CHAPTER 6
SUMMARY & CONCLUSIONS
Chapter VI
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In a nutshell, the present study centres round the physical conditions existing in Amravati Slums and the improvement and up-gradation programme implemented by Amravati Municipal Corporation in this context. The researcher's main thrust and dispassionate evaluation of these programmes with a view to find out the goals achieved and failures found.

Slums in Amravati are no exceptions to the general concept of a slum anywhere. Their creation and proliferation are also governed by the same facts and findings as arrived at as a result of different studies conducted by different researchers.

 Creation of slums is mainly due to migration of people from rural areas to urban areas in search of employment. Unless this migration of village population to cities is checked effectively, no plan of improving or upgrading the slums, however good, can be of any use. In addition, the economic incapacity of the urban poor to take on rent or purchase a dwelling unit has also grossly contributed to the unceremonious growth of slums.

The famous writer Charles J. Stokes has termed slums as "cancerous growth of a city". Slum is a culture of poverty and is, in fact, the by-product of industrialisation, urbanisation, poverty and a number of other factors.
The maximum slum population of India is in Maharashtra. It constitutes 30 to 35% of its urban population. The slum-dwellers do not even enjoy the basic amenities and literally live in unimaginable unhealthy environment. The slums at Amravati do also bear these characteristics in general. Their sanitary condition is very poor and economically they form the part of the population living below poverty line. Over and above, they are inhabited by the anti-social elements engaged in all sorts of crimes and vices and also serve as hiding resorts for hard criminals.

The problems of the slum dwellers are multi-dimensional and need to be understood in a wider perspective. Although the conditions in large metropolitan cities are very threatening and alarming, but comparatively the conditions in middle towns as that of Amravati are not so unmanageable.

Under the concept and principles of welfare state, the Government is duty-bound to improve their living conditions and upgrade their lot by launching various welfare schemes to achieve the following objectives:

1) To improve the socio-economic, educational and cultural status of the slum-dwellers.

2) To provide basic amenities, just as drinking water, Public latrines, roads and lanes, sewage and electricity etc.
3) To provide housing tenements.
4) To improve health status.

With a view to attain the above objectives, the Slum Improvement Programme and Slum-Upgradation Programmes were launched in Amravati in the year 1974 and 1989 respectively. The Slum-upgradation Programme was undertaken only in one slum of Amravati namely Sidharth Nagar and aimed at the upliftment of its physical, social and economical conditions and its linkage with the main stream of city-life.

To find out the errors and omissions in the implementation of Social Welfare Programmes, it was most essential that periodical checks and counter-checks should be applied and the three pronged evaluation i.e. quantitative, qualitative and statistical analysis were made. Though a period of 15 years had passed and the improvement programme was completed in 43 slums of Amravati but no evaluation of any kind was undertaken so far by any organization or agency. The present researcher with this aim in mind undertook the much-needed evaluation project covering:

1) The study of Socio-Economic and Education status of the slum dwellers.

2) The evaluation of Basic Amenities provided to the slum dwellers, just as drinking water, public latrines, roads and lanes, sewage and electricity etc.
3) Evaluation of the condition of housing tenements in these slums.

4) Evaluation of health status of the slum-dwellers.

As a necessary background to the above objectives, the following points were also dealt with to augment the introduction to the subject:

a) History of the growth and development of slums.

b) Slum clearance and rehabilitation.

c) Slum - Improvement.

d) Slum - Upgradation.

e) Review of Literature relating to the subject.

To understand the infra-structure of Slums at Amravati and living conditions prevailing therein, it was thought most essential that a bird's eye-view landscape of Amravati in its varied aspect be presented. Therefore a profile of Amravati City covering its history and location, population and growth rate, economical and occupational base, total number of slums and slum population and various other aspects relating to the living conditions of the slum dwellers was discussed briefly.

After reviewing the existing literature on the subject, a methodology suitable to the nature of the problem was adopted. The investigator found that out of the total recognized slums of Amravati City, the improvement programme was implemented and completed in 43 slums and upgradation programme only in one of them. Out of these 43 slums 30
slums were selected randomly and stratified method of sampling was applied. The stratification was done on the basis of Population. On the basis of this common denominator all the 30 slums under study were classified in three categories namely, Category I (High Population), Category II (Medium Population) and Category III (Low Population).

