

COVID-19

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

**A Compilation of Good Practices from
Uttar Pradesh and Bihar**



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C4D, in synergy with the Communication, Advocacy and Partnership programme, contributes to the programme results of Health, Nutrition, Water, Sanitation and Hygiene, Education, Child Protection and Disaster Risk Reduction programmes in India, complementing efforts for the attainment of the India Country Office results

UNICEF acknowledges support of BMGF for COVID-19 RCCE in Bihar and Uttar Pradesh

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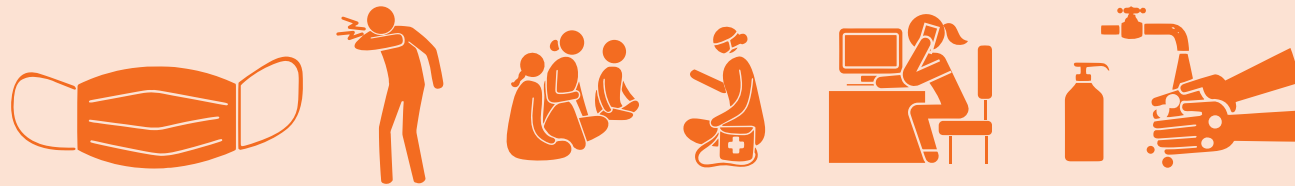
A Compilation of Good Practices from Uttar Pradesh and Bihar

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List of abbreviations

ASHA	:	Accredited Social Health Activist	NGO	:	Non-Governmental Organisation
AWW	:	Anganwadi Worker	NSS	:	National Service Scheme
BCC	:	Behaviour Change Communication	PHFI	:	Public Health Foundation of India
BIFC	:	Bihar Inter-Faith Forum for Children	PSA	:	Public Service Announcement
CBO	:	Community-based Organisation	RCCE	:	Risk Communication and Community Engagement
CSO	:	Civil Society Organisation	SHG	:	Self-Help Group
CWSN	:	Children with Special Needs	SMNet	:	Social Mobilisation Network
DTM	:	District Training Manager	UDISE	:	Unified District Information System for Education
FBO	:	Faith-based Organisation	UNHCR	:	United Nations High Commissioner for Refugees
ICDS	:	Integrated Child Development Services	UPSRLM	:	Uttar Pradesh State Rural Livelihoods Mission
IPC	:	Interpersonal Communication	WADA	:	Women Activists for Development Action
MoHFW	:	Ministry of Health and Family Welfare	WHO	:	World Health Organization

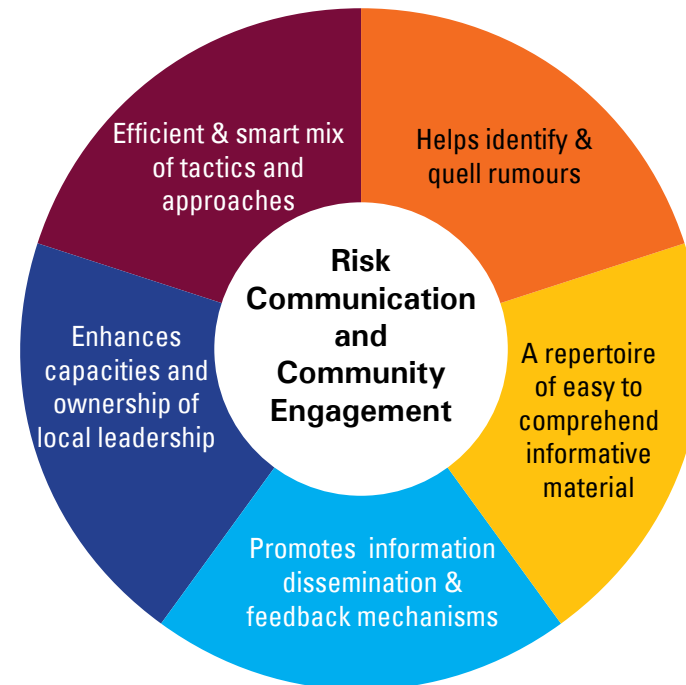


Introduction

What is Risk Communication and Community Engagement

During public health emergencies, people need to know what health risks they face, and what actions they can take to protect their health and lives. Risk Communication and Community Engagement (RCCE) is about accurate information provided early, often, and in languages and channels that people understand, trust and use. It enables individuals and communities to make choices and take actions to protect themselves, their families and communities from life-threatening health hazards.¹

In the context of COVID-19, RCCE is the transmission of accurate information on issues, on time, to enable the community members to make informed decisions to protect themselves and their families by adopting and maintaining COVID-appropriate behaviours.



¹ WHO. Communicating Risk in Public Health Emergencies. 10 January 2018.

This communication is done in suitable languages, formats and media that are relevant, applicable and accessible to all groups in the community, including the most marginalised and vulnerable populations.²

Why is RCCE critical?

For COVID-19, it is critical to communicate the known as well as the unknown aspects of the disease, steps being taken to alleviate the crisis, and the actions that need to be taken by individuals and community at large to contain the spread of virus.³

Regular and proactive communication and engagement with the public and at-risk populations can help alleviate confusion and avoid misunderstandings. RCCE helps inform people and makes them understand the health risks that they face. Effective RCCE helps transform complex scientific knowledge into simple, understandable and accessible information that is trustworthy.

UNICEF India and COVID-19 RCCE

UNICEF is working with the World Health Organization (WHO) and partners, under the leadership of the Ministry of Health and Family Welfare (MoHFW), Government of India, for a coordinated multi-sectoral response to protect the children, women and communities from exposure to the novel coronavirus and its impact.

RCCE for COVID-19 is one of UNICEF's priority areas to share information and advice among communities, mitigate rumours,

² UNHCR. Risk Communication and Community Engagement (RCCE) – COVID-19. Version: 21 March 2020.

³ WHO. COVID-19 Strategic Preparedness and Response Plan – Operational Planning Guidelines to Support Country Preparedness and Response. 12 February 2020.

effectively involve communities in response to the pandemic, and inform decision-making related to personal risk.

Through its efforts, UNICEF aims to increase awareness, knowledge and understanding on preparedness and response practices against COVID-19 disease in order to reduce its impact on general public, including children and women, by encouraging the communities to adopt and maintain COVID-appropriate behaviours, and enabling them to build their resilience.

UNICEF India's key RCCE strategies and interventions for COVID-19

Development of national and state-specific RCCE communication strategies.

