

A Citizens' Report Card on Water, Sanitation & Hygiene in 25 slums of Lucknow, Uttar Pradesh



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Published in 2013 by: FANSA U.P. Chapter & SHOHRATGARH ENVIRONMENTAL SOCIETY

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Picture on Cover Page: People in balu walla addah slum where dwellers do not have any source of drinking water as well as toilets & they bring water from outside & person in Right to Sanitation Campaign in March 2013

ESTEEMED



U.P. PARTNER PARTICIPATED IN THE STUDY

SHOHRATGARH ENVIRONMENTAL SOCIETY

GANGA

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FOREWORD

It is my pleasure to present you citizen report card (CRC) on water, sanitation & hygiene in 25 slums of Lucknow. 1.1 billion People live without clean drinking water. 2.6 billion people lack adequate sanitation across the world. Earlier, to face the crisis, the United Nations formulated an amount of so called Millennium Development Goals, dedicated to reduce poverty and ensure sustainable development. Water & sanitation was important target under goal 7 i.e. Ensure Environmental Sustainability. Goal number 7, target 10 is the following one: "Halve, by 2015, the proportion of people without sustainable access to safe water and basic sanitation." The year of reference for this goal was 1990. In Post 2015 Development agenda, water & sanitation may be designated as separate goal. Including the issue as separate goal explains crucial condition of water & sanitation across the globe.

The citizen report card is joint initiative of FANSA India & SES. It is an effort to present current status of WASH in slums. We felt that the voice of citizens, often weak in our country. It is necessary to know citizens' experiences, levels of satisfaction and priorities for service improvements. It is well captured in the CRC as a timely and welcome health check. It can be used basis for continued dialogue among citizen groups, service providers and policy makers towards marked improvements in the quantity and quality of services. Hope you will like our effort & help you to some extent.

Sandeep Srivastava

Convener, FANSA U.P. Chapter

EXECUTIVE SUMMARY

This is a summary of the Citizen's Report Card (CRC) on water, sanitation and hygiene & its services undertaken in 25 slums of Lucknow in Uttar Pradesh .CRC is a tool providing service providers and policy makers with feedback from citizens. These CRCs were undertaken by a representative group of stakeholders in each slums .CRCs gauge both citizens' access to and satisfaction with services. They point out areas where service providers are succeeding and areas that need improvement. When prepared regularly, CRCs may be used as a combined advocacy/benchmarking tool. The information provided in a CRC may be helpful to utility managers in strategic planning; to policy makers in guiding the sector; to regulatory bodies in sector oversight; to investors in deciding where to channel funds; and to civil society representing an objective measure of public perception. Most importantly, CRCs are useful for citizens who generally lack the information conducive to meaningful dialogue. The CRC is the experience of citizens as told by citizens. It is not a technical sector overview written for specialist audiences and does not include figures from the service providers such as volume of water produced or number of households served. It is meant to guide recommendations but does not in itself provide the solutions.

INTRODUCTION

Citizen Report Card

The Citizen Report Card (CRC) is an important & powerful tool to provide feedback to public agencies from users of public services, and enable them to map their strengths and weaknesses in their work & improve it. CRCs are is analysis from compilation of data collected during a randomized sample survey of the users of public services. In our case, water, sanitation, hygiene and solid waste (rubbish) management. The responses are collected & analyzed in order to rate the services. Just like the report cards used to rate students in school. Through this Citizen Report Cards one will get consumer response over quality and adequacy of water and sanitation services. It'll express their satisfaction level with service. It should be taken as opportunity which tried to bring the attention of decision-makers, and give consumers and civil society organization a tool for bringing pressure to bear for their resolution. It is important to understand the difference between the data provided by a CRC and that of other studies or reports. Whereas a study of service provision standards may provide factual information on the number of connections registered by a utility, the water quality based on laboratory tests, or the volume of wastewater treated, CRCs provide information of the consumers' perceptions of services: whether they have access to connections, whether they think the water is clean, whether they feel the service meets their needs.

Need of Citizen Report Card

Historically, consumers of public services in India have not enjoyed high levels of engagement with service providers on the planning or ongoing management of their services. It may be reason where no systems which can make service provider accountable. To strengthen 'consumer voice' and the accountability of service providers is very important in order to improve public services. Citizen Report Cards provide reliable, quantitative information on the aspects of service provision that users know best, and are based directly on users' experience.

This information can be used to generate recommendations on sector policies, program strategy and management of service delivery. Furthermore, the information can be used as a basis for policy makers, service providers and consumers to engage in dialogue, an important step towards improved public services.

In The Context of Lucknow:

Estimates of the number of slums in Lucknow vary. Certainly, as the areas of poor housing are found on the fringes of the city, on the banks of river arid nallahs near railway tracks, as well as other areas where land can be found. These slums are sometimes in large well defined settlements, but often in scattered clusters in the interstices between better housing zones. In Lucknow, existence of settlements of poor is denied or they are treated as illegal settlements or categorized as illegal encroachers and they hardly considered in the city development planning rather plans are executed to evict them whereas provisions are made for the regularization of the illegal colonies in the city Master Plan. In 2001, Lucknow was ranked as slum less city. After CSO pressure, 3,60,958 slum dwellers were identified. CSO mapped 787 slum settlements with 11 lakh population in 2005-06. Government data of 2010 says there are 793 slums.

