Poverty and Vulnerability of LIG families due to illness in Mumbai Slums

Dr. Medha Somaiya
Coordinator,
Centre for Slum Studies,
R, Ruia College,
Mumbai, 400019
**Abhay Pethe** graduated from St. Xavier’s College and then joined the Department of Mathematics, University of Mumbai from where he obtained the M.Sc degree. He later joined the Economics department of University of Mumbai and obtained the M.A. and Ph.D degrees. Apart from getting several awards and distinctions during student days, he was awarded two post-doc scholarships, one to Cambridge University, U.K. and the other to University of Austin, Texas, U.S.A (Fulbright Fellowship). For the last twenty five years he has been in the teaching profession. He has held various positions in the Department of Economics, and currently he holds the Dr. Vibhooti Shukla Chair in Urban Economics and Regional Development. He has authored two books and has published extensively in reputed journals and also books and magazines. He has successfully guided several M.Phil and about 20 Ph.D. students. He has been the Dean of the Arts Faculty and member of Management Council of the University of Mumbai as well as Chairman of Campus Development Council. Currently he is the Director of the Autonomous Department of Economics. He is on the advisory board of several institutions and Think-tanks. He has worked – and continues to work – as a consultant to Private Sector, Governmental and International organizations such as the GoM, MTSU, Planning Commission, World Bank, and UNDP/UNCHS. He is on the Editorial Committee of several reputed Journals and member of many governmental expert groups.

**Dr. Medha Somalya** is founder and coordinator of Centre for Slum Studies. She has done her M.Sc in Organic Chemistry and after that done her Ph.D. in political Science “Politics of slum Rehabilitation Policy in Mumbai” in 2002 in University of Mumbai. She also completed Advanced Post Graduate Diploma in Urban Management in YASHADA. Rannarain Ruia College has initiated Centre for Slum Studies (CSS) in association with All India Local Self Government & Yuvak Pratishthan for the academic inputs, research and studies in the area of Urban Issues. CSS conducts various Certificate Courses and PG Diploma in Slum Studies and Development (Affiliated to Mumbai University) since the year 2002. More than 200 students are trained and passed successfully. They are working with many NGOs and GOs. UGC has awarded grant for innovative courses to Diploma in Slum Studies and Development in 2008. CSS trained 1280 community workers from slum adaption scheme and Self Help Groups. She is at present working on Urban Poverty and Poverty Mapping in Slums. She has developed Classification of slum-parameters and Indicators for social Audit of rehabilitation of slum dwellers under Jawaharlal Nehru Urban Renewal Mission. She is visiting faculty in various institutions. Recently with able guidance of Dr. Suhas Pednekar, Principal Ruia College, and with support of Shikshan Prasarak Mandal, Pune; CSS has chalked out action plan for next Academic year. It includes introduction of new areas such as Urban Environment and social entrepreneurship studies. She is general Secretary of Yuvak Pratishthan and Chair person, JSS Raigad

**YUVAK PRATISHTHAN**

**PPTCT Project :** PPTCT project (Prevention of Parent to child Transmission) was started in Yuvak Pratishthan in the year of 2006. This project working on Health related programme in community level (HIV/AIDS). The project was sponsored by Mumbai District AIDS Control Society (MDACS). We are working with Mumbai District AIDS Control Society in BMC Ward (4 Ward) We are working in total seven hospitals in Mumbai

**Jeevan Asara :** Jeevan Asara to care and support new generation of PLHA family and Jeevan Aadhar to empower PLHA mothers in its individual capacity, where in 264 families have been enrolled. We are supporting to infected children educational, Financial security from Kisan Vikas Patra & appointed foster parents to 486 children in their extended families.

**Jeevan Aasha :** Jeevan Aasha started in year 2001, last nine years. Heart, Kidney, Cancer, Brain diseases, MRI, Cataract and other medical equipment, earing aid guides and helps the poor patients in all aspects from finance to medicines as per requirement of patients.

**Yuvak Pratishthan Samarpan Arogya Kendra –** Yuvak Pratishthan Samarpan Arogya Kendra is a charitable polyclinic run at Vikrol, Bhandup and Mulund. In these we provide medical facility like Homeopathic, Allopathic, Ayurvedic, TB DOTS etc. Mobile Medical clinics are run in 13 slums with medical staff & subsidised medicines.

**Jan Shikshan Sansthan , Raigad :** Jan Shikshan Sansthan, Raigad a voluntary organization, approved by Ministry of Human Resource Development, Department of School Education & Literacy, Govt. of India. JSS are engaged in non-formal education as well as vocational and skill development training.

**40 Types of Vocational courses in 15 Talukas of Raigad District**

**Coverage – 600 villages - Total No. of Beneficiaries – 25664**

**NIRMAL MMR Abhiyan Project :** MMRDA has proposed construction of 30 thousand toilets in different URBAN LOCAL BODIES (ULB) beyond Mumbai MCGM limit under NIRMAL MMR ABHIYAN SCHEME. This is one of the biggest toilet block project. We YUVAK PRATISHTHAN is one of the reputed NGO for this work. We have started construction of 75 toilet block in the year 2008 and is in progress till date. YP believes in quality work and accountability for public money.

**YUVAK PRATISHTHAN, NEELAMNAGAR, MULUND, MUMBAI 400081.**
+91-22 25644022, www.ypmumbai.org, yuvakp@gmail.com
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* * *
Foreword

The Dr. Vibhooti Shukla Center in Urban Economics and Regional Development was started in the Department of Economics, University of Mumbai through a private endowment in memory of Vibhooti Shukla. She held much promise professional and universally liked personally. Even at the time of her tragic passing away at the age of 32 she had made a mark on the profession through her accomplishments.

The Center conducts elective courses in the area of urban economics and regional development and conducts researches in related fields. As a part of further development and extension it also collaborates with other academic agencies. The course run by the Center for Slum Studies is an example of such an endeavor. The present study being published as special report is a culmination of collaborative research (in the important arena of health sector) between the CSS and VSC. The coordinator of CSS, Dr. Medha Somaiya with her characteristic dynamism identified, motivated and conducted the field research which I believe has crucial implications for policies for the vulnerable sections the urban areas. Tracking the patients and the health workers and doctors is an arduous task, but she has been able to manage it with consummate ease.

This is only the beginning and it is hoped that through dissemination and discussion it will spawn further research problems. Also by refining the research design it could be possible to scale up the effort and replicate it in other places. I would like to commend the efforts of the Dr. Medha Somaiya and her dedicated team of enthusiastic investigators and hope that many such special reports will follow.

Abhay Pethe
Director
Vibhooti Shukla Centre in Urban Economics
Vidyanagari, Kalina,
Mumbai
Chapter I : Introduction

Preamble:

Urban slums! An unsolved puzzle!!! Amount of efforts, put in to solve the puzzle for last 40 years by activists and academicians like me and others was enormous. Instead of progressing towards solution, it became more difficult and complex to solve, like ‘Chakrawyuha.’ it was one way traffic. While working in Mumbai slums for last 30 years, I found it to be ‘Jeevan ki Pathshala.’ It taught me many lessons, good and bad. I witnessed how some of slum dwellers were able to come out of that jig-saw successfully. It took them 25 years of hard work to join main stream citizens in city. One generation was spent for upliftment of the family. At the same time, one felt sad and pity for many of them who couldn’t make it. The reasons for failure were several and varied. Some of them were like alcoholism, lack of motivation, wrong financial decisions amongst others, to mention a few. One of the reasons that impressed and struck me a lot was medical expenses during illness. Long term illness of any family member, makes people vulnerable and push them towards poverty. I work in the field of public health with help of Yuvak Pratishthan, the reputed NGO in Mumbai. Yuvak Pratishthan started social work with one ambulance in 1980. Now Yuvak Pratishthan is running three poly-clinics serving around 1500 patients per month, with the help of three mobile clinics, it covers more than 25 slum colonies in a week. Altogether YP screens more than 3000 lower income group patients in a week, with help of 17 doctors of various specialties.

YP also works in another area of HIV/AIDS. “AIDS free Next Generation” is YP’s Moto. Up-till now YP has run seven projects of awareness without help of government’s support. Today YP has four more projects running in four administrative wards with the support of National AIDS Control Society (NACO) through Mumbai District AIDS Control Society (MDACS) for Prevention of Parent’s to Child Transmission (PPTCT). YP also is taking care of more than 250 HIV Positive mothers and their kids under ‘Jeevan Aasara Project’ with the support of community donations. These mothers are majorly got infected by their husbands. YP supports these kids till they become 18 of their age. YP provides educational, clinical and nutritional support to them along with offering platform to share their experiences.

Under the auspices of Jeevan Aasha, which is another unique project, Yuvak Pratishthan guides and helps the Low Income Group patients in all aspects from finance to medicines as per requirement of patients. Jeevan Aasha was initiated in year 2001. In last nine years, YP catered more than 10,000 patients with network of fifty charitable trusts which provide finance regularly, with help of many doctors for subsidies in their charges, with help of clinics for diagnostic tests. All these services are provided sometimes even free as per their need.
Working in Jeevan Aasha is a fruitful remedy for medical cause of vulnerability towards poverty. Many families were able to maintain their financial status as Low Income Group and thus were prevented from entering the ‘Vishschakre’ of poverty. To do detailed study of my experiences in a project mode, I approached Dr. Abhay Pethe, Director and Professor at the Department of Economics in University of Mumbai in 2007.

With his guidance I prepared brief concept note for study. The proposal was as follows:

- Proposal -

**Proposal**

**Aim**
To understand and study the vulnerability with regard to poverty of LIG families due to terminally ill person in the Mumbai Slums

**Justification**
Mumbai is metropolitan city with population of 119 billion. Out of those 60 % reside in substandard housing units - slums. Many slum colonies are 70 years old (Dharavi Kumbharwada). In Mumbai slums which are in better conditions are called chawls. Most of Lower Income Group citizens stay in these chawls. They can live reasonably happy routine life with their limited income but they do not have provision for emergencies such as major illnesses. There are few government policies which give them support but either they are not adequate or they do not reach them. Major or life threatening illnesses in family has a destructive impact on their budgets. They can not sustain themselves in such critical situations.

**The Research Problem**
If a timely support is provided to the terminally ill person in Lower Income Group Families (family income Rs. 7000,- per month); it will prevent them from sliding into the BPL status and getting into the poverty trap. Today, while medical treatment is available in cities it is very expensive. Majority of LIG families stay in chawls or in slum colonies in Mumbai. They are not covered by any insurance scheme. They cannot get help for medical treatment. LIG families are not able to spend adequate money for that sickness. They have to borrow money from extended family members and others who can extend only limited support. Finally, as a last resort, they are compelled to borrow money from private money lenders at high interest. In this process they loose doubly. As they can not earn their daily wages; and have to spend for medicines for which they have to borrow at high interest rate. Clearly, if the illness to a member of an LIG family is critical as well of a long duration, the family cannot sustain itself. They get trapped in the vicious- circle of poverty. If timely support is given with help social security schemes or public health policies it will prevent them from being drawn into
Poverty. The present policies need to be evaluated and new innovative suggestions need to be prescribed so that the situation is improved. Thus we need to evaluate whether such is the case or if not, what can be done to remedy the situation.

The Principal Investigator and the Team
The researcher is M. Sc (Organic Chemistry) and Ph.D. with the topic - Politics in Slum Rehabilitation Policy in Mumbai. She is co-coordinator of Centre for Slum Studies, Ruia College, Mumbai. The Centre was started at her behest and initiative in 2002. She is visiting faculty in AIILSG & YASHDA (Training institutes for government administrative staff) and will be conducting PG courses in Slum Issues, in conjunction with the Vibhooti Shukla Unit in Urban Economics at the Department of Economics, University of Mumbai from the current academic session.
CSS runs three folded activities.
In house value added courses for UG & PG
Training in community
Research activities

She is Chairperson Jan Shikshan Sansthan, Raigad, Project sponsored by HRD ministry GOI. JSS gives vocational training for new literates and adults in rural area of district Raigad, Maharashtra. JSS has completed four years and conducted 2 types of courses in to 500 villages in 13 blocks. She is Secretary of Yuvak Pratishthan, Mumbai. She works on many projects in public health with Government schemes and charitable trusts.
The hypothesis or the research problem is inspired by and based on her contribution in the provision of monetary support to LIG families fighting with illness. Jeevan Aasha project is run by Yuvak Pratishthan from 2000. It is ISO 9000-2001 certified. Under Jeevan Aasha needy persons from LIG families are supported with Government funds and Donations from NGOs. Money is deposited directly in the name of hospitals. Both government departments and charitable hospitals play vital role in this venture. 5000 patients and their families are supported by financing Rs. 10 crore plus in this scheme.

Methodology
Identification of prevalence of life threatening long duration illnesses - References and interviews with doctors, social workers and policy makers will be taken for detailed understanding of the topic. Yuvak Pratishthan—Jeevan Aasara Project details were taken for reference.
Serious illnesses will be identified such as: -
1. Cancer
2. Kidneys failure
3. TB/HIV
4. Liver cirrhosis
5. Brain hemorrhage – stroke
### Jeevan Asha - Details 2007. TOTAL ENQ - 1432 / TOTAL HELP -1265

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<td>39</td>
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- Poverty and Vulnerability of LIG families due to illness in Mumbai Slums -
Referring above data we have done selection of such 50 patients in five hospitals of Municipal Corporation of Greater Mumbai. KEM Parel, Nair Bombay Central, Sion, Cooper Vile Parle, Rajawadi Ghatkopar. Interviewed them and their family members about the problems, needs at a time and suggestions for support mechanism.
To study income – expenditure patterns by survey method at three different stages relatively. (Expenditure estimated more than one lakh)

- Investigation
- Medication
- Cure / Death or Hospice

To assess the identified needs at the particular stages of illnesses of the families and discuss the possibility to develop policy instruments

To evaluate the present policies, initiatives and subsidies offered by Government and NGOs for minimizing the effect on LIG families.

To suggest the necessary support by policy instruments at these particular stages to prevent the LIG families to become vulnerable for poverty as well as to quantify the needs in monetary terms.

We have decided to collect data from LIG families, ten patients from each of the following decease, whose expenses were approximately more than one lakh by keeping monthly track record.

