

# Centre for Advocacy and Research

Insights & Observations



# **Centre for Advocacy and Research**

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**I n s i g h t s   &   O b s e r v a t i o n s**

## Situation on the ground

The situation on the ground was dire. There was a sense of fear and mistrust in the community. They were neither aware of the pandemic itself, nor about the risks it imposed. People residing in the slums were mostly worried about their livelihood and to make ends meet.

Bengaluru was recording an alarming increase in the number of cases. That is when the CFAR intervention started.

The community that was chosen for the interventions were the marginal communities living in the slums of 37 settlements of 6 Wards. Ward 128, Nagarabhavi, Ward 121, Binnipete, Ward 95, Subhash Nagar, Ward 96, Okalipuram, Ward 158, Deepanjali Nagar and Ward 131, Nayandanhalli were chosen for the intervention. The settlements consisted of Daily wage labourers, Pourakarmikas, Street Vendors, Domestic labours, Agarbatti makers, Garment and Construction workers.

There were a total of 5 PHCs for the 6 wards which were the closely located health services for the community. The 5 PHCs were in Pantharapalya, Magadi Road, Subhash Nagar, Srirampura and Gangondanhalli.

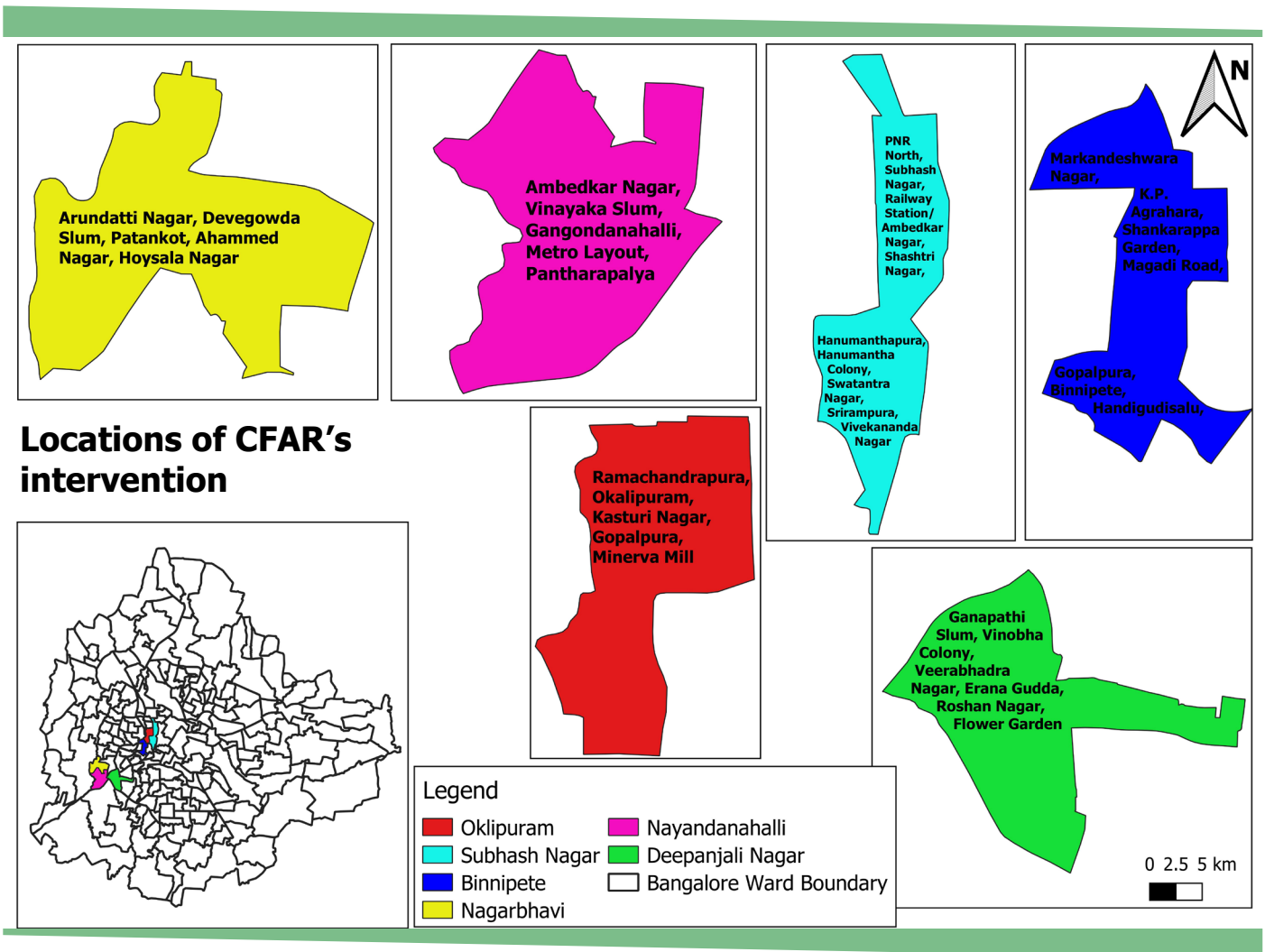
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*“I felt like a soldier at the border, taking all the bullets in his chest for the safety of others on the first day of venturing outside. My wife was expecting and I was extremely worried of her wellbeing. The virus instilled fear in all of us. But the strong urge to work for society gave us the courage to face the challenge.”*

