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Why COVID-19 Outbreak In India's Slums Will Be Disastrous For The U...







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Why COVID-19 Outbreak In India's Slums Will Be Disastrous For The Urban Poor

India's 22 per cent population lives in urban slums, which are characterized by acute poverty, over-crowding, unhealthy living conditions, and a weak urban public health setup.





People wait to give their samples to medical staff at Shiv Shakti Nagar slum in Colaba during lockdown to control the spread of the new coronavirus, in Mumbai. Apoorva Salkade/Outlook

Dr Vikas Choudhry •
UPDATED: 08 APR 2020 5:41 PM

The novel coronavirus (COVID-19) crisis in India may disproportionately hurt millions of urban poor living in slums across major cities. The slew of measures undertaken by the Centre and State governments, including the 21-day lockdown to enforce "social distancing", may not be adequate to shield urban slum dwellers from the disease. Over 65 million or 22 per cent of India's total population lives in urban slums, which are characterized by acute poverty, over-

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OUTLOOK MAGAZINE BUSINESS MONEY TRAVEL STARTUP RETIREMENT PLANET OTHERS be equipped to provide quality and affordable healthcare for the people living in poverty.





The number of COVID-19 cases in India is witnessing a sharp increase. In the absence of community testing, it is unclear whether the outbreak has made its way into the urban slums, especially across metropolitan areas. But it is abundantly clear that combating the COVID-19 in urban slums will take more concerted efforts and expose a large section of the urban poor families to deep impoverishment. The social distancing measures may not be as effective in this context, since the dynamics of poverty and disease plays out differently for urban slum dwellers, compared to the wealthier sections of the society.

A majority of the families living in slums are migrant workers who undertake both short and long duration movements to cities to look for higher wages and work opportunities. The work in an urban informal economy is intermittent, marked by low-skill requirements, low wages, severe competition, and constant job insecurity. Therefore, a migrant household living in urban slums may not have the luxury to "work from home" in a highly informal market. The families living under or near poverty may not have disposable cash to stockpile food or basic necessities for a 21-day lockdown, leaving them vulnerable to hunger, malnutrition, and increasing their vulnerability to the virus. A potential outmigration of the urban poor back to the villages may also exacerbate the extent of the outbreak in India.

The physical environment of an urban slum makes it a Petri dish for disease transmission. Data **reported** by the central government finds that slums are often located along drains or railway lines, and many of them lack basic drinking water, sanitation, and sewage or garbage disposal systems. Slums are incredibly packed spaces that can make social distancing nearly impossible with **reports** suggesting more than 1,00,000 people living per square kilometre. The insanitary living conditions and overcrowding have previously led to a **history** of infectious disease epidemics such as the H1N1 swine flu in 2015, or the dengue and chikungunya outbreak in 2015-16.

To make matters worse, the public health system catering to the urban slum dwellers have historically been ill-equipped to handle health crisis. Urban public health services in India are provided by Urban Health Posts (UHPs), with one UHP serving a population of 50,000. The UHPs are mandated to provide primary health care to the urban community and act as the first responder to the urban poor in slums.

But the UHPs often face challenges in catering to a migrant and constantly moving population, making it harder to track and contain an epidemic. The quality of healthcare services provided in UHPs has shown only slow improvements, with lesser doctors and a lack of equipment, medicines, and other related supplies. Studies have found that the healthcare service in UHPs is much weaker compared to their private counterparts. In the event of the present Covid-19 outbreak, the UHPs may find themselves overrun with patients, fueling an increased reliance of people on quacks and pharmacies for treatment that may worsen the epidemic even more.

The implications of a Covid-19 outbreak in the urban slums can be disastrous for the urban poor and the public health setup. In the absence of affordable and quality public healthcare, families living in slums run the risk of deep impoverishment, disease, and death. On the other hand, the public health system runs a high risk of getting overrun by patients, only at a scale much worse than the previous swine-flu outbreaks.

The situation calls for a roll-out of urgent administrative measures, starting with affordable or free testing, identification, and quarantine of bearers of the virus in slum areas. This has to be followed by the provision of door-to-door drinking water and mobile toilet facilities to avoid crowding around water points or community toilets.

(The authors work with Sambodhi Research & Communications - a multidisciplinary research organization offering data-driven insights to national and global social development organisations. Views expressed are personal.)

The Journey Of Indian Women In Electoral Politics



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