



SYNTHESIS
DOCUMENT:
PROMOTING COVID-19
APPROPRIATE
BEHAVIOUR

ABSTRACT

The second wave of COVID-19 pandemic swept across India and preventing infection became of paramount importance. A greater understanding of how the disease spread acquired over the past year has necessitated expansion of the earlier preventive measures promoted in the early stages of the pandemic in 2020. Collectively called COVID-19 Appropriate Behaviour (CAB), these measures offer protection from COVID-19.

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Introduction

As the second wave of COVID-19 pandemic continues to sweep across India, preventing infection is imperative. Greater understanding of how the disease spread has necessitated expansion of the preventive measures that were learnt and promoted in the early stages of the pandemic in 2020. Collectively called COVID-19 Appropriate Behaviour (CAB), these measures together offer protection from COVID-19.

While good hygiene practices such as washing hands with soap at regular intervals and especially after returning home or touching potentially contaminated surfaces remains constant, other practices have changed. Social distancing of two metres is essential. Instead of a single mask, double masks are now recommended. Additionally, keeping places well-ventilated is also recommended. Vaccination has been added to the armoury of CABs.

WaterAid India, UNICEF, IRC, WHO, the SuSanA India Chapter and the India Sanitation Coalition have taken the initiative to promote CABs through this e-discussion and webinar. The e-discussion was conducted in May 2021, and the webinar on 5 May 2021. The e-discussion and webinar attempted

1. To reach out to civil society organizations, SHGs, youth groups and local government institutions to understand where they needed support to take up CABs and thereby support the over-stretched government health system.
2. To elicit their experiences about how they, or people they work with, had promoted CABs in their communities.

The reasons for these activities were as follows:

- COVID-19 is a highly infectious disease that can spread easily through respiratory and contact routes.
- COVID-19 spreads through respiratory droplets when an infected person exhales, coughs, sneezes or speaks which can infect others if inhaled. People can also be infected by touching a contaminated surface and then their eyes, mouth, or nose.
- New evidence suggests that coronavirus in respiratory droplets may remain suspended in air in closed rooms and poorly ventilated rooms for hours. The Coronavirus strains infecting the population in 2021 are many times more infectious than the those in 2020.
- As the first wave of the pandemic came to some level of control towards the end of 2020 and early 2021, the practice of CAB decreased among the public, enhancing the spread of infection.
- While extensive testing is needed to identify cases for appropriate treatment, testing facilities across the country are overburdened.
- More than 85 per cent COVID-19 cases do not need hospitalization but can be easily handled with treatment at home. Only moderate or severe cases require medical care. Preventing infections and hospitalizations will ease burden on a severely overburdened health system.
- Vaccination is critical to contain COVID-19 and reduces the severity of the disease, the risk of transmission as well as mortality. It provides comprehensive protection when coupled with other CABs.

COVID-19 Appropriate Behaviour



WaterAid India, UNICEF, IRC, WHO, the SuSanA India Chapter reviewed existing CABs and based on technical inputs, proposed the following CABs that should be promoted and followed in the context of the second wave of COVID-19:

1. Consistent and correct use of well-fitting masks in the following situations:
 - a. Anywhere outside the home: Public places, educational institutions, places of work, places of worship, health care facilities, transport hubs
 - b. In the presence of others (apart from immediately family)
 - c. Presenting with symptoms or when diagnosed with COVID-19
 - d. After exposure to a suspected or confirmed case
 - e. When caring for a COVID-19 patient
 - f. Children should be encouraged to wear masks when out of the home, and within the home if there is a suspected or confirmed case
 - g. Double-masking (use of a triple layer cloth mask with a medical mask) can be considered outside the home.
2. Washing hands with soap and water thoroughly (for at least 40 seconds) every 3-4 hours and necessarily at these times:
(This is a critical behaviour that has been promoted as part of WASH consistently and over a long period. If soap and water are not available, alcohol-based hand rubs must be used well to clean hands in the context of CAB.)
 - a. After returning from outside, and after contact with any other person
 - b. After sneezing, coughing, blowing nose
 - c. Before and after tending to a sick person at home
 - d. After toilet use, cleaning a child's bottom, disposing child faeces
 - e. Before cooking, eating, serving food and before feeding children (including breastfeeding)
3. Maintain respiratory hygiene – cover mouth and nose when sneezing and coughing (with the inside of the elbow or with cloth), do not remove mask to sneeze and cough. Wash hands with soap, and thoroughly wash any cloth used with soap.
4. Physical distance of 6 feet, to the extent possible, in public spaces with other people
5. Avoid closed or poorly ventilated spaces, and crowded settings. Gatherings should only be conducted in open spaces with a limited number of people who are at a distance from each other
6. Timely detection of symptoms and/or exposure to a COVID-19 case (suspected or confirmed), with testing and appropriate action (e.g., quarantine while awaiting test results, self-isolation if home care is possible)

Discussion Summary

The thematic discussion was started to elicit information from NGOs on how they or the communities they work with have tackled the COVID-19 pandemic. These case studies from around the country highlighted the importance of CABs. They could be guideposts for others facing similar challenges. The main lessons from the case studies are:

- Communicate evidence-based solutions or recommendations simply and effectively (e.g., visually showing how CABs work to protect against the virus).
- Highlight and visualize compliance with CABs (not non-compliance).
- Emphasize CABs as a positive, desirable social norm, practiced by many in the community with benefits for the individual and community (and avoid communication of punishment/censure/sanctions for non-compliance).
- Provide “how to” information that provides clear guidance on new protective actions (e.g., visual posters/videos on double masking, how to quarantine or self-isolate).
- Visual cues and nudges placed appropriately can reinforce CABs (e.g., circles for physical distancing, handwashing message near handwashing station, mask use poster in transport hubs).
- Ensure availability of masks in rural areas and small towns by locally producing triple layer cloth masks, with IEC on how to use and maintain masks.
- Provide guidance on hygiene practices and establish handwashing facilities with soap
- Provide simple options for ventilating commonly used spaces (at the household, community level, and in health facilities and facilities used for vaccination, treatment).
- Share personal experiences of having faced down the pandemic, communicate the need for follow CABs and test, isolate and treat to those who had come down with the infection.
- Avoid any negative or punitive messaging.