Total population of Lucknow (census 2011) is 45,88,455 and out of this slum population and homeless data is still to come. In some cases municipal bodies and utility service providers are constrained by capacities and resources to tackle this challenge and the poorest of the poor, living in slum clusters, end up receiving extremely low levels of service delivery for water supply, sanitation and hygiene management.

Lack of maintenance, provision and awareness about health and hygiene services is the major cause of diarrhoea and other intestinal infections that are amongst the major killers of young children in the world today. In the city of Lucknow there may be a million episodes and deaths each year from diarrhoea. Chronic diarrhea can also hinder child development by impeding the absorption of essential nutrients that are critical to the development of the mind, body, and immune system.

Improving the water supply, sanitary infrastructure along with improvements in domestic conditions may be able to make a big impact on preventing these unnecessary losses due to illness. Creating sanitation infrastructure and public services that work for everyone, including poor people, and that keep waste out of the environment is a major challenge.

There is a huge disparity between the level of service prevailing in planned settlements and unorganized slum clusters, this leads to both social discontent and frustration among the poor. In

the absence of proper service, the following becomes essential:

- To promote using latrines for the disposal of child stools for those that have them, and building latrines by those that do not.

- Use of soap kept especially for hand washing.

- Mothers to be keen and able to adopt these practices because cleanliness is very important to them.

- Communicating with mothers, which is otherwise difficult because of the low level of contact with outside sources of information.

Though above are general problems, but there is no documented number of hand pumps or tube wells in Lucknow.

**Right to Water and Sanitation is for everyone even they
live in slums.**

Chapter 1 - ABOUT THE STUDY

RATIONALE OF THE STUDY

From April 4-7, 2011 heads of delegation from Afghanistan, Bangladesh, India, Maldives, Nepal, and Pakistan & Srilanka have participated in 4th South Asian Conference on Sanitation (SACOSAN IV). It was also attended by ministers, senior civil servants, civil society, NGO & private sector and school children. They acknowledged that sanitation & hygiene is in very critical condition in South Asia. They have committed on several points in the meeting. Few are mentioned below:

- 📌 As UN resolution has recognized right to sanitation, they are committed to work progressively to realize this in programme & projects and eventually in legislation
- 📌 **To design & deliver context specific equitable & inclusive sanitation & hygiene programme including better identification of the poorest & most marginalized group in rural & urban area who need them most .**
- 📌 To recognise importance of people's own contribution to sanitation
- 📌 To establish specific public sector budget for sanitation & hygiene.
- 📌 **To design & deliver context specific equitable & inclusive sanitation & hygiene programmes including better identification of the poorest & most marginalized groups in rural & urban areas, including transparent targeting of financing to programmes for those who need them most, and taking into account the challenge of protecting the environment and responding to emergencies & climate change.**

As SACOSAN V has to be organized this year in Nepal. In SACOSAN IV, It was also committed to report specifically all SACOSAN IV commitments at SACOSAN V. If you give attention to last bold points above, it has dealt with sanitation & hygiene facilities of urban & rural poor & marginalized community. Hence, it is necessary to take up study on current status of sanitation & hygiene facilities in slums of Uttar Pradesh. It will give glimpse over sanitation & hygiene facility condition & status of school in largest populated state of India. As water, sanitation & hygiene are interlinked, we have also tried to find water & solid management condition in these slums.

OBJECTIVE OF STUDY

Uttar Pradesh (UP) is the most populous state of India. The objective of this study was to conduct survey based study of situation of WASH and its services in 25 urban slums settlement of Lucknow and prepare a citizen report card and disseminate among crucial stakeholders to generate awareness about the current scenario.

Four themes were identified for data analysis and report preparation:

- ✚ Availability, access and use of services
- ✚ Perceptions of quality and reliability of services
- ✚ Costs incurred by users
- ✚ Satisfaction with services

PROCESS & METHODOLOGY

This study tried to provide current status of water, sanitation & hygiene in 25 slums. There were questions regarding sanitation & hygiene in slums. Initially, through a series of small meeting with stakeholders, was combined with assessments to ascertain whether local conditions were suitable. Political receptivity, the openness of service providers to receive feedback and the vibrancy of civil society and media in the cities were assessed. It was decided to focus the process in 25 slums of Lucknow city in May 2013. Two civil society organizations who would act as Lead Agencies were selected in city. In June, each Agency in organized Focus Group Discussions (FGDs) with groups of residents of slums to examine the issues and challenges affecting delivery of water supply, sanitation and solid waste management services. Total 25 FGDs were conducted amongst communities from various age group, gender etc.

The Methodology for study includes survey of selected 25 slums of Lucknow. The study was conducted over a three-week period from June 1st to June 22nd, 2013. The study was given to FANSA U.P. Partners. FANSA U.P. Chapter has communicated the objectives of the study to its partner. In order to carry out the household survey & interviews, both organization mobilized total 6 surveyors cum interviewer supported by their other organizational staff. They'll also informally orient about the study by their respective organization. Participation of community was completely voluntary. They provided oral consent prior to participating and they actively participated in study. The survey consisted of 375 household interviews in 25 slums. The survey aimed to cover the old lucknow & new lucknow city. The survey format was developed by FANSA U.P. Chapter.