### Methodology

#### The types of illnesses and time required for each step is as follows

<table>
<thead>
<tr>
<th>Illness</th>
<th>Investigation Duration</th>
<th>Medication Type</th>
<th>Medication Duration</th>
<th>Cure/ Death - Duration of sinking (hospice)</th>
<th>Survey Samples at Stages</th>
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<tr>
<td>Cancer</td>
<td>One month</td>
<td>Chemo therapy</td>
<td>Six months to one year</td>
<td>15 Days</td>
<td>Investigation Medication Cure/ Death</td>
</tr>
<tr>
<td>Kidneys</td>
<td>One month</td>
<td>Dialysis</td>
<td>Six months to Three years</td>
<td>15 Days</td>
<td>Investigation Medication Cure/Death</td>
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<tr>
<td>TB (MTR)/HIV</td>
<td>One month</td>
<td>DOT / ART</td>
<td>One year to five years</td>
<td>One month</td>
<td>Investigation Medication Cure/Death</td>
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<tr>
<td>Liver</td>
<td>One month</td>
<td></td>
<td>Two years</td>
<td>One month</td>
<td>Investigation Medication Cure/Death</td>
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<tr>
<td>Brain stroke Hemorrhage</td>
<td>One month</td>
<td>Unconscious/Coma</td>
<td>Six months to five years</td>
<td>Not fix</td>
<td>Investigation Medication Cure/Death</td>
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Time allotted to each case study was approximately 10 months. The distribution of time plan was as follows

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<th>Month</th>
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<tr>
<td>One</td>
<td>References, interviews, permissions &amp; Library work</td>
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<td>Two</td>
<td>Finalization of survey format. Interviews of LIG families</td>
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<tr>
<td>Three to eight</td>
<td>Survey of samples at three different stages</td>
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<tr>
<td>Nine</td>
<td>Analysis of samples and evaluation of present policies</td>
</tr>
<tr>
<td>Ten</td>
<td>Submission of findings</td>
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We started data collection at NGO level as well as hospital level. We took assistance of Medical Social Workers, who are either trained Master in Social Work (MSW) or were students in the above mentioned course for year 2007-08. They have helped us to collect data form hospitals sincerely.

Method of research was based on interviews, thus observation of researchers were very important. Dr. Pethe conducted induction session for the researchers and explained importance of their involvement in study and quality of their sensitively as researchers. We divided the work as per medical stream. Observation were noted at three levels i) patients and relatives ii) medical social workers from government hospitals and iii) NGO for the particular case. Concerned doctors are interviewed separately in general

- **Data** -

In first phase researcher identified the cases from the ‘Jeevan Aasha’ from each stream. At least five and at the most a dozen of each stream as mentioned above. With the help of Dr. Pethe, questionnaire was finalized and explained to researchers for interview method.

In second phase researcher started interviews of selected cases with their consent and crossing all the ‘red tape’ obstacles. To take permissions and get no objection certificate from authorities was a big task.

Actual interviews and documentation was done between later half of 2007 and 2008 December. In some cases follow up was extended in 2009 too. Dr. Pethe guided us once in two months during the research period with his valuable clues and comments. He monitored our research from time to time.
The data processing started from Nov 2008. The basic hitch in processing was language and translations. As the observations of researcher and documentation was done in Marathi, to catch the perfect tone and feel in translation was difficult. The work was done by a friend, Mrs. Sharmila Bhagwat. It was not just translation, but she had few meeting with researchers to understand their feelings behind their words and completed the work successfully.

Final draft of research paper was prepared in May 2009. It was a great experience in dispassionate analysis; separate feelings (emotion) emerged and were experienced with every case, the feelings of helplessness, satisfaction, motivation, frustration, and so on. The study opened up few more avenues before us. Accident cases, was untouched area, which are inserted in between the study for vulnerability. It is coming up as future needs, which is to be addressed positively.

While considering vulnerability towards poverty of LIG families, social security pattern of government also unfolded in kaleidoscopic form. For example “Jeevadayee Yojana” is a policy which helps lot many patients. Policy is same for all institutions and doctors, but it refracts spectrum of various colors of humanity out of it as per nature of the policy executer. It was very enlightening at the one end. At the same time lack of alertness about basic documents. It cost life of a family head due to sheer delay in procedure. It was pathetic on the other end.

One area that was missed while documentation was role of family doctor. In Indian lower middle class society role of family doctor is multifaceted. Consideration of this entry point whether the family may enter the Mrityu gole/ Deathtrap or it can survive from being poor opens up new avenue for future study. What is relationship of LIG family with family physician in urban slums? Unfortunately we are not able to comment on this in present study.

One of the limitations of this study is that it is not ‘macro’ statistical but individual. Thus experiences were of few LIG families. Even then we have tried to generalize it to elicit lessons and not restrict it to merely personal.

I hope this study will be useful for understanding vulnerability of poverty and future policy framing too.

The paper explains individual case studies in Chapter II. Chapter III includes experiences of researcher team along with medical social workers in general with respect to documented medical diseases stream. Chapter IV includes comments of specialists' thru their personal interviews and NGO heads, who are internal policy makers in their own institutions. And lastly chapter V includes suggestion and conclusion of the study.
Chapter II: Data Collection

Chapter II

As listed in chapter I all the patients were monitored for at least four to six months. Monthly visits are reported but actually they were in touch constantly as the researchers are based in the same area of operations due to their job profiles. Many times they were so much involved in the cases that they needed to counsel them philanthropically. The researchers have noted their observation occasionally with intensity. These are mentioned below, which are not edited as they reflect the ‘sense’ of the field investigators’ feelings.

HIV/AIDS

HIV is ‘Human Immune Deficiency Virus’ Comparatively recent disease. The virus is still unbeatable thus, prevention of AIDS by controlling virus, care and support is the only alternatives/courses are available.

In these cases stigma is a major constraint for medication & NGO support. Otherwise there is enough financial aid is available. National AIDS Control Society (NACO) is a governing body. Major help is channelized through this body. International guidance is available for establishment costs, the established control system is integrated with all the stakeholders - Government agencies (Semi charitable and charitable hospital health posts, maternity homes etc) Non governmental charitable organizations (pharmaceutical companies, hospitals, trusts, persons, peer groups of PLHA), targeted groups & there unions, monitoring agencies amongst others. This helped not only in partial control of the spread of the disease but mostly maintaining the financial condition of infected persons & affected family members.

After analysis of ten cases, we found HIV /AIDS to be a life threatening disease. Patients have to be managed for five to ten years (long term management). But well-knit support system helps them a lot and prevents family of such patient from sliding into poverty.

From 10 cases of HIV/AIDS stream, only one ‘9A-32’ expired. He was 32 years old, working as skilled labour on daily basis. He was able to earn Rs.4000/- pm but, was not able to get any help from the system. He was in denial state for long time and not ready to disclose his situational identity. He was not able to spare time for commuting to government Hospital by doing “khada” on his work. “khada” means not to go to work when asked for it; is a big taboo for daily waged skilled workers. At last he expired without seeking any help. Before his death he left with his family in unknown conditions at his native place.

Other four cases were ‘drop outs’, typical cases of denial and stigma. Out of these four, three were pregnant ladies. They probably come in system (their status revealed) during their delivery as it will be in some hospital. All these three ladies were married with a low income family persons. Both husband and wife had positive status. As they were out of main stream – support system, one
could not keep track of their financial status. As per past experience, they must have been in the state of denial and not ready to declare their status to society. Probably they have not lost their LIG status, if so they would have come back into the ‘system’.

One case of denial and stigma is 35 years old MIG young “bhelwala.” His family was most affected due to his disease. His wife had left him and filed divorce case. He is infected due to his behavior. Now he is regretting but to no avail and is now of no use. He is psychologically depressed and does not want to live any more, but all of this did not affect his financial status.

The two of the other cases have crossed forty years of age. Both accepted their status and left it to the destiny. While other two fought back and came up with double energy. So out of ten cases only one has to face financial constraints.

The worst case was of twelve year boy, who got virus from his parents. PPTCT government project was not started in all hospitals when he was born. The medicines were not easily available. Thus such cases were very common. At present prevention of next generation is priority and ‘neverapine’ is available in all the hospitals. Only 1 % institutionally delivered babies noted HIV positive. This means we had controlled 99% vertical transmission.

In HIV / AIDS/ T.B. awareness is a key action. Otherwise financial aid is more than enough to cater all PLHA in India. Other steams, say Malaria should also can be controlled. It we exclusively follow the HIV / AIDS foot prints

• HIV cases •

**Ek. Aay. Tii/Ek. Kasbeses**

**Priyanka Fadhni 1 A 01 Vay 25 Vars**


**Sanshodhakave Mhat**

Changi li Aarthik parishthi aasthlyamuchhe titva manaat satyat Stigm hota. Lokanana kaahelon aahree satyat bhiti vaatut aath. Aaikeke jaave aasse satyat vaate.

**Priyanka Fadhni 2 A 02 Vay 28 Vars**

**Poverty and Vulnerability of LIG families due to illness in Mumbai Slums**

व्यक्ति या कुल कुलल ज्यादातर व्यवस्थित एवं आय कम होने के लोगों और उनके परिवारों के मुद्दों को लेकर लोगों और समाज के लिए सर्वश्रेष्ठ दृष्टिकोण और नीति है। महत्वपूर्ण अिश्लितांक संख्याओं के साथ राहत सर्वश्रेष्ठ है। यह प्लान दक्षिण को इसके लिए सही है, तथा आपको देखना आसान है। लोगों और समाज के लिए नीति और नीति है।

शास्त्रीय अनुसूची में

लोगों का कठिन या भीतरी ता कोष्ठी नहीं मदत प्लान तय है। ऐसे प्रकार की व्यापारिक लोगों की है। जननागरी अक्सर अधिकतम तारह नहीं। लोगों और लोगों का कठिन या भीतरी ता है। रोगावधि उपचारकृत अधिक नुकसान नहीं।

**प्रियाका फड़िस 3 A 03 वर्ष : 92 वर्ष**

या मुलाच्छ क्रियाघर करना असे लक्ष्य आते की या मुलाच्छ जन्म:व आजार आहे। त्यात त्यात ठी। भी। झाला या मुलाच्छ मोठा भाऊ या आजारांनी बांध्य आहे। आजुबाजुबांच्या आजारर्या आधिक परिवेश्य परिवेश्य पाठवणी। माहीं संपूर्ण दिवस असते। राजी झालाांका फटम घड़ी भेेते।

एकूण ४ मुले होती। त्यातील दोळ्यांचा हा आजार आहे। नव-याच्छा संधीनांतर तितला व या मुलांचा आजार ककणा। छोटी दोळी मृते विषेणू। गरीबीमुळे शिक्षणाना खर्च झेपत नाही। महणून ल्यांचा हॉटेलवार देखावून आहे।

आईसी तबोट बरी आहे। धन याच्छान्य, आधिक, मानसिक या व्यवस्था दोवेपरी आहे। आजुबाजुबांच्या लोकांच्या तिथिकांसंबंध जेनिव्ह्हा तपासे। काम चालींयेद्वारा रहत असलालाूंसरा सर्वांना या आजारावधुल्ल माहीं आहे। मुलाच्छ आणि आईला आता आधिक व्यापका जगड नाही।

मुलां साधूत जातो। दी। वे 4 जे.जे मध्ये केला। तबोट बरी आहे।

**संशोधकाच्या मत**

जनकापुरूष भो मुलुका एवं, आण.ही बाधित आहे\। त्यात लोकांसही आधिकरी और नस्तरी तो आज इतके वर्ष जगत आहे।

आता हा\। वी. या आधिक व्यवहार, आईला त्याचा जनकापुरूष वेळेस जर एवं, आण. ही वर अस्थायी आधिकरी असती हैर आज कटाचित हा मुलुका एवं, आण. ही बाधित झाला नसता।

**प्रियाका फड़िस 4 A 04 वर्ष : 35 वर्ष**

पहिली भेट

दराल व्यक्तिलाच प्रथम एवं. आण. ही वी बाधा झाली ते कछले ते एकूण व्यक्ती ध्वनी माहीं जेली। ही व्यक्ती पूर्णपणे डिप्रेस झाली होती। त्या व्यक्तिला जे.जे. मध्य एवं, आण. ही बाधित मानसिक रूझावर्ती ट्राईमेंट चालू केली। आई, वहीं विद्वस्त केवल त्या व्यक्ती पूर्ण कचंजी घेते। त्यांतर त्यात ठी। या वार झुक झाला। ठी। भी। साठी सर्व व्यक्ती झाल्यावर त्यात ठी। वी. वी आधिक २ वर्ष ६ महिने ध्वंसातीच साधित घेती। प्रथम ३ महिने जे.जे. मध्य औषध दिली। त्यांतर त्यात वलकील हिरवांदली सभीतील महानागरिकहूंच्या हेतू पोर्ट मध्य प्रसार वाधू, कठिनाव आती। प्रसार देताना आई विद्वस्त करणे असलालाूंसरा झूठ त्रास होतो। त्यावसरोत्तर त्याचा झुक झुक झाला आहे। न्यातील लोकांचा वाङ्ग्ला सपोर्ट आहे। पहाडी चे जे.जे. होंटेरबंदमधे केमेरासाठी ५०० रु खर्च थेटो कारण ता व्यक्ती झूठ घटनात महत्त्वावस्था टेंट ने प्रवास करु शकत नाही।

दुसरी भेट

आरोपी मोरवाच्या डोक्टरसांची भेट झाली नाही। ठी. वी. वी औषध चालू आहेत पण चिकित्सा मध्य सुहाती भ्रमणे। आधिक सत्र नाही। आई पाणीपुरीविच ध्वनी करते। ५०० रु औषध, ५०० रु एकस आहार, आणि ५०० रु प्रवासदिन एवढा खर्च महत्त्वावस्था आहे। आई, भाऊ त्याचा संभांत्त्वा व हा वर्तील खर्च पुख्तता।
• Poverty and Vulnerability of LIG families due to illness in Mumbai Slums •

तिसरी भेट
अशिलाव्या घरी गैल्ट्यावर त्यांच्या डीक्यावर मानसिक परिस्थित झाल्यासारखे वातावरण होते. बायकोला त्यावा हा आजार काळक्षेत्रावर लागू होते. महाराष्ट्रातील गॅस घरातील लोक तिला महाराष्ट्रातील घरांनी घेणे गेले. ती परत येथ्यावर तयार होते. त्यामुळे त्याची मनस्तंत्री तंत्रातील नाही. मुहूथाव्याने ग्रास भावू आहे. वजन कमी झाले आहे. आईला घेऊन टी.बी.व्हा डॉटर्सकडे गेला होता. त्यांची मेडिकल वा फार्म भरणारे बंदर बोतलावळे आहे.

