

Chapter VI
SUMMARY AND
CONCLUSION

Chapter VI

The present Study *“migration pattern, level of infrastructure and access to health care services in selected slums in Delhi”* analyses the present position of pattern migration to the slums of Delhi and what basic amenities and infrastructure and basic amenities they get and how it impact on the health care status of the slum migrant. The definition of the slums is given statutorily position under the slum (improvement and clearance) act of 1956. According to the slum areas (improvement and clearance) act 1956, slums are area where buildings area:-

“In any respect unfit for the habitation; and are by reason of dilapidation , overcrowding , faulty arrangements of streets , lack of ventilation , light or sanitation facilities or any combination of these factors , are detrimental to safety, health and morals”.

One third of the urban population of India lives in slums. The living conditions in slums are substandard. The health culture of these slums is viewed as sub-cultural complex of their entire way of life. The study has been carried out by taking three different types of slums. .One is relocated slum namely Govindpuri, Second is resettled slum namely Madanpur khader and Third one is Yamuna Pushta slum having illegal status and free to all. (This slum has been cleared from its site in July 2006, soon after the survey was conducted). In this study the substandard health care services have heightened in three types of slums.

The main objective of the present study was to focus upon the dynamics of migration, basic amenities and infrastructural facilities and the availability, affordability and accessibility of health services for slum dwellers of Delhi. The first chapter defines the slum population, its emergence, the review of literature related to migration pattern, infrastructure and basic amenities in slums and its relation with availability and accessibility of slums.

RATIONALE FOR THE SELECTION OF THE STUDY

The rationale of selection of slums is to achieve representation of three different categories of slums namely a) Relocated slum (Govindpuri) b) Resettled slum (Madanpur khader) c) squatter or non – notified slum (Yamuna Pushta).

Govindpuri is a relocated slum has been moved from race course area in 1980s. Madanpur khader is another slum which has been build by Delhi development authority for resettling the slum dwellers of Nehru place in 2000. Yamuna pushta is a slum which is located on the government land and it is not a notified slum.

A household of 550 household survey was conducted in the selected slum. The distribution of the household was approximately in proportion to the size of the slum. The household thus selected for three slums were 300 household from Govindpuri, 150 household from Madanpur khader and 100 household from Yamuna pushta. A questionnaire for this purpose was developed and given appendix.

The **second chapter** deals with the definition of slums pattern by the various agencies. The section deals with the typology of slums and the squatter settlements, location of slums and changes in slum population over the decades and it also with the zone wise concentration of slums. Reasons for emergence has been also been discussed and also provides insight about the socio-economic profile of the slum.

Third chapter was basically concerned deals migration pattern, its processes and the socio economic profile of the slum. Migration pattern includes place of origin, causes of migration, area of origin, duration of migration and the age at the time of migration (head of the household). The second aspect covered in this chapter is migration process which includes stages of migration, namely where a migrant has directly come to the destination or he has to move to several places before reaching the final destination, this section also deals with knowledge of migration these places, decisions made for migration. Reason to choose destination, family composition at the place of migration and at the place of origin, Third aspect tries to explore socio economic profile of the slums, which includes the caste composition, mother tongue, family composition, age composition, marital status, income level of the head of the household, income level at the place of origin, level of education .In the last part of the study well being index has been constructed taking few socio economic aspects and duration of migration.

Chapter four was related to availability and accessibility of infrastructure and basic amenities in three slums of Delhi. The study deals with existing level of infrastructure, norms for provision of basic amenities and infrastructure facilities by the government of India and Delhi government for the slum dwellers. The study also gives a critical account

of the impact of the population growth on slums of Delhi and the reports and programmes for slums. The chapter gives the findings of the primary survey in two sections first accessibility and second availability of health care facilities in slums.

Chapter five was related to health care availability, their utilization and pattern of morbidity in the slum. The first part deals with the general profile of the public health, proximate causes of the ill health, which provides the insight about the general profile of the infrastructure and basic amenities position Vis a Vis slums. The second part is related the health care utilization in slums namely Services of phc/medical institution, charges of the private medical institutions and clinics, source of treatment, reason for choosing the source of treatment, satisfaction with the treatment, should be the hospital should be free of charge or a nominal user charge, it also includes the access to the health care services in the slums and the mode of transport used for the utilization of the health care services. The third aspect of the study is related to the pattern of morbidity in slums includes illness in the last month, ailment on the survey date, hospitalisation in one year, average morbidity and hospitalisation rate in one year of three slums, type of ailment, ailment of the head of the household, ailment of the family members, no of days of inactivity and lastly analysis of the common problems and health status of slum dwellers, treatment sought and the proximate reasons for the ailments in slums been done.has .

