



**Centre for
Advocacy and
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Water For
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**Training of Trainers:
Preparing Community Representatives
to Lead COVID-19 Prevention**

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Preparing Community Representatives to Lead COVID-19 Prevention

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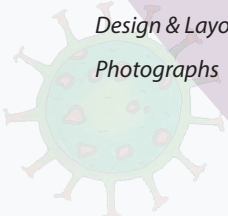
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on the work done under the project:*

**Mobilizing, Facilitating and Replicating Socially
Inclusive WASH Initiatives in India's Urban Slums**

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Introduction

Good personal hygiene and sanitation have always been determining factors for prevention and control of communicable diseases, which is the reason why major investments and efforts have been made to generate awareness on these. With the advent of the COVID-19 pandemic, the need for hygiene and sanitation has never been felt as acutely as today. While dealing with a virus that spreads rapidly and has no known cure or vaccine, prevention can make a lot of difference, but it requires sustained behaviour change and attitudes.

While earlier efforts raised awareness on the importance of hand-washing and good sanitation, converting it into sustained behaviour is where the challenge lies. Practicing hygiene is even more difficult for people living in adverse circumstances such as people with disability (PwDs), transgender persons, senior citizens, children and pregnant women as they have inadequate access to basic facilities. With low awareness levels in communities, it is likely that COVID-19 will pose great risks to them, given the scale and the rapidity with which it is spreading.

The situation calls for strong community and peer-led processes that begin with an interaction with experts who can give accurate information. This can then be carried to the communities, thereby ensuring percolation to the last mile. Any effort without focus on the final audience is futile and will prove to be ineffective.

Using existing resources, building their skills

CFAR believes in the power of community-led processes and the potential they have to drive change where it matters the most – at the very grassroots. When communities are empowered with awareness and knowledge, change happens faster and can be sustained. Peer actions have the power to influence and motivate entire communities to believe in the benefits that can accrue to them through behaviour change in every area of their lives.

CFAR has already built up a cadre of local community influencers, many of whom are recognized by their communities as change agents and role models. These change agents, also known as Master Communicators, are part of the community who understand the sentiments, challenges, opportunities and adaptability of the people of their community. They are the natural allies of the community ecosystem and can, therefore, be key influencers, motivators and communicators. They are the members of Single Window Committees, Community Action Committees, etc.



Training the Master Communicators for COVID-19 prevention

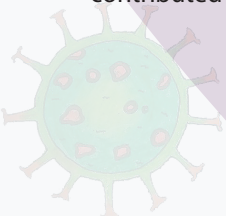
The initiative is based on the conviction and evidence that exists within CFAR which recognizes the potential of Master Communicators to make a difference to their communities in every sphere of their lives. This training module specifically aims at preparing community leaders for generating awareness on the prevention of COVID-19 pandemic. However, while these community advocates and communicators have been a part of CFAR's programs and activities on water sanitation and hygiene (WASH) in slums, and are already equipped with basic knowledge and skills, the COVID-19 situation requires deeper skills and more technical and accurate information. Since the pandemic presents huge challenges, the responsibility of driving social and behavioural change required to win the battle against it also requires customized training.

Objectives of Training

- † To strengthen the capacity of Master Communicators to train/communicate on COVID-19 prevention to people of different age groups, gender, vocations and circumstances,
- † To build their capability to evaluate the outcomes for further improvement in communication methodology and processes.
- † To prepare a cadre of Master Trainers specifically for COVID-19 prevention who can train and create a strong cadre of community leaders for further motivating others to ensure the chain continues towards universal adoption of safe practices.

The process, the buy-in

The trainings were held in settlements of Bhubaneswar and Jaipur comprising authorized and unauthorized slums. The participants were urban poor who were mainly engaged in daily wage labor, domestic work, construction work, masonry and carpentry. Unemployed youth were also part of the training. While the community did not pay towards the cost of training in cash, in what was a demonstration of their eagerness to know more about COVID-19 prevention and take action, they contributed in kind and offered their houses as the venue for training. They also contributed through their effort and in kind – the wall-paintings, floor and road paintings with messages, purchasing paper to make charts and posters to spread awareness in the community. The younger members used their phones and data to make and circulate small awareness videos and record songs after the training. Two participants contributed free masks to households that did not have masks as they lacked the means to purchase them.





Strong traction

In Bhubaneswar, those who were trained have shown a keen interest in changing behavior among those who are vulnerable and at risk (pregnant women, young people). They have also taken the responsibility to impart the learning to family, neighbors and friends. In Jaipur, those who were trained have used the learning to develop wall and road paintings, disseminate information to immediate family members, anganwadi centers and young people. In particular, youth have developed posters to reach out to pregnant women in the community in Marwari, the local language, with messages on how to strengthen one's immunity. Women in one settlement have developed a folk song to create awareness in the community.

The ripple effect

In a paradoxical situation in Bhubaneswar, the community shared that they had listened to messages on COVID-19 on television and digital devices, including mobile phones, but still did not know much about it. In this context, while there was no overt demand for information, the need was expressed when participants shared their anxieties and had them resolved on a one-to-one basis.

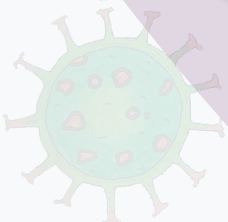
In Jaipur, participants in some settlements who attended the TOT said that they would like to conduct trainings with more community members in their settlements to enhance awareness and knowledge on prevention. In particular, they expressed the need to reach out to schools, temples and men in the community more consistently with messages.



