



International Journal of Humanities & Social Science Studies (IJHSSS)
A Peer-Reviewed Bi-monthly Bi-lingual Research Journal
ISSN: 2349-6959 (Online), ISSN: 2349-6711 (Print)
ISJN: A4372-3142 (Online) ISJN: A4372-3143 (Print)
UGC Approved Journal (SL NO. 2800)
Volume-III, Issue-VI, May 2017, Page No. 242-257
Published by Scholar Publications, Karimganj, Assam, India, 788711
Website: <http://www.ijhsss.com>

A Policy Framework towards Mitigating Environmental Risks of Under-privileged Children in Shillong, Meghalaya

Dr. Soma Bhowmick

Asst. Prof. Dept. of Political Science & Research Coordinator, William Carey University, Shillong, India

Abstract

Urban Slums are a collective trend and subsist in almost all cities across the world. There is a habitual disinclination to regularize them as they are considered illegal. Under privileged children residing in the slums face double jeopardy.

WHO estimates that the environmental factors are responsible for an estimated 24 per cent of the global burden of disease in terms of healthy life years lost and 23 per cent of all deaths; children being the worst sufferers. The bearing of environmental ruin on health of the under privileged children may persist well into the future and the state of affairs in fact, is liable to get shoddier.

The paper is about underprivileged children in Shillong.

As per 2001 Census the urban population is to the tune of 19.58%, this is much lower than the national average. Ad hoc spreading out of urban areas without tolerable amenities, population explosion, bucolic migration, influx, and a complicated land tenure system are some of the causes that have been recognized as dynamics that has backed up the growth of slums in Shillong.

The focus of this paper is on the risks which young children face while living in an unhealthy environment and how to mitigate them and work towards their betterment. Scanty research; and almost no mapping are available about this crucial topic. Steps can be recommended to better the conditions and make available easy access to simple requirements of life. It is also a child rights and human rights issue.

Key Words: Urbanization, Environment, Risks, Under-privileged Children, Shillong.

Introduction: Enabling environment in any locale optimistically contributes towards the augmentation and development of the inhabitants of any particular area; this is true for any populace. Urban Slums are a collective trend and subsist in almost all cities across the world. There is a habitual disinclination to regularize them as they are considered illegal.

These informal communes are left to fend for themselves without basic infrastructure and services because rural to urban migration is considered as short-term. Under privileged children residing in the slums face double jeopardy. They are divested of basic amenities that the non-slum children in general do avail so they require distinctive consideration. India roughly 1.37 crore households or 17.4% of urban households lived in slums.¹

Extensive inconveniences of communicable and non-communicable diseases in the 3rd world and developing countries are accredited to environmental risk factors. WHO estimates that the environmental factors are responsible for an estimated 24 per cent of the global burden of disease in terms of healthy life years lost and 23 per cent of all deaths; children being the worst sufferers. Given that the environment is linked with most of the MDGs, without proper attention to the environmental risk factors and their management, it will be difficult to achieve many MDGs by 2015.² The bearing of environmental ruin on health of the under privileged children may persist well into the future and the state of affairs in fact, is liable to get shoddier. In order to deal with this challenge, two specifics are noticeable. First, that much of the environmental affliction is ascribed to a decisive risk factors which comprise unsafe water and sanitation, contact with indoor smoke from cooking fuel, outdoor air pollution, experiences with substances such as arsenic, and climate change. Second that natural environment and healthiness must become, as a matter of necessity, a national concern, both in the context of developing policy matters and resource allocation.

Shillong, which had been the Capital of Assam, since 1874, was founded by Col. Henry Hopkins, the then Commissioner of Assam, in 1864. In 1972 it became the capital city of the State of Meghalaya. It falls under the East Khasi Hills District being one of the seven districts of the State. Popularly referred to as —The Scotland of the East, Shillong functioned, during the British regime, as the administrative capital of the erstwhile Assam province apart from being the only major tourist destination in the region. Situated at 250 31' 26" – 250 39 56"N Latitude and 910 47' 20" E Longitude, the altitude of the city varies between 1400 to 1900 meters (m) above mean sea level (MSL). The National Highway NH-40 links Shillong with Guwahati and rest of the country. There is a minor airport at Umroi, 35 kilometers (km) from Shillong. Guwahati, the largest urban centre of the region, is located 120km from Shillong, is the nearest railhead and airport.³

Demographic Profile: Total slum population of State of Meghalaya is 2964007.⁴ Total populations of notified slums in Shillong City is 78929. The population of slum areas is 23.82% of total population of GSPA. Population of slum dwellers within SMB area is

¹ Census Reports 2011

² World Health Organization, “*Preventing Disease Through Healthy Environments*”, Geneva: World Health Organization, 2006

³ India: North Eastern Region Capital Cities Development Investment Program – Shillong Solid Waste Management Sub-project : Report Prepared by the State Investment Program Management and Implementation Unit (SIPMIU), Urban Affairs Department for the Asian Development Bank.

