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# A QUALITATIVE EXAMINATION OF THE MISSION DHARAVI PROJECT

SUMMARY REPORT  
JULY 2021

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## Acknowledgements

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This is a summary of the implementation research study conducted by the Society for Nutrition, Education & Health Action (SNEHA). SNEHA is a Mumbai-based non-profit organization working on maternal and child health initiatives for over 20 years to improve urban communities and support the public system. SNEHA's approach to vulnerable urban communities embodies a rich experiential and researched understanding of the complete ecosystem within which communities subsist. Program planning and implementation at SNEHA is fundamentally research driven. Some of our earlier research work has been compiled online: <https://snehamumbai.org/resources/>

This study is based on the Mission Dharavi project. This project was led by Sushma Shende and Anagha Waingankar. The commitment of the entire team to the project during a very challenging time is commendable. We are grateful to donors of the Mission Dharavi project for their support in implementation. We also acknowledge all the participants of this study for sharing their views and experiences with us. We also appreciate the hard work done by SNEHA staff and community volunteers during this pandemic. We thank Sushmita and Apurva Tiwari for curating routine program data. We are grateful to Dr. Shanti Pantvaidya for her invaluable suggestions during the study process and Dr. Fernandez for her overall support. Finally, we are thankful to Vanessa D'souza, Archana Bagra and members of the SNEHA Research Group for their valuable inputs into this study.

## A qualitative examination of the Mission Dharavi Project

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It has been well-recognized that urban informal settlements are extremely vulnerable to ‘shocks’ of all kinds, be it natural disasters, epidemics or financial crisis. The ‘shock’ due to COVID-19 has been no exception. Dharavi, one of the biggest urban informal settlements in Asia, has had its share of challenges during the COVID-19 pandemic. There has been much effort on the part of the government as well as Non-Government Organizations (NGOs) to respond to the unique needs of Dharavi.

As part of these efforts, the Society for Nutrition, Education and Health Action, a Mumbai-based NGO undertook the Mission Dharavi project (June 2020 to May 2021). SNEHA has been working in Dharavi since more than 10 years on women and child health. During the pandemic and lockdown, SNEHA adapted its programs to incorporate activities such as COVID-19 awareness generation in the community, provision of food and other essentials, and close coordination with health, nutrition and other public systems to ensure continuity of services. SNEHA already had access to a large pool of trained community-based volunteers in Dharavi. Many of these volunteers were re-nomenclatured as COVID Yoddhas (warriors) in the Mission Dharavi project to help with field activities.

We at SNEHA undertook a qualitative study from October 2020-May 2021 to

1. Understand community perceptions and experiences during COVID-19 in Dharavi
2. Examine messaging and other strategies used by COVID Yoddhas trained by SNEHA
3. To understand in what ways SNEHA could be of help to the community, despite the challenging circumstances that prevailed. We discuss key findings of this study below:

### Community perceptions on COVID-19

Our discussions with the community suggest that people in Dharavi were aware of COVID-19, including its symptoms, sources of infection and preventive practices. However, the knowledge that people had of COVID-19 was not free of misconceptions, fear and panic; for we found reports of intense fear/panic during early stages of the pandemic that has shifted to almost complete denial of the existence of the disease one year into the pandemic. These attitudes-both fear and denial- can be considered non-conducive to the optimal adoption of COVID-appropriate behaviours in the community.

During initial months of the lockdown, people shared being scared of COVID-19. These fears were not merely related to contracting the disease; people were scared of being quarantined and being separated from family, of dying when away from family; of the deceased being disposed in manners that were not culturally acceptable to the community; and of being stigmatized by neighbours if found to have the disease. These fears had many repercussions; one positive consequence being that people did report that they tried to take precautions-wear masks, wash hands, avoid gatherings and maintain distance at least during early stages of the pandemic. But these fears also had negative consequences-one important one being that people were hesitant to come forward to get tested and access medical care despite having adequate knowledge of COVID symptoms. The phrase that police “*catch and take away*” people with

symptoms was often used by respondents, and is suggestive of testing being done against individual wishes. We also found hesitancy in the use of all routine health services- out of fear of contagion and also of being diagnosed with COVID once in a hospital. The community did report delays in accessing routine immunization services and in seeking care for non-critical ailments. Our interviews suggest that some of this fear against getting diagnosed was also rooted in discrimination against patients by the Dharavi community as a whole. As part of our community discussions, we had spoken to three recovered COVID-19 patients, and all three reported experiencing some form of discrimination (being ignored by neighbours or told by them not to stay in the vicinity). All in all, the fear of COVID-19 in the initial months seems to have had some positive repercussions in the form of adoption of preventive behaviours such as wearing of masks and handwashing. But it has also had negative repercussions in the form of patient-related stigma, hiding symptoms of COVID-19 rather than coming forward, and not seeking routine healthcare.