Chapter -2- Status of Water, Sanitation & Hygiene in 25 Slums

TARGET AREA

Uttar Pradesh is largest populated state. On development aspect, some of region is leading & some are lagging behind. Lucknow is the capital city of the state of Uttar Pradesh in India. As reported in the Census of India 2011 Lucknow had population of 2,908,455. Between 1991 and 2001 the population registered a decadal growth of 32.03 percent which was much less than the 37.14 percent which was registered between 1981 and 1991 decade. The initial provisional data suggest a density of 1,815 in 2011 compared to 1,443 of 2001. However, the density of population was much above that obtained at the state level (690 persons per km²). The National Sample Survey Organization of the Ministry of Programme of Implementation has published the information regarding the urban slums in India by basic services. As per Compendium of Environment Statistics, 2001, more than 90 per cent of the slums in India and Uttar Pradesh had facilities for safe drinking water. Our study tried to find reality regarding Water, Sanitation & Hygiene in selected slums.



TARGETED GROUP

Under This Study, Total 25 Slums were surveyed. We have selected two type of locality i.e. old lucknow & new lucknow city. Direct Target group of this proposal are people living in selected slums. Women and Children are most important stakeholders of this proposal. Indirect Target Group are those government functionary related to schemes to those slums, people from NGO fraternity and Media people. The study aims to share this CRC with them & let them take appropriate action to improve condition of people living in slums (PLS).

WATER

Availability, Access and Usage of Water Sources

Below Figure shows the pattern of access for the total population of the 25 slums. These are sources that are available to a household, not only the ones they choose to use. (Note that respondents could indicate that they had access to more than one source.) Around 67 % of community members surveyed use public water taps while 12.8 % have their individual hand pump , 16.8 % use hand pump located at public place. Rest of members use protected & unprotected source for water.

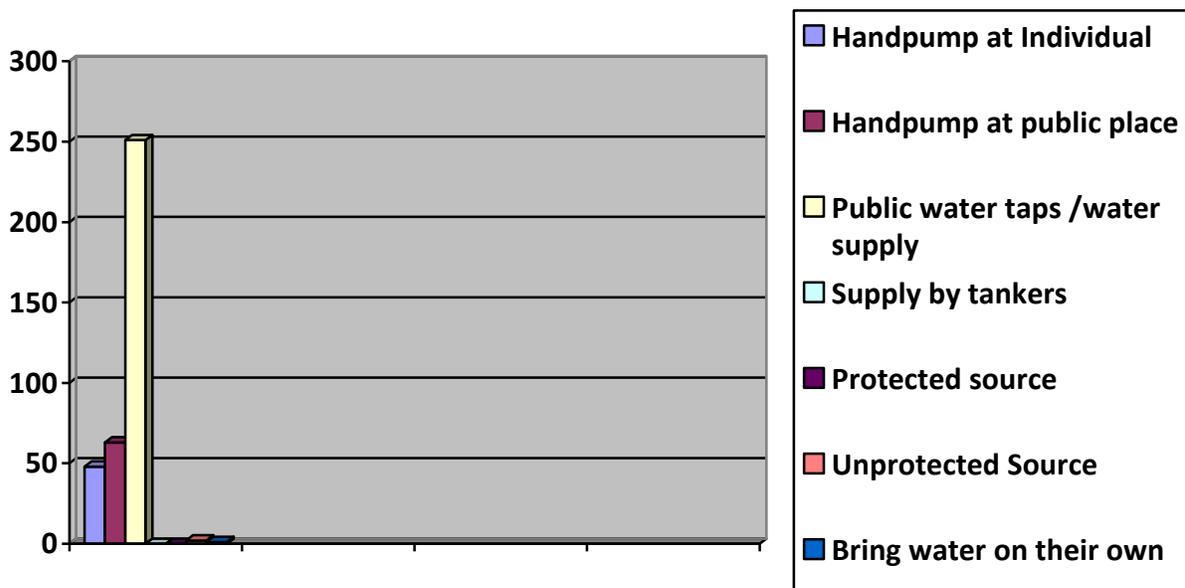


Figure 1: Water Source Used By Slum Dwellers

We asked respondents about times of scarcity, which were defined as low or lack of water supply lasting five days or longer. It was explained to respondents that this is different from a short term water cut. Figure below show the months in which scarcity was reported by users:

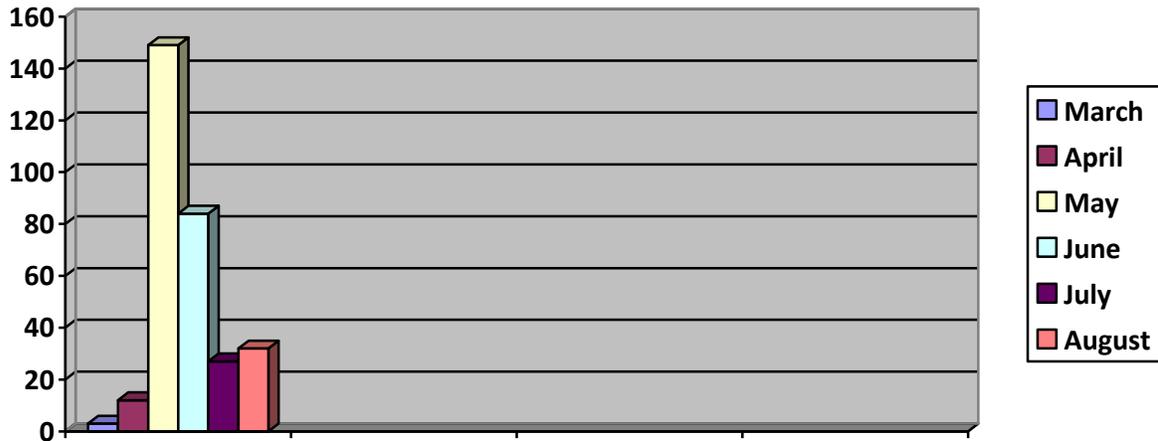


Figure 2: Month Of Water Scarcity in slums

62.13 % respondent said they face scarcity of water in summers & 15.7 % said they face scarcity in monsoon season. At that time, they seem to rely more on protected wells and rainwater and even unprotected sources, including rivers, streams and dug-out wells, presumably because of the Cost implications of buying supplemental water. We can conclude that the problems posed in times of scarcity impose a cost; either in amounts spent on water, or in the time spent fetching water from outside the home.