⁴ <http://meghalaya.gov.in/megportal/stateprofile>

49.48%. The population of slum areas is 23.82% of total population of GSPA. The slum population of Shillong is 91.45% of total population of Notified slums of Meghalaya State. The Shillong Urban Agglomeration consists of 19 notified slums and all these are located on private lands, except for two slums Jhalupara and Harijan Colony, which are located on Cantonment Board and SMB lands respectively.

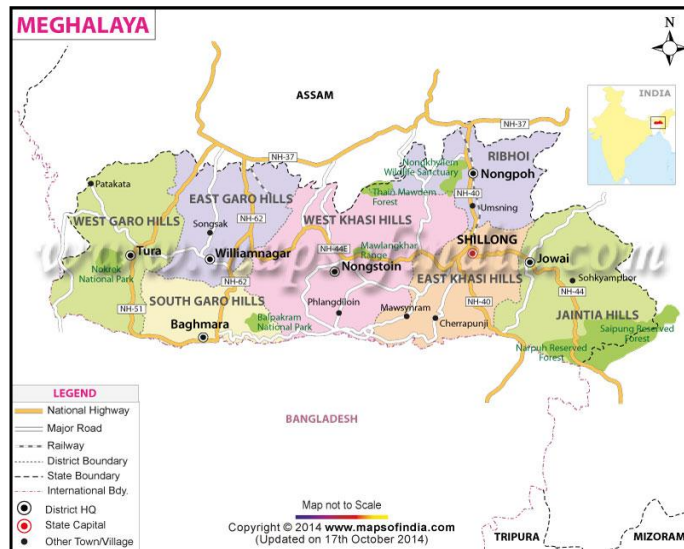
Shillong is also Municipal Board city in district of East Khasi Hills, Meghalaya. The Shillong city is divided into 27 wards for which elections are held every 5 years. The Shillong Municipal Board has population of 143,229 of which 70,135 are males while 73,094 are females. Population of Children with age of 0-6 is 14317 which is 10.00 % of total population of Shillong (MB). In Shillong Municipal Board, Female Sex Ratio is of 1042 against state average of 989. Moreover Child Sex Ratio in Shillong is around 936 compared to Meghalaya state average of 970. Literacy rate of Shillong city is 92.81 % higher than state average of 74.43 %. In Shillong Male literacy is around 94.80% while Female literacy is 90.92%.⁵ More locales are being identified as slums, the entire Mawlai area, one of the biggest localities in Shillong, has also been identified as a slum. However the distinction for being “The Scotland of the East” is fading as Shillong, an unplanned city, has steadily grown in size over the years. It is the 330th most populous city in India with a population of 1, 43,007, according to the 2011 census.

The problem as identified is that urbanization in Meghalaya has sustained a sturdy tempo; however this escalation has stayed within Shillong, the Capital town. As per 2001 Census the urban population is to the tune of 19. 58%, this is much lower than the national average. As per the provisions of the Meghalaya Slum Areas (Improvement and Clearance) Act, 1973, {The Assam Slum Areas (Improvement and Clearance) Act, 1959 as adopted by Meghalaya}, 45 (forty-five) slums have been identified and notified, in six towns in the State.⁶ Ad hoc spreading out of urban areas without tolerable amenities, population explosion, bucolic migration, influx, and a complicated land tenure system are some of the causes that have been recognized as dynamics that has backed up the growth of slums in Shillong.

⁵ Shillong Population Census 2011

⁶ Meghalaya State Development Report 2008

Map No.1: Map of Meghalaya



Map No.2: Map of Shillong



The precise indexes used for proclaiming locales as slums include lack of sanitation, lack of drinking water, temporary residence, socio-economic status of the populace, dilapidated state of roads, no or clogged drains and a non existing sewerage system, there is a need to address the root cause of rural migration. Most of the slum locales in Shillong are situated in low lying water logging vicinity and has very scanty sanitary condition and polluted