In the months of January-February 2021, during the time of our interviews, there seems to have been a shift in attitudes towards COVID-19 and the initial fears appeared to have lessened. Some people denied the existence of COVID-19 in Dharavi (including calling the disease a conspiracy), others shared that the danger had passed and that it was time for life to get back to 'normal'. This attitude implies that all preventive measures against COVID are being taken less seriously at present.

The most important concern at present for the community seems to be the need for revival of livelihoods. Migrants, who had left to their native places due to the lockdown in April 2020, fear of infection and inability to pay rent have now returned to Dharavi to a large extent. Our discussions suggest that the entire community in Dharavi currently feels excluded, particularly with respect to jobs. People shared that employers were unwilling to hire from Dharavi since they considered the area to be 'high-risk'. Indeed, the targeted nature of the government intervention in Dharavi and the informal settlements being in the news constantly as a 'hotspot' for COVID-19 seems to have had an unintended adverse consequence on livelihoods in the community. The need to establish Dharavi as 'normal' again so that jobs could be secured could be responsible to some extent for the denial of the existence of COVID-19 in Dharavi that we saw in our discussions.

## Messaging and other strategies used by COVID Yoddhas

As of February 2021, a total of 221 Yoddhas were associated with SNEHA, out of which 31 were new and 190 were volunteers associated with earlier SNEHA interventions in Dharavi. Yoddhas were supported by SNEHA to carry out several program-related activities during COVID-19, particularly during the period of stringent lockdown when other SNEHA staff had restricted entry into the area. We had discussions with 27 Yoddhas (mix of online and face-to-face). These discussions indicated that Yoddhas were involved in five kinds of activities- activities pertaining to COVID-19 and its prevention (messaging as well as other support), activities that enabled access to routine health care, activities pertaining to Water Sanitization and Hygiene (WASH), activities pertaining to distribution of food, and lastly, being involved in local evidence-gathering. Much of Yoddhas work pertained to raising awareness in the community, and giving knowledge through

posters, individual discussions and informal communication in the by-lanes. In addition, many Yoddhas reported having been involved in immediate relief work such as the distribution of food grains, cooked food, fruits and vegetables. We also encountered instances where Yoddhas had connected with public sector department officials (sanitation, health and nutrition) to help these services reach the community.

Our discussions with Yoddhas and SNEHA frontline staff suggest that Yoddhas have played an important role during the lockdown serving as an extension arm for SNEHAs work in the community. Most Yoddhas shared that they put in additional time into volunteering work since it was a challenging time-period, and they had wanted to step-up, do something 'extra', and help the community tide over the crisis. Male volunteers we spoke to admitted that they could spend this time and effort on volunteering since their other jobs were on hold.



## How could SNEHA's Mission Dharavi project be of help to the community?

We first discuss some of the unique challenges SNEHA faced during the implementation of the Mission Dharavi program. SNEHA's programs conventionally have a huge community-interaction component and the constant presence of program frontline workers in the beneficiary community has been regarded as one of the key strengths of these programs. During the lockdown, however, travel restrictions made physical community-interactions a challenge. SNEHA programs had to rapidly shift to a virtual mode of functioning, with the help of community volunteers. Functioning this way was not easy. Mobile networks were not always available, coordination with public sector officials over the phone was a challenge, and frontline workers of SNEHA had to deal with their own fears as well as adjust to the new way of functioning with more dependency on volunteers.

Despite these challenges, the program leveraged on its already existing volunteer-base, and on the relationships that SNEHA staff had built in the Dharavi community over the years to continue many of the much-needed activities in Dharavi. We could speak to some beneficiaries of the program (8 face-to face case-stories and some anecdotes derived from the community discussions of the KAP study). These people acknowledged SNEHA's efforts in the following ways

- It was reported that SNEHA staff and volunteers helped the community women deal with fear/panic due to COVID-19, and supported their access to public sector facilities when needed (particularly for antenatal care, deliveries, and child-related ailments). We encountered many instances where SNEHA staff and volunteers had motivated pregnant women, allayed their fears and helped them access public health

facilities and supported access to food ration distributed through Anganwadis. We also encountered a few instances where SNEHA had intervened during health emergencies.