**-Mr. Prabhanand Hegade, CFAR.**

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# 'A Map representation of CFAR's area of work'



On one of the earliest days of the pandemic, the workers at a construction site refused to believe that they could contract the virus if they did not follow COVID-appropriate behaviour. They had a strong belief that working under the sun would protect them from the virus. There were of many such misconceptions in the community. People believed that herbal medicines, hot water gargles, alcohol consumption, or exercising vigorously could either prevent or treat the infection.

Some people believed that the pandemic was a hoax. They believed that the vaccine would make them infertile. The media was also heightening people's anxiety with constant updation of the number of virus infected and deaths.

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*“A particular incident that happened in in one of the earliest camps we held at Srirampura PHC still makes me emotional. Mrs. Chandramma (73) had tested positive and she quickly packed her clothes in order to shift to the CCC. When she was waiting for the ambulance at the PHC, her grandson threw the phone at her instead of handing it over and Chandramma had to pick it up from the floor. It was heart-breaking to see how her own family was treating her with utter disrespect due to the virus!”*

**- CFAR team**

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## The Approach

A community-led intervention spearheaded by Help-desk workers chosen from the community was shaped. This would help them in approaching the people and convince them about getting screened and, if necessary, get tested, quarantined so that they could overcome the virus.

Through the integrated response CFAR brought together Health and Administration by bringing together various agencies. The Task Force Lead of BBMP, Mr. Ujwal Kumar Ghosh was met and updated about the activities regularly. With the cooperation from the administration the functioning of True-Nat machines were accelerated. Issues like poor response from the Ambulance Helpline Numbers were addressed.

CFAR also worked in collaboration with various other stakeholders like Mercy Mission and LabourNet Organization. Tremendous help was received from Mercy Mission in shifting patients to CCC during delayed arrival of ambulances. Mercy Mission booths

were set up in each of the 5 Wards for screening and mobilizing people to the PHCs or testing centres. Mercy Mission also set up Oxygen Centres with 75 Oxygen Cylinders freely made available for marginal communities from APF.

In collaboration with LabourNet Organization, people were assisted in availing services like ventilators, beds etc in tertiary hospitals.

## Data Capture

Settlement wise tracker was created for the intervention for data capture. Updates on number of tests, positive cases, follow-up, comorbidities etc were tracked daily settlement wise. The tracking was also done for community meetings and MAS meetings etc. The tracker helped in studying the rise and fall of tests, positive cases and a lot of other aspects.