Consumer Perceptions on Quality and Reliability of Service

Collected data show that the vast majority of households using water from public tap. 14.93 % of respondent said taste is acceptable while 70.1 % said taste is not acceptable. 5.06 % said smell is acceptable While 5.6 % said non acceptable smell. While, 4.85 % said clear colour of water. Thus majority of respondent said taste is not acceptable to them.



Figure 3: Quality of Water

We asked respondents who used mains how many hours /days/ week they receive water. In normal times a large proportion of mains users reported getting water seven days a week. In scarcity times few tap users having consistent level of water supply. As well as asking about the number of days per week, we asked respondents who used the public taps how many hours a day they received water from them. As shown below, It was found 92 % of respondent get water less than 2 hours.

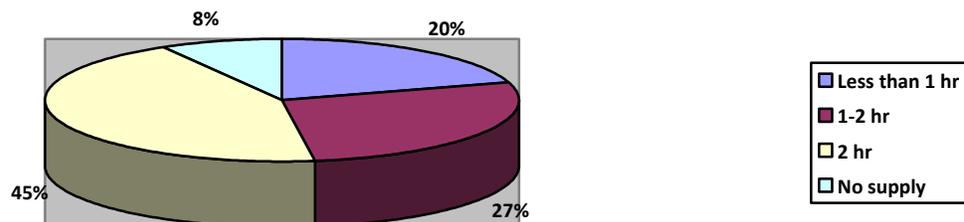


Figure 4: Supply of Water Hours

The maximum combination is 24 hours of water seven days a week, or 168 hours a week. The benchmarks for service require provision of a minimum of 20 hours a day, or 140 hours a week, to be scored as “good”, and a minimum of 16 hours a day, or 112 hours a week, to be scored as “acceptable”. But above data says a different story, results regarding supply of water to these community members are not good in any way.

As mentioned above surveyed most of community members face scarcity of water in some months or get less than two hour supply. Most of them use public taps for water. So, they have to come out to carry water. But majority (99%) of walk less than 1 kilo meter to carry water. From below pie chart it clear that out of 100 times, 63.43 times female carry water while male carry only 33.6 times.



Figure 5: Water Carrier at Household

It is clear that women are shouldering the burden of water collection, and that this is exacting a high price in terms of time spent. If women from poor families are spending an hour or more a day fetching water in normal times, and even more in scarcity times, they are losing out on wage earning activities. Time to take part in community activities, get an education or care for other family members and will also be suffering from exhaustion. The data show that the participation of men in water collection increases in scarcity times, with adult males becoming slightly more involved. It can be assumed that this also has an impact on the wage-earning potential of households.

We asked households who used sources outside the residential premises how many minutes they spent fetching water every day. Around 65 % fetch it in less than half an hour while rest collects in more than half an hour. Below chart will give clear view of fetching water.

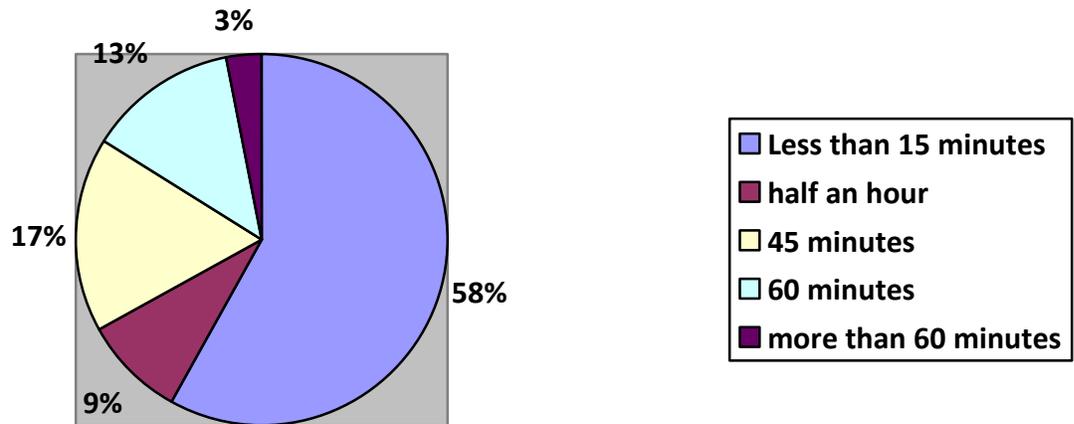


Figure 6: Spend Time in fetching Water

When we ask water they daily use is safe for drinking .60 % said it is safe for drinking while 40 % do not consider it safe for drinking. Due to bad taste, smell and colour, majority of users in city felt it was necessary to treat tap water, probably because they are worried about bacterial contamination. It was later asked whether they know any method of purification of water, 45 % responded affirmatively. Majority of respondent boil water for purification. 83.5 Of respondent have storage utensil for water which is covered.