Development of a message matrix to be standardised, contextualised and reiterated for delivery.

Layering COVID-appropriate messages with COVID-sensitive messaging.

Production of communication and capacity building material.

Capacity building of state and district level health workers, civil society organisations (CSOs), community based organisations (CBOs), youth volunteers and other stakeholders to ensure effective response.

Social mobilisation through frontline workers and other community platforms.

Digital media engagement alongside community media like radio.

COVID-19 RCCE initiatives in Bihar and Uttar Pradesh

Uttar Pradesh and Bihar are two of the most populous states in the country, with similar challenges. Both the states have seen a spurt in COVID-19 cases with the return of migrant population and challenges related to the containment of virus.

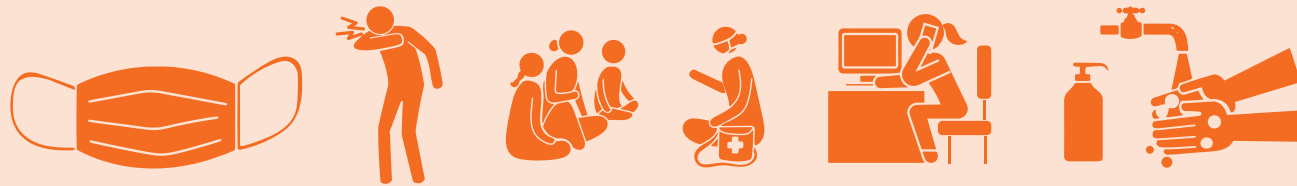
Their COVID-19 RCCE strategies have brought adequate focus on: exploring the power of media by using mass, mid, local and social media effectively; building COVID-19 champions through capacity building for message dissemination and counselling; mobilising community influencers and gatekeepers; and finding innovative ways to keep interpersonal communication (IPC) alive in the midst of restricted movement.

As part of these efforts, both the states have undertaken several initiatives, of which some have emerged as good practices that merit dissemination and have the potential for replication.

This good practices compendium is a compilation of six such initiatives – two from Bihar and four from Uttar Pradesh.

UNICEF would like to acknowledge all the donors and partners, who have helped sustain these initiatives. UNICEF would also like to thank Bill and Melinda Gates Foundation for their invaluable support in both the states.

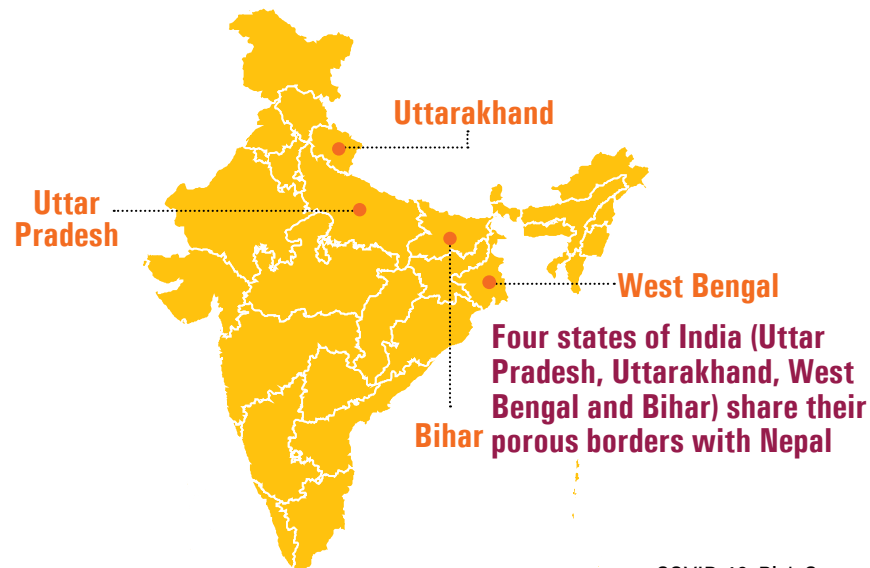




South-South Cooperation for widespread COVID-19 messaging

Four states of India (Uttar Pradesh, Uttarakhand, West Bengal and Bihar) share their porous borders with Nepal. As many as 30 blocks in seven districts of Bihar adjoin a large area of Province 2 of Nepal (South-Eastern region). With no need for a visa or passport, thousands of Indian and Nepali nationals cross these borders through multiple transit and checkpoints every day. Since the borders are unmanned at some places, a proportion of the population crossing over is neither registered nor checked, at any given point of time.

The onset of COVID-19 pandemic made it imperative to reach this crucial population from both sides with preventive messaging. Thus, in early March, during the COVID pre-lockdown phase, UNICEF Bihar Field Office reached out to the UNICEF Nepal Country Office to explore the scope of collaboration for COVID-related content development. The cultural and behavioural contexts are similar on both sides of the border between Bihar and Nepal. People crossing over speak Maithili, Bhojpur and Nepali.



This collaborative effort focused on developing behaviour change package on COVID-19 for cross border dissemination. This comprised print material and audio Public Service Announcements (PSAs). Through a collective exercise, messaging was developed in all three languages. Both the offices shared print material and PSAs with each other.

UNICEF Nepal Country Office helped in refining and translating Nepali content for the print material and audio PSAs. With their inputs, the content was made simple, colloquial and contextual. This also ensured accuracy in translations and alignment of the content with the advisories and guidelines of Nepal.

"This is the first time we have undertaken such a cooperative initiative. It helped, especially, in giving information to the people who crossover from Nepal to Bihar and vice versa, in the Province 2 terai region. Since there is a cross-culture, most of these people have a family or relations on both sides of the border. Therefore, these PSAs made them feel comfortable that they know about the services available in India, as well as, Nepal. Also, due to the collaborative effort the messaging was congruous and uniform."

Sanju Bhattarai,
Communication for Development Specialist, UNICEF Nepal

Due to the restrictions imposed during lockdown, UNICEF Nepal could use the print material to a very limited extent. They relied on using PSAs in all three languages in the Province 2 areas bordering Bihar. Alongside radio, miking was undertaken to ensure a larger listener base and reach non-listeners of radio.

UNICEF Bihar consortium partners helped in further disseminating and amplifying these materials through social media and continued miking in their respective programmatic areas, so that all migrants coming

back to their respective villages would get the correct messages on prevention and precautions against COVID-19, upon arrival.

