PERSPECTIVES

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Achieving Millennium Development Goals and India Vision 2020: Evidences from the Slums of Varanasi City

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Abstract

The objective of this paper is to examine the achievements of Millennium Development Goals (MDGs) and India Vision 2020 in the context of the slums of Varanasi city. India has been facing the problem of growing urban poverty due to rapid urbanisation. According to the Census of India 2011, about 65 million people live in urban slums, which are overcrowded, polluted, unhygienic, and deprived of basic services. This paper compares the goals and targets of UN MDGs and India Vision 2020 with the status of the slum dwellers of Varanasi city. The study is based on primary data, which includes survey of 150 households of five different slums of Varanasi city. The study reveals that more than 70% people are illiterate, less than 35% of population access government health facilities, only 36% household use tap water, etc. This comparison portrays a pathetic picture of slums and the inabilities to achieve both MDGs and national goals.

Key words: MDGs, India Vision 2020, Slums, Poverty, Quality of life, Varanasi City, India

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Introduction

Central to planning is about increasing the quality of life (QOL). The goals and targets for various QOL indicators are set at global and national level. In September 2000, world leaders met at the United Nations Millennium Summit to establish a series of goals for humanity in the 21st century. Central idea of Millennium Declaration was the right to dignity, freedom, equality and a basic standard of living (that incorporates free from hunger, violence but increased tolerance and solidarity (Kabeer, 2010). The summit resulted in the ratification of the Millennium Declaration and the Millennium Development Goals (MDGs), a set of 8 global goals and 21 targets to be measured through 60 indicators. The MDGs focus on the three areas of improving infrastructure, major increasing social, economic and political rights with the majority of focus going towards increasing basic standards of living (MDG-UNDP, 2006). The goals are focused on reducing poverty, improving the quality of people's lives, ensuring environmental sustainability and building partnerships to make a positive use of globalisation. The overarching goal is to halve absolute poverty in the world by the end of 2015. More than a decade later, the world has witnessed considerable progress and successes in achieving these goals. Yet, this progress has bypassed large numbers of the world's poor. India Vision 2020 document is a projection of India in 2020 by the Planning Commission of India [now replaced by National Institution for Transforming India (NITI Aayog)]. It examines various issues related to poverty and inclusive development such as education, growth, employment and population vulnerable sections of the population, environmental quality and governance. It states, "by 2020, the people of India will be more numerous, better educated, healthier and more prosperous than at any time in our long history" (India Vision, 2020:3). India has been facing the problem of growing urban poverty due to rapid urbanisation. According to the Census of India 2011, about 65 million people live in urban slums, which increased from approximately 52 million in 2001, recording

25.1% decadal growth rate, but with slight decrease in overall slum population percentage in reported towns from 23.5% in 2001 to 22.4% in 2011. Seemingly, 2613 towns reported slums in 2011. These slums are typically overcrowded, polluted and dangerous, and lack basic services such as clean water and sanitation. Varanasi, one of the oldest living heritage cities of the challenges world. faces the of rapid urbanisation and growing slums that portray a pathetic picture of the lives in slums.

Social problems, disparities, well-being and QOL are the new domains of geographic study in this post-modern era. The QOL studies are relevant for becoming more inclusive development of society and country. The rapid growth of slums and informal settlements has largely contributed to the social, economic and environmental problems in urban areas. Today, QOL seems essential to express and explain the socio-economic pattern and well-being of a society and its different strata. After the work of Smith (1977), geographers took interest in the study of social well-being. Since the late 1980s, poverty, and more specifically urban poverty, has experienced а significant resurgence of attention in most regions of the world. Currently, urban poverty has attracted researchers from different disciplines. Nath (2011) examined various programs and policies related to the MDGs and observed slow progress towards achieving these goals. She also observed that the utilisation of services offered by different programs is rather low. Ishtiyaq & Kumar (2011) studied informal settlements and distribution of slums in the National Capital Territory (NCT) of Delhi and found lack of basic amenities in these settlements. Bandyopadhyay and Agrawal(2013) reviewed condition of slums in India from the past to the present and observed that urban areas are facing lots of problems and unable to access affordable land, employment, basic amenities and social services to the poor. Cohen (2013) argues that Millennium Development Goals (MDGs) have ignored the urbanisation process and rate of urban population growth. He also examines the other limitations of MDGs and suggests some new targets for post 2015 period. In this postmodern globalised era where economic growth and disparities co-exist, the study of human well-being and QOL are more significant. Against these backgrounds, this paper is an attempt to compare the QOL of slum dwellers with the targets of UN MDG and India Vision 2020 and suggest some measures for inclusive development and planning to improve the QOL in slums.