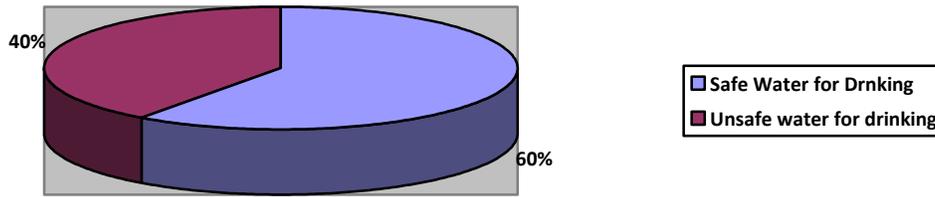


Figure 7: Drinking Water Quality

The percent of water tap -using households who reported experiencing major stoppages, defined as interruptions in water supply lasting more than 24 hours i.e. 66.4 % response from community members. It is clear that the poor seem to experience more stoppages than other non -poor family

We asked households who reported using water sources outside their residential premises, such as Public hand pump or taps, if they faced problems when hey fetched water. The highest proportion of respondents saying yes .The top problem households told us about water collection is long queue. The data below indicate that fetching water from outside sources is stressful, cumbersome and unpleasant.

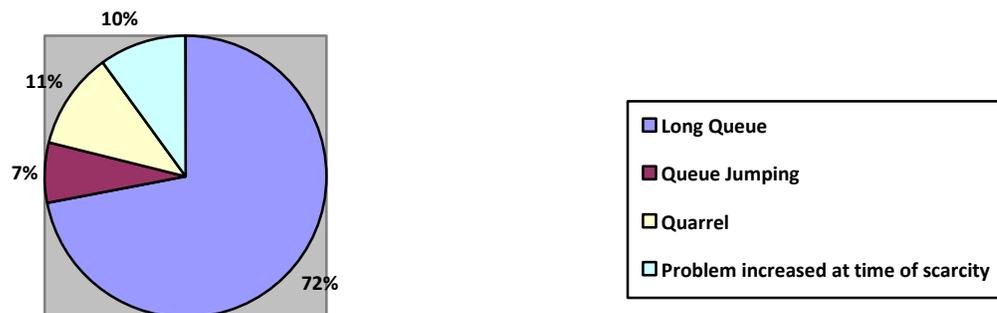


Figure 8: Problem in Fetching Water

SANITATION

Figure below shows the main place where respondents said their family members relieve themselves. It is clear that pit latrines are the type of toilet used by 24 % Of people. Pit latrines are used much more in comparison to flush toilets i.e. 3 %. We aware surprised by data of open defecation in state capital of Lucknow. 62 % of people in these slums defecate openly. This is condition of Lucknow and slums around posh area. So, imagining toilets in other district is difficult for us.

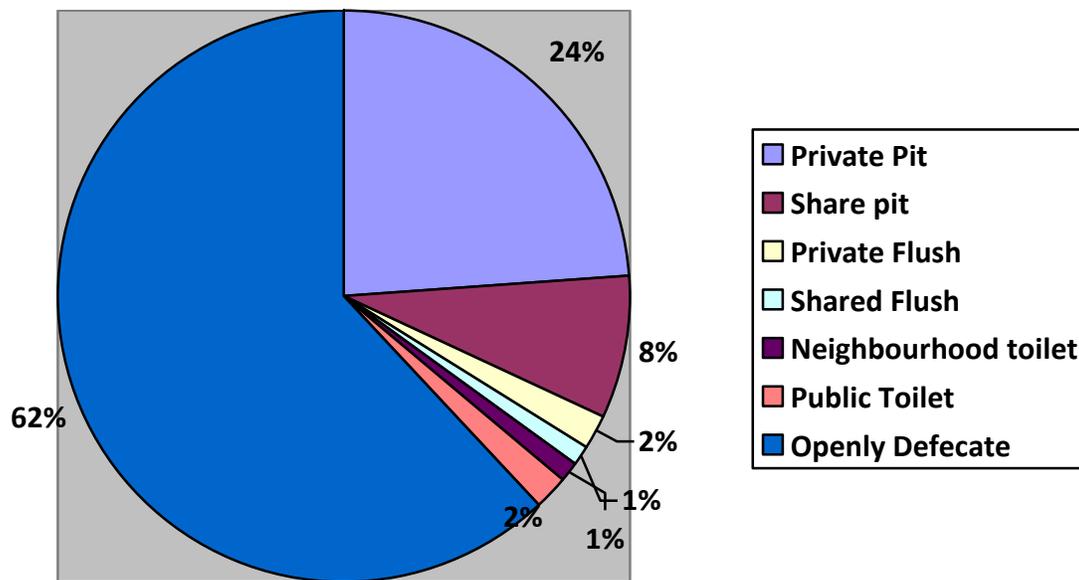


Figure 9: Availability of toilet facilities

We asked people who said they used toilets where the waste from their toilet goes. A majority of respondents using toilets said it goes to pit. 26 % said, it goes to sewer.