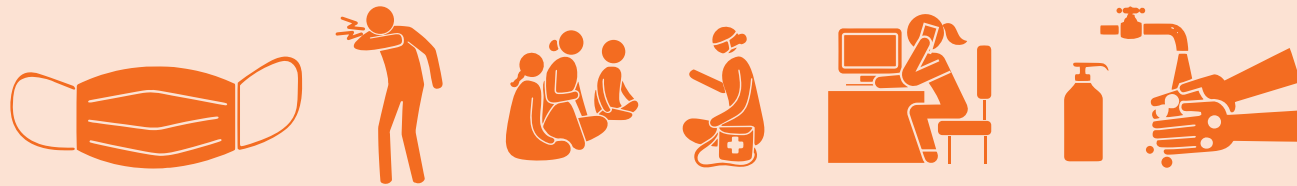
The State Health Society Bihar (SHSB) shared these materials with the District Magistrates as well as the Civil Surgeons of each district across the state for further dissemination and amplification, especially at all transit and transportation points (bus stands and railway stations).

These collaterals have also been posted on the SHSB website for further dissemination and use by interested parties. Bihar State Disaster Management Authority sent a directive to all its personnel across the state to use these materials, especially the audio PSAs in local dialects, at all the border and transit points for Nepal, Uttar Pradesh and West Bengal.

"This was a fruitful collaborative effort between UNICEF Bihar Field Office and UNICEF Nepal Country Office. It gave a chance to the travelers as well as the cross-border residents to understand the information on the available services in their native tongue. This collaboration also helped in maintaining the uniformity of the messaging as per the government issued guidelines for both the countries. The approved communication material has been rolled out in Bihar in a cascade mode, with the help of Bihar State Health Society as well as Bihar State Disaster Management Authority."

Soniya Menon,
Communication for Development Officer, UNICEF Bihar

This South-South Cooperation initiative was the first of its kind and showcases how boundaries were transcended to benefit the communities at large on both sides of the border.



Partnering with faith-based leaders to support COVID-19 appropriate behaviours

Background

Three years ago, in 2017, UNICEF created Bihar Inter-Faith Forum for Children (BIFC), a platform for faith leaders and faith-based organisations (FBOs), to work collaboratively to promote and protect children's rights and well-being. This forum includes a wide representation of key faith and spiritual leaders from major faiths (Hindu, Muslim, Christian, Sikh, Jain and Buddhism) and spiritual organisations (Brahma Kumaris, The Art of Living). They are committed to work together towards creating a state where children are safe, healthy, well nourished, protected and enabled to achieve their potential.

At present, 22 faith leaders and FBOs are members of BIFC at the state level who support and participate in the initiatives undertaken by BIFC and UNICEF. Around 40 faith leaders and FBOs from four districts (Gaya, Purnia, Sitamarhi and Sheikhpura) are also connected through WhatsApp.

UNICEF provides technical support to BIFC through organising orientations, training and activities as well as creating, customising and disseminating appropriate messages and communication materials on key children-related issues.

BIFC support during COVID-19 – Leading by example

Taking forward their commitment, the BIFC members came together to support and promote COVID-appropriate and COVID-sensitive behaviours among their followers and community members. They have proactively worked towards speaking on: the importance of handwashing with soap; respiratory hygiene; social distancing; following lockdown guidelines; taking special care for women, children and the marginalised; building positivity, compassion, solidarity, inner strength and hope; fighting stigma; and reaching out to people in need.

“A unique aspect of the initiative is weaving together scientific messages with faith-based messages, which strike a chord among different communities.”

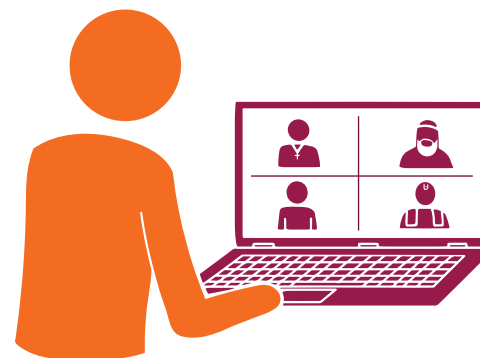
Nipurnh Gupta,
Communication Specialist, UNICEF Bihar

The faith leaders have led by example, demonstrating their leadership by following the safety and physical distancing protocols themselves. They did not hold any activities at their premises during lockdown and continuously appealed to their followers, through direct messages, media and social media, to stay at home.

Despite lack of access to professional support during the lockdown, the faith leaders recorded video appeals on their mobile phones and urged their followers to adhere to lockdown guidelines and other COVID-relevant preventive behaviours. UNICEF Bihar provided support in editing and packaging these messages, and the messages were disseminated widely through mobiles and social media.

Virtual meetings and webinars to build awareness on COVID-19

UNICEF officials explained to the faith leaders all aspects of COVID-19, including health, nutrition, water and sanitation, education and child protection, and RCCE. Faith leaders were informed about the initiatives being undertaken by the state government and UNICEF. In unison with the perspectives of the government and UNICEF, the faith



On 23 April 2020, for the first time, UNICEF, BIFC and Vikasaarth Trust, a CSO partner, brought together 25 faith and spiritual leaders from Patna and a few other districts on an online platform for a virtual meeting.

leaders issued a joint appeal for public to undertake precautions during Ramadan, Eid and Janmashtami.

They recorded messages, interviews and appeals, which were regularly disseminated through different mainstream and social media channels, especially before key festivals and gatherings such as Easter, Navratri, Ramzan, Eid, Bakrid and Janmashtami.

Some prominent Muslim leaders supported UNICEF in co-creating the content for Ramadan. This plan was developed by COVID behaviour change communication (BCC) group, which comprised of five development partners. They provided content, helped in pre-testing the social media communication material and shared the material via their groups.

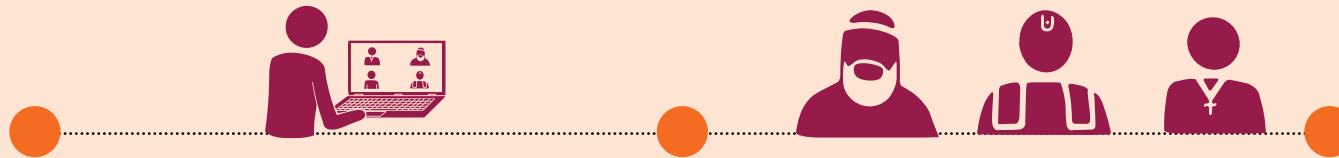
During the webinar, organised on June 4, 2020, faith leaders highlighted the need to work together and their shared

UNICEF, WHO, SPHERE India and BIFC organised a webinar where faith leaders appealed to the larger public to fight against stigma and discrimination resulting from COVID-19.

responsibility towards allaying fear and addressing anxiety, stigma and discrimination. They appealed to their communities to honour and not stigmatise COVID-19 warriors, i.e., health workers, frontline workers, sanitation staff, those affected by COVID-19 and their caregivers, and returning migrant populations. The webinar had active participation of 108 prominent faith leaders, FBOs and civil society members from Bihar.