Two Public Health students from Padmashree school of public health, Mrs. Anisha and Ms. Rekha were taken as interns for the intervention. Their knowledge on science and community health were useful in the community meetings in addressing the fears and myths associated with the pandemic. The duo helped the CFAR team in scientifically framing documents regarding the spread and prevention which were then translated and circulated in the community.



## Helpdesk

A total of 57 Helpdesk members from 37 settlements were trained and started functioning as COVID Response facilitators. They were trained on every aspect of COVID – from knowing about the virus to prevention, treatment and myths surrounding it. Each of them had to reach out to 500 households in their settlement. They would conduct door-to-door survey and screen the people for symptoms and persuade them to come to the health camps. If they got identified as high-risk individuals, then the Helpdesk would be in touch with them.

By August, the number of tests increased as Helpdesk members mobilized people to visit the camps organized by the PHC staff. Camps were held inside the settlements to inform residents on Covid-19 and persuade them to get screened. On the day before the camp, Helpdesk members would inform everyone and mobilize them to visit the camps. They used flipcharts and standees to explain about the infection. This worked in many ways as people were able to engage with all the information that was being shared with them.

The Helpdesk members were given special jackets and badges which helped people to identify them and seek their support, especially during an emergency. Cards with all information about services, including Helpdesk and emergency numbers, were distributed to the community during the door-to-door survey.



We met Mr. Ujwal Kumar Ghosh, the Task Force Head, to discuss the problems in the field and assess the progress made. At first, he was alarmed at the increasing the number of active cases and deaths in the West Zone. But on understanding the way the intervention was helping contain the virus, he provided lab assistants for the smooth functioning of True-Nat machines. Once we reported to him about inadequacy of the staff manning the helpline number 104, he immediately set up a meeting to address the issue.

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*“We need to work like a group of ants in the current scenario. Every ant has to push a little hard for the sugar cube to move. Our aim here is to bring down the mortality and control the spread. Slowly we will reach there. Support from teams like you will make the process faster. I would love to visit the communities that you work with someday.”*

**- Mr. Ujwal Kumar Ghosh**

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## Community meetings

Small group meetings have been an excellent way to reach people. The meetings held in small groups in the settlement helped people open up about their doubts and fear they had about the virus without breaking the social distancing norms. The effort also helped in ‘normalizing’ the virus and help people understand it better. Information about preventive measures to contain the virus was shared with many groups like construction workers, garment workers, Self Help Groups (SHGs) and Mahila Arogya Samithi (MAS). The meetings were also held in public spaces where women would collect water or wash clothes. Men were spoken to in the afternoon when they returned from work.

## True-Nat cases

A few pregnant women were able to get themselves tested for COVID-19 on time before their delivery. This ensured timely medical attention. A women suffering from kidney stones had to undergo immediate surgery. She needed a negative test report and did



not have much time before the operation. Her samples were quickly tested in the True-Nat machine set up in the Nagarabhavi BMP Ward office and she was able to undergo surgery on the same day!

### Going out of the comfort zone

In many instances, Help-desk members had to venture out into new areas and even volunteer to get themselves tested many times over in order to allay people's fear of testing and gain their trust. Whenever somebody from the community hesitated to get tested and complained of pain and irritation, the Help-desk workers would demonstrate by getting tested and re-assuring the community that no harm would come to them.

### Street theatre to the rescue

The idea was to create awareness among people in an entertaining way. A few Help-desk workers were chosen and trained by a professional theatre artist. Songs were composed and dance was choreographed. The costume was a mask and the "Corona Warrior" jacket. The team practiced the street play and performed it in different settlements. Masks were distributed during the play. The response was positive, and which assured us that what we had done was timely.