environs. The residences are provisional construction, considerable segment of the people do not have any access to basic services like electricity, toilets, health care facilities, water supply, drainage, sewerage, schools, solid waste disposal facilities, covered streets, street lighting etc. The children living herein are socially, educationally, economically, environmentally absolutely dispossessed, they face numerous risk factors and the environment is such that health wise they are hugely challenged. Many of them belong to broken families; they are waifs and strays and have nowhere to go. Many among these kids do drugs sniff dendrite and are engaged in odd jobs like rag picking, car washing, cleaning homes, shops, scavenging etc. They encounter colossal hazard of abuse, injuries, together with contact to hazardous chemicals, owing to their emergent involvement in household chores and employment outside of the dwelling. Many school-age children attend make shift arenas that run as schools by local organizations here, these “schools” are simply shed like structures run by some local NGOs, that are housed inside go-downs and without any sanitation facilities, making them more likely to contract various maladies. This is an unfortunate situation whereby young children are faced with risks that endanger their survival in a forward looking city as Shillong. Non profits and Civil Society organizations like CHILDLINE, SPARK-Bringing Light to Lives are working towards some succor to these hapless souls, however financial hardships often put brakes on their efforts. What is discerned is that the process of urbanization has created a huge gap between demand and supply of urban services and infrastructure and children are the worst hit. The approach of urban infrastructure prerequisites that support enhanced and competent pattern of resource consumption is at the heart of growth and development of sustainable cities and Shillong is set to be a SMART CITY in the near future. Making efforts towards the empowerment and health of slum children intrinsically becomes a priority in Shillong while taking into account the fundamental rights of the children as per the RTE Act. Therein all children in the age group of 6 to 14 years ought to be in schools. This entitlement also facilitate an under privileged child to be trained in a conventional school in a fit environment at subsidized rate.

The focus of this article is on the risks which young children face while living in an unhealthy environment and how to mitigate them and work towards their betterment. Scanty research; and almost no mapping are available about this crucial topic. Steps can be recommended to better the conditions and make available easy access to simple requirements of life. It is also a child rights and human rights issue.

The *raison d'être* of this article is also to draw the attention of the State of Meghalaya that has hitherto turned a blind eye towards this most unfortunate section. This article is also significant because it will provide a fillip to frame relevant policies/guidelines/design child centric programs highlighting the environmental hazards faced by and affecting under privileged children in Shillong. This in turn will focus the attention of the State, Civil Society, Public consciousness towards the environmental hazards and risks that children face. The paper also congregates ideas with a futuristic outlook by various State Departments in terms of effective program implementation for a sustained environmental management by

engaging with the urban poor with the focus on underprivileged children in Shillong.

Table-1: Locality of Notified Slums in Shillong with Population

Slum	Population
Slums inside SMB Area	
Qualapatty	1603
Lumparing	5782
Malki	7314
Laitumkhrah	6715
Upper Mawprem	3088
Lower Mawprem	6238
Madan laban	6238
Riat Laban	8492
Wahingdoh	3221
Barapathar	3415
Wahthapbru	599
Laban	6238
Goraline (Laitumkhrah)	606
Harijan Colony (Mawlong Hat)	1227
Naspatigarhi	1300
Polo Bazar	2500
Demseiniong	1169
Total	65745
Slums outside SMB Area	
Pynthorumkhrah-I & II	13184
Total	78929

Data provided by the Directorate of the Department of Urban Affairs, GoM

The current paper starts with the following premises or **Hypothesis:**

- i. Environmental hazards pose risk to under-privileged children living in the slums in Shillong.
- ii. Better management and reduction of environmental hazards in the slums of Shillong can alleviate the health risks which the under privileged children face
- iii. Environment and health aspects must become, as a matter of urgency, a national priority in India, both in terms of policy and resource allocation for the poor.

Methodology: The methodology utilized for this project work is fundamentally exploratory, observation research designs based on secondary data.

Environmental Hazards and Under-Privileged Children of Shillong:

Children, especially from poor families are most vulnerable to illness and death due to these diseases. Studies and systematic reviews denote that the environmental factors are responsible for an estimated 24 per cent of the global burden of disease in terms of healthy life years lost and 23 per cent of all deaths. While 25 per cent of all deaths in developing countries are attributable to environmental factors, only 17 per cent of deaths in the developed countries are due to such factors. Children are the nastiest sufferers of the unfavorable impacts of environmental risks, as an estimated 24 per cent of all deaths in children under-15 are due to diarrheal diseases, malaria and respiratory issues, all of which are environmentally-related.⁷ Each year, 13 million or nearly one quarter of all deaths worldwide result from preventable environmental causes relating mainly to water, sanitation and hygiene; indoor and outdoor pollution; harmful use of chemicals such as pesticides; and climate change.^{8 9} These perilous factors, that are both stoppable and avertable, are a part of the causes in more than 80 per cent of diseases that are consistently reported to the WHO. In India roughly 1.37 crore households or 17.4% of urban households lived in slums which means nearly 1 in every 6 urban households lived in slums. Over a third of India's slum population lives in its 46 million plus cities.