Downstream dissemination of COVID-relevant messaging by the Faith Leaders of BIFC through multiple platforms

Several initiatives were undertaken by BIFC members, individually and jointly, through appeals, social media and online platforms to carry the messages forward among their communities and followers.



Gamut of webinars organised

- Brahma Kumaris organised many webinars focused on building inner strength, mental health and positivity, and fighting stigma and discrimination among children, educationists, medical practitioners, media and bureaucrats.
- Several Eid, Ramzan and Janmashtami related webinars were organised.

Appeals made to

- Take precautions while opening religious places, celebrate festivals at home, pray at home and not assemble at religious places.
- Bring focus on menstrual hygiene for girls and break the culture of silence: On World Menstrual Health Day (May 28, 2020), some faith leaders brought attention to the UNICEF #RedDotChallenge campaign which stressed that menstrual hygiene issues have not come to a halt during the COVID pandemic.
- Promote breastfeeding during the World Breastfeeding Week.

Faith leaders used their own Facebook pages and the BIFC Facebook page and WhatsApp groups for dissemination of messages

- In May 2020, the faith leaders of BIFC issued a joint appeal and requested people to adhere to the government guidelines.
- They went live on Facebook to speak on communal harmony and actively used their own platforms to disseminate social distancing messages.
- Videos were uploaded by faith leaders on COVID-19 information and promotion of COVID-19 related behaviours.

On the occasion of Eid ul-Adha, heads and members of religious organisations reached out to their community through BIFC. Hazrat Sayeed Shah Shamimuddin (Khanqah Munemia), Hazi S M Sanaullah (Edara-e-Sharia), Maulana Anisur Rahman (All India Milli Council), Md. Rizwan Ahmad (Jamaat-e-Islami Hind) and other members of the BIFC greeted everyone and advised them to maintain social distance, wash their hands frequently and wear a mask while celebrating the festival.

BIFC members Dr Ashok Kumar from Gayatri Parivar, Acharya Sudarshan ji Maharaj from Atma Kalyan Kendra and Rajyogita Sister Sangita and Sister B K Jyoti from Brahma Kumaris Ishwariya Vishwa Vidyalaya appealed to the public to celebrate Krishna Janmashtami at home and refrain from organising social events such as *dahi handi*.

Distribution of ration and relief material among the needy and advocacy with government

A few FBO members of BIFC are actively involved in distributing ration and relief materials to the needy, including migrants. In their interactions with UNICEF as well as with policy makers, they have flagged issues related to government social protection schemes and relief distribution not reaching the needy, and social distancing being difficult to follow among highly populated urban slums.

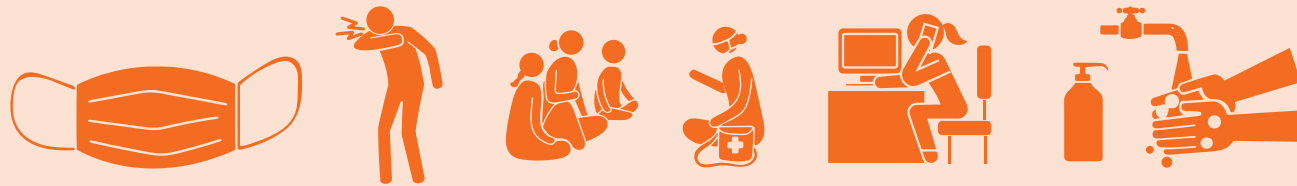
Effectiveness of messaging

A conservative estimate of the reach of a message disseminated through BIFC members is an impressive figure of 20,000-25,000.

BIFC faith leaders themselves are adhering to all the restrictions imposed during the lockdown and Unlock 1.0.

Media reports related to lockdown and reduced gathering at religious places, people taking up online prayers, social media posts of people celebrating festivals at home and specific references by the followers of faith leaders on how they are adhering to the appeals of these leaders, may be considered encouraging evidence of the success of these measures.





Tara builds a young brigade of Corona warriors



About the initiative

In these days of limited social interactions, where children have to deal with the frustration of being confined to homes, it is Tara who is providing succour and hope, and imparting invaluable knowledge on the dos and don'ts in the time of COVID-19.

UNICEF Uttar Pradesh, in partnership with the government departments, is actively engaging with children—a key vulnerable population—and disseminating COVID prevention messaging through a unique 10-episode puppet series named **Tara Hai Tayyar**. The series' main protagonist is Tara, a seven-year-old who lives with her *Appa* (father). Together they face the challenges presented by COVID-19 with fortitude, intelligence and kindness, using presence of mind at all times. This family, undergoing the perils of current lockdown, presents many imitable acts.

The need for *Tara Hai Tayyar*

The series was conceptualised to engage with children through puppets on COVID-specific and COVID-sensitive issues. In view of the limited avenues and constrained media platforms during lockdown, mobile, digital and social media have been opted for viewing and dissemination of the series. *Tara Hai Tayyar* series is available in MP4, MP3, high-resolution and WhatsApp versions.

It has also been adapted for children with special needs (CWSN), with a sign language version available in the videos.