Objectives

The study was undertaken with the following objectives:

- To present an overview of QOL in slums in Varanasi city.
- To compare the QOL in slums of Varanasi city with the MDGs and India Vision 2020.

Data and Methodology

The study is based on primary data collected through an interview schedule in 150 households of selected slums (Rajghat, Onkareshwar, Sigra, Durgakund and Nagwa) in the city of Varanasi. The paper highlights the low quality of level of slum dwellers of Varanasi city with the help of various indicators of QOL. Altogether, 10 variables(X1 to X10) have been carefully chosen to determine the existing QOL (please refer to Table 3). Finally, the paper compares the status of the slum dwellers with that of the goals and targets of the MDGs and India Vision 2020.

Study Area

Varanasi (also known as Kashi or Banaras is located in between 82°56'E - 83°03'E and 25°14'N-25°23'N), a cultural and spiritual capital of India bearing a continuous history dating back to 3,000 to 5,000 years and situated on the left crescent-shaped bank of the river Ganga, a part of 'Varanasi Urban Agglomeration' (VUA). Due to increasing population growth and rapid development of Varanasi, it transformed into a million-city in 1991. Rapid urbanisation has increased manifold urban problems in Varanasi city such as inadequate housing, proliferation of slums, inadequate water supply and sanitation, environmental pollution, poor social infrastructure, etc.

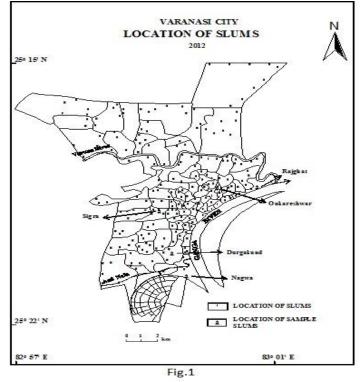


Figure 1

Slums in Varanasi City

Slums in Varanasi city has been increasing continuously from 1941 to 2011. With the increase in population of the city, housing needs of the city also grew, which the formal housing market failed to meet. Migrating population, which could not avail the facilities of formal housing market, satisfied their needs by occupying vacant lands and this has resulted in the growth of slums. Another factor, which contributes to the formation of slums, is proximity to work place and low level of income and un-affordability of pucca or permanent houses (City Development Plan, 2006). People living in the slums of Varanasi city are poor working as labour, rickshaw-pullers and thela (cart) keepers (Tripathi, 2010). Out of 106 wards in the city, 61 wards have slum areas. The population of urban poor and slum dwellers in Varanasi accounts for about 37.69% of the city's population. Table 1 shows population projection on decadal growth rate, slum population and population below poverty line (BPL).

Slum locations are spread all over the city but major concentrations are in the old city areas, that is, near the *Ghats*, industrial units and the Rajghat area due to proximity to work place. Employment due to tourism and availability of open land has led to indiscriminate squatting (Tripathi, 2011). Varanasi has 227 slums spread all over the city, either on government or private lands. About 50% of slums are located in central city, 13% in old city while 37% in peripheral areas. The average density in slum areas is approximately 330 persons per hectare in the city area. Table 2 gives an overview of slums in Varanasi city.