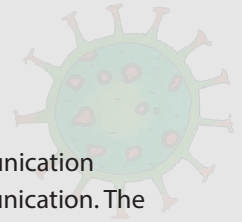
Interest in the training was evident in both Jaipur and Bhubaneswar because people had already expressed that while they had heard about the virus, they knew very little. There was also a stark realization that not learning more about it and not acting on it would put their lives in danger. The presence of the CFAR team and medical experts was reassuring to the Master Communicators as it gave them the opportunity to ask questions and learn how to communicate. The value of expert opinion was obvious to all the participants as they knew that people who were managing the problem were speaking and this would be accurate. Participants expressed a desire to reach out to many more members in the community.

Some data

Trainings held	Locations & venue	Target trainees	No of trainees
Training of trainers (TOT)	Bhubaneswar – at the local anganwadi centres	Members of the Single Window and Community Management Committee	29 trainees from 10 settlements over 4 trainings
Follow-up trainings by Master Communicators who had received the TOT	Bhubaneswar – in houses of community in the clusters	Youth, pregnant women	12 trainees over 3 trainings
Training of trainers (TOT)	Jaipur	Single Window Forum members, Community Management Committee members and Male members from 14 settlements	46 members over 8 trainings
Follow-up trainings	Jaipur	Community members	8 community members over 2 trainings



The Framework and content – logical, interactive and impactful



The training workshop was divided into several sessions. Each session was conducted by health communication experts who could impart accurate information, sans myths and half-truths on prevention and communication. The training has a judicious mix of audio-visual and theoretical information, in order to make it interactive and interesting.

Before the first session began, a short video on prevention of COVID-19 was shown or a one-act play on COVID-19 was enacted. This sets the context in an interesting manner and serves as a first level of information about COVID-19. Thereafter the different sessions focused on discussing the 5Ws & 1H about the target audiences, the actual information, practice and challenges to practice:

- ‡ Why should the risk be communicated and to whom and through which medium?
- ‡ How should the risk be communicated?
- ‡ In the process, how do we engage with strength, weakness or opportunities and barriers?
- ‡ How to address each of them?
- ‡ What do we do to strengthen practice? What is the most appropriate medium for whom?

Link to the video of Ministry of Health Family Welfare: <https://www.youtube.com/watch?v=IXI1x2b4nmQ>

Or/and

Script of the one-act play

STORYBOARD

Mother to Children- Beat Coronavirus in the same style.

Children – Why are we all at home for 5 days? Mother, we want to go out and play.

Mother – I can't let you go out and fall sick. Do you know that Coronavirus spreads from person to person?

Children- How does that happen, Mother?

Mother - When a person infected with Coronavirus sneezes or coughs, then Coronavirus hidden in small droplets spreads in the air around a person, latches itself onto the skin and sticks to the clothes and other objects around them. When a healthy person comes in contact with the virus, the person's hands get infected. When the person then touches his or her face, especially the corners of the mouth, nose or eyes, the virus enters the body.

Children - Oh, Coronavirus spreads like this! This is very easy. All we have to keep in mind is that we should be at least six feet away from each other. We need to keep our mouth and nose covered and not touch anything around us and use the same hands to touch our face and mouth, or eyes and ears.

Mother - Yes, but this alone will not work. This Coronavirus is able to hide itself. Even after 14 days of infection, it is not known whether a person has an infection or not.

Children – Oh! Then what should we do mother?

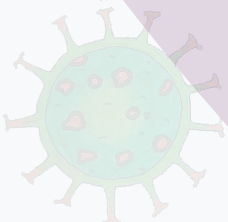
Mother- Keep a distance of at least six feet from every person. We should also wash our hands with soap several times during the day for a full 20 seconds.

Oh, one more thing - we should cover our mouth and nose with a handkerchief and also avoid touching the corners of eyes, nose and ears.

Children – Ok, now understood, that's why you gave us that mask and hand sanitizer, mother.

Mother- Yes, when we know how Coronavirus spreads, why not beat it in the same style.

Children - Exactly like a superhero!



Workshop Begins

Time: 2 hours 30 minutes



Session: I

Step 1: The session starts with discussions on the precautions shown in the video. The Master Communicators recap what was shown.

Step 2: A recap of the discussion between mother and child for the facilitators follows in question and answer (Q&A) format

Q&A FOR FACILITATORS

Why must we take precautions?

Mother - To avoid getting infected with Coronavirus as the virus spreads from person to person.

How does it pose a risk to us?

Mother - When any person carrying the virus sneezes or coughs, then the virus hidden in small droplets settles on our skin, clothes, surface and objects around the person. It spreads in the air. If an uninfected person touches these surfaces and then with the same unwashed hand touches his face, especially mouth, nose or eyes, the virus enters the body. These surfaces include skin, clothes, door knobs, tables etc.

Children - Ok, so the Coronavirus spreads like this. But it is very easy to prevent. We have to keep in mind we must stay at least 6 feet away from others and keep our mouth and nose covered. We must also not touch anything. If we do, we must wash our hands for 20 seconds at least.

What should we do to prevent the risk?

Mother-This alone will not do. This Coronavirus is a hidden threat. Even after 14 days of infection, it is not known whether a person has an infection or not. So keep a distance of at least 6 feet from each person. We should wash our hands with soap several times during the day, that too for full 20 seconds. We should cover our mouth and nose and also avoid touching the corners of eyes, nose and ears.

Children – Ok, now we understand why you gave us the mask and hand sanitizer.

In what way our will actions address the problem?

Mother- When we know how this coronavirus spreads, why not beat it in the same style?

