

Spearheading



Holistic Approach 4 Mitigating COVID 19 Risk in Urban Slums

End of Evaluation

JANUARY 2022

Project Supported by
BILL & MELINDA
GATES foundation



The Voluntary Health Services (VHS)
Chennai - 600 113

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The Voluntary Health Services (VHS)
Multi-Speciality Hospital
Chennai - 600 113.

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Dr Joseph D Williams
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The Voluntary Health Services (VHS) with the support of Bill and Melinda Gates Foundation (BMGF) is implementing the project on COVID 19 Slum Intervention Project in partnership and collaboration of all key stakeholders and community-based organizations in Kannagi Nagar and Ezhil Nagar resettlement colonies / slums in Chennai. The overall goal of the project is “To flatten the incidence of COVID 19 in the slum communities of Kannagi Nagar through Community Response Teams (CRTs)”. This project has undertaken comprehensive community need based intervention and addressed four core areas such as: COVID 19, WASH, GENDER and NUTRITION along with additional need-based interventions such as: Welfare support, Medical Assistance and Social Protection.

The project has adapted community-led initiatives and engaged Community Response Team for successful implementation of the project and ensured sustainability. Also adapted innovative initiatives and piloted new models to achieve the desired goal and objectives of the project.

The project has undertaken strategic and systematic efforts and ensured: networking of all key stakeholders, evidence based programs, community driven initiatives, developing community-friendly communication materials, use of technology enabled communication considering the COVID 19, enhancing the capacities of community; stakeholders; and media personnel, leveraged resources with the involvement of partners, effective use of local resources, using medical camp as an entry point for reaching out the community members, piloting innovations, ongoing documentation and dissemination, etc which has contributed for achieving the desired goal, objectives, outputs and outcomes.

The project has demonstrated and contributed for: model tools for conducting various studies, sample study reports for slum intervention, developed proto-type communication materials (print and e-friendly), best practices, and new models. Such best practices and resource tools can be of permanent use for adaption and replication as required in other slums both in health and health related programs.

FORWARD

FORWARD

The project has undertaken End of Evaluation by adapting both qualitative and quantitative methods. This report documented the comprehensive project experiences, strategies, approaches, innovations, key achievements and accomplishments, learnings, sustainability / transition details, feedback and experiences of the project team & community members, recommendations for replication / adaption and other details. This document will be of ready reckoner and comprehensive resource document for the NGOs / CBOs, key stakeholders, social workers and other development professionals to refer for planning and implementing the “Holistic Approach ⁴ Mitigating COVID 19 Risk in Urban Slums” and undertaking health and health related developmental initiatives.

VHS Projects Division had a long association with Bill and Melinda Gates Foundation (BMGF). We sincerely thank the BMGF team for their technical and financial support in implementing this project on COVID 19 and provided opportunities to contribute to the prevention of COVID 19 in urban slums.

Our thanks to Honorary Secretary VHS Dr. Suresh Seshadri and the management team for their continued encouragement and support extended. Our thanks to Dr. A. Vijayaraman, Director-Programmes, Ms. K. Priya, M&E Officer, Project Core Team, Community Response Team and key stakeholders for their extensive support extended in successful implementation of this project with innovations and models. Special thanks to health team of Greater Chennai Corporation for their fullest support and collaboration at all stages.

Wish to acknowledge and appreciate the support extended by Dr.T.Ilanchezian and Ms.T.Sudha in reviewing, consolidating, documenting and contributing in preparation of this End of Evaluation report.

Our sincere thanks and appreciation for the enthusiastic and consistent cooperation and support received by the project from the various Health Care Providers, NGOs, Civil Society Organizations, Faith-Based Organizations, Elected Body Representatives, Resident Welfare Associations, Self-Help Groups, Youth Associations, Media Agencies, Tamil Nadu Slum Clearance Board officials, etc during the project.

VHS Projects Division happy to bring out this document titled “SPEARHEADING - Holistic Approach ⁴ Mitigating COVID 19 Risk in Urban Slums” for Slum Intervention Project. We are sharing the same for disseminating our experiences for appropriate usage. Kindly feel free to write to us for any additional information.

Dr Joseph D Williams
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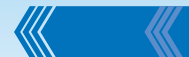
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ALF	Area Level Federation
ATM	Automated Teller Machine
BMGF	Bill and Melinda Gates Foundation
BMI	Body Mass Index
CMS	Catalyst Management Services
COVID	Corona Virus Disease
CRCC	Community Relief Coordination Committee
CRM	Community Resource Mapping
CRTs	Community Response Teams
CSR	Corporate Social Responsibility
EDP	Entrepreneur Development Programme
FGD	Focus Group Discussion
FOs	Field Officers
FTP	Fixed Tour Plan
GBV	Gender-Based Violence
GCC	Greater Chennai Corporation
HB	Hemoglobin
ICDS	Integrated Child Development Services
IEC	Information, Education and Communication
IFA	Iron Folic Acid
ILI	Influenza-Like Illness
IPC	Inter-Personal Communication
KII	Key Informant Interviews
LED	Light Emitting Diode
MAC	Mask Awareness Campaign
MIS	Management Information Systems
M&E	Monitoring and Evaluation
NFHS	National Family Health Survey
NGOs	Non-Governmental Organisations
PCO	Programme Coordinator
PCT	Project Core Team
SA	Situation Assessment
SHGs	Self Help Groups
TG	Transgender
TGI	The George Institute
TNA	Training Need Assessment
TNSCB	Tamil Nadu Slum Clearance Board
UPHC	Urban Primary Health Center
VHS	Voluntary Health Services
WASH	Water Sanitation and Hygiene

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Spearheading



VHS-COVID 19 Slum Intervention Project
— An overview

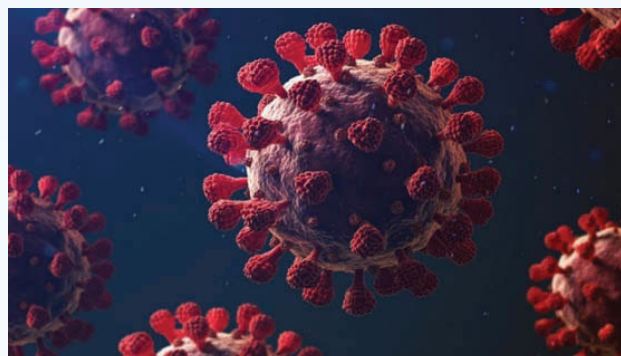


VHS-COVID 19 Slum Intervention Project – An overview

1

1.1. Background

Coronavirus Disease 2019 (COVID 19) is an infectious disease caused by a new type of virus. The disease originated in Wuhan, China and has since spread globally. On March 11, 2020, the World Health Organisation declared the COVID 19 to be a global pandemic. The first confirmed case in India was on January 30, 2020. Since then, there has been a consistent rise in the number of cases within the country¹. In Tamil Nadu, the first confirmed case was identified and reported on March 07, 2020, in Kanchipuram District².



Phase-wise COVID 19 lockdowns: The largest COVID 19 lockdown in the world has been extended till May 03 and India has proactively ensured the closedown of international borders and enforce immediate lockdown considering the surge in corona cases across the nation³. There were 4 critical lockdowns as illustrated in the picture and government further extended the lockdown till September 30, 2020, with relaxations.

The pandemic had a devastating impact on the urban poor given the overcrowded living conditions and limited access to basic services like water, sanitation, nutrition, health services, loss of jobs and no income due to lockdown. The inability to cope with the lockdown measures and follow COVID 19 related guidelines like social distancing with the slum as well as within the household have manifested more visibly among the urban poor.



1. <https://prcindia.org/COVID-19/overview>

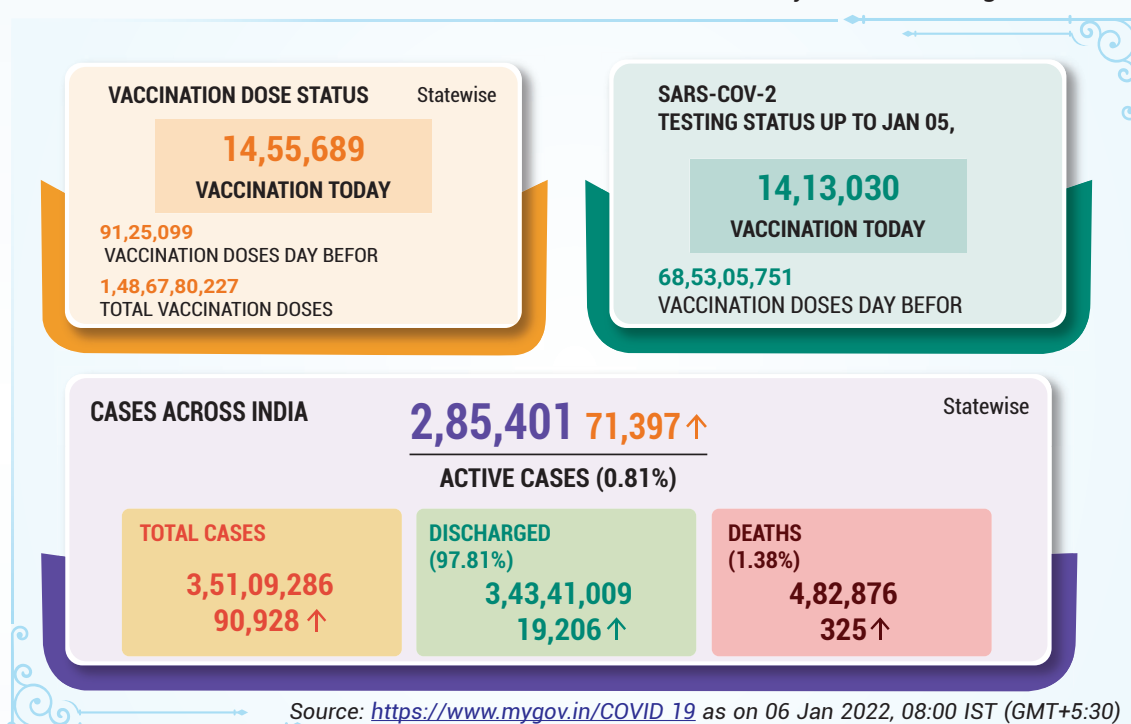
2. Tamil Nadu reports first case of Coronavirus; patient quarantined in Chennai Government Hospital, The Economic Times, March 29, 2020. https://economictimes.indiatimes.com/news/politics-and-nation/tamil-nadu-reports-first-case-of-coronavirus-patient-quarantined-in-government-hospital-in-chennai/articleshow/74529929.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

3. India under COVID 19 lockdown, The Lancet, April 25, 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)30938-7](https://doi.org/10.1016/S0140-6736(20)30938-7). [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30938-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30938-7/fulltext)

Government of India is taking all necessary steps to ensure that India is prepared well to face the challenge and threat posed by the growing pandemic of COVID 19 the Corona Virus. The most important factor in preventing the spread of the Virus locally is to empower the citizens with the right information and taking precautions as per the advisories being issued by Ministry of Health & Family Welfare at regular intervals. India is facing tremendous challenges in its efforts to control COVID 19. For addressing these challenges, India has taken comprehensive and control measures in a consistent manner.

Some of the prevention and control measures will include: sustaining COVID appropriate behaviour (including the prevention practices), Contact Tracing, Testing and Quarantine, restrictions (curfew, shutdown, use of public transport, closure of markets, complete lockdown), etc. In addition to the behavioural measures for COVID prevention, option of vaccine has also been made available. India has developed Covaxin Indigenously and along with the Covishield has been made available for the India people and the same is being made available at free of cost. Further, India has undertaken response in creating large care and treatment facilities to minimize the complications and mortality⁴.

The national level dashboard indicators on COVID 19 as of January 06, 2022 are given below:



The first case of Corona Virus was confirmed on March 07, 2020, in a resident from Kancheepuram in Chennai. Tamil Nadu government has undertaken COVID control measures on war-footing by involving bureaucrats, forming state level COVID advisory committee, engaging district authorities, greater engagement of health team and involving other key stakeholders, etc. Also developed integrated "War Room" model with a centralized command control. In addition to the strategic efforts undertaken, the state has also piloted engaging field workers as "Foot Soldiers" in the war against by undertaking door to door visits in the cities.

The government has also introduced "Field Triage and Tracking" to ensure early identification of severe cases including addressing the major problems of anxiety that is while preventing among those suffering from Influenza Like Illness (ILIs). As a part of the massive vaccination drive, the government has launched vaccination programs in: Government hospitals, private health care facilities, temporary vaccination centers in residential areas, workplaces, industrial areas and apartments / gated communities, apart from the launching a doorstep vaccination program for the bedridden and differently abled⁵.

4. Prevention and control of COVID 19 in India: Strategies and options - Rajneesh K. Joshi and Sanjay M. Mehendale - Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8313043/>

5. R. Vijayakumar, Editor, Frontline COVID 19 Chennai Success Story, May 27, 2021.

The state level dashboard indicators on COVID 19 as of January 06, 2022 are:

State	Total Cases	Active	Discharged	Deaths	Active ratio	Discharge ratio	Death ratio
Tamil Nadu	27,60,449	16,577	27,07,058	36,814	0.60%	98.07%	1.33%

Source: https://www.mygov.in/COVID_19 as on 06 Jan 2022, 08:00 IST (GMT+5:30)

The Chennai Corporation has identified Kannagi Nagar and Ezhil Nagar as a focal point in its COVID 19 prevention and containment plan since they identified 27 COVID 19 positive cases from the two areas at the beginning of the pandemic. The focus is on six aspects namely, active surveillance, passive surveillance, dedicated control rooms, enforcement action, outreach action and intensified routine activities. About 150 fever survey, workers have been identified by the corporation and a dedicated control room has been set up. The challenges identified in addressing the pandemic are overcrowding & narrow public spaces, social distancing, non-compliance with behaviour change messages, inadequate supply of masks and hygiene kits. Ever since the COVID 19 outbreak, the first case reported in Zone 15-Sholingnallur of Greater Chennai Corporation was on April 30, 2020, with one positive case and the spread of the virus has been in the raise and as on November 04, 2020, following is COVID 19 status in the target area:

Zone 15	Sholingnallur
Recovered	5,282
Death	46
Active cases	90
Total Positive cases	5,148

Source: <http://COVID19.chennaicorporation.gov.in/c19/index.jsp>

Voluntary Health Services (VHS) was established in 1958 by Dr. K.S. Sanjivi, an eminent physician, distinguished teacher and visionary leader. Today, VHS is a 465 bedded multi-specialty tertiary teaching hospital guided by the philosophy of "unto the last". VHS is registered as a non-profit society. VHS offers affordable medical care services to low-income groups and people belonging to deprived backgrounds based on their health care needs rather than their ability to pay. VHS has nearly 75 experienced physicians and leading specialists offer their time and expertise in an honorary capacity to manage 23 departments of VHS.



Dr. K. S. SANJIVI

FOUNDER, VHS

Father of Primary Care Movement in India



VHS established Community Health Alliance for Research, Training, Empowerment and Resource Development (CHARTERED) as Projects Division, aimed at strengthening the response to public health issues, effectively managing VHS administered Projects, mobilizing resources and improving program efficiencies.

Projects Division of VHS has been at the forefront of managing comprehensive community health and STI/HIV prevention programs for marginalized population, sexual minorities and deprived groups. Backed by nearly 27 years of wide-ranging experiences in implementing HIV/AIDS prevention, care and support programs, building the capacity of Civil Society Organizations (CSOs) and training health care providers, VHS has built a reputation for understanding and addressing the needs of disadvantaged communities. VHS Projects Division has demonstrated experiences in implementation, knowledge transfer, providing technical assistance, piloting innovations / demonstration of models, research, documentation, dissemination, etc.

The **COVID 19 Slum Intervention Project**, a community-led initiative by the Voluntary Health Services (VHS) funded by the Bill and Melinda Gates Foundation (BMGF) implemented in (launched on August 19, 2020 and was completed on September 30, 2021) one of the biggest resettlement colonies in Chennai city, Tamil Nadu, India – Kannagi Nagar and Ezhil Nagar in Zone 15 of the Greater Chennai Corporation.

1.2. Goal and objectives of the project

Goal

The overall goal of the project is "To flatten the incidence of COVID 19 in the slum communities of Kannagi Nagar through Community Response Teams (CRTs)".

Objective

The objective of the project is "To reduce COVID 19 incidence and mortality by establishing and fostering Community Response Teams (CRTs) in Kannagi Nagar and Ezhil Nagar Slum Communities of Chennai".

1.3. Project period

The COVID 19 Slum Intervention Project has been implemented from August 19, 2020 and was completed on September 30, 2021 followed by consolidation, transition and dissemination.

1.4. Target group

The VHS community engagement model was firmly anchored on a multi-stakeholder partnership and is built on their deep understanding on the needs and concerns of the community. Broadly, two types of stakeholders were involved in the COVID 19 Slum Intervention Project – Primary and Secondary stakeholders.

- **Primary stakeholders** – They included individuals and groups who represent the community and have a direct and specific interest in the planning, participation and monitoring and evaluation. The primary stakeholders in the project included both representatives of the community (Field Officers and Nanbans / COVID Warriors) and Self-Help Groups (SHGs). The target group and age group covered as a part of each core area are:

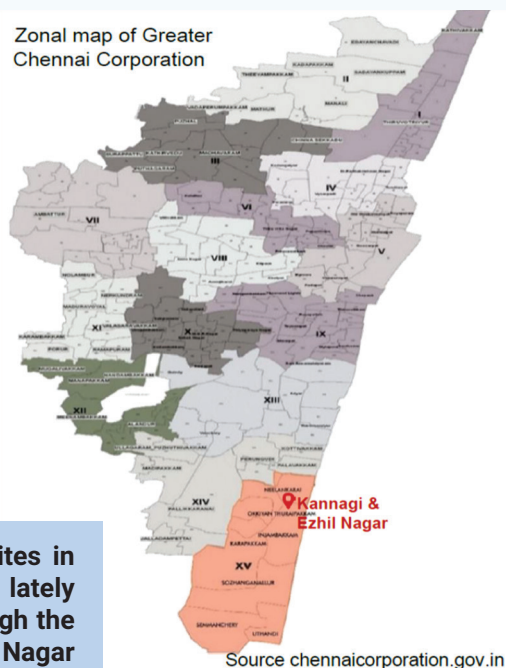
Key areas	Age group
COVID 19	All age group (Men, Women and TGs)
WASH	18-45 age group (Women and TGs)
GENDER	20-40 age group (Women and TGs)
NUTRITION	18-45 age group (Women and TGs)

- **Secondary stakeholders** – Included those who also have an interest in community engagement but not as directly as the primary stakeholders. The secondary stakeholders included VHS, as the key implementing agency, government, Non-Governmental Organisations (NGOs) operating within the intervention area and influencers.

The **community engagement** was multi-faceted and had four dimensions or the **four 'I's** - Identification, Investment, Involvement and Integration.

1.5. Intervention area

The COVID 19 Slum Intervention Project considered to be highly relevant for Kannagi Nagar and Ezhil Nagar as these resettlement colonies. Apart from the existing challenges faced by the communities including poor living conditions, lack of basic services, individual incapacities etc., the COVID 19 pandemic further complicated the interactions of these factors made the communities highly vulnerable to the COVID 19 pandemic. The profile of the intervention area are:



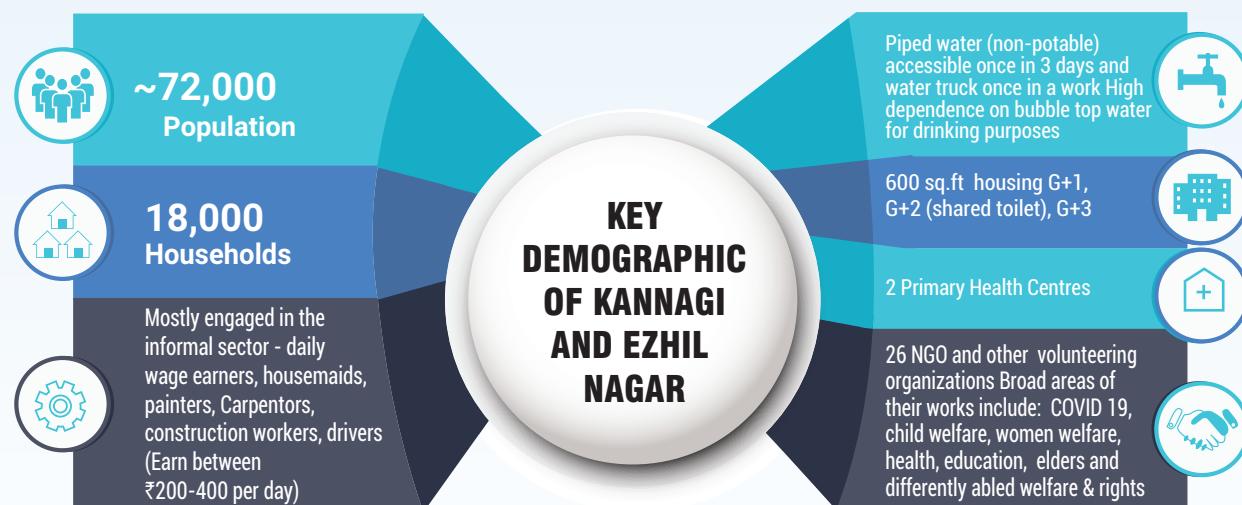
Chennai Kannagi Nagar

One of the largest built resettlement sites in India, housing over 80,000 people, has lately transformed into city's Art District through the efforts of STTART foundation. Kannagi Nagar is the first Art District with 16 Murals were painted in all.

- **Kannagi Nagar** and its neighbouring **Ezhil Nagar** is one of the largest resettlement colonies in the outskirts of Chennai. This settlement is a part of Division 195 of Zone XV. Between 2000 and 2010, residents from several slums within Chennai city were relocated here in a phased manner. After the tsunami of 2004, affected fishermen were relocated to Kannagi Nagar. Located near waterlogged spaces, the community deals with a myriad of issues including poor access to potable water, lack of sanitation and poor solid waste management.
- The main source of potable water is public standpipes. The water supplied by the Chennai Corporation is unfit for human consumption and the residents largely depend on canned water which poses a heavy financial burden. The piped water is mostly used for cooking, bathing and cleaning. Contact with the water has resulted in skin allergies among few residents.
- In addition, crime, substance abuse and gender violence are highly prevalent in these colonies. In a recent study by Voluntary Health Services (VHS) in 2021, over 85 per cent of women were found to be victims of physical and/or sexual violence in their homes, which is observed to be more than double the percentage found in the National Family Health Survey (NFHS-4, 2015-2016).

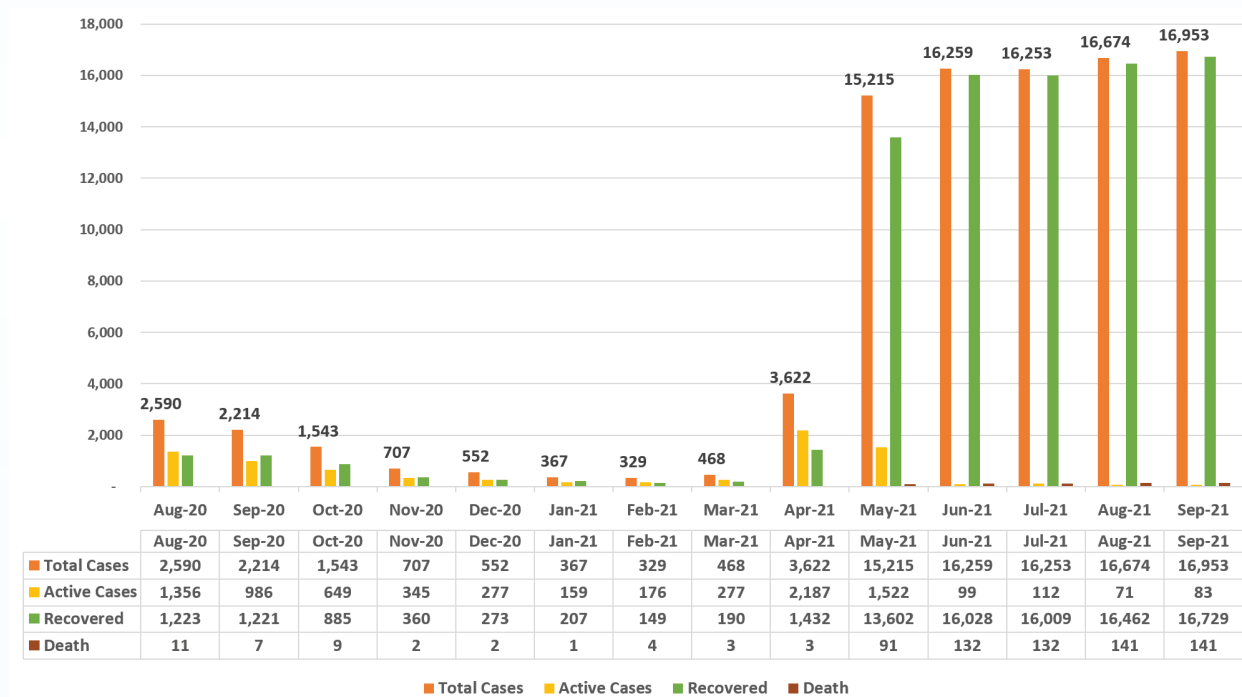
- With the onset of the coronavirus pandemic and rising cases, these settlements were identified as vulnerable clusters by the Chennai Corporation and designated Kannagi Nagar as a focal point for its COVID 19 prevention and containment plan from the beginning.

Key demographic of Kannagi and Ezhil Nagar:



Source: VHS, 2021

The following table shows a glimpse of COVID 19 cases in Zone XV - for the period from Aug 2020 to Sep 2021.



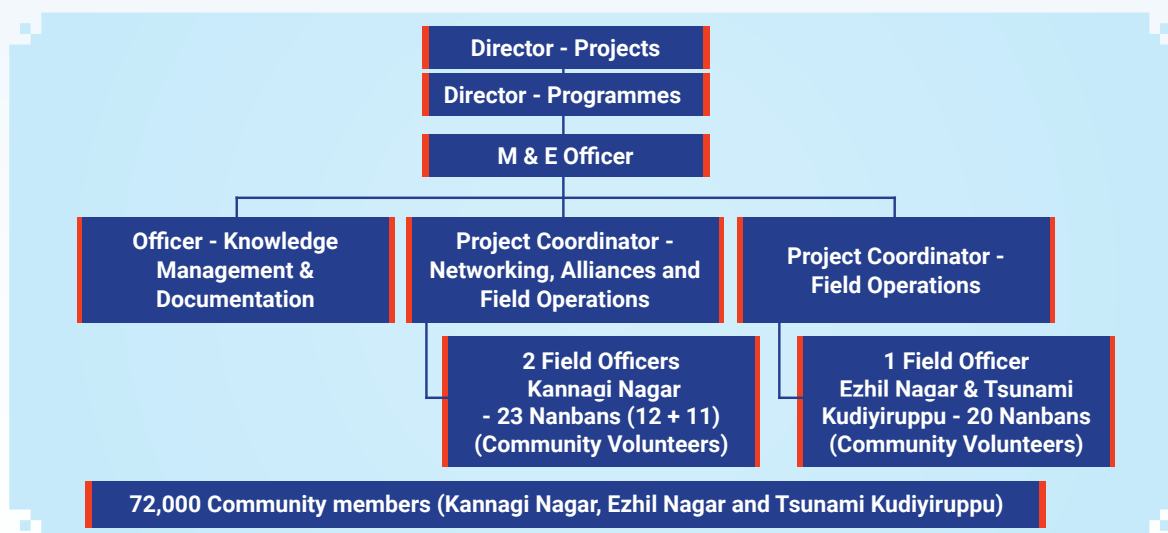
Data source: Greater Chennai Corporation

Considering the COVID 19 situations and community needs, VHS evolved the community-centric model and approaches for implementing the COVID 19 Slum Intervention Project in Kannagi Nagar and Ezhil Nagar. In this chapter, efforts have been made to detail the information on project management, reach plan, trainings conducted, key stakeholders involved in this project, key strategies, approaches, core focus areas and additional need-based intervention areas and other aspects.

1.6. Project management (Organogram, roles & responsibilities of key functionaries)

The project has established a simple Project Management System by engaging the community for:

- Effective planning, coordinating and conducting the program
- Enlisting the support of all key stakeholders and ensuring their support
- Systematic implementation of the project / planned activities in a coordinated manner
- Undertake capacity building initiatives and enhance the capacities of the Community Response Team
- Develop systems and plans to reach the desired target population
- Undertake mentoring, monitoring and handholding support to the team for achieving the desired results
- Managing the project activities at all levels and evolve systems and plans for transition and sustained efforts



1.7. Key strategies

The project has undertaken systematic and strategic efforts for planning and implementation of the planned activities. The project has adapted the key strategies such as:

- Evidence-based program
- Community and stakeholders' engagement for sustained response
- Capacity building of the community
- Promote awareness, behavioural practices and treatment seeking behaviour
- Comprehensive communication approaches including conventional and tech-enabled communication
- Community-led communication initiatives
- Creating enabling environment and eliminating stigma and discrimination
- Comprehensive approach to address community health needs by promoting prevention of COVID 19, promoting vaccination and treatment for COVID positives (core areas: COVID 19, WASH, GENDER and NUTRITION and additional need-based intervention areas: Welfare Support, Medical Assistance and Social Protection)
- Addressing gender issues including women rights and prevention of sexual harassment / violence against women / girls
- Referral and linkages for welfare for social protection
- Piloting innovations
- Management Information System
- Follow-up, sustainability and transition

These key strategies supported with strategic approaches and activities has contributed for achieving the desired results through community led initiative model.

1.8. Key approaches

Considering the project goal, objectives and strategies, the project has adapted the following key approaches for execution of the project activities with the engagement of community and key stakeholders in the intervention areas. Some of the key approaches used in the project will include:

- Geographical coverage
- Community and area-based approach
- Partnership building & networking efforts for greater engagement of community stakeholders & best use of resources
- Capacity building of community, stakeholders and others
- Community-led communication materials
- Outreach supported with inter-personal communication (One to one, group discussion, counselling & home visits)
- Camps and events
- Demonstrations
- Social media campaigns and tech-enabled communication
- Inclusive approach (addressing core and additional need-based interventions)
- Referral and linkages
- Research studies, success stories / best practices
- Community engagement in planning and monitoring
- M&E, documentation and dissemination
- Transition and sustainability
- Continuity of learning

The project team with the involvement of the CRT undertaken the above key approaches for reaching out the intended target audience and community members in the intervention area of Kannagi Nagar and Ezhil Nagar. The project has adapted multi-pronged comprehensive approaches for addressing the project priorities by ensuring sustainability elements. The project has also adapted the evidence-based, geographical focused, community-led comprehensive COVID 19 prevention initiatives (addressing core and additional need-based interventions), complementing the ongoing government initiatives, effective use of resources, integrated system for transition and sustainability, etc. The project has also integrated ongoing research studies, documentation of best practices / case studies, dissemination with all key stakeholders at intervention level and state level, etc.

1.9. Project Team

VHS – The project team comprising of the Project Officer and Project coordinators, provided management leadership resulting in strategic and programmatic directions which is critical to the success of the project. Regular review meetings were key to understand the emerging issues and needs of the community. Through this meaningful and iterative process, VHS was able to build a multi-faceted programme that factored in Welfare Support, Medical Assistance and Social Protection along with the core thematic areas, that is, COVID 19, WASH, GENDER and NUTRITION.



1.9.1. Roles and Responsibilities of Project Core Team (PCT) and Community Response Team (CRT)

Project Coordinator (PCO)

The project has **three Project Coordinators** (which includes 2 PCOs and 1 Officer - Knowledge Management & Documentation on the same level). Amongst these, two PCOs were primarily responsible for specific area and undertake the following responsibilities:

- Facilitate community interactions and develop community engagement in the entire project period.
- Extend support in undertaking resource mapping and evolve appropriate plans.
- Identify and engage key stakeholders for ensuring coordinated response.
- Extend support in identifying and recruiting community members as Nanbans and Field Officers, allocate area and guide them for roll-out of activities.
- Develop systems and conduct capacity building initiatives for the project team and to the other key stakeholders.
- Undertake need assessment, develop training plans, conduct capacity building programs, contribute to enhance the capacities of the field team.
- Extend support in developing creative innovative community friendly IEC materials on core areas and additional need-based interventions for creating awareness and linking with services.
- Each PCO is accountable for reaching out to the target population of 13,000 to 14,000 households by engaging Field Officers and Nanbans.
- Promote community response at every level of the project and enhance community response for sustained initiatives.
- Conduct weekly and monthly review meetings with the field officers and Nanbans, collect data on the identified indicators, consolidate and submit reports.
- Develop systems and mechanisms for engaging all key stakeholders, undertake specific activities without duplication of efforts, coordinate with Greater Chennai Corporation health team for execution of the activities on COVID 19.
- Identify field level challenges, undertake strategic efforts in coordination with the project team and address the same.
- Extend support in organizing communication events, awareness programs, health camps, vaccine awareness camps, linkage with social protections, social media campaigns, developing IEC materials, etc.
- Support all the project level initiatives during the entire lifetime of the project including undertaking innovative initiatives and piloting models.
- Extend support in documentation of case studies, resource mapping, baseline study and other studies undertaken based on the priorities of the project.
- Mentoring and monitoring the field officers and Nanbans in the allocated geographical area and evolve all systems and strategic approaches to reach the desired target groups with effective home visits and outreach initiatives.
- Execution of the feedback and suggestions provided by PCT on monthly basis and demonstrate results.

Note: In addition to the above roles and responsibilities, PCO networking and alliance will undertake key activities for establishing and engaging key stakeholders by ensuring partnerships for sustaining the project efforts.

Community Response Team – Criteria, Profile and Roles

Field Officers (FOs)

The project has **three women Field Officers**, all residents of Kannagi Nagar.