The concept of slum and its definition may slightly vary depending upon the socio-economic condition or local perception prevailing in the society but the general physical characteristics of most of the slums are found to be essentially same world-wide. As per the Meghalaya Slum Area (Improvement and Clearance) Act, 1973 a "slum" is an area unfit for human habitation. Slums are usually a cluster of temporary dilapidated tenements and structures having common toilet, lack of basic amenities, inadequate arrangement of drainage and disposal of solid waste and garbage.¹⁰ These tracts are deeply unhygienic and

⁷ World Health Organization, "World Health Report 2002: Reducing Risks, Promoting Healthy Life", Geneva: World Health Organization; 2002. Available from: <http://www.who.int/whr/2002/>

⁸ World Health Organization, "Preventing Disease Through Healthy Environments", Geneva: World Health Organization; 2006.

⁹ WHO/UNICEF Joint Monitoring Program for Drinking Water and Sanitation, 2012 update, New York. UNICEF; Also in Geneva World Health Organization. Available from: www.who.int/water_sanitation_health/publication/2012/JPM_report

¹⁰ GOI Report on Slum Population, 2005

disease prone hence is the breeding ground for various anti-social activities like crime, theft, burglary, chemical dependency and so on. This does not augur well for the growth and development of the younger generation of a nation.

In Shillong the brunt of environmental squalor on health may persist effectively in the future and it is likely to be shoddier. In order to face up to this challenge, two facts are observable. Much of the environmental hazards faced by the under privileged children are attributable to some critical risk factors which include unsafe water and absence of sanitation, exposure to unhealthy indoor situation at home, inhaling of smoke from cooking fuel, outdoor air pollution, exposure to chemicals, climate change, situations leading to chemical dependency, other situations unfit for the growth and development of an impressionable young mind etc. Disease or ill-health is often a consequence of interaction between the human and a host of degraded environmental factors. Human exposure to these factors present in the environment can have a profound influence on public health. Since many of these factors are very much observable in the slums of Shillong. Primarily a chunk of under-privileged children living in the slums areas in Shillong are engaged in hazardous occupations and the major thoroughfares of Shillong are the homes to many of such children.

Forums such as the Rio +20 United Nations Conference on Sustainable Development in June 2012 in Brazil, as a follow up to the environment and development summit held in 1992 offered an opportunity to countries to deliberate on the issues associated with the environment and health and to agree on policies and programs that will contribute towards saving the environment, and at the same time, protecting human health especially of the poor living in developing countries. Among the 27 principles agreed upon, the first was that “Human beings are at the centre of concern for sustainable development. They are entitled to a healthy and productive life in harmony with nature”.¹¹ Unsafe water, sanitation and poor hygiene contribute to a large number of deaths, estimated at about 0.45 million in India alone. While good progress has been made with respect to drinking water availability, the situation in many countries of Asia relating to sanitation continues to remain bad. Currently, 2.5 billion people lack sanitation facilities, with coverage being poorest in South Asia; as many as 629 million population in India is without sanitary facilities. According to UNICEF, 67 per cent of the rural population in India still practice open defecation.^{12 13} Among some countries of the South-East Asia Region namely Bangladesh, Bhutan, Sri Lanka, and India, the proportions of population without access to sanitation during 2010 were 44, 56, 8 and 66 per cent, respectively.¹⁴ The Swaccha Bharat Abhiyan (Clean India

¹¹ United Nations General Assembly *Report of the United Nations Conference on Environment and Development*. Annex 1. Rio Declaration on Environment A/Conf.151/26 (Vol 1), Rio de Janeiro, 3-14 June 1992

¹² World Health Organization: *GLAAS 2012 Report*. UN Water Global Analysis and Assessment of Sanitation and Drinking Water. Geneva: WHO; 2012.

¹³ UNICEF: Available from: www.unicef.org/media/media_61922.html

¹⁴ World Health Organization: *World Health Statistics 2012* Geneva: World Health Organization; 2012.

Campaign) one of critical Flagship programs of the Government of India is making decent strides in rural areas of East Khasi Hills District; however the campaign has not taken off in Shillong, Meghalaya. The response is very discouraging when concerned departments shirk to own up responsibilities and face up to the challenges in Shillong which is also a major tourist destination in India.