Children – Exactly, like a superhero!

Step 3: Time: 60 minutes (Health expert: 30 min and Q&A: 30 minutes) The healthcare expert (a government health officer) makes an in-depth presentation on COVID-19 and precautions to be taken.

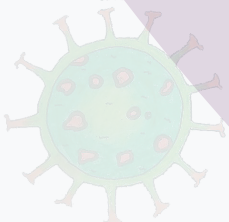
- ✦ The trainees repeat what the health expert explained to them. It is noted down and shown to them
- ✦ The Master Communicators then have a Q&A session with the health expert.

Bhubaneswar

Dr Suchismita Nayak, UPHC:

Speaks on Do's and Don'ts

- ✦ **Hand-washing:** It is not only about doing it for 20 seconds, but following all the steps for 20 seconds.
- ✦ **Maintaining social distance:** Social distance is necessary to protect oneself from the saliva droplets and touch of an affected person. Social distancing reduces the risk to the maximum.
- ✦ **Wearing Mask:** When the mask is worn properly, it restricts touching the mouth and nose, which are the only channels for virus to enter the body.
- ✦ **Observing the symptoms:** It is very important for everyone to observe their own symptoms, particularly for the persons who are more exposed to it. Migrants who have come back to their homes carry more risk. They need to be informed through the ASHA and Anganwadi workers and should check in to quarantine centres.





Q&A

- ✦ Sushama Biswal (CMC): Why are quarantine centres needed? Can there not be isolation in their own houses even for the positive patients?
- ✦ Dr Suchismita Nayak: It is very difficult to maintain the required distance at homes and particularly in slums where all the houses are located in close proximity. Therefore, it is better to avail the quarantine facility, even for those only suspected of having contracted the virus.
- ✦ Manosmita Panda (SWFM): People are scared to go to hospitals for the tests. Can we not do the tests in nearby centres like in this UPHC?
- ✦ Dr Nayak: These tests involve a high risk and have to be conducted with care and precautions. If one person is affected, he or she is a potential carrier for many others. Hence, it is always done in the capital hospital or designated COVID-19 diagnostics centres/hospitals.
- ✦ Basanti Sahoo (SWFM): Does the virus affect everyone equally?
- ✦ Dr Nayak: No, the probability and intensity of getting affected by the virus depends on the person's immunity. Elderly people and the children are more vulnerable than the youth. The body fights against the virus by creating antibodies. It takes 14 to 21 days for the virus to affect the person completely and to show symptoms; the virus may collapse within this period. This calls for us to be considerate and sympathetic towards everybody including migrants. They are returning to their homes, and we cannot be hostile towards them.

Jaipur

Q&A

- ✦ Om Prakash, Swami Basti: How can we improve sanitation levels to prevent Coronavirus during monsoons?
- ✦ Dr. Gupta: There is no possibility of the infection increasing during monsoon COVID-19 is not water-borne.
- ✦ Shakuntala, RIICO: How do we prevent the infections from spreading through vegetables?
- ✦ Dr. Gupta: We can use the 'laal dawa' or Potassium Permanganate to wash vegetables and fruits as is a cheap and safe chemical.
- ✦ Zubeida, Bapu Basti: Is sanitizer better than soap? What to do after sneezing, coughing or coming home from outside?

- ✦ Dr. Gupta: Use tissues and handkerchiefs while sneezing and coughing. Throw the used ones in closed dust-bins or burn them. Inculcate the habit of using soap and water. If you are in a place where there is no water, then use sanitizer and apply on hands also on upper arms.
- ✦ Shabnam, Sunder Nagar: What sort of food do we eat to increase immunity?
- ✦ Dr. Gupta: Eat rice, wheat and proteins such as dals, as also fresh vegetables and, if possible, fruits. Drink at least eight glasses of water a day. Chicken is preferred for non-vegetarians. Consume sour fruits like lemon and orange and use turmeric, ginger and garlic in the food. Include eggs in your diet and do not eat outside at all.
- ✦ Shanaz Bano, Sunder Nagar: Do we have to maintain social distance among family members too?
- ✦ Dr. Gupta: Yes, we should. Social distance is ideal within the house and family members too. This will help in not spreading the infection. Social distancing is recommended from pregnant and lactating women, elderly, new born children and people who have an illness.

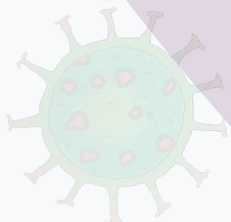
STEP 4: Communication Training Workshop Begins

Session: I

The information presented in the video and by the health expert is repeated and the trainer then speaks on Why, How and What (10 minutes)

- † Why should the risk be communicated?
- † How should the risk be communicated?
- † What should we do to communicate to everyone ways to protect oneself from the risk?

Reinforcement: In what ways can we make a difference?



Exercise 1:

WHY

Time: 15 to 20 minutes

Show Flash Card on Why (See Annexure 1)

WHY

- ‡ We all need to protect ourselves.
- ‡ Individually and collectively, we must not allow the virus to enter our body.
- ‡ We will all be 'chowkidars' (guards) and not allow the 'chors (the thief) or the virus' to catch us.
- ‡ Any other (encourage participants to come up with more reasons)



An open discussion is held on which of these needs or all of them need to be communicated.

- ‡ When we use terms like 'all' need to protect ourselves, who are the 'all' we think about?
- ‡ Is it mera parivar (my family), mera basti ya mera block or lane (my slum, my block or my lane)?
- ‡ Why "why" is the most important question to ask if we have to be sensitive about the audiences we are addressing or reaching out to.