CONCLUSION

Findings of the present study can be summarized in the conclusion given below

- Slums in Delhi are located on plain areas owned by the government, and vacant private lands. Large concentrations of squatters are seen in Trans Yamuna/East Delhi and South Delhi. In Delhi, Slums areas are usually found located on: Public lands, Gardens, open spaces near railway tracks, beneath bridges and planned public housing sites, Amidst surrounding residential areas, Near old and new industrial and commercial complexes, fruit and vegetable markets, within unauthorised colonies, and resettlement colonies and Open spaces left out in resettlement colonies where previous squatter households had been rehabilitated and who even complain that the basic services made available to them are inadequate

- Slums are mostly engaged in manual labour in the industrial areas, domestic work and in construction. Factors such as distance of workplace and transportation costs encourage them to stay in these settlements which are centrally located.
- It is observed that most slums and squatters are rural migrants are utterly poor and poverty-stricken labour class households, which comes to the city in search of better wages. Their household income seems to be very low and it is observed that they do not manage to save anything from their daily wages.
- Many reasons encouraged squatter settlements in spite of the operation of large-scale public land allocation and housing in Delhi to provide cross-subsidised low income housing opportunities Un-affordable standards of government-built legal housing, Acute housing shortage for low and lowest income groups who are mostly in-migrants who are not eligible for public land allocation (10 year residency requirements) and/or find it difficult to afford the costs of public housing, Inability of government to allocate adequate land and housing for poor and to check the resale of resettlement plots that have encouraged re-squatting, Resettlement of squatter families on legal plots located on peripheral locations seems to driven them to illegally sell their land and move nearer to their places of employment, Lack of opportunities to build a home progressively according to their own values of space and amenity, and thus regulate housing/shelter expenditure within their limit and Political patronage that considered to be motivating a large number of squatting as a result. The numbers of Slums and the unauthorised colonies are growing at a great pace and in the last fifty years its growth was unprecedented. The zone wise distribution of slums and squatters shows that the south has the highest share of the settlements followed by North zone, West zone. East zone and the central zone contribute the lowest percentage of the slums and squatters.
- The Master Plan provides relocation, land sharing and upgrading as three development model options for the development of slums. First, Relocation, The Second option of land sharing and the third option of upgrading involves improving the physical environment and basic services in existing communities, and this in-situ rehabilitation is by and large being followed at present.

The Master Plan 2021 has proposed a strategy to contain unplanned development and has proposed a *"give and take" approach* so that unauthorised colonies are also effectively incorporated in the mainstream of urban development and amelioration of existing slum and jhuggi jhopari clusters takes place through a judicious mix of relocation and in-situ development.

- The migrants to Madanpur khader and Govindpuri come from Uttar Pradesh, Bihar Rajasthan and Delhi. Where as in Yamuna Pushta there are migrants from Delhi rather a good no migrant from Haryana apart from Uttar Pradesh, Bihar and Rajasthan
- Good number of migration come from rural origin only very small section of the migrants belongs to urban origin.
- The Employment is the main cause of migration followed by education, marriage and higher wages. Where as in yamuna pushta there are many migrants from Delhi rather a good number of migrant due to natural calamities
- The majority of the household migrant at the time of migration found in the age group of 15-25 years in Govindpuri. In Madanpur khader and yamuna pushta the age of Head of the household of migrating to slums belongs to the age group 25-30 years.
- Around Three fourth of migrants came directly to all the slums The proportion of the number of migrants coming directly to slums decreases when we calculate them for more then one year of the stay. Migration is found to be gender selective. There is very strong male selectivity in migration. The male migration is larger in rural to urban streams.
- Family members are the main motivating force behind the movement of migrants. Some of information of migration followed by friends. Thus in other words the main channels of passing the information of migration are social networks. The idea of migrants deciding to move to the Delhi is largely decided by the migrant himself, and the second major motivating force for the idea of migration in all three slums is dominated by family members and the friends. Majority of migrants live with there families only old parents are left at home. The majority of father and mother live in there native places and young people migrate to the urban areas.

