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A QUALITATIVE EXAMINATION OF THE MISSION DHARAVI PROJECT

JULY 2021

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Acronyms

ANC	Antenatal Care
COVID-19	Coronavirus Disease 2019
CO	Community Organizer
FGD	Focus Group Discussion
ICDS	Integrated Child Development Services
IDI	In Depth Interviews
NGO	Non Governmental Organization
PC	Program Coordinator
PDS	Public Distribution System
SNEHA	Society for Nutrition, Education and Health Action
THR	Take Home Ration
WASH	Water, Sanitation and Hygiene

Image Source: Mission Dharavi project

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This is an 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/>

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Summary

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 atleast 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 SNEHA's 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.



A QUALITATIVE EXAMINATION OF THE MISSION DHARAVI PROJECT

CHAPTER 1: BACKGROUND OF THE STUDY

1.1 Introduction

On January 30th, 2020, the World Health Organization declared the Novel Coronavirus Disease (Covid-19) outbreak a Public Health Emergency of International Concern (PHEIC) [4]. Later, on March 11th 2020, due to the alarming levels of spread and severity, COVID-19 was declared a pandemic [5]. The pandemic has been of particular concern in urban informal settlements across the global south. In these spaces, issues such as space-constraints, crowding, the lack of sanitation and water, and the use of shared communal spaces like public toilets have made COVID-19 mitigation measures such as social distancing and self-quarantining extremely challenging [6, 7]. In addition, the lockdown measures initiated by many countries in the wake of the pandemic seem to have contributed to income loss, food insecurity and reduced access to health services, further exacerbating the economic vulnerability of people living in such settlements [8, 9]. Given that one billion people across the globe live in urban informal settlements (about one third of the world's urban population) [10], the need for a focused COVID-19 response adapted to the contextual realities of people living in these crowded urban spaces has been widely acknowledged [8, 11, 12].

This study was based in Dharavi, an urban informal settlement in Mumbai that covers an area of 2.1 km² and is considered one of the biggest urban informal settlements in Asia. Dharavi has a registered population of 1 million and is considered one of the most densely populated places in the world [13]. Dharavi reported its first COVID-19 case on April 1st 2020, and emerged as a 'hotspot' for COVID-19 reporting 2543 cases as on July 28th 2020 [14]. The exponential increase in cases in Dharavi between April-May 2020 elicited an intensive public health response in this area. In this time-period, intensive efforts were made at screening and testing, public spaces like shared toilets were disinfected, social distancing was strictly-enforced (with gatherings being prohibited and curfews being imposed) and quarantine centers were set up by the local municipal corporation. Partnerships with local doctors and non-governmental organizations were also made to bolster the response [15]. These efforts had complemented the nation-wide lockdown that was imposed between 21st March to 31st May 2020 pan India [16], which had further restricted movement and economic activities in Dharavi.

1.2 Overview of the Mission Dharavi project (September 2020-May 2021)

The Mission Dharavi project is being implemented by the SNEHA (Society for Nutrition, Education and Health Action), a Mumbai based NGO that works to improve the health and safety of women, children and adolescents living in the most vulnerable urban slum communities. In Dharavi, SNEHA has been working to improve child health and nutrition for more than 10 years. During the pandemic and lockdown, SNEHA adapted its programs to incorporate activities related to COVID-19 awareness generation, provision of food and other essentials and continuity of health services by close coordination with health systems. The 'Mission Dharavi' project was launched in September 2020 with the goal of supporting vulnerable

communities in Dharavi during the COVID-19 crisis. Table 1 depicts some of the key objectives and planned outputs and outcomes of the project.

Table 1. Project's key objectives, outputs and outcomes

Key Project Objectives	Key Outputs	Outcomes
To influence and support the community to introduce and sustain health behaviors and practices with respect to COVID-19	<ul style="list-style-type: none"> Toilets sanitized after facilitation by COVID Yoddhas Households receiving information on COVID-19 (through group meetings, home visits, awareness sessions, events etc.) Households with positive cases received /benefitted from counselling by COVID Yoddhas 	<ul style="list-style-type: none"> Awareness of the beneficiaries about COVID-19 transmission, symptoms and prevention Beneficiaries reporting increased channels (sources of information) providing COVID-19 information Perceived threat of beneficiaries of getting the disease and self-efficacy (to access services, take precautions) for COVID-19 Beneficiaries exhibiting healthy/ protective behaviors (WASH and other indicators)
To support reduction in spread of COVID-19 through communication and referrals	<ul style="list-style-type: none"> Beneficiaries identified with ILI (Influenza Like Illness) Beneficiaries referred to health facilities/ helpline Beneficiaries followed up after treatment 	<ul style="list-style-type: none"> Beneficiaries with symptoms who received treatment Beneficiaries with COVID -19 quarantined

SNEHA already had access to a large pool of community-based volunteers in Dharavi who were trained by the NGO, and were working on the issues of maternal and child health and nutrition, adolescent health, and domestic violence. With the advent of the pandemic, some of these volunteers were asked if they would be willing to assist the program activities as 'COVID Yoddhas' (warriors). SNEHA used an on-line platform to train Yoddhas. Yoddhas were involved in many diverse activities including sharing of information, ration and food distribution, coordination with the sanitation department for regular cleaning of shared toilets, dissemination of Behaviour Change Communication (BCC) material, and others. SNEHA also worked directly with the public health and nutrition systems in Dharavi so as to connect them with the community.

1.3 Aim of this study

In this study, we have attempted to examine Mission Dharavi project using qualitative methods. This study has three objectives:

1. To study the awareness, attitude, and practices of the community with respect to COVID-19
2. To examine messaging and other strategies used by COVID Yoddhas
3. To understand how SNEHA could help the community in Dharavi during this challenging time-period.

Ethical approval for the study was obtained from the Institutional Ethics Committee, the Bandra Holy Family Hospital & Medical Research Centre, Mumbai. Recorded oral consent was taken from all participants.

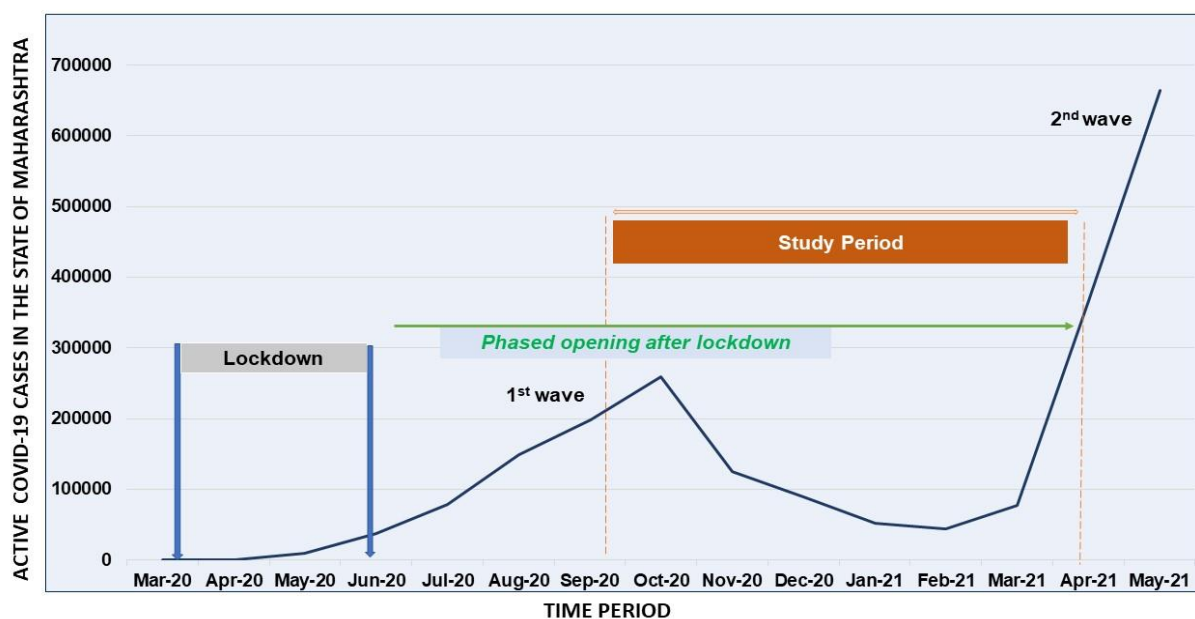
In the next three chapters, we examine the three objectives of the study separately.

CHAPTER 2: COMMUNITY PERCEPTIONS OF COVID-19 IN DHARAVI

2.1 Background

While attention has been given to the COVID-19 epidemiological situation and the government response strategy in Dharavi, the experiences of the Dharavi community (people living in the informal settlements) have not been documented so far. Previous studies have highlighted the need to bring community voices into outbreak response in order to effectively contextualize these strategies [17, 18]. Thus, in this chapter, we have attempted to provide insights into the perceptions of the community in Dharavi following the first wave of the COVID-19 outbreak from data collected between October 2020-January 2021 (figure 1).

Figure 1: COVID-19 timeline in the state of Maharashtra and our study period



Author compilation using sources:

- 1. COVID-19 Dashboard by Government of Maharashtra [mh-covid-summary \(covid19maharashtrgov.in\)](https://covid19.maharashtra.gov.in/)
- 2. Public Health Department, Government of Maharashtra [Novel Corona Virus-Government of Maharashtra Public Health Department, India](https://www.mh.gov.in/)
- 3. Press Release, Ministry of Home Affairs, Government of India [MHA Press Releases | Ministry of Home Affairs | Gov](https://www.mha.gov.in/)

2.2 Methods

We recruited participants for the study by beginning with the lists (including phone numbers) that we already had from an earlier need assessment survey done by SNEHA. We reached out to others by snowballing from these lists. We interacted with a total of 49 participants from the community in Dharavi.