In Dhani village, Gonda district, [Uttar Pradesh](#), an NGO called United Nature Sustainability Foundation and the pradhan took several steps to communicate CAB to the community. The first was to convene a village assembly to decide and agree on steps that everybody would take. The next was to enumerate people who had migrated for work and returned during the lockdown. They were put up in an isolation hut. They were provided disinfectant agents to wash their clothes on returning. The primary health centre tested people who were suspected of being COVID positive.

Daily Corona Chaupals, village meetings, were held where people discussed their apprehensions and experiences about COVID-19. Those in isolation were provided entertainment, food and some medicines. Locally-made safety kits stitched from plastic were given to people caring for COVID patients. The pradhan insisted community members used sanitizers and mask when out of their homes. An exercise regimen was developed for those in quarantine. The panchayat maintained a daily record of their health. Natural drinks to boost immunity were provided, including kaadha (a concoction of basil, ginger, cinnamon, lime and cloves) and turmeric mixed in milk.

World Vision India works closely with communities across its project areas to control the pandemic. In [Jharkhand](#), in the districts of Giridih, West Singhbhum and Ranchi, they worked

with the mukhias through virtual trainings. the panchayat members conducted awareness and other activities in their respective villages. The mukhias have distributed medicines, promoted the use of masks and social distancing, and encouraged hand washing with soap among their constituencies. These measures, along with ensuring the availability of beds, water and access to toilets, mitigated the impact of COVID in these panchayats.

In Budidiya panchayat, Giridih district, the mukhiya Ruby Devi, a local volunteer Sandeep Verma and 20 others were trained virtually on CAB. They reached to more than 1000 people in their panchayat. Several WhatsApp groups were formed to provide accurate information. Soaps, sanitizers and masks were distributed. She held testing camps to periodically screen people. Similarly, in the Sonhatu block of Ranchi, a group of community volunteers were trained virtually by WVI. They oriented health workers in the local health centres on social distancing, hand washing and wearing masks. Poor people in villages were also provided masks, soaps and sanitisers. They tried to ensure the local health centres had oxygen and beds, and worked with ANMs to distribute medicines. In the third instance, Sunita Manki, mukhiya of Berakenduda panchayat in West Singhbhum district activated the Swachh Bharat Mission team to carry out awareness drives. These informed people about CAB and ensured they followed home isolation procedures for the COVID-19 patients.

In the Kunnakura Panchayat, Ernakulam district, [Kerala](#), the authorities took several steps to arrest the spread of the pandemic and provide relief to those affected. A 24-hour control room was set up in primary health centres (PHCs) to coordinate health activities, a steering committee including opposition members was set up to take quick decisions, ward sanitation committees were set up and a WhatsApp group of 250 implementers was put in place for effective coordination. The panchayat set up quarantine centres, isolation wards and sample collection centres to monitor and treat patients. More than 50 public handwashing facilities were made, masks and immunity boosting formulations were distributed to all households. As many as 218 neighbourhood groups were set up, mostly of women, that provided food and other relief to households. A *harithakarmasena* also of women was tasked with disinfecting public areas and managed the solid waste from the panchayat.

In [Madhya Pradesh](#), swachhagrahis geared up to meet the pandemic challenge, supported by the UNICEF state office. The Panchayat and Rural Development Department held a virtual training session for 354 block and district functionaries on CAB. In a follow-up training more than 12,000 swachhagrahis were oriented and deputed to cover all the villages in the state over the next three months. UNICEF advocated for COVID-19 protocols to ensure a COVID free learning environment for schools and anganwadis. SBM funds were used to improve handwashing, and distribution of masks and sanitisers for frontline workers.

Habitat India started with an outreach programme with awareness sessions (online and physical), distributes CAB pamphlets and hygiene kits including soaps and masks. It also advocated for urban sanitation facilities including like toilets and handwashing facilities) Sophia Joseph said the organization has oriented staff, partner organisations and communities on CAB. Subsequently, Habitat has focused on menstrual hygiene related awareness, information on waste and safe disposal of especially COVID-19 related waste including distribution of dustbins and incinerators.

In Sirohi, [Rajasthan](#), the Centre for Microfinance led initiatives to spread awareness about CAB. CMF's spoke with sarpanchs and block development officers (BDOs) who said PRIs

had been less active in the second wave of COVID compared to the first wave). The situation was worse in tribal dominated villages. In this situation, the examples of Lundara Panchayat (Bali block) and Undra Panchayat (Pindware block) stand out. Led by sarpanches Jawara Meena and Mahendra Kumar, respectively, they had set up a core committee in the first wave with a block level officer, teacher, AWW and sarpanch.

During the second wave, the panchayats activated the core committees. The first step committee members took was to persuade returning migrants to undergo home quarantine and test them for COVID-19 if they had not tested negative yet because of which five were found COVID-positive in Lundara. They were then sent to the Sirohi district hospital for treatment. In Undra, 15 were told to remain in home isolation. Those migrants who did not heed the panchayat's advice were taken to local leaders for counselling. The panchayat also distributed rations paid for by panchayat funds (provisioned under state and central schemes) to compensate for loss of employment/wages. These funds were also used for sanitizing common places. A camp was organized with the support of the local hospital and 200 people were vaccinated against COVID. A local NGO called the Madan Foundation provided medical kits through anganwadi workers.