## Media portraying negativity



*“In the process of documenting the stories and positive impact the intervention had on the community, we did a series of human interest stories. During the process we met and spoke to lot of people who had successfully won over the virus. On contacting different mainstream media persons in order to share the stories of courage with people, the response we got was very disappointing. This was very discouraging, and we had to turn to other media like community radio to disseminate positive stories.”*

*- Krithika N, Documentation Officer*



## The Challenges

Mrs. Radha K said: “On the first day of camp for testing for COVID-19 on 6 August, 2020, 54 people were tested. On the first day of the camp, one individual tested positive and this was the first time we saw a person who actually had tested positive. We then had to visit the home of the COVID-positive patient and track the primary and secondary contacts. It was one of the most challenging momenta on the first day of the intervention.”

Rajamma, the Ward lead of Subhash Nagar, remembers one of the earliest challenges she faced: In one of the media reports, a pregnant woman in Subhash Nagar tested positive during the first camp. On retesting, she was found negative. This news was making rounds in the settlement and as a result when the team wanted to hold a camp in the settlements, people refused. They were scared of getting tested as they feared that the Government would simply put them away in some isolation ward. Our ability to build an integrated response was the reason why people slowly started putting their faith in us.”

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*“Another challenge that most of us came across was the disbelief in the system. Many of the people thought that this pandemic was just a hoax to kill people belonging to a particular community. They believed that the isolation centres would not have facilities for food, water and accommodation. The idea of isolation scared them. Most of them would accuse us of getting paid for getting people tested and getting them declared COVID-positive. They believed in rumours that implied that doctors received huge amounts of money for faking results. People believed everything that was being said and that scared them.”*

**- Bharathi, Help-desk worker**

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*“The major challenge was to ensure that we stayed safe. This is because our safety was very important as we had to interact with many people during the project. We were trained on COVID Appropriate Behaviour (CAB). But the challenge was when we went back home, as many of us had aged parents or in-laws or young children at home. We would bathe outside the house, wash our clothes and then enter the house to safeguard our family members. This became a routine, no matter how exhausted and drained we were at the end of the day.”*

**- Harshitha, Help-desk worker**

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Mrs. Sreelatha, Help-desk worker, shared her experience: “The task was to make sure that people testing positive were isolated without fail to control the spread. Along with mobilizing people to the camps, we conducted door to door surveys tracking and screening every individual in the settlement. During the survey we distributed emergency cards for all kinds of assistance. People would sometimes not open the door and shoo us away. In the first few days, they would not share their phone numbers or refused to discuss about their comorbid conditions. They would not even want to talk and thought that we were from BBMP. But slowly their attitude towards us changed. We would assure them that they could contact us even in the middle of the night and we would be there to help them. This brought about a huge change in their attitude!”



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*“One major challenge we faced was that we did not have a uniform or a badge. So when we approach homes with our mobile phones, diaries and pens asking questions about their personal life, people would get furious. That is when we were given jackets which had “CORONA WARRIOR” written in big bold letters. We also wore a badge. The jacket and the smiley made us stand out from the crowd and also gave us recognition. People no longer asked us who we were and why we were asking for their details.”*

*- Nayana, CFAR Help-desk worker*

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“The incident that shook us was the death of a middle-aged lady who refused to get tested even after multiple efforts made by our team. We had approached Mrs. Veni, 35, several times at her house and requested her to get tested as she was symptomatic with breathlessness and fever. She refused and maintained that she was fine. Later that day, she dialled the emergency contact number which we had provided and reported chest pain and uneasiness in breathing. While we approached her house and waited for the ambulance to arrive, her condition worsened. Even the ambulance driver refused to take her in as she hadn’t tested for COVID-19 and didn’t get her Bangalore Urban (BU) number. So we arranged for ambulance from Mercy Mission. But before the ambulance arrived, she breathed her last.” Mrs. Kamalakshi, CFAR

“Mrs. Kamakshamma, a local leader had opposed the testing camp in the Ambedkar Quarters of Nayandanhalli ward. The Medical Officer of Pantharapalya PHC, Dr. Shobharani, had tried to convince her several times, but she wouldn’t budge. The CFAR team along with members from from Azim Premji Foundation (APF) visited her and held discussions with her. After a long conversation over a cup of tea, she agreed to provide space. Later that week, a testing camp was held in the settlement with Kamakshamma herself helping mobilize people to visit the camps.”