We initially conducted 16 phone interviews with community members in Dharavi, diversified in terms of gender and age; 3 interviews with patients who had recovered from COVID-19; and 6 interviews with community volunteers who had helped with relief work during the pandemic. After a first round of analysis, we felt that a few themes (such as those related to recent migrants who were a particularly vulnerable sub-group) were missing- since many of them were not accessible by phone. Thus, we went to Dharavi and conducted 9 (8 short, 1 in-depth) additional face-to-face interviews with people who did not have access to phones, had gone back to their villages during the lockdown and had returned seeking jobs. In addition to this, we conducted 3 face-to-face Focus Group Discussions (FGDs) in the community. These FGDs were used to validate some of our preliminary lines of thinking and explore certain themes from the interviews in depth.

We used a guide to direct our questions; the key themes from which are given in table 2. The interviews and FGDs were conducted in a mix of local languages, Hindi and Marathi. Interviews were conducted by the authors MB, SR, RS and NS and ranged between 25 minutes to an hour. All the interviews were recorded, translated and transcribed into English. We did not transcribe the FGDs, but used information from these written in the form of detailed field notes.

On an average, only 2 of 5 people we tried to contact over the phone agreed to participate. We sometimes had to call multiple times to schedule and fix interviews at the convenience of community participants. Reasons for non-participation included reported lack of time, inconvenience and the participants not being available at the time planned for the interview and not picking up their phones. Also, we felt that people were hesitant to talk about COVID-19 due to a strong sense of stigma in Dharavi that surrounded the disease. We did not offer any compensation to the participants for talking to us.

Table 2: Details of the data collection for objective 1

Participants	Methods	Number of participants	Demographic details of participants	
Community members	In-depth interviews (26) -These interviews were conducted done to obtain details on community perceptions	17	Age range	21-70 years
			Sex	Males – 9 Females – 8
			Religion	Hindus – 14 Muslims – 3
			Occupation	Housewife/unemployed – 9 Unskilled job – 3 Skilled job – 3 Retired – 2
			Resident of Dharavi	By birth-60 years
COVID recovered individuals	- 25 phone interview, 1 face to face interview with a male migrant during field visit	3	Age range	39-65 years
			Sex	Males – 2 Female – 1
			Religion	Hindus – 3 Muslims – 0
			Resident of Dharavi	By birth-40 years
Community volunteers		6	Age range	25-45 years
			Sex	Male –1 Females – 5
			Religion	Hindus – 4 Muslims – 2
			Resident of Dharavi	2-45 years
			Volunteers with SNEHA	6 months-6 years
Community members	Short field interviews (8) -These interviews were conducted to supplement the online interviews and reach people who were not accessible over the phone -The interviews were kept short to minimize researcher contact	8	Age range	25-65 years
			Sex	Males – 0 Females – 8
			Included conversations with a diverse group of people such as a local shop keeper, a migrant family, and a mother who had lost her 8 years old child to cancer during lockdown.	
Community members	Focus group discussions- face to face (3) - Intended to validate some of the findings from the in-depth community interviews	FGD1 (female) - 7 FGD2 (male) - 5 FGD3 (migrant workers) - 3	Age range	23-55 years
			Sex	Males – 8 Females – 7
			Occupation	Housewife – 7 Unskilled job – 5 Skilled job – 3
Total number of participants		49		

Key themes in the tools used for community discussions

- Knowledge and awareness related to COVID-19
- Shift in attitude and perception- There is “no COVID in Dharavi”
- Prevention measures in Dharavi
- Underlying fear and mistrust of Government response
- Access to other health and public services during COVID-19
- Othering of Dharavi community- stigma and discrimination
- Challenges due to COVID-19

As customary to qualitative studies, data collection and analysis were done iteratively. We used generic thematic analysis techniques to help analyze our data; in this type of analysis, data is first sorted and organized into themes, then summarized as data displays (tables, case-studies and conceptual figures), and then interpreted [19]. For doing this, we started with a broad codebook in which initial themes for the analysis (derived from the survey and guide) were noted. We constructed a matrix with cases (interviews with participants) as rows, and the various themes in the codebook as columns. These columns were not fixed, but modified as the data emerged. Two of the researchers read the transcripts and coded these separately. Preliminary ideas that emerged from the transcripts were discussed in a group. We held weekly debriefs as a team in the months of December 2020-January 2021 to discuss emerging ideas and lines of thinking in a group, and iteratively build on the themes that emerged. We used the qualitative software NVivo version 10 as well as MS word to aid the coding process.

We had conducted three face-to-face FGDs to validate the key findings from the interviews; such member-checks have been considered crucial to triangulate perspectives and establish credibility of ideas [20]. During these FGDs, we shared the key findings of the interviews with participants and checked for the resonance of these findings with peoples’ experiences. We also used FGDs to deepen some themes that we felt were missing in the interviews. For instance, our interviews lacked strong evidence on gender-differences in the perception of the pandemic; and we used the FGDs to probe more on these lines. We finally synthesized and presented the results of the study under seven overarching themes.

In this section, we report on shifting attitudes and perceptions towards COVID-19; preventive practices and beliefs of respondents on efficacy of these practices; and patient experiences with COVID-19. We also present the broader story of community experiences during the lockdown period and after, and the repercussions that the lockdown had in the community.

2.3 Findings

2.3.1 Despite awareness about COVID-19, myths and rumours prevailed

COVID-19 was often referred to as “carona” in the community and all respondents we spoke to had heard of the disease. Discussions with the community showed that they were well-aware of COVID-19 spread, symptoms and preventive measures.

When we asked the community about which sections of the population (male, female, elderly) were more vulnerable to COVID-19, people generally responded that everybody was at risk. Some respondents mentioned that elderly people, pregnant women and people with co-morbidities were at higher risk of falling very ill due to COVID-19. People in the community also reported being protective of their children and described them as one of the “high-risk” categories. Low immunity was stated as the main reason for the vulnerability of children as well as the elderly.

“Children younger than 10 years are weak and we should take care of them. The old people living in my house can also get affected, they are very fragile, day by day they also get weak.”

- Female, 31 years, housewife having one child, living in Dharavi since the last 13 years

“Yes, they say that carona affects according to age. Old people's immunity power is less and young children, because of their age, their immunity is low.”

- Male, 25 years, works in a hotel, living in Dharavi since birth

“Those, who have high sugar, high BP, those who can't breathe, they face more problems They are mostly affected... Older people are more vulnerable to carona. Older people, children etc. Pregnant women are also vulnerable.”

- Female, 44 years, nurse aid, currently unemployed, living in Dharavi since last 24 years)

We found that television news, family and neighbours, social media were reported as important sources of information on COVID-19. In addition, schools and workplaces were also mentioned. The availability of information through different sources appears to have enabled high levels of awareness on the pandemic. But information from some of these sources (particularly social media, information from neighbours) also seemed to play a role in perpetuating certain rumours and myths. For instance, some people shared that they heard that only the ‘rich’ get affected by COVID-19. In addition to the usual ways of transmission, eating meat was considered to be a risk-factor for COVID-19, and drinking boiled water as well as bathing in hot water were considered as important preventive measures:

“It's a slum area, people have been living here since they were born. More dangerous viruses must have come and gone here, we don't know. So, I think we are that strong. Our immunity system is strong.”

- Male, 28 years, medical representative, living in Dharavi since birth

"Some people say that those are vegetarian will not get carona."

- Female, 60 years, housewife, disabled, living in Dharavi since last 50 years

A deluge of information on COVID-19, along with facts distorted by rumours, has had repercussions in the community. During the initial stages of the pandemic, the deluge of information from various sources seems to have contributed to intense stigma and paranoia. Further, during the later stages of the pandemic, an over-exposure to COVID-19 messaging along with other factors seems to have led to beliefs of non-vulnerability to the disease and lower-risk perception. These issues have been discussed further below.

2.3.2 An initial phase of intense fear and panic

When we asked people to talk about how they felt about COVID-19 during initial stages of the pandemic (April- June 2020), everybody spoke of fear and panic. The newness of the disease and the uncertainties surrounding it had engendered deep fear of the disease. During this time-period, the escalating number of cases in Dharavi was often mentioned in the news (newspaper, television etc) which had added to the anxiety of people who reported feeling vulnerable to the disease:

"We have never heard of this carona earlier. When something new comes, one can't trust it easily, so there will be a fear of 'who knows what will happen.'"

- Male, 35 years, daily wage worker

"That time, we were afraid. Actually, all were afraid; I am not only talking about myself. Entire world knew about it and all were afraid..... That was altogether different experience. In the community there was an environment of fear because nobody was going out of the house. Even I was telling to my family to not go out."

- Male, 42 years, COVID recovered, works in a blood bank

"Nobody was going out. Only police were moving around and no one is going out....No work, nothing."

- Female, 28 years, Housewife, living in Dharavi since last 7 years

"Here in my community, no one was talking to anyone or coming close to others, whether they had carona or not. Friendship and everything was finished."

- Female, 60 years, housewife, disabled, living in Dharavi since last 50 years

Discussions with community respondents also indicated that they had been as wary of the Government's initial response to COVID-19 as of the disease itself. The government's initial strategy had involved high levels of contact-tracing, screening and quarantining, and all people with Influenza Like Illnesses (ILIs) had

been referred to locally set-up 'fever clinics' where they were screened for fever, oxygen-levels and other underlying conditions. Further if found positive, people had been quarantined in special COVID-19 care centres set up for this purpose. This response of the government, people shared, had exacerbated fear of the disease during the initial phase of the outbreak:

"Yes, they (government) forcefully do check-ups, People say that if you come to a hospital for only cough or cold, they will show you as corona patients."