- The caste compositions are more in favour of general category Followed by scheduled caste and scheduled tribe population respectively. Hindi and Punjabi are the main languages of the slums dwellers. Other languages consist of Urdu, Haryanvi; maithili, Rajasthani and Bhojpuri.
- The family composition of the slums is largely dominated by the joint family in Madanpur khader and Yamuna Pushta. In Govindpuri slum, the average size of the family is 3-5 people per household and in the Madanpur khader and the Yamuna Pushta slum the average size of the household is 5-8 persons.
- Age determines the migratory nature of the population; the younger the population the propensity of migration is very high. The age composition is dominating factor in the terms of the migration pattern to the slums. Children's and the working age population are dominant age groups in all three slums.
- The most striking feature of the analysis in all three slums is that there has been low proportion of population in the age group "more than 60 years" in comparison to the next group between "25-40 years and 40-60 years". The age composition in the age-group of the 25-40 is largest in all slum samples.
- There are more married females than males. The largest share of married couples is shown by the Madanpur khader slum and lowest in Govindpuri slum.
- The highest income group is Govindpuri slum, followed by Madan Pur khader and the lowest slum income group possessed by Yamuna Pushta.
- Population in Govindpuri and Yamuna Pushta shows very good employment opportunity in informal sector and service sector. The level of education in all three slums is not satisfactory and many families did not have the formal education.
- Manufacturing in household and Manufacturing other than household contributes largest percentage in Govindpuri, followed by Madanpur khader and Yamuna Pushta respectively.
- Transport sector contributes good share in all three slums here, the majority of people act as driven and contract workers or daily wage earners in transport industry. The communication sector is totally contributed by Govindpuri slum.
- The composite wellbeing index suggests that migrants of very long duration are better off than the rest. Thus, it may be concluded that population mobility is not an

irrational decision and in the long term, there are prospects for upward mobility at the place of destination.

- On the whole, though there is no strong evidence of gains associated with migration per se, those who have been residing for a very long time in the urban areas have definitely benefited from migration. This would explain why migrants do not return to rural areas, even when mobility does not seem to have improved their living standard in the short or medium term.
- With a high intensity of poverty and lack of employment opportunities in rural areas, the hope that they will be able to experience upward mobility in urban areas seems to motivate migrants to stay on, particularly recalling the experiences of their neighbors, relatives, friends, co-villagers, and kith and kin who have resided in urban areas for more than a quarter century or so. If not within their own lifetime, they may at least see promising gains for the next generation.
- There are serious deficiencies in urban infrastructure is the result of the rapid growth of urban population and low investment in urban development. The relocated slums like Govindpuri, Madanpur khader have major proportion of Pucca houses and in Yamuna Pushta slum majority of population have kutcha houses made of shacks and locally available to the inhabitants.
- Due to the illegal status of the Yamuna Pushta slums the inhabitants do not want to construct because it's expensive and always fear of displacement.
- Toilets are the basic necessity of the human beings and no one can neglect its importance in the human life. In Govindpuri slums and Madan Pur khader majority have access to toilet facilities but the situation is very bad in Yamuna Pushta and Madanpur khader.
- In Govindpuri and Madan Pur khader all the households have the electricity connection but in Yamuna Pushta very small percent of the households have the legal electricity connection (majority of that connection has been sub let by the main connection). Due to its illegal status the majority of the population does not have the legal electricity connection.