Table 1: Population Projection on Decadal Growth Rate					
Year	Total Population	Slum Population	BPL Population		
2001	12,02,443	4,53,222	96,344		
2006	13,70,785	5,16,668	1,09,787		
2011	15,35,279	5,78,646	1,22,962		
2021	19,65,157	7,40,667	1,57,391		
2031	2574,356	9,70,274	2,06,183		
Source: District Urban Development Authority (DUDA) Varanasi 2006					

Source: District Urban Development Authority (DUDA), Varanasi, 2006

Table 2: Slums in Varanasi: An Overview						
	No. of House Hold (HH)	Population	Area(Ha)	Density (person/Ha)	HH size	Average Income (₹/Day)
Varanasi City	151654	1202433	7979	150	7.3	NA
Slums	57055	453222	1372.6	330	8	100-150
Percentage	37.6	37	17	-	-	-
Source: District Urban Development Authority (DUDA), Varanasi, 2006						

Profile of Sample Slums

For this research, field survey was conducted in 2012 in 5 wards, namely, Nagwa, Durgakund, Sigra, Onkareshwar and Rajghat wards – all located in different parts of Varanasi city (Fig. 1). In these 5 wards, altogether 150 households were selected having a total population of 678 persons. The Nagwa ward is located in the

southern part of the Varanasi city adjacent to the western side of BHU and Ganga River. In this ward, 25 households were surveyed. Sigra ward is situated in the middle part of the city. In this ward, the slum is located on the front of the Sampurnanand Sport Stadium, where 25 households were surveyed. Due to location on the main road the position of dwellings are better than other slums. The slum of

Durgakund ward is situated on the western side of Lanka-Ravindrapuri road. Here, the dwellers belong to a specific community of sweeper. The living standard and economic status is comparatively better than the dwellers of Nagwa ward. 25 households were surveyed in this ward. The slum area of Onkareshwaris known as Hasanpur. This is situated on the western skirt of Machhodari Park surrounding the Onkareshwar Shiva temple. In this ward, 50 households were surveyed. Rajghat slum (Kazzakpura) is situated in the eastern part of Varanasi on the east of Varanasi-Mughalsarai main road near Ganga River where 25 households were surveyed.

Indicators of quality of life

In this research, altogether 10 variables have been carefully chosen to determine the existing QOL in the slums of Varanasi (for details, please refer to Table 3).

Source of lighting (X1): Electricity is considered as a parameter of measurement of development and QOL. The survey revealed that 70% of sample households in slums use electricity, while 30% household use kerosene as a source of lighting. However, it is notable that majority of household had no legal electricity connection.

Fuel used for cooking (X2.): The survey revealed that 36% households use LPG for cooking. However, many of them have not received LPG connection; they use the small cylinders of 2 kg and 4 kg. The 32% slum dwellers use illegal electric connection for illuminating their heaters. Kerosene, coal and cow-dug-cakes are other fuels used for cooking.

Source of drinking water (X3): Safe and pure drinking water is the basic need for life. According to world resources (1998-99), more than 1.4 billion people in developing countries lack access to safe drinking water, which is one of the essentials for good health. The sample survey reveals that 64% residents of slum areas use water from hand pump, while 36% use water from municipal tap for drinking. The quality of water from hand pump is not of good quality.

Housing condition (X4): One billion people of the world live in inadequate housing, mostly in slums and squatter settlements. The situation is worst in urban areas of developing countries, where one quarter of housing units are of temporary structure.A deplorable scenario exists in the sample region, where all the sample slums are dominated by *kachha* (temporary) and *semi-pucca* (semi-permanent) housing structure. Out of 150 houses, 128 houses had only one room. Durgakund slum had more *pucca* or permanent houses (30% of households) than any other slum.

Sewage disposal facility (X5): Sanitation is not only important for healthy living but also ensures a non-polluted environment. The majority of sample households had poor sewage disposal facility. The condition of Onkareshwar, Sigra and Durgakund is worst where more than half of the sample households had poor sewage facilities.