- Female, 27 years, housewife with a newborn, living in Dharavi since last 12 years

"If they go (to hospitals) they have this fear, what if they have Covid and what if they have common cold only, and are still kept as Covid patients in a quarantine centre. Now if anyone has a cold for 2 days, they are asked to do Covid test."

- Female COVID Yoddha, 42 years, living in Dharavi since last 21 years, 6 years as volunteer with SNEHA

"If there's fever, BMC (public hospitals) directly declares it to be corona. Its symptoms are cold, weakness, cough in the chest, water in lungs, now this is corona. Even if there is a small symptom, the entire family gets disturbed. Because of the fear many don't go to hospital, that if something happens to them, they (government) will do something to the family."

- Male, 50 years, social worker, living in Dharavi since last 30 years

Due to the fear of getting "caught" with COVID-19 and quarantined away from family, some respondents acknowledged that they had tried to hide symptoms of respiratory ailments, refrained from seeking medical help and resorted to home-remedies. People also shared underlying fears of dying away from the family in a hospital and a few respondents even shared a rumour about an injection given in hospitals that killed patients. This fear had been further fuelled by media reports of poor treatment of COVID-19 patients and the handling of dead bodies in manners that people found insensitive:

"The hospital immediately takes the patient if they are infected with corona, so people used to hide their cold and cough and drink just hot water."

- Female, 27 years, housewife with a newborn, living in Dharavi since last 12 years

"People used to think that if we get sick in a government hospital, then only direct death. Meaning other people (relatives) won't get to see them also."

- Male, 25 years, works in hotel room service, living in Dharavi since birth

"One family had fever but they did not go to the hospital. There was a rumour going on at that time that in hospitals they sometimes force you to take an injection that can kill you."

- Male, 39 years, daily wage worker, living in Dharavi since last 22 years

“There was a fear that if they (people) go to the hospital, they will be put under corona category. They (people) say, if there is some small sickness just take the medicine from nearby and don’t go to the hospital..... There have been cases where after going to hospitals, they were given injection and after that person dies, then they don’t even give body to the family. So, because of this they don’t go, due to fear.”

- Female COVID Yoddha, 35 years, living in Dharavi since last 15 years, 3 years as volunteer with SNEHA

This intense fear of being infected also drove community members to discriminate against COVID-19 infected individuals. Three patients we spoke to shared experiences of discrimination- of neighbours being non-helpful, unsupportive, refusing to talk to them, and ‘running away’ from them even after they had recovered (see table 3)

Table 3: Experiences of discrimination reported by patients

Case 1: Male, 39 years, sanitation worker Contracted infection in November 2020	Case 2: Male, 42 years, blood bank technician Contracted infection in June 2020	Case 3: Female, 65 years, retired anganwadi worker Contracted infection in August 2020
He lived with his wife and two children (son 12 years and daughter 3 years) in Dharavi, and worked as a garbage cleaner. He tested positive for COVID-19 in November 2020 and was admitted in public quarantine facility for 10 days. He was isolated from his family and put in COVID care centre. He had told his family not to share his positive status to his relatives and friends. They had told the neighbours that he had left Dharavi. When he came back, he shared that his neighbours “ran away” from him and refused to talk.	He lived with wife, three children (two daughters 17 and 14 years old and one 8-year-old son) in Dharavi and worked as a lab technician in blood bank. He tested positive for COVID-19 in June 2020. He was one of the essential workers and was required to go to his duty even during lockdown. He shared that people were very scared of talking to him throughout the lockdown since he was a health worker, and were even more distant from his family after he got infected.	She lived with her husband, son, daughter in law, two grandchildren in Dharavi. Most members of her family tested positive for COVID-19 in August 2020, and were quarantined elsewhere. On return, the neighbours kept their distance and refused to talk to them. She shared that many people hid their positive COVID-19 status because it was hard to deal with the discrimination faced.

2.3.3 Fear and panic have now given way to the belief that there “no COVID-19 in Dharavi currently” (December-January 2021)

When we did our interviews in December-January 2021, most people spoke of COVID-19 as a disease of the past. People reported that they did not feel as vulnerable to the disease as they did before:

“Now everything is like earlier only. People’s fear about carona is finished. Routine has started in January and February.”

- Male, 42 years, COVID recovered, works in a blood bank

“People are still afraid but now they say that there is no such a thing like carona. They think like that. Even people have started roaming around without wearing masks.”

- Female, 39 years, COVID Yoddha, living in Dharavi since last 2-3 years, 1 year as volunteer with SNEHA

“They say carona is not there. Carona is gone now. Now there’s just the common cold, which people call carona.”

- Female COVID Yoddha, 35 years, living in Dharavi since last 15 years, 3 years as volunteer with SNEHA

We tried to understand why this shift in attitudes—from intense fear to almost no fear—had taken place in the Dharavi community. Most respondents denied being aware of COVID-19 cases in their areas currently. Some respondents believed that even previously, the issue had been blown out of proportion and that the surge of COVID-19 cases was never a reality as had been portrayed by the media:

“We have never had a patient here, so we’ve never seen one. And so many people talk about it but no one here has actually seen a corona patient so we are not aware of what happens. Some people say the government is showing so many cases and numbers but there are patients they themselves have not seen at all.”

- Male, 39 years, daily wage worker, living in Dharavi since last 22 years

“TV media gave this out-of-control publicity. I had no work so I was at home, newspapers weren’t coming, but TV was on. Through the medium of TV and media, they started showing such high numbers that, this many died, today’s total death is this much, this much positive, this much negative. This created so much fear inside people.”

- Male, 50 years, Social worker, living in Dharavi since last 30 years

"Our neighbours went to her village and came back. It's been a month since she has come back from there. Today she is saying there is no covid as such over here. I was saying that Covid is there, I have been trying to make her understand that this isn't a lie."

- Female, 31 years, housewife having one child, living in Dharavi since the last 13 years

One of the informants shared that the fear of the disease was going away from the community due to positive news of recoveries and hearing about fewer cases in the community:

"Yes, now they are less scared because there's not that much news of people who pass away, Now, the media is telling good things, that people become positive but get better. That's why the fear is gone. Now they say Corona is normal. Tuberculosis is harder than Corona."

- Male, 44 years, COVID Yoddha, living in Dharavi since birth, 2.5 years as volunteer with SNEHA)

"When Corona effect was more, people were compulsory wearing the mask. Now the cases have reduced a bit."

- Female COVID Yoddha, 45 years, living in Dharavi since birth, 4 years as volunteer with SNEHA)

Further, among a few respondents, there was a belief that poor living conditions and harsh work environment in Dharavi made the community more immune to disease.

"First thing is, most of the people here are labourers. Corona cannot happen here. People living in buildings don't have to work like this, they will definitely get this, Corona will always be a threat to them."

– Male, 35 years, utensil maker, FGD 2

Our interactions also indicated that the easing-up of lockdowns from mid-2020 onwards had signalled to the community that the pandemic was over. Thus, overall, we felt that the community in Dharavi perceived less risk from COVID-19 during the time of our interviews, and had moved on from the initial stage of intense fear and panic.

2.3.4 COVID-19 preventive measures: Being practiced, but lower in intensity as compared to initial stages of the outbreak

We had asked respondents about their practice of preventive behaviours pertaining to COVID-19 (wearing of masks, sanitization and maintaining physical distancing), and their beliefs in the effectiveness of these practices in preventing COVID-19. It appears that one positive consequence of fear of COVID-19 during early stages of the pandemic was that people atleast tried to take precautions to the best of their ability- most people spoke of wearing masks, washing hands, using sanitizers, and staying at home while limiting

visits outside to buy only essentials. We also got reports of the use of some interesting home remedies to prevent COVID-19. People reported drinking hot water and herbal decoctions, increasing the use of turmeric in their meals, and avoiding cold foods as well as non-vegetarian food. People did not mention any problems related to water supply in their area and shared that they were able to follow hand hygiene practices. It was also generally believed that these measures were effective, though a few respondents did share that God's will or bad fate could surpass even the most diligent practice of protective behaviours against COVID-19.

However, our observations during field visits in Dharavi done in February 2021, supplemented by some phone interviews, suggested that all COVID-19 preventive practices in the community were slackening. We observed several instances of people not wearing masks. We also realised that while people reported wearing masks 'outside', they did not define the inner lanes of their neighbourhood as 'outside':

"If you just go around your area or your neighbourhood (without mask) then its fine but anywhere outside we go we wear our masks at all times."

- Male, 35 years, daily wage worker

"Those who go to the road, they wear. No one wears in the lane."

- Female, 28 years, housewife, living in Dharavi since last 7 years

During our in-depth discussions, people shared that of all the preventive practices pertaining to COVID-19, social distancing was the most impractical to continue presently. For one, people needed to go out to work. Further, structural inadequacies like small houses, cramped lanes, shared public toilets were mentioned as important barriers to maintaining distance within these spaces:

"People struggle to walk in this area. Keeping distance is all together another thing. If you want to see, you can come here and try walking while keeping 6 feet distance. It is not possible.... And you know, the condition of the toilet in our community. We have to stand in the line. After one person comes out, another person goes in. We have this. We don't have private toilets."

- Male, 42 years, ward boy, currently unemployed

"Earlier we told them (people) to wear a mask even at home and keep 2ft distance. Because if there are 10 people in a 10x10 room, how can they maintain social distancing."

- Male COVID Yoddha, 44 years, living in Dharavi since birth, 2.5 years as volunteer with SNEHA

In summary, though the knowledge on preventive practices pertaining to COVID-19 was high, and people generally believed in the usefulness of these practices, these were being less intensively practiced over time.