In [Bihar](#), as labourers and those working in services returned to their towns or villages, the government set up quarantine centres for them to stay for 14 days. In Gaya district, the Lakhanpur Gram Panchayat of Manpur block took several measures to curb the impact of COVID-19 and enhance the level of awareness among community. A campaign to disseminate CAB was organised in the panchayat through loudspeakers in six panchayats of as many blocks. Additionally, masks and soaps were distributed, and schools were converted into quarantine centres. A group of 25 people was organised, called the Adarsh Vidyarthi Sangh, to sanitisation of households under the mukhiya's guidance.

In [Odisha](#), Gram Vikas worked with community leaders and panchayat samiti members who had fallen ill with COVID-19 to hold them up as examples for others to follow. [Several short videos](#) were recorded of their experiences. Bahan Swain of Kusugama village who tested positive for COVID 19 said he was tested in a hospital. When the results came, he stayed at the hospital and got himself treated. He recovered completely and returned home. His message was if anybody had fever or cough, visit the hospital and take the doctor's advice and test yourself. If positive, take the medicines the doctor prescribed and stay at the hospital or come back and self-quarantine at home and recover.

Manikya Chandra Naik, secretary of the Bafla Jana Sangathan, Dalguda village, Kalahandi district, said people needed to follow the government-mandated precautions and remain alert. Kamala Sahu of Adri Gram Panchayat, Kalahandi, encouraged people to take vaccination for COVID-19. She also said people needed to wash hands regularly, follow social distancing and avoid crowded spaces. Vaccines were available at the Adri community centre. Please take the required two doses. To remain safe from the coronavirus we must keep physical distance, wash hands frequently, avoid crowded spaces and use a sanitizer. Watching and hearing from their leaders encouraged many village residents to adopt the COVID-19 safety protocols.

Often, educated employed people violate CABs and do not listen to advice to follow behaviour. As they considered models, they need to be persuaded to fall in line, said Srikant Guruswamy. He pointed to the fake news pandemic where the amount of misinformation far exceeded accurate information about COVID-19; this needed to be tackled as well.

Full responses from states

Uttar Pradesh

Nasiruddin Nasir, who works with the NGO United Nature Sustainability Foundation, in Uttar Pradesh provided an example from Dhani / Khorhasa village in the Gonda district. The village is composed of marginal farmers who are seasonal migrants to other parts of India and the Middle East. They returned when COVID-19 spread in cities. The pradhan took the following preventive measures.

1. **Calling a village assembly and agreeing upon common protocols:** The pradhan called a meeting to inform people about COVID-19 and its risks. The decisions/agreements taken in the meeting were as follows:
 1. Nobody will visit anyone else's house unless it is very urgent or an emergency
 2. A common support fund was set up for the poorest families with free rations
 3. An emergency response team (of active youth and women) was set-up to support villagers if needed
 4. Villagers would not crowd places and violators would be fined
 5. No social events will be planned, or if already planned, will be conducted with less than 10-15 people with suitable precautions
 6. Nobody coming from outside the village will be allowed to go home but will have to compulsorily observe 15 days stay in the observation centre where food and other facilities will be provided by the pradhan. Such persons will be allowed to go their homes only after found healthy
 7. Volunteers were mobilized to guard the village and keep an eye on movement of people not adhering to village protocols
 8. No group pooja or namaaz will take place unless under strict regulation
 9. The clothes of every migrant returning from outside will sanitised by washing in boiling water with neem leaves. People will also bathe in this water and drink at least one spoon neem oil daily
 10. Villagers agreed to give food to their family members returning from outside only at the observation camp, not at their houses
 11. Villagers were shown news clippings and pictures and posts on social media on COVID-19 to inform them about social distancing, isolation, symptoms of COVID, etc.
 12. They agreed to restrict visitors at funerals and burial to 3-5 people if the person had died of COVID, keep their children from playing together and greet without handshakes
2. **Creating list of people outside/ migrants:**
 1. A database was created of all such families whose family members were living outside and about to return. They were contacted to find out about their health and informed about village protocols
 2. Emergency transportation was arranged for health emergencies
3. **Providing steam, neem oil and food:** A team including women was formed to voluntarily provide steam, warm water, lemon juice, neem oil, etc., to everyone on demand, especially those at the observation hut. They also cooked food.
4. **Health check-ups:** The nearest PHC was contacted for health check-ups, specially to test for COVID-19.

5. **Corona Chaupal:** Corona Chaupals were organized almost daily where discussed disease and were provided accurate information.
6. **Arrangement of entertainment:** At the Observation Hut entertainment in the form of a radio was arranged.
7. **Designated area for sanitation:** Those found COVID positive were assigned a separate toilet for defecation.
8. **Safety Kits:** These were stitched from plastic and given to those taking care of COVID patients. Gloves and plastic of X-ray films were used for face shield.
9. **Public notice and barricade:** In agreement with the villagers, a barricade was put up at the common entry point to restrict entry and a banner was put up to explain why entry is restricted.
10. **Database of daily health status:** The panchayat assigned some people to record the daily health status of families and if needed, provided extra help for further health care.
11. **Providing kaadha:** Kaadha (a drink of basil, ginger, cinnamon, lime, giloy leaves and cloves) was provided at the observation hut and people were encouraged to drink it daily. Milk and turmeric were to be taken before sleeping and non-vegetarians were advised to eat fish (fried/fermented).
12. **Use of masks and sanitizers:** People were advised to use masks when going out of homes along with sanitizers.
13. **Exercise/yoga for those in quarantine:** People in home isolation or the observation hut were encouraged to do physical exercises.