- All of the slums of the study areas generally face the problem of power cuts. As we analyse the frequency of the power cuts in the area, we see the majority of people lies in the category of the frequent power cuts.
- The situations of garbage disposal in all slums are very problematic. As there is no specific place for garbage disposal, Due to this the garbage dump lies undeterred on the lane and the bylanes of all the slums. As the municipal cleaning of garbage is very bad and the situation is very grim in all the three slums.
- Garbage cleaning is not disposed regularly and majority opined that the garbage is not cleaned regularly. In yamuna pushta slum, the households say that the cleaning is never done by the safai karamcharis. The position is very poor and maintenance and development are at the lowest level.
- In the yamuna pushta slums no sewer connection exists and all have to go outside or use public latrines In Govindpuri and Madanpur khader majority of the household are connected to the sewers. The resettled slum like Madanpur khader does not have proper sewer facilities for its inhabitants they have public toilets but the people do not use it more frequently due to one rupee charge.
- Majority of the household called stagnation of water is the main source of the inconvenience in the locality and the due insufficient management of the drainage the water didn't get through the proper outlet. In slums like yamuna pushta, which has make shift structures, there are no drainage facilities and water drains into open nallas in the kutchra road.
- Majority of the household in the Govindpuri slum uses piped water and they have the regular water connection. The residents reported that the pressure of the water supply remains low through out the year and it is extremely scarce during the summer season. Household in the Madan Pur khader have the water connection but they do not get water and they have make up the queue for water supplied by the water board. They also reported that there always alteration and due to this many uses the hand pump water.
- Madanpur khader slums the majority of household does not have the tap water connection and they rely on the hand pump ant point connection. Due to the fact that poor quality water there is a problem of water borne diseases in the locality. As the

location of drinking water is concerned in Yamuna Pushta slums, all the residents rely upon the tap.

- The condition of supply of the water is concerned; the supply of the water of the water is very erratic. The water supply is partially augmented by the hand pumps in the settlement. As the water has been distributed by the authorities follows a time table and water distribute 2-3 hours in morning and 2-3 hours in evening. In Madanpur khader the problem is very big here the majority of the population does not have access to the water facility and dependent upon the hand pumps and water tankers.
- As we compare between the three slums, we get this conclusion that the condition of roads to the slums areas are very bad shape and majority of roads are in much delapidated position. In Govindpuri slum, the position of roads is good in comparison with Madan Pur khader and Yamuna Pushta.
- Majority of the slum dwellers are using public transport served by Delhi Transport Corporation and private operators called blue line services. As the usage of public transport is concerned, the usage of transport is largely dominated by the bus transportation and other modes of transport contribute negligibly.
- The opening of the ration shop is also very erratic and depends upon the proprietor's convenience. The opinion about the services provided by these ration shops not satisfactory and majority of people complain about the public distribution system. Many people believe the majority of the services do not reach the needy households and this should be checked with proper intervention.
- Residents are not able to procure full quota of their allotment and the level of corruption is very high and people have to give bribe to make ration card.
- Majority of the children's study in the government school and only small well to do families go to private schools for education. The children's in the Yamuna Pushta slums studies in school located inside the slum funded by the donor agencies (mainly from European nations). The main reason behind the usage of government school is mainly because of lower fee structure, nearness to home, cheap school curriculum and easy admission process.

- The financially strong families send their children to the private school because they think that the government school will not provide good elementary education and they will not be compatible with recent competitive scenario.
- Household educational decisions determine the utilisation of available educational facilities (whether to send a child to school or not, and whether and when to withdraw a child from school). These educational decisions are governed by the domestic circumstances. Thus both home and school factors are important for determining the educational status and attainment of the child.
- Mediums of instruction alternate between English, Hindi. Private schools usually prefer one of the first two choices, while public schools tend to go with second choices. Hindi is the main language of instruction in Govindpuri, Madanpur khader and Yamuna Pushta slums. Very small proportion of children goes to the English schools.
- The type of fuel used for cooking is an indicator of the quality of the life. Due to convenience in cooking with LPG majority of the household uses LPG as main source of the fuel followed by kerosene electricity and other fuels.
- In Madan Pur khader and Yamuna Pushta there are no PHC and medical institutions in their neighbourhood, so they have to move to other places for the medical services. Only Govindpuri have the primary health care centre.
- As the services in these slums are concerned, they are in a very poor, only one tenth percent of the population in Govindpuri says that health care facilities are good in their locality and in Madan Pur khader and Yamuna Pushta no population have perception that the situation is good.
- Hospitals were available within a radius of 10 km for about 60% of the migrant households, though free health care facilities are available from the nearby government hospitals for minor ailments.
- Special problems regarding the health facilities in three slums are concerned, all the slums of Delhi are some special problems to share. As the special problems of the area are concerned, the people have many suggestions to tell for upgrading the situation of health in their area. These are, New hospital needed, Hygienic garbage and sanitation disposal, Clean drinking water, Higher charges of the health facilities, Unaffordable

private medical charges, No medical insurance cover, Lack of immunization and pre and ante natal care. Working of reverse osmosis plant in their locality and Lowering of the user charges.