Unfortunately, drinking water and sanitation have not received the kind of political commitment these deserve although the benefits can go beyond health and economic development and to enhance personal and national dignity more so in Shillong. Availability and access to safe drinking water, sanitation and a pollution free atmosphere to the underprivileged in Shillong is also pathetically inadequate. In many cities in India and elsewhere this situation has resulted in an escalation of number of children consulting health care workers for asthma and other diseases. In one study carried out in New Delhi, India, hospital emergency room visits for asthma and chronic obstructive lung disease increased by 21 and 24 per cent due to high levels of ambient air pollution.¹⁵ The linkage with disease is clear as unsafe water and sanitation contribute to 94 per cent of the diarrheal disease burden. During a case sampling done in Bara Bazar, Jhalupara, Nongmynsong and Gora Line areas, rapid screening of 250 children was done and five cases of trachoma was detected and samples for confirmation were taken.¹⁶ Unprivileged children living in the slums and the streets in Shillong are jeopardized severally as they work as rag pickers and scavengers. They rummage through piles of un-segregated garbage of the city and run the risks of injuring themselves; many such injuries go un-treated leading to serious infections, ailments and fatalities.

Reducing Environmental Hazards for Mitigating Health Risks:

According to the Meghalaya State Development Report, 2008, “Slums have emerged in the urban areas of the state purely because of lack of infrastructure. Most of the slum pockets are located in low-lying and water-logged areas amid poor sanitary conditions and unhygienic surroundings.” According to WHO, outdoor air pollution contributes to 800,000 deaths each year globally and about 60 per cent of them are in Asia, caused by domestic consumption of fuel, motor vehicles especially those running on diesel, industries and burning of all kinds of waste. These factors together with second-hand smoking are leading to ischemic heart disease, acute respiratory infections, asthma, and lung cancer. Among the South-East Asia Region countries, only Nepal has higher proportion 69% of population without access to improved sanitation than India.¹⁷ The environmental hazards that challenge the children living in the slums can be reduced and their risks mitigated to a satisfactory level when the quality of life in the slums improve. An integrated

¹⁵ Pande J. N., *et al. Indoor Air Pollution and Emergency Room visits at a Hospital in Delhi*, Indian Journal of Chest Diseases & Allied Sciences, 2002, Pp 13-9.

¹⁶ National Program of Control of Blindness on National Trachoma Survey, All India Institute of Medical Science (AIIMS), New Delhi, 2015

¹⁷ World Health Organization, *World Health Statistics 2012*, Geneva: World Health Organization, 2012.

developmental goal for urban poverty alleviation needs to be the fundamental focus of any urban development project. An incorporated and inclusive approach to provide shelter, basic services and other related civic amenities with a view to provide utilities to urban poor needs to be put in place with strict and proper implementation. However, a critical issue is that these slums are not considered to be legal and hence the settlers therein are faced with state apathy and severe reluctance to provide them with the basic amenities for a decent living. The following critical areas can be managed to alleviate the decrepit situation into which these children are in:

Urban Infrastructure: Generation of wage, employment through the creation of socially and economically useful public assets for the improvement of the social, economic and environmental conditions. Participation and involvement of the stakeholders and their representatives at the grass root level in the task of implementing programs/projects will be cost effective and will give them a sense of ownership. Construction of roads, pathways, bridges, culverts, retaining walls, drains water supply, improvement of water sources, construction of schools, community halls and similar public assets can improve and reduce environmental hazards that affect the health of these children. Improving their living conditions inside the slum can also help in mitigating some of the environmental risks like protection from rains, chill of the cold winter, effects of vices like gambling, drinking and other criminal activities that generally take a toll on innocent young minds and life.

Water Supply: The major portion of water supply in the urban areas in Shillong is handled by the PHED, where as the distribution is vested either in the department concerned or in the Municipal Board as in the case of Shillong and even to the ADCs as in the case of Tura. Foremost challenges regarding water supply distribution include upgrading water distribution system, facing the unbalanced distribution system, water resource management and treatment, validating the water usage, better management of the institutional arrangements besides capacity enhancement. Under privileged children residing within the slum limits of Shillong do not have access to safe drinking water, which lead them to contract various water borne diseases and that has ill effects on their health and living situations.

Sanitation: There is no sewerage system in any urban area of the State. The domestic waste water comprising of sewage and sullage, are disposed off in individual soak pits and septic tanks or flows off into the primary and secondary and natural drains and finally to the nearby rivers, this has led to severe ground water contamination. Sanitation coverage in the urban areas is 91.58% of which 47.54% have sanitary latrines 52.46% have pit and other type of latrines. About 8.41% have no access to any latrine facilities.¹⁸ The children and the adults residing in these slums are forced to openly defecate in the absence of insufficient or nearly absent toilets.

