The access and quality agenda in the slums of India

Dr Seema Sharma
UK

When I heard that 6,000 children die every day in India, my response was WHAT? WHY? Isn't India an emerging economy? Growing up in sub-Saharan Africa (Zambia) I had seen poverty, but I had never appreciated that India had 20 times the population of the UK and 100 times the population of Zambia: one billion—100 times the population of the UK and 20 times the population of the UK.

Some really bizarre thoughts went through my mind when I first arrived in Dhavarti, the largest slum in South-East Asia. It houses 1.2 million people in 1 square mile; in fact 60 per cent of Mumbai’s residents live on 6 per cent of Mumbai’s land. I wanted to pick some of those helpless children up and cuddle them—but what were their local child protection policies? I wanted to pull them away from the flying glass in the recycling areas—where was their health and safety policy, let alone risk assessments and safety glasses?

It got worse. The dumping ground was a cesspit, swarming with flies, sewage, animals and people. Not much infection control going on here; HTM 01-05 wouldn’t get a look in. Slips and trips policy? Well in a nutshell: try not to slip or trip when the bulldozers come to the dump to make space for more garbage, or you will get hurt.

We in the UK are just waking up to the fact that one year is a challenging timetable for us to meet the standards of the Care Quality Commission. What would happen if the Care Quality Commission came to the slums?

The experience changed my life. I sat in a comfortable space back home in London—I under-stand Delivering Better Oral Health and care pathways in dentistry; we risk assessed our patients in East London and targeted high-needs patients with preventive advice, fluoride and fissure sealants. Dental disease was preventable and I was used to droning on about sugar intake for some time to come.

Not so, little was I to know that India should have fed its poor rather than risking riches with which to help them? I did not teach my kids to write with flies, sewage, animals and dirt. How could I have believed that India had 20 times the population of the UK and 100 times the population of Zambia? I had never appreciated that India had 20 times the population of the UK and 100 times the population of Zambia.

The access and quality agenda in the slums of India

I sat in a comfortable space back home in London—I understood Delivering Better Oral Health and care pathways in dentistry; we risk assessed our patients in East London and targeted high-needs patients with preventive advice, fluoride and fissure sealants. Dental disease was preventable and I was used to droning on about sugar intake for some time to come.

We in the UK are just waking up to the fact that one year is a challenging timetable for us to meet the standards of the Care Quality Commission. What would happen if the Care Quality Commission came to the slums?

The experience changed my life. I sat in a comfortable space back home in London—I understood Delivering Better Oral Health and care pathways in dentistry; we risk assessed our patients in East London and targeted high-needs patients with preventive advice, fluoride and fissure sealants. Dental disease was preventable and I was used to droning on about sugar intake for some time to come.