was highlighted particularly by members of the Halgahakumbura male focus group discussion and 318 Madampitiya Road.

Electrification was first provided to houses that were situated near the main access road to the settlement, and later progressed to households in the interior of the settlement. Residents also mention an increase in the levels of security within the settlements with the provision of street lamps, especially on interior lanes within the settlement.

While private toilets caused the greatest change in well-being in terms of increasing dignity, privacy and easy access (see Table 4.5.5 also), building toilets within the boundaries of the settlement, too, had a positive impact in that it gave greater privacy, especially to women, than when using public toilets outside the settlement, frequently situated on the main road. This also applies to common taps used for bathing.

Although there is recognition on the part of the residents that such changes were brought about through the efforts of the CMC and other institutions such as the NHDA, they feel that much of the change in service delivery has also been as a result of political involvement and community or individual lobbying.

*Earlier all the houses were made of planks now most of them are brick houses. In 1990s some received a NHDA loan and they were able to build cement houses. In comparison to the past 10 years there is a vast difference. Before there was no water and electricity and we had to use lamps and now we have water and lights. Earlier we had pit toilets for each household and it used to be emptied by the CMC, but now we have sewerage line connected to our private toilets. A Member of Parliament helped us to get these.'*

B Seevalipura Focus Group.

**In summary**, access of private services is seen as a key element that has contributed to significant change to the level of well-being at all levels. The housing structures improved in order to enable service acquisition. In terms of attributing this acquisition to an external actor, while credit is given to the CMC and its partners for their efforts, political influence was seen as critical.

## 4.6 Access to facilities

The access to facilities, especially health and educational facilities, is a focus of the study since it was highlighted by the participants at the Inception Workshop<sup>42</sup> as an important element in relation to the location of the settlements. The residents of the USS confirmed this view during the study.<sup>43</sup> As such, this section will focus on presenting the availability of facilities for the settlement population and elements that contribute towards reducing poverty and bringing about change.

### 4.6.1 Availability of facilities and factors that enable or hinder the community's access to these facilities

As discussed previously in this report, in relation to the location of settlements,<sup>44</sup> all study sites, irrespective of category, have easy access to key facilities such as health, education, transport, communication, markets, places of worship, and banks.

For some settlements however, while physical accessibility to facilities is relatively easy, other factors become more significant. For instance, when accessing health facilities residents usually use public health facilities such as the General Hospital, but when it comes to obtaining medication they have to purchase their medication from private dispensaries or pharmacies, which results in incurring a substantial cost. While poor and average sites mentioned this as a constraint in accessing facilities, non-poor sites did not seem to treat this as a constraint. In fact residents in non-poor sites accessed private health facilities for OPD services and turned to the public health services for more serious illnesses that require hospitalisation. Since CMC dispensaries and clinics, which are provided at no cost, are often situated in close proximity to the settlements people also visit them frequently.

In the case of education, the greatest constraint to obtaining educational facilities is admitting their children to schools, especially into private schools. Although the cost element, related to admission fees and building funds, contributes towards this, they also face difficulties since they cannot produce proof of residency, which is a requirement for admission. To compensate for this, people use water and electricity bills, voters' lists, TV licenses, electricity bills, letters from the Grama Niladhari, etc to prove residence. Admissions into higher quality schools are also hindered by the stigma that is attached to people living in these settlements. The ability for external persons to identify residents by the existence of the word "pura" in their address was seen as a distinct problem.<sup>45</sup> Approaching MMCs working in the area to assist in school admission is a method mentioned frequently.

A subsidiary factor that hampered the use of facilities meant for the USS was the fear of bad influences such as drugs and alcohol and falling into 'bad company'. An example was the reservations parents had in their children using common playgrounds etc.

<sup>42</sup> See workshop documentation titled Collaborative Study Inception Workshop, Exploratory Study on Understanding Poverty In USS.

<sup>43</sup> See Section 4.2 [on Spatial issues].

<sup>44</sup> See Section 4.2 [on Spatial issues].

<sup>45</sup> See also discussion in Section 3.1.1.2

#### 4.6.2 Link between health facilities and poverty

In all settlements there was a recognition by the respondents that the proximity to health facilities contributes to reducing sickness within the settlement.

*'The good levels of health despite bad sanitation is due to good health care'*  
Gothamipura Focus Group.

However, as can be expected, the poorer and average settlements suffer from many more health-related problems than the non-poor sites. Most diseases prevalent in these sites are those related to children, the elderly and youth. Residents, especially in poor settlements, suffer from respiratory diseases (shortness of breath amongst children) caused by close contact with the moist ground, gastrointestinal diseases (diarrhoea and dysentery), skin diseases, mosquito borne diseases (filaria, dengue, malaria), viral influenza and conjunctivitis (sore eyes). Health is of a higher standard in non-poor sites and they stated that they only have to contend with minor viral infections. Ill health amongst youth was mentioned in relation to substance abuse and related diseases. The CMC health officers felt that lack of awareness on nutrition increases the instances of malnourishment, which increases the potential for ill health.

The cause of health problems is also attributed to the location of the settlement, especially in relation to the poor sites. For instance in Halgahakumbura, the fact that the settlement was situated on a former garbage dumpsite was seen as a key cause for disease. The proximity to canals and waterways was also mentioned as a cause for ill health in most of the sites. The diseases that arise as a result of these aspects are blamed on the actions of the residents who have a tendency to dispose of garbage into the canals, causing blocks that lead to mosquitoes and mosquito borne diseases. Some of the blame is also directed at the service providers who are lax in activities, such as spraying of Baytex for mosquitoes.

Another factor highlighted in relation to health was the inability to recuperate from sickness as it would mean losing out on income, especially in the case of wage labourers. It also creates the cyclic condition of chronic sickness that affects the ability to earn an income. This was highlighted mainly amongst the poor sites. The type of livelihood is cited as another element that contributes to disease in the settlement. People who engage in wage labour are sited as being the most likely to bring in disease into the settlement because they work in crowded and congested environments. This factor is indirectly linked to the fact that many people who do engage in this form of labour are from LWB households and poor settlements. Other livelihood related health issues identified were respiratory diseases suffered by garment factory and garage workers.

*'Sickness leads to inability to work and when income is low, health is affected'*  
Peer Saibo Street Focus Group.

#### Elements of change in relation to health

The main reason cited for health problems in the settlements is the environment that facilitates the spread of the disease. The congestion, high population density and close proximity of the housing structures enable the spread of diseases within the settlement. Hence, this element is directly linked to planning and the arrangement of the household structures within the sites and indicates that changes in health can be brought about if this element is addressed. The level of disease in the more improved sites (200 Udyanapura and 210 Siridhamma Mawatha), which were smaller, less congested and better drained, is less in comparison to the larger poorer sites.

*'The most prevalent problem is the spreading of diseases. When there is a sickness/disease, it spreads very quickly through the settlement - due to lack of checks in place and also the closeness of the buildings and lack of space. This has to do with the planning.'*

CMC Key Informant, in relation to a poor site.

The unplanned building of toilets, not according to technical standards and regulations, aggravates bad drainage through blockages and overflows and contributes towards diseases.