चौथी भेट
टी. बी. दी. ओझगे चालू केली

पाचवी भेट
घरी कुणींही बनते.

सहायी भेट
जे.जे. हॉस्पिटलमूल ए. आर. टी. चालू केले आहे. तबेत ठीक आहे.

संशोधकांच्या मत
या केंसवा अभ्यास करताना असे नाणावले की, आजार्यापेक्षा त्याला मानसिक धक्का खुप मोठ्या प्रमाणात आहे. त्याची पत्नी त्याला रोगावर गेलेले मुळमुळे ती येथील पूर्णपणे खेळती आहे. टी. बी. दी. अोझ चालू आहिल. त्यामुळे बरोबर त्याला इतर युद्ध आजार होत असताना. कोणतेही काम करत नसल्याचे विरंगु काळी आहेत. आजार न्यूयॉर्क लोकांना त्याच्या वा आजाराबद्दल माहित असताच त्याच्या त्याच्या कमीप्रमाणे कुंटड्यावीलेल्या व बांदीलेल्या लोक भाव नाही. घरातील व्हार्डन, भाऊ, आई, बढी यांचा खुप वंडला प्रतिसाद आहे. त्यामुळे वर्तील येथील खुप सावधानी आहे.

त्या येथीलचेही वाचलीसाठी हा आजार नसल्याचे विचार आहे. नवटक्षेत्री महाराष्ट्रात झालेला आहे. त्यामुळे ह्या येथील खुप मोठ्या प्रमाणात त्याचे पडताळ दिसताना. पल्लवी पत्यास तयार होती. आर्थिक परिस्थिती ठीक आहे. त्यामुळे आहार, ओझगा व्यवस्थेत होत होते.

सर्व उपचार समुच्छेदन, प्रेम, धीर देतान सुधार जात बदते तो आयुष्य जनेत असे डॉक्टराना वातावर नाही.

प्रियांका फडणवीस 5 A 05 वर्ष : 30

१ ली भेट
हिवाळा लग्नाचा १० वर्ष खाली. पहीते २ वर्ष संग्राम सुखावा झाला. नव्धा धूळकर होता. दुम-राही गायक बालवत त्याच्यावर एव. आय.दी. उल्लेख कधी रवितंत्री तो झाला. त्यांच्या नव्धा व दी.बी. असल्याचे कळते कमवती व्यक्ती एक, सामुदायिक व्यक्ती काही कटाक्षांतरी तो झाला. त्यांना नव्धा देखील एव. आय.दी. व दी. ओझ लागवतीस कळते कमवती व्यक्ती एक. सामुदायिक व्यक्ती काही कटाक्षांतरी तो झाला. त्यांना नव्धा देखील एव. आय.दी. व दी. ओझ लागवतीस. आर्थिक परिस्थिती खूप हवाल हस्ताक्षर आसल्याचे तिला शिवकी हॉस्पिटलमध्ये टी. बी. रोगासाठी उडीमीट केले. घरातील दहीमे आणि सापडलेले पेसे याचे टी. बी. दी. खाल्ला भागवला. नातेकडील कोक्सीज सावधान बनते.

एव. आय. दी. रोगासाठी एम. एस. एक मध्ये पाल्टू होते ज्याचा वास्तवाचे वास्तवाचे उडू वेळा. एक बंकेत वेळे ज्याचा वास्तवाचे वास्तवाचे उडू वेळा. एक बंकेत वेळे ज्याचा वास्तवाचे वास्तवाचे उडू वेळा. २०,०००/- रुपये कर्ज काळून सकल आहार, घरातील वास्तवाचे वास्तवाचे उडू वेळा. एक बंकेत वेळे ज्याचा वास्तवाचे वास्तवाचे उडू वेळा. एक बंकेत वेळे ज्याचा वास्तवाचे वास्तवाचे उडू वेळा.

२ री भेट
तिला संशोधकांदर्शन सायन हॉस्पिटलमध्ये काम मिळाल दिले. आता ती कर्ज फंड असून पाच मूल्यातील शिक्षण व स्वत:चा खर्च भागले. ६०० रु जागाव्या खर्च (सेंटॅरा) ओषधासाठी ५०० रु व जेवणाच्या वेगेले हा खर्च कसा बसत वालेले.

३ री भेट
तिला कामाच्या तिकाणी भेटने जेल्यासा जेल्यासा मिळाल दिले. आता ती कर्ज फंड असून पाच मूल्यातील शिक्षण व स्वत:चा खर्च भागले. ६०० रु जागाव्या खर्च (सेंटॅरा) ओषधासाठी ५०० रु व जेवणाच्या वेगेले हा खर्च कसा बसत वालेले.
Poverty and Vulnerability of LIG families due to illness in Mumbai Slums

4 वी भेट
अधिकारियों भेटेको सथित की नित नोकारी कारा समस्त आत्मा. पण आधी दुसरी को गोल काम पावू ठेवले आहे. त्यामुळे एकदम चिंता नाही. ओळखे व्यवस्थित वातावरण आहे. मानसिक शांतता आहे. ओळखे ही एम.एस. एक मध्यम मोफत मिठातात. जाण्या रूपावरा सुखद खर्च होतो. अधिकारिया आत्मा एक मुलाचा रज आपल्याकडे राहणारा आणि आहे.

5 वी भेट
झाली नाही

6 वी भेट
सायन हॉस्पिटलमध्ये ए.आर. टी बालू आहे. डोऱर ने दिलेल्या पेशेतून आरोग्य परिस्थिती बांधली आहे. त्याच्याबरोबर जोडखंड करते. त्यासाठी घर चालवले.

संशोधनाचे मत
वर्ती व्यक्ती वातावरण 1998 पसून ए.आर.क्री बाधित आहे. ओळखे बालू आहेत. माहे रहले. पण माहे मराठी अर्थ लोकांची जबाबदारी तिथिवारच आहे. प्रायकदृश्यमध्ये नोकारी करते. व्यवाहार ए.आर.क्री बाधित आहे हे संगणनें घातक नाही. पण पुढील जातीविधी मजबूत राहत आहे. कारण आयास देण्यासाठी कारण नव्हा, फक्त हे गेल्या वाचनातून मानक मानसिक रिस्क उत्तम, प्रश्न असते. अशा मोठी तिथी नोकारीची मदत करणारी तारीख.

आरोग्य परिस्थिती बदलती. सुरुवातीत बंदव काटून ओळखोपार बनते पण आता सर्व काजातून मुक्त आहे. नोकारी, बचत गट, फुलंता घंट्यासह उत्तम भावनेत भागले. पण आपल्या आयुष्यात खूप आहे. भावनेत भागलेल्या मराठीरे सुखद जीवन जगत आहे.

प्रयोगका फडणीस 6 A 06 वर ३५

7 वी भेट
1990 मध्ये लक्ष झाले. व्यक्ती रेखा होती. उत्पन्न रोजचे रु. 500 होते. लक्षांतर 3 महिलांची मराठी त्याचे काळ दोघे हे ए.आय.क्री बाधित. वर-गर्ली तप्त खाॅऱ्यामध्ये रेखा दुस-याचा बाळविल्याहाचा दिली. आरोग्य परिस्थिती खलवली. ओळखोपारात 3000 रु. जात होते. रेखा विकली. २५०००रु. मध्ये रूपावरा बायको नव-याचा खर्च भागवते. राजस्वार राजस्वार घंट्यासह लागला त्यासह 5000 रू. काळिंग गुंतवते. मुलांची सुधा ए.आय.क्री बाधित निघाली रेखातली टी. बी. झाला. ए.आय.क्री झाला. ए.आय.क्री त्याचे आयुष्यविधी ओळखे घेते त्यासह नव-याच्यासह 200५ मध्ये होते गेले त्यासाठी ऑपरेशन केले सरकारी रुग्णालयात 3000 रू. खासपूर आणि मराठी खर्च केले.

जे,जे. मध्यून ओळखे ए.आय.क्री. त्यासह बालू लागला त्यासह 200५ मध्ये भागवत चाली. बी. ओळखे ज्या जवळी आरोग्य केंद्रातून बालू आहेत. ए.आय.क्री त्याची चालण्याचे त्याची. टी. जे.जे हॉस्पिटलमध्ये आढ़व्यारूपाती १०४ दिवस काळ घेते लागले. त्यासाठी 8४० रु. खर्च घेतात. रोकीत कागजात्यासह घंट्यासह करते होती. सक्रियता आपल्यास भेट्या गेलेली महामहिमांसा बांधकामांस मुख्य भारी पडत. मुख्य शिक्षणासाठी पुस्तक, बचन बचन एका संघर्षातून मिठातात. आरोग्य भांते नाही. ए. आय. टी बालू केले आहे 200०/-रु. कागजात्यासह करून मिठतात पण बांकीचा सर्वविषयात सारूर-दुस-याच्या घरी यूनी बांडी करून 9000/- करून घर चालवले.

2 वी भेट
आता तिथे शिक्षण दहावी (ईंग्रजी) माध्यम असल्याच्याकारणे संस्थेच्या मराठी म्हणजे जे.जे. हॉस्पिटलमध्ये मदतनीसाठी नोकारी मिळाली 3000/- रुपांतर मिळालो. डिन बालूल्याने 2 महिंद्रे पाणे भावना मिळाली नाही.

3 वी भेट
आरोग्य परिस्थिती बोडी सुधारणी. ओळखे बालू आहेत. त्याच्याबरोबर सर्वथा हॉस्पिटल मध्ये भेट व्यवस्था लागलेले. त्यामुळे आश्चर्यपणे जाणवले. व वाजता सुट्टियावर संगणक शिकते आहे त्याचे ३००० रुपांतर पर्यंत फी आहे. त्यासाठी डोऱर शोधते आहे.

14
Cancer Cases

Cancer

‘Cancer Patient’ is a very general term. Actually there are many specialties and various medical branches to deal with. But for this study, we have considered it as general disease. Secondly there are many charitable trusts, which give financial help to the specific causes of cancer having different criterion. Keeping this mind we have not classified any cases. All ten cases are examined with the same parameters.

All the ten cases were from government charitable hospitals. They all were liable to get the help. Five cases had not received any monetary support from either government or charitable trusts. On the other hand five received either complete or partial help. The requirement of help varied from Rs.5,000 to 3,00,000 in each case. And age varied from 5 years to 60 years. The family income also varied, intensity of need was same. Out of these ten, nine were LIG according to government indicators. One case was exception, though Ms Swapna was from middle class family, she admitted in Sion Hospital. She used to keep her children at their home and used to come for treatment alone. This financially middle class patient had no support system.

Only one case; five years old boy Master Dinesh received full help for his operation. He has to take injection of Rs. 2500/- in every 21 days. He had to get admitted one day earlier. His father Sunil being skilled worker, he had to take off for two days in a month. It was a very difficult situation for
family. Hopefully the course of injection is for six months only. Two were able to manage partial help from donors and remaining money by loan, by selling house, auto rickshaw and some assets.

One another case was of Mrs. Koli. She underwent a minor operation, with the support of her son and daughter in law. But after few months, she suffered by paralytic stroke. The family was unable to continue with her treatment, as they were trying to recover from loans. Lastly she went to native place and died peacefully.

Ten patients were scrutinized and found two out of them received government help and now have good health. Three received partial help and taken loan from extended family members, friends and relatives. In one case the people at work place collected money and helped the Patient for operation. It is very common in our society. This is a very good traditional system of share and care, In spite of that, these families can not maintain their LIG status. They got help for operation expenses, but other expenses such as injection, post operative care, travelling and nutritious food was difficult to manage. They had to take loan. All these ten patients had applied for government help but were not able to get.

In one case application was submitted after operation. In second case, no proper document, such as income certificate, ration card etc.

Two patients passed away during the procedure. The government hospitals have lot of patients, nairly there are long queues for tests. The turn comes after two to three months; In between they had to consult private doctors. One of my employee; Mr. Madan, 22 years old young boy from interior Maharashtra passed away as he was not able to survive till his turn.

Out of ten patients only two were able to maintain their financial status while six descended into poverty. Two families were away and became even more poor.

I feel the entry point is very important. If the family doctor guided patient about government schemes to the patients' relatives, it is carry to apply for the financial help.

Other wise entry point proves as ‘vishchakra’.
Poverty and Vulnerability of LIG families due to illness in Mumbai Slums

The vulnerability of LIG families due to illness in Mumbai slums is a significant issue. The financial burden of illness can be overwhelming for these families, especially those living in slums where access to affordable healthcare is limited. The lack of healthcare facilities in these areas often forces families to bear the full cost of medical care, which can lead to poverty and increased vulnerability.

For instance, a family might have to sell all their assets to finance medical treatment, leaving them without any resources to sustain their everyday needs. This situation can push them into a cycle of poverty, making it difficult for them to escape their vulnerable state.

Moreover, the lack of proper healthcare in slum areas often means that injuries or illnesses are not treated in a timely manner, exacerbating the problem. This can lead to chronic conditions that require ongoing medical treatment, further increasing the financial burden on the family.

The government and non-governmental organizations (NGOs) should work together to provide more accessible and affordable healthcare services in Mumbai slums. This will help reduce the vulnerability of LIG families and improve their quality of life.
Poverty and Vulnerability of LIG families due to illness in Mumbai Slums

Poverty and vulnerability of LIG families due to illness in Mumbai Slums refer to the financial and social challenges faced by families of Low Income Groups in Mumbai's slums, particularly due to illness. These families often struggle to afford medical care, which can lead to a cycle of poverty and vulnerability.

The document elaborates on the measures taken by the government and NGOs to address the needs of these families, such as providing healthcare facilities, financial assistance, and support services. It highlights the importance of early intervention and the need for comprehensive policies to mitigate the impact of illness on the economic status of these families.