## Meeting the targets

As a Medical Officer of Pantharapalya PHC, Dr. Shobha rani had experienced intense pressure from her higher-ups to reach the testing targets given by them every day. The doctors were required to meet the targets each day. On one of our visits to the PHC, she broke down and said us how frustrated she was. She was upset that all of her efforts were going in vain despite being comorbid herself and the fear of contracting the virus.



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*“People were scared to answer the questions we asked them. Most of them would not tell us about comorbidities. They would hide facts even if they had any health-related issues. They were scared that we would harm them if they opened up to us. It took multiple visits for us to get their trust. Many of those with comorbidities hid their conditions. Then we would give them emergency cards and ask them to call up when they had any problem. The cards worked like magic. They would contact us in case of any queries. That brought us closer to the community.”*

**- Mrs. Kamalakshi, CFAR**

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**Mrs. Asma Begum, Nagarabhavi Help-desk worker:**

*“This intervention has given me a reason to look into myself and realize what I enjoy doing the most. It has given me a chance to serve the community. Today I stand proud and happy!”*

Early in the month of July we started helping distribute ration to the community. My husband had asked me not to step out as we had children at home. He was scared that we could get infected by the virus. But food distribution was the need of the hour and I decided that I must get out to help. People would surround and grab food packets from us whenever we visited. There were days when people would visit our house and request us to give them leftover food.

This helped in building a good rapport with the community. But later, as I visited them and asked them to get tested, they questioned my motive with people saying that I was taking advantage of the situation and making money. They believed that we would share their personal details with the government and put them in isolation centres.

There was a particular case of two senior citizens from the neighbourhood testing positive at one of the camps held in the settlement. The family strongly resisted being shifted to CCC but after a day of persuasion they agreed to shift, but only after getting a letter signed by us that we would be responsible for everything that happened to them. When they finally returned after their isolation, we were finally relieved.”

This is not just the story of Mrs. Rathna, but the story of Ward Leads and Help-desk Workers of CFAR. The work of Ward Leads of six wards of West zone, Bengaluru, ranged from taking care of every minute detail, including organizing awareness programs, testing, surveys, shifting patients to CCC and coping with deaths as and when these happened. The saying “not all superheroes wear capes” holds true for these people who have been working tirelessly day and night. For them there is no rest, as duty beckons them every minute of the day.

**A day in the life of Mrs. Rajeshwari, a CFAR Help-desk worker.**

**“There was no break or pause, it was just work after more work, serving people.**

**6am** Visit the homes of Covid + patients in home isolation first. Then we would collect the groceries they needed from the nearest store and deliver these at their doorstep.

**8am** Emptying their trash cans into the municipality vehicles. Sometimes, people would regard our activities with suspicion. Then we would distribute food to them along with some of the NGOs

**9.30am** We would then visit the testing camps organized in the settlement and mobilize people to visit the camps till 1.30 pm. We would have to distribute lunch to people

**2.30pm** We would conduct door-to-door visits and survey

**6pm** After the camps, we would come back and distribute dinner to people. If somebody tested positive at the camp held on that day, we would wait until the ambulance arrived, make arrangements for their shifting and then return home around

**10pm** Return home. In this hectic schedule, we would also make time for contacting patients at the CCC to ensure their safety and well-being.



# The community stories

- **COVID-19 Warriors**

Mr. Fayaz, an auto-rickshaw driver, got himself and his family tested at a testing camp held near his house in Nagarabhavi. Out of the 13 members from his family, his son and daughter tested positive. They feared shifting to the CCC, but Mr. Fayaz assured them that he was there for them whenever they needed him. After a week's stay, they recovered and came back home and shared their experiences of a pleasant stay and treatment they received at the CCC. That is when Mr. Fayaz decided to pitch in and help dispel the fake news about maltreatment in COVID Care Centres. He not only asked people to get tested and filled them with courage, but also took responsibility of transporting patients to CCC in case the ambulance was delayed or was not available.