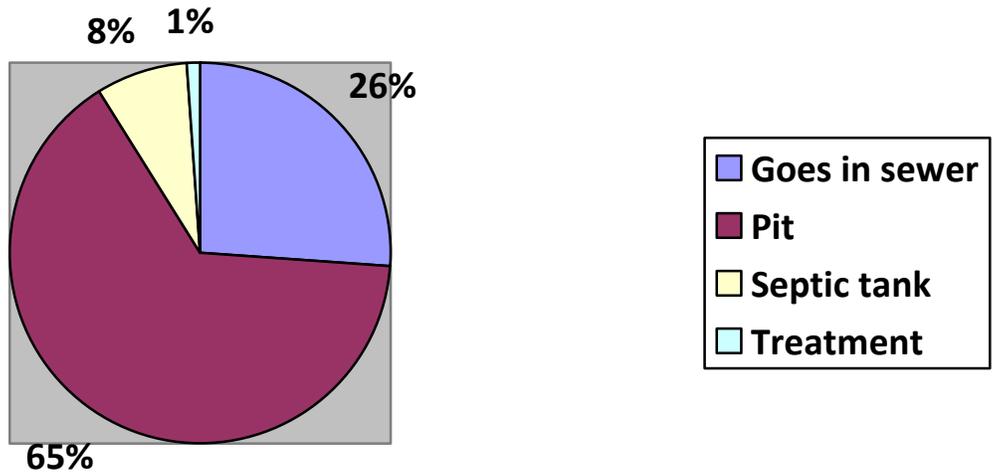
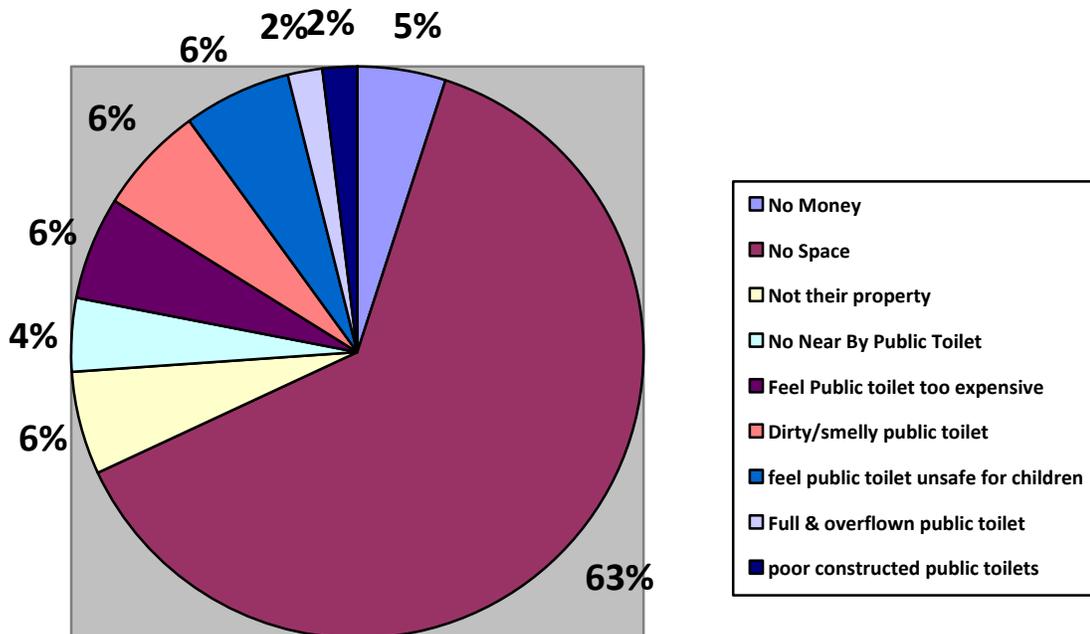


Figure 10: Release of Waste from Toilets

Looking at majority of open defecation in these slums, we tried to find reason of open defecation. Majority of respondent said they do not have space in home to construct a toilet . Surprisingly , only 5 % reasoned lack of money for toilet lacking house. Data collected can be seen in below pie



.chart.

Figure 11: Reason For Open Defecation

76 % percentage of respondents said they have experienced problems with sewerage. Pproblems that seemed to be the most prevalent were to mosquito breeding by poor sewerage. See below data to know the reason.

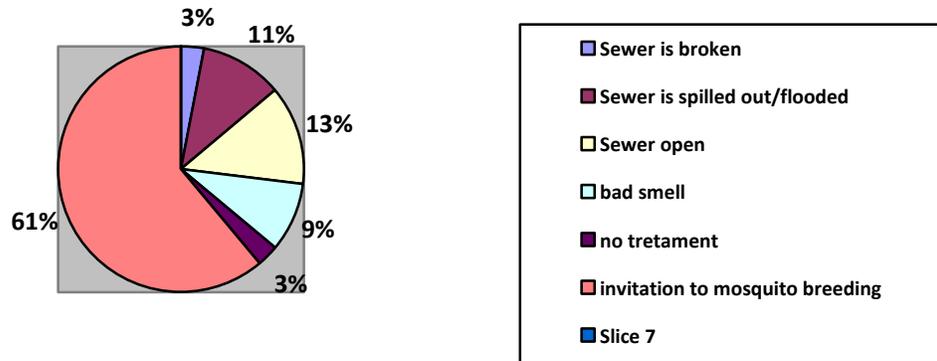


Figure 12: Problem with sewerage

Figure below shows the satisfaction with the availability of and cleanliness of public toilets.81 % of respondents expressing an opinion said they were satisfied, with availability of public toilet but only 18 % were satisfy with cleanliness of public toilets.

