

21 DAYS CAMPAIGN FOR BEHAVIORAL CHANGE OF COVID-19

(improving hand hygiene practices, using of mask and maintaining social distancing of the target community to prevent the spread of COVID- 19)



Aaina
www.aaina.org.in



**80 COVID Sachetak...
4000 Households
Expected Changes**



Twenty-one days campaign to improve behavioral changes in 6 slums of Bhubaneswar through young volunteers



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Introduction

World over people are suffering through the impact of corona virus. Lakhs of people are getting affected by this virus and thousands are dying due to this. The coronavirus disease pandemic (COVID-19) has triggered an unprecedented global health, humanitarian, socioeconomic and human rights crisis, which has spread to over 215 countries and territories. When we look into the situation of India then it is the second most affected country in the world.

Odisha is one such state of India where the impact of COVID-19 seems to be huge and it is becoming alarming day by day. Out of the thirty districts Situation of Khurda and Bhubaneswar is most griming as every day hike of more than 400 positive cases. And majorities are coming from peripheral areas and slums of Bhubaneswar.

When such a public health emergency occurs, the people of the community plays an important role in controlling the spread of any disease on a larger scale. For playing such a role for controlling and preventing a disease or infection, proper awareness and community education becomes essential. With the aim of educating the community and creating awareness among the people, the team Aaina came up with the idea of **“Twenty-one days campaign to improve practice level changes of Corona affected villages”**.

It was observed that Social stigma and lack of awareness was creating a situation of panic among the people especially in slum areas in addressing COVID 19. Though there are enough preventive activities undertaken by the government still there is some gap in implementation of those safety protocols. Peoples were not following social distancing, were not using the mask in appropriate way and regular handwashing was also not followed by the people in the community. Also, as per the experts remarks August and September was quite challenging for all the people to prevent COVID-19. The team from Aaina analyzed the situation and understood that there is a need of awareness among the people considering COVID-19 and its precautions in order to prevent the spread of it.

Community education and awareness among the people plays a key role in order to bring about a change in the society. Volunteers and leaders from the slums were identified and were given the responsibility of creating awareness among the people about the virus, how it can infect them and what precautions each individual has to take in order to prevent the virus etc. This campaign was implemented by the volunteers from the village and each volunteer looked after the preventive aspects of 30 households. The team leader for this campaign was Dr. Mamata Pradhan and all the process of monitoring and evaluation was done by the staff members of Aaina itself. 40 Youth volunteers who were trained on COVID-19 prevention measures and were working as Covid Sachetak continued the awareness activities at their respective slum in consultation with the Anganwadi workers, ASHA and ward officer. The volunteers took the help of PRI members and other grassroots functionaries like, AWW, ASHA, ANM, CRPs and teachers.

Objective of the Campaign

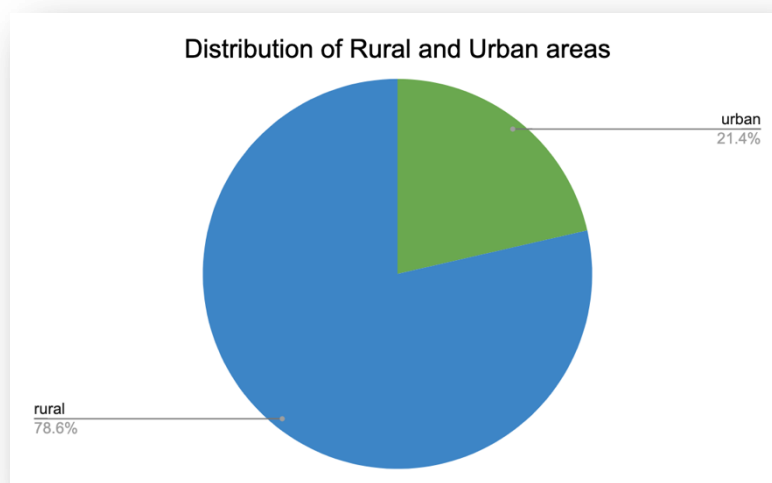
The objective of the campaign was to improve the key hygiene practices, using of mask and maintaining social distancing of the target community to prevent the spread of COVID- 19.

