

COVID-19 in slum communities of Patna and Bengaluru

Economic versus health impact



In brief

- This study examines the health and economic effects of the COVID-19 pandemic and its associated lockdowns. We combine extensive baseline survey data (from 2016) with repeated phone interviews conducted July-November 2020 with 120 key informants in 20 slums each in Bengaluru and Patna.
- Our team has been studying slum communities in India for more than a decade. Initially identified through a combination of government lists, NGO sources, and satellite imagery, these communities are often beyond the reach of official public support.
- As of November 2020, the communities had been spared the harshest health effects of the pandemic. Few deaths were reported in any slums, and the limited reported mortality was largely clustered in six Bengaluru slums. Similarly, severe infection – evidenced by residents seeking hospitalisation or home isolation – was rare.
- On the other hand, virtually every community suffered from deep and long-lasting shocks to its economic wellbeing. Primary earners lost jobs and incomes and the increase in debts threatens to plunge households deeper into poverty. Meanwhile, large-scale asset liquidation has pushed households closer to persistent poverty.
- Policy actions are needed to alleviate suffering and avert similar consequences in the future. Immediate regular aid will help families struggling to put food on the table, while strengthening job security laws and benefits provisions will reduce informality. Investing in skills training and educational opportunities will help slum residents break the cycle of poverty.

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Overview of the research

The COVID-19 pandemic and its associated lockdowns have affected every community around the globe. As the pandemic began, experts projected particularly dire health impacts in developing countries, with high projected mortality due to poor health systems and population risk factors. With fewer emergency support resources, developing countries have indeed experienced a particularly deep burden on the economic front: the United Nations estimates that an additional 207 million people could be pushed into extreme poverty over the next decade, reversing long-term secular trends. Slum communities – densely packed, with shared water taps and an impossibility of social distancing – seemed particularly susceptible to the health and economic effects of the pandemic, but little systematic evidence has emerged to assess the toll.

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This study examines the ways in which COVID-19 affected slum households in Bengaluru and Patna, India. We chose these two cities to represent very different urban environments in order to understand the nature of the pandemic in different contexts: Bengaluru is India’s fast-growing technology hub, and Patna is the capital of one of India’s poorest states. We investigated the following questions:

- *What are the direct health impacts of the pandemic in these slums?*
- *How have residents’ livelihoods been impacted by it?*
- *How have residents coped with these impacts, and what assistance – from each other, community organisations, political parties, and the government – have they received?*

We drew on key informant interviews with 120 participants in 20 slum communities each in Bengaluru and Patna. Six rounds of interviews were conducted via phone with each respondent between July 2020 and November 2020. Respondents provided information on their perceptions of high-profile community health impacts (e.g. deaths and hospitalisations), neighbourhood economic impacts (e.g. job and income loss), sources and types of assistance, and other related topics. Interviews comprised a mix of open-ended and semi-structured questions.

Analyses of the resulting data permit an understanding of how the pandemic similarly and differently affected communities in each city. Because of the repeated panel nature of the data, we are also able to observe the trajectory of the pandemic and lockdown effects. Further, because we have studied these communities for many years and have a substantial baseline database of neighbourhood and household characteristics, our analysis offers a comparison of pre-pandemic conditions with the pandemic experiences of each community.

Results from this study provide a descriptive snapshot of these communities' experiences with the pandemic, as well as guidance to policymakers on the potential policy options for mitigating future shocks.

Policy motivation for the research

It seemed only natural when news of the pandemic broke to infer that slums would require special protection. Slum residents face disproportionate risk and burden of disease due to characteristics of the built environment and inadequate access to crucial resources. Slums are not only densely populated, but are also in many cases located in environmentally hazardous areas. Moreover, slum dwellers face substantial challenges in accessing public services, and lack fundamental resources like clean water and sanitation and safe housing. These conditions — inadequate service provision combined with crowding and environmental hazards — cumulatively increase health risks to slum residents from infectious diseases, injury, fire, weather-related issues, and more. Health shocks that result in a household income earner being unable to work or result in expensive treatment or funerary costs can be financially devastating, especially when households are uncovered and unprotected. Each of these characteristics is pervasive in urban slums, making these high-risk areas in the eyes of public health officials.