PARTICIPANT'S RESPONSE ON WHY WE NEED TO PROTECT OURSELVES

14

Bhubaneswar

All participants say in unison: "It should be done both individually and collectively. **But doing it collectively is more important."**

"We are aware about social distancing and the need to stay at home and not to step out of the house unless required."

Nagendra Bahalia, member, Slum Development Committee (SDC), Suka Bihar: "All our lives we have not used a mask, so it is difficult to breathe while wearing it. But it has to become a habit now."

Deepak Kumar Behera, member, Youth Club, Suka Bihar: "Through those who are making masks, we can reach out to other people and make them aware about the importance of their use. Young people in the mohallas/colonies can be mobilized to create awareness."

The message was clear and lucid:

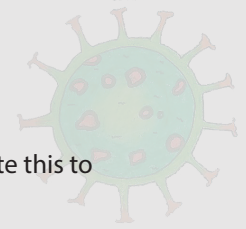
- † The challenge of the virus is bigger than all the unusual things we have never done or the inconvenience we are facing.
- † Take the Problem Seriously, Stop it Together; Rise above Self and Inconvenience

Jaipur

Om Prakash, Slum Development Committee (SDC): "We need to communicate because the pandemic has no cure, it is la-illaj. It will not infect one person but will spread among others also."

Seeta, Community Management Committee, Swami Basti: There is no cure or vaccine but only prevention.





Exercise: 2

When participants agree that “we” need to protect ourselves, they are asked who would they communicate this to within the community? How will they convince others about ‘Why’?

Jaipur

Anam, Youth member: “We do not know how long we need to fight. So, it is better to start the fight against this virus now.”

Suman, CMC, RIICO: “This is not one person’s fight or issue, we need to see this as a common problem and we need to work together as a collective to stop this burglar (chor) into our house.”

What would be the medium/form of communication and what is the best way to message to people on why we must together fight the virus?



How will they communicate if the audience is a young person, elderly, child, person with disability, men, women, sanitation worker, health worker, etc? Which point or argument will suit them?

They are made to think of everyone around them, especially those they have no control over. The aim is to deepen their conviction about reaching out to everyone and also why there is no one-size-fits-all.

The Trainer asks them:

- ✦ Who is the easiest person to communicate with and why?
- ✦ Who is most difficult person to communicate with?

Jaipur

Pushpa, Single Window Forum, Patel Nagar: “The easiest people to communicate with are our families and our neighbours in the settlement.”

They are then asked to think of the medium to communicate:

- ✦ Song
- ✦ Poem
- ✦ Small skit or mime
- ✦ Drawing
- ✦ Rangoli
- ✦ Wall painting
- ✦ Audio-Visuals through mobile phones



A matrix (see below) is then given to them to fill in to make them think about issues

Audience	Message	Medium	Time	
Men	Don't go outside unnecessarily	Mobile or Social media messaging	Any time/always	Keep distance in public places
Women	Keep the room clean and make children aware	SHG group and health workers	During their leisure time when they complete house work	Aware to all through songs
Trans person	Safe stay at home	Dance and folk media	Any time	
Person with disability	Stay at home with care giver or family member and obey to govt order	Social activist or NGO workers. Survey the PWD people	Any time	
Elderly	Stay at home and take care to your health and body	Govt health worker	Find out their leisure time	
Sanitation worker	Always use Mask and globes	Proper training by Municipality or Leaflet	After they return home from work	Essential service and facilities should be provided by Govt
Healthcare worker	Maintain distance always, Use mask, globes, sanitizer. After returning home, wash your clothes with hot water	Follow govt orders and rules	Alert 24x7 and help others	Know the disease and its symptoms and counseling to others
Children	Stay safe at home	Stories and songs	Every day through their guardian/parents	

Session: 2

HOW SHOULD WE COMMUNICATE THE RISK?

The trainer discusses on how the risk travels – 15 minutes

FLASH CARDS ON HOW TO COMMUNICATE ROUTES OF TRANSMISSION ARE SHOWN

(See Annexure 2)

From

- ✦ Air
- ✦ Surface
- ✦ Clothes
- ✦ Objects

Medium

- ✦ Hand

Via

- ✦ Mouth
- ✦ Nose
- ✦ Eyes

To

- ✦ Body through throat and then to lungs



Facilitation

Trainer speaks on “How” we should communicate the risk to others.

S/he says that the virus travels from one person to the other, so everyone is at risk, and asks the participants: Does this not mean that some will be more at risk? Who are they and Why?

Who

- ✦ Elderly
- ✦ Those with co-morbid conditions
- ✦ Pregnant women
- ✦ Health workers
- ✦ Sanitation workers
- ✦ Children
- ✦ People with disability
- ✦ Trans-people



Why

- ✦ Low immunity of elderly, children, pregnant women, those with hypertension, diabetes and heart disease
- ✦ Exposure to virus because of work (health and sanitation workers)

How should we communicate this different levels or degrees of risk?

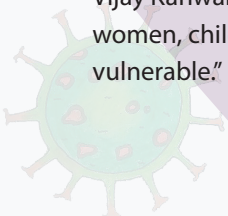
Jaipur

Shakuntala, Single Window Forum, RICCO Basti: "In our basti, some people know how we can get infected and how we can keep safe. But most of us are not well-equipped with information and somehow cannot reach everyone because we do not have the proper medium or means to communicate what we want to share."

The participants are asked to list out:

- ✦ Who is less at risk,
- ✦ Somewhat at risk,
- ✦ More at risk (For example she is old, diabetic and living in a small 8x8 room).