Duration of campaign

The duration of the campaign was twenty-one days i.e. from 15th August 2020 to 6th September 2020.

Geographical Coverage

A total of **3245 families** were covered during the campaign in both rural and urban areas of Odisha.



The following table shows the total no. of Village/slum area covered during the survey in different Districts of Odisha:

District	Block	Village / slum	Total family covered	
Khurda	Bhubaneswar municipal	May fair slum	115	
		Birsamunda slum	105	
		Nilakanth Nagar	150	
		Christian Sahi	225	
		Behera Sahi	100	
Dhenkanal	Kankadahad	Kankadahad	300	
		Rangamatia	60	
		Hatuari	30	
		Batagaon	30	
		Makuakateni	90	
		Tarajanga	90	
		Patabeda	60	
		Brahmania	30	
		Tileibeni	120	
		Karogola	30	
		Akhupal	30	
		Mundatailia	30	
		Kandhara	60	
		Kamakhya	Khatakhura	30
	Bhalumunda		60	
	Kanapura		120	
	Ganjam	Sorada	Saranauti	120
			Barapradhani	60
			Goudagotha	120
Telapatama			90	
Jharakona			30	
Hatikhala			60	
Haripur			60	
Laukhala			30	
Muliapali			60	
Hatigada			30	
Bhanjanagar		Jilundi	30	
		Dengapadar	30	
		Tokaganda	30	
		Agulapada	60	

		Bankaledi	90
		Mangalapur	180
Kandhamal	G.Udayagiri	Padasahi	30
		Bradinaju	30
		Mallickpodi	30
		Rathingia	30
		Jhimangia	60
		R.Padikia	30
		Dakedi	30
		Batingia	60

Key activity of the project

1. Identification of the volunteers from the slum and keeping a database.
2. Orientation of the volunteers and follow up in day to day basis.
3. Launching of the campaign.
4. Door to door visit by the volunteer and initiate discussion to prevent COVID-19
5. Installation of hand wash unit in front of each household (with minimum facility like-bucket, mug and a soap for hand wash)
6. Putting leaflet in the common place by the volunteers like Community centers, school wall, ration shop, tea shop, water collection point and religious places etc. and also mass distribution in the slum on prevention of COVID-19.

Method of survey

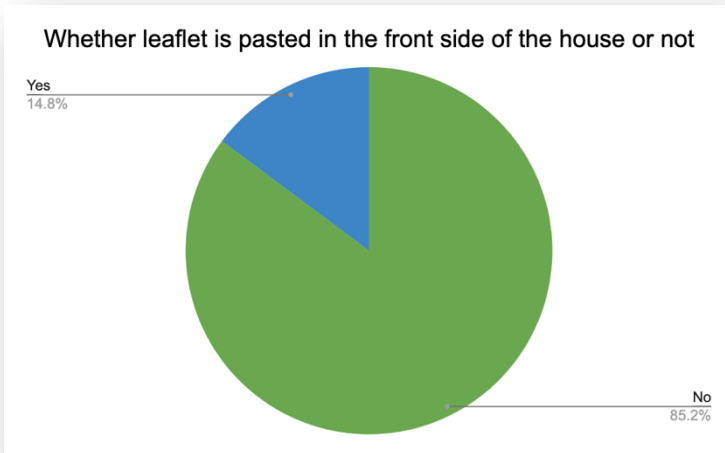
1. For the project, Aaina came up with different strategies. The first one was a field visit that plays a crucial role in assessing the ground level reality and situation. A team was formed for the purpose. The team interacted with the people in the community and engaged with the people to assess the awareness level among the people and to get perception about what are the preventive measures that the community as a whole and each family has been taking to prevent the spread of COVID-19.
2. After engaging with the people in the community a base line survey was carried out for the households where a list of questions (Annexure-1) were asked.
3. Keeping the Covid 19 guideline in mind it was decided no outsiders will enter to target village. The interested youth from the respective village will be engaged to lead the campaign.