Jharkhand

Bipin Singh and Roufi Williams, who are with World Vision, Jharkhand, wrote World Vision India (WVI) works across the country on WASH. Its programme officers have been at the forefront of the battle to control the pandemic in its project areas. These are three case studies from Jharkhand from the districts of Giridih, West Singhbhum and Ranchi.

While WVI worked with the mukhiyas through virtual trainings. the panchayat members conducted awareness and other activities in their respective villages. The mukhiyas have distributed medicines, promoted the use of masks and social distancing, and encouraged hand washing with soap among their constituencies. These measures, along with ensuring the availability of beds, water and access to toilets, mitigated the impact of COVID in these panchayats.

Kerala

Saji Sebastian, Executive Director, Socio-Economic Unit Foundation, Kerala and Sruthy, wrote about an example from Kerala. Kunnukara is a census town and gram panchayat in Paravur Taluk of Ernakulam district, Kerala, India. The village is situated on the airport road connecting North Paravur (NH66) and Nedumbassery (NH544). On 18 May 2021, 1620 positive cases were reported and 50 were under treatment with 18 deaths.

A comprehensive COVID-19 preventive programme was implemented in the panchayat down to the ward level. As part of the programme, several administrative measures were taken. The preparations were part of the steps to prevent the possible community spread of COVID-19 included setting up a 24-hour control room in PHCs to coordinate health activities, a steering

committee for quick decision-making, ward-level sanitation committees and a WhatsApp group of 250 implementing team members (Covid 19 rescue team) for coordination.

The panchayat's COVID-19 rescue team and local people disinfected public places, hospitals and other facilities visited by patients. For handwashing in public places, 50 stations were installed. The panchayat distributed masks and immunity boosting medicine. It provided for psychological counselling to frontline workers.

WhatsApp groups were set up at the CDS level and at all ADS levels and in all possible neighbourhoods to ensure timely delivery of various directives and notifications issued by the government. Those in home quarantine, unable to cook, the elderly, the indigent, destitute people, bedridden patients, and very poor were provided food from community kitchens.

The Kunnukara panchayat launched a mobile application to improve the reach of services. Two types of quarantine facilities were made available. Free institutional quarantine was arranged in 21 anganwadis and schools. Paid institutional quarantine was arranged as per individual demand. The panchayat supported home quarantine.

Madhya Pradesh

Swachhagrahis who were community motivators in SBM, were trained in CAB in rural Madhya Pradesh, wrote Pankaj Mathur and Nagesh Patidar. In 2020, as many as 23,000 *swachhagrahis* (frontline sanitation mobilizers) reached out to every corner of the state with COVID-19 risk communication and community engagement (RCCE) and infection prevention and control (IPC) messages. They promoted CAB: frequent handwashing with soap, maintaining social distance, wearing a mask, proper use of a toilet, and managing water collection. In addition, the SBM teams mobilized additional resources to set up over 13,500 handwashing services in communities and public institutions.

In 2021, the Panchayat and Rural Development Department mobilised SBM's again support along with the National Health Mission (NHM) and UNICEF. On 30 April 2021, they organized a one-day virtual workshop for district and block-level officials, and *swachhagrahis*. The training covered CAB and response preparedness, myths and misconceptions of vaccination and home isolation protocols. More than 12,000 people working with SBM participated including 354 block and district functionaries.

The training included the technical aspects of liquid waste management under SBM and sourcing funds from the 15th Finance Commission and other rural development schemes such as MGNREGS (Mahatma Gandhi Employment Guarantee Scheme) and Jal Jeevan Mission (JJM).

The State SBM Director, Nidhi Nivedita, IAS, said *swachhagrahis* play a critical role in reaching the community. She presented a matrix approach to community engagement and common health goals set under NHM and SBM. She emphasised the need to vaccinate.

UNICEF supported this by providing technical support for the workshop by specifying CABs and protocols for home isolation, the development of training materials and monitoring package, reiteration of the messages including the importance of CABs and lockdown protocols and the need for additional support to communities for dissemination of correct information on the vaccine. It also prioritized home-based care for asymptomatic patients.

UNICEF also advocated for COVID-19 protocols to ensure a safe learning environment in schools and anganwadis. This included personal hygiene and safety gear (masks, soap and sanitizers) for frontline workers, community handwashing units and mobilization campaigns. Environment safety included the LWS and “Catch The Rain” initiatives of the government. The organizers provided COVID-19 resource materials via a google drive.

The aim of the training was to mobilise communities in all 52,000 villages with the help of swachhagrahis for the next three months, to focus on IPC measures and CAB. The department would monitor this by a three-layered self-reporting monitoring system.

Maharashtra

In Maharashtra, the state government and UNICEF ran a project called COVID-Resilient Wash-Sensitive Panchayats and Communities in Maharashtra from July 2020 to March 2021. It was designed with the district administrations of Osmanabad, Latur and Solapur during the lockdown. It responded to the needs of vulnerable people who had slipped into poverty and had no access to health and social protection. The process document provides details of the approaches, results and challenges addressed through the project and celebrates the communities and frontline workers who demonstrated ways in which accountability and democratic participation were fundamental for good governance.