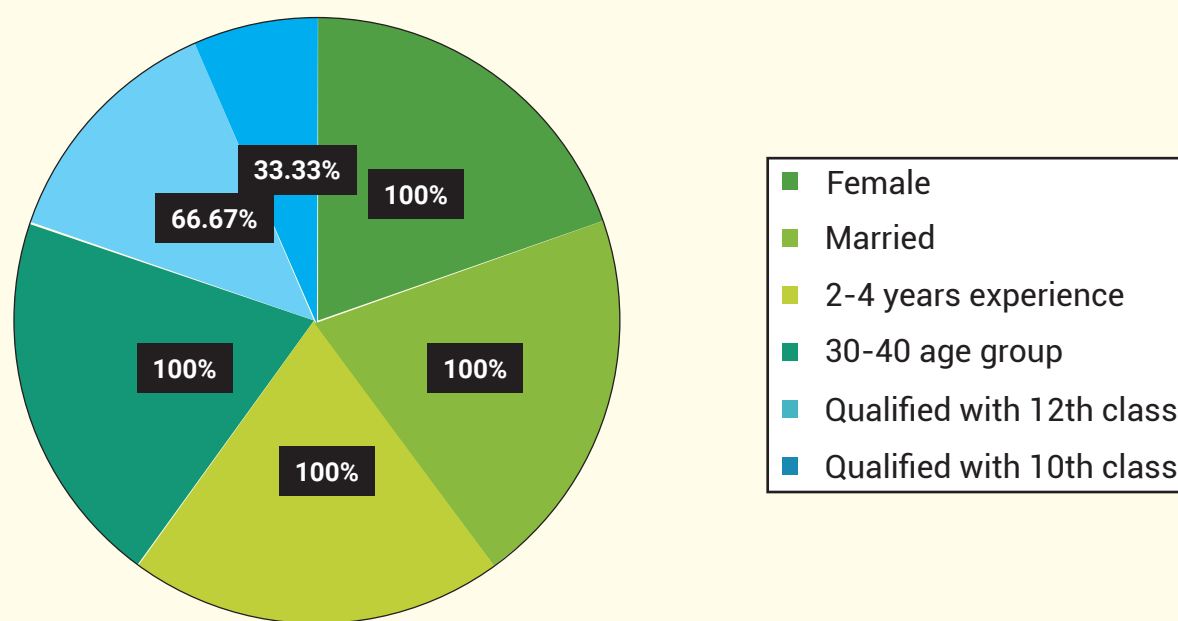
Criteria: Some of the basic criteria adapted for selection of Field Officers will include:

- Minimum 10th pass or above
- 2-3 years of previous experience
- Living in same area with good understanding of community members/area
- Having good communication and writing skills
- Willing to work on full-time basis to carryout the responsibilities and planned activities
- Ability to lead, guide and coordinate the team

Profile of Field Officers:

- Out of 3 FOs, all 3 of them are female and all are married
- Similarly, all 3 FOs are from the same area with experience of 2-4 years in community outreach and health / health related programs.
- All 3 FOs are in the age group of 30-40.
- Amongst the 3 FOs, 2 of them are qualified with 12th class and 1 FO is qualified with 10th class pass.

Profile of 3 Field Officers



All the FOs represented from the same area, gained experience in working in the same geographical area with the slum dwellers with good understanding on community outreach, managing health programs and leading the team in execution and management of the activities.

Roles of Field Officers: The following are the responsibilities of Field Officers:

- The field officers served as the link between the community and the project team.
- Feedbacks and suggestions gathered from community members during house visits were communicated to the project team based on which relevant interventions were planned.

- The field officers were responsible for the allocation of households to Nanbans daily and regularly monitored their work.
- Each field officer will extend support to 10-12 Nanbans in the intervention area (about 72,000 population covering 25,800 households).
- The field officers are mentors and are also the first point of contact for Nanbans in case of any issues or problems faced at the field level.
- Facilitate capacity building of Nanbans in coordination with the Project Coordinators.
- Provide need-based guidance to overcome the field level challenges through handholding, mentoring and monitoring.
- Coordinate and extend support in conducting medical camps, conduct review meetings, participate as a resource person in the training programs for Nanbans, undertake awareness programs with the geographical area, etc in close coordination with the government health department.
- Undertake accompanied visits for facilitating group discussions and community consultations.
- Planning, organizing and coordinating the health camps in the intervention area in coordination with PCO and Nanbans.
- Overall accountable for reaching the targets / community members and contribute to achieving the desired results.



Nanbans (Community Volunteers) / COVID Warriors

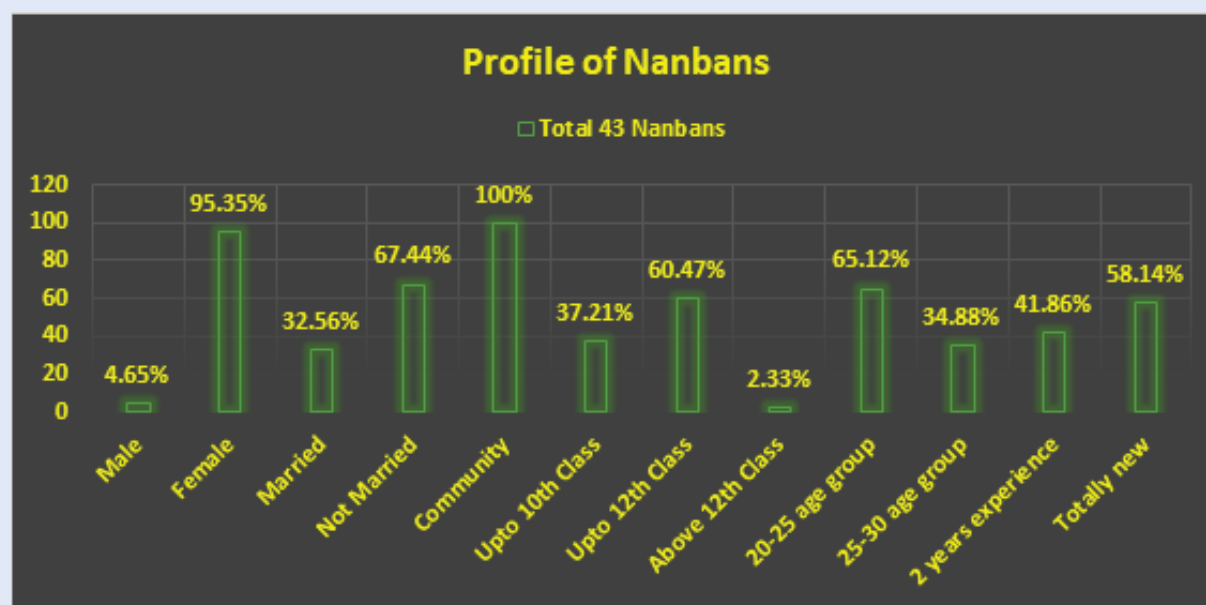
Forty-three Nanbans were carefully selected by the Project Coordinators to serve as the single-point link to beneficiaries. Each Nanban contributed on part-time basis by working about 4-5 hours on each day.

Criteria: The project has identified the minimal criteria for selection of the community volunteers for undertaking part-time work. Some of the basic criteria adapted for selection of Nanbans will include:

- Minimum 10th class
- Completed 18 years of age
- Male or female representing from the community
- Living in the same area
- Willingness to work with the community on COVID & other community needs
- Having basic communication and writing skills
- Acceptance at community level
- Minimal experience in working with community (preference)
- Willing to work for 4-5 hours in a day & serve for their community members
- Creating employment opportunity for the unemployed by enhancing their knowledge and skills

Profile of Nanbans:

- Out of 43 Nanbans, 2 (4.65%) are male and 41 (95.35%) are females.
- Amongst the 43 Nanbans, 14 (32.56%) of them are married and other 29 (67.44%) Nanbans are not married.
- 100% of Nanbans are from same community and living in the same area
- 16 (37.21%) Nanbans qualified with upto 10th class, 26 (60.47%) Nanbans are qualified upto 12th class and only 1 (2.33%) Nanban is qualified with more than 12th class.
- 28 (65.12%) Nanbans are in the age group of 20-25 and the remaining 15 (34.88%) Nanbans are in the age group between 25-30.
- Amongst 43 Nanbans, 18 (41.86%) of them had minimum two years of experience in working with community members and the remaining 25 (58.14%) Nanbans are totally new to the community work.



Roles of Nanbans: The following are the responsibilities of Nanbans:

- Carry outdoor-to-door surveys
- Undertake outreach and IPC activities covering 600 households in the geographical area allocated, undertaking home visits to 40 houses in a day based on the travel plan.
- Conduct house visits and disseminate information on core thematic areas
- Conduct awareness programs on COVID 19 protocols and WASH
- Mobilize the community to access medical camps
- Distribution of masks and sanitizers
- Regular monitoring of community members on adherence to COVID 19 protocol, hand-washing behavior and intake of nutritious food.
- Support in identifying the person with symptoms, refer the screening, promote quarantine / treatment for person found for COVID positive, promote vaccination by adhering schedules, etc.
- Counselling referrals and follow-up
- Linking community members to social welfare schemes through NGOs
- Coordinate with corporation health team in ensuring the effective response for COVID 19.
- Regular reporting to Field officers on project coverage and status
- Carryout activities on part-time basis and available for the community needs as and when required and share information through phone as required.

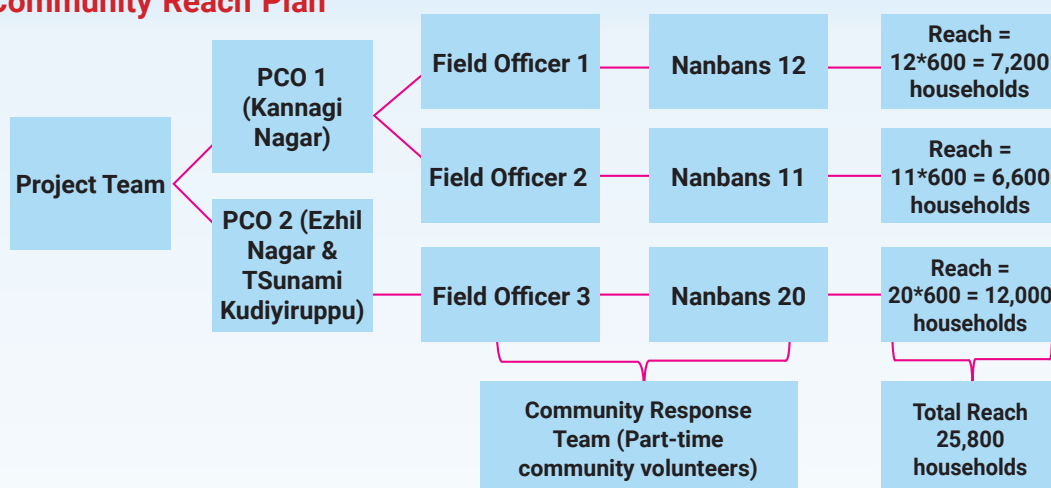
The field level team (2-Project Coordinators, 3-Field Officers and 43-Nanbans) are guided, mentored and monitored by the M&E Officer, Director - Programmes with the strategic guidance of Director - Projects. In addition, Officer - Knowledge Management & Documentation extends support to the team in ensuring Knowledge Management Systems, documentation (project activities, case studies, best practices, assessment studies, etc) and facilitate in dissemination of the learnings and experiences with key stakeholders.



Permission from the Greater Chennai Corporation obtained for continuing the outreach services of frontline workers – Nanbans / COVID Warriors and FOs in the urban slums

Considering the lockdown guidelines, special permission for the frontline workers (Nanbans and FOs) were obtained from Zone XV – Greater Chennai Corporation the project to continue their outreach services in the urban slums. The Nanbans and FOs collaborated with the Greater Chennai Corporation officials in identifying and providing the need-based support for their communities, during the time of pandemic. Adequate and appropriate COVID appropriate behaviour were strictly followed by the front-line workers during their outreach and all of them remained safe.

1.10. Community Reach Plan



1.11. Trainings provided to community volunteers



The project has undertaken systematic and strategic initiatives in identifying the community needs and priorities for undertaking the key activities to address their needs. Considering the project priorities, the Project Core Team (PCT) has undertaken the Training Need Assessment (TNA) and developed a comprehensive Training Plan (TP) and schedule. The same has also been discussed with Field Officers and the Nanbans and finalized the training plan.

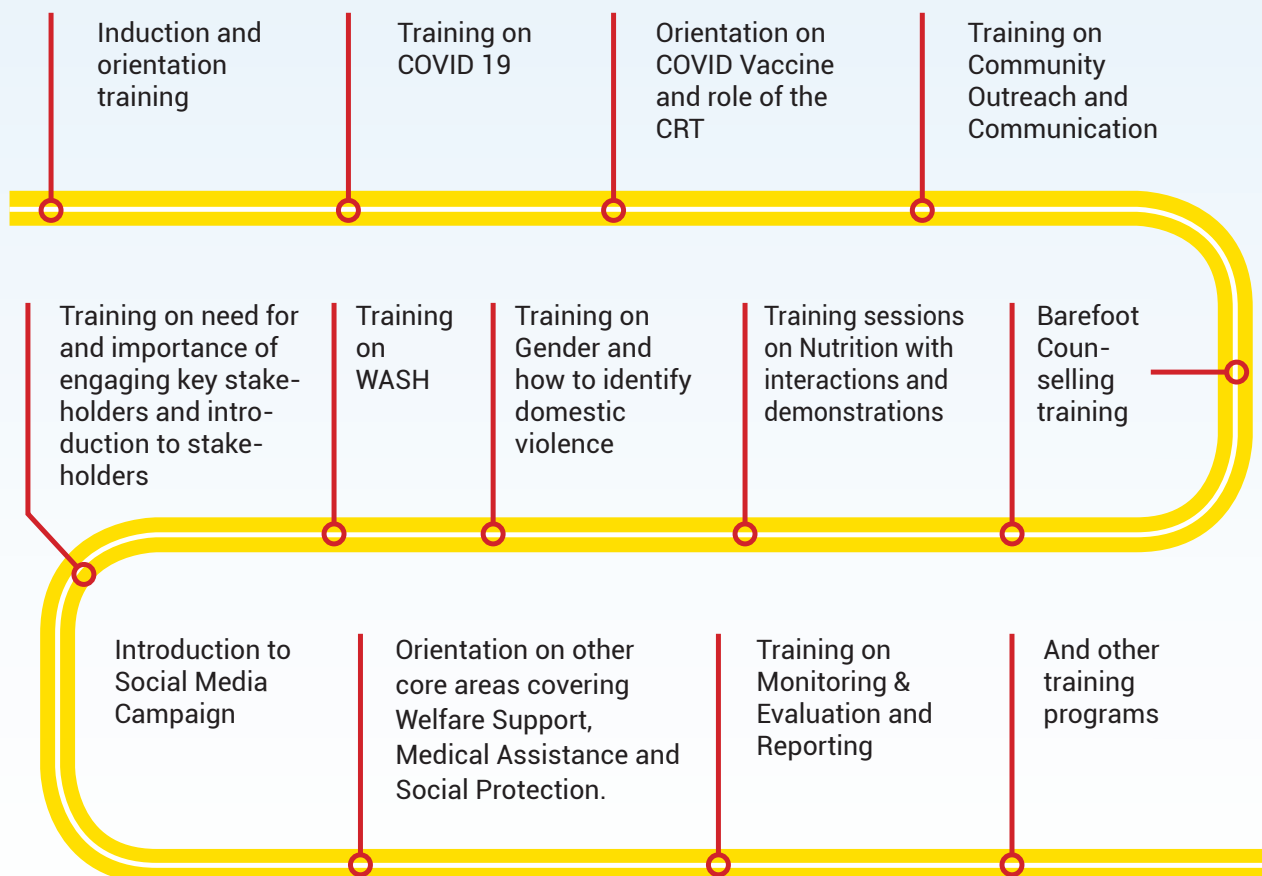
Based on the training plan evolved, the project team has undertaken efforts in identifying the technical experts for conducting the training program, identification / development of resource materials / training kit and mapping of resources available for conducting the training program. The Project Core Team has developed and standardized the project specific and role specific resource materials and conducted the training program in an orderly way.

Capacity Building of Community Response Team: The project team has undertaken need-based training programs in a phased manner with the plan to improve their required knowledge and skills. The training has been planned for:

- Common training for all the CRTs
- Specific training programs for FOs / Nanbans separately

The project has conducted the following 24 capacity building programs and contributed for enhancing the knowledge and skills of the CRT to perform their roles and responsibilities for implementing and delivering the results.

Some of the key training programs conducted and imparted will include:



In addition to this, the project has also facilitated experience sharing meetings, identifying field level issues and evolve plans to overcome the challenges, supportive supervision during the on-job training, review and feedback on their community outreach communication, etc. The project has adapted the following **participatory training methodologies** while conducting the training programs for Field Officers and Nanbans.

- ★ Orientation / induction supported with presentations and lectures
- ★ Question and Answer session
- ★ Group discussions
- ★ Role play
- ★ Case studies
- ★ Experience sharing
- ★ Field visits supported with mentoring / on-job training
- ★ Simulation games
- ★ Screening of films and videos on community interactions / challenges
- ★ Interaction with community members to understand their expectations
- ★ Feedback sessions
- ★ And other methodologies

The training sessions were conducted in regional language by using simple sentences in a way the Community Response Team can understand. Overall, the trainings focused on improving the knowledge and skills to perform their roles and responsibilities to achieve the desired project goals and results.

The team were also provided with practical training on IPC activities with the ability to communicate effectively with the slum dwellers and countering myth and misconceptions existing among the community members. Every training is supported with systematic follow-up and mentoring by the PCO and project team.

The training programs were conducted at VHS Project Office, VHS Field Office and at field level by using the facilities such as: Community Hall, school buildings, health facilities, etc for effective use of local resources. Overall, the project has facilitated and conducted **24 training programs** to enable the CRT to perform efficiently and effectively.

1.12. Engagement of key stakeholders for sustenance

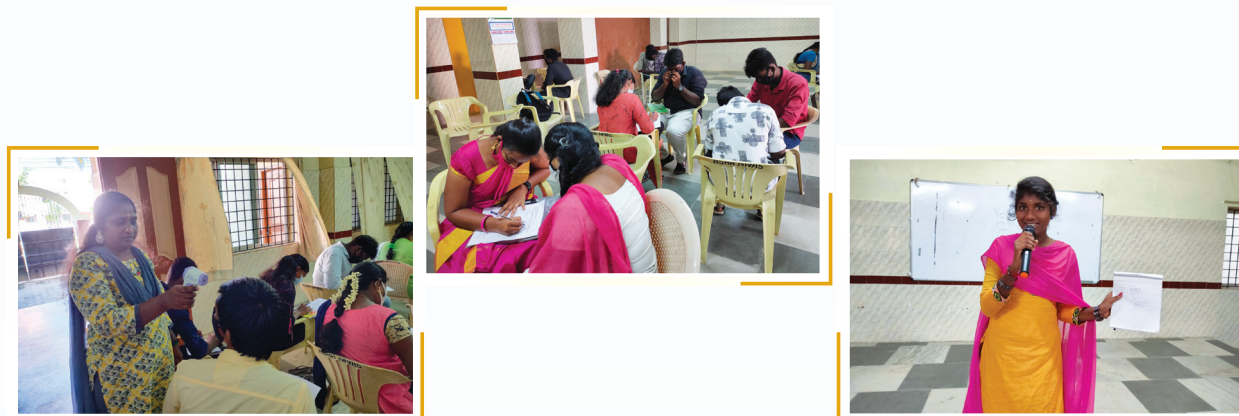
The project strongly believes in the engagement of all key stakeholders including govt and community-based organization for ensuring coordinated response to achieve the project objectives and the desired results. In this regard, the project has undertaken a resource mapping and identified all the key stakeholders directly and indirectly associated with the intervention area and the target population.



VHS Model of Community Engagement :

The concept of community engagement is deeply embedded in VHS' vision to 'connect with the community through active interaction, patients and families. The philosophy of community involvement was upheld and propagated by Dr. K S Sanjivi (1903-1994), the founder of Voluntary Health Services. As a physician and Gandhian, he firmly believed that community involvement is essential in the creation and establishment of health care facilities and that health care providers can only help, it was the responsibility of the individual to acquire and preserve health. His ideology of 'Unto the Last' enabled the poorest of the poor to access quality health care.

Based on these resource mapping study findings, the project has undertaken systematic efforts in enlisting their support for planning and successful implementation of the project.



- Enhance the involvement of key stakeholders for specific purpose and to achieve the agreed outcomes
- Shared understanding to build cohesive vision for future
- Develop or evolve strategic plan
- Obtain opinion and insights for planning and develop process
- Helps to identify emerging trends, evolve proactive approach and act
- The effective use of best available resources, avoid duplication and ensure coordinated response
- Reduce level of risks within the organizations and improves the governance
- Essential for ensuring sustainability with great ownership & systematic follow-up
- Ensuring correct & consistent communication / information with community members in a unified way
- Best use of human resources available with various organizations and its services in a coordinated manner
- Contribute for leveraging resources / services and other support for achieving the desired purpose
- Leveraging existing social systems and capacities within the community and creating strong linkages and systems

PURPOSE OF ENGAGING KEY STAKEHOLDERS

Some of the key stakeholders identified and engaged in the project for implementing core activities and additional need-based intervention related activities will include but not limited to:

Government and Service Organizations	NGOs / CBOs	Community Leaders	Others
<ul style="list-style-type: none"> Greater Chennai Corporation, Health team Chennai Metropolitan Water Supply and Sewage Board Social Welfare Dept. Officials TNSCBa School Teachers & Parents Association Women Police Helpline Tamil Nadu Public Distribution System 108 Ambulance 	<ul style="list-style-type: none"> VHS Community Health team NGOs, CBOs & FBOs Residence Welfare Association Auto Drivers Association SHGs Local Merchants Association 	<ul style="list-style-type: none"> Faith Leaders Opinion / Faith Leaders Youth Association / Nehru Yuva Kendra 	<ul style="list-style-type: none"> Elected Body Representatives Political Leaders Press & Media Individuals

VHS Community Engagement model: The crux of the VHS community engagement model is a multi-stakeholder partnership and is built on their deep understanding of the needs and concerns of the community. Unlike other models, VHS emphasized inculcating a sense of dignity and ownership, facilitating dialogue and investing in social capital. Considering the duration of the project, VHS leveraged existing social systems and capacities within the community and created strong linkages and systems through which benefits reached the community in a systematic and timely manner. The picture represents the stakeholders involved in the COVID 19 Slum Intervention Project. The inner ring directly circling community engagement presents the primary stakeholders

COMMUNITY ENGAGEMENT





"The community engagement model has to follow the spectrum - inform the communities on the project activities through baseline assessments and capacity building, consult the communities through individual household visits and awareness campaigns, involve them to create ownership through community mobilisation, collaborate with them and with key stakeholders for their active participation and empower the communities through rapport building, networking and linkages and engagement with key stakeholders. This is the key to success".

Dr. Joseph D Williams,
Director - Projects, VHS







"Identify the hidden talents of the communities in the intervention area, train them to identify their issues and help them to address or offer local solutions. This will be a sustainable".

Dr. Vijararaman, Director - Programmes, VHS



1.13. Core focus areas

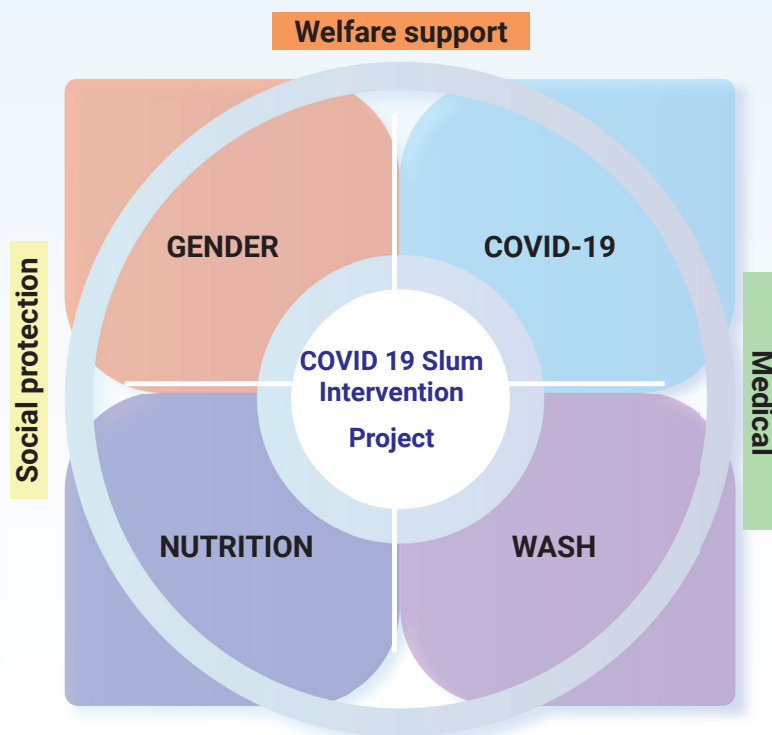
This intervention focused on four thematic areas namely COVID 19, WASH, GENDER and NUTRITION. The non-linear approach facilitated an improved understanding of the local context, create opportunities to hear voices from affected groups community members networks in planning, implementation & monitoring process and facilitate tailored responses to meet health care needs of community.

COVID 19	WASH	GENDER	NUTRITION
 <ul style="list-style-type: none"> • Importance of mask usage • Correct method to wear a mask & mask management • Social distancing • Identification of Influenza like Illness (ILI) • COVID 19 vaccine awareness 	 <ul style="list-style-type: none"> • Importance of hand hygiene • Correct method to wash hands - 7 steps • Waste disposal • Water ATM • "Clean Kannagi Nagar" initiative 	 <ul style="list-style-type: none"> • Gender violence • Women rights • Welfare schemes and benefits • Counselling 	 <ul style="list-style-type: none"> • BMI assessment • Importance of nutritious food • Low-cost nutrition

Dissemination methods used: IPC, IEC materials - stickers, social media - short videos shared via Facebook, WhatsApp, YouTube, Mobile LED van, medical camps

The **need-based interventions** were evidence-based and were tailored-made for the community by the community. For example, special camps were conducted for an eye check-up and cancer detection were conducted based on the evidence collected during house visits.

Core and need-based interventions COVID 19 Slum Intervention Project:



The details on the **key activities undertaken on each of the other core areas** are provided in the following table:

Welfare Support

- Mask distribution
- Providing sanitizers
- Kabasura Kudineer
- Free food to the needy
- Dry Ration (through mobilization)
- Economic assistance to the family members who lost their family member due to COVID
- Psycho-social support / grief counselling
- Cleanliness campaign by involving the community members
- Coordination with GCC for ensuring water, sanitation, mosquito control measures, etc

Medical Assistance

- General Health Camp
- Eye camp
- ENT camp
- Vaccine awareness camps
- Diabetic prevention and awareness camps
- AYUSH camp
- Allopathy camp
- Oncology / cancer awareness and screening camp
- Referral to the government / private hospital for availing additional / specialized services

Social Protection

- Aadhar card
- Ration card
- Chief Minister's Health Insurance Card
- Opening of SB account in bank
- Availing ATM cards from the bank
- COVID Relief Fund
- Women enrolment in SHGs
- Bridge activities for enrolling dropouts in schools
- Sports and competitions
- Career guidance for employment opportunities
- Information for loans available from government and public undertakings

1.14. Management Information Systems (MIS)

- Oriented the Nanbans on Dashboard Indicators, reporting formats and guided them in filling up of the formats. The Nanbans were also oriented on sharing the qualitative and quantitative information on the field level activities and experiences.
- The reporting formats were translated in local language (Tamil), pilot tested, and corrections incorporated. The project team members were oriented and mentored to fill up and submit the same.
- The project facilitated the review meetings:

PCO level review meeting	Every week Saturday
Project level review meeting	Monthly 4 th Friday
Experience sharing and review meetings at project level	Once in 3 months
Special review meetings	As per requirements

Each **review meeting** is supported with handholding and guiding, mentoring, experience sharing, evolving Fixed Tour Plan (FTP), identifying the field level challenges and evolve plans to overcome, etc. The review meetings also helped in enhancing the needed knowledge and skills through technical update and hands-on training. Minutes of each review meeting is recorded and follow-up actions on the same is ensured. Thus, the reviews helped to strengthen the management information systems.

The project encouraged and practiced the system of peer monitoring to develop ownership, achieving the results and contribute for sustainability.

- The project team facilitated the sharing of data with GCC and extended support in uploading the COVID 19 related data established for NGO reporting at zonal level.
- **Supportive supervision and strategic guidance:** Director - Projects of VHS Projects Division undertaken supportive supervision, observed the field performances, interacted with the key stakeholders and provided strategic guidance to the team for successful roll-out of the activities for achieving the desired results. This coordinated monitoring and evaluation systems has contributed for achieving the indicators as envisaged in the midst of COVID 19 pandemic / lockdowns.
- **Submission of monthly reports and feedback:** The project developed standardized reporting formats and capacitated the team to submit the report. The monthly reports submitted by the respective team is reviewed by their reporting officer and provided with the feedback on the report received. This feedback includes the key achievements, innovative initiatives and suggesting / guiding to overcome the gaps and challenges.
- **Submission of report to the donor:** The project team collects the field level information covering the key activities undertaken on each programmatic area, performance on each indicators, analytical report on the indicators, case studies / best practices if any and other relevant details. The project has submitted both technical and financial report as per the requirements / project mandates.
- **Partners Meet:** The project team participated in the **partners meeting** facilitated by TGI and shared the updates of the project activities with other partners.
- In addition to the ongoing MIS system, the project has also coordinated the **Project End Term Evaluation by CMS** with the support of BMGF. This has helped to understand the program gaps and undertaking strategic plans and follow-up to address the same and execution of the activities.

1.15. Limitations

- The project initially planned for about 12 months, considering the COVID 19 pandemic including Waves I and II, the project necessitated to extend the activities for about 18 months.
- The project intensified the activities for 12 months and accomplished the planned activities in all the program areas and contributed for achieving the desired objectives.
- Utilized / adapted more virtual platform for facilitating the capacity building, experience sharing and technical update initiatives considering the COVID 19 situation.

Spearheading



- **Pre-Intervention Phase** (August 2020 - September 2020)
- **Intervention Phase** (October 2020 - September 2021)
- **Transition Phase** (October 2021 - January 2022)

Project Phases

(Activities, Approaches and Achievements)

2

Project Phases



2.1. Phase I - Pre-Intervention Phase:

VHS-COVID 19 Slum Intervention Project team has evolved systematic plans for execution of the project activities in the intervention area. The same has been planned and implemented in three phases such as: a) Pre-Intervention Phase, b) Intervention Phase, and c) Transition Phase. This section describes the key activities undertaken during pre-intervention phase.

Project level planning: Director Projects, VHS has convened a two-day project level planning meeting with the Project Core Team (PCT). This meeting has helped in ensuring common understanding among the PCT involved in managing the project activities, developed the calendar of activities, finalization of criteria and guidelines for: area demarcation, identification of staff team and indicators, studies to be undertaken for evidence-based intervention, possible challenges and plans to overcome, need for and importance of engaging the key stakeholders, etc.

This planning meeting enabled the PCT involved in project management in evolving systematic planning and roll-out of the activities in a coordinated and phased manner. The PCT has also undertaken systematic follow-up and roll-out of the activities along with the update and coordination with the Director Projects. These steps has contributed for successful planning and roll-out of the project activities as envisaged.

Community consultation: The Project Core Team has undertaken community consultation with the groups such as: adult women, adult men, SHG women, youth, fishermen, adolescent girls, etc to understand the community needs, priorities, approaches, expectations, etc.

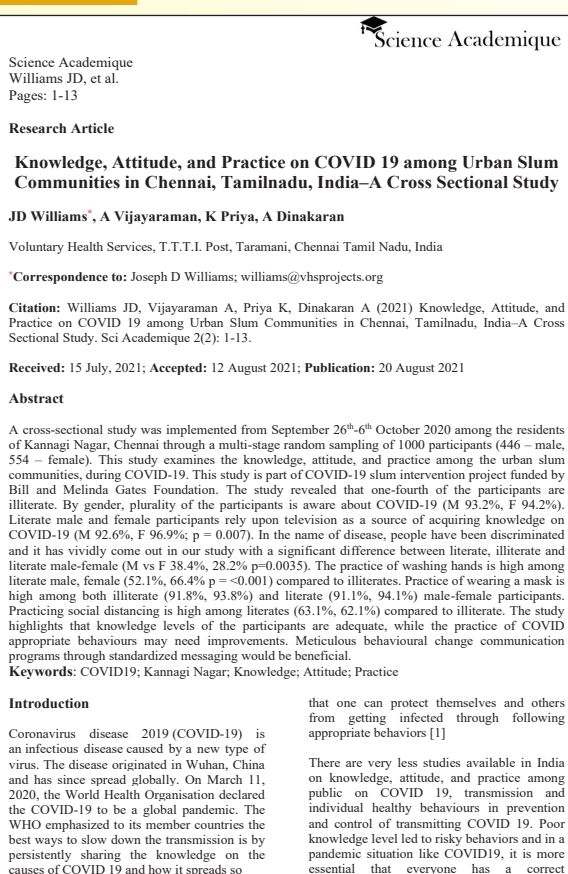
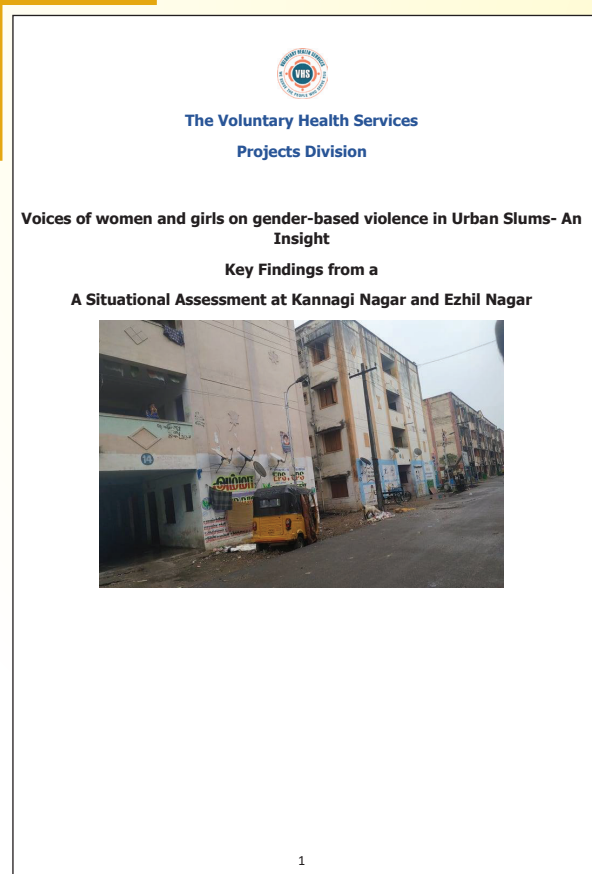
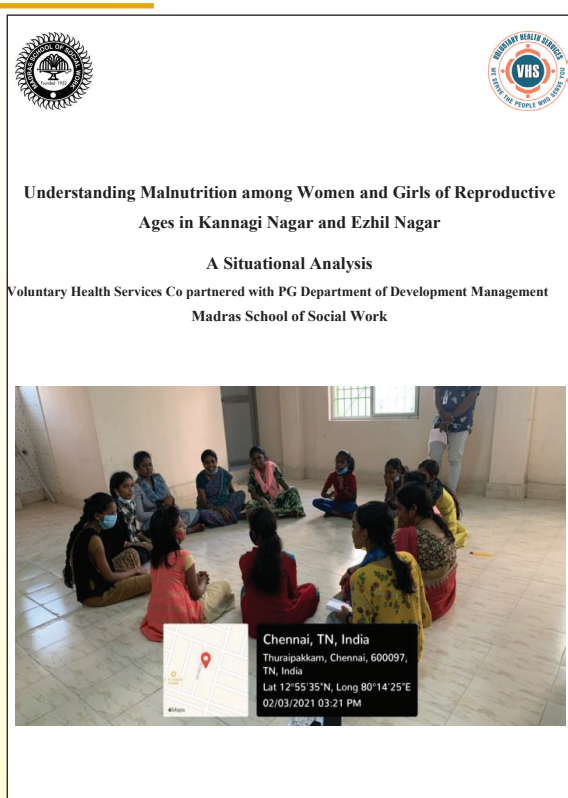
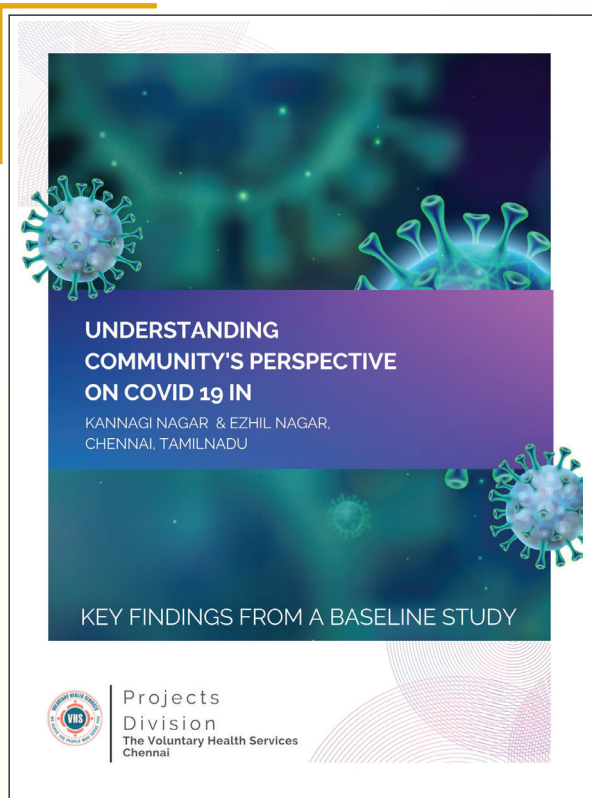
This community consultation has also contributed for prioritizing the intervention area, evolving community-led intervention by engaging Community Response Team, core and additional need-based intervention areas for implementation of the activities, key stakeholders in the intervention area, possible resources available for implementing the project activities, communication approaches and other aspects.