In addition, we found that strong regulatory measures such as the enforcement of fines for not wearing masks or even reports of police beating people for crowding, were reported as important reasons for adopting some of the COVID-appropriate behaviours during the early days of the lockdown. Once these regulatory measures were relaxed, COVID-appropriate behaviours were not sustained with the same intensity as previously:

"The police used to beat those who were sitting together or roaming on the road. But now, this has stopped. So, people have again started sitting in a group and have started chit-chatting. Now, almost 70% people have stopped wearing masks."

- Female, 25 years, COVID Yoddha, living in Dharavi since last 8 years, 4 years as volunteer with SNEHA

"That time it was very strict. Everybody was at home and were following everything properly because there were many cops on the road. There was a curfew in the middle. So that time the situation was like that but now everything is normal."

- Male, 28 years, medical representative, living in Dharavi since birth

In summary, the general reduction in panic and fear, as well as relaxations in policing, seem to have led to less-intensive adoption of preventive practices during the time of our interviews, as compared to the earlier lockdown period.

2.3.5 The story of the lockdown in 2020 and community experiences

We found that people's experience of COVID-19 in the Dharavi community was strongly tied with the lockdown enforced pan India (see figure 1). The lockdown in Dharavi was reported to be stringent, with a high-level of policing, travel-restrictions and intensive screening and testing for COVID-19 in the community. In fact, in the voices of the community, the lockdown (a previously unfamiliar term and event) was associated with fear, travel restrictions, loss of job and financial hardships. It was repeatedly shared by our respondents that the lockdown period was a very difficult time for people:

"Yes, the virus had come, but we did not know this virus was going to be this bad. I have not seen anything like this before, first time in my life I have seen a lockdown like this, ...first I did not know only what was a lockdown."

- Female, 27 years, housewife with a newborn, living in Dharavi since last 12 years

"That time we were very scared. My husband did not have a job. We used to close our doors always and stay indoors all the time. It's better to stay in the house than have something happen to us. We were very scared."

- Female, 31 years, housewife having one child, living in Dharavi since last 13 years

"This only, money problem to run the house, dad also had to leave his job, my brother also wasn't going to work. I was also at home so; we had a lot of problems."

- Male, 25, works in a hotel room service, living in Dharavi since birth)

"Many of the people had no work. Men were sitting in their homes, there was no food, lot of tension was there. They were fighting with their families. Children were asking for food, milk etc. So, people were very tensed as they had to look after their families but were unable to do so because of this disease."

- Female COVID Yoddha, 39 years, living in Dharavi since last 2-3 years, 1 year as volunteer with SNEHA

We discuss below some of the important repercussions of the lockdown as reported by the community.

Migration to home-towns and back again

The informal settlements in Dharavi have been home to many people who have migrated to Mumbai city in the hope of better earning opportunities. During the lockdown, the fear of infection, loss of jobs, inability to pay rents and future uncertainty made many migrants leave Mumbai and return to their native places:

"Corona arrived, now in that situation what would people think? Whether it is good to die because of no work or whether it is better to go to hometown/village? People didn't run away because of the disease. People ran away so that they won't die because of hunger. Almost all have gone to their villages."

- Male, 42 years, ward boy, currently unemployed

"I think most problems were faced by those giving rent. People who did not have ration card also, so no ration¹...and there are no relatives to help."

- Male, 30 years, FGD 1

"Many people went. Especially those from UP. All of them had gone. We are from here. The entire chawl was empty because of corona. And those who live in front of us, only three of the families were there."

- Female, 60 years, housewife, living in Dharavi since birth

Respondents also shared numerous challenges in travel/commute to their native village. (Box 1 depicts an illustrative case study). Since trains and buses were not running, people had to take lifts from truck drivers/other vehicles moving towards their destination point. During the time of our interviews in January 2021, it was reported that many migrants were returning to Mumbai in search of jobs again.

¹ The Ration card is a government issued document given to the households eligible to purchase subsidised food grain from the Public Distribution System under the National Food Security Act in India.

Box 1: Case study of a couple with a child (5 years) who went to their native place during lockdown

The couple lived in a rented room; the male respondent made artificial jewellery while the female respondent was a housewife. When the lockdown was announced, their sales stopped completely. For few months family survived with the savings they had. Then, they decided to go back to the village:

We didn't run away because of Corona fear but this was the reason...it was no money. We managed everything for a month or two but after that we couldn't manage. Since we didn't have money, there was no food...we thought we would get some help from family at home.

The couple borrowed some money from friends and neighbours for travelling and went in a hired truck (along with many others) They described the journey as comfortable as they got food, water, buttermilk and even glucose powder free of cost. On reaching village they were tested for their temperature and pulse and were told to quarantine for 15 days in their own house. They stayed in the village for three months. But concerns of livelihood and pending financial commitments led to the male respondent to come back to Mumbai in October 2020 while the woman along with their son returned in January 2021. After coming back, the couple borrowed money to start their work. Their main worry still is the economic slowdown:

"Even now, we don't have many orders. We can just manage our expenses... During corona, we lost entire year. If we lose the order this year also, then we won't be able to earn anything."

Disruptions in food supply during the lockdown

People reported that they had faced some problems in the community related to food procurement during the lockdown, but going completely without food was less reported. It was shared that during the lockdown, many civil society organizations and community leaders stepped up to ensure that food was available for everyone. There were also reports of community kitchens, and people within the community cooking extra for those who couldn't afford meals:

"Sometimes we did go to buy from the shop but then we got help from the temples that were distributing good grains and oil...sometimes different organisations would distribute food. You had to queue up and get your food. If it was over, they would get more. But no one really went hungry, which was a good thing. Somehow or the other, food was managed."

- Male, 35 years, daily wage worker

"People were not going out of house. For four months, they were locked inside their house. Around four to five months, we were sitting at our home. It was a difficult time. We were out of food, tea etc. We didn't have money. What could we do?"

- Female, 44 years, nurses aid, currently unemployed, living in Dharavi since last 24 years

These informal support systems were spoken of highly, despite smaller problems being mentioned in the logistics and distribution of food.

Access to routine healthcare

On being asked about community experiences pertaining to accessing routine healthcare during the lockdown, people shared that they did not venture out to seek treatment except for critical health ailments. People reported postponing seeking care since they were scared of contracting COVID-19 in health setups. In case of immunization of their children, most parents reported that they had postponed immunization visits to the hospitals during the lockdown until camps resumed in the community. However, people did not report major issues in accessing the nearby public hospital for institutional delivery.² In general, access to routine healthcare was not reported as a problem during the lockdown, but people's fears drove them to avoid seeking care in general.

Gendered repercussions of the lockdown

Our community discussions suggest that the ramifications of the lockdown might have been different for men and women. While both genders expressed financial concerns, it was shared that men needed to go out to work and the lockdown had been restrictive on men's daily routines. Women, to some extent, appeared to feel less constrained by the stay-at-home regulations, perhaps because prevailing gender norms had been restrictive about women's movements in these communities even prior to the lockdown. We encountered two instances of women telling us they were used to wearing traditional scarfs covering their faces; and hence, wearing masks was not a 'new' effort for them. Women, however, did report additional household chores (cooking, cleaning) to attend to during the lockdown. There were instances of participants from both genders reporting that women were 'stronger' (resilient) than men during the pandemic, and coped better with increasing workloads and uncertainty. One of our unpublished studies from another area notes a possible increase in household stress and domestic violence against women during the lockdown [21], but we couldn't do justice to this theme in this study.

Othering of the Dharavi community

With detection of the first case of COVID-19, Dharavi, being one of the most densely populated regions in Mumbai, got special attention from policy makers, public health practitioners and subsequently the media.

² This could partly be because Dharavi is located very close to one of the big, public sector, tertiary care hospitals in Mumbai.)

This spotlight on Dharavi seems to have had some unintended consequences. For one, respondents shared that the community as a whole felt ‘set-aside’ from the rest of the population, and people from Dharavi were ‘treated differently’ just because they belonged to this geographical space. There were also reports of people from Dharavi not getting employed, since employers perceived them to be of ‘high risk’:

“I was a ward boy...after Dharavi’s name came in the limelight, all the ward boys from Dharavi had to leave the bureau. When the employers see my identity card and see the address on it, they say that they don’t want anyone from Dharavi. Dharavi has been blacklisted.”

- Male, 42 years, ward boy, currently unemployed

“My friend, she used to go to work before, then they removed her from the job. So, I asked her why she stopped going to work, she replied that they aren’t letting anyone from our area come to work. And they aren’t even hiring them.”

- Female, 24 years, living in Dharavi since birth

“Listening to the name of Dharavi itself, nobody gives a job...even now.”

- Male FGD participant, 25 years

“In the news they were showing that COVID-19 is highest in Dharavi. Whenever anyone from here goes for work, they say they won’t give because the person is from Dharavi. This is the problem.”

- Female COVID Yoddha, 35 years, 3 years as volunteer with SNEHA

Overwhelming concerns about loss of livelihoods

People reported limited employment opportunities being available currently in Dharavi, in almost all out community discussions:

“The problem in the Dharavi is that, the people who had small factories ...those working as laborers, all lost their jobs. Salaries have been put on hold. The flow of money has stopped.”

- Male, 50 years, social worker, living in Dharavi since last 30 years

“I think the only problem is finding a job. We are not getting orders for anything, no pants, no shirts. First, we used to get permanent orders now that has become less.”

- Female, 31 years, housewife with one child, living in Dharavi since last 13 years

"Everything is closed. There is no work going on. The area I live in, everyone here is labourer. There is no one who has a permanent job. So, if they don't work then how will their family survive. This is the biggest question for us."

- Female COVID Yoddha, 42 years, living in Dharavi since last 22 years, 6 years as volunteer with SNEHA

"People are worried about not getting any work. If they won't get any work, they would die anyway. They might not die because of Corona but they would definitely die because of hunger."