Storm Water Drainage: There is absence of adequate drainage system which is posing

¹⁸ Census Report 2011
Volume-III, Issue-VI

problems of water logging and flooding, causing land slips and soil erosion. Recent landslides in Jhalupara area have claimed precious human lives. This situation is aggravated by indiscriminate and uncontrolled human developmental activities that add to the problem causing obstruction of drains and encroachments on rain flow paths. The two rivers Wah Mukhrah and Umshyrpi that flow across the Shillong city from East-South towards North-West directions have become waste dumping sites, they are choking with plastics and other forms of household waste that residents dump into them. After crossing the city limits, these rivers join together to form Wah Ro Ro before joining Umiam River further downstream, feeding Umiam Lake.

Solid Waste Management: In the Municipal Areas the waste and garbage is primarily collected from waste depots/garbage bins and household. Household waste is collected in every locality every alternate day in Shillong which is carried to the landfill at Mawiong. For the segregation of household waste two bins were distributed to every household under North-Eastern Region Capital Cities Development Investment Program: Shillong funded by ADB in 2012. The effect of the program is yet to be discerned in various neighborhoods. Many young children who pick rag by scouring through garbage run the inevitable risk of being injured and infected. Designated garbage bins are often open spots and are far too less in comparison to the amount of waste that is generated in Shillong. Besides the bins are too small to hold the large amount of garbage that is generated. Lack of education and civic sense is another aspect that needs to be focused in terms of solid waste management in Shillong.

Quality of Housing: In 2011 under the JNNURM, ISDP and BSUP components, five slums of Shillong had been selected for up-gradation, viz, Mawbah, Demseniong, Lower Mawprem, Pyntohrumkhrah and Kynjatphutbol. Under the scheme, altogether 168 dwelling units were to be constructed however the availability of land and its acquisition is a major challenge. The Government of Meghalaya has set a target of a decade to reduce slum areas as there are as many as 12 locations in the city alone which have been notified as “slums” and children form a sizeable portion of the slum population. A decade target has been set to reduce slum areas by at least 75 per cent so that by 2021, the government would be in a position to de-notify some of the notified slums. The total cost of the project, under the JNNURM is around Rs 30.44 crore. The government had initiated construction of these 600 dwelling units for the urban poor since September 2008.¹⁹ The project has been bogged with several bottlenecks and has been delayed. The slum children mostly live in shanties, which provide them unsatisfactory protection from the vagaries of nature. Many of these children live inside boxes made out of card boards.

Environment and Health as National Priority for Urban Poor:

Allocation of appropriate resources, interweaving water, sanitation, and hygiene in disease reduction strategies is a crucial priority and an indispensable prerequisite for slum

¹⁹ The Shillong Times
Volume-III, Issue-VI

development in Shillong that would positively affect the children residing in the slums of Shillong. It is now widely accepted that several factors combine and affect human health. The scarceness of information about the needs of underprivileged children at the state level remains a major constraint for advocacy in Shillong. To fill this information gap, environment and health impact assessments can help in systematically identifying the policies, programs or developmental activities that are likely to have a major impact on the health of the under privileged children in Shillong. Such information can make a critical input for deciding on the right policies and projects for the under privileged children living in the slums of Shillong. Availability of such information is almost nil in Shillong barring a few articles in local newspaper, a few books and a couple of research done by Doctoral Scholars of Universities. An assessment on this account can assist The Government of Meghalaya to formulate policies and plans for the children living in the slums and streets of Shillong. There is also an urgent need to support Non Governmental Organizations in Shillong that are championing the cause of such underprivileged children. The following are some of the schemes to render improved services to the urban poor in Shillong:

1. Infrastructure Development
2. Environmental Improvement of Urban Slums
3. Special Urban Works Program & Chief Minister's Special Urban Development Fund
4. National Urban Information System
5. Swarna Jayanti Shahri Rozgar Yojna²⁰
 - i. Urban Self Employment Program
 - i. Urban Women Self Help Program
 - ii. Skill Training for Employment Promotion amongst Urban Poor
 - iii. Urban Wage Employment Program
 - iv. Urban Community Development Network
6. New Shillong Township
7. Jawaharlal Nehru National Urban Renewal Mission

Besides the 10th and the 11th Five Year Plans had ear-marked resource allocation for urban poverty alleviation in urban slums of Shillong, however no specific programs for such children are on. In Shillong, a multi-disciplinary approach in assessing the quality of life of these under privileged children can identify the risk factors that can improve the quality of life. Another area of concern here is the sincere implementation of the plans and projects that benefit the underprivileged children that mitigate the environmental risks they face while they go about in their daily regular chores. For the success of any such program correct information needs to be reinforced among the target areas and the focused communities because the role education and dissemination of relevant information can never be over emphasized. Lack of proper communication, unavailability of correct and relevant information on government programs also makes these children more vulnerable and susceptible to hearsays and doubts. Reliable data will help guide decision makers while