The challenges faced by these families are multifaceted and include a lack of access to quality healthcare, inadequate financial resources, and limited social support systems. The document emphasizes the importance of community empowerment and the role of active participation in addressing these issues.

In conclusion, the document underscores the need for a multi-pronged approach to tackle the poverty and vulnerability of LIG families due to illness, involving both governmental and non-governmental interventions.
Poverty and Vulnerability of LIG families due to illness in Mumbai Slums

The study reveals that poverty and vulnerability of LIG families, particularly those affected by illness in Mumbai slums, is a significant issue. The data show that a large proportion of LIG families are unable to cope with the financial burden of illness due to various factors such as lack of health insurance, inadequate access to healthcare, and high out-of-pocket expenditure. The study highlights the need for comprehensive health policies and social safety nets to alleviate the burden on LIG families in Mumbai slums.

The research indicates that the financial burden of illness is disproportionately high for LIG families, leading to increased vulnerability. The study suggests that there is a need for coordinated efforts between the government and non-governmental organizations to provide affordable healthcare and financial support to LIG families. The findings underscore the importance of integrated approaches to address the multifaceted challenges faced by LIG families in Mumbai slums.

The study findings also point towards the need for research on the long-term effects of illness on LIG families, including the impact on their social and economic well-being. The research recommends further studies to understand the dynamics of poverty and vulnerability in the context of illness in Mumbai slums, and to develop effective strategies to mitigate these challenges.
Brain—Neurological problems/ Brain Tumors

Neurological problems generally create emergency for the overall nervous system. Patient can recover only if treatment starts immediately. The tests such as CT Scan, MRI are very expensive. In government hospital facilities are very limited. Private hospitals charge very high. Yuvak Pratishthan helped 119 – patients for MRI with cross subsidy in 2007, and The number was 91 MRI in 2008. For CT scan, YP helped 138 patients in 2007 and 134 in 2008, In 2007 YP has distributed lists of trusts that help in CT scan and MRI, Still number of needy patients is very high for such tests.

In 2007 totally 39 cases were registered with YP for neurological problem, out of these only five were able to receive help, On the contrary in 2008, total registered patient were 24, and twelve were able to receive the financial help from various trusts. To get financial help under government schemes is very difficult due to time constraints of treatment. Government doesn’t give post operational help. Though it is a correct policy, we have to find some way out for such cases.

I studied seven cases of this stream, keeping aside the clinical details; all needed help around three to five lakhs. All were operation cases, lower middle class families, ranging between ages of 9 to 62 years. Seven patients were in the age limit of 18 to 40 i.e., within the productive age. Out of these seven only three got help from Rs. 2 Lakhs to 3 Lakhs.

All three received financial help from charitable trusts. Government has not supported any of them financially. When I searched for the reasons, one social worker bitterly said ‘as there is no guarantee of survival’. Government officer need to show success rate of patients. So instead of this stream they help heart patients. Out of seven cases only two were manage to maintain their LIG status. They had taken loan from their friends that they have to repay. But still they were reasonably happy and their family members were satisfied with help of society. One had left the follow up; poor fellow was just 18 years old.
I want to note one case. Both husband and wife were teachers. Out of them one was getting pension of Rs.3, 500/-. But as typical middle class family, they have their block in Mumbai suburb and salary certificate showed income of around 10,000/- p.m. Actually they did not have any fixed income. The wife Mrs. Sushila Dalvi had suffered from brain tumour, total expenditure was Rs. 3, 00, 000/-. She could not receive any help from donor trusts and she has to spend Rs.1, 85, 000/- only for operation at one go. All their savings were spent for treatment. She is now operated and okay. But they are worried; if it relapses they will find it very difficult to continue treatment.

Three were trapped in poverty. One patient family sold their house for the treatment expenditure. While another patient who was 62 years old, left the treatment and accepted the death as he could not afford possible post operative expenditure, traveling and other further difficulties, that would have to be faced.
**Heart Cases**

Heart Disease/ operations

Heart cases receive payment with comparative ease. The procedure is routinely followed and set for last four to five years. I have screened twelve cases, out of those seven received financial support. Out of those seven, six were able to maintain their income status. Only one, Agnes Salve was not able to keep her financial status same. She had gone in for an inter cast marriage with Mr. Sanay. His family was against their marriage. She lost her husband in few years after marriage. She had to return to her parents when she also detected heart disease – valve not function. Being single parent of three children she failed to keep her financial status same. Her two daughters are in church hostel. She is earning Rs.3000/- pm, which is not sufficient for her expenditure.

Other five cases I referred were also from LIG. Three expired before collecting the help, so no trail of their status. Two were continuing with treatment but trapped in poverty.

**Sunita Pavar SP 1 H 16**

9 ली भेट

दिनांक 3/10/07 रोजी स्वास्थी महादीक रूग्णालय घरी भेट दिली. तिच्चा घरी ती धरण एकूण पाव व्यवस्थी आहे. तिला हा आजार जेल्या दहा वर्षापासून आहे. पण आता तीन महिन्यापूर्वी खुप आत्रा होत असताने ती सायन रूग्णालय पुडील...
 susceptible और प्रवासी लोगों की स्वास्थ्य सुरक्षा के मूलभूत स्तरों की पुष्टि करते हैं। यह एक स्पष्ट बात है कि लोग इन रुपों में अस्वस्थ रहते हैं जिन्हें हम शरीरीय और मानसिक दोनों दृष्टियों से देखते हैं।


text from the Indian journal on the topic of poverty and vulnerability of LIG families due to illness in Mumbai slums. The text discusses the impact of illness on low-income individuals and families in Mumbai's slums, highlighting the financial and social challenges they face.

The text mentions the lack of access to healthcare facilities and the financial burden it places on the families. It also highlights the role of local non-profit organizations in providing medical care and other support services to these families.

The text concludes with a call to action for policy makers and stakeholders to address the needs of these vulnerable populations and provide them with the necessary support to improve their health and quality of life.

The text is written in Hindi and is a translation of an article that originally appeared in a prestigious Indian journal. The article is a significant contribution to the field of social work and public health, and it is an important resource for anyone interested in understanding and addressing the challenges faced by low-income individuals and families in Mumbai's slums.
Poverty and Vulnerability of LIG families due to illness in Mumbai Slums

tarikh deendar ah. tyanana dar mahavaya oshde, pravasabhaade, kutuksah yasairi karmait karmi 2000 ru dzaka xarv beto. to xarv te xwar: va karsatat.
dinagde 6 maarya 2008 roshi bheltar asata tyanana 31 me la rumalaaray ordermit kararga ah. va ritwina 2 juun 2008la shakray akin kararh xarage ah. tyanag ekkun 80,000 ru jamaa jhal. tyanan xwar: 90,000 ru dite va baakiree 60,000 ru. dharmaar samparyakshmut miikle ah. patacontawa chaar ah.

shaksayakonde maa
shahamanis bdtigar xanavai puri samiria shakraykisyaadi mehnat pheht hohta. panchi bari be darelaarai bari ha gharaalr xarv karm va mulankehde tioc laha dhet hohta. 22 diciember 07 chee adhiparast perantwv upwarv chaalw ahset. pese jamaa jhalai aansul aansul shakraykisya jhalalii nahi.
shakraykisya chaali. golpaycha chaalw ah. klad test va cepabsahii mahavayla jawe laajat.

suniita pavar SP 2 H 18 navah harsa solanki
harsa solanki he harda peentwar ah. adahi te guraat va diikani rhat hohta. tyanaya xarag lnya basyaco mulanu va sraan eavaya vyaarti ah. tyanaya mulanu bhalotil ritee chhori puri nokaari karto. tyanaya mahavanae upsharan 2000 ru iteke ah he kurauba dama xarw 8000 ru dzaka ahset. tyanaya shakraykisya xwar 9 xarwa 10 hajar aarwar hohta. jaya kurauba dama xarw 8000 ru dzaka teha tyanaya kurubivani shakraykisya xarw apanawa taari kuru?
harsa solanki he jedaa gavi rhat hohta. teha tyanaya haadhar dikar ahsraych samjale. teha tyanani sindhi ahmayaday va diikani aapah-va xararayga va bhagat ete bai dnter dntar karigna-va hohta. tyanayaake he hahuta gelti. tekede jetebadanta tyanana kajrot valukey de ca diikani aapar behe horagaa nahi. teha te munki bari aapalixa mulkake (tyanaala) bhipaah ah. thay bari aapaliyaa bhatyataa xeeyaa trucr bari gelti aapar sathete tiyyel saksar banka hemanasungai tyanana hindu samha rumalaaraya padhale. tyanaya diikani tyanani taapariyaa kante. hindu sambeetial dr. baahab tyanani yuvvak pradanad mahadi nebudahakake padhalti. nebudahaii xarv saptawyamde paryayvahara kante. tyanana j.e. hospitallamde padhalti. j.e. hospitallamde doctarrani shuy suhakr karnt. tyanay aapran vayavtiyititya tri. aeksoon 9 hajar 10 hajar rumay jamaya jhal. va ada te garv ahset. tayebt vayavtiyit ah. 90 diceswarata te yuvak pradanad mahadi yovum nebudu gelti. ya kansa padhawara chaalw ahset. xarv pase tyanay teyogtaytayga trucraakum ekarrat jama jhal. tyanaya xaragtiil kopya xarw, vikamaychi dikha parch vikamaychhi cheel aalii nahi.

shaksayakonde maa
harsa solanki he buvavaijverar drivasra teyane hohta. parttu kahi hohta narslai bari tyanana kcalhe teyha tyanania xararayyapantar karpanaye trukey. xararayyapantar tyanana xarv doctarka va nary bari changoi suhakr karte. tyanana driiha samparyakshmut xarv waar xarv mati mihalati. tyanani kahi diirus bura loakake jaulw patara va cheel xarv karte. dntar tyanaya lthaax aarle de, yaatun kahiic xathta hauk shcal nahi.
harsa solanki xaniipa ranv teyebt vayavtiyit ahse golpaycha chaalw ahset. rumalaaraya chekapsahii jawe laajat.

suniita pavar SP 4 H 19 navah oom bharta dhaadi
oom dhaadi ha patekoper teyhe tyanaya nalaeviikake raahahaya jhalat hohta. te mulkye gaviia raahaya teyhe vediill ilektrityiyaa ah. tyanana darwaha 3000 iteke upsharan ah. oom ha pawa mahavayla aassataa tyanaya oonpekepsahsahii prayan karte tyanaya ha aappName janaamaykun ahset. tyanaya xarag alii vediill va oom aansu kuruht hohta. oonpekepsahsahii 95,000 ru dzaka xarw hohta. ranv pase jamuna va saaliyane te mulanu jawalaya.
Poverty and Vulnerability of LIG families due to illness in Mumbai Slums

वृद्धि विकार मुलिना पवार

संशोधनकारं मत

ओम भारत गांधी या हृदयविकराम मुलिना पवार के संस्थाओं घरी जैसा जैसा तेहरा त्योहार घरालाची महणिळती बाह्यती.

काहीदी विवाहाळे त्या उत्तर देत बकुलते. जाम्बुळ-व ओमला हा आजार होता. जैसा त्याना आई आजारावं कच्ची तेहर्पावृक्ष 'ते लोक पेसे एकत्र करण्याचा प्रयास करत होते. परंतु त्यांच्या प्रयत्नांना यश आले नाही. पैसे एकत्र होण्याचा आधी ओम मरण पादत. त्यांचे कुटुंब त्याल्या साधारण भारी भारते आहेत.

मुलिना पवार SP 5 H 20 अंजेला साचे

यांनी विचार रूप्ये प्रमधविवाह ज्ञान. घरातील व्यक्तींची या विवाहाळे समांते नवली सासरी ती रहत। काहीत. ती व तिचे पती वेळी दिक्षित रहत होते. सासरींना वंदा आणि सोसायसरे असा परिवार होता. लक्षांबंतर तिला ठेव मुलना व एक मुल्या झाला. परंतु कालांतरे 2003 मध्ये तिचे पती वाचले त्यांचा तितरहाचा आशा ज्ञानाकरणांना ते वाचले असे डॉक्टरांनी साधिते. पतीच्या दिक्षणांबंतर माझ्या माही आली कारण सासर्कडील मंडळी आली. मुल्या नवी असतो. तिथे याचे वेळी दिक्षाने तिला कुटुंबी वांगी लोकरी मिळत नवली. इतर वस्तताना देखील तिला हे काम करत लगात होते त्याचा मुलिना शिक्षणासारखा त्याना पनवेळ येथील वस्ततावांशक ठेवल आहे. एक मुलगी वाचले तर एक विशयीली आहे. मुल्या राह वर्षाचा आहे. त्यांचा सोबत आईविक्लीलके असतो. मुल्या दरम्यान 1200 रूपये शिक्षणासारखा तिला वाचवावे लगात.

2006 मध्ये प्रभावाची हॉस्पिटल वर्जीली तिला आयाबाबई काम मिळाले. तिला दर मिल्हिला 1500 रू पाट भेटावी. नोहोबरह मिल्हिल्यास तिला लसीत दुव्या असतल्यातुन तिला खाली रूपांतरण वेणऱ्याला लागली. तिला शिक्षणारी पाठवले. काही तपासाने (हवट, उपरोक्त प्रमधा) या खाजनी रूपांतरण करण्यात आल्या. त्या करण्यासाठी तिल्याकडे पेसे बकुलते. तेहा तिचे व्याजाने पेसे एकूण तिचे ते पुर्ण केला.

सरायला गैलेयार डॉक्टरांनी तपासाने पेलंबानंतर वाळ खऱ्यात असताचे कच्ची. त्यासाठी 60 हजार रुपये खर्चांवर बकुले. त्यासाठी 80 हजार रुपये असता. तपासानी वेणऱ्याच्या संरक्षणाचा अर्थ केलेला आहे. ते जानेवारी मिळ्याचा त्या त्या टिकाणी सादर करणार आहे.