- The health seeking behavior of low-income households being quite different from that of middle and high-income households. The private sector which is easily accessible and is seen as delivering better quality services is much more expensive and is largely supported by direct out-of-pocket payments. Slums having lower per capita income like Madanpur khader and Yamuna Pushta show more inclination for the health services towards government hospitals and primary health centers. Private hospitals however are being frequented mostly by the high-income households, since these are completely out of reach of the poorer people.
- Ailment prevailed at the rate of 77 per thousand populations during this 30 days reference period (Average of all the slums). The risk of the ailment or morbidity was the highest in the age group of 60 years, followed by those in the age group 40-59, 0-14 years and 15-39 years.
- Health problems were reported to be much higher among females than males. The annual hospitalisation rate is 34 per thousand populations. General differentials showed the risk of hospitalisation to be higher in females than in males. The hospitalisation was much higher among females in the age group of 60+ years and 40-59 years respectively while females were more likely to be hospitalised in the all age group.
- As per illness in the last month in the slums are concerned, the level of illness is very high in all the slums of study areas in Delhi. The hospitalisation rate is very high in age group of 60+. Another major age group shows high ailment rate belongs to age group below 14 years.
- The presence of the viral fever is the major ailment prevailing in the three slums people having high fever with common cold tend to have this perception that they have viral fever; but their perception changes as the diagnostic test is done. Their ailment turns into typhoid, dengue, diarrhea, hepatitis etc.
- Due to water problems in the slums, Jaundice, Diarrhea, Typhoid and Gastroenteritis is very much dominating diseases in the slums. The problem of tuberculosis is

directly related to the health and hygiene prevalent in the locality. The per capita income is positively correlated with tuberculosis, means the low income level people live in unhygienic places and unhealthy conditions in slums get engulfed by the tuberculosis disease that's why tuberculosis is very much prevalent in Yamuna Pushta and Madanpur Khader.

- As per the inactivity in the slums are concerned, the inactivity in all the slums is very high in all the slums. Number of days of inactivity due to illness in all the slums is very much in between 0-10 and 10-20 days.
- Majority of the families in the Govindpuri locality got treated for the ailment and but the proportion of treatment for ailment in Madanpur Khader and Yamuna Pushta is not satisfactory. Due to non availability of the money some families in Madanpur Khader and Yamuna Pushta household does not receive any medication for there ailment.
- Many females and the household do not get the treatment because of the apathy from the family. Many families do not get there females treated and apply locally available treatment for there females. No treatment facility in the locality is one of the major reason in Madanpur Khader and Yamuna Pushta is the main reason for not treated for there ailment.
- The government hospitals are major health care providers for all slums located.
- The doctors doing practice in the Madanpur Khader are the only source of treatment for the people of this locality. They provide there medical services at there doorstep of slums though some mobile medical vans comes to the slums but they are not the regular phenomenon. The private medical service provider in these low-income localities as many of the practicing doctors here are most likely to be non-qualified practitioners and or doing cross practice
- Affordable costs are the main reason for preference to the public/private health facilities. The reason for choosing private hospitals and dispensaries is due to the facility nearness to the localities.
- The major reason behind the no option for other facilities apart from government one is due to money constraints in the slums. The household do not have enough money to pay for the medical bills. Due to the poverty many households in the slums move

towards the government facilities, which provide the medicines with Medication facilities.