- Female, 44 years, nurses aid, currently unemployed, living in Dharavi since last 24 years



Our interviews were conducted between October-January 2021, more than four months after the lockdown had been lifted. In this time period, people reported that the job market had not yet bounced back to the pre-COVID situation. Small-scale industries were trying to recover from the losses incurred during lockdown which led them to hire only a few people unlike earlier. There was hesitation on the part of employers to hire from Dharavi. Overall, economic concerns dominated all our conversations with the community.

CHAPTER 3. YODDHAS: WHO THEY ARE, WHAT MOTIVATES THEM AND HOW THEY WORK

3.1 Background

The Mission Dharavi project was pivoted on the work of community volunteers called as COVID Yoddhas. SNEHA had access to a large pool of community-based volunteers in Dharavi who were already trained by the NGO, and were working on the issues of maternal and child health and nutrition, adolescent health, and domestic violence prior to COVID-19. With the advent of the pandemic, some of these volunteers were asked if they would be willing to assist the program activities as 'COVID Yoddhas'. In this section of the report, we examine who COVID Yoddhas were, what motivated them, and also describe some of the strategies employed by them during their work in the community.

3.2 Methods

We interviewed 12 COVID Yoddhas who had volunteered in the efforts to combat COVID-19 in Dharavi during the lockdown period. We also conducted 3 on-line focus group discussions with them (15 members in total) to better understand current situation in the community, their work, challenges faced in performing their duties and motivation to volunteer during the pandemic. We also used routine monitoring data to understand some of the activities Yoddhas were contributing to.

Table 4: Demographic characteristics of the COVID Yoddhas (study participants)

Demographic Characteristics		FGD (15 participants)	IDI (12 participants)	Total
Gender	Male	6	2	8
	Female	9	10	19
Age	18-25 years	2	2	4
	26-35 years	7	3	10
	36-45 years	6	7	13
Religion	Hindu	8	8	16
	Muslim	7	4	11
Occupation	Home maker	7	6	13
	Unskilled work	5	2	7
	Skilled work	3	4	7
Marital status	Married	14	11	22
	Unmarried	1	1	2

We used generic thematic analysis techniques to help analyze our data; in this type of analysis, data is first sorted and organized into themes, then summarized as data displays (tables, case-studies and conceptual

figures), and then interpreted. More details of the qualitative methods used for analysis have already been described in section 2.2.

3.3 Findings

As of February 2021, a total of 221 Yoddhas were associated with SNEHA, out of which 31 were new volunteers enrolled in the program and 190 were old volunteers associated with SNEHA (see table 5 for demographic details).

Table 5: Demographic characteristics of all COVID Yoddhas associated with Mission Dharavi project

Demographic characteristics	N=221	
	Frequency (n)	Percent (%)
Sex		
Female	177	80
Male	44	20
Form (electronic) filled	N=219	
Age		
less than 20 years	11	5
20-34 years	138	63
35-49 years	60	27
50-65 years	10	5
Religion		
Hindu	142	65
Muslim	64	29
Buddhist	5	2
Others	8	4
Schooling		
No schooling	9	5
<5 years	8	4
5-9 years	74	33
10-11 years	66	30
12 or more years	62	28
Marital status		
Single/unmarried	27	12
Married	189	87
Widowed	3	1
Employment status		
Employed	59	27
Not employed	149	68
Student	11	5

Source: Project's monitoring data (February 2021)

COVID Yoddhas were trained online through a series of online trainings and workshops (see table 6).

Table 6: Trainings conducted with COVID Yoddhas from June 2020 to February 2021

Month	On-board	Trained	Training topics
Jun-20	193 (Female 155, Male 38)	26 (13%)	Public Distribution System (PDS)
Jul -20	193 (Female 155, Male 38)	153 (79%)	Water borne diseases
Aug - 20	193 (Female 155, Male 38)	160 (83%)	ICDS services, Discrimination and violence, COVID-19 awareness, Fear and discrimination during COVID-19
Sep-20	197 (Female 158, Male 39)	167 (85%)	Malnutrition, Advocacy for sanitation drives with public system, COVID-19 awareness
Oct-20	199 (Female 159, Male 40)	157 (79%)	Hand wash, Toilet use
Nov-20	202 (Female 159, Male 43)	163 (81%)	Facilitation, Government schemes and services, COVID-19 awareness
Dec-20	205 (Female 162, Male 43)	158 (77%)	Water borne diseases, Hand wash, Toilet use
Jan-21	217 (Female 173, Male 44)	195 (90%)	Tuberculosis and COVID -19, Documentation
Feb-21	221 (Female 177, Male 44)	198 (90%)	Participation in community development, COVID-19 awareness, Others

3.3.1 What motivates COVID Yoddhas?

Most Yoddhas were already working as volunteers in the community. The Yoddhas we spoke to shared that the information and knowledge gained from SNEHA gave them confidence and opportunity to help the community during the crisis due to COVID-19. Male COVID Yoddhas also shared that during the lockdown, they could not go out to work and hence they could spend time in volunteering activities.

“It’s good if I can help someone. During Covid, I was at home and I could help people so I became Covid Yoddha. There’s a name and recognition because of this, a reputation. There’s an identity outside, and in our gully.”

- Female COVID Yoddha, 35 years, housewife, 3 years as volunteer with SNEHA)

“When we joined as volunteers, we gradually started getting good knowledge that we didn’t have. Knowledge is the biggest benefit. Our knowledge is expanding, and learning new things.”

- Male COVID Yoddha, 44 years, electrician, living in Dharavi since birth, 2.5 years as volunteer with SNEHA

“It feels very proud that we are doing something for the society. Even if we are sitting at our homes, and can’t go out, we are doing something. And I feel very happy, I have learnt many things and taught many things to the people in my area.”

- Female COVID Yoddha, 38 years, imitation jewellery making, living in Dharavi since last 3 years, 1 year as volunteer with SNEHA)

The COVID Yoddhas also received ID cards from Municipal Corporation of Greater Mumbai (MCGM) during the pandemic, which seemed to give some legitimacy to their work. Some COVID Yoddhas reported using their ID as volunteers to connect with public nutrition and health services for the community.

3.3.2 Activities undertaken by COVID Yoddhas

Table 7 below summarizes gender disaggregated data of COVID Yoddhas's involvement in various program activities from monitoring data of the program between Aug to Feb 2021. Over four-fifth (86%) of the COVID Yoddhas were involved in COVID-19 communication activities on an average per month. On an average, more females (48%) than males (15%) were involved in monthly WASH related activities. Involvement of female Yoddhas in stakeholder networking activities had been increasing gradually (from 18% in August 2020 to 31% in February 2021).

Table 7: Activities by COVID Yoddhas as per project’s monitoring data from August 2020 to February 2021

Participation of COVID Yoddhas	August 2020		September 2020		October 2020		November 2020		December 2020		January 2021		February 2021	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
COVID Yoddhas onboard	N=154	N=38	N=156	N=39	N=159	N=40	N=159	N=43	N=162	N=43	N=173	N=44	N=177	N=44
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Communication activities	124(81)	32(84)	127(81)	32(82)	136(86)	35(88)	139(87)	34(79)	144(89)	36(84)	156(90)	38(86)	160(90)	41(93)
WASH related activities	41(27)	9(24)	54(35)	0	92(58)	1(3)	86(54)	13(30)	89(55)	11(26)	87(50)	8(18)	101(57)	1(2)
Stakeholder networking	28(18)	1(3)	45(29)	0	58(36)	1(3)	51(32)	0	66(41)	0	54(31)	0	55(31)	0
COVID-19 screening	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Counselling of COVID-19 positive families	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: Project’s monitoring data

Our qualitative data shows similar patterns. Yoddhas reported working on mainly five kinds of activities- activities pertaining directly to COVID-19 and its prevention, activities pertaining to helping the community access routine health care during the lockdown, activities pertaining to Water, Sanitation and Hygiene (WASH), activities pertaining to distribution of food, and lastly, being involved in evidence gathering. Most of these activities involved awareness and communication-related component (like spreading information and knowledge, counselling) though some strategies were pertained to the provision of direct services to the community (like distributing masks or ration, or getting toilets cleaned). Table 8 depicts a summary of activities. These activities have been discussed in detail in the sections that follow.

Table 8: Reported activities by COVID Yoddhas (December 2020-January 2021)

MESSAGING/COMMUNICATION	OTHER STRATEGIES
COVID-19 prevention, diagnosis and treatment	
<ul style="list-style-type: none"> Many Yoddhas gave COVID-19 messages individually through home visits or through group/lane meetings to community members Yoddhas reported sharing ePosters/ COVID-19 videos & messages, some distributing leaflets/ displaying flyers. Some Yoddhas reported using social media platforms. Some Yoddhas informed people about consulting Government doctors online or using the MCGM COVID-19 Helpline number Some reported having discussions with shops keepers/vendors/toilet care takers to follow social distancing Some Yoddhas reported counselling 	<ul style="list-style-type: none"> Some instances observed of convincing families for COVID-19 testing Some Yoddhas reported screening for COVID-19 symptoms Some Yoddhas reported whistle-blowing if someone did not wear mask Few Yoddhas reported assisting people to get quarantine Some Yoddhas reported distributing masks.
Access to other public health services during COVID-19	
<ul style="list-style-type: none"> Some Yoddhas reported messaging on Antenatal Care (ANC) and following up for hospital visits Some Yoddhas counselled community members not to avoid going to the hospital for critical ailments Some Yoddhas reported facilitating immunization 	<ul style="list-style-type: none"> Few Yoddhas accompanying patients to health care facilities. Two instances reported of accompanying a woman and a child during health emergencies Two instances reported by Yoddhas on arranging a blood donation camp and a health camp in the community
Promotion of WASH in the community	
<ul style="list-style-type: none"> Some Yoddhas reported conducting lane meetings and discussions on awareness related to WASH including personal hygiene. Some also reported doing demonstrations. 	<ul style="list-style-type: none"> One male Yoddha reported helping in fumigating the area Few instances of installing dustbins in public toilets and conducting sanitation drives reported