Rajasthan

In Rajasthan, the Centre for Microfinance works in district of Sirohi, wrote Pankaj Papnoi. Its team met with sarpanchs and BDOs from the blocks of Bali and Pindwara. BDOs felt the PRIs had been barely engaged during the second wave of the COVID pandemic and the situation was worse in adivasi villages. No panchayat in Bali in the adivasi belt (inhabited by Garasiyas and Bhils) had handled the pandemic well. They did not counter beliefs among adivasis vaccination would harm them.

However, there were a few exceptions such as Lundara Panchayat with a mixed population. Headed by sarpanch Jawara Meena, it reactivated the core committee (comprising block level officer, teacher, AWW and sarpanch) that was formed in 2020 to tackle the pandemic. These committees were formed in all panchayats.

The committee started by informing all returning migrants to undergo home quarantine and had all immigrants tested for COVID if they had not tested negative yet. As a result, five tested positive. They were sent to the Sirohi district hospital for treatment and the local MLA was contacted to ensure good care. Those who did not heed this advice were taken for counselling to traditional leaders and influential people. For example, an FIR under the Pandemic Act was filed against a person who refused to be tested. The panchayat also distributed 10 kg wheat per member paid by its panchayat funds. The panchayat funds were also used for sanitizing common places. The panchayat sought support from the police and core committee members to limit the number of persons in marriages. Unnecessary movement in villages was restricted. Announcements of CAB were made through loudspeakers and door-to-door awareness campaigns were conducted by the core committee members. A camp was organized with support of the local hospital and 200 people over 45 were vaccinated. Another NGO called the Madan Foundation provided medical kits for anganwadi workers.

The BDO of Pindwara block said the Undra Panchayat had taken steps to tackle the pandemic. Its sarpanch was Mahendra Kumar. Here, there are two non-adivasi and two adivasi villages. There is a stark contrast between them. People in both the adivasi villages are reluctant to get

vaccinated because of misinformation, while most in both non-advansi villages have been vaccinated. The core committee was activated here as well.

In 2021, 15 migrants returned and were instructed to be in home quarantine. The ANM was asked to track infected persons. COVID-19 medicine kits were made available to them. However, infected people were not tested. The block officials and sarpanch conducted a survey.

After rigorous follow-ups in the two non-advansi villages, all 45+ year olds were vaccinated. But in the advansi villages, no such follow-ups were done and no vaccinations took place. For those who died of COVID-19, the family was asked to not open plastic sheets and attendance at funerals was controlled, monitored by the Sarpanch.

Bihar

In the Gaya district of Bihar, wrote Shantanu Kumar, WaterAid India took several measures to help people tackle the pandemic. In the Lakhanpur panchayat, panchayat members said people were unaware of CAB, testing and quarantine. They had no idea of vaccination.

To bridge these gaps, a public audio messaging campaign was organised. Masks and soaps were distribute by volunteers who went from house to house. Quarantine centres were opened in schools and areas with high footfall were sanitised. A committee of 25 was set up to keep public places sanitized. Funds were collected from the community to buy bleaching powder that was applied in the villages. The well was chlorinated to ensure safe drinking water. The entry of returning migrants was regulated and tracked. Rations were distributed by these volunteers and people were advised not to collect in large groups. WaterAid put up posters in public places on CABs. A total of 66,544 people were covered with these activities in six panchayats of Gaya.

Odisha

In Odisha, Gram Vikas recorded short videos of COVID-19 survivors to reassure the communities and motivate adoption of COVID-19 appropriate behaviour. Chandrika Patnaik and Liby Johnson wrote these people were local leaders or panchayat members who had got COVID-19, taken treatment and precautions and recovered.

Bahan Swain of Kusugama village in Kalanhandi district, who had tested positive for COVID-19, elaborates on the steps to be taken when symptoms appear and not panic. On 18 April 2021, he had high fever and went to the hospital and got himself tested. He was found positive. He stayed at the hospital and got himself treated there. He returned home only when he recovered completely and is now completely fine. He told people of his village that if they had fever or cough, do not be scared. They should visit the hospital and take the doctor's advice and test themselves. There was nothing to be scared of. If the test was positive, they should take the medicines the doctor prescribed and stay at the hospital or come back and self-quarantine at home and recover.

Manikya Chandra Naik, secretary of the Bafla Jana Sangathan, Dalguda village, Kalahandi district, spoke in the video, saying people were aware of the second wave of the COVID-19 pandemic which had led to a surge in COVID positive cases. They needed to take more precautions and remain alert. This was also the reason why they had to follow the government's instructions.

In the third video, Kamala Sahu of Adri Gram Panchayat, Kalahandi, encouraged people to get vaccinated for COVID-19. She motivated community members to wash hands regularly,

follow social distancing and avoid crowded spaces. She said COVID-19 had spread across Kalahandi district and Odisha. To remain safe people must take the COVID-19 vaccine. Vaccines for the age group 18-44 were available in the Adri community centre. She said people must take the required two doses. To remain safe from the coronavirus she said people must keep physical distance, wash hands frequently, avoid crowded spaces and use a sanitizer.

Watching and hearing from their leaders has encouraged many village residents to adopt CABs and get vaccinated.

Various states

Habitat for Humanity India launched a series of activities to reach out to communities with CAB and other support. Sophia Joseph wrote the organization conducted awareness sessions (online and physical), distributed CAB pamphlets and hygiene kits (with soap and masks) and advocated for sanitation facilities like toilets, handwash stations and decent houses in urban areas. She led the internal capacity building for staff, partner organisations and communities on CAB and ensured projects had money for CAB-related activities. Later, Habitat India focused on menstrual hygiene education, especially disposal of used napkins and other materials. They introduced environment friendly alternatives cloth napkins or menstrual cups. They also promoted information about the safe disposal especially of COVID-19 waste in project interventions and distribution of dustbins and incinerators. Their projects emphasise maintenance by local people.