²⁰ The Shillong Municipal Board is currently implementing the SJSRY and its 04 component programs
Volume-III, Issue-VI

planning and implementing such policies, programs and development projects in the slum areas of Shillong targeting the children living and working therein. Such information can aid to (i) comprehend the impacts on children's health, (ii) to be sensitive towards children's health while designing and execute new projects and approve the concept of "health in all policies" as an underlining principle, (iii) guarantee that the health of the urban poor is fortified while initiating a new program, and finally (iv) slum children specific programs needs to be designed with explicit provisos to reduce environmental hazards that will fortify their health, empower and skill them.

Suggestions:

Conducting Environmental and Health Impact Assessments: It is of critical importance that environmental and health impact assessments are carried out for children living and working in the slums and the surrounding areas. Such assessments in Shillong can funnel the ideas of policy makers towards better mitigation of environmental risks that negatively impact these children. Low income and indebtedness affect the purchasing capacity of the urban poor and renders them unable to be able to provide nutritious food to their children or even procure basic medicines for them, resulting in the prevalence of malnourishment of the children in the slums. Unhygienic living environment and lack of adequate health care leads to perpetuation of frequent illness among the children here. Enhancing the leadership role of health in advocacy with the stakeholders is of utmost significance for the health and well being of the kids living and working in the slums of Shillong.

Strengthening Policy and Infrastructure: India needs a healthy future and the magnitude of children living and working in the slums is growing, this is a cause for worry. Stress on building infrastructures for the urban poor with specific focus on children needs to be well articulated in our policy documents. Community infrastructures like schools, roads, sewage system, primary health centres etc. needs to be set up and made accessible to the urban poor. Multiplicity of governance structures and overlapping of functioning while administering poverty alleviation programs for the urban poor needs to be stemmed. The MUDA, SMB, UAD need to work in tandem keeping in the loop the concerned Village Councils. This will enhance the quality of program implementation and will improve the reach of the benefits of the projects. Implementation of the State schemes and their benefits earmarked for these children needs to be improved.

Mobilizing Public Awareness and Empowerment: Education creates avenues for gaining information, capabilities, confidence and eagerness to try alternative approaches for earning. We need to ensure basic rights of the children and make education an actuality for every child. For realising this, we have to give them a good living condition and a secure home so that they do not have to think of earning money for supporting their family. Generating awareness and sensitivity towards the situation of these under privileged children is critical to the alleviation of their condition and this has to be a continuous process, for this we need commitment. Employment and wage generation for the parents/guardians of these children can play an important role in providing them a safe

home. Importance should also be given to the need for inclusion of all children in education thereby ensuring their Right to Education and finally mainstream and empower them.

Developing the Spirit of Stewardship: Non Governmental Organizations in Meghalaya are very strong, they can steward the future of these under privileged children with enabling support from the State. There should be ease in finding entrée into schools, availability or unavailability of documents like birth certificates should not be a bottleneck, and alternative supporting documents should be fine. The sense of CSR in Shillong needs to be enhanced; the business and corporate houses can make a big difference in the lives of these children in extenuating their living and working conditions. The spirit of volunteerism and stewardship needs to be inculcated among our youth belonging to the better off sections of the society so that they remain responsive and conscious about the children residing in the slums and eking out a meagre livelihood. Members of the youth who are also students often do their community placement or internship with NGOs in Shillong who work for these kids, their internship should not only be related to the partial completion of their studies and limited to earning a degree. The students can play a decisive role in shaping the future of the underprivileged children here. The Call Centers established in Shillong too can engage in empowering these children. They can provide learning opportunities for the children and fulfill their social obligations too. Call Centers are corporate hubs; the youth employed therein can offer food, books, education and clothing to such children in Shillong.

Conclusion: Poverty in the context of the contemporary society poses many problems and challenges that cries for resolution. In light of inequities and abject conditions that people are confronted with in developing countries like India, poverty alleviation has an overriding significance over every other issue with slum children living and working at the fringes of the society is an acute manifestation of rising urban poverty in India. Children, with no political voice are amongst the worst sufferers. Meghalaya's capital has basked in plaudits of a beautiful hill station, has 23 identified slums in the greater Shillong area,²¹ and slums are unfit for human habitation. Children in these slums live in dilapidation, overcrowding, narrowness or faulty arrangement of streets, lack of education, lack of ventilation, lack of any sanitation or any positive factor to look forward to in life, the situation is detrimental to the safety and health of the children living and working in the slums of Shillong.