Episode 1

CORONA

Information about Corona virus and COVID-19



Episode 2

HANDWASHING WITH SOAP

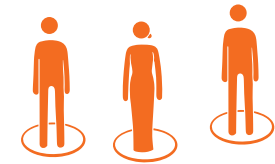
Importance of handwashing with soap; when and how to wash hands



Episode 3

SOCIAL DISTANCING AND USE OF MASK

What, why and how to maintain social distancing; staying socially connected while at home; use of mask



Episode 4

ENGAGEMENT AND LEARNING DURING LOCKDOWN

Keeping a daily routine; doing things together with family; learning continuity: teacher-parent and child interactions; managing emotions; and keeping the home environment stress free



Episode 5

SALUTING CORONA YODDHA

Select inspiring stories of COVID-19 champions



Episode 6

MENTAL HEALTH (STIGMA AND DISCRIMINATION)

Avoiding COVID-19 related stigma and discriminatory behaviours; unlinking Corona to a particular country; support to doctors and frontline workers; undertaking positive activities like gardening in daily routine



Episode 7

MENTAL HEALTH (CHILDREN AFFECTED BY COVID-19)

All emotions are natural responses to an unnatural situation; identifying feelings; reinforcing and focusing on positive memories and unique skills to lessen anxiety and stress; minimising exposure to negative news; spreading positivity "Be a Happiness Yoddha"



Episode 8

ASHA SELF CARE

COVID-19 preventive safety measures by ASHA before she goes on a home visit; during home visit; after returning from home visit; taking care of migrants returning to the village



Episode 9

ONLINE SAFETY

Not sharing personal information with unknown people online; talking to people close to you if anything uncomfortable is found/happens online; not sharing photos/videos without consent; Helpline numbers to report online abuse



Episode 10

ONLINE EDUCATION MISSION: PRERNA ADS (1-3)

Ad1 – Mission Prerna ki e-Pathshala – Timings and channels; Ad 2 – Homework to be done by child; Ad 3 – How parents can support online education of their children



**TARA HAI TAYYAR
EPISODE THEMES AND
KEY MESSAGES**

Reaching far and wide

UNICEF tapped into diverse platforms including the education department. There was a specific focus on CWSN. With a systematic top-down approach, special teachers, CWSN and their families were reached through the managerial cadres.

In addition to the education department, children and youth forums and platforms such as National Service Scheme (NSS) and Bharat Scouts and Guides were accessed to widen the reach among the younger population. Furthermore, the deep penetration of community radio stations, UP State Rural Livelihoods Mission (UPSRLM), National Health Mission, Department of Women and Child Welfare programmes and grassroots organisations amplified the series.

Five episodes of the series were tweeted by the Hon'ble Union Health Minister of India. Doordarshan Uttar Pradesh and Zee TV have broadcast the series in different formats. The collective reach of the series in Uttar Pradesh through Doordarshan and Zee TV networks has been around 650,000.

Over 3,600 coordinators and special educators are working continuously to ensure that *Tara Hai Tayyar* reaches the remotest of corners. In Madhya Pradesh the episode on Stigma and Discrimination was used to orient 25,000 youth in youth groups. In Chhattisgarh 250,000 youth volunteers of Nehru Yuva Kendras were shown the series and in Bihar over 100 partner organisations used the series among their networks statewide.

Promising results

Uttar Pradesh has a total of 206,067 CWSN, of whom 25,084 children are in the 6-14 years age group.⁴ The series has steadily gained

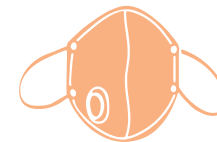
viewership among CWSN. It has a 20 percent reach among the children with hearing impairment. Episode five of the series (Saluting Corona *Yoddha*) reached 11,782 CWSN in total, including 5,020 hearing impaired children.

The voices of young girls and boys and parents, who have watched the series, are a testimony that not just Tara is ready, but she has readied a young brigade of enthusiastic change makers.

Aarti, mother of Tanishka, a class 2 student with hearing impairment, is immensely proud of her daughter for diligently following the series. She said, "Tanishka is the one insisting that vegetables be washed thoroughly, and a sanitiser be used regularly, among other healthy practices that she has learned from the series."



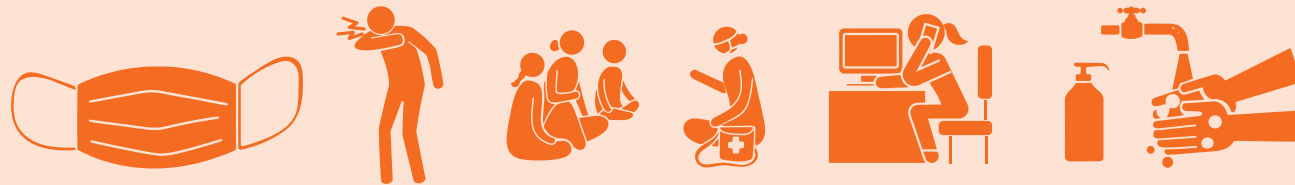
Arnab's mother is happy to see him coping well during the lockdown. She noted that owing to *Tara Hai Tayyar*, he observes practices like playing at home, handwashing and use of mask diligently.



Surendra, a class 5 student from Banda, said that he likes the series and knows now that we should wash our hands with soap in order to steer clear of the virus.



⁴ UDISE 2018-19



“Hello Didi” Building instant online connect for nutrition and COVID-19 counselling



About the initiative

UNICEF and Public Health Foundation of India (PHFI) have been working together with UPSRLM since June 2019 towards galvanising the self-help groups (SHGs) to support improved nutritional outcomes among women and children. The intervention is being implemented in six districts of Uttar Pradesh—Ambedkar Nagar, Banda, Bahraich, Chandauli, Mirzapur and Sonbhadra—with over 5,000 SHGs, through 420 Women Activists for Development Action (WADA) *Sakhis* (women facilitators). They are the designated agents of change for mobilising SHG members and actively engaging in BCC activities to improve the adoption of optimal nutrition behaviours and practices. This is achieved through intensive community engagement in the form of group meetings, mobilisation of SHGs and home visits.

The onset of COVID-19 pandemic has severely curtailed the regular BCC operations. As an alternative, the project is leveraging the power

of mobile phones to maintain the momentum of WADA *Sakhis*' engagement with the community.