Solid waste disposal site (X6): The risk to human health are compounded in these slums, where garbage collection is non-existent in most cases and drainage tends to be poor, promoting the growth of insects and other diseases vectors (Sundari, 2003). There is no adequate arrangement for dumping of domestic wastes. Only one-third households used the place fixed by municipality for dumping of domestic wastes.

Medical facilities (X7): Medical facility is a significant parameter of measurement of QOL. The 48% slum dwellers used private clinic and 35% government hospitals, while 17% used traditional medical practitioners. The condition of Onkareshwar is better than other slums.

Literacy (X8): Due to widespread poverty in the slum areas, illiteracy prevails and even it can be said that poverty exists because illiteracy exists (Tripathi, 2010). The literacy is the most significant indicator of socio-economic condition and QOL. Though literacy rate is very poor in the slums of Varanasi city, comparatively Sigra and Nagwa wards are better in literacy rate than other wards.

Female literacy (X9): Female literacy is not only an indicator of education but it also refers to the status of women in society. The sample area had very poor female literacy, which indicates massive gender inequality in these slums of Varanasi.

Ration card type (X10): Ration card is a parameter of classifying poverty-stricken

people in India. Red ration cardholders are people below poverty line while yellow cardholders are people above poverty line. 25% households in the slums do not have any kind of ration card. The reason for not holding any card is unawareness and lengthy documental procedures.

			Rajghat	Onkareshwar	Sigra	Durgakund	Nagwa	Tota
/ariables	Parameters	Indicators	% of		% of		% of	% o
			HH	% of HH	нн	% of HH	НН	нн
	Source of	Electricity	70	64	68	72	76	63.
X1	lighting	Kerosene	30	36	32	28	24	26.
		LPG	26	40	48	40	36	3
		Electricity	24	16	12	20	32	21.3
¥2	Fuel used	Kerosene	18	16	20	16	12	16.6
X2	for cooking	Coal	12	16	12	8	8	11.3
	-	Cow-dug-						
		cakes	20	12	8	16	12	14.6
	Source of	Municipal						
X3	drinking	tap	30	44	48	36	28	Э
7.5	water		70	FG	E 2	64	72	6
	water	Hand pump	70	56	52	64	8	6
N/A	Housing	Pucca	10	12	20	30		1
X4	condition	Semi pucca	60	52	62	64	70	61.3
		Kaccha	30	36	18	6	22	23.6
VE	Sewage	Average	56	36	40	35	55	46.3
X5	disposal	Deer		64	60	65	45	F2 (
	facility	Poor	44	64	60	65	45	53.6
		Area Fixed by	20	20	24	24	10	
VC	Place of	Municipality	28	28	24	24	12	
X6	waste	On roads	60	56	64	68	48	
	dumping	Near water	10	10	10	0	<u> </u>	
		bodies	12	16	12	8	60	2
	Medical facilities	Govt.	40	40	20	10	20	240
V7		Hospital	40	40	36	16	36	34.6
X7		Private clinic Traditional	50	44	48	56	40	4
			10	10	10	20	24	17
	Literen	Practitioner	10	16	16	28	24	17.3
X8	Literacy	Literate	19	20	30	18	25	21.8
	(% pop.)	Illiterate	81	80	70	82	75	78.1
X9	Female	Literate	10	12	20	15	18	14.3
	literacy	Illiterete	00	00	20	05	02	
X10	(% pop.)	Illiterate	90	88	80	85	82	85.8
		Yellow	50	40	26	A A	16	
		card(APL)	52	40	36	44	16	4
	type	Red	27	26	27	27	26	22 ·
		card(BPL)	32	36	32	32	36	33.3
		Without card	16	12	32	24	48	24.6

UN Millennium Development Goals, India Vision 2020 and QOL in Slums in Varanasi

This section deals with the comparative analysis of the goals and targets of the MDGs and India Vision 2020 while linking it with QOL status of the slum dwellers (please also refer to Table 4). This comparison gives a comprehensive view of low QOL in slums and shows lacunas in policies and programmes.

