**Slum in Delhi, urban lower-income area**

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**Background:**  
  
Urban slum dwellers all over the world, and especially in the cities of South Asian countries, live uncertain lives. They have hardly any security of employment, housing, or, indeed, for their very existence. These slums are created by the displacement of labor from rural areas to the cities, lured by the prospect of better pay and greater employment opportunities. In Delhi, housing being expensive as well as scarce, the immigrants often take up transitory residence on pavements and work sites. Groups of immigrants living in a particular area will often take possession of it and convert it into a slum. After living in these cramped spaces for a while, the city authorities sometimes grant permission to the immigrants to build living quarters within the same area, though there is little or no governmental assistance provided to do so. Consequently there is very little planning in the creation of these slums, and they primarily seek to accommodate all the people into small household units. The areas have no drainage or garbage disposal system, with houses that are dimly lit and suffocating. Often, they suffer from severe water scarcity, and water supply is normally erratic.  
 **The rationale:**  
The greatest drawback faced by health workers in such communities is the lack of understanding within members of the latter as to the extent and possible dangers of neglecting their problems. These people are both economically and educationally backward, and are severely hampered by their shortsighted tendency to overlook issues that they cannot tackle immediately. Education, and not merely literacy, is required to broaden their outlook, and economic incentives need to be provided to help them think beyond the imperative of figuring out the source of their next meal.  
  
The idea is to develop within such a community an organic understanding of the problems faced by its members, and to collectively develop solutions for the same. Changes proposed by outside experts often fail to find acceptance by the community owing to issues that might appear trivial to outsiders. Therefore in order to evolve an effective process of improvement in the lifestyle of the community, it would be crucial to involve its members in decision-making and implementation of proposed improvements.  
 **Khan-Market, a example..:**  
  
The Khan Market Labour Camp is located behind Lok Nayak Bhavan, a government-owned office complex. Within a total area of 0.025 sq. km, it hosts about 600 households with a total population of over 4000 people. Each household has an average of 7 members, at least 3 of whom are children of school-going age. About half the population of the slum is female, and about a sixth is over 60 years of age. Most men, women, and children above 10 years of age, work as manual labour on a daily wage basis. Children also work as apprentices in the various garages and shops in the market. While adult men and women working as daily wage labourers can earn up to Rs. 1500–1700 a month, a child’s maximum earnings never exceed Rs. 1000. The community comprises largely Hindu people from Rajasthan, Uttar Pradesh, Maharashtra, Haryana, Bihar and West Bengal.  
  
While most adults can write their names, no one above the age of 40 has ever been to a school, and only a handful above 30 years of age can read at all. Among adults between 18 and 30 years of age, most seem to have attended primary school, about 50% of the men to have completed the Eighth Standard, and 3–4 men to have completed higher secondary school or attempted college. A recent, happy development is that one young lady has reached college level and has been granted permission to continue her studies. No one else in the slum seems to have completed graduation. The residents complain mostly of water-related illnesses, such as cholera and diarrhoeic attacks, as well as sundry skin-diseases, mostly caused by nutritional deficiency. While municipal workers do come to their rescue, especially during election times, the area faces a serious sewerage problem. The bigger problem by far, however, is that of alcoholism. The women as well as the children regularly experience some form of domestic violence, while men above 30 years of age frequently suffer from liver problems caused by alcoholism. While the men themselves recognize this as a problem, there does not seem to be a way out of the present situation, wherein they have neither security of life nor property, and the level of education is abysmal.  
  
**Issues to be tackled:**  
  
With most of its members employed in the informal sector, living from moment to moment makes the community unwilling to invest in long-term planning. Short-term, short-lived plans become the hallmark of their lives. Consequently, there is a need for whatever project is offered to seem pertinent to them in terms of short-term gains as well as long-term effects. A number of young adults are either unemployed or forced to follow in their parents’ footsteps due to lack of job opportunities, even though they may have completed class eight or the secondary level. They form a sizeable force that can be utilized in the cause of the community. There is little or no supervision on younger children, who frequently indulge in scavenging, petty theft, beggary and even occasional vandalism. Children, 13 years and older, are responsible for the household in the absence of adults, and consequently are not often able to attend school, although most of them appear to be officially enrolled. They need to be provided a judicious alternative, for a huge number of them have a strong desire to study, given the opportunity. Older girls are more often landed with domestic chores and looking after younger siblings, while older boys are sent to school by preference. There could be a household-based income-generating scheme for the former. Apart from these, the most basic problems affecting the area are related to drainage and nutrition, which are both related to a lack of information, illiteracy and ignorance.