4. The volunteer per village was decided based on the total house hold of the target villages to be covered during campaign and the distance to cover. Taking the consent of the volunteers, decision was taken and one volunteer was given the responsibility to be change motivator for thirty houses. It was also agreed to maintain gender balance during selection of community volunteers. All those activities have beenfacilitated by the Aaina field team with the constant support from state team.
5. As there was no incentive kept for the volunteerssofrom the very beginning it was sharedto all volunteersto give their leisure time like twoto three hours per day and not to feel pressurized for the same.
6. Keeping the Covid 19 guide line in mind there were two types of orientation programme conducted for theidentified volunteers. For Bhubaneswar slumthere are small group orientation programme organizedwhereas for the volunteers of Dhenkanal, Ganjam participated through virtual training.
7. Training was mostly focused on two aspects 1st part was focused on getting basic knowledge onsign and symptoms of Covid 19,addressing the myths and misconception , Do's and Don'ts and the key hygiene practice to be followed to prevent the spreading of Covid 19 , 2nd part was focused onetailed discussion about the campaign, its purpose, role of volunteers and, mobilization skills and key action to be taken.
8. One Leaflet was prepared in Odia language focused on key practices to be followed at family level and handed over to all volunteers to paste at the entrance of the house during their visit. The purpose was to educated and aware each member of house about the hygiene practice to be followed.
9. Before getting in to promotion activities base line information collection was done from the target houses. This was done to understand both Knowledge and current hygiene practice of the family. This question was asked to the elderly person of the family.
10. All total seven questions asked during base line information were collected. All the questionsfocusedon understandingKnowledge, attitude and practice (KAP) related to prevention of Covid 19.

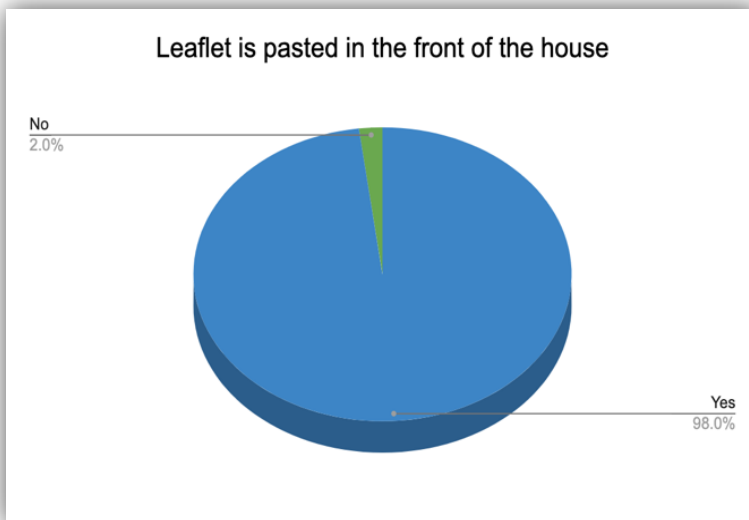
Key findings of the survey after data analysis

There were 7 major questions for analyzing the situation and also measuring the outcomes of the campaign:

1. Whether message leaflet related to Covid 19 provided to the family?

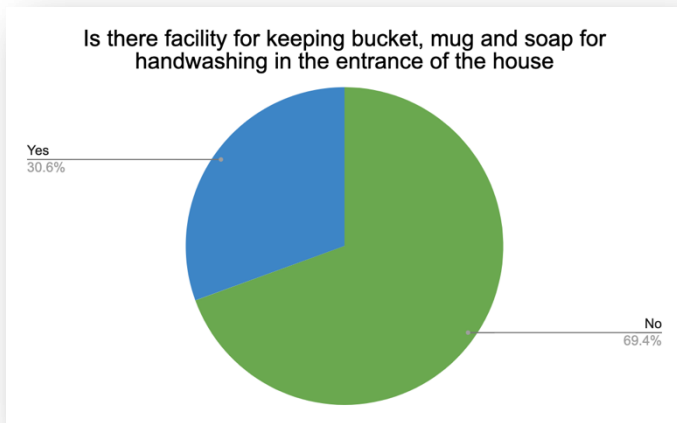


When the volunteers started the survey, they came to a conclusion that around 85.2% of families were not having any leaflet or pamphlets containing the information about COVID-19 was there. They basically are pasted in the wall of the community by the Government and municipality takes care of a follow-up. But there were no instructions about the precaution that one should take to prevent the spread of virus.