Based on the community consultation, the PCT evolved plans for engaging CRT, stakeholder engagement, area demarcation, project priorities (core and additional need-based interventions) and other plans.

Studies undertaken for evidence-based planning and interventions:

1	Study on understanding community's perspective on COVID 19 in Kannagi Nagar & Ezhil Nagar.
2	Situational Analysis study on Understanding Malnutrition among Women and Girls of Reproductive Ages in Kannagi Nagar and Ezhil Nagar.
3	Study on gender assessment with the focus on Voices of women and girls on gender-based violence in Urban Slums at Kannagi Nagar and Ezhil Nagar.
4	Knowledge, Attitude, and Practice on COVID 19 among Urban Slum Communities in Chennai – A Cross Sectional Study.
5	Area Mapping
6	Collection of profile of individual households through google forms.
7	Resource Mapping

Study Reports



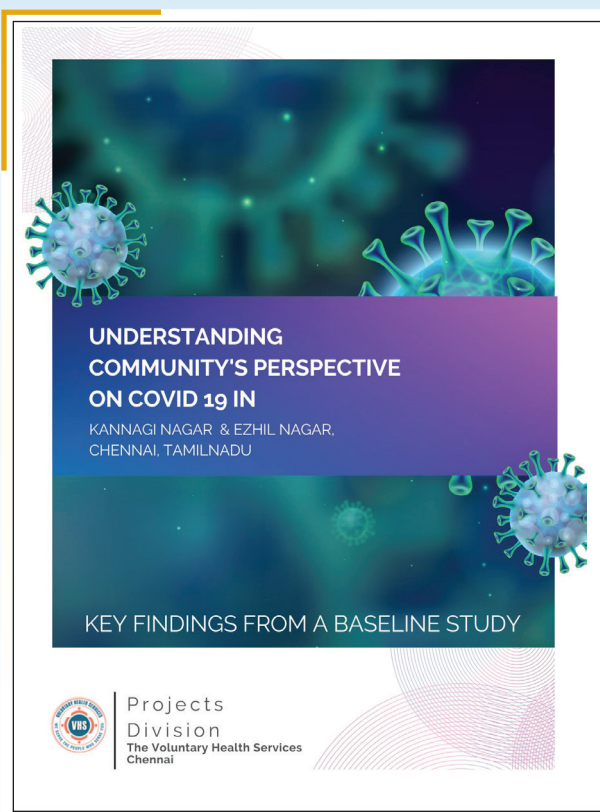
1. Baseline study: The project has undertaken a baseline study on “*understanding community's perspective on COVID 19 in Kannagi Nagar & Ezhil Nagar*” to assess the awareness level of people on **COVID 19, WASH, GENDER and NUTRITION**. The objective of the study was to understand the people awareness level, perceived threat, healthy behaviour, psycho-socio level on COVID 19 and to understand the people awareness on WASH, GENDER and NUTRITION. This baseline study encompassed a multi-faceted approach which includes Qualitative and Quantitative methods with the sample of 1,000 participants through Random Sampling.

The **key findings** emerged through this study were:

- Increase awareness and education on COVID 19 and continue to reinforce
- Impart knowledge with correct information on the pandemic
- Promote BCC sessions to enhance good practices
- Promote regular awareness on spread of virus that would benefit people
- A regular communication campaign on the pandemic would be beneficial for people to get more information
- Enhance best WASH practices among the communities
- Awareness on water conservation, setting up of water ATMs
- Assess water sources through a feasibility study to ensure portable drinking water
- Address the psychological needs of the communities
- Identify and address gender-based violence among the communities
- Educate and equip women on their rights and empower them to address their issues through networking and alliance
- Address the priority needs of community through networking and alliance
- Educate women and girls on a low-cost balanced food

This Baseline Study findings has been disseminated with CRT and with key stakeholders. This baseline study was very much useful in identifying the base against which to monitor and assess an activity's progress and effectiveness during implementation and after the activity is completed. This study has also contributed for evolving the need-based program planning, implementation, monitoring, undertaking mid-course corrections to the process, etc towards achieving the project goal and priorities.

2. Situational Analysis: The project has undertaken a “**Situational Analysis study on Understanding Malnutrition among Women and Girls of Reproductive Ages in Kannagi Nagar and Ezhil Nagar**” by involving independent agency with the view to understand the status of malnourishment among Women and Adolescent girls in the Reproductive Age in Kannagi Nagar and Ezhil Nagar near Thuraipakkam, Chennai. This Situational Analysis study has been undertaken with the blend of mixed methodology (Both Qualitative & Quantitative) BMI as Quantitative and FGD as qualitative. Overall, this study has covered comprehensive information on Socio Economic, Cultural and Behavioural Dimensions.



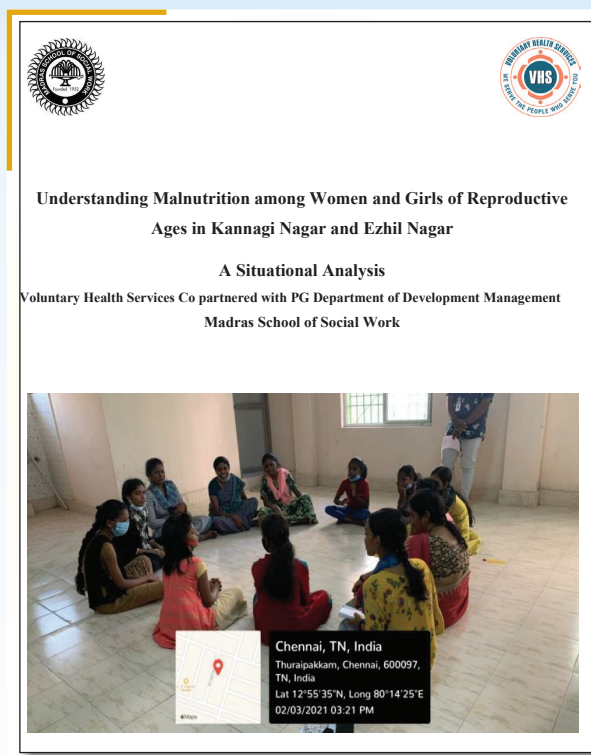
The study recommended the following:

- Undertake efforts for conducting periodic health camps for the women from the age group of 13 and above-to screen, consult, identify the problems and to equip practical interventions in coordination with related organizations.
- Introduce systems for continue to promote and repeat awareness on the importance of taking nutrition, effects of inadequate nutrition and promote individuals to evolve systems and plans to improve their health conditions.
- Update their daily food consumption practices by facilitating experience sharing, peer monitoring, using the women circle groups (buddy system), and through other possible efforts.
- Aware, but not practicing the nutritional habits which were influenced by social cohesion and same need to be addressed.
- Setting up regular counselling sessions would help the women to understand the importance of marriage, prevent early marriage and prevent early childbirth in the community. Also, suggested to work closely with Integrated Child Development Services (ICDS), social welfare departments, NGOs and other key stakeholders associated with nutrition and prevention of early marriage.
- Conduct events, festivals, competitions, demonstrations and other innovative efforts including social media campaigns with the nutrition team for promoting awareness and inculcate healthy nutritional practices.
- Create awareness and educate the women and adolescents and motivate to switch to a healthy dietary practice.
- Promote locally available nutritional food, demonstrate best possible ways to cook food and introduce recipes (existing and new) available using indigenous food ingredients.

This Situational Analysis study findings were shared with key stakeholders associated with the project and the intervention area, Community Response Team and health care workers, etc. This study findings has enabled the project team to understand the community needs and evolve plans for addressing the activities on nutrition which is one of the core areas of intervention.

3. Situational Assessment: This project has undertaken a **“study on gender assessment with the focus on Voices of women and girls on gender-based violence in Urban Slums at Kannagi Nagar and Ezhil Nagar”** by involving an independent agency. The objectives of the study were for understanding the gender-based violence against women and girls, understanding the gender gap in terms of education, employment, livelihood needs and access to micro credit and recommending appropriate strategies / interventions. The study was undertaken by using qualitative assessment methodologies. The study has revealed the policy level interventions and project level interventions. Some of the project level intervention related recommendations were:

- The project may undertake feasibility studies to explore sustainable livelihood models for this community.
- NGOs specialized in community health interventions may conduct health camps, clinics and referral services for availing needed health services.
- Deaddiction services should be provided since the incidence of drug addiction and alcoholism are mentioned as serious concerns.

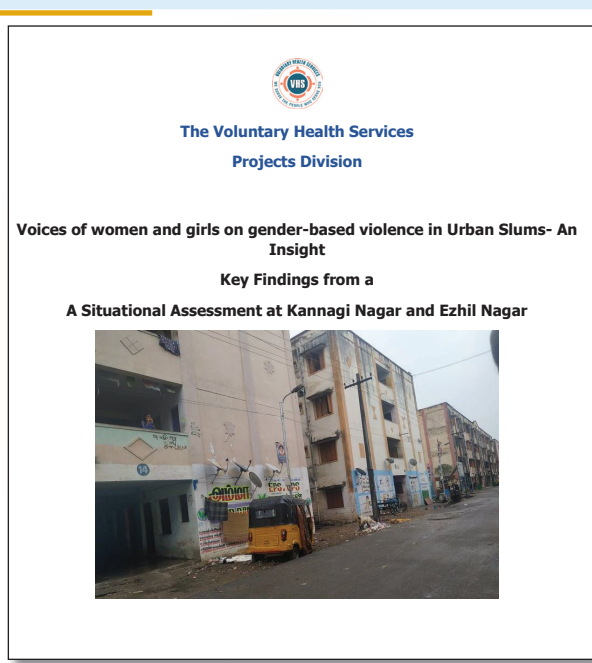


- Women of the community need safe childcare services to become employable. The project may undertake collaborative efforts with NGOs and other organizations working with children on this.
- It is recommended to engage NGOs with longer history of running successful counselling centres and short stay homes can be collaborated with to handle issues of violence against women. These counselling centres with qualified professionals can attend to these violence issues, do the case management, and help with referral services.
- Project can organize Legal Aid services in the community. Legal literacy training programs, counselling services, etc could also be conducted to women which would invariably enable them to assert their rights.
- Training on gender, sexuality, sexual and reproductive health rights, and life skills may be organized to young women and adolescent girls which would help them to take responsible decisions about relationships and marriage. It is definitely a constructive strategy to prevent early marriage.

This Situational Assessment study has helped in evolving systematic planning and integration of gender being one of the key thematic areas (core areas). The study findings has been shared with CRT, discussed, analyzed and evolved prioritized areas for addressing as a part of the gender integration in this COVID 19 Urban Slum Intervention.

4. Cross Sectional Study – KAP on COVID 19:

The project has undertaken a "Knowledge, Attitude, and Practice on COVID 19 among Urban Slum Communities in Chennai –A Cross Sectional Study" among the residents of Kannagi Nagar, Chennai through a multi-stage random sampling of 1000 participants. This study examined the knowledge, attitude, and practice among the urban slum communities, during COVID 19. This study undertaken as a part of COVID 19 slum intervention project funded by Bill and Melinda Gates Foundation. The study revealed that one-fourth of the participants are illiterate. By gender, plurality of the participants is aware about COVID 19 (M 93.2%, F 94.2%). Literate male and female participants rely upon television as a source of acquiring knowledge on COVID 19 (M 92.6%, F 96.9%; $p = 0.007$). In the name of disease, people have been discriminated and it has vividly come out in our study with a significant difference between literate, illiterate and literate male-female (M vs F 38.4%, 28.2% $p=0.0035$). The practice of washing hands is high among literate male, female (52.1%, 66.4% $p = <0.001$)



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Research Article

Knowledge, Attitude, and Practice on COVID 19 among Urban Slum Communities in Chennai, Tamilnadu, India–A Cross Sectional Study

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Abstract

A cross-sectional study was implemented from September 26th-6th October 2020 among the residents of Kannagi Nagar, Chennai through a multi-stage random sampling of 1000 participants (446 – male, 554 – female). This study examines the knowledge, attitude, and practice among the urban slum communities, during COVID-19. This study is part of COVID-19 slum intervention project funded by Bill and Melinda Gates Foundation. The study revealed that one-fourth of the participants are illiterate. By gender, plurality of the participants is aware about COVID-19 (M 93.2%, F 94.2%). Literate male and female participants rely upon television as a source of acquiring knowledge on COVID-19 (M 92.6%, F 96.9%; $p = 0.007$). In the name of disease, people have been discriminated and it has vividly come out in our study with a significant difference between literate, illiterate and literate male-female (M vs F 38.4%, 28.2% $p=0.0035$). The practice of washing hands is high among literate male, female (52.1%, 66.4% $p = <0.001$) compared to illiterates. Practice of wearing a mask is high among both illiterate (91.8%, 93.8%) and literate (91.1%, 94.1%) male-female participants. Practicing social distancing is high among literates (63.1%, 62.1%) compared to illiterate. The study highlights that knowledge levels of the participants are adequate, while the practice of COVID appropriate behaviours may need improvements. Meticulous behavioural change communication programs through standardized messaging would be beneficial.

Keywords: COVID19; Kannagi Nagar; Knowledge; Attitude; Practice

Introduction

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by a new type of virus. The disease originated in Wuhan, China and has since spread globally. On March 11, 2020, the World Health Organisation declared the COVID-19 to be a global pandemic. The WHO emphasized to its member countries the best ways to slow down the transmission is by persistently sharing the knowledge on the causes of COVID 19 and how it spreads so

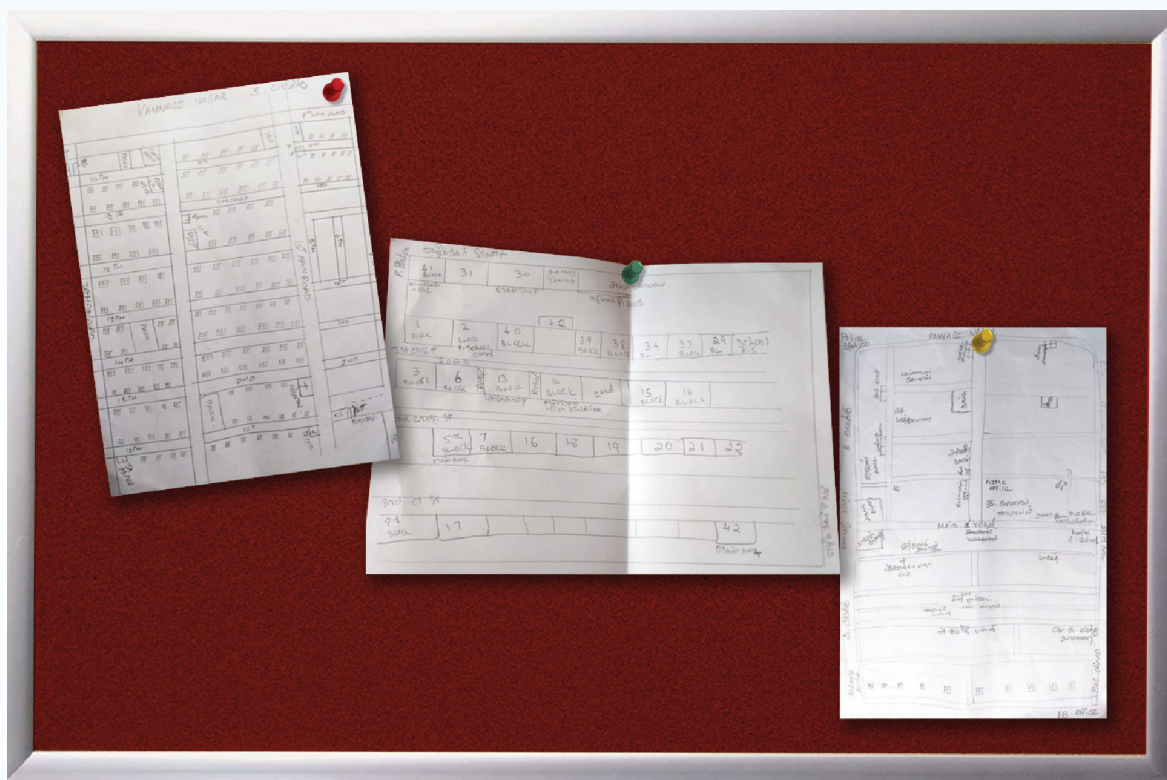
that one can protect themselves and others from getting infected through following appropriate behaviors [1]

There are very less studies available in India on knowledge, attitude, and practice among public on COVID 19, transmission and individual healthy behaviours in prevention and control of transmitting COVID 19. Poor knowledge level led to risky behaviors and in a pandemic situation like COVID19, it is more essential that everyone has a correct

compared to illiterates. Practice of wearing a mask is high among both illiterate (91.8%, 93.8%) and literate (91.1%, 94.1%) male-female participants. Practicing social distancing is high among literates (63.1%, 62.1%) compared to illiterate.

The study highlights that knowledge levels of the participants are adequate, while the practice of COVID appropriate behaviours may need improvements. Meticulous behavioural change communication programs through standardized messaging would be beneficial. Also the study recommended on experience sharing meeting between Nanbans and health care workers and greater engagement of all key stakeholders.

5. Area Mapping: The project team with the help of CRT has undertaken efforts in developing the area mapping. This exercise has helped the Program Coordinator, Field Officer and the Nanbans to understand the intervention area, allocation of area to each PCO, evolve plans for covering the area, etc. This process helped in evolving systematic plans, allocation of areas and paving way for geographical coverage.



6. Collection of profile of individual households through google forms: The project collected the profile of individual households through google forms. These profiles has helped the CRT including Field Officers and community volunteers / Nanbans in planning and undertaking house visits and ensuring the delivery of services.

7. Resource mapping: The project has undertaken the Community Resource Mapping (CRM) by CRT by involving the community members for the purpose of identifying the resources available within the community including: services / schemes / facilities, infrastructures, community based organizations / stakeholders, community expectations, ongoing activities and community development initiatives and other resources available for implementation of the project activities.

This resource mapping has helped in identifying the existing resources available, additional resources available or needed, gaps / requirements, etc and thus contributed for evolving systematic plan to implement the project activities in a comprehensive manner by utilizing the existing resources effectively with the engagement of CRT and community members. This CRM has also helped in best use of resources and undertaking sustainable initiatives by utilizing the existing systems, services and resources. Key stakeholders and potential resources have been identified during the activity as per the following table:

SN	Facility	Available Resources	Summary
1.	Anganwadi ICDS	24	Insufficient in number for population
2.	Center for pregnant women and post-natal women and adolescent girls	24	There is no separate center the government run Anganwadis for supply nutrition.
3.	Primary school	4	None in Ezhil Nagar. The ratio of teacher student is 52:1. No classrooms for more students
4.	Govt higher secondary school	1	No infrastructure and resources to accommodate more students
5.	Fair price shop	14	Kannagi Nagar 11 and Ezhil Nagar is 3. Over crowd
6.	Primary health center	2	Only limited op treatment. Patient are referring to Thuraipakkam GH for emergency and major treatment
7.	Private clinic	3	The clinics running from within the tenements with high cost
8.	Gym & E-seva Maiyam	2	Available
9.	Transportation	310 bus service	Bus and share autos available
10.	Police station	1	Irregular patrol and unresponsiveness of police station to the law and problems (Frequent theft and fights, drags)
11.	Amma Hotel	1	Working
12.	Fans club	3	Not any social cause
13.	Parks	6	No proper maintenance
14.	NGO and other volunteering organization	26	Every organization working for different cause for the betterment of Kannagi Nagar and Ezhil Nagar areas. Broad areas of their works include: COVID 19, Child Welfare, Women Welfare, Health, Education, Elders and differently abled, Rights
15.	NGOs working with Greater Chennai Corporation	6	

Identification of staff team and induction: The Voluntary Health Services identified the Project Core Team (Director Programmes, M&E Officer, Knowledge Management and Documentation Officer, Project Coordinators and other team members) considering their experience in: working with the slum community, managing health programs, etc. This project core team has been identified and engaged with the clear roles and responsibilities to enable them to plan, implement and managing the project activities.

This project core team has undertaken efforts such as: resource mapping, consultation with the community members, key stakeholders, etc. This process has helped in evolving sustainable community engagement model. Based on this, the project has adapted **Community Response Team** for planning, implementing, coordinating and managing the project activities along with the

outreach initiatives. Considering this community engagement model, the project has identified and engaged 2 Field Officers and 43 Nanbans. These Field Officers and Nanbans are from the same community and identified with the suggestions and consent of community members and stakeholders. These Field Officers and Nanbans were capacitated by the project team and provided with ongoing mentoring support and guidance to enable them to perform effectively towards achieving the desired results.

VHS has undertaken systematic and strategic ongoing efforts in team building and ensuring coordination at all stages for successful implementation of the planned activities and achieving the goal and objectives of the project.

Capacity building of PCT and CRT: The project has undertaken training needs, developed training plan / training schedule, standardized training materials, identified resource team and conducted training programs in a sequential and phased manner. Trainings conducted by adapting participatory methodologies and followed up with supportive supervision, mentoring, handholding, technical update sessions, experience sharing meets, etc. The capacity building of the CRT has helped in implementing all the core areas and need-based intervention areas in a comprehensive manner and contributed to achieve the project goal and objectives (detailed description on capacity building for Project Core Team are provided in Section 1.11).

Team meeting and development of plans: The project identified and engaged the project team for implementation of the project activities. As soon as the team has been identified, the project has organized orientation cum planning meeting for all the team members for 3 days. This team training primarily focused on: introduction to the project, roles and responsibilities, understanding of the target group and project priorities, sharing of the study findings, understanding the key stakeholders and community needs, key strategies and approaches for execution of the activities, orientation on COVID 19 and discussions with medical professionals, etc.



Community Response Team Meeting

In addition to the orientation, the project has undertaken all possible efforts to promote team building to enable them to exchange expertise, create comfort zone, help each other, evolving plans and working together for achieving the results, etc. In continuation of the orientation and team building initiatives, the project also engaged the entire team and developed overall project implementation plan with specific plans for each of the staff for achieving the project goal and priorities. This team training has also facilitated role plays and accompanied field visits to develop needed skills.

Orientation and coordination meeting with health workers: The project has established a very good relationship with health workers involved in COVID 19 in the intervention area and developed coordination between Community Response Team and health workers. The project facilitated an orientation on COVID 19 and the project priorities, provided needed clarifications, shared scientific information to counter myth and misconceptions available in the intervention area and other details. This orientation cum planning meeting enabled the health workers to understand the Community Response Team involved in this project activities and ensured systematic coordination for undertaking coordinated efforts in addressing the community health needs and COVID 19.

This has also helped in avoiding duplication and complementing the project priorities towards achieving the desired goal.

Coordination with Greater Chennai Corporation – health team:

The project facilitated discussions with Corporation Commissioner, Deputy Commissioner Health, Zonal Health Officers, and other officials and established partnerships and collaborations for implementing the project activities in a coordinated manner. The project team also established good rapport and enlisted the support of key



officials at zone 15 of GCC, Govt. of Tamil Nadu (i.e., Zonal Health Officer, Zonal Medical Officer, Sanitary Inspectors, Medical Officers, Health Workers, etc) who are responsible for implementing the health programs including COVID 19 in the Kannagi Nagar and Ezhil Nagar.

Also, organized orientation cum coordination meeting with the health workers at the intervention level for ensuring coordinated effort. Through this process, the project developed strong partnerships, involved the GCC at every stage of the project activities and complemented the GCC initiatives for ensuring sustained efforts. The project team has worked closely with the corporation health team in conducting COVID 19 awareness camps, screening camps, vaccination camps and other support. The project ensured sustained partnerships and coordination during the entire lifetime of the project and also facilitated for sustained follow-up.

Coordination meeting with NGOs involved in implementing various programs: VHS has undertaken the resource mapping and identified the resources available in the intervention area. Based on the mapping study, the project has identified the key NGOs involved in implementing various programs in the intervention area. Facilitated consultation and coordination meeting to elicit their support and undertaking the key activities in a coordinated manner. Also requested the respective NGOs to integrate COVID 19 related awareness and information aligning with the project priorities and mobilized their support to work along with Community Response Team engaged by the project in the same area.

Coordination and networking of key stakeholders: VHS project team has undertaken strategic initiatives in identifying and engaging all the key stakeholders in the intervention area for sustenance. The project team engaged and involved the key stakeholders at every stage of the project and enlisted their support. As a part of the coordination and networking, the project has also evolved plans to effective use of resources and ensuring coordinated response. (detailed description on engagement of stakeholders are provided in Section 1.12).

2.2. Phase II - Intervention Phase:

2.2.1. Core Areas – key activities and accomplishments

VHS-COVID 19 Slum Intervention Project team has undertaken strategic efforts in addressing comprehensive health needs including core areas such as: COVID 19, WASH, GENDER and NUTRITION along with community needs such as: Welfare Support, Medical Assistance and Social Protection.

2.2.1.1. COVID 19

The project with the greater engagement of the community and key stakeholders undertaken systematic and strategic, comprehensive and coordinated efforts for preventing COVID 19 in the intervention area. The project developed core messages, capacitated the Community Response Team (including Field Officers, Nanbans / COVID Warriors), developed communication materials and introduced strategic approaches to reach out to the community members to prevent COVID 19.

THE PROJECT PRIMARILY FOCUSED ON:

- Awareness generations
- Promoting behaviour change
- Sustaining behaviour change
- Countering myth and misconceptions
- Reinforcement of core messages for sustained awareness
- Promoting adherence of safe prevention practices (SMS)
- Other preventive messages on: avoid crowded places, stay home, etc.
- Safe disposal of used masks.
- Referral for screening (for symptomatic, person with Influenza-Like Illness, etc).
- Services for the tested positives (quarantine, linkage with treatment services, nutritious food, counselling, etc) by ensuring privacy and confidentiality.
- Educating and guiding Care givers (encouraging caregiver emotional awareness and coping, engaging support from partners and family, increasing responsive and attentive caregiving, and providing a nurturing family environment for children).
- Promoting and linkage with services for availing vaccination
- Providing Kabasura Kudineer
- Eliminating stigma and discrimination
- Improving immune system and having nutritional food
- Promoting the government guidelines on COVID 19
- Other integrated need-based supports

"SMS" for COVID 19 prevention:

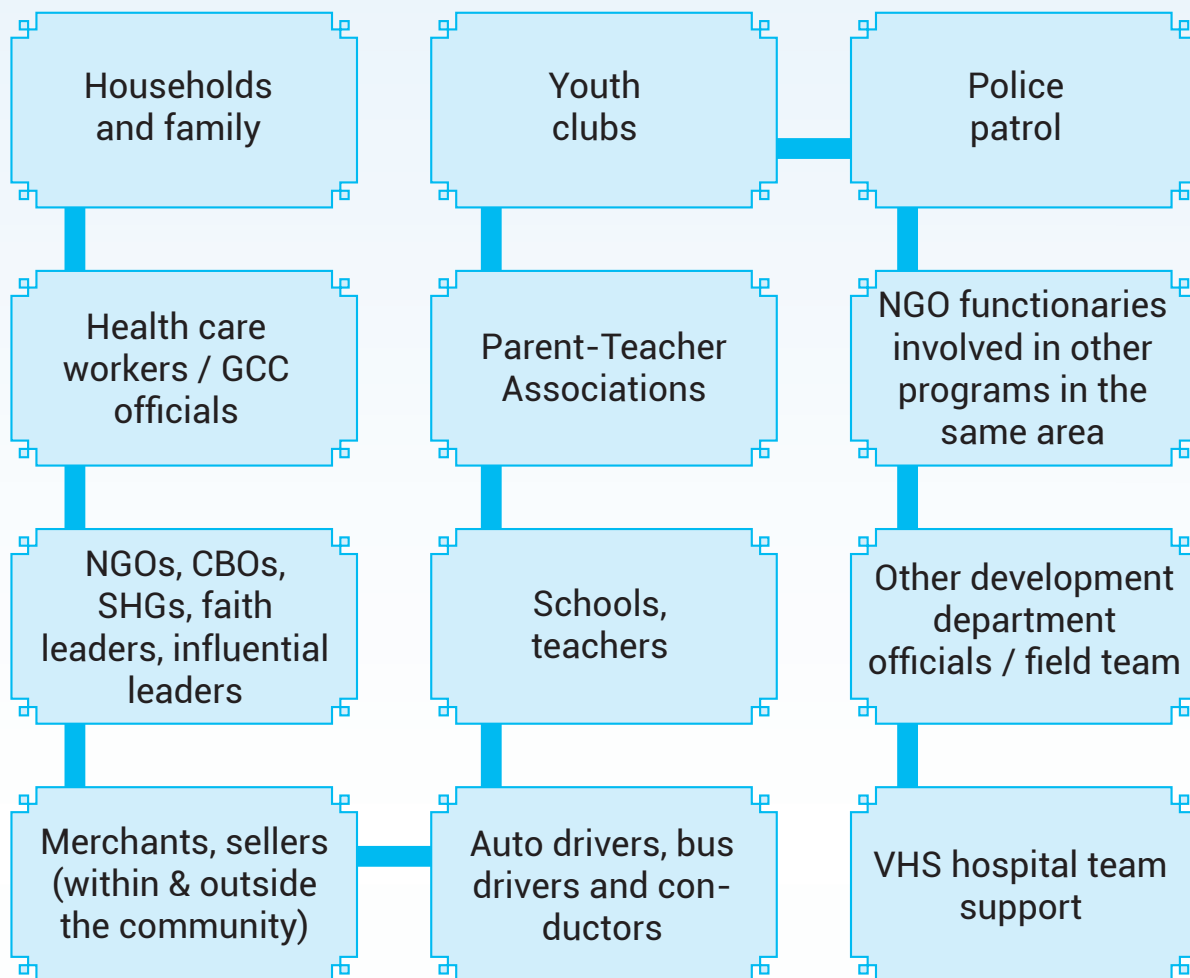
S - Sanitizing Soap for handwashing
M - Mask Usage
S - Social Distancing

The project adapted approaches such as: home visits, inter-personal communication (one-to-one and group meetings, demonstrations on use of mask, sanitizer, use of soap for handwashing, undertaking campaigns, conducting events, etc), distribution of COVID prevention kits, basic counselling, provision of food to the needy, observance of mask usage, promoting linkage with the services to the needy, etc.

The individuals and the family members in the households living in the slums were provided with comprehensive key messages on COVID 19 prevention by using effective communication methods including conventional communication and technology enabled communication initiatives.

The project team prioritized their interventions to the individuals, families, person with symptoms, person tested positive, care givers and others.

The project team **elicited the support of the following team** for creating an enabling environment, ensuring awareness, promoting the safe prevention practices, encouraging community to monitor and for sustained efforts.



Communication materials developed for promoting COVID 19 prevention:

Communication Materials



- Ghana song on mask awareness
- Enacted by communities on importance of mask usage used in social media campaign
- Feedback from communities about the services received by them through the project
- Feedback from Ms. Thamizhachi Thangapandian, Member of Parliament



- Poster - Preventive steps to be taken during COVID pandemic
- Poster - Rights of women (GENDER)
- Poster on the steps in handwashing
- Poster - Benefits of nutritious food
- Handbook on vaccination
- Sticker for door-to-door campaign



Posters / Videos on COVID appropriate behaviour towards COVID Free Kannagi Nagar – Inaugurated by Mr. M. Subramanian – Honorable Minister for Health, Mrs. Thamizhachi Thangapandian – Member of Parliament and Mr. Aravind Ramesh – Member of Legislative Assembly, Sholinganallur

IEC Materials (Videos, Posters, Songs, Feedback, etc.)