Vijay Kanwar, Single window Forum Member, Transport Nagar: "If the settlement is safe then we are safe. Elderly, women, children are more at risk, so that is why we need to communicate with them first as they are the most vulnerable."



The facilitator asks participants what should be the essential steps we need to communicate:

- ✦ How is it a risk to individuals?

Jaipur

“COVID-19 is affecting us not only physically but also mentally and causing psychological damage. People are losing their work, migrants are suffering to go back to their homes, poor are anxious for food. So, we need to keep all this in mind and reach out to people sensitively with our support.”

Sheela, Baba Ramdev Naga

- ‡ To family
- ‡ To community
- ‡ To those with low immunity

The trainer once again brings into focus the common challenges or problem.

Let us understand that whether we are young or old, man, women, trans-people, whether we had the virus or not, whether we are a doctor or patient or caregiver, we all have a common problem or enemy now — the COVID-19 virus.

- ✦ YES/NO
- ✦ Do you recognize the problem?
- ✦ If yes, can we organize the basti and community to address the common challenge?
- ✦ Have we done it already?
- ✦ What if the virus still spreads?
 - ‡ Can we unite and fight?
 - ‡ Can we guard against the challenge every moment?

How to guard?

The trainer stresses on the need to think of more ways of communicating



people that everyone has to recognize the challenge, take steps, unite with others to fight it and then together guard all.

- ✦ Individually
- ✦ Do it together with community to develop a local response system:
 - ‡ By forming support groups for people of different age groups and gender, and people with disability. Train them separately,
 - ‡ Take the support of ASHAs and anganwadi workers,
 - ‡ Seek support from teachers of schools nearby to educate children as well as adults,
 - ‡ Train Corona warriors in each lane, galli, mohalla, basti who can monitor and facilitate the support required,
 - ‡ Ask for socio-psychological support from councilors.

Session: 3

HERE THE TRAINER MOVES FROM CONVINCING ONESELF TO PLANNING FOR OTHERS

Communicates Key Messages- 20 minutes

Explains to the participants the route of transmission

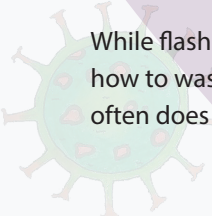
From..... Medium.....Via..... To

FLASH CARDS (See Annexure 3) ARE SHOWN ON WHAT TO COMMUNICATE TO PROTECT AGAINST THE VIRUS

We need to protect ourselves and others to break the Coronavirus chain by:

- ✦ Using masks
- ✦ Maintaining social distance
- ✦ Washing hands regularly

While flash cards are shown and discussions are held on the above points, live demonstrations are done to explain how to wash hands properly, how to wear the mask and keep physical distance from others. The community, which often does not have access to tap water, is taught how to clean all parts of the hands for 20 seconds while someone



pours water with a mug from a bucket. Likewise, it is also shown to them how to keep the face covered in case they do not have access to a mask (by using gamchhas or dupatta in three layers) and how to make a three-layered cloth mask. They are told it should fit well enough to keep the nose and mouth covered and the way to do it is demonstrated. They are shown how to keep social distance (do gaaz ki doori or six feet distance) at a market place (ration shop), public water tap facility and toilets.



Discussion: Can the risk be communicated?

- ✦ Yes
- ✦ No
- ✦ Is it challenging, why and how?



Participant's Response

Bhubaneswar

The participants responded that besides the use of sanitizers and washing one's hands, not touching the face, not spitting, keeping the toilets clean (both home and community toilets) and using phenyl to sanitize the toilets and common areas are also measures that can be taken to protect oneself against the virus.

The participants were clear on how to communicate on self-protection:

- † Use Mask
- † Keep Toilets Clean
- † Do not Spit
- † Eat Fresh and Nutritious Food
- † Build Immunity





The participants also came up with ideas to improve and change behavior and alternatives for hand sanitizers:

- ‡ One suggested use of neem, haldi, tusli and aloe vera gel as an alternative for sanitizers
- ‡ Another said “It is women in the family who can guide other family members, so they need to be more alert. Today, they even went to purchase vegetables which was not the practice earlier, so they should be made aware first and also can be the best medium to create awareness in the family (for the children, men and elderly) and outsiders too.”
- ‡ Increase awareness on home quarantine by visiting every house where someone has come from outside.

There was a request to learn more about home quarantine and to overcome opposition from neighbours. Some participants were discouraged by the community attitude. They shared that it was difficult to change social behaviour among men.

A participant from Ward 65-66 said that the area has a population of 60,000 but there is no quarantine centre. Appeals made by ASHAs and Anganwadi workers are not being heard by people and even police are unable to help.

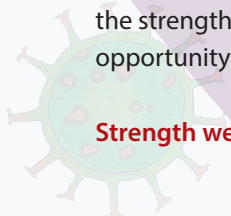
All these issues were deliberated on and discussed. Social behavioural change communication as opposed to only behaviour change communication came into focus. They were asked to profile effective ANMs, ASHAs, Male Role Models and Influencers and use story-telling formats, including skits to communicate to the more difficult audience.

Another participant expressed concern that as tests were conducted eight days after symptoms appear, there were chances of others getting infected. There was a discussion with the health expert on the precautions to be taken. The session ended with a recap on everything the session had covered.

Brainstorming on strengths, weaknesses and opportunities

As the participants had concerns about the obstacles they were facing, the discussion moved towards understanding the strengths/weakness/opportunities and challenges. The challenges/barriers were many but what to one is an opportunity is a challenge for the other.

