

# HEALTH STATUS AND HEALTH MANAGEMENT OF THE SLUMS IN MIYAJAN NAGAR BASTI UNDER GUWAHATI MUNICIPAL CORPORATION (GMC) -A Case Study

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The millennium development goals of WHO targeted towards achieving “Health for all” irrespective of the country, state, religion, gender, caste, and creed. However, this mission has not percolated down to the local level. The limited flow of healthcare support makes the slum dwellers susceptible to risks in critical diseases and its management. The slum area remains a neglected lot even for hygiene and sanitation that are not available on a regular basis. In addition, recurrent floods create havoc in the slum areas where makeshift arrangements of toilets are available for use only on an emergency basis. The slum dwellers in general face difficulty in using such toilets submerged in the floodwater. Further, such toilets spread various communicable diseases in the vicinity. This is an environmental hazard and pollution due to the irregular garbage disposal and open defecation is common in some cases. These are the comments of Mr. Mohmmmed Sahidul Islam (18 years of age) and Ms. Ruliya Akhtar (22 years of age) of Miyajan Nagar Basti, Ward no-29, a notified slum under GMC. The very purpose of this case study is to get the information from these two residents mainly to enlarge the personal experience and knowledge that we have gathered so far. The further coverages are more inclusive and intensive in nature and the details collected from them as follows:

The nutritional status of the children was not adequate as the people were poor and struggling to meet two ends in terms of their livelihood. There was no provision for households’ sources of drinking water in this slum. The slum dwellers used to buy drinking water and for latrines use. There were irregular hand washing practices before taking meals among the slum dwellers. The common diseases like diarrhea, dysentery, common cold and flu generally attack the children between the age ranges 1-4 years, as reported.

Some remedial measures: GMC is the sole authority to interface with the slum area regarding the health of the slum dwellers, but the Public Health and Engineering Department visits them only after some disease outbreaks like Malaria, Dengue or Japanese Encephalitis in their areas. Hence, the preventive aspect of such diseases remains neglected. Therefore, there is a high possibility of the outbreak of an epidemic. However, the GMC is working hard but there are hardly any grievance-remedied methods for these areas. Maternal and child health care camps and some vaccination camps are conducted by GMC at times in some nearby schools or other locations and the slum dwellers are expected to attend them. Nevertheless, many times they failed to make it. There is no provision to repeat the same. Therefore, they get deprived. There are no pressure groups to demand healthcare services on a regular basis. Even the third parties like, the civil

society or any NGO do not approach them to support them in the present situations. Under such circumstances, the slum dwellers have not been able to resort to any protests or silent demonstrations to convince the authorities to provide the basic amenities and proper Governments (State/Central) healthcare support under the slum area development programmes. They feel helpless, as they have conveyed their grievances several times to the concerned authorities but not collectively. Therefore, authority largely ignored such grievances. They have expressed grief and sorrow for neither getting the support from any corner nor to get the free health check-up in the organized camps in these areas. They are struggling with improving their living and health conditions but not getting the expected support from anyone. Their expectations are high because they have also contributed to the nation with their dedicated services.

Finally, the narration related to the health awareness and health promotion activities in this slum area is that some irregular health and family planning campaigns get organized. They were mostly maternal and child health or vaccination camps for infants and children. ASHA workers conducted various health preventive programmes in these areas occasionally. No doubt, the people got the benefit from such programmes, but they have demanded various health prevention programmes all the year round and not just during monsoon season or any outbreaks of diseases.