ஆரோக்கியம் தரும் முயற்சிகள்
AROKKIYAM THARUM MUYARCHIGAL (ATM)

கோவிட்-19 பாதுகாப்பு வழிமுறைகள்

- 01 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்
- 02 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்
- 03 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்
- 04 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்
- 05 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்
- 06 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்
- 07 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்
- 08 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்
- 09 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்
- 10 கைகளை தண்ணீர் மற்றும் சாப்பாட்டுத் துப்பாக்கியால் கழுவல்

Projects Division
Voluntary Health Services, T.T.T. Road, Taramani, Chennai - 600113
Ph: 044 22541965 | Website: www.vhschennai.org
COVID19 Slum Intervention Project

சத்தான உணவுக்கு முத்தான வழிகள்
சத்தான உணவின் பயன்கள்

குறைந்தது உணவின் விலை

- நோய் எதிர்ப்பு சக்தியை வளர்க்க
- உடல் எடையை சீராக வைத்துக் கொள்ள...
- உடலில் சக்தி சேர்த்துக்கொள்... செல்கள் வளர்ச்சியடைய...
- உடல் உறுப்புகள் ஆரோக்கியமாகச் செயல்பட
- ஆரோக்கியமான வாழ்க்கை வாழ...

தினசரி உடற்பயிற்சி 8 நிமிஷம் தள்ளி! - சமூகக் கட்டுப்பாடு

முத்தான வழிகள்

ஆரோக்கியம் தரும் சத்தான உணவுகளை தினமும் சேர்த்துக் கொள்வீர்!

காய்கள், கீரைகள், பழம் / பழம்பழ வகைகள், முட்டைகள், பால், எண்ணெய் எரித்துக்கொள், முட்டை... சேர்த்துக் கொள்வீர்!

நோய் எதிர்ப்புச் சக்தியை வளர்த்துக் கொள்வீர்! பாஸ்ட் - டீ, கொழுப்பு மற்றும் எண்ணெய் உள்ள உணவுகளைத் தவிர்ப்பீர்!

ஆரோக்கியமாக வாழ முயற்சி கொள்வீர்!

சத்தான உணவு சாப்பிடும் வழக்கத்தை இன்றும்... என்றும் கடைப்பிடிப்பீர்!

COVID 19 - URBAN SLUM INTERVENTION PROJECT
PROJECTS DIVISION
The Voluntary Health Services (VHS)
Rajiv Gandhi Salai T.T.T. Road, Taramani, Chennai
Tamil Nadu - 600 113



பெண்கள் பாதுகாப்புக்கான 10 கட்டங்கள்

- 01 சமூகம் சட்டம் 1976
- 02 கிராம சமூகம் 1985
- 03 கிராம சமூகம் 1985
- 04 கிராம சமூகம் 1985
- 05 கிராம சமூகம் 1985
- 06 கிராம சமூகம் 1985
- 07 கிராம சமூகம் 1985
- 08 கிராம சமூகம் 1985
- 09 கிராம சமூகம் 1985
- 10 கிராம சமூகம் 1985

For Further Details:
Contact Name: _____ Phone Number: _____

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கை கழுவும் முறைகள்

கை கழுவும் நேரம் - 20 நொடிகள்

- 1 கைகளை கழுவுதல்
- 2 கைகளை கழுவுதல்
- 3 கைகளை கழுவுதல்
- 4 கைகளை கழுவுதல்
- 5 கைகளை கழுவுதல்
- 6 கைகளை கழுவுதல்

For Further Details:
Contact Name: _____ Phone Number: _____

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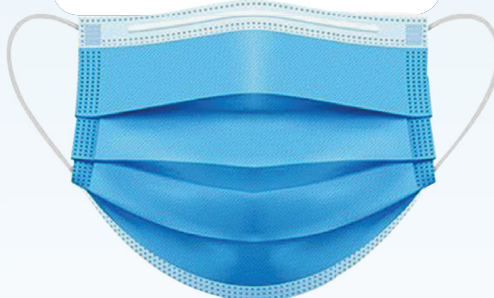
A. MASK

Distribution of mask: Considering The project undertaken efforts in mobilizing the masks and arranged the provision of masks to the households, individuals and others as narrated below:

Primary

- Households / Families
- Frontline Workers (Health Workers, Police, Sanitary Workers, etc.)
- NGO Functionaries
- Key Stakeholders directly associated with the intervention area

Masks distributed to :



Secondary

- SHG Federation members / members
- School Students including adolescent girls
- Local Merchants (Saloon, Fish Vendors, Self-Employed, Street Vendors, Watercan providers, etc.)
- Others



Distribution of Mask to the Health Worker

Overall, the project has undertaken efforts and arranged for distribution of masks around 60,000 which includes maximum of N95 mask and surgical mask. This mask distributions supported with demonstrations, videos on steps in using masks, methods of disposal of masks, methods of using reusable masks, etc.

Also addressed the myths and misconceptions associated with wearing of masks. The Nanbans / COVID Warriors has undertaken series of efforts for promoting and consistent use of masks.

Promotion on use of mask: Considering the number of COVID 19 cases multiplying, the project educated and encouraged the community members to wear mask as a part of safety for preventing COVID 19. These masks also protect from Infection and all foreign bodies like bacteria, virus or dust.

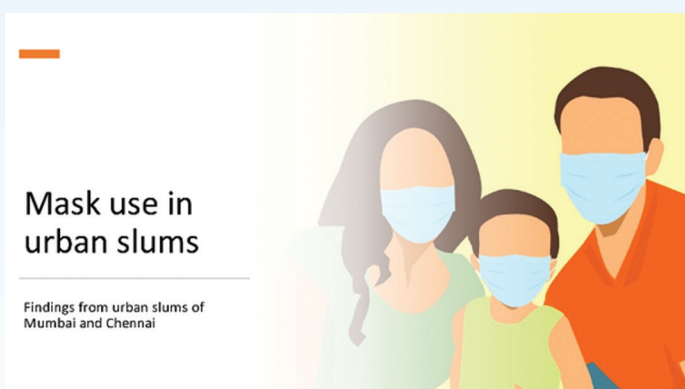
The project engaged Community Response Team has undertaken demonstrations on how to use masks. The same has been supported with videos on highlighting seven steps in using mask and removing. The CRT also promoted and encouraged to use the mask and wear currently to cover both nose, mouth and chin.

In addition to this, the team also explained in detail for steps to be followed while removing masks and provided information on store it in a clean plastic bag, and every day either wash it if it's a fabric mask or dispose of a medical mask in a trash bin. Don't use masks with valves.






Innovative activities and studies undertaken on mask:

Mask observation checklist and photographs on mask usage:

The project team has undertaken mask usage observation by undertaking a study by using George Institute (TGI) shared the mask observation checklist, and the mask observation photographs guidelines. As a part of the study, communities filled up the checklist via google forms and mask observation photographs were shared via WhatsApp. The responses were consolidated and sent to TGI for analysis. These findings has helped to undertake strategic efforts and undertake mid-course corrections to improve the behaviour of using mask regularly and proper disposal of masks.

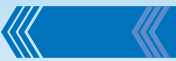


Social media awareness campaign on mask usage: The social media campaign has been conducted in two phases, i.e., (Phase I) Facebook and WhatsApp campaign and (Phase II) Sticker and door-to-door video campaign on mask. A video enacted by the Kannagi Nagar communities emphasising the mask usage was developed and disseminated through Facebook and WhatsApp. Overall, the campaign has contributed to reach:

Phase I: Campaigns		No. of people reached
	Facebook and WhatsApp	41300
	Community video	12769
	Mobile LED Van	9130
	YouTube	8912
	IEC material – Stickers	5000

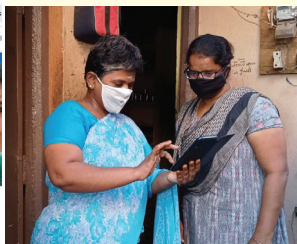
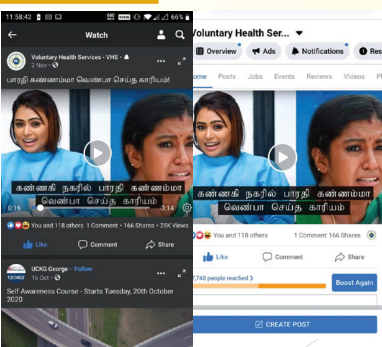
Phase II: Sticker and door-to-door video campaign on mask

- Reached more than 5,000 communities
- No. of people watched videos in the community: 5,380
- No. of WhatsApp groups shared with videos: 33
- No. of members tentatively reached through WhatsApp groups: 3,300



Engagement of stakeholders Chairman Mr.Yelumalai and Executive Officer Mr.Padmanathan





In addition to this, for those people who do not have smart phones, the COVID Nanbans have shown this video to the communities during their individual household visits and the same has been viewed by 5380 communities. This campaign has helped in creating awareness on use of mask, steps involved in use of mask and proper disposal of mask.



*Project staff handed over masks to Thiru. M.K. Stalin,
Honorable Chief Minister of Tamil Nadu*



*Project staff networking with
Dr J. Radhakrishnan IAS., Principal Secretary to
Government, GoTN. Shri. Gagandeep Singh Bedi, IAS,
Chennai Corporation Commissioner, GoTN.
MLA Mr Arvind Ramesh, Shollingallur Constituency*



*Project staff provided masks to
Ma. Subramanian, Honorable Minister for Health and
Family Welfare, Govt. of Tamilnadu in the presence of MLA
Mr Arvind Ramesh, Shollingallur Constituency -
with Greater Chennai Corporation Health Care Workers*

LED Awareness campaign on mask usage: In addition to the social media campaign and sticker campaign, the project has also undertaken by using the innovative and attractive LED awareness campaign on use of mask.



The campaign was conducted in strategic location by screening video films on use of masks along with COVID related details. Conducted the screening in 69 strategic locations covering both Kannagi Nagar and Ezhil Nagar and reached out to 9130 members. This video campaign also supported with messages provided by Nanbans / COVID Warriors along with demonstrations on use of mask.

Medical camp as an entry point:

The project has adapted medical camp as an entry point to reach out to the community members by establishing relationship and rapport with the community members, the project team undertaken efforts in integrating and introducing COVID 19 related information and other project prioritized details. This approach has helped in enlisting the support of the community members and effectively communicating with the community members. The project has conducted various types of medical camps such as:



- **On COVID 19:** COVID Awareness Camps, Screening Camps and Vaccination Camps
- **Special Medical Camps:** General Medical Camps, ENT Camps, Eye Camps and Cancer Screening (Oncology).
- **Other Health Camps:** Allopathic and Ayurvedic (Ayush) Camps.

Overall, facilitated, coordinated and conducted **479 Medical / Awareness / Vaccination Camps** including 10 Screening Camps, 408 Vaccination Camps, 20 COVID Awareness Camps, 41 Non-COVID Health Camps and contributed and reached out to more than 20,000 community members.

B. HANDWASH and SANITIZER

To prevent the spread of germs during the COVID 19 pandemic, promoted the importance and skills associated with handwash with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands **BEFORE** and **AFTER**:

- Touching eyes, nose, or mouth
- Touching mask
- Entering and leaving a public place
- Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.



The Nanbans / COVID Warriors has integrated the information on HANDWASH and SANITIZING through the ongoing outreach activities supported with inter-personal communication, demonstration, video screening, through campaigns, etc. Each household were provided with information and demonstration on handwash and sanitizing and provided with the needed clarifications and enabled them to adapt these safe behaviours on regular basis. Also, the Nanbans / COVID Warriors has undertaken systematic follow-up during the follow-up visits through observation and interactions.

The project facilitated in arranging sanitizing facilities in 16 places with the help of Greater Chennai Corporation. The same has been located in strategic places in consultation with the community. The community members were encouraged to use such sanitizing facilities. In addition to the above, the project has also arranged distribution of sanitizers to the householders. In addition to this, with the help of local merchants' association and other key stakeholders encouraged to keep sanitizers in all the shops, vendors, fair price shops, markets, saloon shops, hotels, etc to encourage the customers to sanitize and avail services.

Video screening on handwash:

Based on the experiences gained through use of social media campaign on usage of mask, the project team members introduced video screening on handwash with the households during the house visits. The Nanbans / COVID Warriors screened the videos on handwash in the android phones and enabled the community members to view and benefit. The inter-personal communication supported

with video films has helped in effective reach including enhancing the knowledge, developing skills in proper handwash, etc. Through these approaches, the project has reached about more than 10,000 individuals by screening the same during house visits and group meetings. The video films were greatly accepted because, it is local specific, performed by a community member and considering the visual mode of communicating using advanced android phones or tabs (more details are narrated under 2.2.1.2).



C. SOCIAL DISTANCING

The community response team including Nanban promoted social distancing as a part of the safe prevention methods for COVID 19. The Nanbans provided information on the importance of the need for ensuring social distancing for prevention COVID 19. As a part of the inter-personal communication and through social media initiatives, the project has focused on the following key messages:

- Maintain a safe distance from others (at least 1 metre), even if they don't appear to be sick.
- Maintain at least 1-meter distance between yourself and anyone who is coughing or sneezing.
- Avoid close contact with anyone when you are experiencing cough and fever.
- Avoid handshaking or any other touching.



The Nanbans with the help of key stakeholders encouraged social distancing in the entire intervention areas. Promoted community monitoring in ensuring social distancing in the intervention area.

D. OTHER PREVENTION MESSAGES

The project team also promoted the following key messages as a part of the project initiatives:

- Stay home if you feel unwell.
- Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze.
- Encouraging to avail vaccination.
- Avoid crowded places, unwanted visits, participating in the social gatherings, etc.

E. VACCINATION:

The Nanbans / COVID Warriors has promoted the awareness on the importance of vaccination, types of vaccines available, eligibilities to avail, addressing myth and misconceptions on vaccination, encouraging to avail the vaccination as per the eligibility / turn, etc.

Key roles undertaken by the Nanbans for promoting vaccine will include:

- Motivating eligible individuals to avail vaccination
- Sharing the information on the vaccination camps (including date, venue, etc)
- Demand generation for availing vaccination
- Referral and linkage for availing vaccination
- Need based accompanied visits for vaccination
- Facilitate in conducting vaccination camps in coordination with GCC health team
- Follow-up for second dose of vaccination based on the schedule
- Extend support to the GCC team in collection and consolidation of the data pertaining to vaccination
- Support in conducting communication campaign
- Promoting family approach to encourage all the eligible members to avail vaccination in each family
- And other efforts



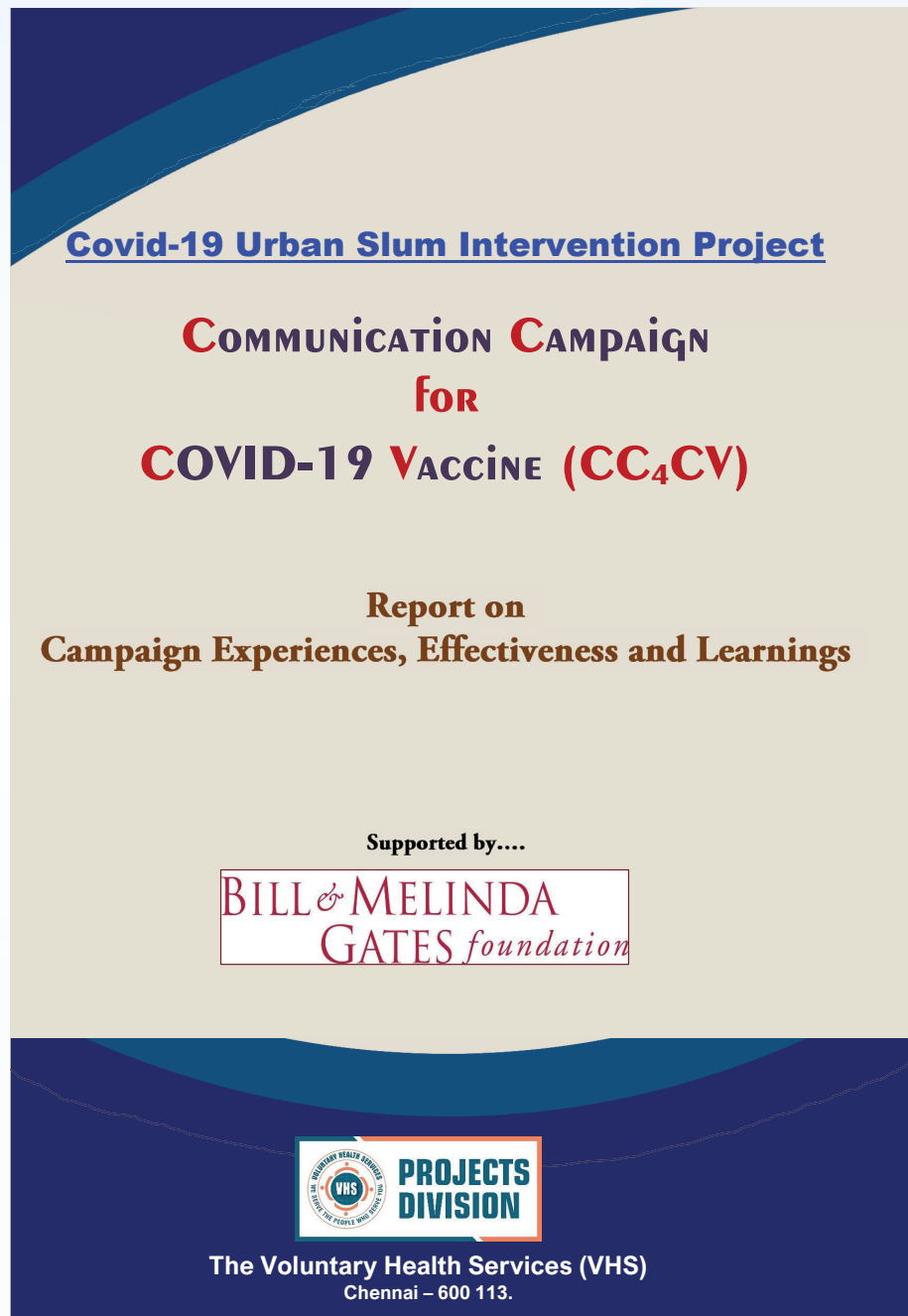
Communication materials and campaign initiatives on vaccination:

COVID 19 Vaccine – Aware of Right Information (ARI): Based on the needs identified, considering the need to provide right information, to create comprehensive awareness, the project has developed a handbook for awareness creation titled **“COVID 19 Vaccine – Aware of Right Information [ARI]”**. This book contains information on basics of COVID 19, basic facts about COVID 19 vaccine, experiences of people who availed vaccine, motivating quotes from the general population, 10 guidance for getting vaccine, and other related details. This book also contains information in the form of question and answer.



The questions has been identified based on the community people requirements / commonly existing doubts amongst the community members. This book is a self-explanatory for anyone who reads. This handbook has also been used by the outreach team to communicate the core messages, address field queries, etc with the population. This handbook was very much useful for the CRT in communicating the key messages and addressing the field-based questions and motivated them to avail vaccine.

Communication Campaign for COVID 19 Vaccine (CC4CV): Considering the community needs, the project has evolved a strategic communication campaign plan and implemented the campaign along with Community Response Team and key stakeholders. This communication campaign on COVID 19 Vaccine has primarily focused on providing information on the importance of vaccine, motivating to avail vaccine and facilitate in addressing their queries. Based on the campaign experiences, the project brought out a report on Campaign Experiences, Effectiveness and Learnings. This campaign experiences, learnings and best practices were shared with key stakeholders including GCC for adoption and scaling up.



Overall, the project collaborated and coordinated with GCC health team and other key stakeholders for ensuring vaccination to the eligible members in the intervention area based on the guidelines provided. The project team collaborated with GCC and extended support in organizing 408 vaccination camps. The project team has motivated and referred the community members for vaccination camps. In the vaccination camps, 21,182 community members participated in the awareness campaigns and 19,208 (91%) got vaccinated based on their eligibilities.

Communication Campaign on Vaccination - Campaign Materials

கோவிட் - 19 தடுப்பூசி

- தொற்று நோயைத் தடுக்க உதவும் முக்கியமான கருவி ஆகும்.
- தடுப்பூசி போட்டுக் கொள்வதால்...
- உங்களை கோவிட்-ல் இருந்து பாதுகாத்துக்கொள்ள முடியும்.
- தடுப்பூசி போட்டுக் கொள்வதன் மூலம்...
- நலமான சமுதாயத்தை உருவாக்கிட முடியும்.

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ஹெல்ப் லைன் (Helpline) :

கோவிட் - 19

பற்றி அறிந்திட தொடர்பு கொள்வீர் :

தமிழ்நாடு : 044-2951 0500

011 - 2397 8046

நாங்க ரொடி... நீங்க ரொடியா?

கோவிட் - 19 தடுப்பூசி போட்டுக்கொள் !

தொற்று நோயை தடுத்திடுக்கொள் !

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கோவிட் - 19 தடுப்பூசி

- * கோவிட் - 19 தடுப்பூசி பற்றி...
- * கோவிட் - 19 தடுப்பூசியை போட்டுக் கொள்ளுங்கள் !
- * கோவிட் - 19 பாதுகாப்பு முறை...
- * தொடர்ந்து கடைபிடிப்பீர் !
- * கொரோனாவை வென்றிடுவீர் !
- * நலமுடன் வாழ்வீர் !

ஒரே தடுப்பூசியை இரண்டு தவணைகளில் கொண்டு வரும்படியான கோவிட் - 19 தடுப்பூசி போட்டுக்கொள்வீர் ! கொரோனாவை வென்றிடுவீர் !

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கோவிட் - 19 தடுப்பூசி

நாங்க ரொடி... நீங்க ரொடியா?

தொற்று நோயை தடுத்திடுக்கொள் !

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கோவிட் - 19 தடுப்பூசி...

உங்களுக்கு கோவிட் -19 ஐ வழங்காது.

COVID - 19 VACCINES WILL NOT GIVE YOU COVID - 19

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கோவிட் - 19 தடுப்பூசி...

உங்களுக்கு கோவிட் -19 ஐ வழங்காது.

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கோவிட் - 19 தடுப்பூசி...

உங்களுக்கு கோவிட் -19 ஐ வழங்காது.

COVID - 19 VACCINES WILL NOT GIVE YOU COVID - 19

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கோவிட் - 19

தடுப்பூசியைப் பெற்று பயன்பெற 10 வழிகள்

1. அறந்து கொள் !
2. சந்தேகங்களுக்கு வினக்கங்களை பெற்றுக்கொள் !
3. புரிந்து கொள் !
4. தடுப்பூசி போட்டுக்கொள் தயாராகிக்கொள் !
5. பதிவு செய்து கொள் !
6. வீடுமே அழைப்பைத் தடுப்பூசி போட்டுக் கொள் !
7. இரண்டு டோஸ்களையும் முறையாக தவறாது போட்டுக்கொள் !
8. எப்போதும் பாதுகாப்பாக இருந்து கொள் !
9. தொற்று நோயை தடுத்திடுக்கொள் !
10. கோவிட் - 19 / கொரோனா இல்லா வாழ்க்கையை... அமைத்துக் கொள் !

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கோவிட் - 19 தடுப்பூசி...

தொற்று நோயை முடிவுக்கு கொண்டு வரும் என்ற நம்பிக்கையைத் தருகிறது !

VACCINE GIVE US HOPE... THE PANDEMIC WILL END...

கோவிட் - 19 தடுப்பூசியை முறையாக, முழுமையாக போட்டுக்கொள்வீர் !

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கோவிட் - 19 தடுப்பூசி...

உங்களுக்கு கோவிட் -19 ஐ வழங்காது.

COVID - 19 VACCINES WILL NOT GIVE YOU COVID - 19

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Services for person tested positives and care givers: The CRT identified the person with symptoms and referred for screening for COVID 19. The person found negative have been provided with needed basic counselling and education.

Services provided for the person found positive for COVID 19 and care givers will include:

Services for person tested positive
<ul style="list-style-type: none"> • Comprehensive information on COVID 19 • Information on treatment services available • Encourage to adhere medication as per the guidelines provided by the health care team. • Facilitate for quarantine (at home or arranging a suitable place for quarantine). • Providing mask and sanitizers • Providing nutrition / free food based on the need identified • Basic Psycho-Socio support / stress management • Facilitate in admission in hospitals for availing treatment (based on the recommendations of the health care providers) • And other services including follow-up on completion of the treatment, encouraging to follow safe prevention practices, etc.

Services for care givers
<ul style="list-style-type: none"> • Comprehensive information on COVID 19 • Educating them to use safe prevention methods • Motivating for screening / testing if exposed or found symptoms • Providing mask and sanitizers • Providing free food on need based • Need based counselling • Referral for screening / testing and other services

Services provided to family lost individuals due to COVID 19
<ul style="list-style-type: none"> • Grief counselling to the individuals in the family to overcome stress, anxiety, anger, periods of sadness, loss of sleep, etc. • Group education to the family members and guide them • Connect with friends, relatives and other organizations for developing relationship and getting connected. • Information on the services / schemes / relief funds available for lost due to COVID 19 • And other services.

Note: Ensured their privacy and confidentiality.

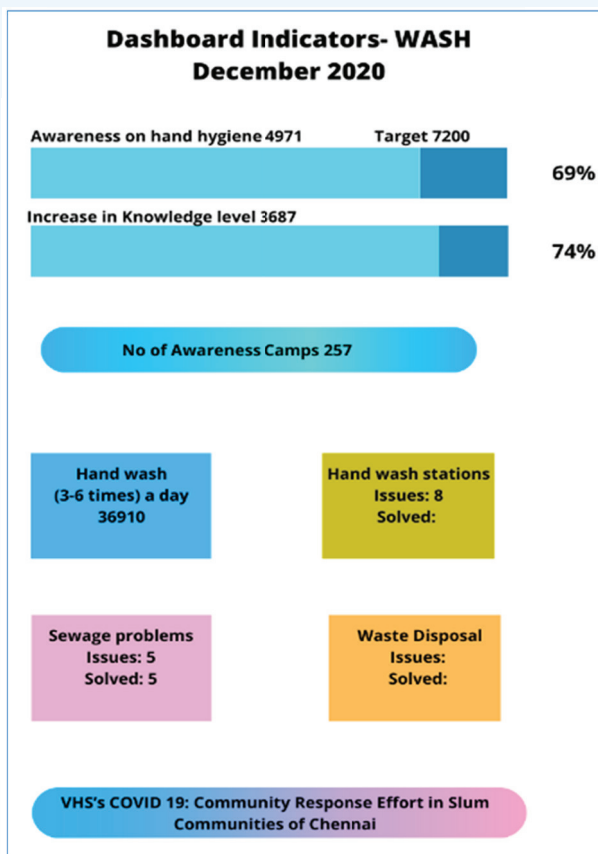
PCT and CRT in coordination with key stakeholders ensured the services for person tested positive and members affected due to COVID 19. Also undertaken efforts in mobilizing resources, food packets and facilitated in arranging to the needy as per the requirements.

Updated the project activities in the COVID war room – a website portal created by the Government of Tamil Nadu: As a joint initiative with the Greater Chennai Corporation and the NGOs, a website portal (<https://ucc.uhcitp.in/ngoregistration>) was created to update the activities being implemented by the NGOs during COVID 2nd wave. VHS updated the activities implemented in the field towards "COVID free Kannagi Nagar" in the Government's web platform in accordance with the guidelines and ensured coordination.

2.2.1.2. WASH

The project team promoted safe prevention on COVID 19 through comprehensive community outreach supported with events and social media campaign initiatives. As a part of the core areas of intervention, the project team undertaken efforts in promoting Water Sanitation and Hygiene (WASH) in the intervention area among the community members. Some of the key activities undertaken for promoting WASH will include:

- Promoting handwash and use of sanitizers
- Demonstration on how to undertake handwash by using soap and using sanitizers
- Promoted the **key messages** through door-to-door visits and other communication initiatives: promoting personal hygiene among the family members, importance of using soap for handwash, use of sanitizers, basic guidelines for improving the health, importance of adhering safety measures at home and while going out, sanitization practices while using public toilets, etc. The Nanbans has undertaken ongoing initiatives in countering myths and misconceptions and promoted healthy practices.
- Nanbans promoted **personal hygiene practices** among the families in the intervention areas through the ongoing home visits and other communication initiatives which includes: cleaning the body every day, washing the hands with soap after going to the toilet, brushing the teeth twice a day, covering mouth and nose with a tissue (or sleeve) when sneezing or coughing, etc. These messages were provided along with handwash and use of sanitizers.
- Produced a **video film** on "steps in using soap for handwash and how to use sanitizers and a gaana song on the importance of handwash". These video films were very much useful in communicating effectively to improve their knowledge and skills including understanding on the proper methods of handwash.
- Also conducted **video screening on handwash** through sharing the videos through WhatsApp groups and screening of videos during one-to-one communication by the Nanbans / COVID Warriors. This approach has helped in reaching the entire community members in the intervention area. This video screening supported and complemented the ongoing inter-personal communication activities.
- Conducted awareness campaigns on Mask usage, Handwashing, Social distancing and WASH.
- The Nanbans / COVID Warriors also motivated people to use the sanitizers positioned at 16 strategic locations while accessing the public facilities / utilities.
- The Nanbans also undertaken **observations** on the practices on handwash being adapted by the family members during the house visits.
- Developed a **strategy framework** on Water Sanitation and Hygiene for Slum Intervention Program at Kannagi Nagar and Ezhil Nagar.



Considering the need for ensuring the sustainable permanent resources for availability of safe drinking water, the project team in consultation and engagement of community members undertaken efforts for establishing **Water ATM** in the intervention area. In this regard, the project team with the participation of community members undertaken series of efforts such as: community consultation, baseline, conducted FGDs for need assessment, feasibilities, water testing, discussions with political leaders, policy makers, corporation officials, stakeholders and others for eliciting their support, formation of community level committees for establishing and managing, identification of agency for installation and maintenance (MSV), etc. VHS has identified the partner/ sponsor for establishing the Water ATM.



Discussion on Water ATM

Through the process, the project team enhanced the capacities of the community members including SHG federation members on establishing and managing the Water ATMs. This Water ATM will provide safe drinking water @ Rs. 7/- for 20 litres (currently the community members buying 20 litres @ Rs. 30/-). Plans has been made to manage these Water ATMs by SHG federation members and maintenance will be taken care of with the money collected from the community members (i.e., @ Rs. 7/- per water can).

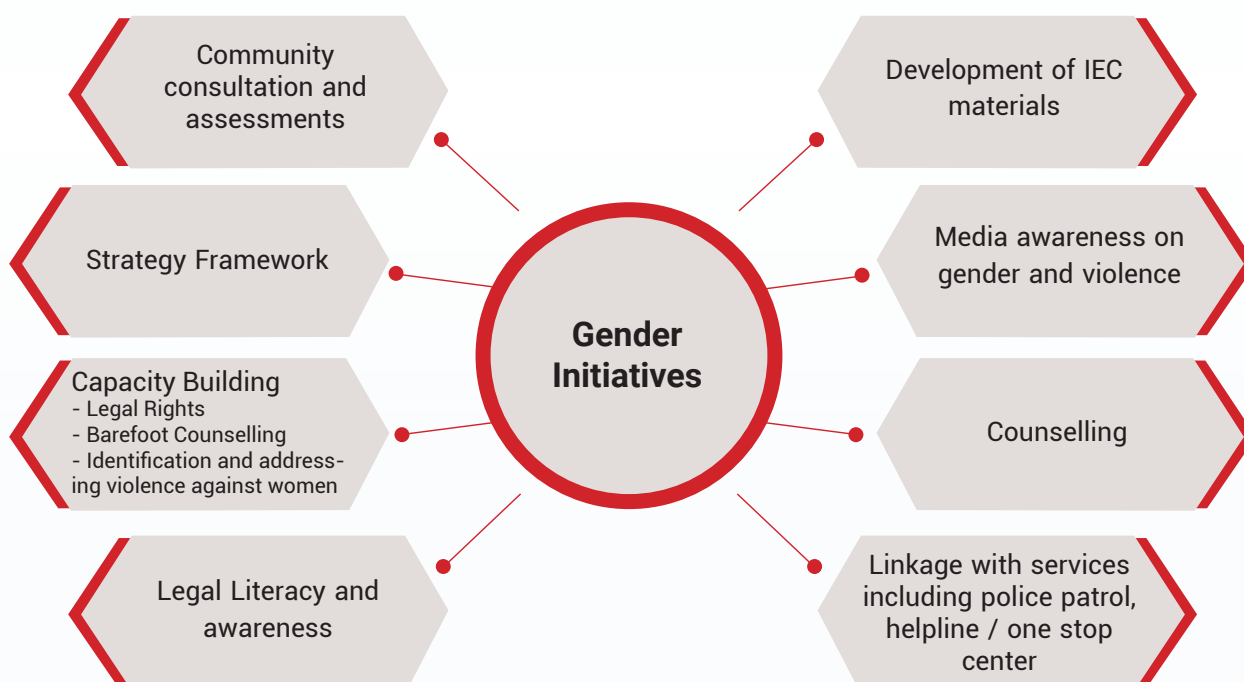
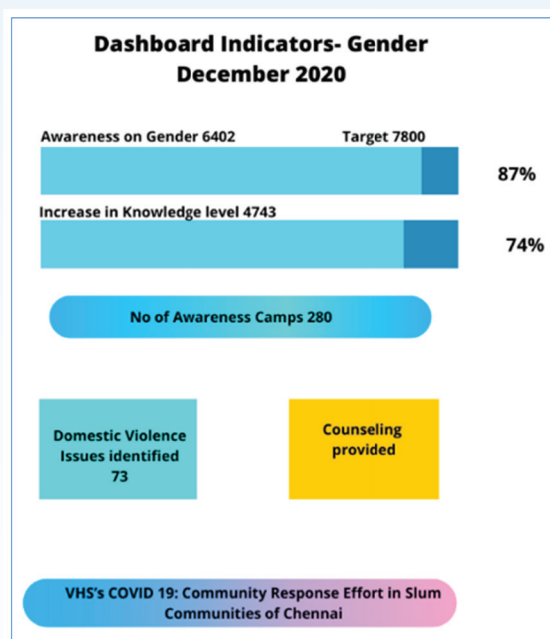
This **Water ATM** will help in enhancing the savings to each family (i.e.):

- Average number of water cans purchased in a day by a family = 3
- Average water can cost @ Rs. 30/- per water can x 3 cans
- Propose to supply water can through ATM @ Rs. 7/- per water can
- Total investment by a family for availing water from the Water ATM will be Rs. 7/- x 3 water cans = Rs. 21/- (average savings will be Rs. 23/- per water can x 3 cans = Rs. 69/- savings per day per family).
- Average savings per family during the month will be Rs. 2,070/-.
- Average savings per family per year will be Rs. 2,070/- x 12 months = Rs. 24,840/-

For promoting the same, the project team and community members has completed all the basic works including identification of the team for installation and maintenance. The same is being followed up by the SHG federation members for establishing and sustaining the same. The project has provided all possible support and enhanced the capacities of SHG federation to ensure systematic follow-up and evolve mechanism for managing the same.