On the positive side the increasing level of cleanliness within some settlements, which leads to better health conditions, are attributed to the monthly awareness raising programmes conducted by the CMC on health issues. In addition the easy access to health facilities, especially CMC facilities, the network of dispensaries and the proximity to them, which are situated almost within the settlement, also contributes to the improved health condition of the residents.

*'The level of cleanliness of the settlement has increased as a result of the awareness programmes on eating habits and taking medication for worms etc.'*

CMC Key Informant, in relation to 57 Stuart Street

#### **4.6.3 Link between education facilities and poverty**

For the purposes of this study, the general level of education is examined at two levels - the level of education of people over 40 years and that of people below 40 years of age. People in the first category display a low level of education irrespective of settlement category. This was attributed to the non-realisation of the importance of education by this generation. In contrast to this, the second category realises the importance of education and strives to complete at least eight and frequently ten years (up to the O/L examination) of education.

The majority of students attend schools of comparatively low quality situated closer to settlements rather than National Schools which are also situated very close to some of these USS. The residents feel that although they prefer to go to these better schools, the stigma attached to living in the settlements is seen as the main reason for these schools being inaccessible. There is a clear desire on the part of many parents to send the children to the best possible school available rather than any school, which is accessible. They feel that education as well as future employment are affected by the school attended.

#### **Elements of change in relation to education**

According to the residents, obtaining a good education inculcates morals and values, helps obtain better jobs and improves ones living conditions which as a result helps moving out of poverty. Similarly, people with an education can increase their standing in the community and as a result education is seen as a means of moving up in the social structure and out of poverty. From a community perspective an education is beneficial to its citizens as it contributes towards reducing drug and alcohol problems as well creating greater awareness and more scope for employment.

*'Education has benefited the community by reducing the drug and alcohol problems. Religious education also teaches people to live well'* Udyanapura Focus Group.

Although an education is considered to be important, a number of other issues were raised that hinder obtaining a good education. In this regard the stigma attached to living in a settlement and it leading to people giving false information in order to admit their children into good schools is clearly present. Other hindrances include careless parenting and lack of awareness amongst parents and guardians. There was also a notion, especially amongst the poor and average sites, that an education provided no advantage because it does not contribute towards securing employment.

From the point of institutional service provision, it is easier to provide services to an educated person than one who lacks an education, because it facilitates the process of conveyance of the broader message. Such individuals are more responsive, reactive and take an initiative to better their communities.

*'The low levels of education become an obstacle in many areas. This is one of the reasons why we can't get together as a community'* Halgahakumbura Focus Group.

Concurrently, residents feel that the authorities take educated people more seriously while the uneducated cannot articulate issues and problems and are thus unable to work for the community. Educated people can also provide advice to others, represent the people of the settlement and be a spokesperson for the settlement. Educated people improve their status as they are seen as individuals who can be approached to work for the betterment of the community.

*For CMC and Health Department officers, work is made easier as working with educated people increases their outreach to the people in the settlement. When conducting programmes, the CMC would contact the educated people with whom they have contact and discuss it with them, who will in turn convey the discussions to the people in the settlement'*

CMC Key Informant.

Education is also seen as an element that disrupts the unity within a community because it provides some people with better opportunities than others. Service providers also face problems when trying to mobilise communities for their work as a result.

**In summary**, the analysis indicates that although residents have good access to, particularly health and educational facilities, constraints are due mainly to the costs attached to 'free' facilities. Access to health and education facilities has a broadly accepted positive impact on settlement and household level well-being. Given the unhygienic living conditions, the role of health services in maintaining health standards was stressed by the residents and was verified in the analysis.

## 4.7 Role of Community Based Organisations (CBOs)

There are numerous CBOs operating in the USS, including Community Development Councils (CDCs), funeral aid societies, women's savings and religious societies. These CBOs were generated internally and/or by external actors such as NGOs. CDCs were established and registered in the early 1980s by the state represented by the CMC in Colombo's settlements, to improve housing and implement service delivery projects.

This section looks at the CBOs operating in the USS in terms of the role and function of CBOs and how it has empowered the urban poor residing in USS.<sup>46</sup> CDCs receive special attention in the analysis due to their central role in linking the USS to CMC and other external institutions.

### 4.7.1 Activities of CBOs

In the study settlements, there are several CBOs operating in varying capacities. Looking at the responses from the household survey and focus group discussions, the main activities of the CBOs in the settlements, in order of priority, are shown in Table 4.7.1. The table also highlights the type of CBO and the external institution(s) with which the CBO interacts.

**Table 4.7.1: CBOs and their activities**

| Activity   | Facilitated by   |
|--|--|
| 1. Facilitating the provision of services, mainly drainage and water, but also electricity, roads, street lights, and postal service                     | CDC together with CMC/NHDA/Water Board/NGOs (such as Sevanatha)/PRIMUSS  |
| 2. Cleaning up of the settlement, in terms of drainage, toilets etc  | CDC together with CMC  |
| 3. Community services, mainly funeral services, but also religious studies, decorating the settlement at festival time, sports activities, tuition, etc. | Funeral societies/religious societies/sports societies (internally generated though some are linked to external organisations such as mosque, external NGOs) |
| 4. Provision of credit facilities  | Credit societies together with SANASA, Sarvodaya and women's societies   |
| 5. Health services, including distribution of vaccines and medicine, health and nutrition awareness and children programmes                              | CDC (including children societies) together with CMC/MOH   |
| 6. Self employment training, including, sewing, bridal dressing and electrical work.   | CDC and Samurdhi societies   |

Source: Household Survey and Focus Groups

<sup>46</sup> Please also refer to Section 4.8. [on Networks].

In forming the CDCs, the state envisaged that they would work in close collaboration with the CMC, NHDA, Water Board and other service providers to help implement and maintain the service provided. Government administrative staff would meet with CDC leaders to discuss housing, health and service related problems and potential projects to solve them. Hence, this was a break from the conventional top down approaches, previously used by the government, to more participatory initiatives to improve housing and basic services.

However, this methodology can be interpreted as an 'extractive' mode of participation, where the government uses CDCs for cost saving and control purposes.<sup>47</sup> However, as seen below, consensus amongst the residents is that CDCs have been a source of improved standard of living in the USS, where previously no direct method of voicing their views and complaints existed. However, though officially formed in all USS, the CDCs are active in less than half of the study sites, with 50% of the households being members of CDCs. An additional 22% of households were members of other CBOs.

#### 4.7.2 Benefits of CDCs

With regards to benefits, 40% of the responses,<sup>48</sup> found CBOs including CDCs useful for the household and 45% of the responses found CBOs useful for the community. The benefits were mainly in facilitating the provision of services and performing community services (Table 4.7.1). For example, funeral aid societies were prevalent in most selected sites and helped households by providing money/support for funerals as well as compensation, in particular, with regards to the loss of the primary income earner. In addition, CBOs (such as Women's Thrift Society and Sarvodaya), provided micro-credit facilities to residents, who can not access formal loans and alternatively would have to pay high interest rates for informal loans.

Most importantly, CDCs have facilitated the provision and maintenance of services. The CMC, as well as other institutions, such as Sevanatha, PRIMUSS and the Randiya programme of the Water Board operate through the CDC.

*'They improved the drainage systems, got lights and water connections for the community'*  
Udyanapura, LWB household.