- **COVID-19 in the line of duty**

Mrs. Sharanya from Ward 95 is a true fighter and is an inspiring example for others who are battling their fears and anxieties about COVID-19. An Accredited Social Health Activist (ASHA), Sharanya conducted surveys, collected samples and shifted the primary and secondary contacts of COVID-positive patients to quarantine centres.

Life on the frontlines is never risk-free. Her colleague tested positive, and after a few days Sharanya too had symptoms such as body ache, dizziness, sore throat, dry cough and a slight increase in her body temperature. These symptoms lasted three days and she remembers taking a common cold tablet and believing that she will be fine the next day. On the contrary, her face started swelling and eyes started reddening along with frequent running nose. The next day, her rapid antigen test was negative, but the RT-PCR test was positive. She recalls her own reaction: “It seemed the whole world was going to turn upside down.”

The primary health centre Sharanya was reporting to was immediately closed and sanitized. Leaving her six-year-old child at her mother’s place for a few days, Sharanya was overcome by guilt that she might have passed on the infection to others. Once she tested positive, her husband was asked to get tested, who also found positive. Fortunately, her child tested negative. Sharanya and her husband were shifted in to different Corona Care Centres with the help of CFAR. Once admitted at the Corona Care Centre, Sharanya was worried about her family and about their uncertain future. News reports on television and negative stories on other social media platforms added to her anxiety. She even called a psychiatrist at one point who she had met at a camp but did not reveal her identity for the fear of stigma. The conversation with the doctor helped as she started opening up and became relaxed.

At the Corona Care Centre, she and her husband were given Hydroxychloroquine, antibiotics, zinc and vitamin C supplements on the first five days. On the next five days, they were only given zinc and vitamin C tablets. Sharanya remembers being treated “very well” by the doctors and nurses. Apart from her yearning for home-made warm meals, she was quite happy and content with the services she got.

After being discharged, the couple was asked to stay indoors for 15 more days. Sharanya says the only expense they had to bear throughout the treatment was the travel back home.

She has emerged from the experience feeling both stronger and more confident. She is back to work and having fought the virus she now helps others do the same with more zeal than ever before! She is a truly a brave Corona Warrior!

- **Divided by borders, united by the pandemic**

Roommates and friends, Mr. Anil (43), Mr. Akhil (30), Mr. Vipin (24) and Mr. Pradeep Kumar (34), hailing from the Trissur district of Kerala, work in a private sector firm in the area of sales. They had been living together in a single room for years. One particular day, Akhil had a slightly sore throat so, they decided that he should get himself tested as they were aware of the symptoms for COVID-19. They visited the Srirampura PHC in Okalipuram ward and got Akhil tested. As his rapid antigen test



(RAT) result was positive, the other three also got themselves tested. They all tested positive for COVID-19 and it was suggested that they stay in home isolation for 14 days.

On asking what their reaction was when they tested positive, Anil said: “We were absolutely cool when we tested positive as we knew about the symptoms and the treatment of COVID-.. We worked in a sales firm and meet a lot of people and so we did not want to spread it to others. We stayed in home isolation for 14 days. During this period, we got immense help from Mrs. Sumithra from CFAR. She was with us at every step. She checked on us every day and filled and gave us reassurance. We cannot thank her enough for the kind of support that she provided us.”