2.2.1.3. GENDER

Based on the evidence / needs identified, project team has integrated the gender as a part of the COVID 19 prevention initiatives for ensuring effective reach and results.



Community consultation and assessments:

The project team has undertaken the following efforts for understanding the community needs, existing practices, resources available, etc:

- Study on gender assessment with the focus on Voices of women and girls on gender-based violence in Urban Slums at Kannagi Nagar and Ezhil Nagar.
- Community consultations with families, key stakeholders, Nanbans and others.

Through the above process, the project team has analyzed the situation and **developed a strategy framework** on gender for Kannagi Nagar and Ezhil Nagar.

Capacity building on Laws and Rights: VHS and the project team has conducted intensive and interactive training program on understanding Laws and Rights. the training imparted knowledge and awareness on the specific Laws and Rights as provided in the table:

- Property Act
- Protection of Rights Act
- Female infanticide prevention
- Right to Information Act
- Maternity benefits (leave with encashment)
- Women livelihood rights (Pengal vaazhvurimai)
- Working place rights (Pani Paadhukaapu Sattam)
- Visagha group (in women working place to protect them)
- Anti-Dowri Act
- Sec 498A India– Dowry harassment clause
- Robbery clause - Chain snatching
- Responsibilities of Central women and child welfare department
- National Commission for Women
- Mahila court
- Prevention of Family Violence Act (Protection Officer @ District Collectorate)
- POCSO act
- Alimony (Jeevanamsam)
- Para-legal volunteers and the Universities that are offering this course
- Role of State Legal Service Authority (SLSA)
- Role of National Legal Service Authority (NALSA)

CAPACITY BUILDING ON LAWS AND RIGHTS

Capacity Building on Barefoot Counselling: The project team conducted a training and enhance the Nanban / COVID Warriors on Barefoot Counselling. As a part of the training, the Nanbans were provided with needed knowledge and skills provide Barefoot Counselling. This training contributed for undertaken Barefoot Counselling for the person faced violence in the intervention area.

Training on identification and addressing violence against women: The project has also integrated training on identification and addressing violence against women. This training has helped in undertaking systematic approaches in identifying the existence of violence against women among individuals, family & in the community.

Legal Literacy and awareness: The CRT / Nanbans undertaken community outreach including home visits, inter-personal communication and events. The CRT has integrated the information on violence against women, providing basic legal knowledge and awareness, services available, etc. This has helped in creating a demand for people facing violence to seek needed counselling, consultation with lawyers, referral for advanced counselling and other services.

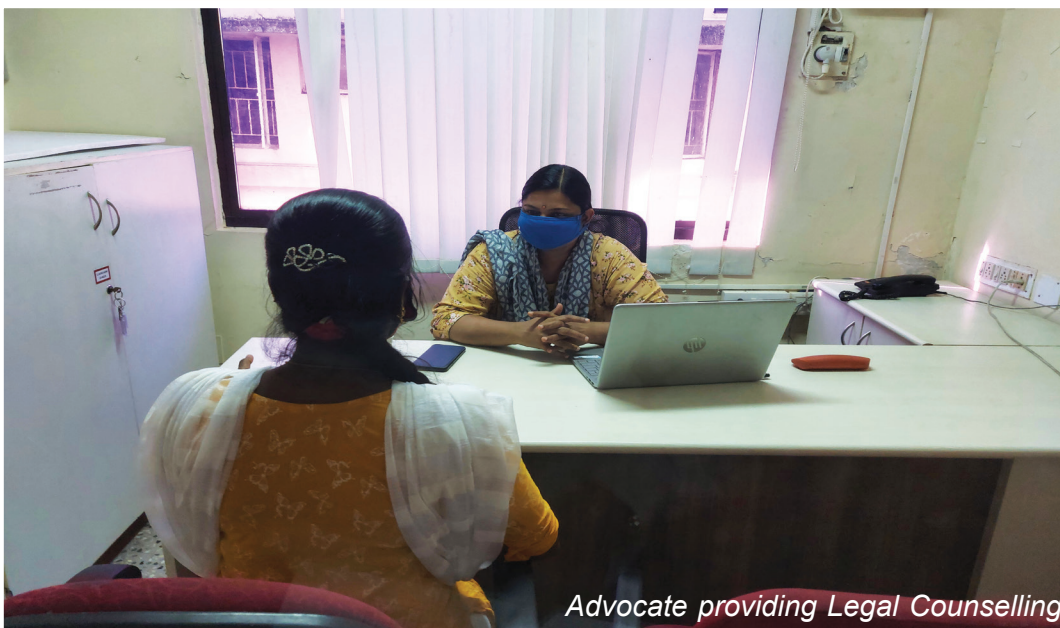
Development of IEC materials: The project provided needed resource materials on Laws and Rights, handout on Barefoot Counselling, services available for person affected by violence and poster on Laws and Rights. This resource materials were useful for enhancing the knowledge of the CRT and helped in understanding and communicating effectively and efficiently with the needy community members.

Media awareness on gender and violence: Undertaken media awareness on gender and violence with the media personnel representing from print media, electronic media, social media, etc. This media awareness enables the reporters / editors to understand the issues related to the violence against women and proper ways of reporting in media. This has helped in improving the proper use of words and non-stigmatized writing. This will also help in influencing the policies by publishing articles, editorials and stories in their publications and media initiatives. Developed a contact list of media personnel and sharing the updates at regular intervals to enlist their ongoing support and sustain their interest and contribution.

Counselling: The project team identified the persons affected by violence against women. CRT has provided Barefoot Counselling. As a follow-up of Barefoot Counselling, the Nanbans referred the individuals to seek additional, advanced and specialized information and counselling services from the lawyers. Lawyers provided free counselling and guided the individuals to overcome the violence and other supports.

Linkage with services including police patrol, helpline / one stop center:

- **Police Patrol:** Considering the community needs, existence of violence against women, the project with the engagement of the community, extended support in approaching the officials for arranging a dedicated women police patrol for Kannagi Nagar and Ezhil Nagar. The same is in the review and the follow-up initiatives are being taken up by the SHG area level federations.
- **Helpline:** As a part of the Central Government Scheme, with the Nirbhaya fund, each state has been provided for running two helpline centers as One Stop Shop for addressing all comprehensive services including: counselling, treatment by doctor, legal counselling, short stay facilities and referral and linkage with other services. In this regard, VHS guided the community members / area level federations and facilitated in submission of representation to the CM cell, social welfare department and other officials for establishing such One Stop center / helpline in the intervention area. The state government has already established two such centers in other areas and government of Tamil Nadu has agreed to consider the request to establish One Stop Center on resources available / additional sanction from the government. The same is being followed up by the committee constituted for this purpose from the area level federation team members. However, as an interim arrangement, planning to establish extended Nirbhaya Clinic Center to the intervention area for providing needed services to the needy on branded days (one day in a week).



Advocate providing Legal Counselling

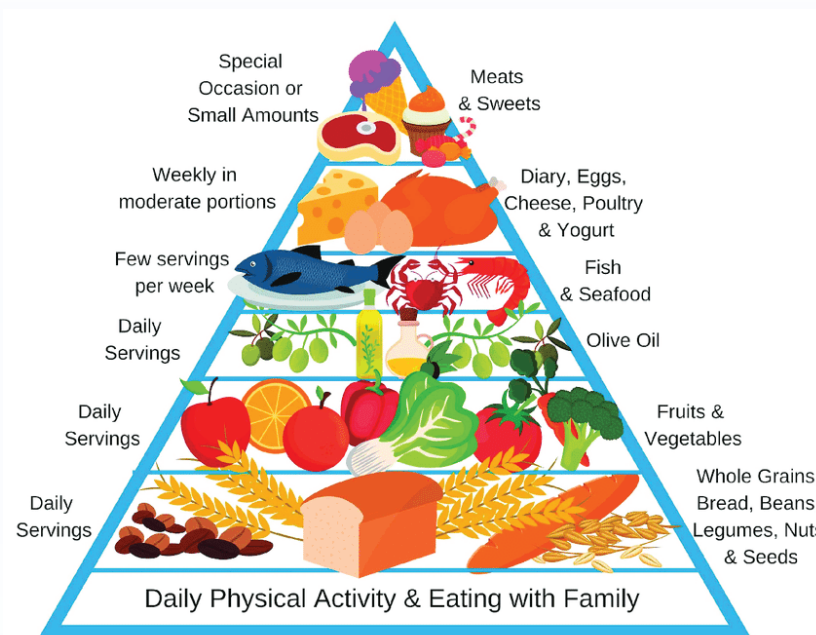
2.2.1.4. NUTRITION

The project identified the nutritional needs, evolve strategic plans and undertaken the systematic efforts for educating on the importance of nutrition and promoting nutritional practices among the adolescents, women, adult men, etc.

The importance of nutrition has been integrated as a part of the project activities to improve their health conditions, promote healthy living practices, improve immunity powers, etc for ensuring overall health care and preventing from COVID 19.

Some of the key activities undertaken will include:

- Undertaken a **Situational Analysis study on Understanding Malnutrition among Women and Girls of Reproductive Ages in Kannagi Nagar and Ezhil Nagar**. This situational analysis study has helped in understanding the malnutritional levels of girls and women between 15-35 age group, assess the Body Mass Index (BMI) levels of women in Kannagi Nagar and evolve strategic recommendations for intervention. Based on the study findings, evolved intervention plan and executed the activities.
- **Capacity building of outreach team on nutrition:** The project enhanced the capacities of project team including CRT on the importance of nutrition, methods of communicating with community members, key messages on nutrition, key activities to be undertaken, FAQs, indicators and other aspects. This training helped to enhance the knowledge and skills among all the CRT members and undertake coordinated with communication initiatives.
- **Education and awareness on nutrition:** The CRT members has undertaken efforts to improve awareness and educating the families in the given geographical area through outreach activities including: home visits, exhibitions, screening of videos, conducting demonstration sessions, facilitating experience sharing, etc.



The CRT has provided need-based messages based on the malnutritional status of the families. Some of the key activities undertaken will include:

- o Undertaken nutritional screening during home visits
- o Arranged video screening on importance of nutrition
- o Explained the importance of nutrition by using the pyramid poster and explained the information on nutrition available in vegetables, fruits, oils, cereals, egg, etc. Also promoted and encouraged to use locally available and low-cost food for improving the nutritional status.
- o As a part of the community outreach, the CRT has undertaken observation of nutritional intake / cooked food during the home visits to understand the practices and provided needed guidance.
- o Displayed posters in the strategic location for creating awareness and reinforce the messages
- o Utilized the social media including WhatsApp group and shared the e-poster on nutrition and video film on nutrition to enable the entire community members both within the intervention area and in the neighbourhoods.
- o The Nanbans / COVID Warriors also focused on the interventions among adolescent girls to overcome the anaemia by improving their nutritional practices. Also promoted adolescent to parents education to create a demand for introducing nutritional practices, adhering such practices and inculcating / sustaining such practices. In addition, during the period, 3846 anaemia cases among women and adolescent girls been identified and given nutrition education and demonstration through which their nutritional status has been improved.
- **Linkage with services:** The Nanbans also undertaken efforts to refer and linkage with the services for availing additional services. Nanbans encouraged the adolescent girls to avail Iron Folic Acid (IFA) tablets from corporation health workers to overcome anaemia. The Nanbans with the help of PCOs also conducted awareness programs among adolescents in the schools available in the intervention area and emphasized on the importance of overcoming anaemia and improving the nutritional status. Also encouraged all adolescent girls to communicate the importance of nutrition with parents & family members and introduced nutritional practices at home.



- **Demonstrations and competitions:** Conducted demonstrations on proper cooking of nutritional food, shared new recipes to enable the members to practice at home. Also conducted competitions among the members on preparation of low-cost nutritious food. These competitions has helped in exchange of recipes, developing skills, understanding the nutritional ingredients in various types of foods prepared during the competition, etc.
- **Provision of Dry-Ration and free food to the needy:** The CRT in consultation with the key stakeholders identified the needy families including COVID affected / infected families and arranged the following for livelihood:

Free food to the needy

- Facilitated and formed **Community Relief Co-ordination Committee.**
- Facilitated in mobilizing the free foods for distribution to the needy.
- Distributed **8792 free food packets** were distributed to the individuals / families during lockdowns through mobilization.
- Provided **free food packets to more than 200 families** infected / affected by COVID 19.

Dry Ration

- Identified 6,000 families in need of provisions for managing the day-to-day living due to lockdown and extended support through dry-ration, free food and linkage with services.
- Coordinated with key stakeholders, facilitated for mobilization and extended support in distribution of **Dry Ration Kit for 1,170 families.**
- Each Dry Ration Kit will serve the family with 4 members for about 4 weeks to cover the 3 meals.
- Each Dry Ration Kit contains rice, pulses, oil, vegetables, etc along with soaps, sanitizers, masks, etc. These groceries and sanitization kit to inculcate nutritional food habits and safe prevention practices.

Overall, the project intervention has primarily aimed at improving the nutritional status, reducing the malnutritional level, promoting healthy life, etc.

2.2.2. Additional need-based interventions – key activities and accomplishments

2.2.2.1. Welfare Support:

Welfare Support denotes assistance provided to the individual and families in need of and provided by government, private or individuals / philanthropists. In this context, the project has capacitated the Community Response Team, enabled them to identify the individuals and families in need of such support, prioritized and categorized the people in need based on the type of welfare support required.

The project has undertaken the following welfare support activities in the intervention area considering the community needs:



- **Mask distribution:** Distributed about 60,000 N95 masks to the individuals, families, frontline workers, NGOs, key stakeholders, local vendors and others. This mask distribution supported with demonstration, consistent encouragement and motivation lead to the regular usage of masks by the slum dwellers in the intervention area. This has also inculcated on the importance of using masks and community members started buying and using as per requirements to ensure continuity and prevent from COVID 19.

- **Providing sanitizers:** The project coordinated with the Greater Chennai Corporation health team and encouraged to established Hand Sanitizer Dispenser Stand at 16 strategic locations in consultation with the community. In addition, the project has also leveraged and established 10 such stands in schools, FairPrice shops, water distribution points, bus stops, etc. Through this effort, overall established 26 Hand Sanitizer Dispenser Stands covering the entire area and enabled the community members to use sanitizers as per requirements.



The CRT and health workers of GCC, jointly undertaken efforts to educate, motivate and use the sanitizers for preventing the COVID 19.

- **Kabasura Kudineer:** GCC recommending and promoting the Kabasura Kudineer - A potent formulation prescribed by the traditional Siddha system of medicine for improving immunity and used as a remedy for fever and for its ability to prevent various infections (fever-reducing, analgesic, anti-inflammatory and anti-viral properties). Considering the need and interest of the community members, the project mobilized and arranged for distribution of Kabasura Kudineer for about 10,000 community members at frequent intervals. In addition, conducted demonstrations on how to prepare Kabasura Kudineer and trained the community members to prepare at home. To support this, the project has coordinated with key stakeholders and arranged **Kabasura Kudineer Power Packets to about more than 6,000 families** in need.

- **Free food packets to the needy:**

The project found the challenges associated with identifying the needs, evolving distribution mechanism, ensuring systems, etc for proper distribution of food packets to the needy. Considering this, the project facilitated interactions with the community and key stakeholders and formed Community Relief Coordination Committee by involving community volunteers and with key stakeholders for identifying the needs and distribution of the food. The project has arranged and coordinated the following:



- o The project coordinated with key stakeholders mobilized and arranged to distribute around **8792 free food lunch packs** to the individuals / families in need in the intervention area including to the really needy identified by community members. Some of the families were provided with 1 meal per day and some of the families were provided with 3 meals per day based on the family situation and requirements.



- o Provided free food to more than 200 families infected / affected by COVID 19 by ensuring consistency of provision of food or ration to the deserving families.

- **Dry Ration (through mobilization):** The project with the help of CRT and in coordination with CRCC identified 6,000 families in need of provisions for managing the day-to-day living due to lockdown, no income due to loss of job / loss of income, etc. Considering this, the project has facilitated in mobilizing and arranged and distributed Dry Ration Kit for 1,170 families. Each Dry Ration Kit contains rice, pulses, oil, vegetables, etc along with soaps, sanitizers, masks, etc. Each Dry Ration Kit will serve the family with 4 members for about 4 weeks to cover the 3 meals. These groceries and sanitization kit to inculcate nutritional food habits and safe prevention practices.
- **Economic assistance to the family members who lost their family member due to COVID:** The Government of Tamil Nadu has announced welfare schemes for the families who lost their family members due to COVID 19. The CRT has provided grief counselling to the families affected. In addition to this, provided the needed information and guidance for availing Rs. 50,000/- for loss of family member due to COVID 19 and obtaining free education for the children who has lost the father or mother. Extended support for 8 families to apply for availing economic assistance schemes and the same is in progress.
- **Psycho-Social Support / Grief Counselling:** The CRT members were trained on Barefoot Counselling and encouraged to provide need-based basic counselling to the community members. The CRT provided Psycho-Social Support to 150 people who are tested COVID 19 positive and referred 65 people for availing additional Psycho-Social Support. 8 families were provided with Grief Counselling to the needy on regular basis. In addition, the CRT facilitated and coordinated 224 home care medical support to the needy.

- Cleanliness campaign by involving the community members:** Based on the community needs, the CRT engaged by the project has facilitated and coordinated the cleanliness campaign on October 02, 2021 (Gandhi Jayanthi Day) in the entire intervention area by involving the community members, community volunteers, GCC Sanitation team, and other interested individuals. As a part of the cleanliness campaign, the community members cleaned the entire area, cleaned the public toilets, sanitized the public utility places, educated the community members to adapt safe COVID 19 prevention practices, use of dustbins, etc. This cleanliness campaign contributed for: community engagement in ensuring cleanliness in their respective areas, learning and practices on segregation of waste, understanding the process of disposing used masks, etc. The community members repeated the same cleanliness campaign during December 2021 and inculcated such practices. This has enhanced the community response.



- Coordination with GCC for preventing COVID 19 and ensuring water, sanitation, mosquito control measures, etc:** The project team closely work with zone 15 of GCC, Govt. of Tamil Nadu (i.e., Zonal Health Officer, Zonal Medical Officer, Sanitary Inspectors, Medical Officers, Health Workers, etc). The project team facilitated orientation, experience sharing between Nanbans and health workers, shared communication materials, ensured uniform communication, etc.



Meeting with Sanitary Inspectors, Greater Chennai Corporation

The project CRT has extended support in: conducting awareness camps on COVID19 prevention, vaccination camps, mask demonstration, referral and linkage with government facilities for COVID 19 testing, treatment and care services for the person tested positive and providing education to the care givers in close coordination and with the engagement of GCC team members. The project also provided masks, sanitizers, IEC materials, etc to the GCC health team members. The CRT has also extended support in identifying the community health needs such as: water, sanitation and mosquito control measures and coordinated with the corporation team in addressing the same.

- Recognition of project's activities from the Zone XV – Greater Chennai Corporation:** Officials from Zone XV – Greater Chennai Corporation appreciated the activities being implemented by the project and gave an appreciation letter. The same was communicated to the Foundation.

22nd April 2021

To
The Director,
VHS - Projects Division
Voluntary Health Services,
Tharamani, Chennai

Sub: COVID-19 – Appreciating the efforts taken by VHS at Kannagi Nagar – reg.

Dear Sir,

I am writing this letter with warmest regards and would like to thank Voluntary Health Services (VHS), Chennai for the maximum incessant efforts and contributions to prevent and control the spread of infectious COVID disease in Kannagi Nagar.

We have received good feedback from the communities in our area about VHS intervention programmes in terms of

- creating awareness among the communities on the COVID 19 disease
- conducting training programmes on adopting COVID appropriate behaviour, COVID vaccine awareness, welfare schemes available for women
- conducting Allopathy, AYUSH, Eye, Diabetic, Oncology medical camps and follow ups
- distributing masks to the needy during the COVID period
- providing medical support at VHS hospital for the needy people and
- providing welfare support to the destitute during the COVID pandemic.

We at Zone 15 Corporation are profoundly grateful to you for the services that you have rendered in Kannagi Nagar during the COVID pandemic.

We eagerly await for much fruitful collaboration and your helping hands, in future to protect our communities against the COVID 2nd wave.

Thanking you,

Yours Sincerely

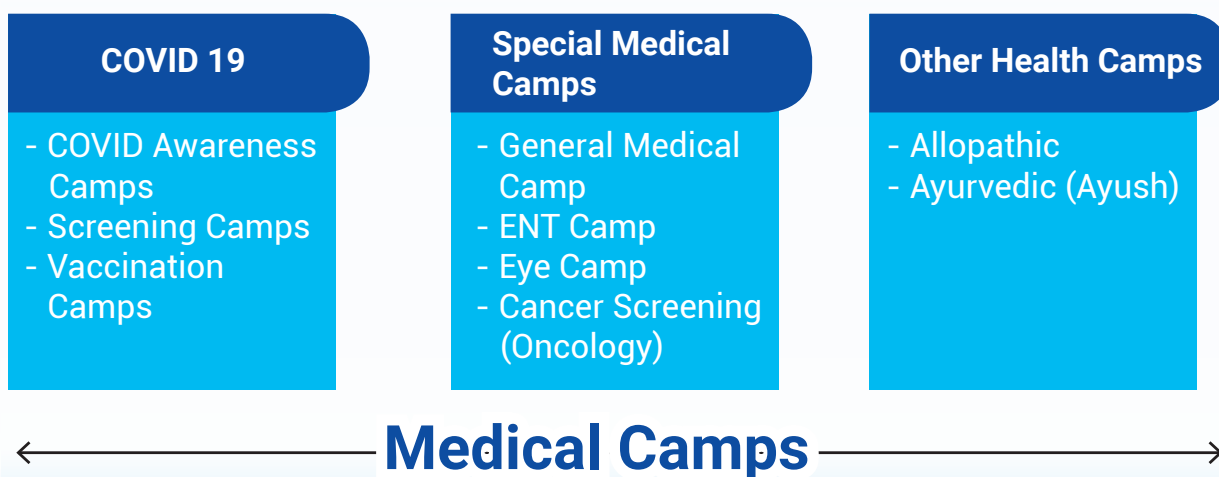
 (Executive Engineer)
 Zone 15, Chennai
EXECUTIVE ENGINEER
 Zone-XV
 Greater Chennai Corporation

2.2.2.2. Medical Assistance

The project has undertaken community outreach for promoting COVID 19 prevention and ensuring treatment and care for the person infected / affected due to COVID 19. In addition to the community outreach, the project has strategically adapted camp approach for creating awareness, providing group education, providing demonstrations (nutrition, use of mask, handwash, use of sanitizer, etc), facilitate for screening / testing, identifying the needy for further follow-up and services, etc. Considering the community needs, the project has organized with the involvement and engagement of community members in conducting COVID 19 camps, special Medical Camps and other Health Camps by ensuring effective coordination with stakeholders including VHS, GCC, etc.



The category and type of camps conducted are given below:



Overall, the project has extended support in organizing **20 COVID Awareness Camps, 10 Screening Camps and 408 Vaccination Camps** for supporting COVID 19 initiatives in coordination with GCC health team.

The CRT has undertaken demand generation, community mobilization and coordination for successful conduct of the camps. The Nanban / CRT members has identified 15,352 (Male-7221 & female-8,131) persons with Influenza-Like Illness (ILI) and facilitated their participation in the screening camps for getting screened / tested and in availing other related services.



MEDICAL



CAMPS



In addition to the COVID 19 Medical Camps, the project organized **Special Medical Camps and other Medical Camps** and the achievements on the same are provided in the following table:

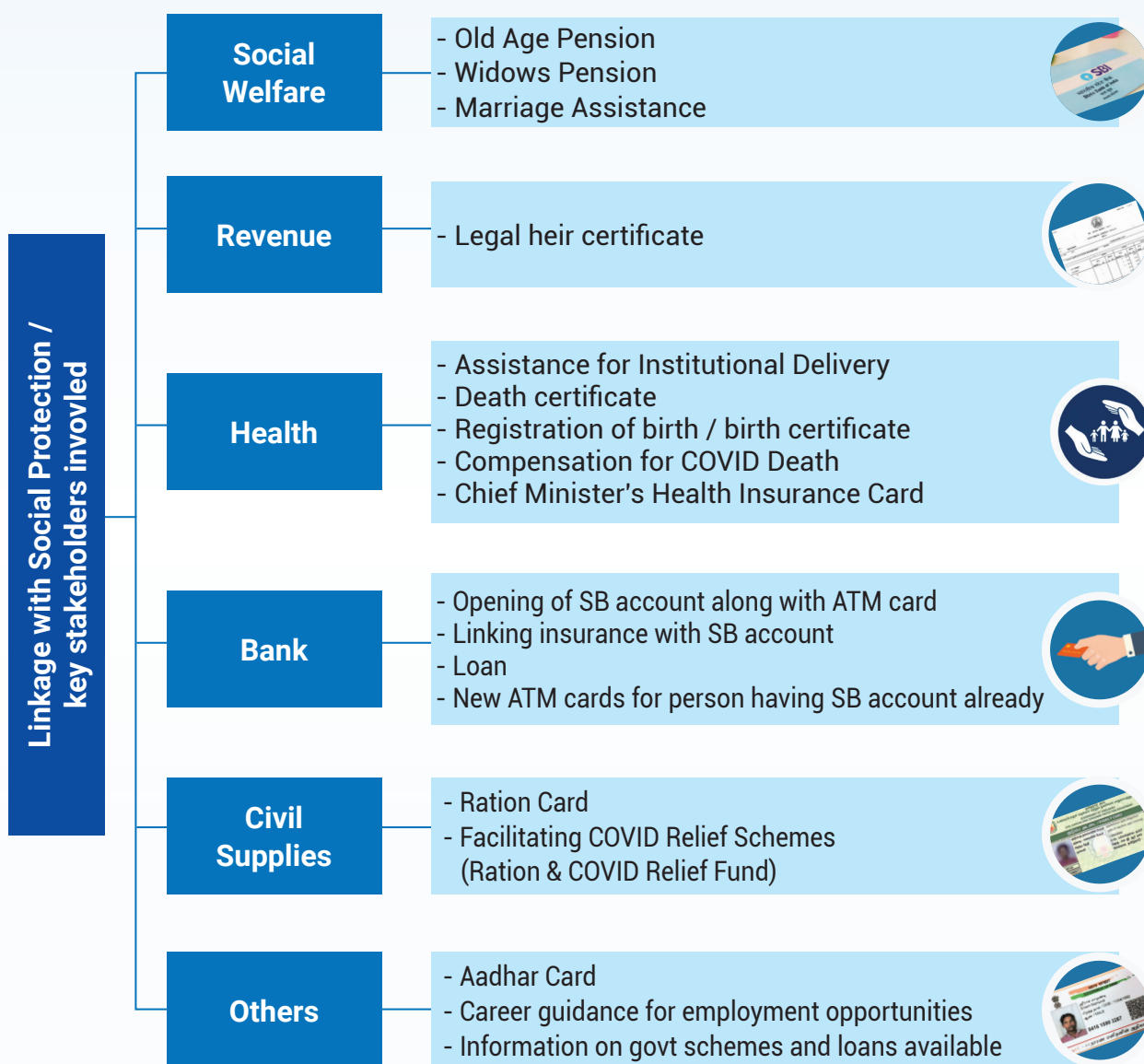
Camp details	No. of camps conducted	Male	Female	Transgender	Total
Allopathy	21	328	1109		1437
AYUSH	12	104	354		458
Eye	4	60	189	1	250
ENT	3	46	186		232
Oncology	1	6	32		38
Total	41	544	1870	1	2415

Each camp is supported with systematic follow-up along with need-based referral and linkages with government / private hospital for availing additional / specialized services. VHS management has extended extraordinary support in engaging the inter-departments for providing comprehensive health care to the slum dwellers in the intervention area to ensure comprehensive health care.



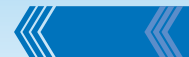
2.2.2.3. Social Protection

Considering the need for addressing the comprehensive needs of the community members for ensuring COVID 19 prevention initiatives, the project strategically undertaken efforts to facilitate the needed community members with social protection programs, services, schemes, and other welfare measures. The CRT has undertaken efforts in identifying the individuals and families in need of support. Based on the needs identified, the CRT has undertaken grouping based on the type of support and services required. This has helped in identifying the people in need under each category and evolved plans for addressing the same. The CRT coordinated with corporation health team, social welfare team, revenue officials, bank, SHG federations, FairPrice ration shops / civil supplies and other key stakeholders.



The project team members ensured coordination and effective linkages with respective development departments / key stakeholders and facilitated for availing the eligible schemes for the person in need of. The project team members provided needful education, provided application forms, guided in filling up of the forms, encouraged them to visit the office for submission, followed up with the respective departments for processing of the submitted applications, extended support in addressing the queries by the departments on the applications submitted, etc. The following table detailed about the department wise schemes facilitated along with the information on number of persons provided with the support, number of persons availed and number of applications in progress:

Department	Name of the Scheme / Services	Total number of persons provided with support	Number of persons availed	Number of applications in progress
Social Welfare	Old Age Pension	34	22	12
	Widows Pension	14	7	7
	Marriage Assistance	9	6	3
	Enrolment in SHG	180	180	-
Revenue	Legal heir certificate	7	5	2
Health	Assistance for Institutional Delivery	112	93	19
	Death certificate	16	12	4
	Registration of birth / birth certificate	83	75	8
	Compensation for COVID Death	25	-	25
	Chief Minister's Health Insurance Card	41	13	28
Bank	Opening of SB account along with ATM card	149	149	0
	Linking insurance with SB account	149	149	0
	Loan	8	7	1
	New ATM cards for person having SB account already	116	116	0
Civil Supplies	Ration Card	101	72	29
	Facilitating COVID Relief Schemes (Ration and COVID Relief Fund)	12,300	12,300	0
Others	Aadhar Card	183	152	31
	Voter ID	210	191	19
	Career guidance for employment opportunities / Counselling	226		
	Information on government schemes and loans available – other than the above schemes	1,339	423	916



The involvement of Nanbans / CRT has contributed for:

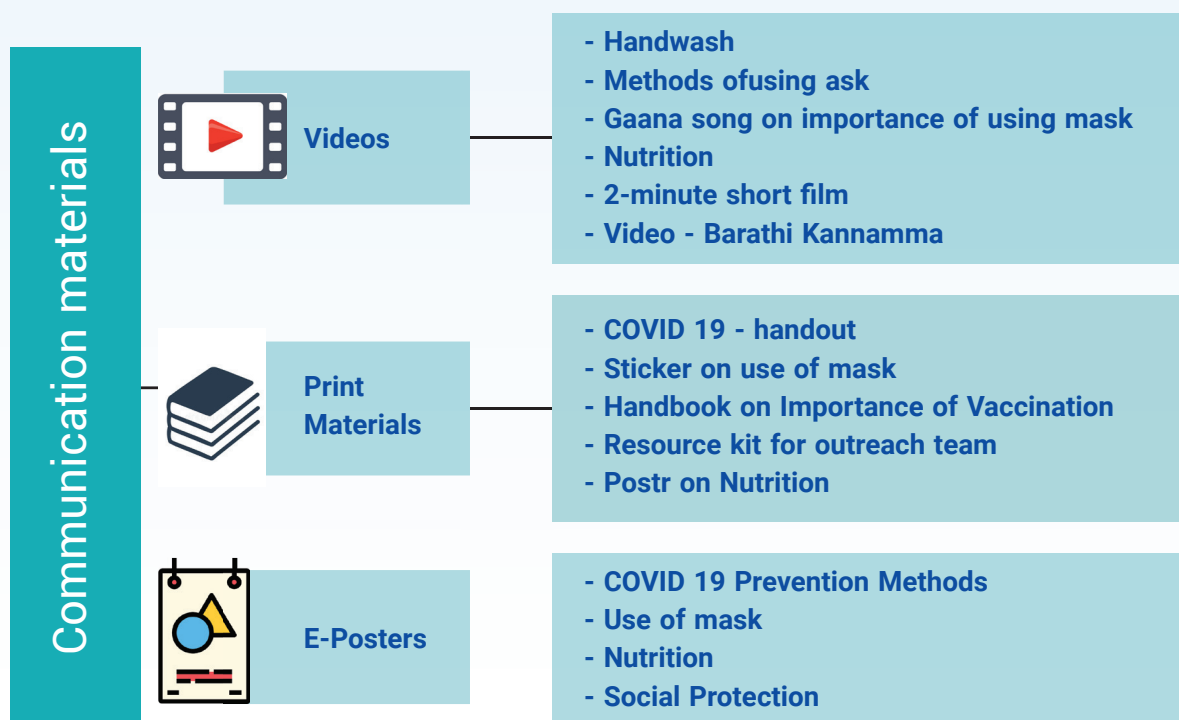
- Avoiding the middlemen / brokers in facilitating this process.
- Developed awareness and guided by the Nanbans in availing such services without spending any resources / giving bribes.
- The Nanbans will be permanently available to enable the community members to seek such services as and when required.
- Area level federation of SHGs and trained Nanbans available in the community members will be ensuring follow-up of the application submitted and that are in progress / process.

These need-based interventions such as: Welfare Support, Medical Assistance and Social Protection initiatives has complemented and contributed in COVID 19 prevention initiatives. This comprehensive and integrated efforts has also helped in: ensuring effective response from the community, participation and engagement of the community, ensuring comprehensive health care of the community members considering the lockdowns and loss of job / income, etc. The community members also overwhelmed and enabled them to seek services from the Nanbans on their own without any inhibitions. Such coordinated and integrated efforts has demonstrated models and results.

The PCT and CRT in coordination with all key stakeholders undertaken systematic planning, coordination and undertaken strategic efforts for successful implementation of activities pertaining to core areas such as: COVID 19, WASH, GENDER and NUTRITION. Also undertaken the additional need-based interventions such as: Welfare Support, Medical Assistance and Social Protection. All these activities were implemented in a parallel way to complement each other, and efforts has been made to achieve the desired results. These coordinated and comprehensive approach has very well received by the community members.