Srikant Guruswamy said the 2nd wave of COVID-19 was the result of abandoning CAB. He provided several dimensions of the problem.

Culture

1. Covering the nose and mouth during coughing, sneezing and clearing the throat is not part of the local culture. But spitting is condoned socially behavior. Social distancing is against local norms.
2. To counter these, systematic poster campaigns and flex boards can be put in all public place.

Status:

1. It is the educated, upmarket, largely young (<50y) people who violate CABs. They are seen as 'models' by others and such behavior spreads as 'intelligent choice'. However, people from poorer economic backgrounds listen and often pull up masks. Their masks are usually dirty; they need quality mask free of cost, not education.
- Celebrity influencers especially, religious leaders are important in driving CAB. they can speak on TV paid for by CSR funds. 'Being Human' and other such brands can endorse "I follow CAB".

Information Asymmetry:

- Fake news, fake narrative and dubious information is most virulent and needs to be addressed. At various levels, authentic data, information, Q&A, counselling (numbers

and emails) need to be disseminated as sources of reliable information. Certification programmes to check information could be used.

Lawlessness

1. There have been reports of hospitals striking deals with brokers, fake oxygen concentrators and medicines, and scamsters ripping off COVID patients and their relatives need to be punished quickly and severely. This needs wide publicity.

The webinar

On World Hand Hygiene Day, 5 May 2021, IRC, India Sanitation Coalition, UNICEF, WaterAid India, WHO, and the SuSanA India chapter organized a webinar with experts from the field of public health, WASH, disaster management and more. People from several CSOs across India spoke about what they had done to promote CABs.

The objectives of the webinar were:

- To activate a network of CSOs to endorse the call to action and disseminate critical CAB messages, using appropriate communication tools.
- To collectively agree on channels for regular updates, exchange of solutions, resources, and evidence, keeping in mind the changing situation.

Speakers urged CSOs, local government institutions and other local networks to prioritize messaging on CABs, address the need for new or more nuanced messaging, and use effective channels to reach communities directly, especially in rural and small-town India.

More than 270 people attended the webinar where the [Call to Action](#) was presented. Several organizations expressed their support to the Call and spoke about the need to propagate it widely. Participants spoke about the need promote CABs and safe isolation in constrained settings especially among the vulnerable and marginalised. Networks of self-help groups, youth clubs and swachhagrahis could be engaged to promote CABs.

The key takeaways of the webinar are given below.

- 1) Vaccination and CABs:
 - a) Many myths, misconceptions and concerns around vaccination exist in rural areas. Alongside efforts to address these concerns, CABs need to be emphasized to enable individuals and communities to protect themselves amid the growing rural surge.
 - b) Resource: video on vaccination and CABs
- 2) Promoting CABs and safe quarantine and isolation in constrained settings:
 - a) Many low-income families in urban India, and many families in rural India may live in homes with limited space, making home quarantine and isolation challenging. Providing guidance on home quarantine/isolation in such constrained settings, with information and support for CABs to be practiced at this time is essential to keep family members safe.
- 3) Reaching the hard to reach, vulnerable:
 - a) Hard to reach, vulnerable, marginalised groups and communities much be reached with essential messaging and support on CABs. CSOs have the capacity to understand the different types of vulnerabilities and marginalization and explore how best to reach groups. Hard to reach groups include those living in remote rural and tribal locations,

transgender groups, women and men in sex worker, nomadic groups, seasonal migrants, amongst others. Vulnerable populations include people with disabilities, the elderly, and their caregivers; women and men engaged in manual scavenging, and low caste groups.

- b)** Resource: Hygiene Hub's report on Including people with disabilities, older adults, and their caregivers in COVID-19 prevention programmes.
- 4) Leveraging ground force:
- a)** The diverse cadres of frontline workers (in addition to ANMs, ASHAs and anganwadi workers) can be leveraged for CAB promotion, including SHGs, Swachhagrahis, youth groups, women's groups.
 - b)** All those engaged in CAB promotion at the community level need essential protective equipment to keep them safe.
- 5) Capacity enhancement
- a)** Capacity building of decision makers to plan for and implement campaigns and activities for CAB promotion.
 - b)** Include teachers and students for CAB promotion at the community level (not in schools).
 - c)** Capacitate community based institutions (e.g., Panchayati Raj Institutions, Village Health Sanitation Nutrition committees) to reach out and provide support for CAB promotion.
 - d)** Strengthening virtual platforms for capacity building to enable effective training and support.
 - e)** Resource: WaterAid India, for example, has been conducting online capacity building for various cadres of frontlines workers, community leaders and volunteers, SHGs and other community groups, village water and sanitation committees. The sessions focus on CABs and addressing myths and misconceptions related to COVID-19 disease, vaccination, and CABs. The training materials have been split into smaller PDF, some with voiceovers, to be shared on WhatsApp.
- 6) Support action on CABs through ensuring essential infrastructure and products:
- a)** Soap banks/ATMs at the community level.
 - b)** Mask banks (both medical masks and triple layered cloth masks) can be established at the community level. These can be accompanied by simple flyers on how to wear, maintain and dispose of masks.
 - c)** Providing essential personal protective equipment kits for those who are in communities, spreading awareness.
 - d)** WASH services and facilities that are available, functional, accessible to all.
 - e)** Waste management solutions (particularly for bio-medical waste generated at home – medical/surgical masks, gloves, other medical waste generated as a result of home care).
- 7) Resources for CAB promotion and behaviour change that are needed:
- a)** Frame a strategy to reach the rural areas, hard to reach groups
 - b)** List different channels that can be used for communication and share good practices, examples of how this has been done
 - c)** Identify and share resources in different languages
 - d)** Share videos with messaging in different languages
 - e)** Folk media, proper engagement of faith leaders for transmitting key messages on CAB