During their home isolation their security guard made sure that they were delivered food materials on time as they cooked for themselves. They also received medicines and supplements for improving their immunity. “We will never forget how people like Sumithra madam and our security guard stood with us in the period. So I must say we are from Kerala but are safe in Karnataka.” Anil and his friends completed their 14 day- home quarantine on October 10, got themselves tested once again, and were tested -ve

## Learning and Observations

- The community-led intervention spearheaded by the Help-desk workers was one of the major strengths of the intervention. The Help-desk workers chosen from the community proved to be effective. The community did not trust outsiders, but believed in their own people. The Help-desk worker represented their own community and that is why it was easier to work with the community and address their fears and concerns.
- Motivation – Due to the fact that the CFAR staff were trained, it helped them inform and address the fears of the community better. The mere idea of serving the community and placing the community above themselves was the motivation for the staff. The satisfaction of being there for the community, saving a person’s life or shifting someone to CCC successfully was a great motivation.
- The family or neighbours of the Help-desk workers cooperated and supported them in this endeavour.
- The Help-desk workers supported the PHCs in all possible ways, which led to tremendous rapport with the health functionaries. The relationship we had with the PHCs staff worked wonders in this project.
- The door-to-door visits were very helpful in bringing about interaction with almost each and every individual of the community. They also helped in tracking high-risk individuals and providing social entitlements to the needy.

- The community meetings were another effective way of reaching people. The small group meetings were amazingly helpful in creating awareness and ensured maximum reach and deep understanding of the community and the situation.
- The pre-COVID rapport built with the PHCs through the MAS meeting, and Arogya Raksha Samithi, by the Sahaya Single Window, helped the project in many ways. Multiple health camps organized prior to COVID-19 with the support of PHCs laid the foundation for the success of the COVID-19 health response project.

## Next steps



The Help-desk members are currently focusing on high-risk individuals, to manage their condition with appropriate care and medicine and reduce their chances of contracting the virus. They visit the houses with senior citizens with comorbidities and encourage them to visit the general health camps held in the settlements. The team also tracks pregnant, lactating women and children and help them receive Thai Cards and Take-Home Ration. They also assist Anganawadis during the immunization camps.

The vaccine has arrived and the vaccination drive has begun in the country. Some of the Help-desk members have been vaccinated and none of them has reported any adverse reactions. They have voluntarily chosen to get vaccinated.

Some of them have opted out of the vaccination drive and decided to do it later. None of them has been forced to get vaccinated. The Helpdesk members have been closely monitoring the vaccination process and keeping track of those who are vaccinated.

As life gets back to how it was in pre-COVID times, the Helpdesk members are also taking the lead in providing social entitlements to the community along with their regular COVID-19 tasks.

The community meetings and MAS meetings are still being held to build awareness on CAB and other aspects of COVID-19. It is not the time to relax, but be more careful than ever before. The need of the hour is to continue to follow the preventive measures and stay safe.

Looking back at the Intervention, CFAR team were surprised to see how the rate of positivity fell so quick. But they knew that their sense of purpose and effort has had a huge impact on achieving this. “We are proud yet humbled. The scenario in the beginning was filled with fear. But today we know that we have done our part in educating the community on the pandemic and bringing the numbers down”.

The CFAR team has been at the forefront of the Covid-19 crisis and will continue to serve the community, uphold civic and health protocols and provide support at all times of need.



# The Centre for Advocacy and Research (CFAR)

The Centre for Advocacy and Research (CFAR), a non-profit organization, founded in January 1998, is committed to advancing the rights of a cross-section of marginal communities such as the urban poor, the girl child, unorganized workers, transgender persons and sexual minorities, single women, People Living with HIV, sex workers, people who inject drugs (PWID) and those living with disabilities.

The Mission Statement – Voice for the Voiceless – is translated holistically across the many endeavors. This includes setting up of community structures such as Single Windows across districts from over eight states to strengthen social inclusion across schemes and social development programmes such as health, social welfare and livelihood; and to do this on scale we capacitate community-based organizations to facilitate the process of social inclusion; also enable young people and children, women and trans persons who are victims and survivors of abuse and violence to shape the legal and societal response; and last but not the least strengthen access of urban poor to sanitation and related services.