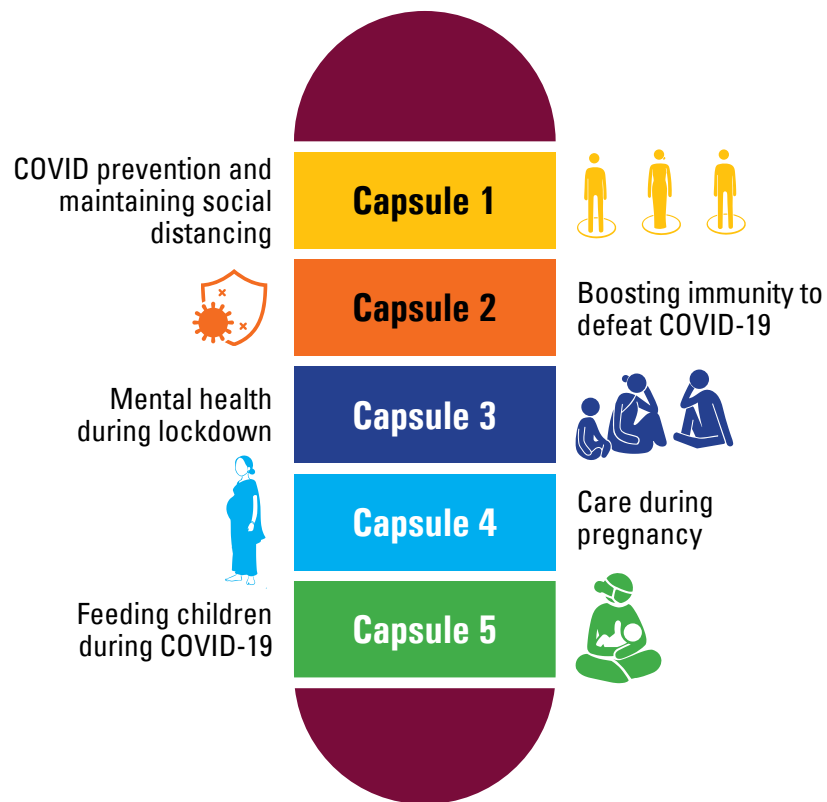
What was done?

Capsules developed for phone-based training

A phone-based app called “Hello Didi” was developed to help WADA *Sakhis* to connect with the SHG members. ‘Didi’ is a commonly used term among SHG members in Uttar Pradesh to address each other and instantly builds a rapport among women in the community.

SHG platforms are being used effectively to build a dialogue with the SHG members on COVID-19 prevention, management and nutritional care through phone-based counselling.

The app consists of thematic capsules to undertake phone-based counselling sessions with the SHG members. These capsules are:



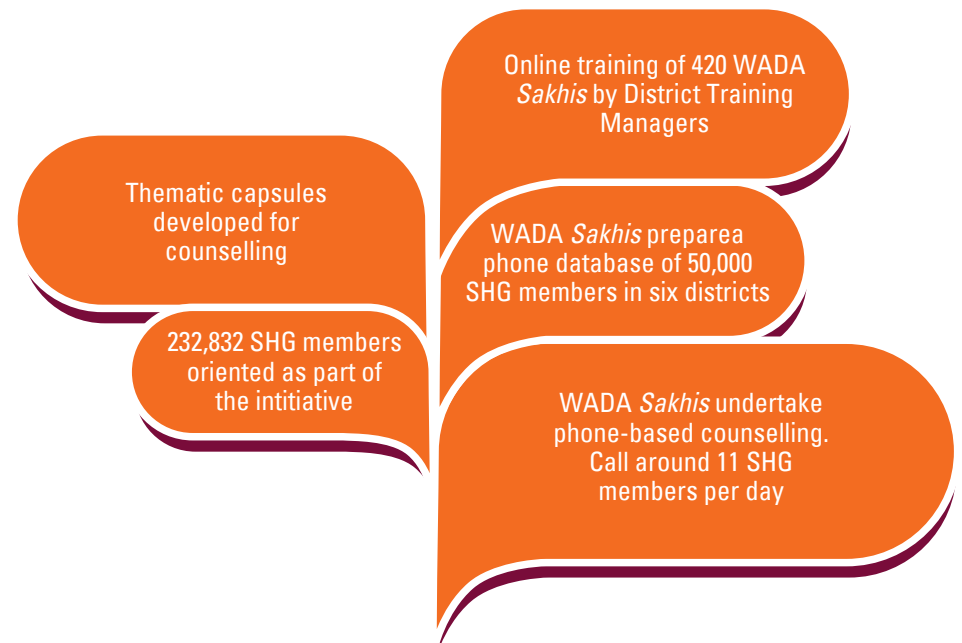
WADA *Sakhis* trained on use of capsules

Over a 10-day period, an online training was undertaken by the District Training Managers (DTMs) to orient WADA *Sakhis* on the use of these thematic capsules. They were trained to reach out to the SHG members through these capsules and undertake online counselling through mobile phones.

WADA *Sakhis* reach out to the SHG members

As a first step, they started preparing a phone database of the 50,000 SHG members in these six districts. Phone numbers of SHG members were collated at the district level with a meticulous recording of the name of SHG member, name of SHG, place of residence of the SHG member, mobile number, ownership of mobile phone (self or some family member), and type of mobile phone (basic or smart phone).

Once trained, WADA *Sakhis* in the project districts initiated phone-based counselling of the SHG members. On an average, they contacted 11 SHG members per day and counselled them on COVID-19 and related themes through a phone call averaging 5-7 minutes.



Assessment shows effectiveness of “Hello Didi”

“Hello Didi” special round of effectiveness assessment, with a focus on mobilisation of pregnant women for COVID-specific and sensitive behaviours, shows that pregnant women in the range of 93-97 percent would adhere to mask use in public places. Over 91 percent would maintain social distancing and 93 percent said they would clean hands with soap or sanitiser after coming home from market. Approximately 56 percent pregnant women said that they would consume five or more food groups, which is quite encouraging.

“Abhi toh jeevan bachane hetu mask hi ek gehna hai.” (To save our lives, mask is the only piece of jewellery right now)

Rajkumari Rina,
Member of “Roshni” SHG, Khadiya village, Bahraich district

“During the lockdown we were quite scared as we did not know how to handle the situation. But, due to “Hello Didi” initiative we kept getting calls on a routine basis, making us aware on how to improve our health status and immunity, necessary precautions to protect oneself from the disease etc. WADA Sakhi’s way of talking and connecting through a phone call helped us and our family immensely to be able to fight this disease”.

Baby Saroj,
SHG member, Besukhiya village, Mirzapur city, block and district

“There was a lot of misinformation and rumour mongering about COVID-19. When I got to know about the “Hello Didi” initiative, I was happy that I had got a new way to continue my work with the SHGs. I informed the members on how to keep safe from COVID-19 and motivated them to adopt safe behaviours. First of all, I noted the phone numbers of all SHG members and then after receiving my training, I started the Hello Didi phone conversations. Some women laughed at me initially, asking who would listen to all this information over telephone. However, I persisted and gradually saw that most of the SHG members listened and applied the safe behaviours in their households, as well as in public places such as hand pumps. Women themselves came forward to make markers on the ground, to maintain social distancing and would correct anyone who was not adhering to the new norm. The training was very useful in spacing out the information and giving only a specific set of information at a time, and we had sufficient time to transfer that information to the SHG women.”