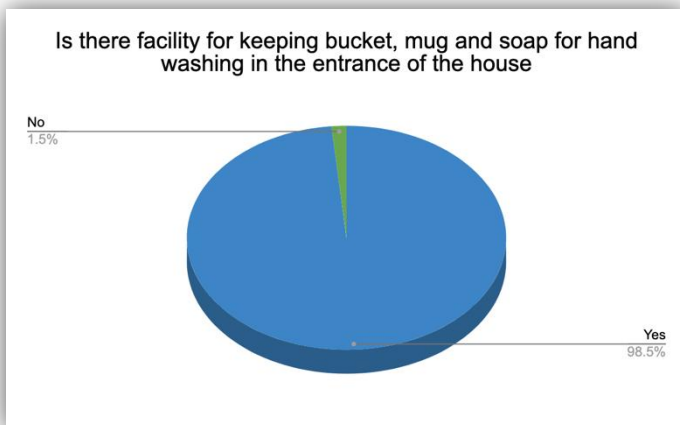


However, after the **“21 days Campaign to improve practice level changes of Corona affected villages”** the survey was taken and a major change was observed considering the leaflet pasted outside the houses of the families. Around 98% of the families had a leaflet outside their house. The leaflet would aware the people in the community to take proper precautions to stay safe during this pandemic.

2. Is there any facility for keeping bucket, mug and soap for handwashing in the entrance of the house?

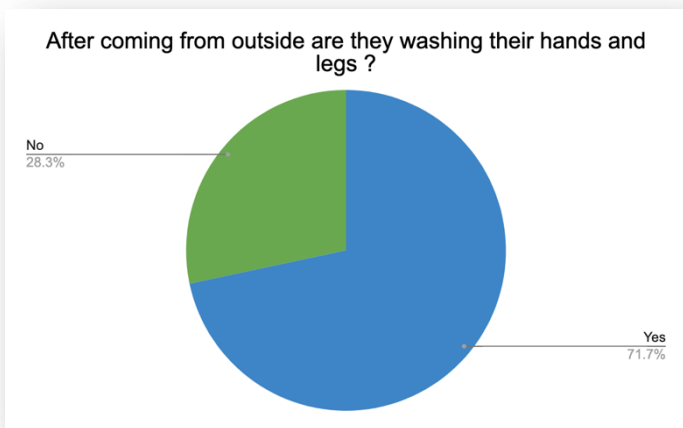


Before the campaign it was observed that roughly 69.4% of families in the community weren't having the facility of a basic wash station outside their house. According to the protocols for maintaining safety, people should wash their hands, face and legs after coming from outside. It was seen that the people in the community aren't aware about the same and didn't have any facility outside their houses to wash their hands and face.



When the campaign was carried out by the volunteers for 21 days in the community. A great impact on the awareness level about the wash station outside the houses of the families was observed. Around 99% of the families now had the facility to wash their hands and face outside their houses. This behavioral change was observed in the community and led to the awareness among the people about how the virus can be prevented by taking precautions.

3. After coming from outside are, they washing their hands and legs with soap?

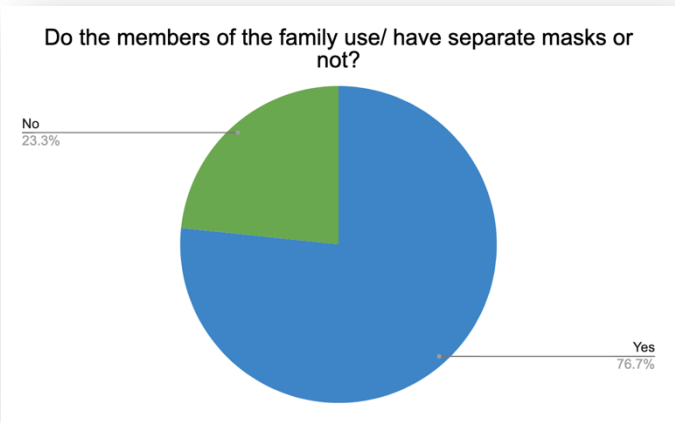


The other question measured the awareness level among the people about the spread of virus. It is an important precaution that the people wash their hands, legs and face after they come from outside. They have contacted someone infected with Coronavirus or touched many surfaces. It was seen that around 28.3% of the people didn't wash their hands, legs and face after coming from outside.