<ul style="list-style-type: none"> Some instances of sticking posters on the walls of public toilets, community spaces being reported Few instances of being involved in awareness of appropriate disposal of sanitary pads were reported 	<ul style="list-style-type: none"> Two Yoddhas reported monitoring public sector sanitation workers and getting public toilets and gutters cleaned
Distribution of ration and food	
<ul style="list-style-type: none"> Yoddhas reported giving information to the community on the public distribution system and availability of ration Two instances of identifying newly migrant families having children giving them information about aganwadi and its services reported 	<ul style="list-style-type: none"> Few Yoddhas reported coordinating with the Integrated Child Development Services (ICDS) sevikas for ration distribution. Some Yoddhas reported networking with other NGOs/Local Corporator for ration Yoddhas reported making lists of most vulnerable families for ration distribution Yoddhas were also involved in distribution of ration/fresh fruits and vegetables/cooked food/ in the community
Evidence gathering	
	<ul style="list-style-type: none"> Yoddhas reported being involved in community surveys

3.3.3 Yoddhas contribution to COVID-19 prevention, diagnosis and treatment activities

Most volunteers reported being involved in knowledge and awareness generation activities related to COVID-19. Some of these activities are discussed below.

Yoddhas reported creating awareness on COVID-19 and its preventive measures like wearing masks, using sanitizers, hand washing and maintaining social distancing in the community. They had discussions with shopkeepers, vendors and toilet caretakers to follow the norms of social distancing in public spaces. Yoddhas reported helping shopkeepers to convince public follow social distancing norms as well. Some Yoddhas reported spreading preventive messages using multiple platforms and media for sharing information with community members, their relatives and friends. Yoddhas also said that they ePosters/ COVID-19 videos & messages and distributed leaflets/ displayed flyers on this topic:

“In every colony we put “No mask, No entry” posters at ration shop, medicals, hospitals, toilets. Also the ones about the hand wash. We got them from the health post.”

- Female COVID Yoddha, 42 years, works with a UNICEF Project, living in Dharavi since last 21 years, 6 years as volunteer with SNEHA)

"We put up posters, gave information about Corona in every gully, shops, pharmacies, storerooms, hotels, mutton and chicken shops, ironing shops, toilets in the community."

- Male COVID Yoddha, 44 years, electrician, living in Dharavi since birth, 2.5 years as volunteer with SNEHA)

A few Yoddhas reported sharing information about MCGM centres in G/N ward where COVID-19 testing was being carried out. Some reported assisting government health care providers in COVID-19 screening in the community.

Some Yoddhas also reported counselling people to access COVID-19 services- since people were hesitant and afraid to seek help. Few Yoddhas also reported instances where they helped community members overcome fear due to COVID-19:

"People were not ready to go to the doctor, but we informed them, we shared the helpline numbers, discussed the symptoms, referred to doctor for fever, throat infection, and helped people get checked."

- Male COVID Yoddha, 25 years, Office work, FGD 3

"We tried to give them 'dialaasa' (hope) that things will become normal, everything will be okay, it's a tough time that will pass."

- Male COVID Yoddha, 35 years, Advocate, FGD 3

"I helped people go out with all the necessary precautions... I made them understand that it is like any other virus and preventive measures can be taken."

- Female COVID Yoddha, 39 years, home maker, FGD 1

There was also an anecdote shared by a Yoddha who helped a family overcome COVID-19 related stigma (Box 2).

Box 2: Anecdote shared by COVID Yoddha on the help she gave a boy who was discriminated due to COVID-19 (Female, 42 years, COVID Yoddha, married, also works with another non-profit organization)

There was a boy who became COVID-19 positive. His family were quarantined in a different place and no one in their lane came forward to support him. When I went to talk to them after quarantine, few of the neighbours told me not to go there. They tried to scare me. I told community members that they shouldn't do this instead they should be nice to them. They were already scared, and on

top of that if even the neighbours start torturing them, then they can't relax. We should support them, and tell them to visit the doctor, have proper food and medicine, take care of their health and don't go out. If we explain everything nicely, then they will be better both mentally and physically.

The boy who had recovered from corona told me that the neighbours attitudes changed after I spoke to them. I told him to approach me in case he needed to talk more. We should not discriminate the ones who has been detected positive. Now everything is fine, normal.

In addition to messaging and raising awareness, Yoddhas were also involved in some COVID-19 prevention and screening activities. Few Yoddhas brought masks from their own savings and distributed it in the community to people who could not afford it or did not have masks. Some Yoddhas also approached the local Corporator to procure masks and distributed it in their community. One of the Yoddhas who had a tailoring workshop where he got masks stitched, and distributed these in the community free of cost.

"In the lockdown SNEHA gave us whistles, we have blown whistles to those who did not wear a mask. I blow the whistle and showed those who didn't have masks the poster to give them the information. I caught a lot of people without masks and gave them information"

- Female COVID Yoddha, 38 years, home maker

"I bought masks and distributed it in the community to people who could not buy."

- Female COVID Yoddha, 38 years, supports husband in manufacturing paper plates at home, FGD 1

"Few children were playing in the garden. They didn't have masks. So, I went there and told them to wear masks."

- Female COVID Yoddha, 45 years, home maker, living in Dharavi since birth, 4 years as volunteer with SNEHA)

"Since I have a work shop, I had ordered to stitch many masks and bought them. And I had even brought masks from the corporator of our area."

- Female COVID Yoddha, 34 years, makes paper plates, living in Dharavi since last 16 years, 10 months as volunteer with SNEHA

Yoddhas reported helping families in getting tested for COVID-19 after screening for COVID-19 symptoms in their neighbourhood. They supported families who were in isolation and kept a check on the quality of services provided including food and medical treatment in quarantine & COVID-19 care centres. A few Yoddhas assisted families in getting tested for travelling and admission to places like offices and hostels.

"I asked families who were either quarantine or were admitted to COVID centres about the services and medical attention they got, I checked that they should not face any problems, I even shared my number with them."

- Male COVID Yoddha, 37 years, water tank cleaning, FGD 1

"My neighbour's family wanted to test for COVID-19 as a requirement for going to hostel. I got the information from SNEHA and took the appointment for him and got him tested. I shared this free testing information with others especially who were needed tests for getting back to work".

- Female COVID Yoddha, 30 years, home maker, FGD 2

3.3.4. Yoddhas support in accessing other public health services during COVID-19

In addition to raising awareness on COVID-19, Yoddhas were involved in messaging about access to routine public health services in the community, and in some cases, facilitating access to these services as well.

There was a general sense of fear in the community about accessing healthcare for routine needs. We found many instances where Yoddhas reported counselling pregnant women to go for routine ANC check-ups and to deliver in public hospitals despite COVID-19. We also encountered some instances where the Yoddhas had accompanied the beneficiary for immunization:

"If there's some pregnant woman, I tell her to go to hospital and register. But I tell her to go safely, wear a mask, sanitize. Because there are women who get scared even to go to hospital, thinking something will happen to them."

- Female COVID Yoddha, 35 years, homemaker, 3 years as volunteer with SNEHA

"So, I would go with women who were pregnant and help them get vaccinated in the hospital. So, couple of women came with me. I had gone with one woman and stayed with her till she got vaccinated."

- Female COVID Yoddha, 38 years, imitation jewellery making, living in Dharavi since last 3 years, 1 year as volunteer with SNEHA

"Many people are so scared during COVID, that they don't want to go to the hospital and give injections to their children. The pregnant women also don't want to go to hospitals. In my area yesterday, 3 women, in Rajiv Gandhi Nagar, are 6-7 months pregnant and they still haven't registered their names. They say they are scared to go to the clinic, I tell them, if they are scared then I'll go with them, and I'll take them. And I counsel them that the doctor won't do anything."

- Female COVID Yoddha, 42 years, works with a UNICEF Project, living in Dharavi since last 21 years, 6 years as volunteer with SNEHA)

We also encountered two instances where Yoddhas have helped the community during emergencies (see box 3).

Box 3: Anecdotes of Yoddhas intervening during a health emergency

There was a 9 months old baby who had fever for last three days; they took her to private doctor but the baby's condition worsened. I went to them and saw the baby had become unconscious due to fever; she was not talking, not eating anything. I immediately wiped her with cold water, there was some movement. Her father was again taking her to the same private doctor. I guided him to go to Sion hospital as it was an emergency situation and not go to the private doctor. The baby was admitted immediately there and her condition improved and was discharged after three days. (Female COVID Yoddha, 35 years, home maker, FGD 1)

Day before yesterday, there was a girl who fell sick. She had a headache and stomach ache. And it was late night. So, she called me and we took her immediately to Sion hospital. She was in an agony. I thought she might go in a seizure or something. So, we took her to Sion hospital. Doctor gave her some medicine and then around 6 in the evening we came back home." (Female COVID Yoddha, 45 years, home maker, living in Dharavi since birth, 4 years as volunteer with SNEHA)

3.3.5 Promotion of WASH by Yoddhas

The COVID Yoddhas reported being involved in WASH-related communication:

"After chewing tobacco, people spit here and there whenever I witness, I make it a point to stop them and even shout at them. They listen to me, and even say sorry and avoid doing it again."

- Female COVID Yoddha, 30 years, home maker, FGD 2

"I go house to house to make them understand how to wash their hand and wear masks and take the sanitizer with you when you go out, don't spit, all this I make them understand. Demonstrating hand washing to children, making them understand. We clean toilets every day, people throw pads in the toilets, so we tell them not to throw it over here. We have made a separate bin for that."