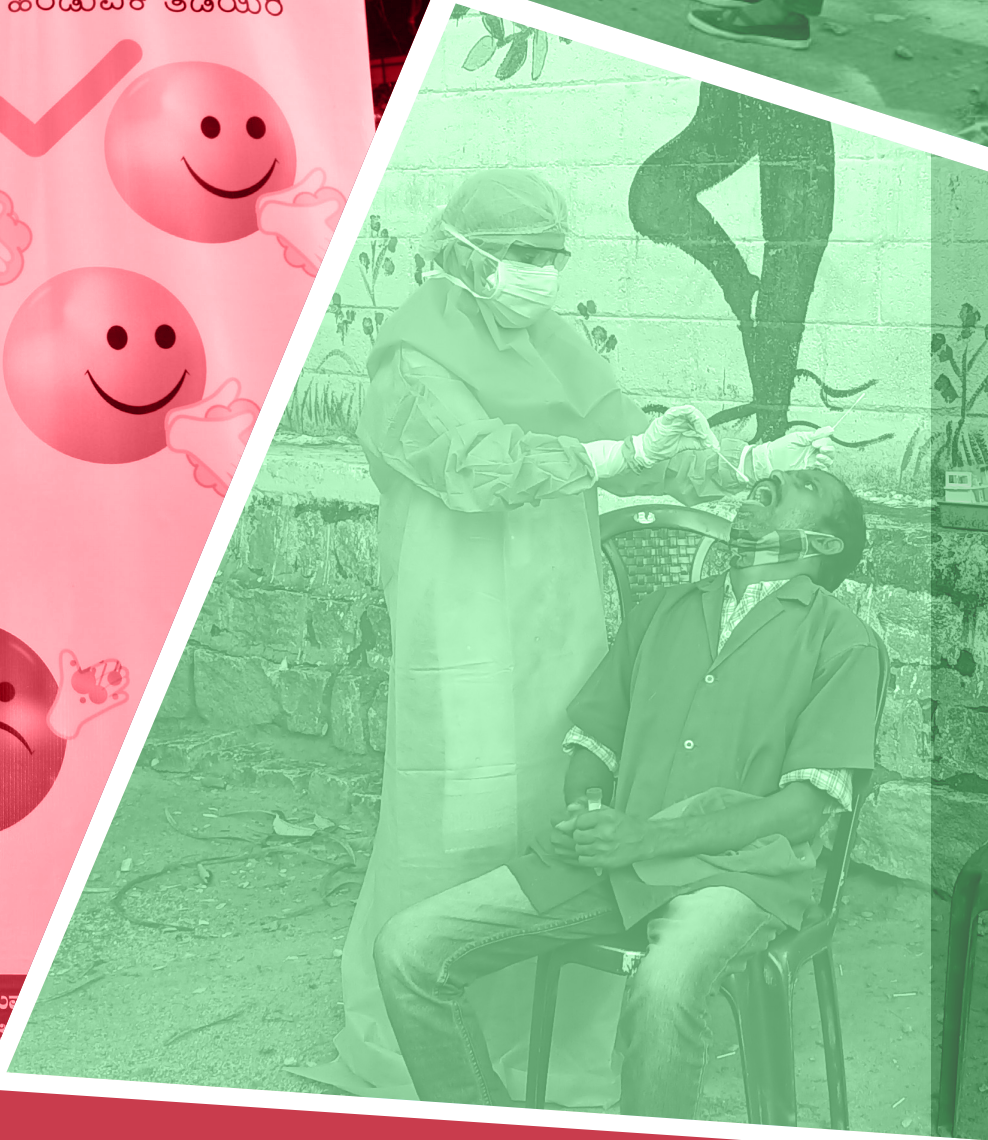
As a public interest research and advocacy group, CFAR helps create spaces in the community, in the key institutions and in the media for a dialogue on issues related to social development. The overarching goal is to shape inclusive policies and programmes aimed at marginalized communities from a gender and development perspective.



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