Pushpa, WADA Sakhi,
Siura village, Mirzapur district

“Due to COVID-19 and an imposed lockdown, the group meetings were not taking place. With the help of “Hello Didi” initiative, I could still remain connected with the SHG members. The take home message from this initiative is that in future too if any of the members is unable to turn up for the meetings, I can very easily connect with her on call and carry forward the discussions with her.”

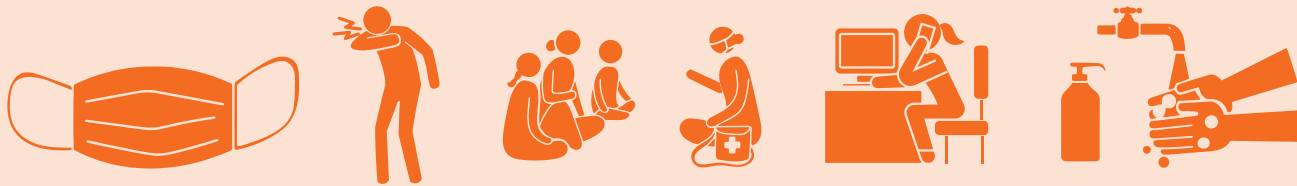
Ms. Shanti, WADA Sakhi,
Terav village, Naraini block, Banda district

“When people needed to know about how to take care of one’s health during COVID-19 epidemic, this initiative turned out to be invaluable. All the services were inactive but with the medium of phone, key messages were easily delivered to the people. A data bank of SHG mobile numbers has now been prepared. In future too this kind of approach will be used to spread awareness regarding the availability of government services.

Praveen Kumar,
District Mission Manager, UPSRLM, Banda district

Results

A total of 232,832 SHG members were counselled through Hello Didi initiative. SHG members, village organisations, accredited social health activists (ASHAs), anganwadi workers (AWWs) and *Kotedars* have now joined the efforts of WADA *Sakhis* and are actively promoting nutrition and COVID appropriate behaviours. Slowly and steadily, the numbers of COVID warriors are growing.



Muskurayega India A tele-counselling initiative on mental health

Background

With the onset of COVID-19, people are faced with new realities – restricted movement, physical distancing, isolation, fear of contracting the disease, economic uncertainty, among many others. These are taking a toll on mental health with fear, worry and stress becoming a constant companion. Given these challenging circumstances, cases of loneliness, general apathy, anxiety, depression, suicidal thoughts, domestic violence and family discord have seen a rise.

The NSS⁵, Uttar Pradesh is playing a vital role in COVID response through its unique and novel initiative – **Muskurayega India** (India will smile).

A campaign to address mental health issues

NSS, Uttar Pradesh launched **Muskurayega India** in partnership

As part of the initiative, around 300 mental health counsellors—qualified teachers from various universities—are providing telephonic counselling support to students and other community members.

⁵ A central government scheme of the Ministry of Youth Affairs and Sports. Its motto is to build linkages between educational campuses and communities, through its vast network of volunteers from colleges and universities across the country, to reach a range of essential services to communities.

with UNICEF, Uttar Pradesh and PHFI. UNICEF, Uttar Pradesh supported the initiative with digital platforms to conduct the training sessions and made available subject experts during the training sessions. PHFI helped plan the technical sessions on mental health and provided backend support for the initiative. Further, PHFI provided support in digitising the reporting system through an android app and analysing the caller pattern and behaviour to support the counsellors.

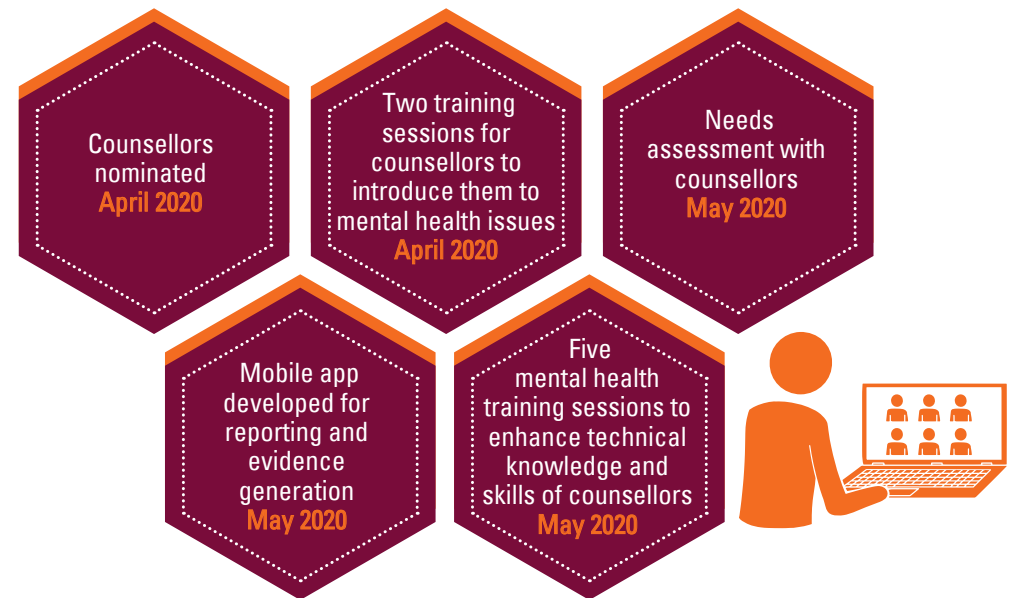
Building a cadre of Mental Health Counsellors

NSS, Uttar Pradesh has an expansive network of 307,600 youth volunteers, 3,076 programme officers (faculty from universities), 75 district nodal officers in the 75 districts of the state and 24 programme coordinators in 36 state and private universities.

In April 2020, the NSS Cell of Uttar Pradesh nominated 300 programme officers from each district as Mental Health Counsellors. Their qualifications ranged from Professor (1%), Associate Professor (19%) to Assistant Professor (80%), with 78% having completed their Ph.D and 22% post-graduation.

The counsellors were introduced to mental health in two training sessions held on April 11 and 14, 2020. A needs assessment was undertaken with these counsellors thereafter to gauge frequent caller concerns and capacity building requirements for counsellors. This helped strengthen the project design and the requirements from the training sessions for counsellors.