- Owing to a proper of public health-care services in the locality, there exists a sizeable section of the population who are forced to seek care from the private sector. That clearly points to the need to strengthen public health-care services.
- The levels of satisfaction about the health care services are very low in all the slums. Only x ray and blood test facility available are available in the Govindpuri locality but only blood test facility available in the Madan Pur khader and no diagnostic facility are available in the locality of Yamuna Pushta.
- The perceptions of the people regarding the public health facilities are insufficient. Public health is insufficient and the entire household, stated that the more health facilities are needed for the slums. The health care facilities perception of the household is positively correlated with the income level.
- Majority have the perception that the medicine should be distributed from the health centres. As there are no health centres or PHC available in the Madanpur khader and Yamuna Pushta; so they do not have any say about the medicines from health services.
- Distance to health care facilities plays a major role in the level of utilisation health care facilities in slums of Delhi.
- The analysis clearly shows that the time taken to reach the public health care facilities was much higher than the time taken to reach the private health care facilities. More than one hour of travel was spent to reach out the governmental facilities at AIIMS and Safdarjung hospitals for Govindpuri and Madanpur khader slums. For the Yamuna Pushta slums Hindurao, AIIMS, Lady Hardinge are the hospitals to visit.
- The concept of healthy person was perceived by the dwellers as the fulfillment of certain basic requirements. As believed by the majority it depends upon their good economic conditions and their educational status which are perceived as additional inputs. However, most of the residents precisely internalized the necessity of food, clothing and shelter as prerequisites for healthy persons. For the child health, parent's education is most important.
- The determinants of the health care services are closely related to the expenditure and purchasing power of food, housing, education modern household necessities etc,

Since the economic power of the economic groups of slum dwellers like well off, not so poor and very poor are different at a point of time, their knowledge, perceptions and meaning of health, health problems are not uniform in their health care services in the slum situation

Recommendations

The social situation greatly accentuates to the major problem for the urban development. The three of aspects study namely migration, infrastructure and basic amenities and health care services in slums is in bad shape. There is an urgent need to cater the unmet needs of the slums; if it is not catered with total commitment then the problem of the slums can hamper the urban development so need based planning of local authorities of slums including Nagar Nigam or municipal communities. Health problems of slum are therefore, a national responsibility of high priority – especially in terms of resource allocations and regulation. Furthermore, the problems of proliferation of slums, the uncontrolled migration and non existent infrastructure and basic amenities in the urban slum are very much detrimental to the bad health of the slums migrants.

The situation in the slums is very grim and it accentuates into a major health care hazard. If the migrant patterns are not controlled and no restrictions are made over the movement of the people to the large metropolitan city of Delhi, then it will lead to environmental catastrophe. The Delhi is not properly equipped with the counter mechanism to cater the needs of migrant population. To counter this Delhi needs counter magnets in the peripheral regions (the project was started long before but it wasn't providing the expected results).due to nonexistent or bad infrastructure available in these regions people tend to migrate towards Delhi.

The creation of small and medium towns also could not cater the needs of the migrant population; some mechanism has to made to tackle the problem of large scale migration to Delhi slums.

The **Draft National Slum Policy** drawn up by the Department of Urban Employment and Poverty Alleviation in the Ministry of Urban Development in April 1999. Such a policy can help bring an attitudinal change among the authorities and the people at large, including the urban poor and the slum-dwellers, regarding measures to improve their quality of life and make our cities free from the worst features of slums.

The major objectives of the policy are too met to counter the menace of uncontrolled migration. To control the menace of slums the draft should be implemented properly. The objectives are

- To create awareness of the underlying principles that guide the process of slum development and improvement and the options that are available for bringing about the integration of these settlements and the communities residing there with the urban area as a whole.
- To strengthen the legal and policy framework to facilitate the process of slum development and improvement on a sustainable basis; to ensure that the slum population are provided civic services, amenities, and economic opportunities to enable them to rise above the degrading conditions in which they live.
- To arrive at a policy of affirming the legal and tenurial rights of the slum-dwellers.
- To establish a framework for involving all stakeholders in the efficient and smooth implementation of policy objectives.
- The policy embodies the core principle that households in all urban informal settlements should have access to certain basic minimum services irrespective of land tenure or occupancy status.
- Cities without slums should be the goal and objective of all urban planning for social and economic development
- The programmes like The Nirmala Jyothi programme has to be initiated which was launched during August 2002. In the first phase of the programme 260 slums have been taken up to provide the basic amenities like drinking water, roads, drains, streetlights, toilets. The provisions of the basic services lead to development of slum population and reduction in the poverty situation in slums. This type of more programmes to be initiated.
- The existence of health institutions is the manifestation of social change including socio-economic development. In this light, the slum dwellers have in turn, developed a sense of direction in fulfilling their health needs depending upon the accessibility and availability of health care services. Thus, the diffusion of health culture is perpetuated by some, of the detrimental factors as configurations of

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