For uniform and adequate representation 10 slum areas were selected from each Category. Further for selecting "Samples" from each selected slum area the sequential random method was adopted for conducting the required survey. Under this method every 5th house was surveyed and 15 samples from each selected slum-area were drawn for the study. This means that 150 samples were selected from each Population based category of slums referred above.

For the purpose of data collection, the tools of questionnaire and Check-List were used and Observation and Interview techniques were followed. A pilot study was also conducted to make perfection in tools prepared such as questionnaire and Check-List. The errors detected as a result of pilot study and in context with the assumptions and objectives of the proposed Research Project, some new questions were added and some were deleted to give final shape to our research tools. Thereafter the final survey was conducted. The present researcher collected the data from primary as well as secondary sources, classified and tabulated it in relation to the objective of the research.

Finally on the basis of logical discussion and the
process of sifting and winnowing the available data, the results drawn were as under:

(I) **General Information About the Respondents**

The general condition of slums was found to be congested i.e. out of 450 samples 56.44% (254) were found living in congested condition.

When the information about religion was collected it came to know that 57.33% (258) of the samples were found to be Hindu and only 0.45% (2) of the were belonging to Christian religion.

The results also showed that the percentage of S.C. People living in the slum was very high i.e. 47.15% (212) and that of N.T. was very less i.e. 2.45% (11). About Mother tongue it was found that 70% (315) people were having Marathi as their mother tongue.

It was noted that maximum persons to i.e. 82.9% (373) were staying in nuclear family system and it was further noted that only 7.23% (34) of the families were having family members between 1-3 and 62.14% (294) were having the family members between 6 and above out of which 17.1% (77) belonged to joint family system and rest 74% (217) were nuclear families having 6 and above family members.

When number of children per family was studied, it was found that only 13.12% (59) families were having only child and 33.12% (149) families were having 4 and
(II) Economic and Educational Status of the Slum Dwellers:

a) Occupation:

When the researcher investigated the occupation of sample males, it was observed that maximum i.e. 60.45% (272) males were found to be unskilled laborers. Similarly, 63.11% (284) i.e. maximum females were found to be housewives and minimum percentage i.e. 9.55% (43) of males were found to be skilled workers. In case of females, percentage of both skilled workers and women engaged in business is minimum and also equal, which was 1.56% (7). From the above results it is concluded that maximum slum dwellers are laborers and they were working in unorganized sectors.

(b) Earning Members Per Family:

It was also revealed that in 53.78% (242) families there was only a single member earner for the whole family and in only 14.22% (64) families 3 and above members were the earners for the single family.

(c) Income:

The results of the income of the sample family stated that there was not a single person who was having income less than 100Rs. Maximum families i.e. 41.33% (186) were having the income between Rs. 500-1000. This showed that the total income of slum families of Amravati City was reasonably and fairly good because in slum's family pattern
male, female and children -- all the three components of the family contribute their little best to the well being of the family.

(d) Educational Status:

Males:

It was found that maximum percentage i.e. 33.56% (151) males were illiterate and minimum percentage i.e. 3.78% (17) of males were graduate.

Females:

Results showed that 54.45% (245) of females were found to be illiterates, and only 1.11% (5) of the females were graduate.

Children:

The results showed that maximum number of children i.e. 27.66% (186) had studied up to middle school level whereas a minimum of only 1.93% (13) had studied up to college level. Thus from the above results it was noted that 1.93% (13) children from the total 672 attended the college.