In May 2020, a mobile application named NSS-UP was launched for the counsellors. Later, the app helped the counsellors create evidence for the campaign through a streamlined reporting system.



Five mental health training sessions were organised between May 12, 2020 and June 4, 2020 to enhance the skills and technical knowledge of the counsellors. Training sessions were held on:

- Mental health orientation
- Mental health overview
- Mental health understanding and handling elders
- Migrant labourers and suicide prevention
- Common psychological issues – anxiety and depression
- Children exploring treasure
- ‘Say NO to addiction’ and women empowerment

Support provided by the counsellors

The counsellors offered multiple solutions for the problems brought up by the callers. Suggestions and solutions provided by them were categorised as:

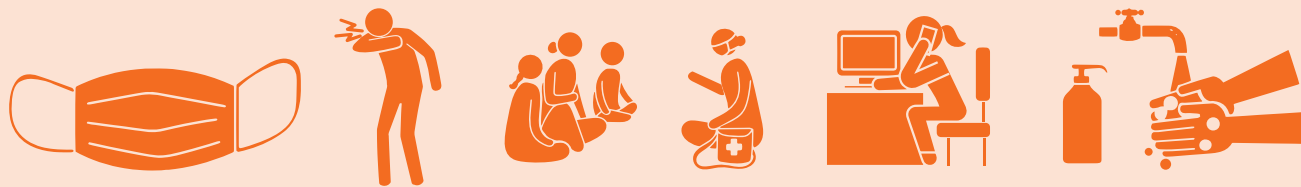


Way forward

Muskurayega India has highlighted the immense importance of mental health counselling for students and general public. In a short span this initiative has received an encouraging response and showcased the openness of society to reach out for counselling and have an honest discussion with the mental health counsellors.

This will surely provide an impetus for more such initiatives and for building the knowledge of counsellors who work on mental health issues.

Until September 30, 2020, 286 mental health counsellors had registered on the app, providing counselling support to 2,207 callers.



Supporting underserved communities with Unani doctors

The context

When dozens of people who attended the religious congregation held by Tablighi Jamaat⁶ in Delhi tested positive, in March 2020, the entire community underwent social, emotional and psychological trauma and stigma, generating fear of neglect by the local community, and concerns about wellbeing and safety of their families.

An urgent need was felt for an effective response through early engagement in design, sharing of resource materials alongside critical messages, planning and preparedness of community influencers (especially those associated with health service in the same communities), to influence and provide correct information to the underserved communities, women and children.

⁶ An Islamic organisation that aims to establish a group of dedicated preachers

⁷ Unani medicine (herbal/natural medicine) originated from “Unan” or Greece. It is a traditional system of healing and health maintenance practiced in South Asia.

Jamia Hamdard is a deemed-to-be-university in New Delhi. The Department of Tajaffuzi Wa Samaji Tibb of Jamia Hamdard has been an active participant in public health related issues.

In the past, the Department has actively partnered with UNICEF, Uttar Pradesh for social mobilisation of underserved communities for polio eradication. To replicate the success of their prior partnership with UNICEF, the University identified its alumni based in Uttar Pradesh, with the objective of engaging them in COVID-related BCC.

The need for the partnership

A large number of Unani doctors⁷ pass out of the University every year. These graduates run their clinics in the community and many serve as medical officers in government institutions. Being the first available healthcare providers



in many localities, they are well respected and share a good rapport with the community. Due to their wide access to the community members, these Unani doctors have the potential to engage with the communities and at-risk populations. Through this engagement and regular proactive communication, they can help reduce stigma associated with COVID-19, build trust, and increase social support and access to basic needs for affected people and their families.

Building a cadre of influencers through training

UNICEF and Jamia Hamdard coordinated efforts to develop systems to work towards building community trust.

The first step was to map the alumni based in Uttar Pradesh. The objective was to engage them in regular and proactive communication with the public and at-risk populations, to help reduce stigma, build trust, and increase social support and access to basic needs for affected people and their families.

A training was organised on June 16, 2020, which had participation from around 200 Jamia Hamdard alumni. Ms Heakli, IAS, Secretary, Health and Family Welfare, Dr Akram Mohamad, Head, Department of Hifzane Sehat, SUMER, Jamia Hamdard and UNICEF officials were the key resource persons at this training, which covered the following aspects:

Develop a better understanding of COVID-19 through:

- Updated status of COVID-19 in India and Uttar Pradesh
- Updated guidelines issued by MoHFW and state government
- Essential information on resumption of essential services in the state

- Stigma and discrimination prevalent against COVID-19 patients and role of Unani doctors in mitigating the situation
- Role of health, sanitary and other workers for prevention and protection against COVID-19
- Linking community with government services through Social Mobilisation Network (SMNet) in their respective areas by:
 - ◆ establishing linkage between frontline health workers, their supervisors and healthcare workers; and
 - ◆ formalising the feedback loop through media such as phones, SMS, WhatsApp messages, etc.
- Effective messaging to engage all members of the household to provide care
- Using appeals made by different religious leaders of different sects for community dissemination to counter the negative messages.

COVID-related information for dissemination in community involved:

- Key preventive behaviours including handwashing practices
- Physical distancing in cramped conditions
- Identification of COVID symptoms when frontline workers and other health officials need to be informed
- Basic nutrition behaviours during the COVID pandemic
- Importance of cooperation with the health department in following correct protocols
- Information about toll-free 104 and health facilities to be contacted.

Facilitating Unani doctors in their work



Communication resources have been provided to the Unani doctors, for use in their community-based work. These include video appeals by Jamia Hamdard and Aligarh Muslim University for dissemination on social media and mobile, leaflets with appeals by religious leaders, and updated Government Orders and Guidelines.

They have also been provided with numbers and contact details of Sub-regional Coordinators of SMNet for better coordination at the division and district levels to support the underserved community in the state.

Initiatives being taken by Unani doctors

Following their orientation, these Unani doctors are specifically undertaking following crucial activities in the high prevalence districts of western Uttar Pradesh such as Aligarh and Badaun.

- Dissemination of factual information (on an average 150 patients per doctor) with the help of the resource materials provided
- Eighty-five doctors have displayed these materials in their clinics and are screening videos in the waiting areas of their clinics
- Some alumni have also developed their own videos in which they have spelled out key steps to be followed as part of COVID prevention and management protocols, and shared these videos in their networks
- They are sharing resource materials alongside critical messages with anyone reaching out to them for support and information on COVID.

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