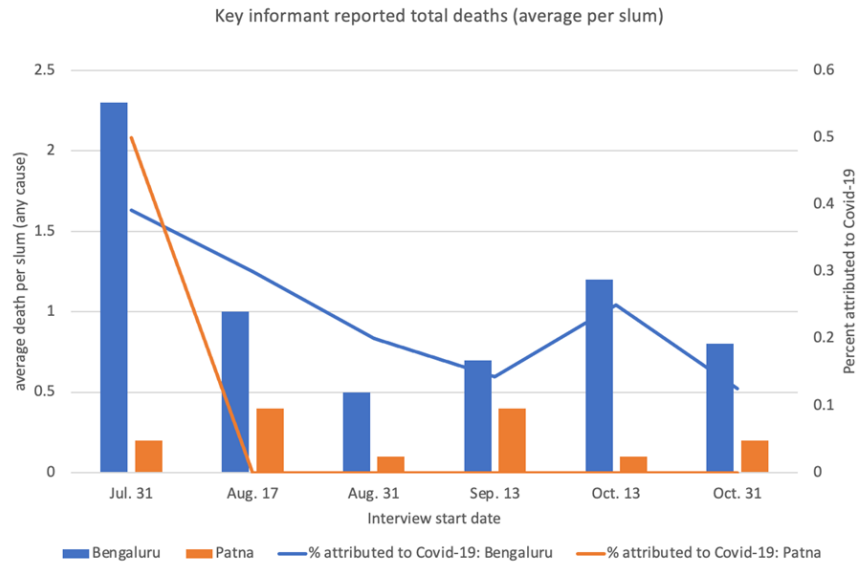
The research study is intended to provide information on the effects of COVID-19 in urban slum communities in India, which have received limited attention. We expect that our findings will help policymakers understand the nature of how people in slums cope with crises and calamities, and focus policy supports to provide short- and long-term assistance in order to bolster resilience.

Summary of key findings

Health impacts

We find contrasting health effects — no reported deaths and nearly no illnesses attributed to COVID-19 in Patna through November 2020 versus widespread low-intensity sickness and a cluster of more serious and repeated deaths and illnesses in Bengaluru. Overall, however, reported health impacts were less severe than those reported from India's largest slum, Dharavi in Mumbai. Figure 1 shows the average number of deaths reported in each city over time, including the percentage of these deaths attributed to COVID-19 according to key informants.

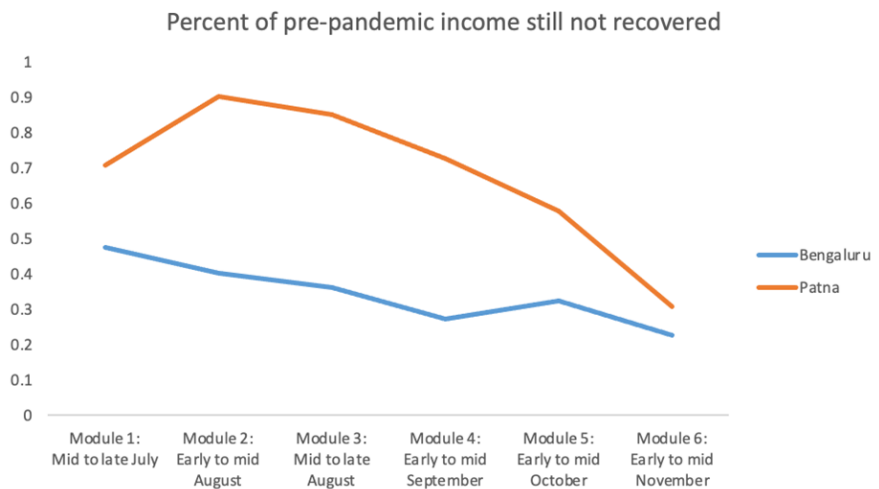
Figure 1. Key informant reported deaths (total and attributed to COVID-19) by city



Livelihood impacts

We find severe and persistent livelihood shocks in both cities. In April 2020, more than half of household heads in Bengaluru and more than three-quarters in Patna reportedly lost their primary source of employment. By November, more than one-fourth of pre-pandemic income in Bengaluru (one-third in Patna) had still not been recovered. Figure 2 shows the percent of pre-pandemic income still not recovered by city, as approximated by key informants.

Figure 2. Approximate percent of pre-pandemic income still not recovered by city



Coping strategies

Government and NGO cash or food assistance – widespread at first – dwindled by July 2020. Neighbours provided support to hardest-hit residents. Residents in both cities liquidated assets, borrowed from neighbours, and cut back on food, though the chronology and extent to which residents drew on various strategies varied by city (Figures 3 and 4).