2.2.3. Common and complementing activities undertaken

Communication material development and awareness creation: The project has identified the communication needs in consultation with the community members and key stakeholders in the intervention area. The project has developed community centric communication materials based on the community preferences, considering the lockdown due to COVID 19 and other aspects. The project has developed the following communication materials:



Key approaches adapted for developing community-led Communication materials:

- Community consultation
- Developing plan on messages and materials
- Prioritization of core messages on each core area / additional need-based interventions
- Development of proto-type materials
- Pre-testing with community members
- Development of materials
- Use of materials as per the plan
- Feedback of the materials and incorporating the changes

The above communication materials developed has been used intensively in the intervention area for: creating awareness, countering myth and misconceptions, risk communication, motivating people to seek services, reinforcement of messages, etc. The same materials has also been used in the door-to-door visits, camps, social media campaigns, training programs and other events conducted by the project.

Use of Technology as a part of communication efforts considering the lockdown / effective reach

- Used google format for conducting baseline study
- Use of Android Mobile phone as communication aid for screening videos during one-to-one interactions
- Use of social media such as YouTube, WhatsApp, Facebook, etc for undertaking campaigns
- Developed WhatsApp groups for regular information sharing (with community among stakeholders and among Nanbans)
- Linked with VID – MED APP established by state government for:
 - o Referring to availing psycho-socio support
 - o Obtaining clarifications from the counsellors, etc.
- Enabled the community members to use WhatsApp for learning social messages
- Used mobile phones for documenting community voices and experiences for sharing with community members and use in the training programs for Nanbans
- Uploaded videos in the YouTube channels for view by the community members and larger public
- And other approaches.

Media coordination and press clippings: The project team has undertaken efforts to orient the media personnel on COVID 19, WASH, GENDER and NUTRITION along with the project details. As a follow-up of the media workshops, the project team has ensured ongoing continuous relationship with the media personnel and extended support in sharing / disseminating the project initiatives, achievements, innovations, etc. Based on the relationship and partnership established, the media personnel has extended good support, participated in the field visits, observed the activities and published write-ups in the newspapers. The sample press clippings published in newspapers are:

Vaccination camp at Kannagi Nagar

Adyar Times_18-24 Jul 2021



Projects Division, VHS in collaboration with Greater Chennai Corporation and other NGOs conducted a mass vaccination camp on July 18 at Kannagi Nagar.

Dr. Joseph D Williams, Director - Projects, VHS said that the camp was first of its kind in the area and around 1000 community members got vaccinated on that day.

He requested the Greater Chennai Corporation to help in organizing similar mass COVID-19 vaccination camps more frequently in the area.

The camp was inaugurated by the Zonal Health Officer - Dr. Usha. The other Corporation officials who were present were Zonal Medical Officer - Dr. Deepan, Sanitary Officer - Ponnuragan, Sanitary Inspector - Gnanaprakash.

பசுமைய பட்டுப்புனை வெள்ளிகளிகை வாங்கப்படும் உடனடி பணம் தரப்படும்

OLD SILK SAREES BUYING

OLD PATTU SAREES

MYSTORE SILKS, BANARAS

ALL ZARI ITEMS

TISSUE SAREES

BEST PRICE

98406 58189 / 72990 43639

SRI SIVA PATTU CENTRE

DOOR STEP FROM ADYAR

NO. 51A THIRUVANMIYUR, OPP. STD OFFICE CHENNAI - 41

Water in Kannagi Nagar not potable; TDS, chlorine above limit, finds study



Times of India, Chennai edition, 16 Mar 2021
<https://m.timesofindia.com/city/chennai/water-in-kannagi-nagar-not-potable-tds-chlorine-above-limit-finds-study/articleshow/81518210.cms>

Chennai: Behind those colours hides Kannagi Nagar's dark side



Times of India, Chennai edition, 15 Mar 2021
<https://timesofindia.indiatimes.com/city/chennai/behind-those-colours-hides-kannagi-nagars-dark-side/articleshow/81500495.cms>

CHENNAI

Vaccination camp

Projects Division, VHS, in collaboration with Greater Chennai Corporation and other NGOs launched a mass vaccination camp at Kannagi Nagar, towards Covid Free Kannagi Nagar. The camp was inaugurated by the zonal health officer, Dr. Usha. Zonal medical officer Dr. Deepan, sanitary officer Ponnuragan, and sanitary inspector Gnanaprakash were present.



New Indian Express_21 Jul 2021

2.2.4. Studies and documentation undertaken during intervention phase:

The project strongly believes in documentation on the experiences and learnings gained from the intervention. Considering this, the project team has undertaken the following studies in addition to the other studies undertaken for evidence-based interventions:

- **Case study documentation:** A compilation of five stories capturing the success and challenges has been brought out titled "Stories of Change – case study documentation". Five (05) case studies documented will include:
 - o The "new normal" – impact on the lifestyle
 - o Medical Camps an entry point
 - o One stop centre – A movement to safeguard women
 - o Livelihoods against the odds of Lockdown
 - o Challenges in Community empowerment model for Water ATM

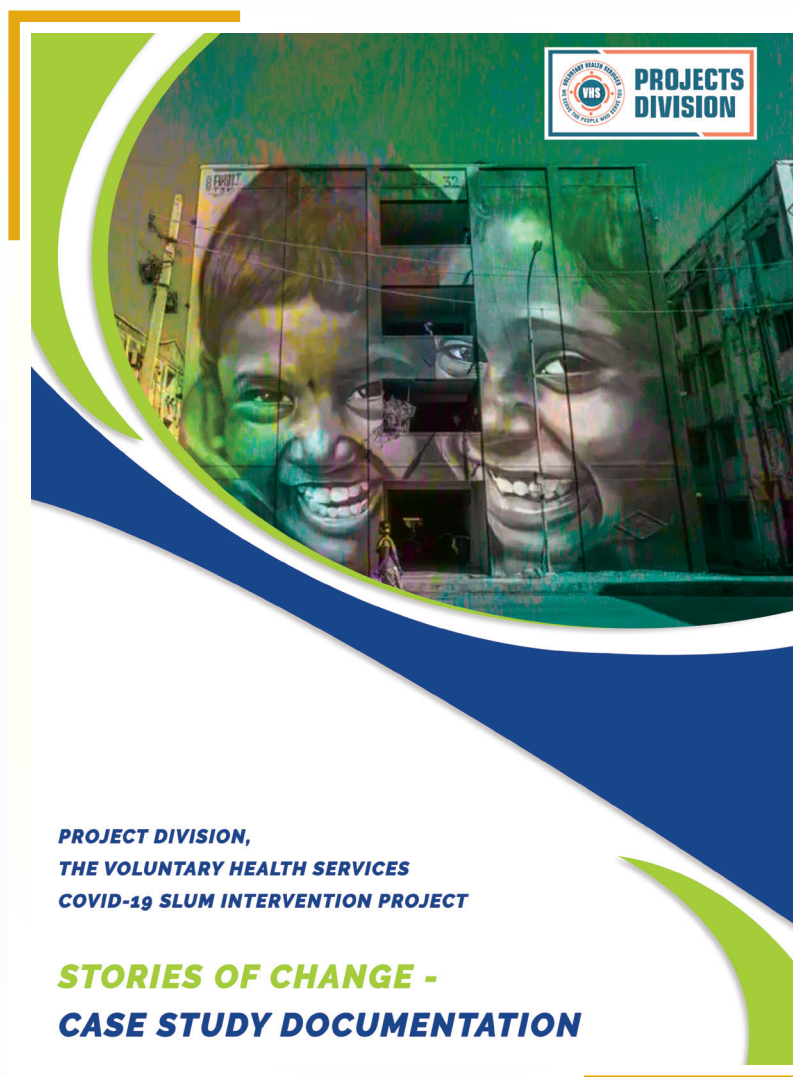
This case study documentation helped in understanding the best practices and challenges and undertake strategic efforts.

Case study documentation – Stories of Change – case study documentation

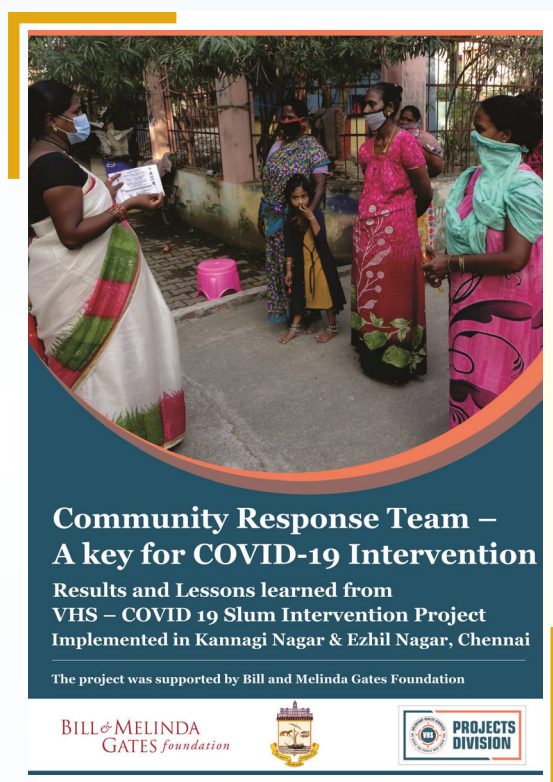
Observatory Study

Community Response Team – a key for COVID 19 intervention (results and lessons learnt from VHS-COVID 19 Slum Intervention Project)

Facilitation of Project End Term Evaluation by CMS with the support of BMGF



- **Observatory study:** The project capacitated the CRT and undertaken mask usage observatory study by using a tool. This has helped in the usage of mask by the community members while away from home. This study has provided an understanding for improving the communication on use of mask and motivating people to use mask properly and consistently.
- **Community Response Team – a key for COVID 19 intervention (results and lessons learnt from VHS-COVID 19 Slum Intervention Project):** The project has facilitated documentation on the experiences of engaging CRT for VHS-COVID 19 Slum Intervention project. This documentation has captured the results and lessons learned on the engagement of Community Response Team in COVID 19 Slum Intervention project. This report has captured the overview of the VHS-COVID 19 Slum Intervention project, VHS model of community engagement, dimensions of community engagement, perspectives on community engagement, key lessons learned and way forward. This document on results and lessons learned has helped in understanding the progress, impact, strategies / approaches has worked, etc. This will be useful for disseminating the experiences with other NGOs and CBOs involved in implementing intervention on COVID and in slum areas.



- **Facilitation of Project End Term Evaluation by CMS with the support of BMGF:** The project extended support and facilitated the conduct of project End-Term Evaluation by TGI and CMS by adapting qualitative assessment. The project shared the project related information, documents and other details on medical doctors, lawyers, bureaucrats, NGOs and community organizations for evaluation and conducting qualitative assessments. The team has undertaken a study and captured the characteristics, COVID 19 related information, COVID 19 knowledge and behaviour, COVID 19 testing and screening, COVID 19 vaccine, usage of community toilets during pandemic, perceived benefits of activities organized by partner organizations and other aspects. The TGI and CMS analysed and prepared the report and submitted to BMGF.

2.2.5. Innovative approaches

INNOVATIVE APPROACHES

- Community-driven initiative by engaging Community Response Team
- Networked key stakeholders and other organizations working for the slum dwellers in the intervention area and avoided duplication and ensured coordinated efforts
- Engaged and enhanced the capacities of the local community members for greater acceptance and sustained efforts
- Leveraged resources for addressing the other priority needs for achieving the project objectives (such as: mask, food packets, dry ration, etc).
- Utilized the locally available infrastructure and other resources for conducting training, review meetings, experience sharing meetings, partner meetings, etc.
- Developed a model community accepted communication materials on core areas for adaption and translation in other languages.
- Effectively used tech-enabled communication considering the lock downs and other restrictions.
- Adapted medical camps as an entry point and ensured comprehensive approach in addressing COVID 19 prevention.
- Undertaken evidence-based program planning by undertaking various studies, assessments, documentation, etc.
- Ensured greater level of engagement of GCC from higher level to the zone level health team and coordinated the COVID 19 prevention efforts.
- Undertaken media awareness on COVID 19, WASH, GENDER and NUTRITION and enlisted their support.
- Initiated efforts to establish Water ATM by engaging the community to enable each family to save about Rs. 2,000/- per month. The same is being followed by area level federations of SHGs.
- Captured testimonials from the community members and use the same for motivating others.
- Popularized emergency contact numbers during IPC and through display of details to enable the community members to avail information and services.
- Adapted Child-to-Parent, Adolescent to Parent and Woman to Woman approaches for promoting awareness and practices.
- Ensured ongoing sharing and dissemination with CRT members, stakeholders, etc by ensuring the partnerships and transparency.
- The capacitated CRT will be available to train community members in other slum areas for health and health related programs.

2.3. Phase III - Transition Phase:



As a part of the transition phase, the project team has undertaken systematic efforts for transition of the project activities with the roadmap. The transition related plans and efforts have been undertaken as an integral part of the entire intervention. However, during the transition phase, the project team has undertaken the efforts on consolidation, summing up, dissemination and transitioning for continuation of the activities and initiatives.

Some of the **key strategic efforts undertaken for transitioning** will include but not limited to:

- **Documentation on the experiences / End of Evaluation:** The project has undertaken End of Evaluation (EoE) by using qualitative and quantitative methods. This report has captured the key activities undertaken, accomplishments, achievements, learnings, best practices / innovations, impact, recommendations for scaling up, etc. This comprehensive report will be used as a ready reckoner for implementing or scaling up COVID 19 or other health programs in the slum areas.
- **Dissemination meeting with key stakeholders:** The project team has undertaken ongoing dissemination of learnings, experiences, challenges, etc during the review meetings, experience sharing meetings, training programs, etc to enable them to undertake mid-course corrections and undertake all innovative efforts to achieve the desired objectives.

During the transition phase, the project has facilitated dissemination of the entire project learnings with the GCC, key stakeholders, CRT and other partners for adoption of the best practices and ensuring the continuation of such best practices. As a part of the dissemination, the project team has also provided and shared the **soft copy of the communication materials** developed for appropriate use as per the requirements to benefit to the community.


During the dissemination meeting, convened a working group and **developed roadmap / action plan for follow-up and sustenance**, beyond the lifetime of the project. This roadmap also ensured the commitment and the coordination among the stakeholders for ensuring systematic follow-up.

- **Transition of trained staff with other NGOs:** The project has capacitated and developed local area-based community representatives as Field Officers and Nanbans (Community Volunteers). The project has shared the profile along with the contact details of the trained team with the key stakeholders with the request to engage their services. Based on this request, about 60% of the staff trained and engaged by the project were provided with employment to continue the services in the same Kannagi Nagar and Ezhil Nagar. However, the trained team is available within the community for extending services to the community members on request.

- **Follow-up on patrol, water ATM and helpline – one stop center (by CLF):** Initially, the project along with the community has undertaken efforts for arranging woman patrol police, water ATM and establishing helpline / one stop center with the support of state government through Nirbhaya Scheme. The project has extended needful support to the committee members of area level federation and undertaken efforts in contacting the government officials at different levels for obtaining the needful support. These schemes (water ATM, patrol, helpline and one stop center) requires additional follow-up and will take more time. Considering the need for systematic follow-up, the project facilitated and supported for forming core team representing from area level federation of SHGs. The project team needed guidance and support to enable them to undertake follow-up on the respective programs initiated to address the community needs and priorities.
- **Motivating community members for vaccination:** VHS project core team with the help of key stakeholders, community volunteers and health team, undertaken coordinated effort for motivating the community members for availing vaccines during the camps conducted on Sundays and other occasions by GCC. The project team utilized the WhatsApp groups and other communication channels in ensuring a demand generation for availing vaccination and getting vaccination as per the eligibility and schedule.
- **Continuation of other services by VHS:** VHS continuing its Community Health Services to the slum dwellers in the intervention area. In addition to this, the VHS is continuing the services of conducting medical camps with its own resources such as: General Medical Camps, ENT Camps, Eye Camps and Cancer Screening (Oncology) and facilitate referral and linkage with VHS hospital for advanced health services. The project also committed to the stakeholders and CRTs for providing needed technical support as and when required.
- **Dissemination of project learnings with State Government with the Honorable Chief Minister, and other health officials of Govt. of Tamil Nadu:** The project team continuously interacted, coordinated, engaged the GCC health team and state health officials in implementation of VHS-COVID 19 Urban Slum Intervention Project. Based on the long years of experience of VHS on health initiatives and demonstrated experience in implementation of COVID 19 slum intervention project, Govt. of Tamil Nadu identified and invited VHS representative to share the experiences with government officials, health department officials and with other NGOs, during the state level COVID 19



NGO coordination meeting chaired by the Honourable Chief Minister of Tamil Nadu. In this meeting, Director – Programmes participated and showcased the activities being implemented by VHS in the urban slum towards “COVID free Kannagi Nagar”. The presentation was well appreciated and well received. The innovative experiences shared based on the project were also accepted.




**PROJECTS
DIVISION**

Voluntary Health Services, Chennai – 600 113
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COVID FREE KANNAGI NAGAR

- Based on the meeting with the Honorable Chief Minister of Tamil Nadu on 19th May 2021, VHS collaborated with the Greater Chennai Corporation and deputed 25 Volunteers (COVID Nanban), 3 Outreach workers and 2 Counselors to work towards “COVID free Kannagi Nagar”.
- Some of the activities undertaken by VHS in close collaboration with the Government departments and local stakeholders are
 - vaccine awareness campaigns by Nanbans
 - mobilize people for vaccination
 - refer ILI symptoms to Government facilities
 - follow-up of COVID positive people
 - identify the needs of COVID positives and cater them
 - provide psycho-social support

- 
- Mitigating COVID-19 risk in Urban Slums**
Lessons for future
- Tuesday, 22 June, 2021, 6:00pm – 7:30pm IST**
- Need of holistic approach during COVID-19

Joseph Williams
 Director - Projects, Voluntary Health Services (VHS)

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- **Enhanced the capacities of area level federation members of SHGs.** Formed a core committee from the area level federation for ensuring sustained follow-up on the activities such as: Water ATM, One stop shop / helpline and Women Patrol. The core committee is aware of their responsibilities on undertaking follow-up to mobilize such services and facilities.
- In consultation with the CRT and key stakeholders evolved a **roadmap on the follow-up.** The same is available with the respective individuals and organizations for ascertaining and ensuring the needed follow-up services on COVID 19 and other program areas.
- **VHS will continue to extend support in organizing medical camps and provide need-based technical assistance:** VHS will continue to undertake / extend need-based support in conducting health camps and will provide need-based strategic technical assistance to the CRT / stakeholders / core committee on request.
- **Coordination between UPHC and Nanbans for continue services:** Urban Primary Health Center (UPHC) will continue to extend the services and avail the services of locally available well capacitated Nanbans to reach the needy, providing services and ensuring continued support.
- **Promoted healthy practices,** adherence of mask, usage / prevention practices and treatment seeking behaviour and the individuals and family members will sustained such practices.
- Community members were provided with **information on helpline numbers, organization rendering services** and other related details to enable them to seek services on their own and seek the guidance of Nanbans based on the needs and requirements.
- The project facilitated **WhatsApp group amongst Nanbans, different groups with the community members and amongst key stakeholders.** These WhatsApp group are available. These groups / networks will be used for sharing experiences, providing needed information, sharing experiences and information on camps and other special services planned in the area. This will ensure systematic communication network along with technical update and facilitating linkage with services.
- Established effective **linkages with advocate / free legal aid centers** for enabling the persons in need of services on violence faced by women. The services of advocates and free legal aid center team will be available on request.
- **Availability of sensitized media personnel** to extend needed support in publishing correct / positive write-ups / messages to create awareness, enabling environment and address stigma and discrimination.
- **Availability of Community Relief Coordination Committee** with the representatives from community, SHGs, stakeholders, etc. This Committee will continue to extend support for identifying the needs, facilitate in **mobilizing and coordinate in distribution of dry ration, free foods** and other supports during the envisaged wave III or lockdowns announced.
- The Field Officers and Nanbans also **identified the interested community volunteers for serving as Nanbans.** The key stakeholders working with the community members can also identify, capacitate and engage additional community volunteers as Nanbans for expanding or continuing the services.
- The project **shared all the proto-type materials, tools and documents** with the Nanbans and key stakeholders. The same can be used for the continuation of the activity and appropriate modifications can be made and used as per the requirement of the project.

Spearheading



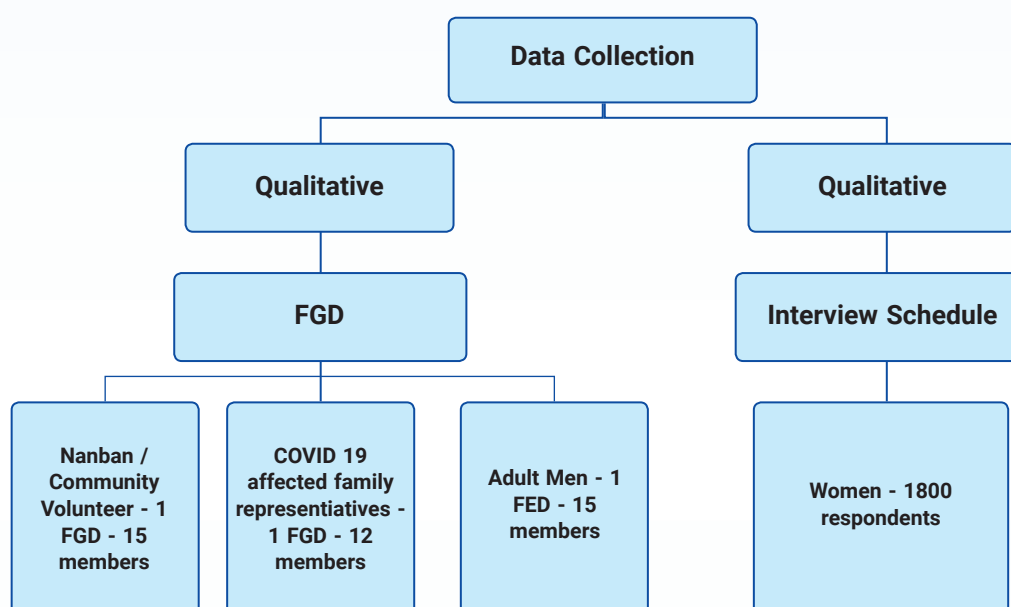
End of Evaluation
- Methodology

3

End of Evaluation - Methodology



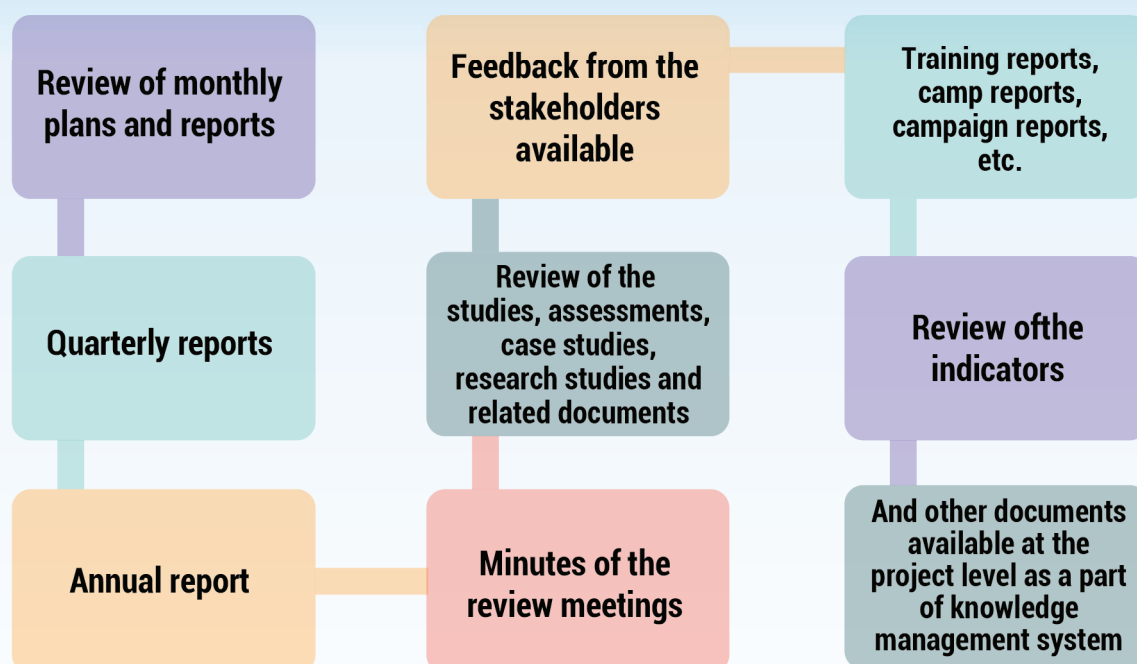
End of Evaluation has been conducted by adapting the following primary methodologies (including qualitative and quantitative methods) and other aspects including secondary review such as: desk review, review of secondary literature, interactions with the project team, experience sharing with community response team, collection of feedbacks from the partners / stakeholders, field visits, observations, etc.:



As a part of the study, the team has undertaken Qualitative and Quantitative studies. The details on the Qualitative and Quantitative sampling are provided in the following table. The respondents were selected based on the Random Sampling Method:

Category	No. of FGDs	No. of respondents
FGDs:		
FGD with Nanban / Community Volunteer	1	15
COVID 19 affected family representatives	1	12
Adult Men from the community	1	15
Total number (qualitative sample)	3	42
Interview Schedule:		
Data collection from Women respondents (2.5 % of the total target population)		1800
Total (qualitative and quantitative)		1842

Secondary Review: The team has undertaken secondary review process for understanding the project, its activities, strategies and approaches, key accomplishments, achievements, best practices, innovations, key outcomes, and other aspects associated with the project implemented. Some of the secondary review undertaken and the category of documents reviewed will include (references provided at the end of the report):



3.1. Tools

FGD Tools: The team has conducted the FGDs with the respective target groups as per the study plan. The details on the FGD Tools used in the respective FGDs as a part of Qualitative Study are:

- FGD Tools (Nanban / Community Volunteer):** The team has developed FGD guidelines and conducted one (1) FGD with Nanbans (Community Volunteers / COVID Warriors) involved as outreach team in the project. The FGD guidelines primarily focused on: opinion on serving as Nanban as a Community Volunteer / COVID Warrior in VHS-COVID 19 Slum Intervention Project; efforts undertaken to improve your capacity for efficient functioning as Nanban; opinion on the acceptability on the information / messages provided by Nanban (community volunteer) among the community members; Contributions of the project for prevention of COVID 19; acceptability for intervention focusing on core and additional need-based areas of intervention; plans for continuing the services and contributions beyond the lifetime of the project; and suggested activities for replicating the similar intervention in other slums.
- FGD Tools (COVID 19 affected family representatives):** The team has developed FGD guidelines and conducted one (1) FGD with COVID 19 affected family representatives. The FGD guidelines primarily focused on: opinion on the services provided by Nanbans; services provided by Nanbans for preventing COVID 19; and suggested activities for replicating the similar intervention in other slums.
- FGD Tools (Adult Men from the community):** The team has developed FGD guidelines and conducted one (1) FGD with Adult Men from the community. The FGD guidelines primarily focused on: participation in the project activities on VHS-COVID 19 Slum Intervention Project; services availed from the project by you and your family; overall usefulness of the intervention; plans to continue the safe prevention efforts and sustaining the same; most preferred likes / approaches / communication initiatives as a part of the project initiatives; and suggested activities for replicating the similar intervention in other slums.

Interview Schedule: The team has developed interview schedule along with open-ended and closed-ended questions for collection information from women members in the intervention area. The interview schedule has also been pre-tested, improved based on the pre-testing and used for data collection. The tool has been developed in Tamil considering the familiarity of the interviewers and the community members. However, the same has been translated in English for reporting purposes without diluting the messages collected. The team involved for collecting data has also been trained and engaged in collecting data.

3.2. Data collection

3.2.1 Quantitative Study

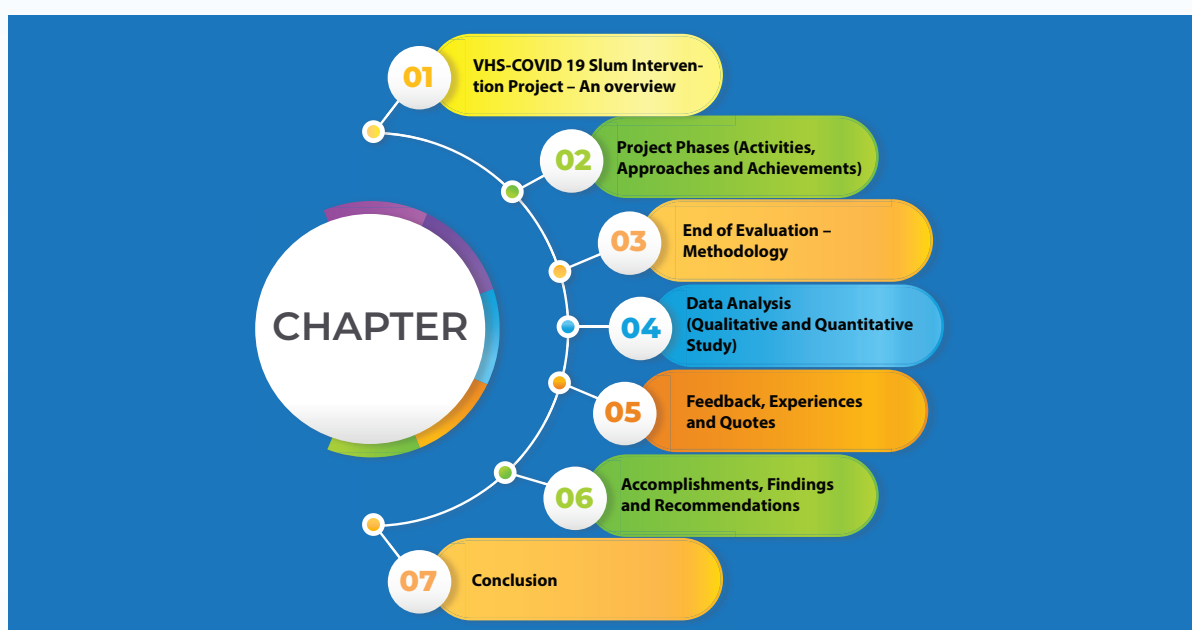
The team has collected data from 1800 respondents (about 2.5% of the sample size). The collected data were coded, tabulated, analysed and developed report on the findings. This study has helped in identifying the approaches adapted, services provided, benefits, reach, usefulness, effectiveness, suggestions for follow-up, etc.

3.2.2. Qualitative Study

Overall, 42 respondents participated covering three (3) FGDs. Participants for these FGDs has been selected on Random Sampling Method. Conducted three (3) FGDs using the FGD guidelines and by involving trained personnel. These qualitative studies has been to understand the insights, human experiences, feedback, benefits received, challenges and other aspects. The information collected through qualitative study will be of more useful while analyzing the quantitative data.

3.3. Presentation plan

The End of Evaluation study report on “Holistic Approach ⁴ Mitigating COVID 19 Risk in Urban Slums” is presented in the chapters as specified in the following table. The same has been presented along with data analysis of qualitative and quantitative study, findings, recommendations, limitations, etc.



3.4. Limitations of the study

The study has been conducted with qualitative and quantitative methods. The limitations of the study will include:

- While conducting the study, the community members had the fear of COVID 19 Wave III including the fear of Delta and Omicron. This process has limited the team to access the information collection from the different target groups including interactions with key stakeholders, GCC health team, community members, etc.
- During the implementation of the study, the government of Tamil Nadu / Greater Chennai Corporation introduced lockdowns on Sundays and during nights on all days. This has also limited the meeting the men group on Sundays (being a holiday for the working men).
- Considering the COVID 19 pandemic and lockdown with travel restrictions, the team has not undertaken observation visits to the field in an intensive way and unable to interact with key stakeholders such as: development department officials, non-health professionals, health care providers, counsellors, etc.

