

Interviews with our 18 respondents this week underscores a parallel narrative; non-COVID health issues pose a concern as important, if not more, than the COVID pandemic. Interviews were conducted with families of Dharavi, community leaders, medical volunteers, doctors, nurses, NGOs and workers at BMC hospitals.. During the lockdown, families already stressed due to lack of income have faced additional problems due to pre-existing medical conditions or those emerging during the lockdown.

**PRIMARY FOCUS  
ON COVID  
CREATES OTHER  
PROBLEMS.**

## Medical Infrastructure during the Lockdown

In a country with a deficit of medical infrastructure, all of the existing local private clinics, small nursing homes, BMC hospitals, and private hospitals are necessary to provide medical treatment to India's large population, who present a myriad of medical conditions and belong to various socio-economic classes with different financial capacities. BMC hospitals are run by the Municipality, and government hospitals in Mumbai are run by the State government. They offer medical treatment at highly subsidized costs, to make health care accessible to all economic classes. Due to their affordability, these hospitals are always in very high demand. On the other hand, private clinics and smaller nursing homes are relatively smaller setups run by private doctors. They are highly variable in their quality and treatment costs, and tend to be more expensive. The number of such setups are far more in number than government setups, and thus making it easier to receive quick treatment. There are large private hospitals in Mumbai as well, but none in Dharavi.

During the lockdown, Dharavi witnessed the closure of the majority of smaller nursing homes and private clinics. Doctors were unwilling to practice due to the rampant fear, and nursing homes, being small spaces, eliminating the possibility of running with adequate social distancing and ventilation. Only two BMC hospitals in Dharavi were functioning and converted into COVID hospitals. Over time, a few smaller setups have resumed business. A respondent claimed that many clinics had been notified by the BMC multiple times to reopen. A few medical practitioners affirmed a reduced but steady flow of patients, practicing with all the safety precautions, and having online consultations when possible. Some private doctors in Dharavi who want to be in touch with the latest developments, COVID or otherwise, attend regular webinars as well.

In general, all our respondents claimed that for medical ailments other than COVID, it has been very difficult to receive medical care. Due to mounting pressure on already-stressed and meagre medical facilities, many non-COVID related procedures, treatments, tests and checkups have either been denied or delayed. A few respondents said that they could be treated at BMC hospitals only because of personal contacts and by pulling a few strings. The additional pressure on the BMC or government facilities is also due to the inflation of the cost of medical treatment in private hospitals and small clinics. This leaves little choice for people with low income. Many deaths due to heart attacks or other reasons have taken place in Dharavi due to a lack of immediate medical care. Pregnancy cases are being looked after normally at the hospitals. Their wards are far away and well isolated. However monthly or weekly check-ups have stopped.

Knowing the difficulties Dharavikars face while accessing non-COVID medical help, many NGOs and community leaders are organising medical camps for regular treatment as well.

## Chronic Medical Conditions

We spoke to families with patients of diabetes, heart conditions, high blood pressure, cancer, TB, polio, arthritis, malaria, dengue, thyroid, cholesterol, and fractures. Many such illnesses require regular treatment, checkups, and procedures that need to be done, all of which have been called off during the pandemic. One of our respondent's wife who is suffering from dementia requires regular acupuncture treatment to control her condition. Another respondent suffers from cancer and was in the middle of her chemotherapy

## STORIES

### Medical side of "Dharavi Pattern"

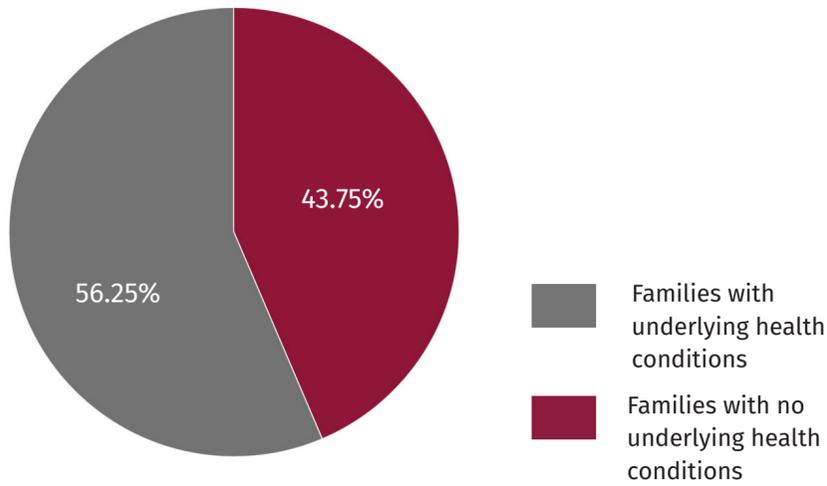
*The 'Dharavi Pattern' has been a BMC-led initiative to tackle COVID in Dharavi. BMC has collaborated with private doctors and head nurse Angha with her team, which has been going door to door to conduct tests, check temperatures, and oxygen levels. The suspected cases were then sent to quarantine centers. They have also been guiding families, especially the elderly, on how to stay safe and take precautionary measures. Regions covered include Koliwada, Mahim, Mukund Nagar, and more.*

### Hospitals are providing employment opportunity

*In these tough times, hospitals are not only helping the people recover from the virus but are also providing employment opportunities for the fearless. Rekha Gade, who used to make papads and Rajubhai, who was a carpenter have now taken up work at the BMC hospital in Sion to earn an income. After a general briefing about the precaution measures, they now clean COVID wards. Being empathetic and caring was a part of the job description for Rekha, knowing that the patient cannot be with their family.*

sessions. None of them have been able to receive treatment.