Lastly by using percentage scoring method, it was found that 46.66% of the slum dwellers were having average socio-economic status. From this it is concluded that the socio-economic status of slum dwellers is not satisfactory hence assumption is proved to be true.
(III) Basic Amenities:

The basic amenities provided to the slum-dwellers at Amravati, in fact, constitute the plinth of the over-all Improvement Programme implemented by Amravati Municipal Corporation vis-a-vis laid down standard prescribed by the Government of Maharashtra. The quantitative, qualitative and the statistical evaluation of the performance put up by Amravati Municipal Corporation in this context reveal somewhat gloomy picture of the basic amenities provided in the slums under study and the following findings have come to light:

Drinking Water:

1) As per laid down norms, an over-all deficit of 156 Water-taps exists. This deficit is highest in the High Population Category of Slum. There are only 50 Water-Taps in place of 166, which serve a population of about 25,000 meaning thereby there is only one water tap for nearly 500 persons against the prescribed norm of 1 tap for 150 persons only. Naturally, there is an uncontrollable crowd on every tap some times resulting in serious quarrels. In Medium and Low Population Categories of Slums, the deficit of 39 Taps and 1 Tap respectively, exists. The performance of Amravati Municipal Corporation in respect of the Drinking water amenity has been best and is almost touching the target in Low Population Category, but it is found to be the worst in High Population Category of Slums.
respect of almost touching the target in Low Population Category. but it was found to be the worst in High Population Category of Slums.

2) The general cleanliness within and around the public latrines was found to be at its lowest ebb. There was filth and rubbish all round. Inside, the commodes were overflowing and stinking. Broken seats and doors of the latrines were not repaired and the whole atmosphere was found to be contaminated. The result was that in spite of good number of public latrines, the slum dwellers, especially in the morning were found to be walking a long distance in search of secluded spots for defecating. Amravati being a city of water storage and the proper care was not taken by the Amravati Municipal Corporation Authorities. The slum-dwellers were found to be reluctant in using the dirty Public-Latrines.

Electricity :

1) Under this amenity provided to Slum-areas, only street lighting facility is covered. According to the prescribed standard in this context, there existed only 107 Electric Poles in place of 250 poles required and the population density wise, similar trends as in the case of Water-Taps and Public Latrines were available. The highest deficit of 80. poles existed in High Population Category of Slums and the lowest deficit of only 1 Pole in the Low Population Category of Slums.
2) Tube-lights were used for the purpose of street lighting.

3) As reported by the slum-dwellers, fused tube-lights were not replaced immediately.

Roads and Lanes:

1) The condition of roads and lanes was found to be most satisfactory in the Low Population Category of Slums. 70% Slums of this category has Tar-Roads of prescribed width of more than 3.1 meters constructed properly together with narrow cemented lanes also constructed in 60% Slums.

2) The roads and lanes were found to be in worst condition in the Slums of Medium Population Category.

3) There was hardly any road in any of the Slums which passed straight from one end to the other.

Sewerage:

1) There were mostly 'Kaccha' drains formed on account of waste-water flowing from the houses and seeking its own level.

2) 'Pucca' drains wherever constructed were not covered and emitted bad smell.

3) No work was done by Amravati Municipal Corporation as regards S.W. Drains and Sewer Lines in any of the slums.
From the above findings it was concluded that the target of providing basic amenities according to the standard norms of Slum Improvement Programme was not achieved up to the mark. So the assumption of not satisfactory improvement in the basic amenities of the slums proved to be true.

**Slum Upgradation Programme at Amravati:**

1. Housing was accorded the highest priority and it was the main objective borne out, achieving the target envisaged under the scheme. Majority of the housing tenements i.e. 48 out of 54 were fully constructed and finally completed. Only the six remained incomplete because of the non-availability of funds.

2. In other Slum Areas of Amravati Municipal Corporation, Shelter Improvement Programme was not implemented because the Slum-dwellers on their own accord did not come forward to form Housing Societies, which was pre-condition for availing the housing scheme.

3. In this context, a very surprising fact also came to light. Slum-dwellers were not enthusiastic to form the Housing Societies because under prescribed standard of uniform houses for each member, his presently available housing area was to be reduced. He was, therefore, not interested in availing the facility of having a newly constructed house at the cost of even little reduction in land area.
4. There were no special Educational Programmes conducted by Amravati Municipal Corporation. State Government or voluntary Social Organizations in order to upgrade the educational standard of the Slum-Children.

