Stigma during COVID-19

People believe that COVID-19 is always associated with death. This fear, coupled with inaccurate or incomplete information and fear of acquiring corona disease is leading to stigma and discrimination and it is important to understand the various forms of stigma and address it in time.

At the community level, fear of getting COVID-19 test done or being declared COVID-19 positive may lead to being boycotted by the neighbours, relatives, and entire community. This fear prevents people from seeking health care or adopting healthy behaviours.

At the government frontline health worker level these persons are supporting the house to house COVID-19 survey and message dissemination and so are being blamed for spreading the disease and are consequently treated badly when they knock on doors.

The CGPP team understands the various forms of stigmatization and as per situation, appropriate interventions including lessons from polio communication and community engagement are being used through influencers and ex-CMCs. The BMCs are supporting contact tracing, assisting to follow guidelines, arrange essential supplies for people quarantined or put under isolation.

Strategies to address stigma:
- Formation of community action groups: In polio project the field staff identified and mobilized a large number of influential people as per nature, belief, and behaviour of each resistant family for polio and routine immunization. These people known as influencers voluntarily and wholeheartedly supported the program. The idea of forming CAG is derived from the same. These people together in groups of 3-5 could discuss the disease, deal with people’s fears, especially targeting the issue of stigma. These persons may perhaps then support affected individuals and families by contacting them and ensuring essential supplies at their doorstep. Abrief note on role of CAG members is developed.
- Educating the community about COVID-19 through educational material.
- Increase self-esteem of health workers by appreciating their work, including building skills on communicating with community members on stigma.

In Shahjahanpur Block we conducted a massive mobilization campaign to ensure regular food supplies from the community kitchen. Ms. Seema also facilitated a recommendation from a local doctor to get Banoa anty tested for COVID-19. She was found negative. They also persuaded the house help to resume her duties. Thus, all essential supplies were sent to the house.

In the words of Ms. Gazi, “Alhamdulillah sab sukoon mile baar [I am now satisfied and relieved].”

CGG response to address stigma

Dr. Shab Alam, a private doctor in Budhana, Muzaffarnagar, tested positive for COVID-19 along with his wife and son in the 4th week of July 2020 and were shifted to a level 1 COVID hospital leaving behind their septuagenarian mother all by herself. The information about their infection spread very quickly, resulting in the house help and other family members to stay away. Dr. Alam’s mother, known as Banoa anty, had no one to look up for food and medicines.

The news reached Ms. Gazi Nadeem, a member of a newly formed CCRD Group Polio Project’s ‘Community Action Group (CAG)’ that aimed to counter the rising stigma and discrimination related to COVID-19. The group is composed of the village head, ward members, religious leaders, ration dealers, private doctors, local influencers, and ASHAs, formed and led by the local Block Mobilization Coordinator, BMC. Ms. Gazi shared the news with Ms. Seema Rani, the BMC from Budhana and they rushed to the locality but couldn’t reach the house as it was under a containment zone. They then contacted the local ration dealer and municipality to ensure regular food supplies from the community kitchen. Ms. Seema also facilitated a recommendation from a local doctor to get Banoa anty tested for COVID-19. She was found negative. They also persuaded the house help to resume her duties. Thus, all essential supplies were sent to the house.

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CGP India continues to work with partners on prevention of COVID-19 and community mobilization for immunization. As on 7 September 2020, there were 882,542 active cases 3,25,0429 recovered, and 71,642 deaths in India. Various calibrated and focused actions within the umbrella strategy of TEST, TRACK and TREAT have enabled early identification of cases through aggressive and wide scale testing details. 

Our Partners

ADRA India
I am a VIP in my community

Aslam, a 57-year-old vegetable vendor of Sakharpur in Khkeha block of Baghpat district, tested positive for COVID-19 during random sample screening. Later on, his wife and 25-year-old son and 16-year-old daughter also tested positive and all of them were admitted in the isolation ward of the Community Health Centre (CHC) Khkeha. They returned home, fully recovered on the 29th of July 2020. The ward member as well as one of the members of the CGPP ADRA-led Community Action Group (CAG), congratulated Aslam and his family over the phone after they returned home from the COVID care centre. ‘I am extremely glad to receive the call from our ward member, I never expected that’, said Aslam. However, no one wished the family on their return – rather they were totally boycotted by neighbours and relatives!

Fahmeda, CGPP on CMC of CGPP found out that because of the boycott, had practically nothing to eat because they couldn’t sell anything. Fahmeda immediately called a CAG meeting with the CGPP BMC to find solutions. The ward member said ‘Since Aslam was the first COVID positive case in our ward, we could not anticipate the situation’. The news reached Ms. Gazi Nadeem, a member of a newly formed CCRD Group Polio Project’s ‘Community Action Group (CAG)’ that aimed to counter the rising stigma and discrimination related to COVID-19. The group is composed of the village head, ward members, religious leaders, ration dealers, private doctors, local influencers, and ASHAs, formed and led by the local Block Mobilization Coordinator, BMC. Ms. Gazi shared the news with Ms. Seema Rani, the BMC from Budhana and they rushed to the locality but couldn’t reach the house as it was under a containment zone. They then contacted the local ration dealer and municipality to ensure regular food supplies from the community kitchen. Ms. Seema also facilitated a recommendation from a local doctor to get Banoa anty tested for COVID-19. She was found negative. They also persuaded the house help to resume her duties. Thus, all essential supplies were sent to the house.

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Catholic Relief Services

Catholic Relief Services (CRS) is a member of the Caritas Internationalis network. CRS is a global Catholic relief, development, and microfinance organization with a worldwide network of 147 local organizations based in 130 countries. CRS is committed to working alongside those most in need to transform lives and build communities that are inclusive and sustainable. Our partners in India work to ensure access to safe drinking water and basic sanitation, to prevent HIV/AIDS and the spread of COVID-19. We ensure that health workers receive the support they need through protective equipment and medical supplies. We also provide support to religious leaders and policymakers to combat the spread of COVID-19. We believe that compassion and responsibility must go hand in hand in our response to COVID-19.

Project Concern International

Timely intervention by a Community Action Group saves an old lady from a COVID-19 crisis in Budhana, Muzaffarnagar

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Due to COVID-19 more than 3000 sessions in the CGPP areas were missed, CGPP staff prioritized areas after assessing the caseload and supported in preparing micro-plans. Special efforts were done with communities to restore trust in the program including safe immunization sites.