Spearheading



Data Analysis

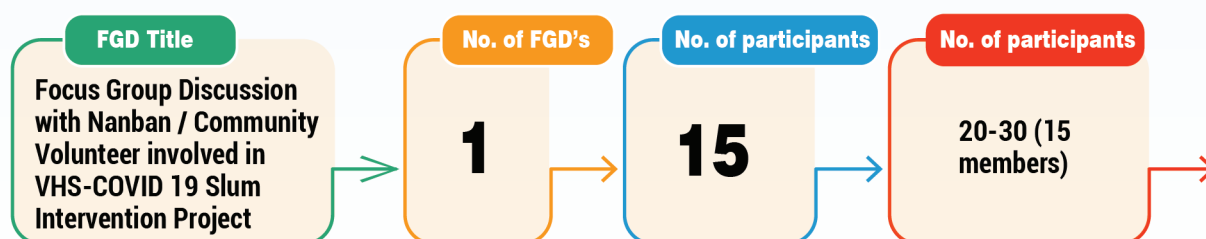
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Project Phases

4

4.1. Qualitative Analysis

4.1.1. FGD with Nanban / Community Volunteer



Opinion on serving as Nanban as a Community Volunteer / COVID Warrior in VHS-COVID 19 Slum Intervention Project:

- The participants mentioned that Nanban means a "Friend" and the friend word is very well accepted by the community members and stakeholders.
- Many of the participants expressed, "it is easy for the community members to call as Nanban and this word also has provided a great booster and motivation (urchaagam and puthunarchi) to us to contribute to the community members".
- Many of the Nanbans informed that "coining of community-friendly word as Nanban is really a bridge between the project and community members". Also this Nanban word is a good start, good beginning and a foundation for success (mudhal nalla thuvakkam.... idhuve vetrikku adippadai....).
- "I served in this community with different organizations.... I have been given different designation.... but I love like and feel happy with this word Nanban.... (romba romba santhosham.... magizhchi....)"
– **Ms. K. Swetha**, Kannagi Nagar
- "Nanban word is also like uyirnaadi for the communication between the Community Response Team and community members"
– **Mr. S. Premkumar**, Ezhil Nagar
- "I am one of the community members... and I am working as a community volunteer.... the project team capacitated and motivated me to contribute to this project... It is a very big recognition (angeegaaram) and provided opportunity for getting visibility, acceptance and recognition from the community members... I am proud to be a well-accepted Nanban and contributed very well to the project initiatives"
– **Ms. K. Nirmala Susi**, Ezhil Nagar
- "I have completed 10th class.... my parents are unskilled workers and employed in temporary jobs. I am the first person in my family completed 10th class... The project identified me and engaged me as Nanban. This appointment and designation provided well acceptance at my family, with myself and amongst the community members and stakeholders (summa irundhavanukku migaperiya angeegaaram....)"
– **Mr. S. Tamilselvan**, Kannagi Nagar
- "Nanban is a community-friendly word for a community volunteer for demonstrating community-led initiatives and also very helpful in working with the community during COVID 19 even in the midst of lockdowns (ullooril irundhadhal thodarndhu velai seidhen....)"
– **Ms. B. Jaicy**, Kannagi Nagar

Efforts undertaken to improve your capacity for efficient functioning as Nanban:

- "I have received various trainings, and this has helped me to gain knowledge and skills for working as Nanban as envisaged" – **Ms. R. Ananthi**, Kannagi Nagar
- The participants listed out that they have participated in the following training programs and the participants were enthusiastic in sharing the name of the training with chorus (not ordered the training programs):
 - o Training on COVID 19
 - o Training on Gender and how to identify domestic violence
 - o Introduction to Social Media Campaign
 - o Training on Monitoring & Evaluation and Reporting
 - o Training sessions on Nutrition with interactions and demonstrations
 - o Training on Community Outreach and Communication
 - o Induction and orientation training
 - o Training on need for and importance of engaging key stakeholders and introduction to stakeholders
 - o Orientation on other core areas covering Welfare Support, Medical Assistance and Social Protection.
 - o Orientation on COVID Vaccine and role of the CRT
 - o Training on WASH
 - o Barefoot Counselling training
 - o And other training programs
- "The training conducted in a way I can understand by using simple languages, case studies, group work, exercises, field visits, experience sharing, etc. These trainings encouraged me to acquire needed knowledge and skills to perform my responsibilities with the assigned families" – **Ms. T. Ponnammal**, Kannagi Nagar
- "Thanks to VHS and the project team for the investment made in enhancing my capacities to work with the community and improving my communicative ability.... which will be of permanent use during the entire lifetime" – **Ms. Jasmi Sowmiya**, V, Ezhil Nagar
- "I was very much happy and impressed with the induction training, barefoot counselling, training on social media, training on IPC and coordinating the welfare programs. These trainings really motivated and committed to work in my own area for my own people to prevent COVID19" – **Ms. M. Nandhini**, Kannagi Nagar
- "The PCOs facilitated weekly review meetings, experience sharing meetings, supportive supervision / accompanied visits, provided hands-on experience, provided opportunities to learn from the experienced persons, etc. These opportunities along with the formal training has helped to execute our activities by using all IPC, social media, demand generation, camps, linkage with services and many more..." – **Mr. A. Arunkumar**, Ezhil Nagar
- "I learn barefoot counselling and I never thought my counselling will be well received. The practice of counselling has contributed for gaining skills and extend my immediate services to the needy" – **Ms. C. Mohanapriya**, Kannagi Nagar
- "The training imparted on laws and rights are very much useful to me, to my family and largely in communicating with the family members and providing focused messages to the family members affected by violence against women" – **Ms. M. Radhika**, Kannagi Nagar

Opinion on the acceptability on the information / messages provided by Nanban (community volunteer) among the community members:

- Almost all the Nanbans expressed with happiness and informed that, "Nanban" word is most acceptable to each one of us and it is also acceptable with the community members (engalukkum pudichirukku enga makkalukkum idhu pudichirukku).
- "In a day, key role played by me as Nanban will include: undertaking house visits, providing IPC activities, providing "Barefoot Counselling" to the needy, extend support in conducting camps, facilitate referral and linkages, provide need based guidance and support and many more..."
– **Ms. K. Elavarasi**, Ezhil Nagar
- Primary responsibilities were related to prevention of COVID 19 and undertaken various activities. Along with this, undertaken need-based activities related to nutrition, WASH, gender, medical assistance, social protection and welfare support.
- The Nanban word developed a comfort zone with the community members to seek services, clarify information, etc. Also being from the same area, visiting the families as per their convenience at appropriate times are very much feasible.
- "The family members valued the services provided by me as Nanban, also the family members encouraged and requested us to visit often and communicate with women, men, adolescents and others at family. I could see a high demand for getting services from the Nanbans...."
– **Mr. A. Arjun**, Kannagi Nagar
- "Many of the family members saved our phone numbers in their mobile phone as Nanban and used to contact for any information, details, etc. It shows the family members recognizes the importance of services being provided by Nanbans during COVID and providing services beyond COVID"
– **Ms. P. Aishwarya**, Kannagi Nagar
- "As part of Ezhil Nagar Nanban team, introduced system for helping each other for sharing the skills and conducting the camps, etc. Together as a team contributed for achievement and taken efforts to reach all families"
– **Ms. K. Nirmala Susi**, Ezhil Nagar
- "Ulloorkaaran ulloormozhiyil, unmaiyaana vagaiyil sollikoduppadahaal nalla muraiyil aetrukolgiraargal – local community member communicating in a local language in a way they can understand with sincerity leads to greater acceptance"
– **Ms. K. Swetha**, Kannagi Nagar
- "There are few families initially they have reservations in accepting the Nanbans. Based on the benefits received by the neighbourhoods, the same family members invite us for discussion and communicating with them considering the comprehensive services provided to the family"
– **Ms. R. Ananthi**, Kannagi Nagar

Did this project contribute for prevention of COVID 19?

- For this question, all of them raised their voices and boldly communicated that this project and its activities definitely contributed for prevention of COVID 19 in our area.
- "I feel very much proud that by participating in this program and the trainings I have gained, contributed for preventing me, my family and the family members in the allocated area from COVID 19. I have extended good service with commitment as COVID warrior and rendered the committed services" – **Ms. Jasmi Sowmiya**, V, Ezhil Nagar
- "In my area, only three members have been tested positive and all the three of them recovered fully based on the facilitation support extended in availing services from the government hospital in a timely manner. Remaining all the families are free from COVID and it means the prevention efforts has worked" – **Mr. S. Premkumar**, Ezhil Nagar
- "Being a slum area, considering the small size of the houses, it is very much important to provide awareness, address myth and misconceptions, enhance needed skills in using mask and handwash, practicing safe prevention methods, etc. The frequent visits supported with demonstrations, video screening of films on use of masks and handwash, etc enabled the members to practice and sustain such practices as required" – **Ms. B. Jaicy**, Kannagi Nagar
- "Oru silarukku meendum meendum solla vendiya nilamai irundhadhu...." – **Ms. T. Ponnammal**, Kannagi Nagar
- "I felt very proud when corporation recognized as frontline workers and encouraged to work along with GCC health workers in addressing prevention efforts by adapting multiple approaches" – **Mr. A. Arunkumar**, Ezhil Nagar
- "The project has arranged the masks and facilitated in distribution of masks along with the demonstration including on the seven steps in using masks. These mas distribution was well received and encouraged them to buy and use masks as and when required for preventing COVID" – **Ms. M. Radhika**, Kannagi Nagar
- "Based on the training, I have identified Influenza-Like Illness persons and referred for screening and provided needed guidance and counselling based on the results" – **Ms. R. Ananthi**, Kannagi Nagar
- "One person in our area has been tested positive with mild symptoms. Doctors advised for quarantine. Considering this small house and existence of family members, he has requested me to help in arranging a place for quarantine. Coordinated with the GCC team and arranged a place for quarantine in a college. He completely recovered and he started promoting prevention messages as a goodwill ambassador with neighbours" – **Mr. S. Tamilselvan**, Kannagi Nagar
- "In addition to the prevention efforts, undertaken efforts in ensuring the counselling and guidance to the families affected due to COVID, extended support in providing / arranging food packets, dry rations, etc. I feel proud that eventhough I am at young age, I have extended services to various age groups with a greater acceptance. The Nanbans were very well accepted and contributed to prevention of COVID 19" – **Ms. Jasmi Sowmiya**, V, Ezhil Nagar

Acceptability for intervention focusing on core and additional need-based areas of intervention:

- Majority of the Nanbans outspokenly and enthusiastically informed that, the comprehensive approach undertaken by the project covering core areas such as: WASH, COVID, NUTRITION and GENDER along with need-based intervention such as: social protection, welfare support and medical assistance was well received and highly acceptable.
- "The project has used medical camp as an entry point in the intervention area. This approach helped in reaching the community, enhancing the acceptance and better identity and visibility for the Nanbans... This has simplified my work in strengthening my communication on all the areas"
– **Ms. T. Ponnammal**, Kannagi Nagar
- "The combination of core and additional need-based areas of intervention has been very well accepted by the community members and the comprehensive approach covering direct services and facilitation of linkage with the services really a best approach and contributed to achieve results. The blend approach has really contributed a lot"
– **Ms. M. Radhika**, Kannagi Nagar
- "If the project approached the community members / family members only with the COVID messages, they might have not accepted us to this level. This combined effort has created a demand for availing services and provided opportunity to focus on our areas by ensuring the other need-based services. Finally, we have achieved what we want through the project"
– **Ms. K. Elavarasi**, Ezhil Nagar

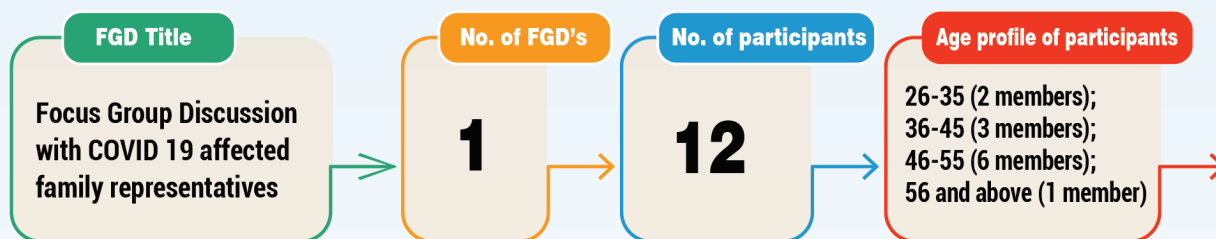
Plans for continuing the services and contributions beyond the lifetime of the project:

- Nanbans were very much eager to share the plans at the same time. All the Nanbans unanimously and whole-heartedly expressed that they will continue the services in our own area with the same family and to others.
- "I am living in the same area... I have been provided with enough capacities to perform on all the areas.... I also developed very good relationship with the family members in the area.... enabled them with right information, guidance, and skills. However, since I am living in the same area, I will continue my services to the needy (nichayamaaga thodarndhu udhuvuven)"
– **Ms. P. Aishwarya**, Kannagi Nagar
- "The project also facilitated and formed a WhatsApp group of all Nanbans for exchanging experiences, providing technical updates, etc. This will help us to update ourselves and contribute with the motivation beyond the lifetime of the project" – **Mr. A. Arjun**, Kannagi Nagar
- "I have also formed WhatsApp groups and connected the possible family members. I will continue to use this WhatsApp group for sharing the videos, awareness information, information on camps and update on the social welfare schemes, etc. This will help us to continue to get connected. Also, I shared my phone number with all the families and encourage them to call as and when needed"
– **Ms. K. Elavarasi**, Ezhil Nagar
- "It is highly appreciable that the project has networked all the key stakeholders and involved them at every stage of the project activities. We will be able to work closely with the stakeholders and continue to extend our services either as a volunteer or as a staff by transitioning ourselves to other organizations"
– **Mr. A. Arunkumar**, Ezhil Nagar
- "Coordinated very well with health team from GCC for ensuring the continued health services and I will extend need based support to ensure continuity of services on the basis of humanitarian approach (manidha neyathodu udhavum ullathodu)" – **Ms. C. Mohanapriya**, Kannagi Nagar
- "I don't want to stop the activities... If I stopped to work, the knowledge and skills gained will be lost. I wish to retain the knowledge and skills imparted by the project and will continue to contribute and extend services (ennaal summa irukka mudiyadhu... thodandhu velai seiven...)"
– **Ms. Jasmi Sowmiya**, V, Ezhil Nagar
- "Naan makkalai thedi pogavillai endralum... makkal ennai thedi varuvaargal... enave panigal thodarum...."
– **Ms. M. Radhika**, Kannagi Nagar

Suggested activities for replicating the similar intervention in other slums:

- The Nanbans shared their suggestions for replicating the similar interventions based on their field experiences and considering the community members needs. However, all the Nanbans expressed that, this project with all core areas and other intervention areas will need to be continued, replicated in other areas. Some of the suggestions provided for consideration are:
 - o Training to the Nanbans to undertake activities among school children on adolescent health / preventing sexual harassment / career guidance, etc.
 - o Establishing one stop center with computer facilities managed by a community volunteer to enable community members to avail such services for submitting online applications, sending online complaints, requests, etc.
 - o Facilitate experience sharing between various slum development workers to gain more knowledge and skills and integrate best practices for achieving the desired goal and objectives.
 - o Continue to engage Nanban (community member) for sustained initiatives and develop more and more such community volunteers.
 - o Exploring on the possibilities for sensitizing the proposed newly elected body representatives on gender and COVID to enable them to integrate and execute.
 - o Developing more videos / self-learning materials on COVID 19 and other health areas.
 - o Continue to use social media to create awareness, sustain awareness and counter myth and misconceptions.
 - o Use the individuals benefited through the program for sharing experiences with other slum community members (Goodwill Ambassadors).
 - o Disseminate the project experiences with government and other stakeholders for appropriate adaption.
 - o Integrate de-addiction considering the existence of alcohol usage and will help in reducing the violence against women among slum women.
 - o Integrate reproductive health education for adolescents/ women in an intensive way.
 - o Undertake more studies / research to enable the government to understand the slum dwellers, problems, issues and needs to influence policy decisions.
 - o Organizing district or state meet on empowerment of women in slums with the purpose of sharing experiences / best practices, identifying needs and evolving action plans.

4.1.2. FGD with COVID 19 affected family representative



The participants were selected and invited from the families affected by COVID 19. The participated members will include: person infected or affected by COVID.

Opinion on the services provided by Nanbans:

- All the participants expressed with confidence that, Nanban is a ideal and acceptable person. They also mentioned Nanban means engalil oruthar (one among us) and very happy that they are from our own area, and they helped us.
- "Nanban has really served as a Nanban... very difficult to get good Nanbans in these days. Our area Nanban really helped me and our family as a real friend during the COVID situations. Appreciate their efforts and help" **- Mr. Rajendran**
- "Nanbans provided committed and sincere services (unmaiyaana samooga pani) to our family including in guiding our family and rescuing our family" **- Ms. Munidevi**
- "Nanban has contributed a lot and was available as and when needed eventhough they are community-based part time volunteers. These part time volunteers rendered good service than a government servant can do" **- Mr. Gopinathan**
- "Nanbans are well accepted at our family because they are from our own area, known to us and understand our culture and situations. The comfort zone in discussing, learning and sharing was very much than speaking to a member from other area" **- Mr. Balachandran**
- "Initially I thought they are professionals, well paid and extending services. When my neighbourhood informing that they are from our own area, part time workers and rendering services for this COVID prevention initiatives. After understanding this, I really valued their services and provided respect at all times with a due respect (kammi sambalathula nalla vela seiraanga)" **- Mrs. Kamatchi**

Services provided by Nanbans for preventing COVID 19

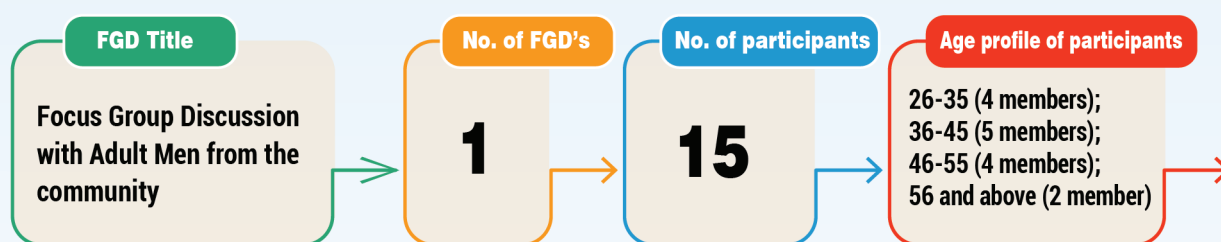
- The members infected by COVID 19 were requested to share the services availed from Nanbans. For these six respondents shared their information on the services provided:
 - o Home visits along with needful communication and education
 - o Contacted over the phone and provided needed information
 - o Facilitated for screening and testing at camps conducted by GCC
 - o Counseled over the phone and communicated on the test results based on the information provided by the health workers.
 - o Arranged for treatment at hospital facility without any cost including coordinating for arranging the 108 Ambulance (3 persons).
 - o Extended support in arranging quarantine in alternative places due to small area and big family size.
 - o Provided basic counselling as and when required on call / virtual platforms.
 - o Encouraged to adapt safe prevention practices even after completion of the treatment / quarantine.
 - o Mobilized and arranged the food packets or dry rations to the needy families (Mr. Gopinathan) and provided other supports.

- "Aabathil Udhvubavan Nanban... accordingly, these Nanbans provided good services to me from the time I have found with symptoms, screening, testing and undergoing treatment.... He is not only taken care of me and saved my life... he also guided my family members and care givers to protect themselves from COVID 19".
- "Generally people are more fearful if a person with symptoms or tested positive (generally we read in newspapers like this). But, these Nanbans are real Nanbans for our family and community and extended services during these critical days without any fear by ensuring the safety protocols".
- "I also found that, Nanbans never gives false promises and always provide information and guide us which is feasible. This is something unique with the Nanbans. They have maintained this because they are from our own area, we are from their own area, and we are all living in the same area. This approach is good".
- The members affected by COVID 19 were requested to share the services availed from Nanbans. For these nine respondents shared their information on the services provided:
 - o Undertaken house visits and provided education and awareness.
 - o Guided us to be safe
 - o Provided safety kit including mask, sanitizer and encouraged for handwash.
 - o Provided Kabasura Kudineer.
 - o Arranged free food packets to the affected families (two members).
 - o And other services.
- "The Nanbans work closely with GCC and helped in providing needed information, clarifications, awareness and guided appropriately for taking care of us".
- "Appreciate the support extended by Nanbans in arranging free food packets on all the days to all our family members on regular basis for a week. This support is appreciable (paaraata vendiyavai)".
- "During these days, Nanbans provided services both through in-person and through video calls / telephones. However, the Nanbans extended services during the last 10-11 months in all aspects".
- "Nanbans never had a fear in communicating with person infected or person affected by COVID 19. But they sincerely followed safe prevention practices and ensured their safety but taken care of us".

Suggested activities for replicating the similar intervention in other slums:

- Integrate poverty elevation program / enhancing livelihoods of the urban poor on need based.
- Organizing update and briefing meeting at regular intervals to the newly elected body representatives and police / media personnel (either through in-person meeting, online meeting or through WhatsApp groups).
- Continue to use social media to create awareness, sustain awareness and counter myth and misconceptions.
- Integrate de-addiction considering the existence of alcohol usage and will help in reducing the violence against women among slum women.
- Continue to engage Nanban (community member).
- Developing more videos / self-learning materials on COVID 19 and other health areas (videos for COVID infected and affected).

4.1.3. FGD with Adult Men from the community



Participation in the project activities on VHS-COVID 19 Slum Intervention Project:

- All the participants with the confidence by raising their hands informed that participated in the project on COVID 19 slum intervention project and benefited through the project.
- "As a woman, I don't go for work... I take care of the home management.... The Nanbans used to come at least once in a week and provided the information what they want to communicate and also they listen to me and provided needed clarification, information, demonstration, etc".
- "Nanbans services are really very good...."
- Initially reluctant to discuss with Nanbans but after seeing the benefits received by my neighbours.... I have demanded the services from Nanbans.... It is good that I have availed their services".

Services availed from the project by you and your family:

- The participants jointly started sharing the services availed through the project and the information on the services availed are provided (not in ranking):
 - o Home visits
 - o Comprehensive information on safe prevention of COVID 19 along with demonstrations and distribution of masks.
 - o Extended support in referring for screening, testing and caring the infected and affected people.
 - o Promoted the vaccination and guided us to avail vaccination.
 - o Nutritional demonstration for introducing nutritious food and preparation of low-cost nutritious food.
 - o Guided for preventing the violence against women and extended support.
 - o The Nanbans used demonstrations for educating to use masks and handwash properly.
 - o The surprising services are: linkage with welfare support and social protection.
 - o Conducted medical camps for COVID and non-COVID on various areas.
 - o Encouraged to use COVID 19 helplines.

Overall usefulness of the intervention:

- "The intervention helped our family to be free from COVID 19 including all the members and helped us to get long awaited ration card and this has helped to get COVID relief fund, free ration and other benefits".
- The members expressed that they have availed the following benefits in addition to the prevention of COVID 19, nutrition, gender and WASH:
 - o Aadhar card: 1
 - o Ration card: 1
 - o Opening of SB account: 2
 - o Getting ATM card: 2

- o COVID 19 relief fund through ration shop: 9
 - o Chief Minister's Health Insurance Card: 4
 - o Voter ID: 5
 - o Information on schemes: 2
 - o Dry ration: 3
 - o And other services
- "These Nanbans informed us, guided us and based on the eligibility, extended support in availing the eligible services / schemes by ensuring coordination at every stage. These Nanbans has saved my money and avoided in contacting the brokers / middlemen".
 - "Appreciate the services provided by the Nanbans in coordination with all organizations and rendered services to me and my neighbours even during the COVID lockdowns, Wave I and Wave II situations, etc (nalla manasukaaranga)".

Plans to continue the safe prevention efforts and sustaining the same:

- All the participants firmly communicated that will continue the safe prevention efforts during the entire COVID situation and beyond the lifetime of this project also.
- Majority of the members expressed that, they will use seven steps in handwashing. Also prepared to use soap at all times than sanitizers. One of the members demonstrated on the seven steps of handwash and others observed and mentioned that demonstration is correct.
- The project has arranged in pasting stickers at our door steps "as a reminder for our family members" to use mask while going out. This sticker campaign really very useful in reminding us and reminding members in the opposite house. Surely, will use mask.
- "I am using either N95 or three-layered surgical mask as per the guidelines and will continue to use the same... So far, I am safe from COVID 19.... and will continue to maintain the same".
- "As a head of the family, I will follow the safety measures including use of mask, handwash, social distancing, etc. Will encourage and monitor the family members also".
- "Already I got both the vaccination... however, continuing my safe prevention methods as required".
- "The organizations working in our slum area are also encouraging and monitoring the members to wear mask. This practice will also sustain the habit of using mask and other safe prevention methods".
- "I realized that the information being provided are primarily meant to benefit me and my family.... it is my duty to follow to keep me and my family free from COVID 19".

Most preferred likes / approaches / communication initiatives as a part of the project initiatives:

The participants shared their most preferred likes and approaches undertaken by the project in preventing the COVID 19 with the engagement of Community Response Team. For these, the members shared the suggestions such as:

- o Home visits
- o Facilitating COVID awareness and screening camps
- o Video screening and explaining on the use of masks, handwash, etc.
- o Social media campaign
- o Sticker campaign
- o Awareness camps and medical camps
- o Messages and videos through WhatsApp

- o Counselling
- o Services for preventing violence against women
- o Posters
- o Cleaning campaign
- o Guidance for availing ID cards, bank accounts, welfare schemes, etc.
- o Nutrition demonstration
- o Distribution of mask
- o Efforts for establishing Water ATM
- o Psycho-social support
- o Economic and medical assistance, etc.

The above was recalled by the participants without any hints. However, all were not expressed by all the members.

- Most of them expressed that they liked the video screening, use of WhatsApp group and sharing information, demonstration of masks / handwash, use of mask and the importance of mask, linkage with services, awareness camps, medical camps, etc.

Suggested activities for replicating the similar intervention in other slums:

- Explore on the possibilities of establishing an information corner in slum area for informing slum dwellers on schemes and services.
- Use the individuals benefited through the program for sharing experiences with other slum community members (Goodwill Ambassadors).
- Integrate de-addiction considering the existence of alcohol usage and will help in reducing the violence against women among slum women.
- Integrate reproductive health education for adolescents/ women in an intensive way.
- Introduce programs for school children.
- Undertake 100% issue of ID cards to all families through a campaign approach.
- Continue to engage Nanban (community member).
- Produce more videos and songs on health awareness.
- Conduct exhibitions and competitions on nutrition.
- This approach of all the areas of services may be continued.
- Develop more and more Nanbans in all the slums.

4.2. Quantitative Data Analysis

Part 1 : Personal / Family details :

Profile of respondents: Through interview schedule, profile of the participants such as: sex, age, marital status, type of family, residents, education, occupation, monthly income and other related details were collected as a part of the study.

The details on the profile analysis are given below:

1.1. Sex of the respondents:

SN	Sex of the respondents	No. of respondents	%
1	Female	1778	98.78
2	Transgender	22	1.22
	Total	1800	100.00

Out of 1800 respondents, 1778 (98.78%) of them are female; and remaining 22 (1.22%) of them are transgenders.

1.2. Age of the respondents:

SN	Age Category	No. of respondents	%
1	18-25 Age	90	5.00
2	26-35 Age	578	32.11
3	36-45 Age	866	48.11
4	46-55 Age	162	9.00
5	56 and above	104	5.78
	Total	1800	100.00

Amongst 1800 respondents, 866 (48.11%) of them are in 36-45 age group; 578 (32.11%) are in 26-35 age group; and the remaining: 162 (9%) – 46-55 age group; 104 (5.78%) – 56 and above age group; and 90 (5%) – 18-25 age group. Overall, 1444 (80.22%) of the respondents are in the age group of 26-45.

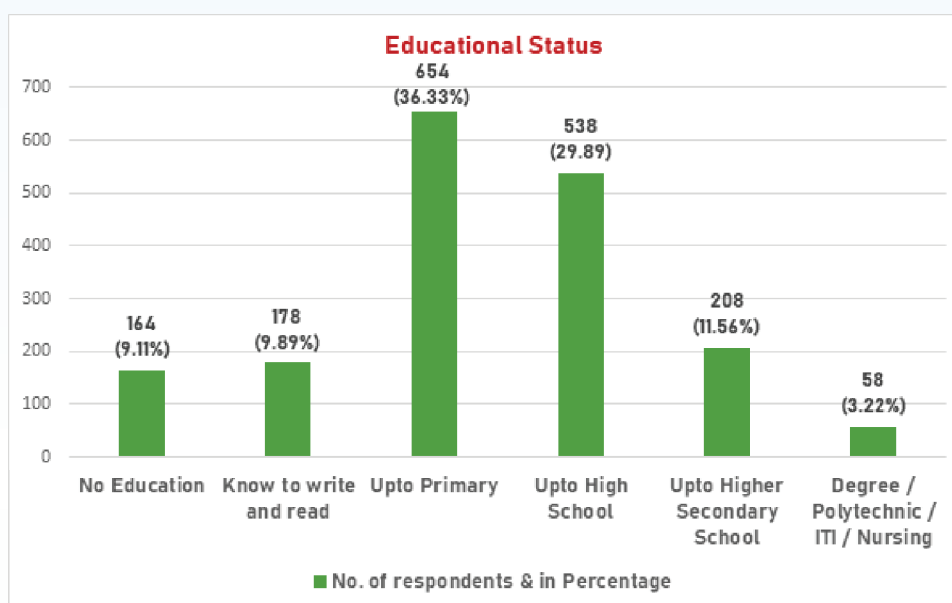
1.3. Marital status of the respondents:

SN	Marital status	No. of respondents	%
1	Married	1626	90.33
2	Unmarried	62	3.44
3	Divorcee / Separated	72	4.01
4	Widow	40	2.22
	Total	1800	100.00

Majority of the respondents, 1626 (90.33%) of them are married; and the remaining 72 (4.01%) of them are divorced / separated; 62 (3.44%) are unmarried; and 40 (2.22%) of them are falls under widow category.

1.4. Educational status of the respondents:

SN	Educational level	No. of respondents	%
1	No Education	164	9.11
2	Know to write and read	178	9.89
3	Upto Primary	654	36.33
4	Upto High School	538	29.89
5	Upto Higher Secondary School	208	11.56
6	Degree / Polytechnic / ITI / Nursing	58	3.22
	Total	1800	100.00



Majority of the respondents 654 (36.33%) have studied upto primary class; 538 (29.89%) of them have studied upto high school; 208 (11.56%) of them have studied upto higher secondary school; 178 (9.89%) are only known to write and read; about 164 (9.11%) of them have no education; and the remaining 58 (3.22%) of them studied Degree / Polytechnic / ITI / Nursing. Overall, it is observed that, 1192 (66.22%) have studied upto primary and high school. Only meagre % of 58 (3.22%) have studied Degree / Polytechnic / ITI / Nursing.

1.5. Size of the family:

SN	No. of members in the family	No. of respondents	%
1	Upto 2 members	144	8.00
2	3 – 4 members	756	42.00
3	5 – 6 members	594	33.00
4	7 and above	306	17.00
	Total	1800	100.00

Amongst 1800 respondents, majority of the respondents, 756 (42%) are with family members in the category of 3-4 members; 594 (33%) are with the 5-6 members category; 306 (17%) have family size of 7 and above; and only 144 (8%) of them are having with 2-member family. Overall, 1350 (75%) of them are with 3-6 members in the family.

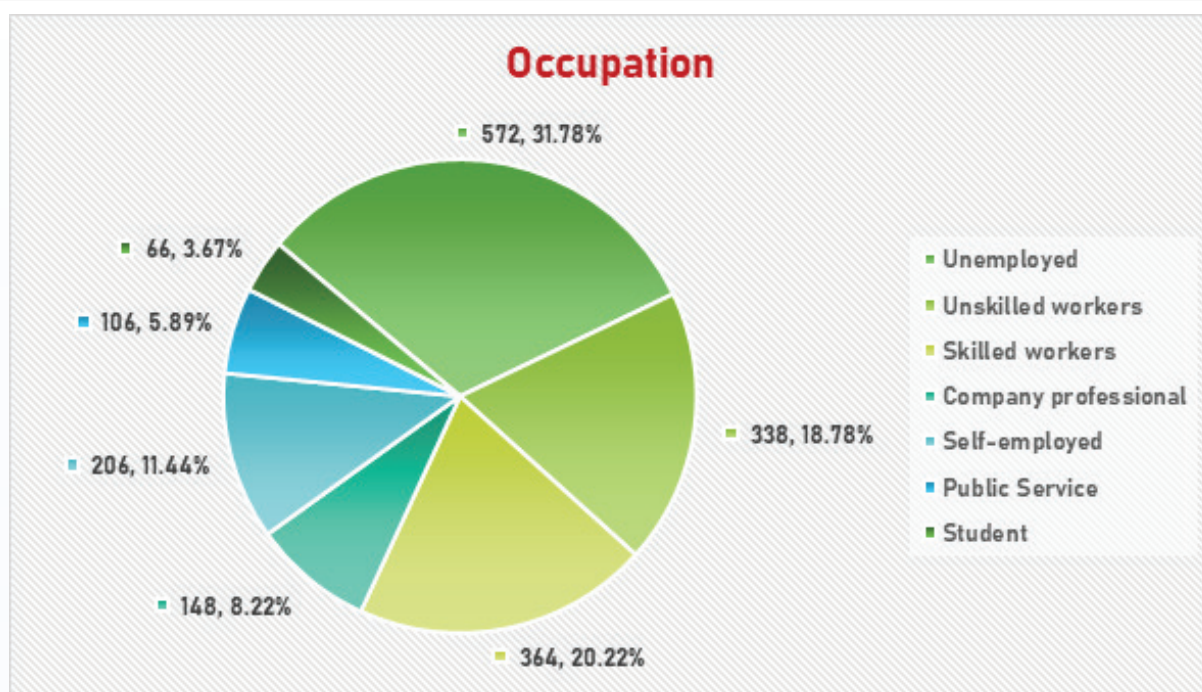
1.6. Residenz's type:

SN	Type of resident	No. of respondents	%
1	Own / allotted house	1276	70.89
2	Rental	478	26.56
3	Lease	46	2.56
	Total	1800	100.00

Majority of the respondent, 1276 (70.89%) are living in their own / allotted house; 478 (26.56%) are living in rental house; and the remaining 46 (2.56%) of them are living in the same area on lease basis.

1.7. Occupation of the respondents:

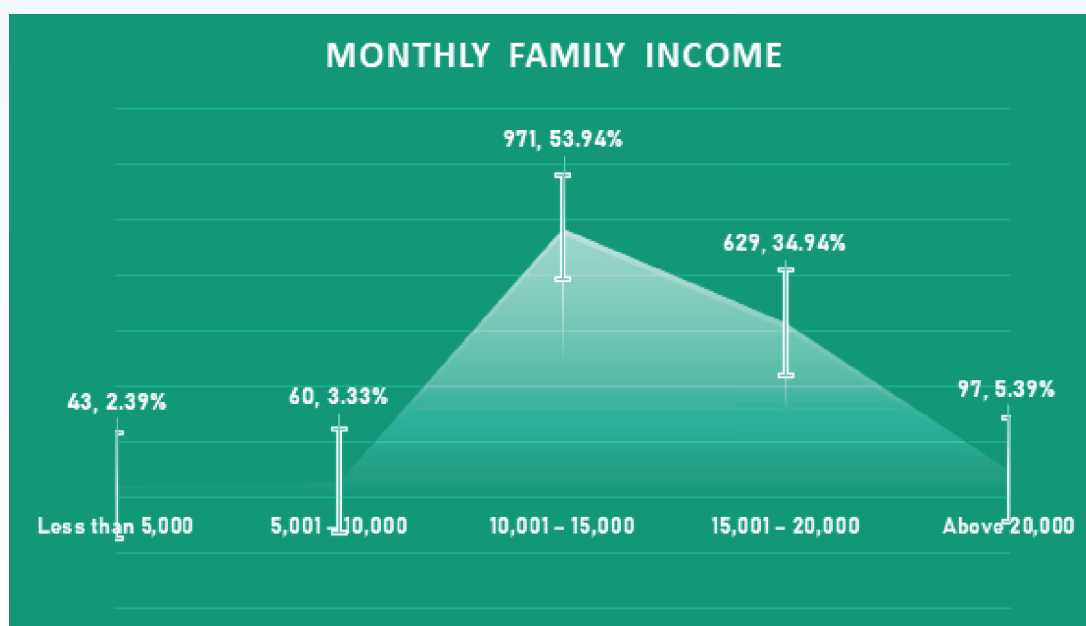
SN	Occupation	No. of respondents	%
1	Unemployed	572	31.78
2	Unskilled workers	338	18.78
3	Skilled workers	364	20.22
4	Company professional	148	8.22
5	Self-employed	206	11.44
6	Public Service	106	5.89
7	Student	66	3.67
	Total	1800	100.00



Out of 1800 women respondents, 572 (31.78%) of them are unemployed. The occupation of the respondents in order of % of responses are skilled workers-364 (20.22%); unskilled workers-338 (18.78%); self-employed-206 (11.44%); company professional-148 (8.22%); public service-106 (5.89%); and student-66 (3.67%). Overall, 1162 (64.55%) of them are in the category of employed including skilled, unskilled and engaged in company, public service and self-employed. The remaining members are either unemployed or falls in the category of student.

