



CGPP 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.

(source: [https://www.who.int/india/emergencies/coronavirus-disease-\(covid-19\)/india-situation-report](https://www.who.int/india/emergencies/coronavirus-disease-(covid-19)/india-situation-report))



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.

CGPP response to address stigma

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 mapped a large number of influential people as per nature, belief, and behavior 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 3-4) 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. A brief 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

295 Community Action Groups formed

Flyer on Stigma

Key activities

1. Form community action groups by bringing together influential people
2. Educate the communities by showing educational film or materials.
3. Increase self-esteem of health workers by appreciating their work, and building knowledge on stigma and its management

CGPP Staff

1. Understand the various forms of stigma.
2. Get updated and correct information on COVID-19 from government or WHO website.
3. Dispel all your myths and misinformation if any
4. Have clear understanding and action points on the role of influencers
5. Appreciate their efforts.

Communication with influencers

1. Orient them about stigma and its various forms
2. Share their role on de-stigmatization.
3. Share positive stories of patient recovered from COVID-19
4. Sensitize other community members on stigmatization.
5. Tell them to communicate with corona affected families over phone or by maintaining healthy physical distancing. And...

- Appreciate the efforts of COVID-19 positive families/patients.
- Provide support in getting groceries, ration, medicines or any essentials.
- Encourage and support them to follow government and doctors guideline

Forms of stigmatization

- Disease name calling
- Finger pointing
- Labelling
- Blaming
- Judging
- Making assumptions
- Suspecting
- Neglecting
- Rejecting
- Boycotting
- Separation
- Hiding

Empathy is the best medicine your community needs

Our Partners

ADRA India

I am a VIP in my community

Aslam, a 57-year-old vegetable vendor of Sekhupura in Khekra block of Baghatpat district, tested positive for COVID-19 during random sample screening. Later on, his wife and 21-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) Khekra. They returned home, fully recovered on the 25th 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'm extremely glad to receive the call from our ward member, I never expected that', Aslam said. However, not everyone wished the family on their return – rather they were totally boycotted by neighbours and relatives!

Fahmeda, CGPP ex-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 community's behaviour'.

Four smaller group meetings were then convened by the CAG and Aslam's victory over COVID-19 was celebrated. The message, 'Fight the disease, not the patient' was promoted to create an environment with positive behaviour. Virtual meetings were conducted with Aslam's relatives were conducted by CGPP BMC and ex CMC and soon, his cell phone started ringing frequently! A few neighbours offered food including other essential items!

'I have become a VIP now!', said Aslam over the phone to the BMC.

The CGPP has formed 84 community action groups in Baghatpat, Bareilly and Rampur districts to deal with COVID-19 stigma-related issues.

Project Concern International

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



Dr. Shuib 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 local 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 discontinuing her services and neighbours also staying away. Dr. Alam's mother, known as Bano aunty, had no one to look up to for food and medicines.

The news reached Md. Qazi Nadeem, a member of a newly formed CORE Group Polio Project's 'Community Action Group (CAG)' that aims 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.

Md. Qazi 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 Bano aunty 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 Md. Qazi, "Alhamdulillah ab sukoon mila hai" (I am now satisfied and relieved).

Catholic Relief Services

COVID19 Scenario - Change in routine immunization site

During the routine immunization session in Nakur Block of Saharanpur District in U.P., the BMC – Mr. Ankit Bhatnagar - noticed that that the site was Panchayat Bhawan, a place converted as a quarantine center for COVID-19. He immediately discussed this issue with the ANM and supervisor and requested them to change the site of the session. But they refused to budge and so he informed the medical officer in charge, regarding the same.

He also discussed this issue with the influencers and explained to them the risk involved in continuing with the activity in a quarantine center. The new RI guidelines also state that no session should be held in a containment zone or quarantine center. The influencers understood the importance of this issue and immediately provided another place for conducting the session. Thus, with the timely intervention by the BMC, the location was changed and the session continued at the new place in the second half of the day itself. The BMC then explained the risk of COVID-19 infection, preventive measures, and revised RI guidelines to the ASHA and ANM. The Medical Officer In Charge (MOIC) appreciated the effort of the BMC at the evening feedback meeting.

SOAP BANK – In Shahjahanpur Block Mobilization Coordinator with support from Pradhan, Influencers, and ASHA formed a soap bank to ensure 24x7 availability of soap in the village.



Grassland blowups

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.



Community mobilization