*'They create awareness amongst the community on various issues, work in collaboration with the CMC to ensure that the settlement receives the services'*  
210 Siridhamma Mawatha, HWB household.

*'They are in a position to bring about essential changes to the community, an example of this would be the Community Centre'* D1 Seevalipura, HWB household.

Furthermore, in areas of health and nutrition they have contributed to the settlements by facilitating vaccination programmes, nutrition awareness programmes and children's health, as the Health Department works through the CDC.

*'They have helped a lot in matters related to children. They come to households and check whether there is sufficient nutrition in the meals, provide medicine, vaccinate children against polio'* Madampitiya Road, MWB household.

In terms of empowerment, the CBOs have provided the formal capacity and forum to hear the voices and concerns of the poor residing in USS. This mechanism has also been strengthened institutionally, as the CDC leaders have regular meetings with CMC and Health Department staff as well as meetings at the Town Hall with CMC officials, MMCs and the Mayor.

*'CDCs are important – people need someone at their level to turn to especially in places like this. They serve as facilitators'* Peer Saibo, HWB household.

<sup>47</sup> Russell, Steven and Vidler, Elisabeth, (2000), 'The rise and fall of government - community partnerships for urban development: Grassroots testimony from Colombo', Environment & Urbanisation Vol 12 No 1, April 2000.

<sup>48</sup> NB: this is not according to number of households, but relating to different CBOs.

*'They can guide the settlement and can provide information to the people in the settlement'*  
Gothamipura, LWB household.

*'When I go and say I am the CDC president they take more notice than if I go just as myself'* Community Key Informant.

The formation of CDCs has also enabled residents to bypass some of the bureaucracy faced when making individual contacts.

*'When we find problems/shortcomings with our services/facilities we notify the CDC and they approach the government.'* Madampitiya Road, MWB household.

*'Because everything can be done through the CDC since when you go through one person most often nothing materialises'* D1 Seevalipura Focus Group.

Furthermore, they enable the community to interact with the various other institutions working in the USS, as institutions operating in the community contact the CDC leader and work through the CDC.

*'Everything is done through the CDC all organisations - CMC, NHDA - have to come through the CDC'* Gothamipura, HWB household.

In a few cases, the residents felt that that though there are political divisions/tensions in the settlement, the CDC can even help bring the community together.

#### **4.7.3. Lack of dynamism in CDC**

Despite the positive aspects of CDCs, the data collected show that CDCs are inactive in half of the selected sites and the existence of other CBOs too are weak in many settlements, with 25% of the households not being members of any CBO. Furthermore, of those households that are members, a large percentage did not find CBOs useful.

The parallel and dominant political structure that frequently ignores the role of the CDCs is perhaps the main reason for the lack of dynamism in CDCs. As highlighted in the discussion on networking in this report, the MMCs are the most important network used by the residents in terms of acquiring basic needs including access to jobs. The MMCs frequently bypass CDC structures, as they prefer direct contact with the residents of the USS who make up a large part of their electorates. In addition, due to the allocation of individual funds to the MMC, their positions and role within the settlement is further strengthened.

Compounding this situation is the lack of support from the community itself. The main cause of this is the lack of unity within the settlement itself (mainly due to political divisions and tensions which are dominant in most of the USS). When asked why the CDCs is of no benefit to the community and the lives of the residents, the households felt that lack of unity and lack of activity of the CDC were the main reasons.

*'There is no community feeling'* Gothamipura, MWB household.

*'They only talk'* Stuart Street, LWB household.

The lack of activities undertaken by the CDC is possibly due to absence of organisational capacity and leadership, which is made worse by the lack of unity and declining resident support for the CDCs. In addition, own institutional constraints faced by service providers (e.g. CMC/PRIMUSS) in operating in USS, further aggravate the activities of the CBO.

Lack of ownership is a further problem as most of the residents view the CDCs as driven by the need of the CMC, rather than an internally generated CBO arising from the need of the people. Hence, there is a lack of ownership or sustained popular interest in CDC meetings and activities. It was generally viewed that the CDC was still very much part of the top down structure of the government processes, whereby the CMC uses the CDC to ease their functions.

*‘Every “watta” has to have a society. We have formed one not because we need one but we are asked by the CMC to form one. They said only if we have a society will they do development work in our “watta”. If we express our problems through the society, only then can we get things done.’ Stuart Street HWB household.*

*‘Though the CDC is registered, it is still not recognized by the CMC as a legal institution. They have not signed a contract as yet. CDCs are not seen as partners - rather as subcontractors, with the CMC doing work through them’ Institutional Key Informant.*

In certain USS other institutions, such as the Muslim Youth Front in Peer Saibo, were the main CBOs operating in the settlement and took on the CDC activities. Furthermore, in Peer Saibo the bordering mosque (which owned the land on which the settlement was based) was an even stronger voice within the settlement and again resembled a more top-down rather than participatory structure.

**In summary**, though the CDC are portrayed as beneficial and critical to improving the standard of living of residents, the functionality of the CDCs is still largely generated from the side of the CMC than from the community itself. However, though political structures are in place and tend to dominate the institutional process, CDCs remain a viable alternative to giving a voice to the community and facilitating the provision and maintenance of services.

## **4.8 Role of Networks in Underserved Settlements**

Networks considered in this section are informal and semi-formal links, which play a role in the well-being of the individual, household or the USS. Four main forms of networks can be identified as being active in the USS in terms of poverty:

- Political networks
- Institutional networks
- Livelihood networks
- Social networks

All dimensions of poverty discussed in Chapter 3 are to some degree influenced by these networks. While some networks tend mainly to influence the economic dimensions others have a broader relevance.

### **4.8.1 Political networks**

These are very influential networks in the process of upgrading settlements. These networks link politicians, USS populations, CMC, other state and non-state service providers and non-government organisations. While the predominant convergent points are around the MMCs, there are also very strong links with Central Government and Provincial Council politicians. The stability of the populations - as against transitory populations - that are resident in the USS<sup>49</sup> create an impetus for politicians to nurture the networks. While MMCs who were interviewed felt that they maintained very close contact by visiting the USS, some residents were of view that they were approached only during elections and at other times they had to approach the politicians. Irrespective of who maintained the networks it is very evident that it remains one of the most important networks operating within the USS and creating change within the settlements.

It is also one of the networks that straddle both the individual and community spaces as these networks are developed through individual contacts as well as by virtue of the fact that they are underserved settlements. The most frequent use of these networks by individuals from all classes of households in the USS are in terms of the primary poverty dimension: income sources. Jobs, land for income generation activities are requested from politicians. However, these requests were some of the hardest to meet according to both the MMCs and the communities.

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<sup>49</sup> See Section 4.8.4 [on Social Networks]



The focus of discussions for this study was primarily around the issue of provision of services. The issues worked through the political network can be looked at as interventions for basic needs, upgrading and solutions to chronic problems. Those that are considered basic needs are private toilets and water, solid waste removal, and for the poorest groups, requests for approval for state welfare benefits (for rice, milk powder, school equipment, etc). Requests for upgrading were for tarring of inner roads, community halls, playgrounds etc. Solutions to long terms problems were, for example, the issue of the Walikada Jail sewer line faced by B Seevalipura.