- f) Use effective communication for mask use, and continued adherence to CABs along with vaccination
 - g) Research on the determinants of CAB (psychosocial determinants such as self-efficacy, positive/negative consequences, social norms) can help refine messaging and enabling lasting changes in CABs beyond the immediate emergency.
 - h) Consider how CABs can be incorporated into the messaging in COVID-helplines
 - i) Resource: Hygiene Hub's Report: Summary report on maximizing different delivery channels for communicating about COVID-19.
- 8) Guidelines:
- a) Guidelines required for handwashing stations (different designs and specifications, operation and maintenance, costing)
 - b) Timely and wide dissemination of Government orders, advisories, approvals and information about resources support to reach CSOs, FLWs, community leaders, etc, in addition to the formal channels of dissemination.
- 9) Funding:
- a) Funding for promotion of CABs needs to be committed for the short term (to deal with the immediate emergency) as well as for the mid-term (post emergency) to ensure continued promotion of CABs.
 - b) Resource: WHO and UNICEF are in the processing of finalizing a costing tool for hand hygiene for all. This can provide valuable inputs for costing for CAB promotion as well.
- 10) Networking, coordination, sharing:
- a) Widely share communication resources, strategies and innovations for CAB promotion (especially among the hard to reach).
 - b) Widely share what works and what does not work for CAB promotion for different groups.
 - c) Collaborate for advocacy with Government, donor community and other decision making stakeholders.

The recording of the webinar is available at this link:

https://sphereindia-covid19academy.zoom.us/rec/share/-WEb37pMOq8bStvpp56ZaGkM_6mLaVv0uaKGN6qu0Qdg1Y1S1MI2to1rY90FM0-3.yN4bGuQ6bWJd3Qme. Use the passcode of WaterAid_050521 to access it. The link to the [presentation on CABs made at the webinar here](#).

A section has been set up on [the Susana India Chapter page](#) with information and materials on CAB.

Recommendations

1. Identify local champions. These could be panchayat members, natural leaders, youth, SHG members or CSO staff. The panchayat, block or local officials could also become champions. They need to be trained in CAB including the merits and precautions to be taken for vaccination.
2. Record personal testimonials of local people who have had COVID-19 and recovered. These can be broadcast on local WhatsApp groups and shared across villages.
3. Set up a local committee that enforces CABs, ensures nobody returns to the village without testing, arranges for home or institutional quarantine with food and other comforts, and arranges for medical treatment for critically ill patients.
4. The committee also enforces other COVID-19 containment measures such as capping attendance at funerals, controlling public and religious functions, avoiding overcrowding in markets, sanitising public places and ensuring high visibility to CAB posters.
5. Ensure the panchayat has the training and resources to buy and supply masks, soaps and sanitisers to all households.
6. Frontline workers should be vaccinated and provided suitable safety equipment to perform their jobs.
7. District and block teams should be trained on CAB and should provide financial or human resources for promoting CAB in villages in the same way that SBM was promoted. They can also allot additional funds for setting up quarantine and treatment centres, test kits and vaccines.

Participants

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The Thematic Discussion Series Host

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The Thematic Discussion Series on Innovations in WASH was organised and hosted by the Sustainable Sanitation Alliance (SuSanA) on the SuSanA Discussion Forum Platform. The discussion is part of a series of online discussion taking place under the umbrella of the SuSanA India Chapter. It was facilitated by IRC, WaterAid India, India Sanitation Coalition, WHO and UNICEF.

To view the whole discussion, please go to the SuSanA Forum: <https://forum.susana.org/71-behaviour-change-and-user-psychology-issues/24791-susana-india-chapter-thematic-discussion-on-promotion-of-covid-appropriate-behaviour-and-domestic-waste-management>

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COVID-19 appropriate (protective) behaviours Call to Action

Current situation/present challenge

To date, India recorded a total of approximately 24 million COVID-19 cases since 2020. Efforts to secure medical services for those infected are essential and ongoing to prevent deteriorating health and deaths. Equally critical, however, are urgent actions to protect a vast population of about 1.27 billion people who are not infected, yet at risk from this infectious disease. COVID-19 appropriate behaviours (CAB) are a vital part of the solution matrix, alongside widespread vaccination to protect millions from avertible infection.

CABs are protective –these behaviours slow the transmission of the Novel Coronavirus that causes COVID-19 disease. Frequent and thorough handwashing with soap, mask use, and physical distancing were promoted as protective measures during the initial phase of the pandemic when infection rates were low. As the pandemic progressed, infections increased, our understanding of and messaging on protective measures evolved, with as many as 15 COVID-19 appropriate behaviours identified by the Ministry of Health and Family Welfare ¹.

Rationale for action on CABs and implications for the second wave in India

- COVID-19 is a highly infectious disease, that can spread easily through respiratory and contact routes. COVID-19 spreads through respiratory droplets and aerosols when an infected person exhales, coughs, sneezes or speaks. People can also be infected by touching a contaminated surface and then their eyes, mouth or nose.
- New evidence that coronavirus in respiratory droplets may remain suspended in air in closed rooms and poorly ventilated rooms for few hours, potentially increasing risk of transmission to those entering such settings.
- The rapid spread of COVID-19 necessitates extensive testing to identify cases for appropriate treatment. Testing facilities are overburdened, and in several places in the country, poorly equipped or worse, non-existent.
- More than 80% of COVID-19 cases are mild and will not need hospitalization; they will recover at home taking adequate precautions and following medical advice. Serious cases, those with breathing difficulties and other complications, require urgent medical care. Thus, preventing serious infections will ease burden on a strained and overburdened health system.
- Vaccination is critical to contain COVID-19. Vaccination works to lessens severity of the disease and the risk of transmission, and provides comprehensive protection when coupled with CABs. Countrywide vaccination efforts underway since January 2021,
- New information and communication needs for the public have emerged, including how vaccines work, overcoming vaccine hesitancy, and continuing with protective measures between and after vaccinations.