5. Majority of Slum-dwellers were found to have harboured an understanding that the Private Educational Institutions were having better teaching standard than that of Municipal Schools. Therefore, Many of them with their affordability to pay, were surprisingly found to prefer paid education to the free education.

6. Health-care programmes were not being implemented with zeal and devotion. No special efforts were made by Amravati Municipal Corporation to run special Health Centres in this Slum-area in order to upgrade and develop health infrastructure and environmental sanitation. However, various health schemes enunciated by the State Govt. and or Govt. of India were implemented by Amravati Municipal Corporation.

7. Perhaps on account of cash-incentive being provided to the health-workers, Family Planning Programme was a great success. About 80% couples of child-bearing age were found to have been covered.

8. Surprisingly, in the field of health-care also, the slum-dwellers were also found to have harboured a belief that the treatment rendered and service offered by the Private Doctors were definitely better than
at Amravati Municipal Corporation Health Centres. This belief had simply resulted in that majority of the residents of this slum were found to be taking paid treatment from the private Medical Practitioners at the cost of free treatment offered at Amravati Municipal Corporation Health Centres.

9. Schemes relating to the sewage and drainage system as a part of Upgradation Project were not implemented and the spread of epidemics was not checked effectively. The Health Officer of Amravati Municipal Corporation was handling these schemes merely as routine matter.

10. The Tree Plantation Programme as an objective of environmental improvement and pollution control was found to be implemented and completed as per target by the residents of this upgraded slum-locality.

11. Municipal Taps were found to have been installed in 75% houses of this Slum-areas, positively contributing to the upgraded sanitary condition within the houses and their surroundings outside.

12. An upgraded standard of living with a little higher level of earning was ostensibly visible in this Slum area in comparison to the other slum-areas.

13. A result oriented motivation programme to mobilise the community for mutual aid, spread of literacy, prevention of epidemics, skill Improvement
cultural awakening was urgently needed.

From the above results it was found that the assumption—"the housing condition where the Slum Upgradation Programme was implemented is improved" was proved to be true.

**Condition of Housing Tenements**:

1) Majority of Slum-Dwellers i.e. 73.12% (329) out of 450 respondents live in Kaccha Type of houses and only 0.86% (4) were found living in nutments. This was the indicator of fairly good improvement in housing condition at Amravati Slums.

2) 43.12% (194) of "sample" families were living in only one-room tenement and only 4.88% (22) families were having 4 and above rooms in their houses. In the present study number of rooms were taken into consideration because the area of a house however large it may be, is of no use if there are no rooms for living. Moreover, one-room tenement is the minimum standard for a poor slum family as prescribed by Amravati Municipal Corporation. It seems it has overstepped its target in much better way.

3) About the type of roof it was found that 66.68% (301) of slum-houses were having country-tiles' roofs and the minimum percentage i.e. 5.35% (24) houses only were having Cement - slab. This is indicative of improvement in the condition of housing tenements.

4) 73.2% (252) out of 450 "sample" families
houses were found to be in good condition.

About the disposal of wastage it was found that a little number of samples i.e. 90.00% (405) of them were throwing the wastage at a long distance.

Only 42.22% (190) of samples were availing the facility of dustbin.

About 78.45% (353) of sample have to use private type of health facility.

The result of health of mother showed that 67.33% (303) of the sample mothers were belonging to medium health status.

About the immunisation it was found that 71.57% i.e. 725 children out of 1013 children had availed the benefits of free immunisation.

About the type of health facility it was found that most of the samples i.e. 78.45% (353) out of 450 were found to be taking paid treatment in Private Hospitals and Dispensaries, and only 21.55% (97) were found to be availing free Public Service Facility. This was because they feel that, when they take free treatment they are not treated well by the doctors and sometimes the timings of Public Health Services is not suitable for the daily-wage workers, as they have to lose their wage for that day which they cannot afford. So they prefer to go to the Private Dispensaries of their slum-area in which they are treated well by pay.
reasonable fees.

From the above results the assumption that "the facilities regarding the health improvement is provided regularly by Amravati Municipal Corporation" was not proved.