The UN Millennium declaration had determined certain goals and objectives in the fields of education, health, poverty and environmental sustainability (Kabeer, 2010). These goals and objectives are merely the future which is being imagined or which is essential requisite for good QOL (Bandyopadhyay & Agrawal, 2013; Ishtiyaq & Kumar, 2011; Kabeer, 2010; Nath 2011; also Cohen, 2013).

In the field of education, UN-MDG has determined two goals: first, to achieve universal primary education and second, to promote gender equality and empowerment of women. The targets were fixed so that the goals can be achieved in the due course of time. These targets are universalisation of primary education and to eliminate gender disparity in primary and secondary education by 2005, and in all levels of education no later than 2015. On the other side, India Vision 2020 has the goal to achieve 100% literacy, school education and vocational training. While in the case of the slums of the study area, about 75% of the population and 85% of females are illiterate.

In connection to public health, UN-MDG's first goal is to reduce child mortality rate and improve maternal health also combating HIV/AIDS, malaria and other diseases. The targets to achieve these goals were to reduce under-five mortality to two-third between 1990 and 2015 and achieve universal access to reproductive health and the last target is to control the incidence and decrease it by 2015. In this context, India Vision 2020 has the goal of expansion of the infrastructure for public health and medical care to ensure health for all. The condition of public health infrastructure in the sample slums is far from reality; the strategies targeted by MDGs and India Vision 2020, failed to reach in Varanasi slums. Less than 35% household use government hospitals, 17% consult the traditional practitioners. Besides, the slum dwellers lack safe drinking water supply and only 64% respondents have HIV awareness.

Poverty is the key cause of poor quality and non-availability of resources. The UN-MDGs have put forward some goals and targets; they are to eradicate extreme poverty and hunger. To achieve this goal, the targets which were fixed are to reduce the population living on less than half a \$ per day and decent employment for women, men and youth population. On the other hand, India Vision 2020 advocates food and nutritional security along with employment for all. While the findings demonstrate that only 34% of the population have red rationcard to accrue, the benefits of the government sponsored programs while 24% fails to have any such cards implying no benefits from the government.

In addition, the MDG7 aims at ensuring environmental sustainability. For this, it aims to reduce the loss of environmental resources and to achieve a significant improvement in the lives of at least 100 million slum-dwellers. In context, the India Vision 2020 familial document aims to expand the physical infrastructure; to maximise national prosperity, individual freedom and social equity. However, the real situation of slum dwellers of Varanasi and their quality of lives are rather dismal. Only 24% of households use the place fixed by the municipality for dumping waste. 64% residents' uses water from the hand-pump for drinking and 24% households use kerosene as sources of energy for lighting. Importantly, more than 80% houses are either kuccha or semi pucca. The Table 7 shows the goals and targets of MDG, India Vision 2020 and status of slums of Varanasi city.

This comparative study of slum dwellers in Varanasi with respect to MDGs and national goals portrays a pathetic picture. In order to achieve these goals, one has to understand the significance of the problems related to slums. "In a somewhat more prosaic vein, World Bank president Robert McNamara launched the Bank's shelter assistance programs in 1973, saying, if cities do not begin to deal more constructively with poverty, poverty may begin to deal more destructively with cities" (World Bank,2006:x). Varanasi is known as a centre of education, religion and culture. It is on the verge of being included in the UNESCO's list of world heritage city. Therefore, it is very essential to alleviate urban poverty and gain overall inclusive development.