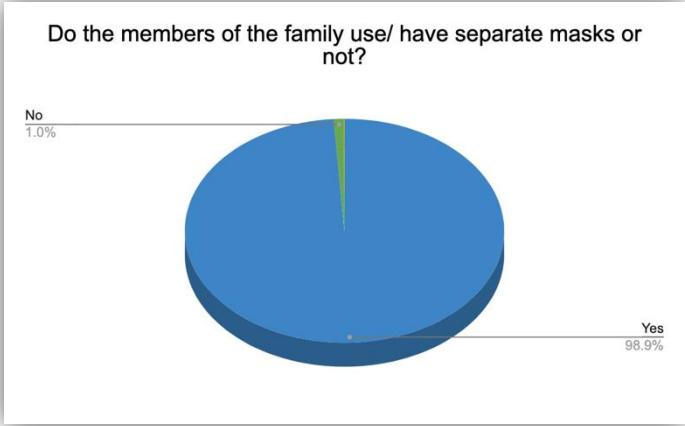


After the campaign it was observed that they were now educated about the importance of washing their hands, legs and face. The goal of community awareness about the same was observed and now people were more responsible and aware about the washing themselves after coming from outside. Now around 98% of families in the community made sure that they wash themselves after coming from outside.

4. Do the members of the family use/ have separate masks or not?

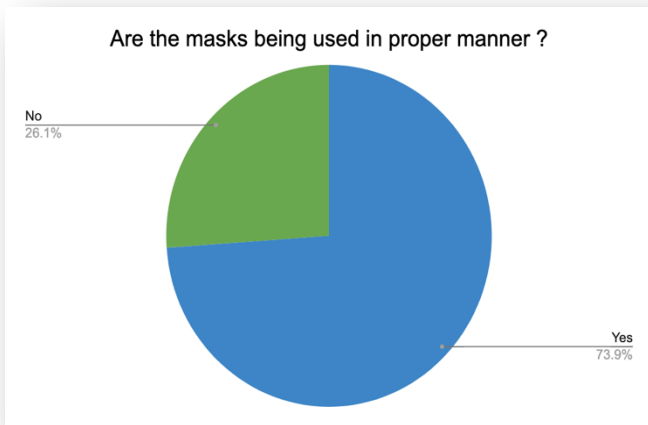


For preventing the virus, it is important that each person should have their separate masks. However, approximately 23.3% of the families in the community were using the masks by sharing it with the other member of the family. The usage of the same masks by different individual can increase the risk of catching the virus.

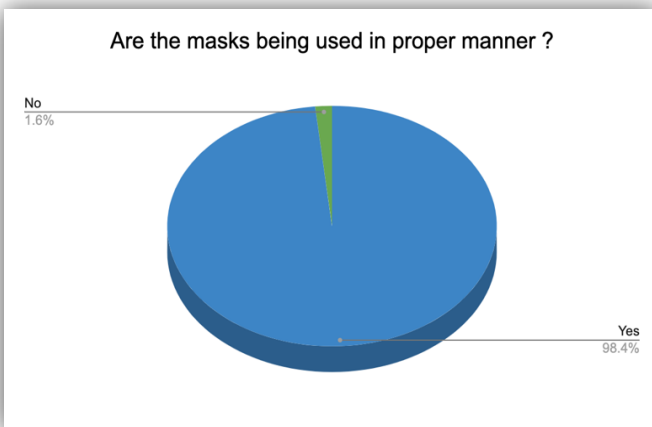


The campaign aimed at educating the people about not using the same mask for more than one individual so as to prevent the risk of coming in contact with the virus. A major change was observed among the people and around 99% of the families in the community were having their individual masks by the end of the campaign.