निर्देशण

या कॅर्समूल असे दिसून आली की कठी सही स्थिती गेलेली निर्माण जीवनात हु-हु निर्माण करणे सकवावे. तरीही माझ्या माणसे शेष बट्टी महतीला बेटावी. पती वाटताना ज्ञानी आभमत कोरस्थियांसाठी झाले तरी त्यांमध्ये मात्र करण्याची तयारी तिल्याबाबत आहे. मुल्या शिक्षण आम्ही इतर खर्च पेलण्याची शक्ती तिल्याचा आहे.

12/6/09 त्यांचा फोन केला होता. त्यांचे आपरेशन झाले. तब्यत व्यक्ती आहे. सातार हॉस्पिटल चेकआपसारी नियमित जातात.

मुलिना पवार SP 6 H 21 नाव संजीवनी रत्नी साजी

ही भारतीय कॉर्स्थियांनी येथे वाचवत राहत आहे. ही आत अथवा वर्णनी आहे.तित्रा घरात आई वडील आली व भाग असे कुटुंबाचे. तिचे वडील कॅम्पॅनी कामाला आहे. दरम्यान उपचार 9100 रु उत्तरे आहे. आई घरीव असते. संजीवनीतील जन्मत-च हार्दिक आजार होता. त्यावेळास ती गाढी होती गाणवरून मुंबईत आण्विकरांतर तिला वाची हॉस्पिटल येथे नेपण्याचे आहे. परंतु
Poverty and Vulnerability of LIG families due to illness in Mumbai Slums

The document discusses the poverty and vulnerability of Low Income Group (LIG) families in Mumbai slums due to illness. It highlights the financial burden on these families and the need for support. The text is in Marathi, and it provides insights into the socio-economic conditions faced by these families.

The document mentions the financial stress caused by illness, with families facing difficulties in managing expenses. It also points out the importance of support systems and government policies to help these families during such crises.

In summary, the document emphasizes the need for better support mechanisms to address the financial and social challenges faced by LIG families in Mumbai slums, especially when they are hit by illness.
Kidney Failure

In kidney cases, time span is for four to five years. Waiting period for operation is very long. The problem is detected mostly in early stage; operation takes place if Kidney gets available. The legal procedures are tedious too. Post Operative care is also expensive. Dialysis is a major critical part in kidney failure cases.

I have studied nine cases, out of that one is drop out for unknown reason. All nine were from LIG families. All were badly in need of financial assistance. Out of those nine only four were able to receive complete or partial help for dialysis. Other four were not able to get any help. All eight went into BPL status within a year’s time. They had to sell their assets, savings and take loans for treatment. A case of Yasmeen is a typical case, renal failure. She sold all jewelry. Husband had kicked her out with her son. She came back to her parents. Father was heart patient. Her brother and unmarried sister was taking care of her.
Poverty and Vulnerability of LIG families due to illness in Mumbai Slums.

Poverty and Vulnerability of LIG families due to illness in Mumbai Slums.

**Summary**

The study examines the poverty and vulnerability of Low Income Group (LIG) families in Mumbai's slums due to illness. It highlights the challenges faced by these families, including financial strain, lack of access to healthcare, and the impact on their overall well-being.

**Keywords**

- Poverty
- Vulnerability
- LIG families
- Mumbai slums
- Illness

**Main Findings**

1. **Poverty and Health**
   - Families face significant financial strain due to illness.
   - Access to affordable healthcare is limited, exacerbating poverty.
   - The cost of medical treatment is a major burden.

2. **Vulnerability**
   - Income instability is a common issue, affecting the ability to afford medical care.
   - There is a lack of social safety nets, leaving families vulnerable.
   - The impact of illness on children's education and nutrition.

3. **Strategies and Interventions**
   - Government and non-government organizations (NGOs) play a crucial role in providing support.
   - Community-led initiatives and microfinance schemes have shown promise.
   - Long-term solutions involve strengthening the healthcare system and increasing social security measures.

**Recommendations**

- Enhance accessibility to affordable healthcare services.
- Provide financial assistance and microcredit to vulnerable families.
- Strengthen community-led initiatives.
- Advocate for policy changes to support low-income families.

**Conclusion**

Addressing the poverty and vulnerability of LIG families due to illness requires a multi-faceted approach involving government, NGOs, and community efforts. Continued support and policy changes are essential to improve the lives of these families.

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The text contains a detailed analysis of the challenges faced by LIG families in Mumbai's slums due to illness, supported by statistics and case studies. The study underscores the need for comprehensive strategies to alleviate poverty and improve the quality of life for these families.
Chapter III : Observations

Observations by Researcher

HIV affected patients —Priyanka Phadnis

These patients suffer mental, social, economic, physical and family problems.

Mental Trauma: No effective medicine is available so far to cure this disease. When patient knows about the disease, it is quite clear to him/her that soon he would die. He is emotionally disturbed. It is believed that AIDS occurs due to extramarital sexual relations. Some kind of stigma of bad character is attached to the patient. The patient and his/her family have to face embarrassment. The trauma is no less than that of an outcast. The person loses mental balance and control. The person may even think of a suicide. It is necessary for a patient to come out of this trauma but it is very difficult.

Social Problems: There are many misunderstandings and misconceptions in society regarding this disease. People try to cut off relations with such persons and their families. It affects them considerably. They feel ashamed to go anywhere. Children also get humiliating treatment in school and outside.

Economic Problems: Many patients don’t take proper medical treatment. They take wrong treatment due to ignorance or blind faith. They spend lot of money on wrong treatment. It affects them financially. Their physical condition deteriorates considerably and they do not remain fit to work. Most of the patients become jobless. This adds to their problems.

Physical Problems: It is true that the disease affects a patient mentally but it even makes him/her physically weak. Since the financial condition deteriorates, a person cannot get proper diet. His resistance goes down considerably. He is prone to other diseases also. His life span shortens considerably.

Family Problems: If one person in a family is affected by this disease, his wife/ spouse and children also need to undergo blood tests. The family members have to take lot of care of such patient. The whole family faces mental trauma. They try to hide the disease. There is constant fear in their minds that the fact will be known to others, so they avoid visiting their relatives. They avoid company of their friends and relatives. Very few patients survive after facing this mental, physical and financial trauma.

More awareness in society regarding the disease will enable us to fight this disease in the country. The government has started giving free medicines to increase the life span of the affected patients. But very few people know about it. The information regarding this should reach the people. It is necessary to clear misconceptions about this disease.
Heart Cases—Sunita Pawar

I studied ten cases. Some patients did receive help from different charitable institute from Mumbai. The problems faced by the patients —

Mental stress: When a patient knows that he is suffering from a serious disease, his mental condition undergoes a change. The fear of possibility of a severe heart attack or death haunts the patient. There is lot of mental burden. They constantly think about doctors, medicines and hospitals. They are worried about the condition of their family after her/his death.

Physical stress- The disease leads to physical trouble. But mental tension aggravates the physical condition. Many a times the patient suffers severe pain in chest There was a case of a person who had a chest pain. The doctor told him that he had a heart attack. When he took a second opinion of another doctor, he advised the patient a bypass surgery which meant minimum expenses of Rs 60,000. The amount shocked the patient later he said that he no longer suffered the pain. When Natubhai from YP office took him to Nanawati hospital, the doctor there said that the patient did not have any trouble. He just gave him few medicines for his satisfaction. Now the patient is quite normal. The patient suffered physical as well as mental stress due to wrong diagnosis by doctors.

Financial problems: If a patient suffers from any serious problem, he has to undergo several tests. Some tests are very costly. The patient has to visit hospital every week or once in two weeks, operations and post surgery treatment both are expensive. In most cases patients do not afford the treatment. The affected families sell gold, house or take loans for the treatment. All theses things add to the patient’s worries considerably.

Social stress: In many cases, family members try to hide the fact that their daughter or son has a heart problem. I handled a case of a 25-year-old girl who was a heart patient. No body from the family accompanied her when she went to a hospital for treatment. The ward-boy from the hospital troubled her constantly. There are people who take advantage of poor patients and trouble them.

Brain cases — Priya Kolapte

Patients face innumerable problems. Lack of proper information regarding many facilities is one of the major cause for this. Patients are not aware of the various schemes introduced by government for them. After coming to hospitals for check ups or other treatments —they don’t know where exactly they should go. There should be a proper procedure. They should be guided properly. Basic facilities like telephone, table, chairs and water should be made available to them. Medicines should be made available to patients. Sometimes there is shortage of beds for patients. Municipal hospitals should maintain basic cleanliness. Bell system, exhaust fans, stretchers and blood should be made available to patients. Timely medial help should be provided.

The medical treatment requires lot of money. Some times patients have to be operated. It is very difficult for poor people to make provision of money. If they approach some social organizations, or NGOs they demand many documents. Lot of time is wasted in paper work and collecting documents like ration cards, salary slips etc. Some times patients are so poor that they don’t even have these documents. Sometimes needy people are deprived of help while people who are well-off acquire
help by cheating. Sometimes hospitals don’t have experienced doctors. Inexperienced doctors don’t guide patients properly. There should be a team of senior doctors supervising junior doctors. Many a time machines are not working. Facility of lift should be made available to patients.

Pregnant women face difficulties climbing floors for taking out case papers, visiting OPDs, labour rooms. This facility should be available on the ground floor. Sometimes lot of medicines and material is prescribed and very little is used for patients and the other material goes waste.

In regard to accident cases, patients do not get medical help immediately. Police enquiry, police case etc take lot of time. The case may become serious. The patient may lose life.

There should be counseling facility for the relatives of patients. The senior authorities in hospitals should make surprise visits to find out the real situation.

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**Cancer patients: by Swapnali Pingle**

About Cancer:- Cancer is set of more than 100 diseases that have several factors in common. All cancer result from a dysfunction in DNA-that part of the cellular programming that controls cell growth and reproduction. Instead of ensuring the regular slow production of new cell, this malfunctioning DNA cause excessively vapid cell growth and proliferation. Unlike other cells, cancerous cells provide no benefit to the body.

**Physical Pain**—Cancer is chronic (long term) disease. In this disease tumor is developed in human body which cause severe pain. If the tumor already increase in size then it may removed through the operation or. If the tumor is in initial stage then chemotherapy is given to the patient. Chronic disease like cancer may develop in any part of the body. Cancer spread very fast in stomach and even it spread in the kidneys also. So in such cases that body part will be removed from the body.

If the cancer developed and spread in the womb a female then cancer affected womb may removed from the female body in breast cancer case breast may removed (mastectomy). Cancer may develop in any age of human life many cancers run in families. According to recent discoveries genetic factors and lifestyle factors are responsible for cancer.

Tobacco may cause oral cancer patient who suffers from oral cancer faces difficulties while they eat any food. They can’t swallow the food easily so in such situation they can only take the liquid through the pipe. It can be avoided with simple prevention method- do not use tobacco in any form specially gutka is more harmful. Teenagers in slums, Drivers, skilled workers are more addicted during their monotonous jobs. Government has banned tobacco sell near school areas but it is not possible to implement in populated cities. It should be banned completely. Only warnings and barring sale near school premises is not enough.

In cancer a very severe body pain is inflicted. Children who suffer from cancer can not bear such pain.

Cancer spreads very fast in a human body. So to prevent this growth, Chemotherapy needs to use quite often. In this therapy patient must complete 21 injection’s course. These injections are very
heavy and cause tiredness to the patient. In this therapy patient feel’s like vomiting and nausea and also hair loss too. In cancer’s treatment person must take a nutritious food with these heavy injections. But poor patient can not afford such good food and expensive medicine or treatment and so it affects their physical strength of body.

Psychological Pain—(mental pain)

Because cancer is long term and often fatal disease problems in psychological adjustment to the disease can arise. Restriction of usual activities is a common outcome of the disease and its treatment which can foster depression and other adverse psychosocial responses. Depression not only compromises quality of life in its own right but can have adverse effects on physical health as well including the progression of cancer. Especially poor patients can not afford the expensive medicines and treatment may cause depression problem without social support.

Despite the fact that many cancer patients receive considerable emotional support from their families and friends social support issues can be problematic. Many times these family members and relatives avoid to meeting the patient and also avoid giving help whether it is emotionally and financially. So in such situations patients get upset and depressed, so family support is more important for them.

Because of painful treatment patients often feel irritation. They get exasperated. They can’t control there selves in the way they express themselves, hence there is need to understand them properly.

If any diseased person lives in family in such times it is the duty of each member to understand his or her problem and help him in a good manner and explain them that cancer is curable.

If any person has cancer then it is a duty of his family to realistically tell him about the severity of the disease so it becomes easier for the patient to adjust with the disease and give response positively to the treatment.

In my area there is cancer patient who already experienced heart attack so because of this her family could not tell her about the cancer which she has. she is suffer from throat cancer so could swallow the liquid through the pipe she is totally unaware about the type of disease but when she knows this reality she could not cope up with this disease the she was so depressed and after few days she died with heart attack. To avoid these doctors always give advice to patient to join yoga classes and counseling also played a better role.


Treatment like chemotherapy courses are very heavy doses of injection given to the patient. These injections are very expensive. In such cases patient get help from charitable institutions. But for this they must produce important documents. This is a very long procedure so it may take lot of time. Most of the time in case of poor people it is very difficult for them to produce all the essential document many of them even don’t have all the document so it is difficult them to get help. But rich people always produced the entire document and if they don’t have these documents then often with the help of their power and money they produce the entire set of documents and get the help. But poor patient don’t have sufficient money so they always take loan from their relatives and friends.
for their expensive treatment. So because of this expensive treatment they become insolvent after few days.

It is impossible for them to pay-back their debt so sometimes they decide to end their life by committing suicide. It's our duty to give help to such patients who have suffered from severe type of disease like cancer.

**Government** must put in place **Policies** like:-

Sometime patient has sufficient money but he also needs physical help so in that case government can provide volunteers who wish to help the patient's

If any patient is poor, he also must get treatment in same way like rich person in same hospital.

Children must get sufficient treatment and also benefited by policies which are made by government for these child patients.

Provide essential facilities like qualified doctors, staff, counselor etc. and also include equipments and financial aid.

There should be no discrimination while distributing financial aid.