All parties concerned seemed to have mixed feelings about the system of political networking and its effectiveness. To a large extent the communities and the politicians interviewed were of the view that it was the more efficient system to 'get a job done' in the settlements even though only a fraction of the requests made could be met. The institutional actors including the CMC and NGOs, seemed to consider it a necessary evil. As articulated by a CMC Key Informant and endorsed in the MMC interviews,

*'Since the MMC is voted by the people for the people, and he is a politician, he can organize anything; he has good access to everyone: contractors, CMC authorities, the community'*  
CMC Key Informant

Institutional key informants felt strongly that the political network system works as there are links between the political structure and the bureaucratic structure. While a politician works under time pressure, the bureaucrats work under pressure of regulation. Issues that are adopted by the politicians automatically receive priority as the large political network is used to overcome any constraints.

It is very apparent that the legal constraints faced by institutions, especially the CMC, in working within the settlements have increased the need - and use - of political networks. This issue is further discussed below under the heading institutional networks in Section 4.8.2.

However, a number of weaknesses in the system – especially in relation to service provision - were discussed by the institutional and political key informants.

The issue of the communities in USS preferring to network as individuals, rather than a group and the inefficiencies caused by it, came up frequently in the study. Individuals rather than the community as a group make it the majority of the requests and complaints regarding water, toilets, etc. The use of political networks by individuals rather than the community was seen as a waste of time and energy despite the fact that private toilets, water connections etc. are used at the household level; sewers, drains etc are a communal problem and should be addressed together. In the case of political networks it was felt that one underlying cause for this situation was the fact that there were many politicians who were linked to a single USS. Hence the lines of political patronage rarely included the entire community and frequently created disunity among the residents, at times resulting in open conflict.

The residents of the USS, however, seem to have developed the ability to work the network to their advantage. There were frequent examples of a number of households – though rarely the entire community – securing a service that had initially been accessed by an individual through political networking. The residents constantly attempted to obtain 'the best deal' through political sources when accessing services. Institutional actors often perceived this as an abuse of political networks.

*'They requested the MMC to get the initial payment for private water connection waived or for them to meet the cost. The majority of the households can well afford this cost but they don't want to spend it'* Institutional Key Informant.

#### 4.8.2 Institutional networks

Institutional networks are the most formalised of the networks operating within the USS. Due to the legal/regulatory and resource constraints faced by CMC in working within the USS, it relies to a great extent on collaborating with other state and non-state institutions such as the Water Board, UDA, UNICEF, Sevanatha, etc. In many cases of service provision, a number of institutions have to work in close cooperation through both formal and informal networks. For example, in the development being carried out currently in the Halgahakumbura settlement, the CMC has developed institutional links with the non-governmental organisation Sevanatha, which in turn developed a working network with the UDA, Water Board, the settlement CDC and also involves relevant politicians.

In addition to developing networks with the service provision and financing/managerial institutions, the CMC also seeks to develop an institutional structure within the USS through the network of CDCs.<sup>50</sup> Within the CMC's institutional framework, it was evident that Health Instructors play the most significant role in developing the formal as well as semi-formal networks with the residents of the USS and CDCs. The engineering and technical staff, by contrast, have very task-specific dealings with the USS and thus do not develop strong links with the residents. The fact that Health Instructors are assigned specific settlements while the Technical Officers are assigned an entire district exacerbates this situation.

Other institutions also develop their own networks in an effort to improve the living conditions of the USS. Important players in the institutional network are well structured NGOs such as Sevanatha. Sevanatha has strong links with institutions such as CMC, Water Board, UDA and also with politicians related to the USS, as well as donors and funders. Such NGOs, also use these networks to influence actors working in the USS to adopt methodologies such as Community Action Planning.

Though legal/regulatory and resource issues make the institutional networks essential when working in the USS, they are also used in a more informal manner to address broader issues affecting USS.

#### 4.8.3 Livelihood networks

These are very individual based networks which are formed either through the occupations of the residents or developed intentionally to secure employment. The occupation patterns of the USS population are such that they have considerable access to those who are influential in the city. They work as domestics in middle and high-income households, work in garages, petty construction, etc. all of which help them build personal networks with an influential layer of society. These networks are then used for a range of purposes:

*'A settlement was meant to be removed, however one of the residents was working as a domestic in the house of one of the cabinet ministers and the settlement was not moved'*  
Institutional Key Informant.

The most prevalent form of livelihood networks, however, is that developed in relation to wage labour and enterprise.

Wage labour, which is the most prevalent source of income to the lower income groups in the USS, is secured almost exclusively through networks. The networks are developed in two directions: individual residents develop networks that will provide him/her with jobs, and individual contractors develop links with the settlement that acts as a pool of labour. Both forms are vital to day labourers who have very insecure and irregular access to work.

*'My elder son who does wage work is the main income earner. After his contact fell ill he got less days of work. He has to make new contacts'* Gothamipura LWB household.

A variation is seen in the types of networks developed based on the different forms of wage labour. Those who work in semi-skilled jobs such as plumbing, masonry, painting, rely, to a great extent, on a network of customers.

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<sup>50</sup> Discussed in greater detail in Section 4.7, Role of CBOs

*'People who know him will call him for work. He has been doing this type of work for a long time'* Stuart Street, LWB household.

Those who carry out loading and unloading at the wholesale markets rely on strong links with a few merchants. According to the merchants in Aluthkade, they hire labour on a daily basis but maintain a pool from which they draw. As a result there is a greater degree of security for the labourer, especially if the labourer succeeds in building personal links with the merchants.

Parallel to the networks developed for wage labour are networks which operate for foreign employment. While these networks are not as well developed or as vital to the securing of that particular livelihood, they – frequently in combination with social networks - do play an important role, especially in securing more reliable forms of employment in the Middle East. The reliability of employment is one vital factor, which enables migrant labour to remit funds and thereby have an impact on the well-being of the household.

In addition to the networks developed purely for livelihood needs, political networks, as discussed above, and social networks are also used to for the purpose. Unlike in the case of wage labour, social networks, when used for livelihood needs, are predominately related to enterprises - or 'business'. Suppliers, those who help out in the enterprise, middlemen who distribute the products, are most frequently found through social contacts, or business contacts who have links to the social network.

*'My father has a garage, my husband now works there. My brothers also have business (enterprise) linked to it'* Peer Saibo, HWB household.

*'We borrow money from our neighbours for the business (enterprise) and pay it back. We have to rely on our neighbours as we have no one else to turn to'*  
Stuart Street, LWB household.

#### **4.8.4 Social networks**

These networks are formed primarily between relatives, friends, and ethnic/religious groups. The very high propensity for residents of settlements to marry from within the settlements strengthens the social networks between relatives and friends while expanding networks across settlements. While most households in the sample stated that they had stronger links with family and personal friends, some households specifically mentioned the lack of family networks and therefore the reliance on neighbours. The fact that the population of the USS are long term (at least third generation) residents of Colombo rather than recent migrants may be the reason for the existence of strong family ties, which may seem somewhat contradictory to the conventional ideas of an urban social structure. It must be stressed here that these networks are individual based rather than community based.

In addition to the above forms are the ethnic/religious based networks. Within the settlements studied this was very apparent within the Muslim communities.