- SNEHA's work in generating awareness about COVID-19 through various ways like direct messaging or through posters was acknowledged. SNEHA's help (through volunteers) in working with COVID patients, screening or helping families go through quarantine- was also acknowledged, but to a lesser extent.
- Some people acknowledged receiving direct food relief through SNEHA or spoke of SNEHA's (including Yoddhas) roles in distributing ration/food obtained from elsewhere.

There was also some mention of community-level activities of SNEHA- like the organization's involvement in community WASH activities, whistle-blowing by Yoddhas if masks were not worn and attempts to maintain social distancing. But these activities were less mentioned since in the eyes of the community, direct benefits (like provision of food to a family) were more visible than SNEHA's community-level work.

## What do these findings mean for programs in SNEHA?

**We discuss some of the implications of these findings for our programs.**

One, our findings suggest that the community is well-informed about COVID-19. But some misconceptions prevail, and attitudes of fear as well as denial still need to be worked with in future messaging strategies. One other study has referred to COVID-19 as a 'pandemic of social media', and points to the dangers of getting information through unreliable media communication [1]. From our study too, we felt that the community in Dharavi needs access to factual as well as practical information (where to go, what numbers to contact) through trust-worthy means other than television or social media. Also, importantly, this information needs to be conveyed to the community in a manner that does not engender stigma towards patients. The current information needs of the community seem to be around countering stigma and misinformation, rather than acquiring new knowledge on COVID-19. SNEHA workers and volunteers, who are trusted by the community, can play important roles in delivering these messages.

Also, since COVID-19 is being thought of as a past danger, preventive measures in the community are being taken less seriously at present. In addition to messaging on '*corona gaya nahi*' (which is very much needed), the following may help. There seems to be a need to put in place regulatory checks and balances like continuing police regulation of mask-wearing; for the lack of regulation seems to signal to the community that corona is over. Further, there is a need to embed newly-acquired good practices pertaining to community sanitation (like the daily disinfection of public toilets) so that these practices don't get lost during low-disease transmission phases. There is also a need to continue to advocate social-distancing in manners that are acceptable to the community for instance, in local shops, clinics, religious places and other places where people gather in the community.

Secondly, there is need to redefine the roles of Yoddhas paying attention to what is practically possible for them in present-day. Our previous study has shown that community volunteers need continued training



and support from SNEHA to function in the community [2]; our discussions with the Yoddhas recently reemphasize this point. Expecting Yoddhas to do the same quantum of work as done so during the 2020 lockdown might be unrealistic. But with continued handholding from SNEHA, Yoddhas can continue at least some of their work, serve as extension arms of SNEHA when staff are not available (at night and during holidays) and handle emergencies. Our experience has shown that Yoddhas can step-up to handle crisis and make important contributions to the community. These Yoddhas, as well-proved during this crisis, can be an important community resource for future crisis as well, thereby contributing to the overall resilience of the community to disasters and shocks. This is perhaps a very important reason to continue supporting community volunteer initiatives through SNEHA.



Thirdly, the findings of this study have wider learnings on pandemic response in general. It is important for organizations, government as well as non-government, to keep in mind that mitigating the immediate risks of a pandemic is only one part of a good response. In the case of Dharavi, we seem to have achieved short-term success due to intensive efforts pertaining to testing, extremely complex quarantine logistics, screening and policing. Many NGOs have stepped up to provide immediate food relief and other forms of support as well. Positive acknowledgements of these efforts from the community were heartening to see. However, our findings suggest that these efforts are clearly only the first step of a ‘successful’ response. Responses to epidemics need to be holistic and far-reaching, and stretch beyond immediate disaster-relief. There is currently an overwhelming concern about livelihoods in Dharavi, which calls for a range of long-term social protection measures beyond immediate economic relief. The lockdown has had a deep impact on the lives of people in Dharavi and the informal economy that sustains the place (leather, food, garments, imitation jewellery) seems to be affected adversely. It has been well-recognized that one cannot achieve progress in maternal and child health if underlying food and economic insecurities are not addressed [3]. Thus, our study findings suggest the need for a continuing response to the pandemic by the government and NGOs, in manners that are culturally congruous to the needs to Dharavi and also wider in scope.

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