Bibliography:

Books:

1. Adinarayanappa, N.A., *Urbanization, Slums and Environmental Health*, Delhi: Mehra Offset Press, 2008.
2. Datta-Ray, B., *Population, Poverty and Environment in North East India*, North East India for Social Science Research: Concept Publishing Company,

²¹ The Telegraph, Saturday, March 15, 2014.
Volume-III, Issue-VI

3. Dey, Shanku, *Socio-Economic and Demographic Characteristics of Slum Population in Shillong City, Meghalaya*, Lambert Academic Publishing, 2013
4. Khan, J., Mishra, B. N., *Slums of Shillong: A Bird's Eye View*,
5. Sinha, Rekha, *Ecology and Quality of Life in Urban Slums: An Empirical Study*, New Delhi, Concept Publishing Company, 2007

Articles in a Journal:

1. Pande J. N., N. Bhalla, *et al.* *Indoor Air Pollution and Emergency Room visits at a Hospital in Delhi*, Indian Journal of Chest Diseases & Allied Sciences, 2002, Pp 13-9.

Articles in News Paper:

1. Lyngdoh, Rining, *Slum Blot on Scenic Shillong*, The Telegraph, Saturday, March 15, 2014
2. The Telegraph, Saturday, March 15, 2014

Dissertation/Thesis:

1. Singh, Alka, *Slum Dwellers of Shillong City in Meghalaya State*, Jhansi: Thesis submitted to the Bundelkhand University, 2005

Government/International Organizations/Ngo Publication:

1. Census Reports 2011
2. GOI Report on Slum Population, 2005
3. India: “*North Eastern Region Capital Cities Development Investment Program – Shillong Solid Waste Management Sub-project*”: Report Prepared by the State Investment Program Management and Implementation Unit (SIPMIU), Urban Affairs Department for the Asian Development Bank.
4. Meghalaya State Development Report 2008
5. National Program of Control of Blindness on National Trachoma Survey, All India Institute of Medical Science (AIIMS), New Delhi, 2015
6. Shillong Population Census 2011
7. *Statistical Handbook Meghalaya 2005*, Directorate of Economics & Statistics
8. United Nations General Assembly *Report of the United Nations Conference on Environment and Development*. Annex 1. Rio Declaration on Environment A/Conf.151/26 (Vol 1), Rio de Janeiro, 3-14 June 1992
9. United Nations Human Settlement Programs: *Challenge of Slums*, UK Earthscan Publications, 2003.
10. World Health Organization, “*Preventing Diseases through Healthy Environments*”, Geneva: World Health Organization, 2006.
11. World Health Organization, *World Health Report 2002, Reducing Risks, Promoting Healthy Life*, Geneva: World Health Organization,
12. World Health Organization, *World Health Statistics 2012*, Geneva: World Health Organization, 2012.

13. World Health Organization: *GLAAS 2012 Report*. UN Water Global Analysis and Assessment of Sanitation and Drinking Water. Geneva: WHO; 2012.
14. World Health Organization: *World Health Statistics 2012* Geneva: World Health Organization; 2012.

Internet Sources:

1. WHO/UNICEF Joint Monitoring Program for Drinking Water and Sanitation, 2012 update, New York.
2. UNICEF; Also in Geneva World Health Organization. Available from: www.who.int/water_sanitation_health/publication/2012/JPM_report, UNICEF: Available from: www.unicef.org/media/media_61922.html
3. World Health Organization, *World Health Report 2002: Reducing Risks, Promoting Healthy Life*, Geneva: World Health Organization; 2002. <http://www.who.int/whr/2002/>
4. www.smb.gov.in
5. www.theshillongtimes.com

List of Abbreviations:

1. ADB: Asian Development Bank
2. ADC: Autonomous District Council
3. BSUP: Basic Services to Urban Poor
4. CSR: Corporate Social Responsibility
5. GoM: Government of Meghalaya
6. GSPA: Greater Shillong Planning Area
7. ISDP: Integrated Slum Development Program
8. JNNURM: Jawaharlal Nehru National Urban Renewal Mission
9. MDG: Millennium Development Goals
10. MUDA: Meghalaya Urban Development Authority
11. NGOs: Non-Governmental Organizations
12. PHED: Public Health Engineering Department
13. RTE Act: Right to Education Act 2009
14. SMB: Shillong Municipal Board
15. UAD: Urban Affairs Department
16. UNICEF: United Nations International Children Emergency Fund
17. WHO: World Health Organization

Glossary:

1. Private Lands: Private Lands are those that are not owned by the government, clans and community
2. Urbanization: The Process by which more and more people leave the rural areas to live in cities
3. Slum: A squalid and overcrowded urban locale or district inhabited by very poor people