Strength weakness, opportunities (See Annexure 5)



FILL AND SHOW THE PARICIPANTS

WHAT THEY HAVE IDENTIFIED AND CATEGORIZED

From brainstorming the idea to selection of key ideas on what to do:

Based on the checklist, each trainee decides what to do they are most convinced about or what they think most possible and can lead from the front. Select any one or few of them or all the precautionary steps that each trainee wants to focus on

The steps:

- a) Telling people how to protect oneself and others from infections
- b) How to properly wash hands for 20 seconds
- c) Wearing masks
- d) Self-quarantine and social distancing
- e) Avoiding crowded places

THE FLASH CARD ON WHAT TO COMMUNCATO TO PROTECT AGAINST THE VIRUS IS SHOWN AGAIN TO THEM

(See Annexure 3)



This prepares them to be the protagonists for change

HOW TO ADDRESS BARRIERS

Participants determine what the biggest barriers are from the check-list. They then decide how to communicate to people who find it difficult to take precautions, and what opportunities they can use to tackle challenges or resistance.

They decide

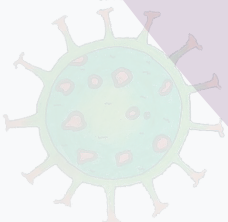
How do they want to resolve the difficulties or address the barriers?

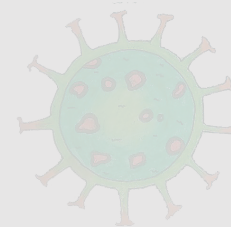
Do they want to —

- a) Counsel the person/family/group;
- b) Write to the Municipal Corporation and use a feedback App to get better services; c) Seek assistance of others including the media;
- d) Mobilize the leaders in the slum to deal with negative persons or characters in the slum;
- e) Any others

SHOW THE FLASH CARDS ON ADDRESSING BARRIERS

(See Annexure 6)





WRITE WHAT THEY SAY

HELP THEM TO DECIDE WHAT WILL WORK FOR THEM

This exercise will tell you

- ‡ Who is most affected by the present crisis and requires support

"In our settlement, there are many women who roll wool, and they need to work to feed their families. They work outside their houses and we believe that they are at most risk. How do we approach them and what can we tell them?"

Drapadi Devi, Rajeev Nagar

- ‡ The kind of service shortfalls faced by the community

Jaipur

"There are two things to address here. One is social distancing and the other is using of masks and adherence to hand-washing. Children play in the streets and youth just go anywhere. Community toilets are used by most of the people but they are not well-maintained. People spit on the roads, and in the community toilets. These are risks which we are not able to address."

Sunny, Valmiki Colony

- ‡ What are their expectations from and reservations about local leaders and external stakeholders?
- ‡ What do they think is not resolvable?

Jaipur

Sanju Rana, Male Member, Brajralpura: "Most of the people in our settlement do not follow social distancing as they live in small homes and space is a constraint. In this case we need to think on how to strengthen prevention for them."

Jaipur

Along with prevention, we also should talk of treatment. What are the options available for poor people if they get infected? Asha and MAS workers can educate the community on this.

Move to the creative session- 30 minutes

On this first exercise the trainer tells them on how to create a parcha/leaflet on the precaution

Go over:

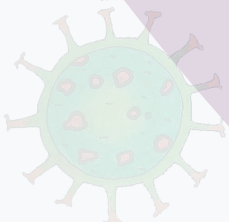
- † Why is it a risk?
- † How are you at risk?
- † What to do to protect self from the risk?

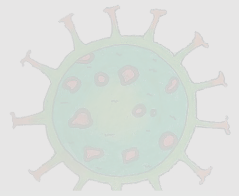


How We Can Make a Difference

Homework- Develop their creativity

Give them photographs, drawings they can copy, slogans they can adapt and stories they can improve and strengthen





COVID-19 SONG

କୋରୋନା ହାତୁଡ଼ି କଥାଟା ଭୋକି ହୁଅ.
 ନିଜେ ସଙ୍ଗେଇ ଉଠିବା ଭୋକି ହୁଅ.
 ତୁମେ ଦୋହରା ଫୁଲ୍ ବିଚାରାଣୀ
 ତଳ ମାଟିକୁ କରେଇ ଉଠିବ।
 ଭରଣ ନ ଥିଲେ ଗାତାକୁ ନିଜା
 ସାଧାରୀ ହାତ ସାଜି ଚିକିତ୍ସା ଦେବି ହୁଅ।
 ବାହାରୁ ଆସି ସାଧା ପୁଅକୁ କରା ଧରଣ।
 ସୁନାକୁ ପୁଅକୁ କରା ଉପାସ।
 ମାନବ ଜଗତ ଭେଦେ ଧରଣ ଭୋକି ହୁଅ।
 " ଲୁହୁହୁହୁ " ତମେ ସଦା କି ବିଶ୍ୱ ଦୁଃଖି
 ଶୈଶିକା ଭେଦେ ଗୋକିଷ୍ଟ ଗାତୁଅ, ସିଦ୍ଧାନ୍ତ କରି
 କୋରୋନାକୁ ଉପରା ନିଜେ ସଙ୍ଗେଇ ହୁଅ
 କିଛି ତମ ଉପେ କଥାଟା ଭୁଲିବ ପରିଣା ଦେବି ହୁଅ।
 ନିଜେ ବାହାର କଥାଟା ଭୋକି ହୁଅ
 ପିଲା ଚାଲିଲେ ଗୋଲ୍ ପରିଲେ କରୁ ତମ କାମ୍ପ ହୁଅ।
 ଧୋବାକୁ ଜିନାକକୁ ମୋଜ କରୁଲେ ଧରଣାକିଲେ
 କୋରୋନାକୁ ନ ଥିବ ଶୁଭ୍ ଆହୁଣ୍ଡି ତମ ଗଲେ ହୁଅ।
 କୋରୋ ବାହାର କଥା ହୋ ଭୋକି ହୁଅ
 ନିଜେ ସଙ୍ଗେଇ ଉଠିବା ଭୋକି ହୁଅ।
 ତାମିକା ମାତ୍ର ମାଧୁକା ଭୋକି ସୁଖ ଆଗା ରହିବା
 କାଣ, ଭୂମି, ଧରଣ ଭେଦେ ଗାତୁଅ ଦେଖାହୁଅ।
 କେଉଁ ଉଠିବା ଶୁଭ୍ ଗାତରେ ନ ଥିବ କଥାଟା ଭୁଲୁ
 କୋରୋନା ବାହାର କଥାଟା ଭୋକି ହୁଅ।
 ନିଜେ ସଙ୍ଗେଇ ଉଠିବା ଭୋକି ହୁଅ।