*'Everyone in this settlement is from the same community, the land belongs to the Mosque, we go to the Mosque for most things'* Peer Saibo, LWB household

In the opinion of settlement residents as well as key informant interviewed, the ethnic/religious based networks strengthen due to the increasing tendency for Sinhalese to out migrate to peripheral areas of greater Colombo such as Ragama, Maharagama, Kottawa, Wattala, selling then houses to Muslim families.

Social networks were seen to increase the sense of security - both physical and monetary - while their lack increased the sense of vulnerability as social networks are the most frequently relied upon in times of emergency. Efforts at a better standard of living was also facilitated by these networks as petty credit, loans for enterprise development, as well as employment opportunities came through these networks. In addition, housing which was identified as a dimension of poverty was also influenced by social networks not only due to the improvements contributed to, but also due to the role played in identifying suitable housing.

*'When we had to leave our house in Kotabena, our aunt found this house for us.'* Gothamipura, HWB household.

In the household survey, both poor and non-poor households felt that weak social networks perpetuated poverty.

*'We are poor, we have no one to turn to, no one to help us'*  
Madampitiya Road, LWB household.

#### **4.8.5 Illegal activity based networks**

A form of networking, which was not explored in great detail but came up in many discussions were the illegal activity, particularly the drug based networks. The existence of drug dealers who are linked to outside buyers and the police was mentioned often in household surveys. It was felt that these networks caused problems that had an adverse impact on the settlement community as well as on households that had addicted individuals.

**In summary**, while networks were not identified at the settlement level nor at the household level as a dimension of poverty, the analysis of the factors of change identifies it as a key variable. The setting up of CDC and the institutionalisation of other networks have enabled the CMC to exploit an existing source of change in the community.

#### **4.9 Substance addiction and illegal activities**

Despite the fact that the study questions did not directly address the issues of addiction, violence and crime, intentionally, it was brought up voluntarily when discussing the negative and positive aspects of settlement life, as well as when defining poverty and well-being at the household level.

At the community level, the positive aspects of the community were directly linked to the low prevalence of addiction:

*'There are no 'problems' in the area. Not much drug or alcohol abuse.'*  
Udyanapura Focus Group (self-assessed as a better off settlement).

*'There are no conflicts, people help out if there are problems, no drugs.'*  
Siridhamma Mawatha Focus Group (self-assessed as a better off settlement).

*'Drug and alcohol abuse is rampant in other settlements – the drug lords bribe the people by buying coffins and provisions.'*

*'This settlement is good because there are no drugs and alcohol; we don't allow these things.'*

D1 Seevalipura Focus Group (self-assessed as an average settlement).

Discussions on the negative aspects of settlement life mirrored these views:

*'There are a lot of heroin addicts and drug dealers. It's a real hassle, due to petty robberies. They escape the law as the police are bribed. There are no rapes and murders in the area.'*  
*'Many youth are addicted to drugs (even those as young as 14 or 15). There are both the*

*'It is very difficult to bring up children in this settlement because of the drug and alcohol problem. After some age children are automatically addicted to drugs.'*

*'There is lot of unemployment in this settlement. Youth are wasting time and at least one person in the house is addicted to alcohol or drugs. They fight with the family members and they need 500/- to 600/- per day.'*

Gothamipura Focus Group (self-assessed as one of the worst settlements).

However, at the community level the interesting paradox of feeling secure within a self-acknowledged anti-social environment was very evident.

*'There are many drug addicts and alcoholics but they are not a nuisance.'*

Madampitiya Road Focus Group.

*'From the angle of bringing up children it is not all that good; we are scared that they will turn to things like drugs and alcohol. But it is a safe place. I don't feel fear to be alone in this settlement.'*

Halgahakumbura Focus Group (self-assessed as one of the worst settlements).

The use and sale of drugs and other illegal activities were the most frequently mentioned factors in differentiating households that had a harder life and those that had a better life.

Defining lower well-being:

*'Family members are addicted to drugs.'* Focus Group, Gothamipura

*'Addiction - drugs and alcohol, almost every house has the problem but some have it intensely and thereby are ruined.'* D1 Seevalipura Focus Group.

*'Those who are disabled, elderly and addicted find it hard to get employment.'*

*'There are those who don't make use of earning opportunities in Colombo and they waste their earnings, for instance - drunkards, drug addicts. They make themselves poor.'*

Siridhamma Mawatha Focus Group.

Defining higher well-being:

*'Thabanam vachnaya" (drug dealers) are the biggest earners.'*

Gothamipura Focus Group.

*'Some are involved in business (enterprise) like drug business and alcohol business.*

*Two of the biggest houses are built by people who deal in drugs.'* Gothamipura Focus Group.

*'They do business, especially drug dealing.'* B Seevalipura Focus Group.

The household survey reflected the impact of drugs and alcohol on the standard of household prosperity:

*'We use our brains to live, don't do drugs, alcohol, smoke. Others don't develop because of such bad habits.'* Halgahakumbura, HWB household.

*'If we do illegal things then we also can prosper soon.'* Gothamipura, HWB household.

The consensus seemed to be that,

## CHAPTER 5: POTENTIAL IMPACT AREAS AND CONCLUSIONS

This study sought to understand poverty in the USS focusing on factors that cause change in the lives of the residents. A special focus was placed on services and settlement infrastructure in the area directly linked to CMC/PRIMUSS programme activities. The CBOs operating within the USS was looked at due to their role as the liaison between the residents, CMC and other service providers. However, given the impact orientation of the study, it was not limited to the aspects of particular interest to CMC, but also explored other dimensions of poverty, or well-being, identified as critical by the residents of the USS. As such, dimensions such as livelihood patterns, spatial issues, housing, land rights, access to facilities and substance abuse were explored. These were dimensions prioritised at the community level as well as the household level.

Basing itself on the identified dimensions of poverty, the factors and features that created change in well-being formed the core focus of the study. At the household level, very strong links to increased well-being were clearly evident in the following:

- A livelihood portfolio that consisted of stable and progressive sources of income
- Foreign employment, both short and medium term
- Strong and productive networks

The vulnerability of a household to poverty was strongly linked to:

- Irregular sources of income
- Lack of space which constrained both income generation and access to services
- Substance addiction and alcoholism
- Long term illness and disability, particularly of the main income earners

At the level of the community, the main facilitators to positive change were:

- Land tenure - a categorisation which enables delivery of services
- A well networked and dynamic core group of residents or CDC
- Small size of the settlement

### 5.1 Potential impact areas of CMC involvement

This section will highlight the dimensions and relationships that are strongly linked to the CMC/PRIMUSS focus areas and involvement, in particular, services and infrastructure and institutions.<sup>51</sup> However, this section also looks at other dimensions of well-being, which were identified as critical to residents, such as livelihood pattern and identifies CMC's possible involvement within these dimensions.

A critical factor when attempting to differentiate between dimensions of poverty and dynamics, which create change, is that all the dimensions are highly inter-related and enablers and constraints to change often overlap. This was a constant issue that came up in the analysis of field findings and is reflected in the report.

#### 5.1.1 Services and infrastructure

Considering the impact of services (primarily water, toilets and sewerage systems including drainage) on dimensions of poverty, the strongest links at the household level are with privacy, dignity and health. Access to private toilets and bathing area has a very strong impact at the level of meeting a basic need as well as affecting dignity of the individual and status of the household. The link between private position of services and health did exist, but was not seen as a primary impact by residents.