5. Are the masks being used in proper manner?

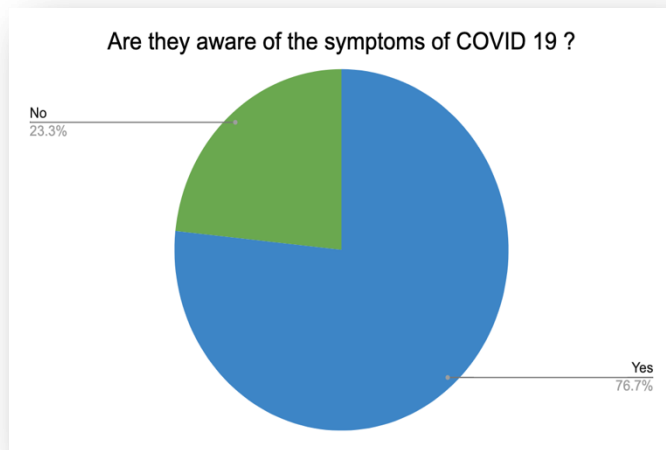


It was observed that before the campaign in the community around 26% of the people weren't aware about the way in which masks is to be used, some people didn't cover their nose and didn't wear it properly. The volunteers taught the people in the community to use a mask in a proper manner during the campaign.

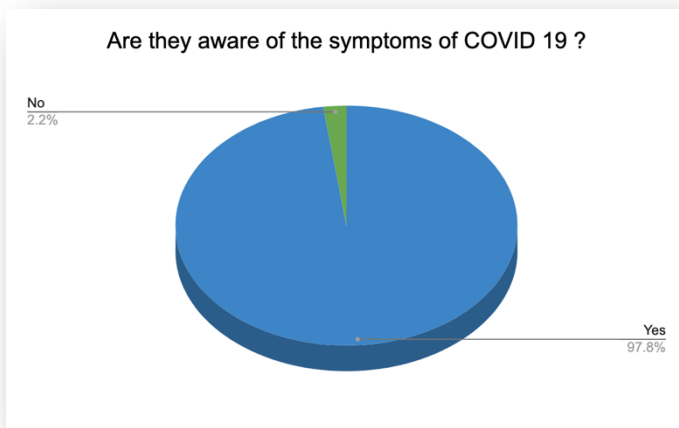


After the campaign, it was observed that around 98-99% of families in the community were now aware about the proper manner in which masks should be used. People in the community were more attentive and responsible towards using a mask properly.

6. Are they aware of the symptoms of COVID 19?

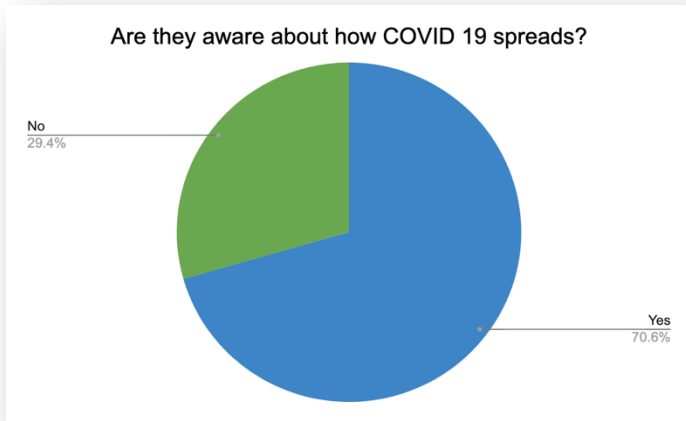


For preventing the virus and taking the precautions for the same, one should be aware about the symptoms of COVID-19 in order for early detection. It was seen that 23.3% of the families in the community weren't aware about the symptoms of COVID-19.

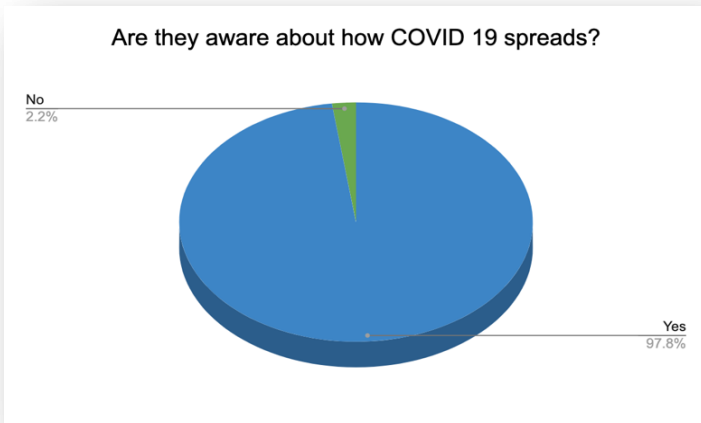


The main objective of this campaign was to create awareness among the people and educate the community about coronavirus and the ways in which it can be prevented. The volunteers educated the families about the virus and the symptoms of COVID-19. After the survey it was observed that around 98% of households were now aware about the symptoms of COVID-19.