Table 4: UN-MDGs, India Vision 2020 and Status of Slums of Varanasi city						
	UN-MDGs	India Vision 2020	Status of Sample Slums			
EDUCATION	Goals: •Achieve universal primary education •Promote gender equality and Empower women	Goals: •100 per cent literacy & school education, and vocational training	 More than 75% population is illiterate More than 85% females 			
	 Targets: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015 	Targets: •Male adult literacy rate (%): 68 (96) percent • Female adult literacy rate (%): 44 (94) percent • Net primary school enrolment ratio: 77.2 (99) percent • Public expenditure on education as percent of GNP: 3.2 (4.9) percent	are illiterate			
HEALTH	Goals: • Reduce child mortality rates • Improve maternal health • Combat HIV/AIDS, malaria, and other diseases Targets: • Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate • Achieve, by 2015, universal access to reproductive health • Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Goals: •Expansion of the infrastructure for public health and medical care to ensure health for all. Targets: •Life expectancy at birth in years:64 (69) •Infant mortality rate per 1000 live births :71(22.5) •Child malnutrition as % of children under 5 years based on weight for age:45(8)	 Less than 35% households use Government hospital About 17% household depends on traditional practitioners (jhola chap doctor) About 36% respondents lack awareness about HIV and transitional diseases 64% residents of sample slums use water from the hand pump for drinking. 			
POVERTY	Goals: • Eradicate extreme poverty and hunger Targets: • Halve the proportion of people living on less than \$1 a day • Achieve Decent Employment for Women, Men, and Young People • Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it • Halve the proportion of people who suffer from hunger	Goals: •Food & nutritional security •Jobs for all Targets: •Poverty as % of population below poverty line:26(13) •Unemployment rate (% of labour force):7.3(6.8)	 About 34% households have red card (below poverty line) About 24% households do not have any card; they are unable to receive any govt. subsidies. 			

ENV.SUST.	Goals:	Goals:	•Only 24% households use
	 Ensure environmental sustainability 	 Continuous expansion of the 	place fixed by municipality
	Targets:	physical infrastructure	for dumping waste.
	•Reverse loss of environmental	 To maximise national 	 64% residents of sample
	resources	prosperity, individual freedom	slums use water from the
	•Halve, by 2015, the proportion of	and social equity	hand pump for drinking.
	the population without sustainable	Targets:	•24% households use
	access to safe drinking water and	Electric power consumption per	kerosene as a source of
	basic sanitation.	capita (kwh):384(2460)	energy for lighting
	•By 2020, to have achieved a	Pucca houses for every slum	 Sewage disposal facility is
	significant improvement in the lives	dweller (RGHS)	very poor in sample slums.
	of at least 100 million slum-dwellers		 In sample slums more
			than 80% houses are kuccha

and semi pucca.

Source: Compiled from (a) http://www.undp.org.in/ihdg.htm (b) Government of India (2002) & (c) sample survey (2012)

Conclusion

The study highlights that low QOL existing in the slums of Varanasi city. The research unfolds that the housing, literacy, sanitation and medical facilities of the slums are very poor. Lack of piped water supply in the slum areas has led the population to depend on ground water. Lack of proper waste disposal facility and poor sewage system has increased pollution and health related problems. All these dismal facilities and the level of disparities are obviously related to the socio-economic setup of the city. The suggestion therefore, is to improve the socio-economic condition, which would improve the QOL of slums. The government has to make serious efforts to upgrade urban slums. In-situ upgradation of slums, wherever possible, with provision of basic facilities need to be taken up. In addition, education can play a vital role for improving the quality of lives in slums. Therefore, efforts must be taken to improve education of the slum dwellers. To achieve the goal of inclusive development, there is a need of inclusive planning for the Varanasi city as a whole. In this process, slums need special attention. Participatory planning strategies for slum upgradation can be helpful to improve the situation. Cities provide better economic opportunities and favourable settings for the resolution of social disparities than rural areas (UNFPA, 2007). However, one should not forget that poverty is growing faster in urban areas than the rural areas. Our future depends on how one deal with unequal development to

achieve global as well as national goals and targets. Indeed, the slums of Varanasi and their problems need special attention to achieve the targets of UN Millennium Development Goals and India Vision 2020.

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