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<sup>51</sup> The participants of the Study Inception Workshop described these two areas as 'hardware and software' elements of the CMC/PRIMUSS project.

The stronger impact on health was through the provision of infrastructure such as drains that changed the settlement environment. The unsanitary condition created by the merging of grey, black and surface water and its stagnation was seen as having the strongest impact on health. Since the adverse settlement environment was identified as one major element of settlement level poverty, changes in the drainage structure also have a direct impact settlement level well-being.

Relatively weaker links between services and well-being were seen in relation to conflict between residents, increased sense of security of residence and increased livelihood opportunities. Hence, the impact areas of services are spread across the spectrum of economic to political and protective dimensions of poverty.

In obtaining services in a given USS, higher well-being households have greater probability of having private access to toilets, water, electricity, etc. The changes are frequently dependent on available income, condition of the house and absolute space. Closely linked is the issue of networks, which affect the ability of individual households and community to attract institutions and individual politicians capable of influencing service provision.

### **5.1.2. Institutions and institutional processes**

Considering CDCs as the main institutional form within the USS, its strongest impacts are in the area of coordinating the provision of services and infrastructure. While it is clear that CDCs are not always the sole means, nor even the central means of bringing services and infrastructure development to the USS, it is the existing formal mechanism. It is very clear that in USS, which lack a functioning CDC, the provision of services and infrastructure runs into problems. Such USS frequently rely exclusively on links with political networks.

The relationship between the functioning of a CDC and the empowerment of the community, and the leadership of the CDC, is quite strong. As the CDC provides official space and recognition, it becomes a motivational factor by passing other networks. This structure also creates networks with other institutions, which influence the development of the USS.

However, access to facilities, especially those provided by the CMC, in terms of health facilities, is a critical impact area despite the fact that it is outside the institutional mandate of CMC/PRIMUSS.

### **5.1.3 Other factors**

Another important issue, which could be considered as a potential impact area, is that of the 'attitudes' of the population of the USS. This was highlighted in terms of individuals and households by the residents themselves, and by key informants in relation to the community as a whole. Institutional key informants felt strongly that the population of the USS expected all change to come from the outside with no cost to them. The residents never entertained the idea that unlike other citizens of Colombo, members of USS do not make a contribution to the service providers, do not follow any urban regulations and, hence, were not automatically entitled to services. Contrastingly, there was a strong feeling among the residents that all improvements that had taken place were due to the hard work on the part of individuals or community complemented by political patronage.

## **5.2 Recommendations linked to potential impact areas**

The table below presents potential activities that can increase the CMC contribution to the impact areas identified by this study. A key factor to note is that many of the recommendations listed below relate to on-going activities of the CMC. This is a clear reflection of the fact that CMC's work already has a poverty orientation.

The activities highlighted in Table 5.1 are those that the study team feels are not currently in place.

**Table 5.1: Impact areas and potential action**

| Poverty Impact Areas relevant to CMC   | Recommendations: Responsibility and Involvement of the CMC  |
|--|---|
| <b>Livelihood Patterns</b>   |   |
| Households, which maintain a portfolio of multiple sources of income that combine stability and size, have a higher probability of moving out of poverty.  | <ul style="list-style-type: none"> <li>• Further facilitate stable and high yielding livelihoods, through the provision of low-cost vocational training (e.g. carpentry, masonry, welding, plumbing and electrical work) by the CMC Public Assistance Department.</li> <li>• Ensure <b>all</b> districts have access to training opportunities.</li> <li>• <b>Consider a pool of skilled and semi-skilled labour made up of trainees to which the CMC contracts give priority. Encourage USS residents also to draw from this pool</b></li> </ul> |
| Sickness causes loss of ability to gain and/or maintain employment, it is also a drain on household resources.   | <ul style="list-style-type: none"> <li>• Further improve availability and access to health facilities, and preventive health care.</li> </ul>   |
| <b>Housing conditions</b>  |   |
| Incentive to construct permanent structure to secure the provision of private access to services such as water and electricity   |   |
| <b>Land Tenure</b>   |   |
| At settlement level, critical for accessing services from different institutions/agencies.   | <ul style="list-style-type: none"> <li>• Further increase collaboration and institutional networks with other state actors (e.g. Water Board, NHDA, UDA and MMCs), donors (e.g. GTZ/UNICEF) and NGOs (e.g. Sevanatha) in the provision of services in USS.</li> </ul>   |
| At household level, critical factor in terms of increase in asset base, security and migration.  | <ul style="list-style-type: none"> <li>• Improve security of land tenure with complementing tax/rates structure</li> </ul>  |
| <b>Spatial issues in Underserved Settlements</b>   |   |
| The central location of all settlements enables good access to wage labour, other sources of employment, facilities, services, networks and institutions.  | <ul style="list-style-type: none"> <li>• A key factor to be taken into account if relocating residents are being considered.</li> </ul>   |
| <p>Lack of absolute space is a key negative aspect;</p> <ul style="list-style-type: none"> <li>• at household level - lack of space to build toilets and kitchens, for social functions, for income-generating activities</li> <li>• at settlement level - lack of space for social functions and recreation, and mobility within settlement.</li> </ul> | <ul style="list-style-type: none"> <li>• Acknowledge and strategise around the absolute space constraint in provision of private toilets, drainage and paved inner roads.</li> <li>• Provision of common social space: community halls with toilets, play grounds for children and youth, etc., inner roads.</li> <li>• <b>Consider a minimum density regulation</b></li> </ul>   |
| <b>Services and Infrastructure</b>   |   |
| Private access to water and toilets was the most important in terms of well-being enhancing services.  | <ul style="list-style-type: none"> <li>• Continue to improve provision of private access toilets (either through CMC or in collaboration with other actors).</li> <li>• <b>Consider designing pro-poor financing schemes.</b></li> <li>• <b>Develop and enforce standards taking into account sanitation and settlement environment in building private toilets.</b></li> </ul>   |
| <p>Adverse settlement environment, arising from:</p> <ul style="list-style-type: none"> <li>• Lack of drainage, sewer lines, solid waste disposal create unsanitary conditions which have a strong impact on health.</li> <li>• Poor condition of inner roads.</li> </ul>  | <ul style="list-style-type: none"> <li>• Continue improving drainage, sewerage and solid waste disposal</li> <li>• <b>Consider developing community-based maintenance systems which would include maintenance rosters and a pool of residents trained in basic maintenance, and awareness raising for all residents.</b></li> </ul>   |
| <b>Access to facilities</b>  |   |
| <p>Access to affordable and good quality health services has a significant direct as well as in-direct impact on well-being. Important role of Health Inspectors in developing formal as well as informal communication with residents in the improvements of health standards and preventive care.</p>  | <ul style="list-style-type: none"> <li>• Further improve availability and access to good health facilities.</li> <li>• Continue to improve availability of specialised health programmes by Health Inspectors at the USS level</li> </ul>   |
| Access to affordable, good quality education has a direct and indirect impact on well-being.   | <ul style="list-style-type: none"> <li>• <b>Increase the possibility of accessing better quality schools by replacing the word “pura” in the settlement name with Mawatha, Patumaga, etc.</b></li> </ul>  |