**Physical Stress:** Any malignant growth or tumor caused by abnormal and uncontrolled cell division is called cancer. It can affect any part of human body and spreads to other parts of the body. It can affect anybody and of any age group. Patient suffers unbearable pain. If it affects stomach then it spreads very fast. Sometimes the patient has to operated also. A patient who is undergoing a chemo therapy is not only suffers pain but is also exhausted. A child cannot bear the suffering. Many patients also have to suffer from fall of hair. Some times the affected part like breast or uterus has to be removed. All these physical changes in patients affect them severely. It is necessary for patients to take good nutritious diet, but due to bad financial conditions and growing expenses of treatment, it is not always possible. Lack of proper nutritious food affects functioning of other body parts of a patient.

**Mental stress:** Some people are physically strong but they are emotionally weak. There is lot of fear in their minds about the disease. The physical pain, change in the looks and high expenses of treatment lead to mental tension and worry. They suffer great agony as they feel that they have to depend on others. Patients need strong emotional support. Many a times, patients feel irritated. They become short tempered and lose control of mind. The disease affects his/her entire family. But cancer is a disease which can be cured. Positive attitude and strong will power may help patients to fight the disease.

There was a case of a girl who suffered from cancer that was curable. Her family members did not inform her earlier as she was a heart patient. The cancer had affected her throat, so that she had to be given food with the help of a tube. Soon she came to know about the disease. Within two days a heart attack took her life. Her cancer was curable but she suffered tremendous mental stress and could not survive.

The Yoga therapy and mental relaxation can be effective for mental strength and emotional balance.
**Financial stress:** It is true that food, clothes and shelter are the basic needs of man. But money is also an important factor in life. If one has money one can undergo any treatment. But all are not so lucky. In such cases patient or his family members have to approach many social institutes for help. These institutions demand many documents. In most cases these documents are not available. Hence, they have to struggle to get them. Many days are lost in this process and the treatment is delayed. People who have money can manage all these things by money. Many families spend whatever they have on patients without thinking much about future. Some borrow money from money lenders on higher interest. Sometimes managing expensive treatment and paying loan installments becomes difficult. Patients are so depressed with all this that they even try to end their lives.

Sometimes people have money but they lack manpower.

There should be some schemes for poor patients for speedy treatment. There should be new schemes for child patients. Hospitals should have counselors who can guide patients and their relatives.

As noted in chapter I, Role of Medical Social Worker is very important. Each hospital has Social Work Department. Many Social Workers have interacted with researchers during the study. There is a very strong bond between, doctor, donors and patients.

Sion – Ms. Tara Verma, Ms. Jyoti Geda
KEM – Mr. Shambhunath Dalvi, Mr. Makhanikar
Nair Ms. Mahajan, Mr Deshmukh
JJ – Mr. Gaikawad
Tata – Mr. Patil Ms. Neelima Dalvi
Hindu Sabha – Mr. Savte

Some points were identified during the discussion with them and patients relatives, they are -

Patients are not aware about the Government’s schemes.

Hospitals must establish inquiry counter for patients who need information. Also required to provide and maintain Telephone service, Chairs, drinking water etc.

Must provide extra Beds and medicines.

Many times we have seen that for some disease there is lot of money required for operation but poor-people cannot afford such huge money for operation. If they go to the charitable Trust, the total procedure needs lot of time. Some NGO’s take initiatives for these patients. They require some important documents, like Ration card, income certificate etc. but these poor-people don’t have these documents. It’s very difficult to provide them help easily and quickly. But rich people (among the poor) get help very easily because they can arrange these documents with the power of money.

In operation process (interns) doctors could not help them properly. So senior doctors must be provided by Hospitals.
Machines and Lifts must be in working’s condition.

Hospitals must provide special attention to wards for pregnant women. They can provide facilities like-provide case papers, OPD service, Labour Room etc alertly.

Hospital’s store the medicines but do not use them totally for patients.

If any accident case comes in Hospital the patient cannot get all the initial help quickly. This is because of police case the inquiry procedure takes lot of time. So in between this lengthy process many times patient is serious or dead.

Hospital must provide counseling centers for patient as well as patients’ relatives.

Medical officers should give surprise visit to the Hospitals so they can know about real condition of service in the Hospital.

In Hospital patient need Bell system So that they can ring the bell to call doctors.

Exhaust fans needed.

Stretcher and blood blank needed.

Must provide efficient services.

These points are easily implementable; it will help the patients to save their time and money.

General Observations

• Patients face many problems. There is a long waiting list of patients who need kidneys. There are very few donors. There is not enough awareness in society regarding donating organs. It is necessary to create awareness in society about donating parts of the human body.

• The medical treatment requires lot of money. The patient needs proper guidance and cooperation. Due to less money patients try to miss the timely treatment schedule. It is necessary that follow up of the patient is done on regular basis.

• Sometimes hospitals don’t have experienced doctors. Inexperienced doctors don’t guide patients properly. There should be counseling facility for the relatives of patients. The senior authorities in hospitals should make surprise visits to find out the real situation.

• The patients who come from long distance, they get concession in tickets; there should also be concession available for local travel (pass).

• Timings of OPD should be in evenings as patients do not afford to take leave and go to hospital when decease is in primary stage, thus deceases are not able to be detected in early stages.

• It is necessary those accompanying patients to stay near hospital. Gadge Maharaj Dharmashala and Nana Palkar Smuti Samitee provide such facilities in low rates. Such facilities are very few and need to be scaled up.
Chapter IV : Interviews with Doctors

Interviews with Doctors

As it is already mentioned around ten doctors were involved in this study. They were so kind that every time they used to inform patients progress or needs to our researchers. They gave letters on their letter heads about the projected expenditure for operations. I personally interviewed them all. They shared required time from their busy schedules with a positive approach. List of Doctors with their specialties.

Dr. Chetan P. Shah, MD DM (Cardiology), FACC, FACP(USA), Interventional Cardiologist & Arrhythmia Specialist, Heart Rhythm Clinic, Mumbai

Dr. Suhas J. Parikh, MS, M.Ch.(Bom.); D.R.E.(France), Clinical Associate-St. Vincent’s Hospital(Australia), Hon. Consultant , Cardiovascular & Thoracic Surgeon, Mumbai

Dr. V G Panchal, M.S., M.S. (NEUROSURGERY) Neurological & Spinal Surgeon. Retd. Head of Neurosurgery Dept. Sion Hospital, Mumbai

Dr. Mukesh M. Shete, M.D., D.N.B.(MED) D.N.B.(NEPHROLOGY) Consultant Nephrologist & Transplant Physician Jupiter Hospital, Thane.

Dr. Purvish M. Parikh, MD, DNB, FICP, PhD, ECMO, CPI, Prof. & Head- Dep. Of Medical Oncology, Tata Memorial Hospital, Mumbai.

Dr. Vatsalaben Trivedi, M.S. Urologist and Kidney Transplant Services, Mumbai.

In heart- cardiac problems the system is set excellently. Initially patient complains about chest pain or breathlessness. Family Physician refers him to M.D. Cardiologists. He does all the tests under his observations. They are as follows E.C.G (Cardiogram). If He suspects about some abnormality, he further advices for further tests such as Stress tests, 2 D Echo. Up to this patient has to spend around Rs. 5,000/- in private clinics and Rs. 1,200/- in charitable hospitals. If patient has suspected any problem such as Blockage, Mitral Valve Repair, Bloom Mitral Valvotomy or Intra Cardiac Repair, he is referred to Cardiac Surgeon. Here the social worker’s intervention is needed.

Blockages are investigated with help of Angiography. If doctor suggests bye-pass or Angioplasty, patient has to take help for donations. BPL patients can get full help in such case and LIG patients get partial help say 50 to 60% of the total expenditure for operations if done in J.J., KEM, Nair, and Sion hospitals. Patients can get help if operations are done in Bomay, Harkisondas, Hinduja and Nanavati. The amount of help varies from case to case. The cheque of donation is directly credited to hospital amount two or three days prior to date of operation. Patient has to stay in hospital for a
week for operation. If operation is successful and patient recovers as per normal experience, he has to take rest for a month at home and come for post operative check up after every week or fortnightly. Average time required for the complete process is six months.

The donations are from 20,000 to 2 lakhs as per requirement.

HIV/AIDS is another area where system is set. Major funds are coming from international donors. All the funds are channelized through government agency NACO- National AIDS Control Organization. They come to State AIDS control societies. Then it is utilized through government hospitals, NGOs and community groups. The funds are available for prevention, awareness, social marketing of condoms and care & support. Monitoring and Evaluation is very good by such international donors. Leakages are controlled. Besides some loopholes, such as drop out rate, domination of pharmaceutical companies and wasted interests of Churches, it is run effectively. Why do the ample funds come in India for HIV/AIDS by international donor agencies? It is open secret. They feel that major threat of HIV spread is from India to their community. No donations are coming for Malaria or T.B. At present Multi Drug Resistance (MDR) T. B. is challenge before us. It is more because of drop outs. Rate of drop out is varying from 5 % to 15 % area to area. The fact that patients cannot take proper nutrition is the main cause of drop outs. ‘DOT’ is good tool developed for TB treatments. But it has to be modified in following way. The health posts or hospitals are available to give treatment between 9 am to 4 pm. Patients have to go for their jobs. They do not come regularly. **The timings of DOT centres should be 24X7.** Secondly the medicines have side effects such as nausea and vomiting. Medicines should have nutritional supplements to minimize the side effects. LIG patients cannot afford to take milk and proteins in sufficient quantity. They try to avoid the medicines. Patients develop resistance due to irregular medicines. **Thus nutritional supplement should also be given with medicines.**

For brain operations, major need occurs due to road accidental. As per 2001 report, more than 1,50,000 persons undergo fatal road accidents. In such cases emergency services are CT scan and MRI. These are not available in remote areas. They cost a lot in private hospitals. Many of district health centres or civil hospitals do not have facility. In private hospitals, CT scan costs Rs. 1,200 to 2,500, while MRI costs more than Rs. 3,000/- . If brain hemorrhage is detected patient has to undergo immediate surgery. It costs Rs. 1.5 lakhs to Rs. 6 lakhs. In these urgent cases application for help and waiting for donation is not possible. Jeevandayee is not coming out of government hospitals in Mumbai and trusts need prior section of trustees for any financial help. Recovery is not sure. I have experienced people require more than year to recover and be independent. Brain injury due to road accidents is very traumatic in LIG families. The only solution is of insurance. Every family should take family insurance at least of one lakh rupees. It requires premium of Rs. 2/-per day to cover urgent risks and admission in hospitals for preliminary help. Government is providing social security by Janshree Vima Yojana. But it is not run efficiently. The return given to insurance agents is nominal, if it is increased; Janashree is very good insurance scheme for LIG families.

In regular life also many times brain hemorrhage or eye related neurological surgeries are done in many hospitals. Recently brain hemorrhage cases in children have been noticed. And the number is increasing. It causes permanent disabilities. In such cases to apply and arrange donations becomes comparatively easy.
In cases of cancer, pre and post operative care is very expensive. As noted earlier, the que for routine check up in Tata Hospital is quite long. Chemotherapy is given as per need but costs Rs 10,000 to 50,000/- Post operative care is also equally expensive. LIG families give up hope if cancer is detected. As on today if the patient is till 40 years of his age, main earning member of family, community tries to help him. They otherwise choose alternative medicinal branches such as Ayurveda. The reports are good according to patients’ experiences. LIG families do get help from funding agencies. There are many trusts, which help such cases. If the patient is from government hospital, full amount can be made available, If he is from charitable hospitals, 50% help can be arranged. Many times advertisement in news papers, radios and at work places gives major support to patients.

Cancer treatment is quite expensive. Thus many middle class people go to public or Government hospitals. Another very important reason is cancer clinical care is very specialized job. In regional centers many persons with expertise are available. Thus in Mumbai major flow of patient is towards Tata Hospital.

There are only 28 regional cancer centres in all over India. In Maharashtra there are two centres, first is Tata Hospital in Mumbai and another is in Nagpur. Thus patients don’t have easy access to treatment. Even lack of awareness is an additional hazard. Once patient detects with some cyst and doctors suspect abnormality, from all corners of the country, they rush to these highly specialized regional centres.

In Mumbai, for detection and tests, waiting list is for two to three months. Up until last five years, patients from Uttar Pradesh and Bihar used to come in bulk. Now Mahaveer Regional Cancer centre is actively working in that area. They have treated 14,000 patients in last 7 years. Thus the flow of cancer patient is controlled from Bihar. Still Mumbai is overloaded with patients, coming from other states.

When patient comes to such regional centres in cities the first and foremost difficulty is about his and relatives’ stay? Where to stay and how to manage expense of stay and travelling? Though the treatment is free, side effects of these heavy doses need to be subsidized with help of proper nutrition. This is another issue bothers LIG patients.

Lastly the misconception about cancer is like ‘Yam doot’. This is not true in real sense. Majority of patients can be detected in early primary stage. They can be cured. Medical Social workers can help in such cases.

Thus more awareness is required in general practitioners is remote areas. They need to get update knowledge about diagnosis. Cancer society is executing awareness programme as social responsibility. Last year they covered 1,500 GPs all across the country. Now they are scaling up to 80 programmes and 10,000 GPs in the country. Along with medical training GP doctors should work as psychological counselors to the patient. It should facilitate faster recovery.

In 11th five year plan, health is taken up in priority, Rs. 2,500 Cr. are allotted. It is quite good amount compared to Rs. 285 Cr. of 10th plan. Now it is decided that each state can have well equipped cancer centre. This will definitely offload the influx of cancer patients to ‘Tata’.
Another very general suggestion is about complete utilization of money. Health is state subject. Money is provided by Central Government states like Kerala, Karnataka use full amount. Maharashtra is under utilizing money.

This is major issue which one should take up. We have still to use 600 crs from the present plan and two years of the plan are already over.

Kidney

Kidney problem in LIG family is very difficult to deal with. The duration of treatment is from four to ten years. When patient complains for lower back edge and urine problems, family physician asks him to go for general pathological test. Percentage of createnine is not in range, and then patient has to go for radiological tests. Generally the process is slow. In initial year patient has to go for restricted diet and some medicines. If kidney is damaged, patient has to go for dialysis. Many times patient gets admitted in critical stage and then the dialysis become urgent. If patient is admitted in government hospital, dialysis is available only in acute cases. It is free, but in government hospitals, dialysis is not for maintenance of the status. Patient has to take dialysis in private clinics. It costs Rs. 600 to 1500 per dialysis. As on today, at least ten machines are required for every peripheral hospital. One can be kept for HIV/ HBC patients and others can be used for general patients.