7. Are the community aware about how Covid 19 spread?



Before taking all the precautions one should be aware about how the virus is spread from one person to the other otherwise the people may keep practicing the same activities in the community with restricting themselves. About 30% of families weren't aware about the spreading of virus. The volunteers worked towards educating the people about the ways in which the virus can be spread.



The volunteers were successful in educating and sensitizing the families in the community about the ways in which it can be spread in the community and around 98% of the households in the community now knew about precautions that can be taken and how it spreads in the community.

Key Challenges Faced

- Retaining the motivation of the volunteer for twenty-one days till the last day of campaign was great challenge for the field coordination team. There was no committed budget for conducting this campaign. A minimum expense like printing of IEC was managed from another source. And Community youth are been engaged to give their leisure time to lead the process. Though community youth were been agreed from beginning to work without incentive still it was felt appreciating the effort of the volunteers through some kind of motivational gift would have been honor for them.

- Community was in high demand and expecting material support like hygiene kit consists of bucket, soap, and mask. Particularly for the poor family it was difficult to maintain hygiene practice as they have other basic priority to fulfill.

Recommendations

- Regular awareness activities focused on health, HIV, Nutrition, gender-based violence issues very much required for the community.
- Continuous lock down has great economic impact on the family who does not have steady secured income source. Mostly the families from the urban slum of Bhubaneswar lost their job. And it forced to cut down food basket which has impact on children nutrition. So, an activity to improve the nutrition is required.
- Children continue to be extremely impacted by the COVID-19 pandemic that has disrupted everything which we know is critical for children's social, physical, mental and emotional development. So special joyful activities for children by the community volunteers is need of the hour.
- Continuity of health, HIV, nutrition, education, WASH, child protection, gender-based violence, social protection and other social services; assessing and responding to the immediate socio-economic impacts of the COVID-19 response.

Way forward

COVID-19 is still a threat to all each one of us currently, it is important to take the precautions in order to prevent the virus from spreading and affecting all the people around us. Here are some of the precautions that WHO (World Health Organization) has released in order to fight with the virus some make sure to follow the safety precautions to keep yourself healthy.

- **Maintain at least a 1-metre distance between yourself and others** to reduce your risk of infection when they cough, sneeze or speak. Maintain an even greater distance between yourself and others when indoors. The further away, the better.

- Make **wearing a mask** a normal part of being around other people.
- **Clean your hands** before you put your mask on, as well as before and after you take it off.
- Make sure it covers both your nose, mouth and chin.
- Wear a **fabric mask** unless you're in a particular risk group. This is especially important when you can't stay physically distanced, particularly in crowded and poorly ventilated indoor settings.
- Wear a **medical/surgical mask** if you: are over 60, have underlying medical conditions, are feeling unwell, and/or Are looking after an ill family member.
- **Clean and disinfect surfaces** frequently especially those which are regularly touched, such as door handles, faucets and phone screens.
- **Know the full range of symptoms of COVID-19.** The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include loss of taste or smell, aches and pains, headache, sore throat, nasal congestion, red eyes, diarrhea, or a skin rash.
- **Stay home and self-isolate even if you have minor symptoms such as cough, headache, mild fever,** until you recover. Call your health care provider or hotline for advice. Have someone bring you supplies. If you need to leave your house or have someone near you, wear a medical mask to avoid infecting others.
- **If you have a fever, cough and difficulty breathing, seek medical attention immediately. Call by telephone first, if you can** and follow the directions of your local health authority.
- **Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities.** Local and national authorities and public health units are best placed to advise on what people in your area should be doing to protect themselves.



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