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CORONAVIRUS AWARENESS
 DRAWING BY-SANJUKTA SAHU
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 SUKABHAR



ANNEXURES

Annexure 1: Flash Card on Why- 1

WHY TO COMMUNICATE THE RISK

WHY?

**We all
need to protect
ourselves**

WHY TO COMMUNICATE THE RISK

WHY?

**Individually
and collectively
not allow the
virus
to enter our
body**

WHY TO COMMUNICATE THE RISK

WHY?

**We will all be
'chowkidar'
and not allow
the 'chor or
virus' to catch
us**

Annexure 2: Flash Card on How to Communicate Route of Transmission-2

HOW SHOULD WE COMMUNICATE THE RISK

TRANSMIT FROM

**Air
Surface
Clothes
Objects**

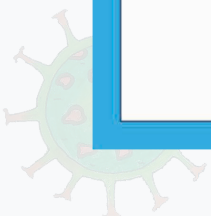
HOW SHOULD WE COMMUNICATE THE RISK

**Medium
Hand**

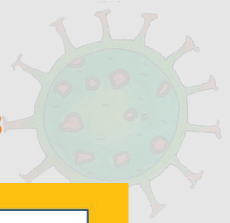
**Via
Mouth,
Nose, Eyes**

HOW SHOULD WE COMMUNICATE THE RISK

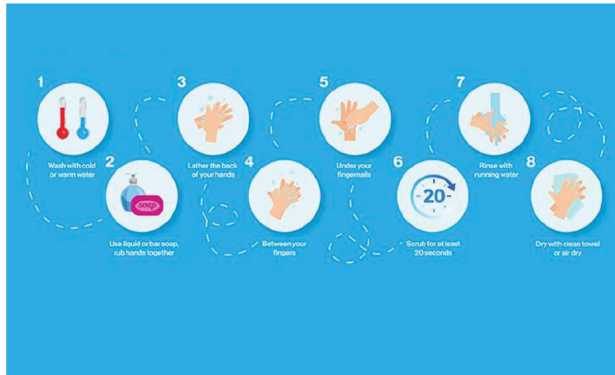
**To
Body
through
throat
and then to
lungs**



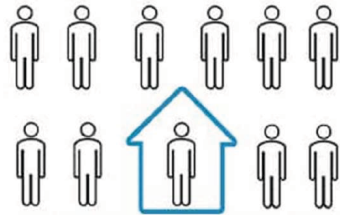
ANNEXURE 3: Flash Card on What to Communicate to Protect Against Virus- 3



HOW TO WASH YOUR HANDS PROPERLY FOR 20 SECONDS



Place the mask over your nose, mouth and chin



**STAY AT HOME
IN SELF-QUARANTINE AND
SOCIAL DISTANCING**



**STAY AWAY
FROM CROWDED PLACES**

ANNEXURE 4: Matrix

Audience	Message	Medium	Timing	Other
Men				
Women				
Transperson				
Person with disability				
Elderly				
Sanitation worker				
Healthcare worker				
Children				

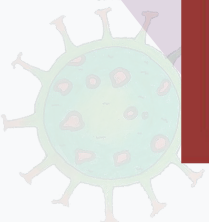
ANNEXURE 5: Strength Weakness Opportunities