- Female COVID Yoddha, 30 years, home maker, living in Dharavi since last 10 years, 6 months as volunteer with SNEHA)

"I took a meeting on corona, and on spitting and keeping the public toilets clean in our alley."

- Female COVID Yoddha, 20 years, works with an NGO, living in Dharavi since birth, 3 months as volunteer with SNEHA)

Many female Yoddhas reported being involved in hand washing demonstration with children and women. In addition to WASH-related communication, Yoddhas also enabled several WASH-related activities in the community. For instance, male Yoddha helped in fumigating the areas as he was working as a contractual labour for MCGM and he had the fumigating equipment. Two Yoddhas reported monitoring MCGM sanitation workers and getting public toilets and gutters cleaned. There were few instances where if any COVID-19 positive case was found, they called for a team of doctors for check-up in the community and sanitized the entire area.

"When I go in the morning to public toilet, many people don't maintain cleanliness there, that time I pay attention whether the BMC worker uses bleaching powder to clean and such"

- Male COVID Yoddha, 32 years, designer in a pharmaceutical company, living in Dharavi since last 30 years, 2 years as volunteer with SNEHA

"We put up posters that said keep 2 feet distance. We gave information to people, and ask them to keep a bucket in every toilet so that it's less dirty. Then, we would get the BMC employees empty the buckets and clean it."

- Male COVID Yoddha, 44 years, electrician, living in Dharavi since birth, 2.5 years as volunteer with SNEHA

3.3.6 Access to food ration and public nutrition services

Yoddhas reported being involved in the distribution of food and ration-through the public distribution systems, the public Integrated Child Development Services (ICDS) and with help from local NGOs. Some Yoddhas reported coordinating with the ICDS field staff for the distribution of Take-Home Ration (THR). There were instances reported of Yoddhas helping ICDS staff to mobilize beneficiaries.

"I along with other volunteers have helped the anganwadi teacher to inform the community and distribute THR in my area."

- Female COVID Yoddha, 35 years, home maker, FGD 1

"There was a family who came in March on rent, this woman had three young children, and I helped her get registered at the aganwadi and informed her about the available services and told the teacher."

- Female COVID Yoddha, 37 years, home maker, FGD 1

Few COVID Yoddhas also reported independently networking with civil society organizations and helped them organize distribution of food and ration. One Yoddha reported being involved in cooking for a community kitchen and supplying food to those who needed it.

"In the beginning, during March, April, May, they (NGO) gave us fruits to distribute. We would go to the office near Sion hospital to pick these up. We were asked to give meals to people in our gully and colony, who didn't have any food."

- Male COVID Yoddha, 44 years, electrician, living in Dharavi since birth, 2.5 years as volunteer with SNEHA

"We made the list of needy people and gave it to local NGOs. They gave us ration. We got help from many places. And we distributed ration in our areas."

- Female COVID Yoddha, 45 years, homemaker, living in Dharavi since birth, 4 years as volunteer with SNEHA

One Yoddha reported sharing her own share of ration with others:

"My husband used to volunteer for distributing food. So, I did that also. I gave lot of support from my side. For three months, they couldn't go home as the trains were not there. So, I assured them that I would help them and they won't have to worry about ration and other necessary things. I had even given them cooked food from my house. There were four families. I helped all of them. I distributed ration on my own. With my money, I distributed lot of rations in my area-wheat, rice etc. I even gave some money to some people. Whatever I had, I didn't think about myself. Those who are poorer than us, I gave and even cooked food"

- Female COVID Yoddha, 34 years, makes paper plates, living in Dharavi since last 16 years, 10 months as volunteer with SNEHA

3.3.7 Evidence generation

Yoddhas also helped SNEHA conduct household surveys that helped to gather detailed information about the situation in Dharavi. One Yoddha generally covered 40-50 household based on the number of houses in the lanes. The survey format was provided to the Yoddhas by SNEHA, and they were trained and assisted

by SNEHA frontline workers to carry out the survey. This evidence generation activity was perceived to be useful in two ways. First, it helped to build rapport with the community and to understand the community needs during the pandemic. Second, it helped in identifying pregnant women, children, lactating mothers and migrant families in the area which helped the program team to give special attention to these groups during the pandemic or conduct routine maternal and child health activities with these groups? informed area specific work to be undertaken. The Yoddhas felt that over the past few months, the community had begun to recognize and approach them for information and guidance.

“Through survey...things like names, contact numbers, head of HH, ANC/ children at home, age of the child, malnourished child, colour of ration card, check for illness, families who have migrated etc. Some have gone to village as they do not have work, some families did not even have ration card so they went to village.”

- Female COVID Yoddha, 30 years, home maker, FGD 2

“I used to go in my area for doing survey. Now, I know everybody. We asked them whether there is any child in the house. How old he/she is? Whether the pregnant woman has delivered child or not? We registered all this information. People cooperated very much.”

- Female COVID Yoddha, 38 years, imitation jewellery making, living in Dharavi since last 3 years, 1 year as volunteer with SNEHA

3.4 Challenges faced by COVID Yoddhas

We tried to understand the challenges faced by the Yoddhas while working in the community during the pandemic. We could not get strong themes that reverberated across Yoddhas, but some issues mentioned by them are listed below:

More work during the pandemic, but messaging was better accepted than before by the community

Many COVID Yoddhas were associated with SNEHA as part of an earlier program in Dharavi that worked on maternal and child health issues. In comparison to their earlier contributions, they did more work during the pandemic. Since the community considered messages on COVID-19 as important, they got more attention from the community during their messaging effort in comparison to earlier.

“Yes, there is a difference in our work. Because right now our work is focused on Covid. So, whenever we go to anyone’s house, like our neighbour or someone in our chawl or gully and while going when we see someone go outside, we tell them to wear a mask.”

- Female COVID Yoddha, 35 years, home maker, 3 years as volunteer with SNEHA

"There is a change. Earlier in the colony when we were telling them things they weren't listening. When we talked about going to hospitals, taking vaccines, going for weight check-ups at Anganwadi, people were taking these things very lightly. Now when we tell them anything, they think they should listen to us."

- Female COVID Yoddha, 42 years, works with a UNICEF Project, living in Dharavi since last 21 years, 6 years as volunteer with SNEHA

People do not always listen

Some Yoddhas shared that while their messaging efforts were acknowledged by many, not all people listened to them. One Yoddha reported being accused of nagging and another reported a neighbour closing the door on his face. Some Yoddhas reported that it was challenging for them to continuously deliver messages that were required for the community members to result in practice of COVID appropriate behavior. For example, asking people to wear masks when they didn't feel the need to.

"Some don't listen, some people do all of nagging. (If I tell them not to spit), they say- did I spit on your door? Did I spit in your house? like that they say"

- Female COVID Yoddha, 30 years, home maker, living in Dharavi since last 10 years, 6 months as volunteer with SNEHA

"Earlier when used to go to tell people to wear masks, stay in the house, be safe. That time they used to say there's nothing so just go away. We didn't like that, because we were telling them for their own benefit and they talked back this way with us."

- Female COVID Yoddha, 35 years, home maker

"Some would listen and put mask in front of us but when we aren't there they remove it again. We can always see that. In our colony when we explain they would wear it there, but then remove it. You have to constantly pester them. Out of 10 times we tell them this, they'll listen only once."

- Male COVID Yoddha, 44 years, electrician, living in Dharavi since birth, 2.5 years as volunteer with SNEHA

Gender issues still continued, though not many instances of these hindering the work done by Yoddhas

In our previous study with community volunteers [2], we found that female volunteers often faced restrictions in their work due to the burden of household chores or not being allowed to work outside their lane. Male volunteers, on the other hand, found it hard to speak on maternal and child health issues since their roles in the community were perceived as different. Some of these issues affected their work against

COVID-19, but there were also differences in the way gender played out in this time-period. Some male Yoddhas shared that they could do more work during the pandemic since they were out of work and able to devote more time to volunteer work. Some female Yoddhas reported better acceptance of their work during COVID-19 by their families even though they faced time constraints. As we found in our earlier study as well, some female Yoddhas reported that they had to take permission from their family to carry out work beyond their lanes. One Yoddha reported that she was permitted to volunteer provided she continued to wear her Hijab (traditional cloth covering her face) during her work.

Other practical challenges reported

There were a few anecdotal reports of some practical challenges faced by the Yoddhas. They were not always welcomed by people due to fear of contagion. One Yoddha reported that one could do a group meeting with people earlier, but this was not possible now. They had to message on COVID-19 on priority basis and therefore limited their talk on one topic at a time.

CHAPTER 4: HOW COULD SNEHA HELP THE COMMUNITY?

DOCUMENTING INSTANCES AND LEARNINGS

In this section of the report, we have shared some instances we encountered in the field on the work that SNEHA has been able to do during the Mission Dharavi project. We report here anecdotes shared by the community and Yoddhas during the discussions we had for the first two objectives of the study. In addition to these anecdotes, we had spoken to 8 additional beneficiaries face-to-face, held 3 FGDs in the community, and spoken to a few program staff to get a sense of the work that SNEHA has been able to do. Table 9 shows the sources for the anecdotes we have reported in this section.

Table 9: Data sources for gathering anecdotes on Mission Dharavi's contribution in the community

Anecdotes from data collected for objective 1 and 2	Numbers
In-depth interviews (16 telephonic and 1 face to face) with community members	17 (9 Male, 8 Female)
In-depth telephonic interviews with COVID-19 recovered community members	3 (2 Male, 1 Female)
In-depth telephonic interviews with COVID Yoddhas	12 (2 Male, 10 Female)
Data collected specifically for objective 3	
FGD with COVID Yoddhas	3 in Beat 5 and 6
Telephonic FGDs with the field staff of SNEHA	7 participants
Telephonic interview with program coordinators	2
Short face to face interviews with beneficiaries	8 Female
FGD with community members	3 in Beat 5 & 6

Data entry and analysis was done using software Nvivo version 10 & MS Excel. We mainly searched the data for anecdotes where SNEHA was mentioned.