Since February 2020, communication on COVID-19 has largely been information and/or fear based – necessary to spur us all into action. However, over 14 months, information overload and fatigue have set in. The continued exposure to messages is no longer effective in getting

¹ Source: <https://www.mohfw.gov.in/pdf/Illustrativeguidelineupdate.pdf>

people to observe safety precautions. Today, priority messages for COVID-19 prevention compete, while partial information and misinformation prevails through many popular communication channels.

Faced with a debilitating second COVID-19 wave, relevant messaging on CABs is vital to keep millions safe from infection, and support the recovery of those infected. This Call of Action for CSOs working with communities, and with local Government proposes prioritization of messaging on COVID-19 protective measures, identifies the need for new or more nuanced messaging, and effective channels to reach communities.

Calls to action on COVID-19 appropriate (protective) behaviours

1. Prioritize and emphasize COVID-19 appropriate behaviours that can slow or break Coronavirus transmission

The following behaviours continue to be the first line of defence against COVID-19 in conjunction with widespread vaccination efforts:

1. Consistent and correct use of masks:
 - Use well fitting masks in the following situations:
 - Public places, educational institutions, places of work, places of worship, health care facilities, transport hubs
 - In the presence of others (apart from immediately family)
 - Presenting with symptoms or when diagnosed with COVID-19
 - After exposure to a suspected or confirmed case
 - When caring for a COVID-19 patient.
 - Children should be encouraged to wear masks when out of the home, and within the home if there is a suspected or confirmed case.
 - Double masking (use of two medical masks, using a triple layer cloth mask with a medical or N95 mask) can be considered outside the home. Guidance from Ministry of Health and Family Welfare awaited.



2. Washing hands with soap and water thoroughly and frequently. If soap and water are not available, alcohol-based hands rubs must be used well to clean hands. Hands must be washed at these times:
 - After returning from outside, and after contact with a suspected or confirmed COVID-19 case
 - After sneezing, coughing, blowing nose
 - After toilet use, cleaning a child's bottom or disposing a child's faeces
 - Before cooking, eating, serving food and before feeding a child (including breastfeeding)
 - Before and after tending to a COVID patient person at home
3. Maintain respiratory hygiene – cover mouth and nose when sneezing and coughing (with back of elbow or with cloth), do not remove mask to sneeze and cough.
4. Physical distance of 6 feet , to the extent possible, in public spaces
5. Avoid closed or poorly ventilated spaces, and crowded settings. Gatherings to be conducted in open ventilated spaces with limited number of people who are at a distance from each other
6. Timely detection of symptoms and/or exposure to a COVID-19 case (suspected or confirmed), with testing and appropriate action (e.g., quarantine while awaiting test results, self-isolation if home care is possible)

2. Clearly communicate how COVID-19 appropriate behaviours work together with vaccination to create a protective shield against transmission

Communication efforts need to emphasize *how* protective measures work together to protect against Coronavirus transmission. Collectively, CAB constitute a multi-layered shield against COVID-19. The external layers correspond with measures such as physical distancing measures and mask use, the middle layer comprises hand hygiene and respiratory hygiene, and the inner-most layer is vaccination, early detection, testing and treatment. All layers must be in place for adequate protection, as every tier is essential but alone insufficient to provide protection.

COVID protective behaviours need to be followed by all: those who do not have COVID, asymptomatic (confirmed) cases, those with symptoms (unconfirmed and confirmed cases), caregivers and family members.

Universal vaccination will take time, and protective measures must be practiced between vaccine jabs, and after.

3. Use appropriate media and mediums to reach all groups and population to deliver and reinforce essential messages

Digital and mass media is powerful and far reaching. However other channels of direct communication must be considered and implemented for hard to reach, vulnerable and marginalized groups who have differential access to these media (e.g., tribal populations, girls and women, seasonal migrants, those with limited mobile phone access).

Communication needs to provide the correct information and provide details on “how to” engage in new actions (e.g., double masking, how to quarantine or self-isolate). It must emphasize that all individuals can undertake certain actions to protect themselves. Fear-based messaging must be avoided.

4. Capacitate and leverage existing community networks to communicate essential messages

Working with community based groups in rural and urban areas - women's groups, youth clubs, student groups, farmer groups, local government members, and resident welfare associations to communicate key messages directly at scale. Community networks play a pivotal role in reaching everyone in a community.

5. Use personal testimonials to create relevance of protective measures and establish a social norm

Trusted and influential community members who have experienced and survived COVID can be powerful agents of change. They can share practical tips to address commonly faced challenges and reassure their communities that they have the capacity to protect themselves and their family from the virus. They can address communities directly through loudspeaker announcements, videos and audio messages that can be shared digitally and through radio channels (community radio and FM).

6. Support the practice of CABs with improved access to masks and WASH services

Masks must be made available in rural areas and small towns. Local production of triple layer cloth masks, with IEC on how to use and maintain them, is needed. Guidance on essential water supply to support hygiene practices, establishment of handwashing facilities and provisioning of soap, and sanitation facilities and ventilation in homes, health facilities, and public spaces to be circulated quickly and emphasized.