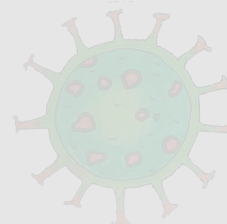
Strength

**Fighting a common enemy,
Preventives are common to all**

Weakness

**Restrictions:
Physical bonding,
community interactions**





Challenges

**Livelihood
Using common
resources:
Community
toilets, drinking
water**

Opportunities

**Community
bonding,
collectivization,
availability of all**

ANNEXURE 6: Flash Cards on Addressing Barriers

HOW TO ADDRESS BARRIERS

**Counsel
the person/
family/group**

HOW TO ADDRESS BARRIERS

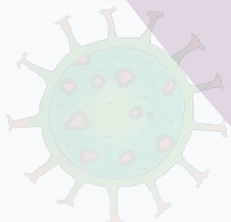
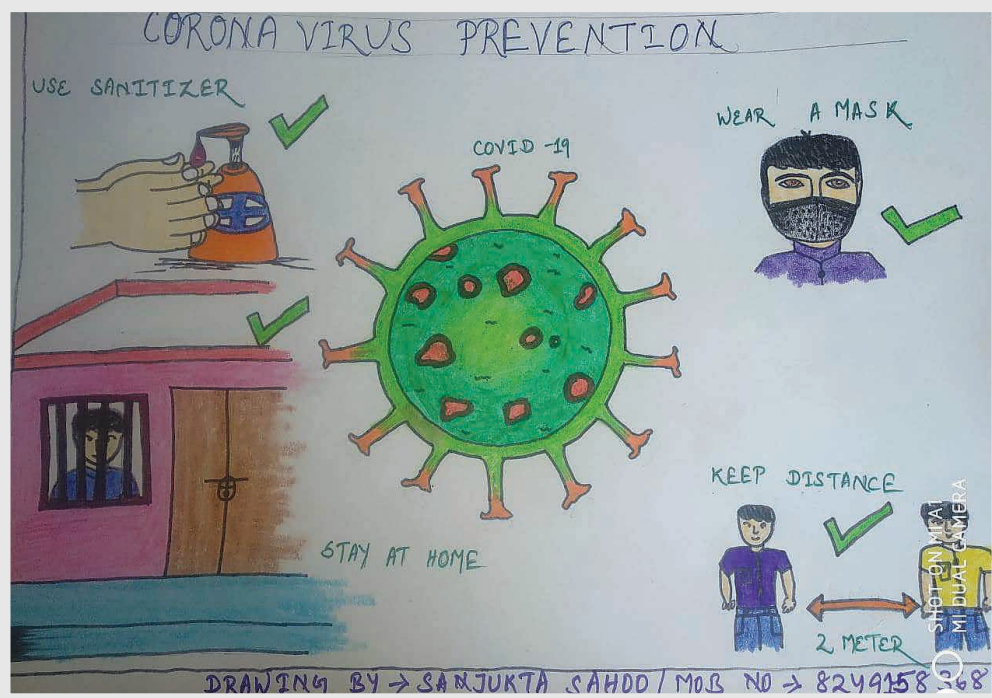
**Write to BMC
and use
feedback App
to get
better services**

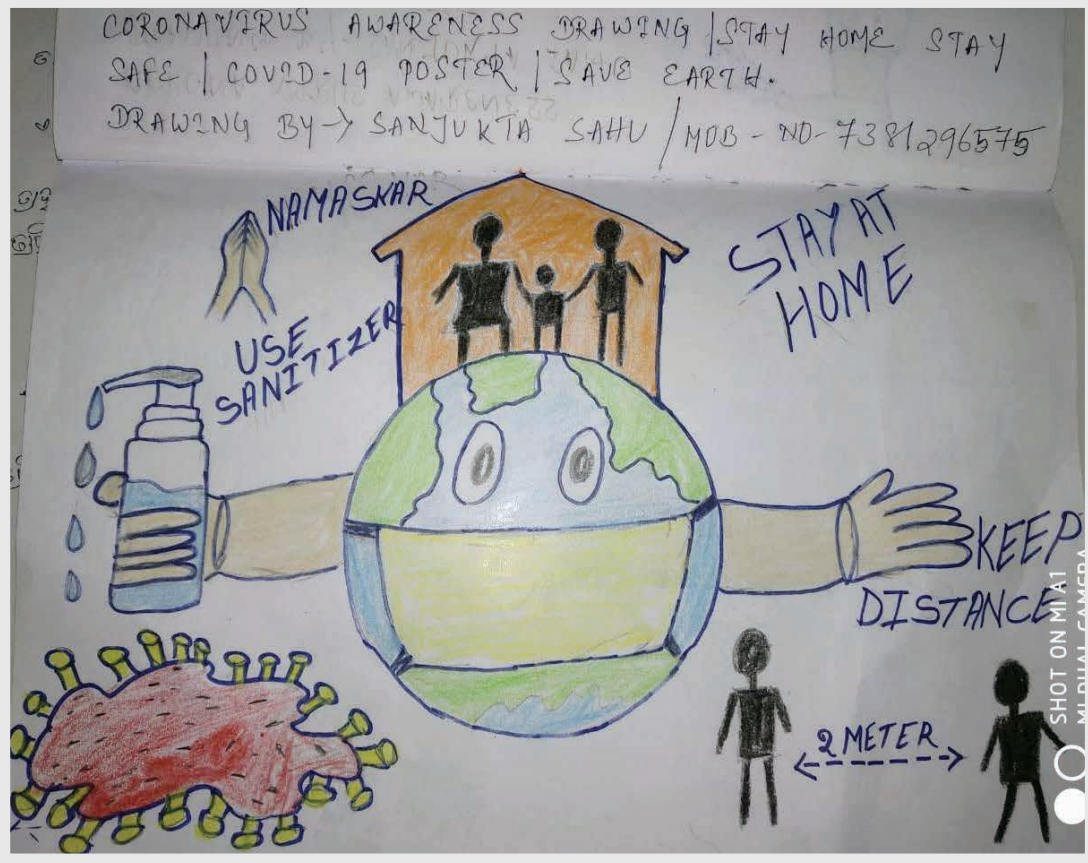
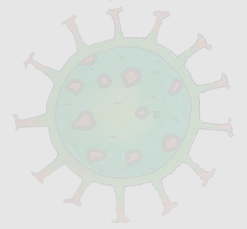
HOW TO ADDRESS BARRIERS

**Seek assistance
of others
including the media**

HOW TO ADDRESS BARRIERS

**Mobilize the leaders
in the slum to
deal with
negative persons or
characters in the slum**







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Research**

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