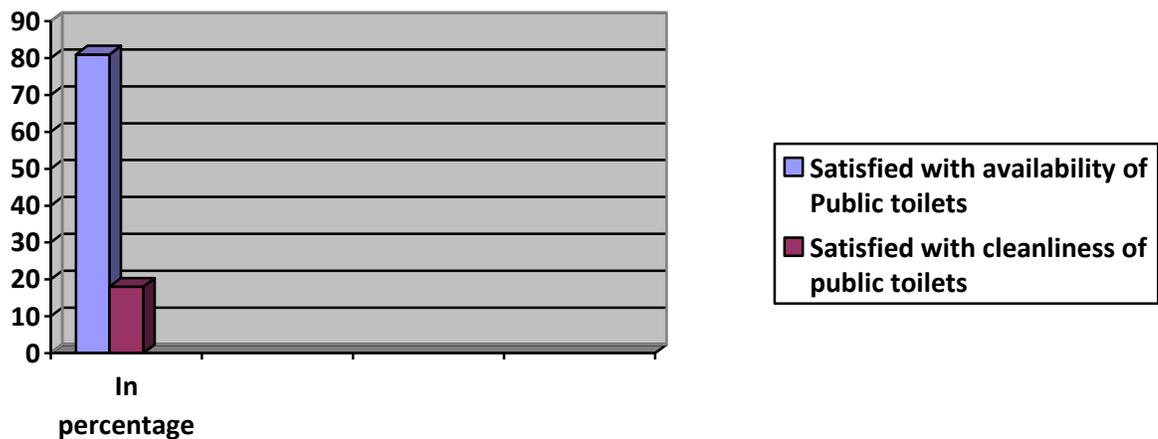


Figure 13: Satisfaction with Availability & Cleanliness of public toilets

SOLID WASTE MANAGEMENT

We asked about the options available to households for having their rubbish collected. 72 % of household dispose their rubbish on road. While 22 % said, it is collected by Nagar Nigam. 6 % disposes it off nearby area. While some households take advantage of the collection options available, it is clear that many others are resorting to burning and throwing(15 %) their rubbish in open areas and drains, with the accompanying environmental consequences. We also asked them collection service provided by nagar nigam, most of them responded negatively. They said that they do not come regularly. Cost of this service may be an issue. One of reason of not regular collection by nagar nigam is inability of respondents (74 %) to pay monthly.

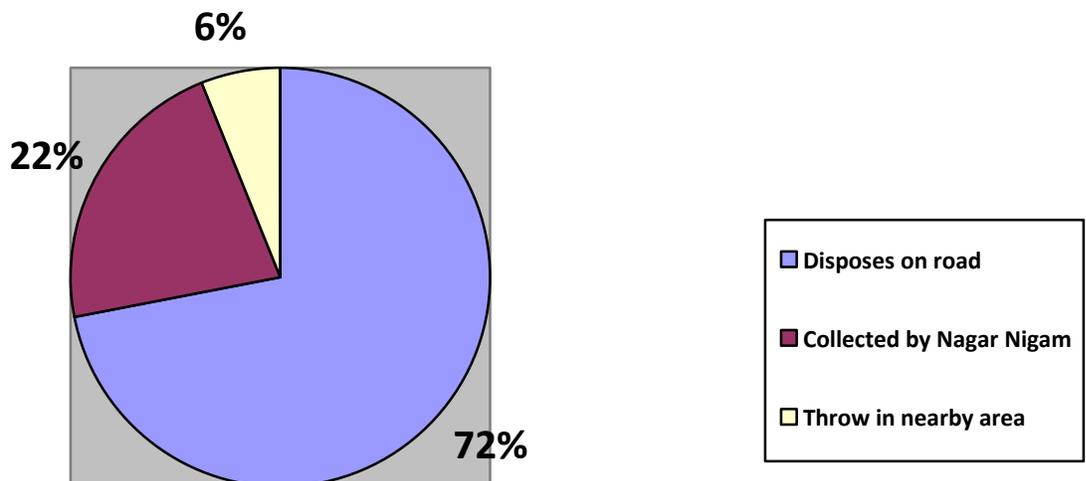


Figure 14: Disposing Trash

It was also found that 78 % of respondent do not have any garbage container which let them to throw garbage daily.

HYGEINE

Hygiene is commonly known as cleanliness or conditions and practices that serve to promote or preserve health. A population that does not take into consideration hygiene is at risk of infection and illness. Improved housing, improved nutrition and improved hygiene are the essential components for the war against infectious diseases.

Many people living in these slums experience that they practice personal hygiene such as brushing teeth, hand washing , bathing the body although not as frequent as it is desired. From water & sanitation data it is clear that lack of resources, such as water, results in poor hygiene levels; toilets cannot be washed and there is not enough water to shower in these slums. This experience was shared by participants in focused group discussion.

These slums dwellers house were made of temporary materials such as straw roofs, mud, earthen floors. High population density at limited area provides little space per person. Most of cohabitation of various families and more single rooms. It was seen one room shared by six family members. Same room is used for cooking, sleeping and living. The lack of basic services, visible and open sewers, the lack of pathways, the uncontrolled dumping of waste and polluted environments, result to unhealthy living and hazardous living conditions. Some Houses are built in locations which are not suitable for a human settlement; such as near waste disposal sites. Due to poor waste management & a poor drainage system along with poor infrastructure increase suffering of these slum dwellers.