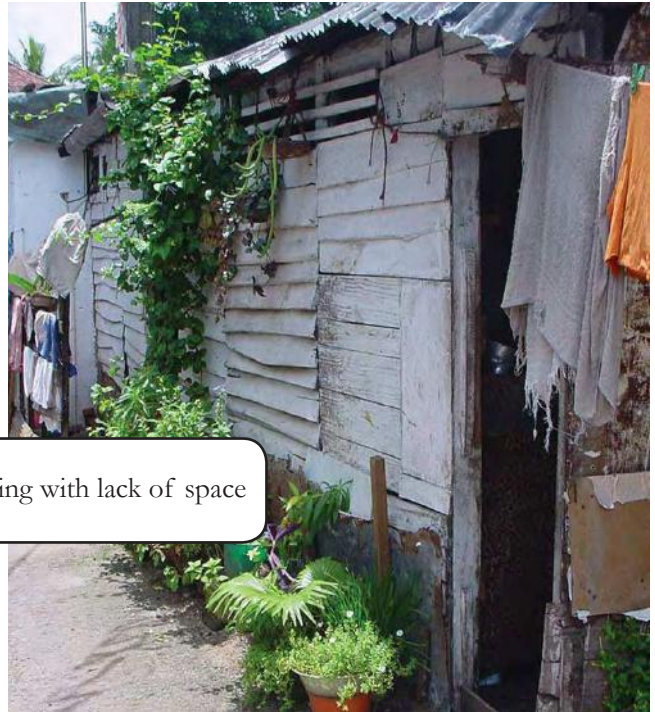
**Table 5.1: Impact areas and potential action - continued**

| Poverty Impact Areas relevant to CMC   | Recommendations: Responsibility and Involvement of the CMC   |
|--|--|
| <b>Role of CBOs</b>  |  |
| Coordination and provision of infrastructure, services and health (preventive) care and other aspects of well being.   | <ul style="list-style-type: none"> <li>• Expedite the process of providing CDCs with legal status.</li> <li>• <b>Provide institutional building (organisational capacity building, leadership skills, negotiation skills, team building, etc.) for CDCs.</b></li> </ul>  |
| CBOs, though not the central means of accessing service and infrastructure, are a source of institutional networking and access to government and other institutions operating in USS. | <ul style="list-style-type: none"> <li>• Improve resident's ownership of CDCs.</li> <li>• Increase recognition of the role of CDCs as partners rather than a means through which the CMC operates in USS.</li> </ul>   |
| <b>Role of Networks</b>  |  |
| The institutional networks are the most formalised (through CBO or on individual basis) of the networks operating in USS.  | <ul style="list-style-type: none"> <li>• Continue to develop institutional networks with residents of USS and CDCs by meetings at both district and central level.</li> <li>• <b>Encourage engineering/technical staff to form closer formalised links to specific settlements to improve lines of communication, similar to Health Inspectors.</b></li> </ul> |
| Political networks (mainly through MMCs) are the most influential in terms of upgrading settlements.   | <ul style="list-style-type: none"> <li>• Consider methods of better integrating MMCs into the CDC structure.</li> </ul>  |

## Annexes

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ANNEX 1: PHOTO DOCUMENTATION



Strategies for coping with lack of space



Lack of infrastructure causing unhygienic settlement environment

ANNEX 2: BASIC PROFILES OF THE SAMPLE OF UNDERSERVED SETTLEMENTS<sup>1</sup>

| Settlement                       | District | Total population | Total number of houses | Services and infrastructure                                      |  |                 |   |                        |                                  |                             | Facilities           |           |                             |                        |             | Field observations  |
|----------------------------------|----------|------------------|------------------------|--|--|-----------------|---|------------------------|----------------------------------|-----------------------------|----------------------|-----------|-----------------------------|------------------------|-------------|---|
|                                  |          |                  |                        | Water  | Toilets  | Sewerage system | Electricity   | Solid waste management | Drains                           | Roads                       | Health               | Education | Transport                   | Religious institutions | Markets     |   |
| 318 Madampitiya Road, Colombo 15 | 1        | 950              | 114                    | 100% Public access (At least 5% have unconfirmed private access) | 100% Public access (At least 5% have unconfirmed private access) | Main sewer line | -   | Regular collection     | Large drain bordering settlement | Poor condition All          | CMC                  | Public    | Easy access                 | Easy access for all    | Easy access |   |
| 48 Peer Saibo Street, Colombo 12 | 2A       | 442              | 57                     | 50% Public access  | 100% Public access (At least 5% have unconfirmed private access) | Main sewer line | 100% HH (At least 5% have unconfirmed private access) | Regular collection     | Side drains on main road         | Main road in good condition | CMC, Public Services | Public    | Easy access – bus and train | Easy access for all    | Easy access | Forked interior lanes within a network of sub roads in a congested business/settlement area |
| 57 Stuart Street, Colombo 2      | 2B       | 227              | 63                     | 90% Public access  | 90% Public access  | Main sewer line | 100% HH (At least 5% do not have access)              | Regular collection     | Side drains on main road         | Main road in good condition | CMC, Public Services | Public    | Easy access                 | Easy access for all    | Easy access |   |

<sup>1</sup>Data sources – Poverty Profile City of Colombo and initial visits to the settlements and CMC district offices

**ANNEX 2: BASIC PROFILES OF THE SAMPLE OF UNDERSERVED SETTLEMENTS - CONTINUED**

| Settlement              | District | Total population | Total number of houses | Services and infrastructure                              |   |                          |   |                          |                 |  | Facilities           |           |                             |                                  |             | Field observations                        |
|-------------------------|----------|------------------|------------------------|--|---|--------------------------|---|--------------------------|-----------------|--|----------------------|-----------|-----------------------------|----------------------------------|-------------|---|
|                         |          |                  |                        | Water  | Toilets   | Sewerage system          | Electricity                               | Solid waste management   | Drains          | Roads                                      | Health               | Education | Transport                   | Religious institutions           | Markets     |   |
| D1 Seevalipura, Borella | 3        | 269              | 45                     | 54% Public access  | 49% Public access   | No sewer line/ Cess pits | 100% HH (At least 5% do not have access)  | Regular collection       | Drain           | Main and inner roads in good condition     | CMC, Public Services | Public    | Easy access                 | Easy access for all              | Easy access |   |
| B Seevalipura, Borella  | 3        | 875              | 234                    | 100% Domestic connections (At least 5% have unconfirmed) | 100% Private (At least 5% have unconfirmed public access) | Main sewer line          | 100% HHs (At least 5% do not have access) | Regular collection       | -               | Main and inner roads in good condition     | CMC, Public Services | Public    | Easy access – bus and train | Easy access for all              | -           |   |
| Halgahakumbura          | 3        | 2120             | 532                    | 100% Public access                                       | 99% Public access   | Main sewer line          | 6% HHs                                    | Deposited into the canal | Informal drains | Main and inner roads not in good condition | CMC, Public Services | Public    | Easy access – bus and train | Easy access for Buddhist temples | Easy access | Sevanatha is currently active in the site |