4.1 Findings

From our discussions with beneficiaries of the program, we found that SNEHA could help the Dharavi community in the following ways

4.1.1 Enabling access of women and children to health services through messaging and other support

It was reported that SNEHA staff and volunteers helped women and children in the community 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).

Below are four case studies of women who reported getting help from SNEHA during pregnancy (see Box 4).

Box 4: Case studies illustrating how the Mission Dharavi project helped women and children access healthcare

Case-study 1 – Female, 27 years, two children one two months old, shares her experience of receiving support from SNEHA for her ANC and delivery at Sion hospital. Her husband works as house fitter and due to Covid restrictions was not going for work for the last 6 months. She spoke of the uncertainty at the lockdown period regarding accessing health services and at the beginning had not imagined the severity and long duration of the restriction imposed by the government. She reported getting ration from AWC.

“SNEHA asked me how is everything going..is everything is ok..food ? I got my ration too from AWC.”

Case study 2 - Female, 28 years. On advice of community organizer (CO), she came back from her village in October 2020 and went to Sion hospital for check-up and registration. She had received THR from *anganwadi* teacher. CO also gave information on mask wearing and keeping kids inside home.

“The CO always come...keep asking how it is and I tell whatever it is...like for weight issue during pregnancy. We get information on what to do and what not to do.”

Case study 3 - Female, 25 years, cesarean delivery in Sion Hospital and has 13 months old child. She shared that CO visits her regularly and post-delivery gave information on infant nutrition and immunization. She that *anganwadi sevika* comes to give her ration and CO always enquires her about receiving ration.

“Ma’am gives information on what to eat...how to take care. Along with these people...anganwadi sevikas also come.”

Case study 4 – Female, 27 years, one and half year-old child. She shared that she had a normal delivery in Bhabha Hospital, Bandra. The SNEHA CO visited her frequently and gave her advice on nutrition post-delivery.

“They tell us about food and we eat that...they tell us on phone. They informed us about COVID precautions like mask and staying indoors etc. We follow their advice and my family wear mask on going out on main road only.”

We also encountered some instances where SNEHA staff had helped people overcome the fear of going to hospitals for routine care. One woman reported that she had needed treatment for high blood pressure,

and the family was hesitant to take her to the hospital during COVID times. One frontline worker from SNEHA had convinced the family to take adequate precautions during the hospital visit, but not delay seeking care:

“Due to lockdown and fear, my sons did not allow me to visit center. But the CO spoke to my sons and told them to get my check-up done and get BP medicines.”

- Female, 65+ years, field interview

Our field staff also shared instances where they, along with COVID Yoddhas, had helped women and children access required care:

“My volunteer told me there is a reluctant case. The child aged 3 years does not walk. Due to Corona lockdown restrictions, the family was not taking the child to clinic. They felt the child will walk after some time...its ok, there are lot of myths like that in community. Then I spoke to mother on phone. She said my mother-in-law does not agree. I told her to put phone on speaker and tried to convince the old lady for hospital referral for the child’s health issue such as low weight, less calcium etc. The mother-in-law agreed and case was referred to Sion hospital. Now the child has started standing up. Medicines are on. I felt very good that even from home we could do something. Our next plan is to refer the case to another organisation for procuring support boots.”

- Field staff with SNEHA

“Antenatal mothers who have not put their names (registered) in the centres, we tell them where to register”

- Field staff, 55 years, 15 years with SNEHA

“This woman has five children and was pregnant again. I spoke to the husband along with the COVID Yoddha and explained to him...after two weeks he agreed to register her for operation after delivery.”

- Field staff, 42 years, 4 months with SNEHA

4.1.2 Instances of raising awareness about COVID-19 in the community through messaging were mentioned

During our conversations, we found instances where SNEHA’s work in raising awareness about COVID-19 and COVID-appropriate behaviours was acknowledged:

"Madam from SNEHA took video call meeting. She gave information on how to live, what to do, how to wear mask, keep distance. Volunteers taught me everything. When someone explains things to me, I understand them. I have trouble reading and writing."

- Female, 24 years, living in Dharavi since birth

"Small children around 10 years and below are in danger. That's what they (volunteers) told us. The old people living in my house can also be affected."

- Female, 31 years, Housewife with one child, living in Dharavi since last 13 years

"(SNEHA field staff) told us to wear masks, wash hands, take care of children, not to let them go here and there."

- Female, 65+ years

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 by community members. However, our frontline staff reported visits to homes of patients recovered patients, building their confidence and motivating them to lead 'normal life' moving forward.

4.1.3 Instances where SNEHA has helped to access food and ration were mentioned

Some people acknowledged receiving direct food relief through SNEHA or spoke of SNEHA's (including Yoddhas) roles in distributing ration/food obtained from other organizations:

"Your people from SNEHA came a couple of times and gave fruits. They did it for every house in the area."

- Male, 42 years, ward boy, currently unemployed

"Your workers had made an area wise list. Serial wise they gave these packets in each home."

- Male, 50 years, social worker, living in Dharavi since last 30 years

"We were asked to distribute fruits to people in our Galli. So, we would bring things from there (office near Sion hospital) and give it to the people."

- Male COVID Yoddha, 44 years, electrician, living in Dharavi since birth, 2.5 years as volunteer with SNEHA

Below is a case study of a woman who described in detail how SNEHA helped her procure ration during the lockdown (see box 6):

Box 5: A case study illustrating SNEHA's work related ration distribution in the community

Female, 27 years, came to Dharavi from UP after marriage and has been residing for last 10 years. Her husband procures cloth from market to make *dupattas* and sells in retail shops. Family income before the pandemic was around Rs. 20-30000/monthly. The tailoring work has stopped since March. For last couple of months, he earns some money by *Idli Atta* delivery. SNEHA's community organizers gave them information related to COVID-19 and helped them procuring ration.

"SNEHA people called my husband on phone to enquire if we got ration. One madam from SNEHA came and got the ration delivered to my mother-in-law - 2 kg dal, 5 kg rice, 5 kg atta, salt."

4.1.4 SNEHA's involvement in community level activities such as WASH mentioned

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, attempts to maintain social distancing and such. These activities were less mentioned by beneficiaries, and more by Yoddhas and field staff (in the eyes of the community, direct benefits (like provision of ration or food to a family) were more visible than SNEHA's community-level work.)

"We have lot of water scarcity problem. I had collected people and we went to Dadar office to make an application."

- Female COVID Yoddha, 25 years, living in Dharavi since last 8 years, 4 years as volunteer with SNEHA

"Volunteer had shared video of dirty gutter. I told him to go with 4-5 people to Nagar Sevak and tell them of this issue. BMC came next day and cleaned the gutter."

- Field staff of SNEHA, 24 years, 6 years with SNEHA

"We have put posters which we get from SNEHA that says we should keep two feet distance. We give information to people to keep a bucket in each toilet."

- Male COVID Yoddha, 44 years, electrician living in Dharavi since birth, 2.5 years as volunteer with SNEHA

Yoddhas also mentioned working in surveys to get local evidence from the community: This exercise helped in updating due list for ICDS, health centres for optimum coverage for routine maternal and child healthcare services such as distribution of THR, anthropometry, immunization, antenatal care, postnatal care etc. This activity provided an opportunity for the COVID Yoddhas to establish themselves as point of contact with the community members who would reach out to them in case of any issues/challenges in accessing public systems.

Box 6: Strengths and challenges of the Mission Dharavi project

Project strengths

"Parde ke pecch unko (CYs) support karne ka kam hai." (Field staff, 55 years, 15 years with SNEHA)

"Today we realize how important it is to strengthen community. our volunteer work has really helped us during this pandemic time." (Program coordinator, AAHAR)

"We tell volunteers...you start we will support. People will get more confidence if you people from their own community do this work." (Field staff, 42 years, 4 months with SNEHA)

Challenges faced by staff members

AWW comes two days a week. we also come two days, so have issues speaking to her. Sometimes she picks up, sometimes she does not." (Field staff, 55 years, 15 years with SNEHA)

"Our Mumbai SIM does not connect in village. So, we were unable to talk to all community people. (Field staff, 24 years, 6 years with SNEHA)

"I work all days of week. I get some free time only on weekends." (Male COVID Yoddha, 32 years, 2 years as volunteer with SNEHA)

"During Covid times, only 25 % people would allow us near their house and let us explain. People would not listen to us. (Female COVID Yoddha, 25 years, 4 years as volunteer with SNEHA)

4.2 Strengths and Challenges of the project

We first discuss some of the unique challenges SNEHA faced during the implementation of the Mission Dharavi project. 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 SNEHA 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 project drew from its past strengths. It leveraged on its already existing volunteer-base, and on the trust and relationships that SNEHA staff had built in the community over the years to continue many of the much-needed activities in Dharavi during COVID-19.

CHAPTER 5: WHAT DID WE LEARN FROM THIS STUDY FOR OUR PROGRAMS

We discuss below some of the implications of the findings of the three chapters for our programs.

One, the community KAP findings suggest that the community is well-informed about COVID-19. But some myths 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 (this was data until February 2021 before wave 2 of the pandemic). 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. There is also 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 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 atleast some of their work, serve as extension arms of SNEHA when staff are not available (at night and during holidays in particular), and handle emergencies. Our experience has shown that Yoddhas could 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 from the government and NGOs, in manners that are culturally congruous to the needs to Dharavi and also wider in scope.

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