Chapter -3- Key Findings & Conclusion

 <p>Only 12.8 % individuals have their own individual water source</p>	 <p>Major stoppage of water is of more than 24 hours. 64 % are affected by this.</p>
 <p>A small but significant number of household is using unprotected source of water</p>	 <p>Due to unavailability of toilets 62 % defecate openly</p>
 <p>Large number of people is using public tabs</p>	 <p>Large number of people experiencing poor sewerage system</p>
 <p>In time of scarcity, most of them dependent on other sources of water or fetch water from outside which cot them money as well as time.</p>	 <p>Options for solid management is very limited & most people dispose their trash on roads</p>
 <p>Large number of respondent said taste of water from public tab is not acceptable</p>	 <p>Satisfaction with solid waste management is very low.</p>
 <p>Taps consumer get water less than two hours.</p>	

CRC is just like monitoring & evaluation tool which help stakeholder to know where sector is aiming. It certainly helps to measure progress over a period of time & help in better planning & implementation with already set milestones

Citizen's Report Card finding provides us a conspicuous understanding of how these gaps affect the respondent in their day-to-day lives. In this study, it was found that most of use public tap but most of taps provide water around two hours. AT the time of water scarcity their suffering increases. They were paying more for water & relaying heavily on taps. It gives insight baout lesser known area & their qulaity of life. There are positive as well as negative from this study & satisfaction varies from one slum to another.

Most of residents of these slums has expressed their satisfaction over sanitation facilities. Especially old lucknow area where open defecation is common. As there is less space in slums, there can be mobile toilets This is an important area where & decision & policy maker need to heed.

Like sanitation, satisfaction with solid waste management is much lower than water. Mos of respondents throw their rubbish in open spaces especially roads. Such action has also serious public health implications. So there can be suitable investment.

As a tool CRC can be discussed in detail and used as a basis for continued interaction among city dwellers, citizen groups, slum dwellers, association, service providers and decision/policy makers.

Sample of Questionnaire Format Used In Study

SLUM SURVEY FORMAT I
A. GENERAL INFORMATION

BASIC INFORMATION OF THE SLUM

1. Name of Slum: _____ 2. Location - Ward No/Name: _____
 3. Age of Slum in Years _____ 4. Area of Slum (Sq. meters) _____

5. Location: Core City/Town Fringe Area

6. Type of Area surrounding Slum (✓ the appropriate)
 Residential Industrial Commercial Institutional
 Other (Specify) _____

7. Physical Location of Slum (✓ the appropriate)
 Nallah (Major Storm water Drain) Other Drains Railway Line
 Major Transport Alignment River / Water Body Bank
 On River / Water Body Bed Others (Hazardous or Objectionable) _____
 Others (Non-Hazardous Non-objectionable) _____

8. Is the Slum Notified/Declared? Yes No
 If Yes, state Year of Notification (In Yrs): _____

9. Ownership of Land where Slum is located
 Public: Local Body State Government Railways Defense
 Airport Government of India other than Railways Private
 Not known Others (specify) _____

10. Population
 i) Total Population in Slum (In nos.) _____

Total	Male	Female	Child under 6 yrs	BPL

ii) Households (In nos.) _____

Total	SC	ST	OBC	Minority	BPL

SLUM SURVEY FORMAT II
Questionnaire
I. WASH RELATED INFORMATION

Name: _____ Gender: _____ Age: _____
 Caste: _____ Religion: _____ APL/BPL: _____
 Qualification: _____ Total Number of Family Members _____

1. What Kind of sources you have access for water?
 A. Hand pump at individual B. Hand pump at public place
 C. Public water taps/water supply D. Water delivered in tankers
 E. Protected source (Rain water, covered well, hand pump)
 F. Unprotected source (open well, surface water, stream & ponds)
 G. Bring water on their own

2. Month in which scarcely of water is experienced?
 Jan. Feb. Mar. April May Jun Jul Aug Sept Oct Nov Dec

3. How is taste, color & smell of water for public tap?
 A. Acceptable taste B. Non-acceptable taste
 C. Acceptable smell D. Non Acceptable smell
 E. Clear colour

4. If piped water supply then duration (✓ the appropriate)
 A. Less than 1 hour daily B. 1-2 hrs daily C. more than 2 hrs daily
 A. once a week B. twice a week C. not regular D. up supply

5. If outside premises, then distance from drinking water source (✓ the appropriate)
 A. Less than 0.5 km B. 0.5 to 1.0 km C. 1.0 km to 2.0 km
 D. 2.0 km to 5.0 km E. more than 5.0 km

6. Is water safe for drinking A. Yes B. No
 If No, Knowledge of any method of water purification A. Yes B. No
 If No, Water Storage: Is the utensil covered A. Yes B. No

7. Percentage of stoppage of water supply from tap (interruption)?
 A. Less than 24 hours B. More than 24 hours

8. Who collects water at household?

NAME OF 25 SLUMS IN STUDY

PALTAN	AKBARNAGAR PURANA
KATARA	RAHIM NAGAR PURANA
MOHIBULLAPUR	DHOBI TOLA
BELIGARAD	NAHAR KA KINARA WALA SLUM
NAYA GAON	HATA RASOOL KA
PURANIA CROSSING	KUNDANLAL KA HATA
JANKI VIHAR WALA SLUM	CHURAI KERA MALIN
ABHISHEKPURAM	ALANKAR CINEMA KE PEECHE WALA SLUM
NAYI BASTI	CHIMARAN TOLA
KHANNA KA TAKIA	NAVASTA HAIDER GANJ
MEHNDIGANJ	PATTEGANJ
CHAUBEJI KA HATA	MOTINAGAR
SLUM NEAR RAM LILA PARK	NOOR WADI
GAVARAN TOLA	