## Annex 2: Basic profiles of the sample of Underserved Settlements - continued

| Settlement                                | District | Total population | Total number of houses | Services and infrastructure  |  |                                    |   |                        |                          |  | Facilities           |           |                             |                        |             | Field observations  |
|---|----------|------------------|------------------------|--|--|------------------------------------|---|------------------------|--------------------------|--|----------------------|-----------|-----------------------------|------------------------|-------------|---|
|   |          |                  |                        | Water  | Toilets  | Sewerage system                    | Electricity                               | Solid waste management | Drains                   | Roads                                  | Health               | Education | Transport                   | Religious institutions | Markets     |   |
| 210 Siridhamma Mawatha, Kuppiyawatte East | 3        | 225              | 37                     | 81% Domestic connections   | 51% Private access   | Main sewer line                    | 100% HHs (At least 5% do not have access) | Regular collection     | Single drain             | Main and inner roads in good condition | CMC, Public Services | Public    | Easy access – bus           | Easy access for all    | Easy access | A single narrow, dead-end lane leading directly off the main Siridhamma Mw. Not a congested area. |
| 24 Gothamipura                            | 4        | 1774             | 375                    | 100% Domestic connections  | 99% Private access   | Individual / communal septic tanks | 100% HHs (At least 5% do not have access) | Regular collection     | Informal drains          | Main road in good condition            | CMC, Public Services | Public    | Easy access – bus           | Easy access for all    | Easy access |   |
| 200 Udyanapura                            | 5        | 575              | 106                    | 100% Domestic connections (At least 5% have unconfirmed public access) | 100% Private access (At least 5% have unconfirmed public access) | Septic tanks                       | 100% HHs (At least 5% do not have access) | Regular collection     | Side drains on main road | Main road in good condition            | CMC, Public Services | Public    | Easy access – bus and train | Easy access for all    | Easy access |   |

## **ANNEX 3: PARTICIPATION OF CMC STAFF**

### **Study Working Group Members**

1. Eng. N. S. Jayasundara, Deputy Municipal Commissioner (Professional Services)
2. Eng. (Mrs.) M. G. D. H. Jayasekara, Director Engineering (Projects)
3. Eng. (Mrs.) V. Dias, Director Engineering (Works)
4. Eng. S. G. V. D. H. Gunasekara, Director Engineering (Water Supply & Drainage)
5. Dr. Ruwan Wijayamuni, Deputy Chief Medical Officer
6. Eng. K. G. Samarasinghe, Superintending Engineer (Drainage Designs)
7. Eng. H. A. Sena, Design Engineer (Drainage)
8. Mr. G. Amaradasa, Chief Health Education Officer
9. Eng. Wanesha Kanakaratne, Engineer (Projects)
10. Eng. I. A. S. Tissera, Engineer (Projects)
11. Eng. H. M. U. Senaviratne, Engineer (Drainage Designs)
12. Eng. M. H. M. Anfas, Engineer (House Connections Drainage)
13. Mr. S. A. Gunaratne, Senior Professional GTZ, Community Development
14. Dr. Peter Schmitter, Team Leader (PRIMUSS)
15. Ms. Hilke Ebert, Advisor GTZ (PRIMUSS)
16. Ms. Sarita Gunaratne, Intern (PRIMUSS)

### **Municipal District Officials – D1**

1. Dr. G. M. Senaweera, Medical Officer of Health
2. Mrs. P H J Silva, Health Instructor
3. Mr. N. A. R. Ratnaweera, Health Instructor
4. Ms. J. Kusumawathi, Health Instructor
5. Ms. W. G. Sriyanthi, Health Instructor
6. Mr. J. P. S. Mahinda, Technical Officer
7. Mr. W. B. Shelton, Technical Officer

### **Municipal District Officials – D2A**

1. Eng. P. A. Chandrapala, District Engineer (Works)
2. Eng. P. Rajarajan, District Engineer (Drainage)
3. Mr. R. A. P. Gunathilaka, Assistant Chief Health Education Officer
4. Mr. K. P. Munasinghe, District Inspector (Drainage)
5. Mr. S. M. Nandasena, Health Instructor
6. Mr. K.V. Nihal, Health Instructor
7. Mr. M. Nazib, Health Instructor
8. Mr. H. L. L. Fonseka, Technical Officer

### **Municipal District Officials – D2B**

1. Eng. A. G. Irshadh, District Engineer (Solid Waste Management)
2. Eng. (Ms.) S. A. K. Subasinghe, District Engineer (Drainage)
3. Eng. L. R. W. S. S. Rajasekera, District Engineer (Solid Waste Management)
4. Ms. Varuni Jayamanna, Health Instructor
5. Ms. A. Nalini Seneviratne, Health Instructor
6. Ms. H. A. H. Kalyani Gunasiri, Health Instructor
7. Mr. Devanada, Technical Officer
8. Mr. Mubarak, Technical Officer
9. Mr. J. P. S. I. Duminda, Technical Officer
10. Mr. S.M.I Sadanayake, Technical Officer

**Municipal District Officials – D3**

1. Eng. R. A. T. P. Ranawaka, District Engineer (Drainage and Works)
2. Dr. C. Gamage, Medical Officer of Health
3. Mr. D. D. S. James, Assistant Chief Health Education Officer
4. Ms. J. A. L. A. Sliva, Health Instructor
5. Mr. P. Somadasa, Health Instructor
6. Ms. W. A. R. K. Weerakoon, Technical Officer
7. Ms. P. N. D. S. Gunawardhana, Technical Officer
8. Mr. Priyantha Samaraweera, Technical Officer
9. Mr. Sandanayake, Technical Officer

**Municipal District Officials – D4**

1. Dr. M. A. S. G. Rathnawardhana, Medical Officer of Health
2. Mr. K. S. S. E. M. Gunathilaka, Assistant Chief Health Education Officer
3. Ms. W.G.A. Chandani, Health Instructor
4. Ms. Chnadralatha, Health Instructor
5. Mr. Fonseka, Technical Officer

**Municipal District Officials – D5**

1. Eng. A. C. Rahmayaka, District Engineer (Works and Solid Waste Management)
2. Eng. A. D. S. Rohana, District Engineer (Drainage)
3. Dr. M. A. A. Sudarshika, Medical Officer of Health
4. Mr. P. D. Kuruppu, Health Instructor
5. Mr. Chamila Jayaweera, Technical Officer
6. Mr. R.K.H. Rajapakse, Technical Officer



#### ANNEX 4: AVAILABLE LITERATURE ON URBAN POVERTY IN SRI LANKA

- Chularatna, H. M. U, (2000), Land Tenure Issues and Improvement of Urban Low Income Settlements - Experiences of Colombo, Sri Lanka in *Regional Workshop on Settlements of the Urban Poor: Challenges in the New Millennium*, Dhaka, Bangladesh 18-19 February 2000.
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- Ebert, H. (1999), *Improvement to Urban Infrastructure & Service Delivery in Underserved Settlements in the City of Colombo: Storm water, Sewerage. Water Supply and Solid Waste Management Components*, Colombo, Sri Lanka, German Technical Cooperation.
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- Russell, S. and Vidler, E. (2000), *The Rise and Fall of Government - Community Partnerships for Urban Development: Grassroots Testimony from Colombo*, Environment & Urbanisation Vol. 12 (No 1).