Kidney transplantation operation is very critical. It requires 1.5 lakhs for operation. Post operative care is also very expensive. It requires around Rs. 10,000 to 25,000/- per month for medicines. It is not possible for middle class families. Availability of kidney is major obstacle. There are an estimated three lakh patients are all over India. Out of them only 35,000 avail the treatment. In Maharashtra, around 1600 patients have renal kidney failure. More than 1,300 patients are waiting for matching kidney. In our society organ donation after death has not yet found acceptance. Now eye donation is commonly accepted in few communities. Every year only twenty to thirty kidneys are donated. A person, whose brain is dead, and all other organs are working; they can be used for needy patients. In ICU at least 10 % of total deaths are brain deaths. If the relatives are convinced about organ donation, and they agree to that, two kidneys, liver, heart, lungs, limbs, eyes, skin and valves can be used for needy patients. While considering the need, we can definitely fulfill the number. Dr. Vatsala Trivedi has persuaded the authorities about the need for social workers in IUC in MCGM hospitals and appointments are done. Bur she is not happy with their performance. She now recommends the awareness drive and pro-activeness of brain specialists in this matter. I think our religious leaders can take part in such drives. As per our beliefs, ‘The Atma’ is immortal while our ‘body’ is mortal, just cover of aura. One has to leave it here either burn or burry. Religious leader should advice their followers for the organ donation. No doubt it is loss of one family, but it provides opportunity to other ten persons to live quality life.

Dr. Desai quoted one example. One Muslim lady survived due to Jain donor. She was so grateful that then after she is following strictly vegetarian diet. She feels her duty to secure parity of her donor’s kidney.
Mrs Smita Desai - Divgikar, Arjun Award winner swimmer from Mumbai set an ideal example in this regard. Her husband, Mr. Sandeep Divgikar, Dronacharya Award winner Swimming coach; expired in United State of America in 2000. He felt unconscious and was admitted immediately to Hospital in New Jersey. Unfortunately he had neurological problem and could not survive out of it.

As declared brain dead status, the hospital social worker contacted Mrs Smita and briefed the situation and requested to donate his organs. She agreed for the donation. The formalities were completed. She took oath as per US law and signed documents in Mumbai. His six organs, Two kidneys, Liver, pancreas, pair of lungs and heart was used for implantation. Six persons got new life from the Divgikars.

Can we follow this example here in India?
Chapter V : Suggestions

Some Suggestions:-

• Every LIG Family should save Rupees 2/- per day. They can collect Rs. 700/- per year, which is enough for family medi-claim policy of LIC or GIC. This is a good practice to save from becoming poor.

• Every family should concentrate on their nutrition and physical exercise, which does not cost much. One can manage it in available money. Government should promote more outdoor games and gyms.

• Take advice of a doctor at an individual level, when you start suffering, especially if you are a woman. Since women try to avoid consulting doctors.

• To inquire about schemes and agencies, that support in case of life threatening disease. For the above inquiry, provide social work department representative, in every hospital.

• Documentation is very tedious and time consuming task. A person in extended family can do this more efficiently. It requires skill. Many patients are deprived the help due to not being able to complete necessary documents.

• Separately give documents & addresses of NGOs.

• Family doctors are not aware of local social NGOs or institutions that help in such cases. If so, they should first advice patients to go government hospitals social work department.

• These two departments, clinical advice and social work department no doubt are inter connected but also work separately. These departments do entertain outdoor patients from private clinic.

• Simple – regular documents, such as ration card, income certificate, caste certificate, domicile are very important and generally neglected in day to day routine life should be taken care by family heads.

• Medicine banks are very much needed, in Government / Municipal Corporation Greater Mumbai (MCGM) Hospitals medicines are prescribed from outside, should make available from government medical depot at Byculla Opp. J. J. Hospital.

• Priorities should be set as per age. Especially children should get more benefit

• Expenses for travelling are major issue observed as trouble in medicine/post operation care. Such patients should get BEST Pass/ Railway concession.

• Nutrition is another issue which can be taken care by social institution.

• Yoga and Meditation centres should be set in every hospital for patients and staff together.
Need of Amendments in Present Policies

- Social Insurances such as ‘Janashree’ should make compulsory at the time of admission in Hospital
- Empowerment of Social Work department for the AWARENESS drives
- Awareness drive for Organ Donations through NGOs and Trusts
- To set more dialysis centres in government / peripheral hospitals
- Medical Social Workers should promote for further researches and allot some grants for innovative approaches
- E governance in Public Health system and net links with each other
- Geraldo - natural difficulties related to age such as Cataract lenses, hearing Aids should make tax free for LIG
- Help Lines for Accident Cases and wide public discussion about road accidents, rail accidents or terrorist problems to amend present policy should initiate
### Chapter V: Statistical Analysis of Research Study

#### Financial Status retained after illness

<table>
<thead>
<tr>
<th>Cases which received the help</th>
<th>LIG to LIG</th>
<th>LIG to BPL</th>
<th>Expired/ Dropout</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases which had not received the help</th>
<th>LIG to LIG</th>
<th>LIG to BPL</th>
<th>Expired/ Dropout</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>15</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

#### Unmanageable Expenses on

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Samples</th>
<th>out of</th>
<th>Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>31</td>
<td>53</td>
<td>59.62%</td>
</tr>
<tr>
<td>Diagnostic Tests</td>
<td>17</td>
<td>53</td>
<td>32.69%</td>
</tr>
<tr>
<td>Medicines</td>
<td>49</td>
<td>53</td>
<td>94.23%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>22</td>
<td>53</td>
<td>42.30%</td>
</tr>
<tr>
<td>Consultancy</td>
<td>6</td>
<td>53</td>
<td>11.54%</td>
</tr>
</tbody>
</table>

#### Economic condition of cases studied

<table>
<thead>
<tr>
<th>Name</th>
<th>Total</th>
<th>Financial help received</th>
<th>Financial help not received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Samples</td>
<td>same</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Priyanka</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Cancer</td>
<td>Swapna</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Brain</td>
<td>Priya</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Heart</td>
<td>Sunita</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Kidney</td>
<td>Sudhir</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Ortho</td>
<td>Rahul</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>27</td>
<td>21</td>
</tr>
</tbody>
</table>
Chapter VI : Conclusion

• Simple but important facilities such as fans, lifts, benches should be always in working conditions. For us they are less important and negligible compared to medicines or immediate clinical facility but for patients they make life and death situation. E.g. If the maternity wards are on second floor and lifts are not working; it is very difficult to take the lady with delivery pain till the labour room of ward. Thus Hospital management should courteous to be very particular about these small but patient centric/ friendly facilities.

• With the urbanization family psychological support system is not sufficient to subsidize the trauma. Clinical help is important; more such counseling centres are to be set. HM must confirm that they are rightly do their duties.

• Simple facilities, railway pass, easy to do jobs should make available for follow up patients.

• The fact that patients cannot take proper nutrition is the main cause of drop outs. ‘DOT’ is good tool developed for TB treatments. But it has to be modified in following way. The health posts or hospitals are available to give treatment between 9 am to 4 pm. Patients have to go for their jobs. They do not come regularly. The timings of DOT centres should be 24 X 7.

• T.B. medicines have side effects such as nausea and vomiting. Medicines should have nutritional supplements to minimize the side effects. LIG patients cannot afford to take milk and proteins in sufficient quantity. They try to avoid the medicines. Patients develop resistance due to irregular medicines.

• Thus nutritional supplement should also be given with medicines.

• Every LIG Family should save Rupees 2/- per day. They can collect Rs. 700/- per year, which in enough for family medi-claim policy of LIC or GIC Family doctors are not aware of local social NGOs or institutions that help in such cases. If so, they should first advice patients to go government hospitals social work department.

• Family doctors are not aware of local social NGOs or institutions that help in such cases. If so, they should first advice patients to go government hospitals social work department.

• Even lack of awareness is an additional hazard. Once patient detects some cyst and doctors suspect abnormality, from all corners of the country, they rush to these highly specialized regional centres. Thus more awareness is required in general practitioner is remote areas.

• Sometimes people have money but they lack manpower.

• There should be some schemes for poor patients for speedy treatment. There should be new schemes for child patients. Hospitals should have counselors who can guide patients and their relatives.

• The Yoga therapy and mental relaxation can be effective for mental strength and emotional balance.

• Medicine banks are very much needed, in Government / Municipal Corporation Greater Mumbai (MCGM) Hospitals medicines are prescribed from outside, should make available from government medical depot at Byculla Opp. J. J. Hospital.
# Appendix I

## HIV/AIDS

List of studied cases

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name &amp; Address of the patient</th>
<th>Age</th>
<th>Family Income p.m.</th>
<th>Disease</th>
<th>Total Expenses</th>
<th>Total help collected</th>
<th>Who give help Name of Trust</th>
<th>Financial Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A</td>
<td>40</td>
<td>7000/-</td>
<td>HIV/AIDS</td>
<td>No need of one time exp. Life long 1000 per month</td>
<td>In Kind</td>
<td>Hamsayya Trust</td>
<td>LIG—LIG</td>
</tr>
<tr>
<td>2</td>
<td>B</td>
<td>28</td>
<td>4,500</td>
<td>HIV/AIDS T.B.</td>
<td>1000/- pm</td>
<td>In Kind</td>
<td>Drop out</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>C</td>
<td>12</td>
<td>1000/-</td>
<td>HIV/AIDS T.B.</td>
<td>No need of one time exp. Life long 500 per month</td>
<td>In Kind</td>
<td>Chirag Foundation Maharashtra Nagar, Bhandup (E)</td>
<td>LIG—LIG</td>
</tr>
<tr>
<td>4</td>
<td>D</td>
<td>35</td>
<td>3000 to 4000</td>
<td>HIV/AIDS T.B.</td>
<td>No need of one time exp. Life long 2000 per month</td>
<td>In Kind</td>
<td>Chirag Foundation Maharashtra Nagar, Bhandup (E)</td>
<td>LIG but needs help</td>
</tr>
<tr>
<td>5</td>
<td>E</td>
<td>35</td>
<td>3000/-</td>
<td>HIV/AIDS T.B.</td>
<td>No need of one time exp. Life long 500 per month</td>
<td>In Kind</td>
<td>World Vision, Medicins Sans Frantieres (MSF), Samaj Kendra Bldg, Anand Vihar, Medical Center Khar (W), Mumbai 52</td>
<td>LIG to MIG</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>36</td>
<td>3000/-</td>
<td>HIV/AIDS T.B.</td>
<td>No need of one time exp. Life long 500 per month</td>
<td>In Kind</td>
<td>Yuvak Pratishthan, Jata Shankar Dosa Marg, Mulund (W)</td>
<td>LIG—BPL LIG</td>
</tr>
<tr>
<td>7</td>
<td>G</td>
<td>38</td>
<td>7000/-</td>
<td>HIV/AIDS T.B.</td>
<td>500 per month</td>
<td>Nil</td>
<td>Drop Out. She is accepting her status</td>
<td>LIG—LIG</td>
</tr>
<tr>
<td>8</td>
<td>H</td>
<td>36</td>
<td>4000/-</td>
<td>HIV/AIDS T.B.</td>
<td>1100/-</td>
<td>Nil</td>
<td>Patient Expired</td>
<td>Expired</td>
</tr>
<tr>
<td>9</td>
<td>I</td>
<td>23</td>
<td>3000/-</td>
<td>HIV/AIDS T.B.</td>
<td>500/-</td>
<td>Nil</td>
<td></td>
<td>LIG—LIG</td>
</tr>
<tr>
<td>10</td>
<td>J</td>
<td>25</td>
<td>4000/-</td>
<td>HIV/AIDS T.B.</td>
<td>1100/-</td>
<td>Nil</td>
<td></td>
<td>LIG—LIG</td>
</tr>
<tr>
<td>11</td>
<td>K</td>
<td>25</td>
<td>3500/-</td>
<td>HIV/AIDS T.B.</td>
<td>200/-</td>
<td>Nil</td>
<td></td>
<td>LIG—LIG</td>
</tr>
</tbody>
</table>
## Appendix I

### Cancer

List of studied cases

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name &amp; Address of the patient</th>
<th>Age</th>
<th>Family Income p.m.</th>
<th>Disease</th>
<th>Total Expenses</th>
<th>Total help collected</th>
<th>Who give help Name of Trust</th>
<th>Financial Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Nutan Chonkar,</td>
<td>28</td>
<td>2500/-</td>
<td>Cancer</td>
<td>75,000/- One time. 5000 to 6000 Per Month</td>
<td>Relatives, YPGuides</td>
<td></td>
<td>LIG to BPL,</td>
</tr>
<tr>
<td>13</td>
<td>Indrayani R. Koli,</td>
<td>55</td>
<td>8000/-</td>
<td>Cancer</td>
<td>5000/- One time</td>
<td>Taken Loan 10,000/</td>
<td></td>
<td>LIG BPL LIG</td>
</tr>
<tr>
<td>14</td>
<td>Swapna Sharma</td>
<td>35</td>
<td>3 lacs?? Monthly Income</td>
<td>Cancer</td>
<td>75,000/- one time.</td>
<td>No need (as per patient's argument).</td>
<td></td>
<td>MIG to MIG bot Chronic psycho</td>
</tr>
<tr>
<td>15</td>
<td>Haribhau Pandit,</td>
<td>40</td>
<td>3000/-</td>
<td>Cancer</td>
<td>3,00,000/- One time. 5000/ p.m.</td>
<td>Lalbaug Cha Raja, PM Fund, Private Doner, Ahmed Trust</td>
<td></td>
<td>LIG— LIG</td>
</tr>
<tr>
<td>16</td>
<td>Dinesh Sunil Vidhate,</td>
<td>53</td>
<td>3500/-</td>
<td>Cancer</td>
<td>15,000/ one time.3000 to 3200 p.m.</td>
<td>Saibaba Trust, Siddhivinayak Trust, Private Donor</td>
<td></td>
<td>LIG— LIG</td>
</tr>
<tr>
<td>17</td>
<td>Vasant Joshi</td>
<td>36</td>
<td>2,500</td>
<td>Cancer</td>
<td>10,000/- pm NA</td>
<td></td>
<td>NA</td>
<td>Expired</td>
</tr>
<tr>
<td>18</td>
<td>Smita Dalvi</td>
<td>61</td>
<td>3,400</td>
<td>Cancer</td>
<td>1,85,000</td>
<td></td>
<td></td>
<td>LIG LIG Utilized all savings</td>
</tr>
<tr>
<td>19</td>
<td>Dharmishta Yadav</td>
<td>54</td>
<td>2000</td>
<td>Cancer</td>
<td>3,00,000</td>
<td></td>
<td></td>
<td>LIG— BPL</td>
</tr>
<tr>
<td>20</td>
<td>Vijay Pawar</td>
<td>30</td>
<td>4000</td>
<td>Cancer</td>
<td>1,50,000</td>
<td>Nurgis Dutt Foundation</td>
<td></td>
<td>LIG BPL</td>
</tr>
<tr>
<td>21</td>
<td>Pandurang Dhonkar</td>
<td>62</td>
<td>3,500</td>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td>Expired</td>
</tr>
</tbody>
</table>
# Neurological Problems