Figure 3. Coping behaviour and assistance in Bengaluru over time

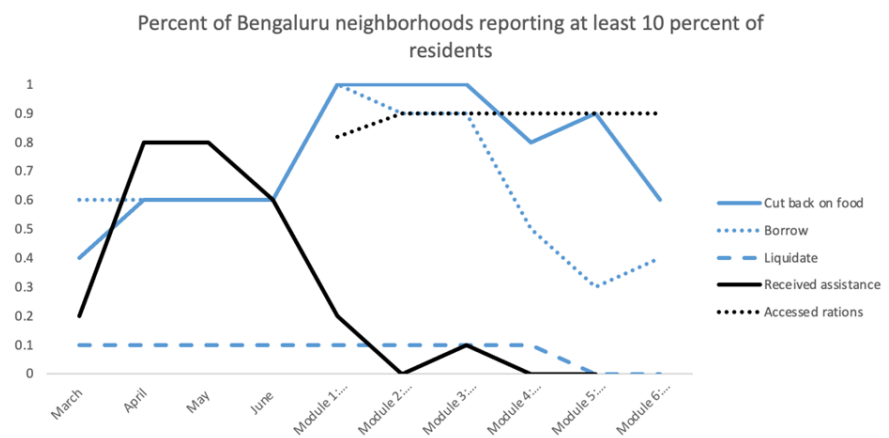
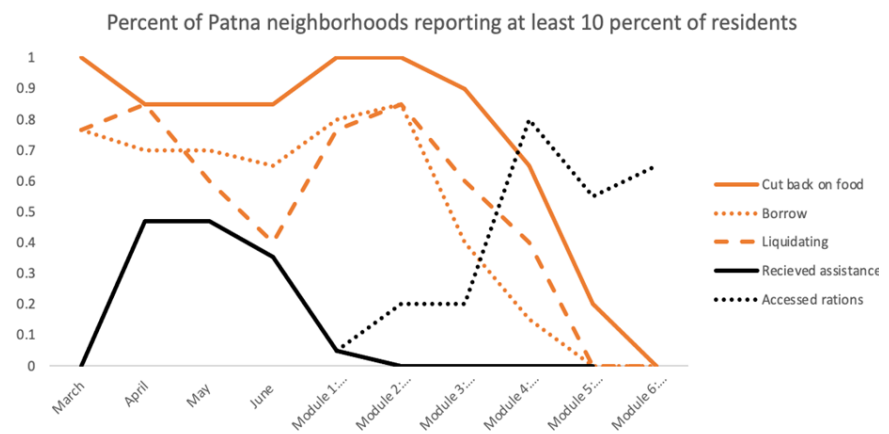


Figure 4. Coping behaviour and assistance in Patna over time



Policy recommendations

Immediate assistance is required to help residents forestall the descent into poverty.

When households lost their primary sources of income, in the absence of regular and reliable supports, they liquidated meagre assets, dipped into savings, and took out loans. Months after the pandemic began, those debts are now coming due, while households' income has not yet recovered. NGOs, political organisations, and official government assistance in the form of rations and other necessities have aided residents in need. Yet the provision of these necessities has proven haphazard and episodic. Regular and assured assistance now will help households sooner get back on their feet.

Progressively reducing the worst effects of informality is essential for reducing risks and stabilising livelihoods.

People need to be connected to institutional supports regardless of their labour or housing status. The conditions of employment must be made more secure progressively, with workplace protections, old age support, and healthcare benefits being provided. Similarly, the process of slum notification needs to be expedited, so the threat of demolition passes, even if individual titles are not given immediately. These measures will help anchor a more solid and stable lower-middle class rather than leaving people teetering precariously, always vulnerable to chronic poverty.

Boost education and skills training to facilitate mobility.

Interventions are required in education, skills training, and making entrepreneurship more rewarding, such as those pursued on a smaller scale by organisations promoting social mobility including Prerana in Bengaluru, Udaan Foundation in Mumbai, and CSRL in different cities. They have helped capable young people from disadvantaged situations rise to better-paying formal-sector positions. Raising many above the zone of precariousness is necessary for reducing volatility.

Affordable and reliable healthcare is a necessity.

Stories of downward mobility almost invariably involve families ruined by ill-health and high medical expenses. Policies directed toward these three resilience-enhancing interventions must be taken up on priority.