People are scared to go to government hospitals right now due to COVID fear, and resorting to physical checkups only in cases of mortal danger. Many with pre-existing or recently-developed ailments during the lockdown are using home remedies, self-medicating, trying other quick fixes, or suffering in silence. Lack of medical facilities, inflated costs, no savings or income, and unaffordable medicines are some of the main reasons.



This chart shows the distribution of respondents with and without underlying health conditions



Medical camp in Dharavi during lockdown

## Medical Expenditure

Families with chronic illnesses have to invest regularly in medicines for longer durations and tend to be more expensive than regular medicines. With high chances that the earning member's job has been brought to a standstill during the lockdown, in many cases, even those who have been treated are often physically unfit for manual labour and most jobs that are accessible to low-income groups. Sankaramal's husband underwent a major operation last April for throat cancer, after which he has been greatly weakened. To take care of him, Sankaramal's bhajiya business had to stop. The family's only income now is Rs 3000 per month from renting out a room in their house.

Instances of spiked rates by medical professionals have been corroborated by many of our respondents. To exemplify, a doctor in Dharavi was charging Rs 5000 for a death certificate, and another one operating a clinic raised his consultation fees from Rs 150 to Rs 250. When travel arrangements were being made for migrant workers by the State, many workers seeking a medical certificate had to pay up to Rs 350. On the other spectrum, there have been some sincere doctors too, one charging not more than Rs 70 for treatment.

Even during non-pandemic times, quality health care is available to select few in India. Low-income families and senior citizens depend on programmes and schemes that provide

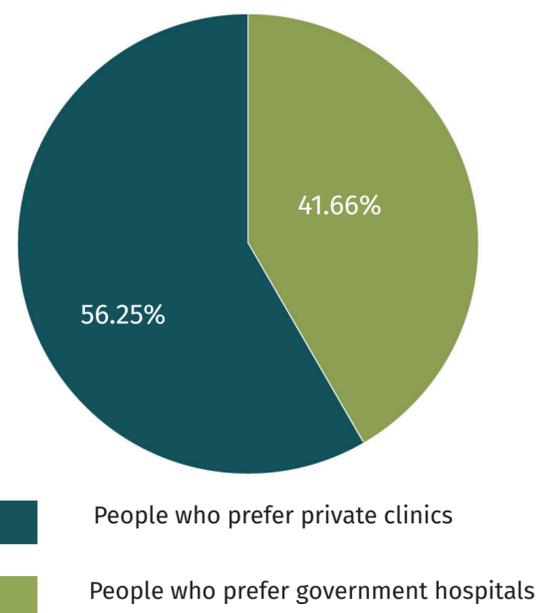
medical and financial support. Jansirani and her co-mother-in-law are senior citizens with ailments such as thyroid, cholesterol, and diabetes. Their monthly medicines were provided by Helpage India for a sum of Rs 10 per month upon the show of membership papers. TB patients in Dharavi were supported by government dot clinics, providing all treatment for TB for free. These services have been suspended during the pandemic, causing additional pressure on the families. In light of this, one respondent's claim of there being more TB patients in Dharavi than COVID shows the gravity of the situation.

In general, procedures and operations for ailments such as cancer can amount to lakhs, well beyond the spending capacity of many in Dharavi. Two of our respondents have received generous amounts from various trusts in Mumbai as well as Rajiv Gandhi's funds. However, it usually doesn't cover 100% of the expenses, forcing them to borrow large amounts of money from family and friends.

A medical professional, foreseeing the future, advises people to get medical insurance. He believes that the cost of medical treatment is going to increase or stay inflated for some time now.

## Private clinics of Government Hospitals?

Regular visitors at private clinics attribute their choice to its proximity, known doctors or relations developed over time, and ease of the treatment process. All small ailments, whether it be toothache or fever, a small fracture to body pain, are usually treated by the same doctor unless it is a serious case that needs specialised consultation. There is a range of types and quality of practice at private clinics. While some run on low fixed costs for medicines and injections, some have developed a reputation of being shams and money-making businesses, making it unaffordable to many. One of our respondents receives medicines at Rs 50 and injections at Rs 100 from a private clinic near her house. However, the primary reason for not going to Sion hospital is the language barrier, as she only speaks Tamil.



This chart shows the preference of respondents for government and private healthcare.

On the other hand, many strongly propagate treatment at government hospitals. Its affordability makes it a better choice for those suffering from chronic illness due to sustained medical costs that need to be incurred. Many put greater trust in the fairness of treatment at the government of BMC hospitals.

## Reliance on community ties

It is common for residents in Dharavi to return to their native place to undergo a serious operation or treatment, reasons being family support and security. Many families also rely heavily on their social networks for monetary support during medical emergencies. For families steeped in medical expenditures, like Meharaz's family, ration support has come from neighbours and sometimes even doctors at Sion hospital.

## CSO medical support in Dharavi

CSO support for medical treatment has not been limited to only medicines or monetary support but extends to providing help in any part of the process of procuring medical treatment. For all those families from travel to Mumbai for medical treatment, Harshada also provides all-day meals to the relatives of the patient or uses her contacts at Sion hospital to reduce treatment costs in some cases. With a focus on women's health, she has also provided up to 4500 sanitary napkins to women of low-income communities.

## Ancillary infrastructure for improving health

*While basic medical infrastructure has to be improved in both quality and quantity, wash facilities need to be maintained to curb the spread of COVID and other illnesses as well. According to a respondent, BMC has suspended its regular maintenance of community toilets, with all its resources directed to fighting COVID. Harshada is one of many CSOs involved in conducting sanitization drives for community toilets and upkeep of general hygiene in Dharavi*