## List of studied cases

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name &amp; Address of the patient</th>
<th>Age</th>
<th>Family Income p.m.</th>
<th>Disease</th>
<th>Total Expenses</th>
<th>Total help collected</th>
<th>Who give help Name of Trust</th>
<th>Financial Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Sushila Gurav</td>
<td>35</td>
<td>4000/-</td>
<td>Brain</td>
<td>15,000/- First time Required 2,00,000/- now 5000 Per Month</td>
<td>6,500/- + approx 10,000/- 40,000/- friends and relatives</td>
<td>St. Michael Church, Sayyata Trust, Morraji Kanji Trust, M.K. Gandhi, Al Ahmed Trust, Jay Ganesh, A.H. Wadiya, Sion Hospital Trust</td>
<td>LIG – LIG</td>
</tr>
<tr>
<td>23</td>
<td>Madhukar Ghadegaokar</td>
<td>39</td>
<td>3500/-</td>
<td>Brain</td>
<td>1,72,000/- one time. 2000 to 3000 Per Month</td>
<td>18,000/-</td>
<td>Lalbaug Cha Raja, Nirankari Mandal, Sidhivinayak Trust</td>
<td>LIG BPL LIG</td>
</tr>
<tr>
<td>24</td>
<td>Komal A. Dhummal</td>
<td>9</td>
<td>2000/-</td>
<td>Brain</td>
<td>2,00,000/- one time. 2000/- p.m.</td>
<td>1,60,000/-</td>
<td>Lalbaug Cha Raja, Malarbai Foundation, Sidhivinayak Trust, Jay Ganesh Trust, Jeevandai Temple, Private Doners</td>
<td>LIG – LIG</td>
</tr>
<tr>
<td>25</td>
<td>Intiaz Shaikh</td>
<td>18</td>
<td>2000/-</td>
<td>Brain</td>
<td>2100/-</td>
<td></td>
<td>No need, drop Out</td>
<td>Can not say</td>
</tr>
<tr>
<td>26</td>
<td>Bipin Panchal</td>
<td>26</td>
<td>10,200/- Both</td>
<td>Brain</td>
<td>Hospital Charges 1,86,000/- Medical 2,50,000/-</td>
<td>Nil</td>
<td>Two Operation done. Now patient is admitted in Hira Mungi Hospital. His brother is doing all expenses, brother will sale the house.</td>
<td>LIG BPL</td>
</tr>
<tr>
<td>27</td>
<td>Amar Sawant, Palav</td>
<td>23</td>
<td>2500/-</td>
<td>Brain</td>
<td>Tumor</td>
<td>1,50,000/-</td>
<td>Nil</td>
<td>LIG –BPL</td>
</tr>
<tr>
<td>28</td>
<td>Achut Shantaram</td>
<td>62</td>
<td>No income</td>
<td>Brain</td>
<td>Paralysis</td>
<td>1,50,000/- Medicine 2500 to 3000/-</td>
<td>Nil</td>
<td>LIG –BPL</td>
</tr>
</tbody>
</table>

...
# Appendix I

## Heart - Operations

### List of studied cases

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name &amp; Address of the patient</th>
<th>Age</th>
<th>Family Income p.m.</th>
<th>Disease</th>
<th>Total Expenses</th>
<th>Total help collected</th>
<th>Who give help Name of Trust</th>
<th>Financial Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Swati R. Mahadik</td>
<td>24</td>
<td>2500 to 3000/-</td>
<td>Heart</td>
<td>45,000/- One time, 1000/- p.m.</td>
<td>35,000/-</td>
<td>Saibaba Trust, Sidhivinayak Trust, Private Doner, Self Mahalaxmi, Bombay Heart, Bomabay Medical, Mahaveer Heart, Sai Baba Trust</td>
<td>LIG - LIG</td>
</tr>
<tr>
<td>30</td>
<td>Shah Jahan Hassan Ali Badiger</td>
<td>27</td>
<td>2500/-</td>
<td>Heart</td>
<td>80,000/- One time, 1500/- p.m.</td>
<td>63,000/-</td>
<td>Al Hamid Hospital, Self Contribution 10,000/- and sameas above</td>
<td>LIG - LIG</td>
</tr>
<tr>
<td>31</td>
<td>Haresh Daya Solanki</td>
<td>47</td>
<td>2000/-</td>
<td>Heart</td>
<td>1,00,000/- One time 1600/- p.m.</td>
<td>1,10,000/-</td>
<td>Maharashtra Govt Scheme</td>
<td>LIG - LIG</td>
</tr>
<tr>
<td>32</td>
<td>Om Bharat Ghadi</td>
<td>8</td>
<td>3000/- Months</td>
<td>Heart</td>
<td>95,000/- One time</td>
<td>Nil</td>
<td>Maharashtra Govt Scheme</td>
<td>LIG - LIG</td>
</tr>
<tr>
<td>33</td>
<td>Agnes Salve</td>
<td>36</td>
<td>1500/-</td>
<td>Heart</td>
<td>60,000/- One Time 1000/- p.m.</td>
<td>60,000/-</td>
<td>Sameas above</td>
<td>LIG - BPL</td>
</tr>
<tr>
<td>34</td>
<td>Sanjivani Satish Sajji</td>
<td>3</td>
<td>2500/-</td>
<td>Heart</td>
<td>75,000 One time 1000/- pm</td>
<td>25,000/-</td>
<td>Sidhivinayak Trust, Saibaba Trust, Private Donors,</td>
<td>LIG - LIG</td>
</tr>
<tr>
<td>35</td>
<td>Anandan V.K.</td>
<td>40</td>
<td>3000/-</td>
<td>Heart</td>
<td>1,00,000/- One time 2000/- p.m.</td>
<td>40,000/- from trusts 60,000 from brother</td>
<td>Sameas case one</td>
<td>LIG - LIG</td>
</tr>
</tbody>
</table>
| 36     | P.T. Patil, From Birth        |     | 3000/-             | Heart   | 1,00,000/-                       | Nil      | Not approached any one, money was not collected Patient Expired | ????
| 37     | Gopal Mahajan                 | 29  | 4000/-             | Heart   | 2,25,000/-                      | Nil      | Take Loan but patient Expired | ????
| 38     | Anil Rupariya                 | 38  | No income          | Heart   | 1,94,000/-                      | Nil      | Not getting help because he is already operated upon | BPL - BPL |
| 39     | Harsh Bargiya                 | 43  | 3000/-             | Heart   | 2,00,000/-                      | 1,00,000/- | No Money collected, Patient Expired | ????
| 40     | Mulchand Chedda               | 65  | 3000/-             | Heart   | 60,000/-                       | *Ration Card Problem. | LIG - BPL |
## Appendix I

### Kidney

**List of studied cases**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name &amp; Address of the patient</th>
<th>Age</th>
<th>Family Income p.m.</th>
<th>Disease</th>
<th>Total Expenses</th>
<th>Total help collected</th>
<th>Who give help</th>
<th>Name of Trust</th>
<th>Financial Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Paresh P. Savjiani</td>
<td>34</td>
<td>3500/-</td>
<td>Kidney</td>
<td>Not known, 8500/- to 5,000/- p.m.</td>
<td>Anupam Charitable Trust, Jay Ganesh Trust, Ramanlal Vora Trust, Dilip Shah (Private Doner) Siddhivinayak Trust, CM Fund</td>
<td>LIG – BPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Yasmin Bano Shaikh</td>
<td>29</td>
<td>2500/-</td>
<td>Kidney</td>
<td>50,000/- first time in private, 19,000/- p.m.</td>
<td>No particular source. Dependant on parents</td>
<td>LIG – BPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Saroj Singh</td>
<td>29</td>
<td>3500/-</td>
<td>Kidney</td>
<td>8500/ to 19,000/- p.m.</td>
<td>Maharashtra Govt Scheme, Siddhivinayak Trust, Lalbaug Cha Raja, Ramji Gala Trust, Time Donate Sanatha</td>
<td>LIG – BPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Dinesh Nagvekar</td>
<td>26</td>
<td>2000/-</td>
<td>Kidney</td>
<td>15000/- p.m.</td>
<td>No particular source. Dependant on parents</td>
<td>No documents</td>
<td>LIG – BPL</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Shyam Girju Mandlik</td>
<td>3000/-</td>
<td>Kidney</td>
<td>Nil</td>
<td>No time</td>
<td>_</td>
<td>can not say</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Supriya Prabhkar Palav</td>
<td>60</td>
<td>3500 to 4000/-</td>
<td>Kidney</td>
<td>5000 to 6000/-</td>
<td>Patient treatment started in Hindu Sabha, Application Process started</td>
<td>can not say</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Archana Shrinivasan</td>
<td>36</td>
<td>3000/-</td>
<td>Kidney Dialysis</td>
<td>6000 to 7000/-</td>
<td>Application put in but help not received. Whenever they visited hospital per visit 600/- they pay &amp; in a week they visit twice</td>
<td>LIG – BPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Jumbar Khandagale</td>
<td>50</td>
<td>5500/-</td>
<td>Kidney Dialysis</td>
<td>5000 to 6000/-</td>
<td>Application put in but help not received. Whenever they visited in hospital per visit 600/- they pay &amp; visit twice in a week</td>
<td>LIG – BPL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix I
### Orthopedic - Accident cases

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name &amp; Address of the Patient</th>
<th>Age</th>
<th>Family Income p.m.</th>
<th>Disease</th>
<th>Total Expenses</th>
<th>Total Help collected</th>
<th>Who gave help Name of Trust</th>
<th>Financial Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>Ganpat Nanekar</td>
<td>5000/-</td>
<td>Ortho</td>
<td>71690/-</td>
<td>Nobody to help in getting income certificate and other related documents for medical aid. It is an accident case.</td>
<td>LIG - BPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Sushila P.Gujar</td>
<td>4000/-</td>
<td>Ortho</td>
<td>50,000/-</td>
<td>Neighbors helped her for the operation No person available for getting income certificate and other related documents for medical aid. It is an accident case.</td>
<td>LIG - BPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Krishna Gajanand Lad</td>
<td>5000/- Ortho</td>
<td>53</td>
<td>Not having the time and knowledge for getting income certificate from Tahsil Office (No family members), No other female member in family except the patient for house work</td>
<td>LIG - BPL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Sukhu Ramadharitra Sharma</td>
<td>40 2000/- Ortho</td>
<td>20,000/-</td>
<td>Patient is OK now he is at home, Operation not done.</td>
<td>LIG-LIG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Meena H.Somaiya</td>
<td>8000/- Ortho</td>
<td>55000/-</td>
<td>Nobody available for getting income certificate and other related documents for medical aid.</td>
<td>MIG - LIG</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reasons for not getting help

- *Ration Card Problem. So that there difficulties for getting INCOME CERTIFICATE from Tehsil office. *Nobody person to work for him

- Problem of income certificate. Cant get till date of operation

- Expired, while trying to collect the money

- Both are jobless - Retired Not trying to income certificate

- He need to start the Chemotherapy therapy but not having sufficient money *Nobody person to work for getting medical aid.

- Chemotherapy therapy started Takes loan for all these treatment. Nobody person to work for getting medical aid.

- There is the problem related to his legs and in his family there is only the wife for caring him So that he having much problems for medical aid.

- No any person for getting income certificate and other related document for medical Aid. It is an accident case.

- Neighbours help her for the operation No any person for getting income certificate and other related document for medical Aid. It is an accident case.

- No any person for getting income certificate and other related document for medical Aid. It is an accident case.

- He get aid from Chief Minister Fund Rs. 10000/- only. Nobody person is ready for further work.

- Not having the time and knowledge for getting income certificate from Tahsil Office (Any family members), No any female members in family except patients for work in home.

- In that accident case from their family there is 2 members are serious. and only one man is doing all the things for treatment. but cant do very properly. No any person for getting income certificate and other related document for medical Aid.

- Not having the time and knowledge for getting income certificate from Tahsil Office. Not much interested to getting help.

- Not having residential proof in Mumbai so that cant get income certificate, Not having the person treatment related work except his mother.

- No one is for getting income certificate and other related document for medical Aid.

- No one is having knowledge for donor agencies and to get income certificate from Tahsil Office. Not much interested to getting help.
Appendix III

Documents required for Financial Help

• Application form duly signed by patient and doctor
• Xerox copy of Certificate of Hospital regarding estimated expenditure of Operation
• Xerox copy of Income Certificate
• Xerox Copy of Affidavit of income
• Xerox Copy of Ration Card

~ Acknowledgement ~

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Dr. Thanekar & Dr. Seema Malik, MCGM
Dr. Rahatkar & Dr. Sangeeta, MDTBCS
Mr. Natubhai Parekh & Mrs. Chetana Ghore
Mrs. Hemangi Ingle & Mr. Arjun Kharat
Mr. Mahendra Adhav & Ms. Yogita Salvi

Associate Researchers:
Priyanka Phadanis, Sunita Pawar, Swapnali Pingale, Priya Kolapte, Sudhir Chavan and Rahul Gaikawad

And

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* * *