1.8. Monthly family income:

SN	Occupation	No. of respondents	%
1	Less than 5,000	43	2.39
2	5,001 – 10,000	60	3.33
3	10,001 – 15,000	971	53.94
4	15,001 – 20,000	629	34.94
5	Above 20,000	97	5.39
	Total	1800	100.00



Amongst 1800 respondents, majority of the respondents 971 (53.94%) are having family income between 10,001 – 15,000; 629 (34.94%) are having family income between 15,001 – 20,000; and only meagre % of 97 (5.39%) are having monthly family income of more than 20,000. The remaining 103 (5.72%) of them are in the income range less than 10,000.



Part 2: Project activities / services related information:

2.1. Awareness about implementation of Gender-based COVID 19 project in your area:

SN	Awareness of implementation of the project	No. of respondents	%
1	Yes	1800	100.00
2	No	0	0.00
	Total	1800	100.00

Out of 1800 respondents, all the respondents (100%) have expressed that, they are aware of implementation of the gender-based COVID 19 project in their area.

2.2. Participation and benefit through the project:

SN	Participation and benefit through the project	No. of respondents	%
1	Benefited	1800	100.00
2	Non-benefited	0	0.00
	Total	1800	100.00

Similarly, amongst 1800 respondents, all the respondents (100%) opined that, they have participated and benefited through the project.

2.3. Benefited through Nanban – project staff:

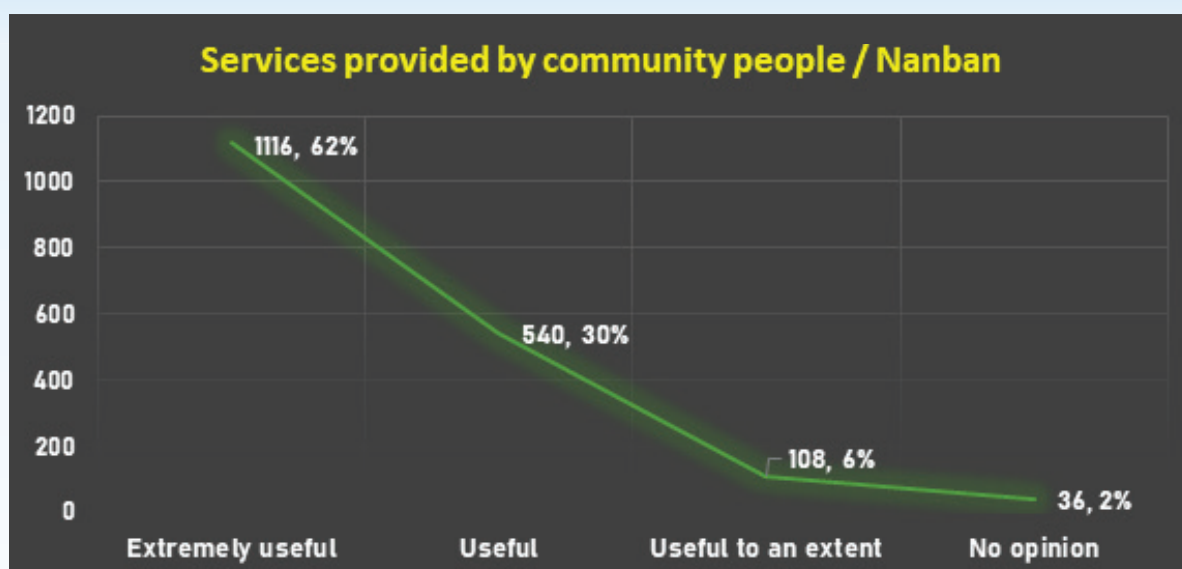
SN	Benefited through Nanban – project staff	No. of respondents	%
1	Yes	1800	100.00
2	No	0	0.00
	Total	1800	100.00

While interviewed 1800 respondents, all the respondents (100%) expressed that, they have benefited through the Nanban (Community Volunteer) / COVID Warrior. This reveals that, Nanbans extended services to each of the community member.

2.4. Opinion about the services provided by community people / Nanban – project staff:

SN	Opinion about the services	No. of respondents	%
1	Extremely useful	1116	62.00
2	Useful	540	30.00
3	Useful to an extent	108	6.00
4	No opinion	36	2.00
	Total	1800	100.00





100% of the respondents opined that, they have benefited through Nanban. The same respondents opined on the services provided by the Nanbans as 1116 (62%) as extremely useful; 540 (30%) as useful; 108 (6%) as useful to an extent; and the remaining 36 (2%) of them have not expressed their opinion. From the analysis, it is observed that, about 92% of them are in the category of extremely useful and useful.

2.5. Opinion on functions and activities of Gender-based COVID 19 project:

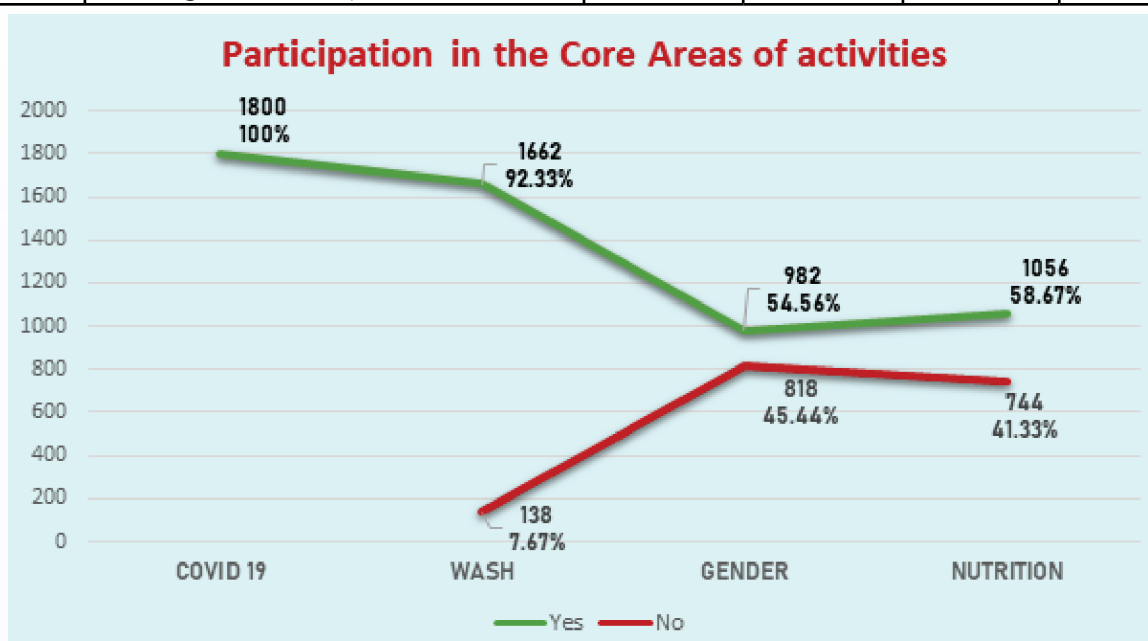
SN	Opinion on the functions and activities	No. of respondents	%
1	Extremely useful	921	51.17
2	Useful	735	40.83
3	Useful to an extent	108	6.00
4	No opinion	36	2.00
	Total	1800	100.00

While interviewed the respondents on opinion on the functions and activities of Gender-based COVID 19 project, majority of the respondents 921 (51.17%) have opined that, it is extremely useful; 735 (40.83%) opined as useful; 108 (6%) opined as useful to an extent and only meagre 36 (2%) have not expressed their opinion. Overall, 1764 (98%) of them opined as useful. This data reveals that, the functions and activities of the project are useful to the community members.

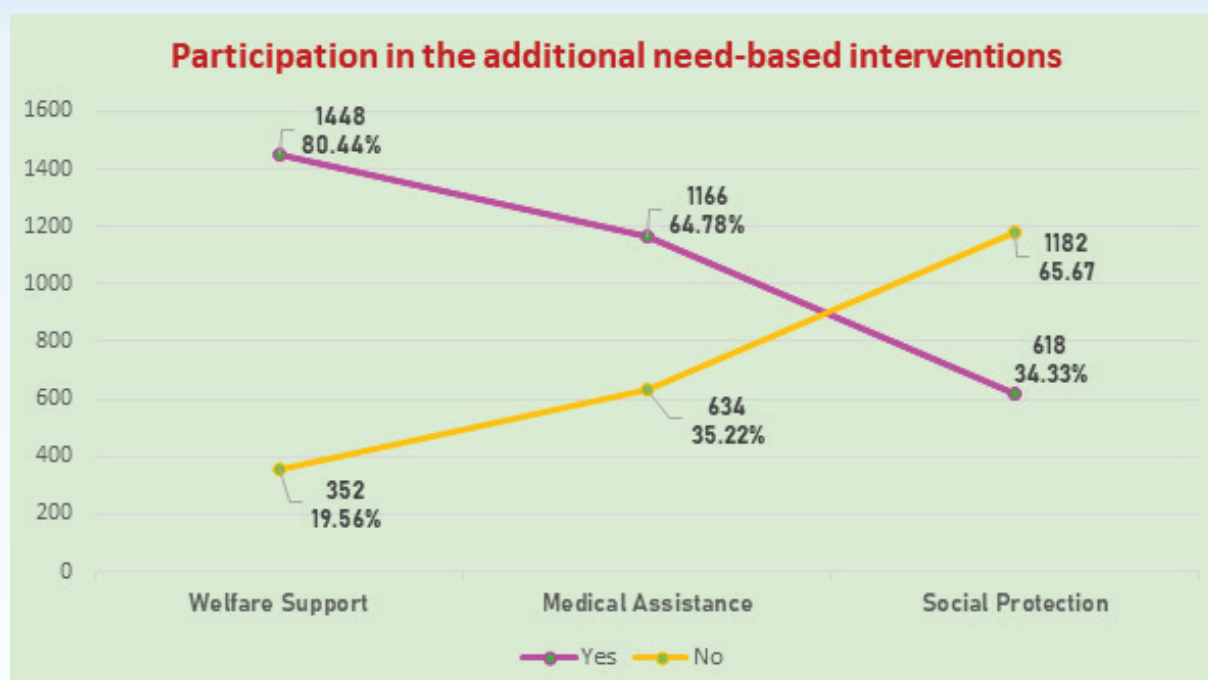


Part 3: Participation in core areas and additional need-based intervention of the project activities:

SN	Participation in activities	No. of respondents			
		Yes	%	No	%
	Core areas:				
3.1	COVID 19	1800	100.00	0	0.00
3.2	WASH	1662	92.33	138	7.67
3.3	GENDER (Women's rights, violence against women, etc)	982	54.56	818	45.44
3.4	NUTRITION	1056	58.67	744	41.33
	Additional need-based interventions:				
3.5	Welfare Support (Dry ration, free food, provision of health kit, facilitating COVID relief fund, career guidance, linkage with government services, etc)	1448	80.44	352	19.56
3.6	Medical Assistance (Health camp, linkage with govt., and private hospitals for availing additional medical services, conducting camps – beyond COVID [Eye, ENT, general medical camp, etc])	1166	64.78	634	35.22
3.7	Social Protection (Referral and linkages for availing services for availing Aadhar, old age pension, career guidance, etc)	618	34.33	1182	65.67



Amongst 1800 respondents, while asked for the details on participation in the core areas of intervention: all of them (100%) have expressed that, they have participated in the COVID 19 related activities. 1662 (92.33%) of them participated in the WASH programs; 1056 (58.67%) of them participated in the nutritional related activities; and 982 (54.56%) of them have participated in the gender related activities.



Amongst the 1800 respondents, while asked for the details on the participation in the areas of additional need-based interventions: 1448 (80.44%) of them have participated in the Welfare Support related activities; 1166 (64.78%) of them have participated in the Medical Assistance related activities; and 618 (34.33%) are participated in the Social Protection related activities.

Overall, it is observed that, 100% of the respondents participated through the intervention. Similarly, the respondents availed the services on both core and additional need-based intervention areas as per their need and preferences. The project served to the needy covering both core areas and additional need-based intervention areas.

Participation and benefits received on core areas of intervention (COVID 19, WASH, GENDER and NUTRITION)

3.1. COVID 19:

3.1.1. Knowledge and awareness on the symptoms for COVID 19 (recall value):

SN	Knowledge and awareness on the symptoms for COVID 19	No. of respondents	%
1	Most common symptoms		
	Fever	1800	100.00
	Cough	1800	100.00
	Tiredness	1602	89.00
	Loss of taste or smell	1468	81.56
	Breathing difficulties	1764	98.00
2	Less common symptoms		
	Sore Throat	822	45.67
	Headache / Aches / Pains	1692	94.00
	Diarrhoea	1228	68.22
3	There will not be symptoms	0	0.00
4	Don't know	0	0.00
5	Other symptoms if any	0	0.00

As a part of the interview schedule, opinion on recall value on knowledge and awareness on the symptoms for COVID 19 has been collected. Amongst 1800 respondents, responses on most common symptoms are: 1800 (100%) fever and cough; 1764 (98%) breathing difficulties; 1602 (89%) tiredness; and 1468 (81.56%) loss of taste or smell. Almost 90% and above were able to recall the most common symptoms for COVID 19.

Similarly, recall value on the less common symptoms for COVID 19 has also been collected and the responses in order of ranking are: 1692 (94%) headaches / pains; 1228 (68.22%) Diarrhoea; and 822 (45.67%) sore throats. There are no responses for no symptoms; don't know and other symptoms if any.

Overall, it is observed that the respondents has correct recall value on the symptoms for COVID 19.

3.1.2. Opinion on the comprehensive information received through methods / approaches adapted in the project

SN	Knowledge and awareness on the symptoms for COVID 19	No. of respondents	%
1	Home visits	1762	97.89
2	One to one	1478	82.11
3	Group meetings / awareness camps / events	1224	68.00
4	Counselling	1192	66.22
5	Distribution of mask and promoting on use of mask	1800	100.00
6	Demonstrations (mask usage, handwash & nutrition)	1784	99.11
7	Health camps	1654	91.89
8	Social media / videos	1180	65.56
9	Communication materials	1512	84.00
10	Need based information through mobile	824	45.78

Responses received on opinion on the comprehensive information received through methods / approaches adapted in the project along with the % on each of the approaches are: 1762 (97.89%) home visits; 1478 (82.11%) one to one; 1224 (68%) group meetings / awareness camps / events; 1192 (66.22%) counselling; 1800 (100%) distribution of mask and promoting on use of mask; 1784 (99.11%) demonstrations (mask usage, handwash and nutrition); 1654 (91.89%) health camps; 1180 (65.56%) social media / videos; 1512 (84%) communication materials; and 824 (45.78%) need based information through mobile (opportunity to contact through phone).

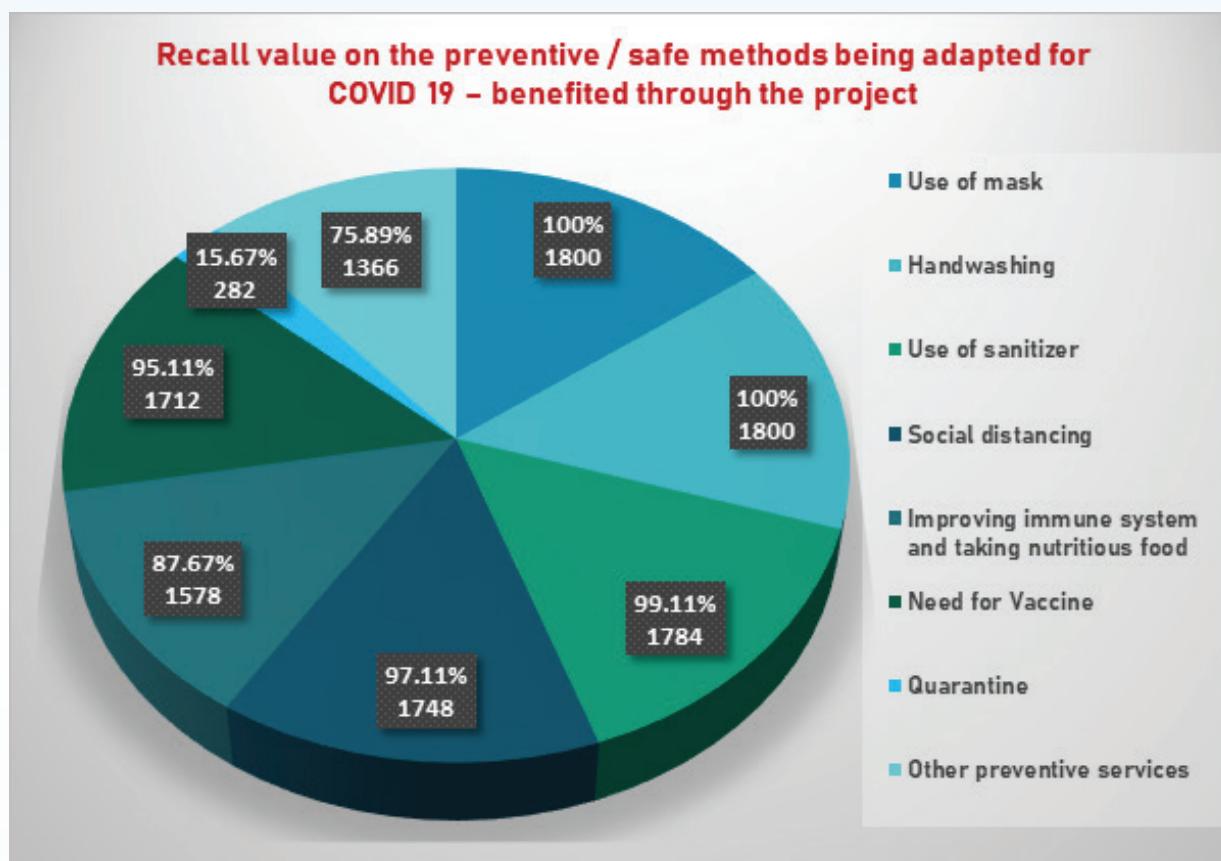
Overall, majority of the respondents are aware of the different approaches adapted by the project. Amongst the different approaches adapted, more than 80% of the respondents have expressed the approaches such as: distribution of mask and promoting on use of mask; demonstrations (mask usage, handwash and nutrition); home visits; health camps; communication materials; and one to one. These approaches has helped in reaching the communities.

3.1.3. Recall value on the preventive / safe methods being adapted for COVID 19 – benefited through the project:

SN	Recall value	No. of respondents	%
1	Use of mask	1800	100.00
2	Handwashing	1800	100.00
3	Use of sanitizer	1784	99.11
4	Social distancing	1748	97.11
5	Improving immune system and taking nutritious food	1578	87.67
6	Need for Vaccine	1712	95.11
7	Quarantine	282	15.67
8	Other preventive services (avoid contacts with people having fever or cough, cover mouth while sneezing or coughing, etc)	1366	75.89

Respondents recalled on the preventive / safe methods being adapted for COVID 19 – benefited through the project... Among the 1800 respondents, 100% of the respondents recalled on the use of mask and handwash; more than 96% of them recalled the handwashing (99.11%); social distancing (97.11%); and need for vaccine (95.11%). The other preventive safe methods recall will include: improving immune system and taking nutritious food (87.67%); other preventive services (avoid contacts with people having fever or cough, cover mouth while sneezing or coughing, etc) (75.89%); and quarantine (15.67%).

Majority of them recalled the core prevention / safe methods adapted for COVID 19. Only minimal % (15.67%) of them have recall on quarantine – it may be due to the need-based information provided to the people with symptoms / tested positive.



3.1.4. Opinion / information / practices on adherence of COVID 19 preventive methods at individuals, family and neighbourhoods

SN	Practices	No. of respondents and %				
		Always practicing	Sometimes practicing	Not practicing	No opinion	Total
1	Practices by individual / self	1746 (97.00%)	54 (3.00%)	0	0	1800 (100%)
2	Practices by family members	1658 (92.11%)	142 (7.89%)	0	0	1800 (100%)
3	Practices by neighbours / adjacent families	1622 (90.11%)	166 (9.22%)	12 (0.67%)	0	1800 (100%)
4	Practices by the neighbour hood / area members	1586 (88.11%)	184 (10.22%)	30 (1.67%)	0	1800 (100%)

The respondents expressed on the opinion / information / practices on adherence of COVID 19 preventive methods at individuals, family and neighbourhoods. Amongst 1800 respondents, the responses received on practices are:

- 1746 (97%) of them practices by individual / self
- 1658 (92.11%) of them practices by family members
- 1622 (90.11%) of them practices by neighbours / adjacent families
- 1586 (88.11%) of them practices by the neighbourhood / area members

From the above analysis, it is evident that 100% of the respondents practicing / adhering COVID 19 prevention methods by individuals and by the family members.

3.1.5. Information on whether any of the family member is affected by COVID or not during the intervention period?

SN	Details on COVID affected	No. of respondents	%
1	COVID-Free Family	1726	95.89
2	COVID-Affected Family	74	4.11
	Total	1800	100.00

To a question on whether any of the family member is affected by COVID during the intervention of the project, it is observed that only 74 (4.11%) of them are COVID-affected family and remaining 1726 (95.89%) of them are COVID-free family. This analysis reveals that, the prevention efforts has contributed to make more than 95% of the family as COVID-free family.

3.1.5.i. Details on member affected due to COVID in the family

SN	Family member affected due to COVID	No. of respondents	%
1	Head of the family	24	32.43
2	Self	16	21.62
3	Family members (Son / Daughter / Grandson / Granddaughter / Daughter-in-law / Son-in-law)	22	29.73
4	More than one member in a family	12	16.22
	Total	74	100.00

Amongst the 74 respondents affected by COVID, the respondents informed that, 24 (32.43%) of them are head of the family; 22 (29.73%) of them are family members; 16 (21.62%) of them are self; and remaining 12 (16.22%) of them are COVID affected with more than one member in a family.

3.1.5.ii. Details on the recovery from COVID 19

SN	Family member affected due to COVID	No. of respondents	%
1	Completed-undergone treatment & recovered	62	83.78
2	Currently undergoing treatment for COVID 19	4	5.41
3	Not recovered (lost family member)	8	10.81
	Total	74	100.00

Amongst the 74 COVID affected families, 62 (83.78%) of them have undergone treatment and completely recovered; and 4 (5.41%) of them are currently undergoing (during the time of data collection). It is very hurting to note that 8 (10.81%) members lost their family members due to COVID. It is observed that the intervention facilitated for saving the life of around 89% of the COVID affected members by ensuring time linkages for services and education to the care givers.

3.1.5.iii. Services provided by the Nanban / Project to COVID infected or affected person

SN	Details of the services provided	No. of respondents	%
1	Referred and facilitated for taking treatment at hospital	58	78.38
2	Alternative arrangements for quarantine – considering the limited space at home	16	21.62
3	Education and awareness for care givers	74	100.00
4	Testing arrangements for people in close contact	44	59.46
5	Availability of sanitation kit including mask, sanitizer, handwash liquid, etc.	74	100.00
6	Educating neighbourhoods to protect from COVID 19	74	100.00
7	Food for the infected / affected	74	100.00
8	Support in getting free rations from ration shop through the project	62	83.78

Amongst the 74 respondents, reported as either individual or family member affected by COVID, for a question on services provided by the Nanban / project to COVID infected or affected person, it is observed that: 74 (100%) of the respondents availed the services such as: education and awareness for care givers; availability of sanitation kit including mask, sanitizer, handwash liquid, etc; educating neighbourhoods to protect from COVID 19; and food for the infected / affected. 62 (83.78%) of them availed support in getting free rations from ration shop through the project; 58 (78.38%) of them are referred and facilitated for taking treatment at hospital; and 44 (59.46%) of them availed testing arrangements for people in close contact with COVID infected. Only 16 (21.62%) of them have availed services on alternative arrangements for quarantine, considering the limited space at home. This may be because of the need-based services provided to the person in need of such services due to non-availability of space, bigger family, etc.

Overall, the Nanbans (COVID Warriors) extended needed comprehensive services to the COVID infected / affected families for availing the needed services.

3.1.6. Opinion on your role in leading the family as safe “during COVID 19” based on the support received from the project team and others

SN	Opinion	No. of respondents	%
1	Yes	1694	94.11
2	No	106	5.89
	Total	1800	100.00

To a question on opinion on the respondent's role in leading their family as safe “during COVID 19” based on the support received from the project team and others, 1694 (94.11%) of them have expressed that they have played a role in leading the family are safe / COVID free family.

3.1.7. Existence of stigma against specific people due to COVID 19

SN	Stigma against specific people due to COVID 19	No. of respondents	%
1	Existing	212	11.78
2	Somewhat existing	245	13.61
3	Not existing	1301	72.28
4	No opinion	42	2.33
	Total	1800	100.00

Amongst 1800 respondents to a question on existence of stigma against specific people due to COVID 19, it is observed that, a majority 1301 (72.28%) of them have expressed that, stigma is not existing. Further, 245 (13.61%) of them expressed that stigma is somewhat existing; 212 (11.78%) of them expressed that stigma is existing; and remaining 42 (2.32%) of them have said no opinion.

3.1.8. Does the project and initiatives of the other stakeholders contributed to reduce the stigma

SN	Reduction of stigma	No. of respondents	%
1	Very much contributed	730	40.56
2	Much contributed	293	16.28
3	To an extent contributed	681	37.83
4	Not at all contributed	64	3.56
5	No opinion	32	1.78
	Total	1800	100.00

For a question on contribution to reduce stigma by the project and initiatives of the other stakeholders, amongst 1800 respondents, 730 (40.56%) of them expressed that very much contributed; 293 (16.28%) of them mentioned as much contributed; and 681 (37.83%) of them informed as to an extent contributed. Only meagre % of 64 (3.56%) of them mentioned as not contributed. From the above analysis, it is observed that overall, 1704 (94.67%) of them expressed that the initiatives of the project and key stakeholders has contributed for reducing stigma due to COVID 19.

3.1.9. Opinion on the helpfulness of services provided by Nanban at your doorsteps during COVID 19 pandemic period (in the midst of COVID 19 lockdown / pandemic)

SN	Helpfulness of services	No. of respondents	%
1	Very much helpful	1046	58.11
2	Much helpful	622	34.56
3	Helpful	112	6.22
4	No opinion	20	1.11
	Total	1800	100.00

Amongst 1800 respondents, 1046 (58.11%) of them opined that the services provided by Nanbans at the doorsteps during the COVID 19 pandemic period in the midst of lockdown were very much helpful; 622 (34.56%) opined as much helpful; and 112 (6.22%) of them responded as helpful. Overall, 1780 (98.89%) of them opined as the services provided Nanbans at doorsteps were helpful in the midst of COVID 19.

MASK:**3.1.10. Have you been provided with masks by the project and undertaken demonstration on use of masks?**

SN	Details	No. of respondents				Total
		Yes	%	No	%	
1	Mask provided by the project	1629	90.50	171	9.50	1800 (100%)
2	Demonstration on use of mask (video / in-person)	1740	96.67	60	3.33	1800 (100%)
3	Self-motivation to use masks during the entire COVID 19 period	1634	90.78	166	9.22	1800 (100%)

Out of 1800 respondents, all the 1629 (90.50%) of the respondents have reported that they have been provided with mask by the project. For another question, 1740 (96.67%) of them responded that demonstration on use of mask by using video or in-person was provided. Further to the responses, 1634 (90.78%) of them reported that, the respondents have self-motivation to use masks during the entire COVID 19 period. Overall, it is observed that, maximum people were provided with mask, supported with demonstration and they have self-motivation to use the mask during the entire COVID 19 period.

3.1.11. Are you worn mask regularly?

SN	Usage of masks	No. of respondents	%
1	Using regularly as per guidelines / requirements	1738	96.56
2	Using mask at times	58	3.22
3	Not at all	4	0.22
	Total	1800	100.00

Majority of the respondents 1738 (96.56%) responded that they worn mask regularly as per the guidelines and requirements (also observed during the interview). The meagre 58 (3.22%) of the respondents responded that they are using mask at times. It is observed that, majority of them are using the mask regularly.

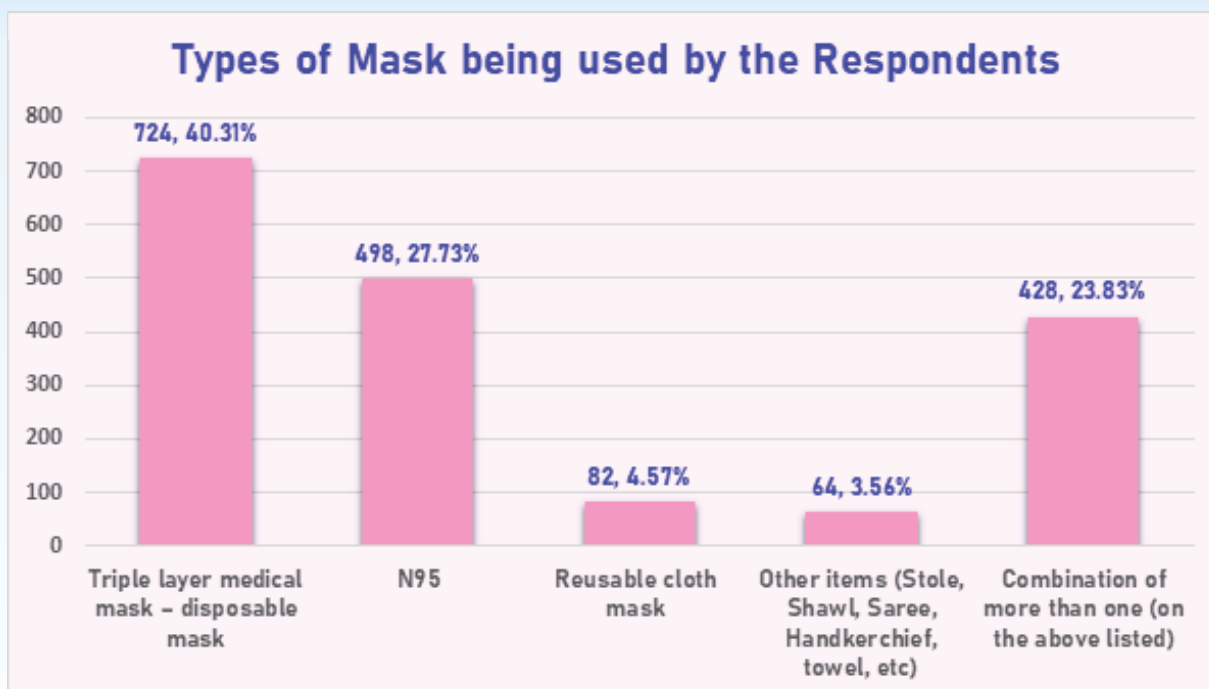
3.1.11.i. Type of mask being used by self:

SN	Usage of masks	No. of respondents	%
1	Triple layer medical mask – disposable mask	724	40.31
2	N95	498	27.73
3	Reusable cloth mask	82	4.57
4	Other items (Stole, Shawl, Saree, Handkerchief, towel, etc)	64	3.56
5	Combination of more than one (on the above listed)	428	23.83
	Total	1800	100.00

1796 (99.78%) of the respondents have reported that they are using mask regularly / at times.

Amongst these respondents, for a question on type of mask being used by the respondents are: 724 (40.31%) are using triple layer medical mask-disposable mask; 498 (27.73%) are using N95 mask; 428 (23.83%) are using combination of more than one type of mask; 82 (4.57%) are using reusable cloth mask; and only 64 (3.56%) of them are using other items like Stole, Shawl, Saree, Handkerchief, towel, etc as mask for preventing COVID 19.

It is imperative to note that 1650 (91.87%) are using recommended masks



SOCIAL DISTANCING:

SN	Details	No. of respondents				Total
		Yes	%	No	%	
1	Mask provided by the project	1800	100.00	0	-	1800 (100%)
2	Demonstration on use of mask (video / in-person)	1743	96.83	57	3.17	1800 (100%)
3	Self-motivation to use masks during the entire COVID 19 period	1721	95.61	79	4.39	1800 (100%)
4	Self-motivation to continue these practices during COVID 19 period	1687	93.72	113	6.28	(100%)

For a question on the information provided on the importance of social distancing, realization and confident to continue these practices, the respondents responded that:

- 100% of the respondents confirmed that information was provided on the importance of social distancing.
- 1743 (96.83%) of them expressed that, realized the importance of social distancing and adherence.
- 1721 (95.61%) of the respondents opined that, they practice social distancing.
- 1687 (93.72%) of them expressed the opinion that they have a self motivation.

VACCINATION:

3.1.13. Do you think COVID 19 vaccine protects you against COVID 19

SN	Vaccination	No. of respondents	%
1	Yes	1746	97.00
2	No	54	3.00
	Total	1800	100.00

Amongst 1800 respondents, 1746 (97%) of the respondents opined that COVID 19 vaccine will protect against COVID 19. Only meagre 54 (3%) of the respondents expressed that no confidence on vaccine on its protection against COVID 19.

3.1.14. Information on vaccination availed and its benefits

SN	Vaccination	No. of respondents	%
1	Availed vaccine / plan for availing vaccine		
	a) Availed vaccine fully (both the doses)	1128	62.67
	b) Availed first dose and awaiting for my schedule	340	18.89
	c) Plans to avail vaccine / awaiting for the eligibility and turns	332	18.44
	Total	1800	100.00

Amongst 1800 respondents, it revealed that 1128 (62.67%) of the respondents availed both the doses of vaccine as per the eligibility by ensuring the timelines. 340 (18.89%) of the respondents expressed that they have availed 1st dose of the vaccination and awaiting to get 2nd dose as per the schedule. Overall, 1,468 (81.56%) of them have initiated / accepted the vaccine (either of the doses). Only 332 (18.44%) of the respondents expressed that, they plans to avail vaccine and awaiting for eligibilities and turns.

3.2. WASH:

3.2.1. Benefits of demonstration through one-to-one and video on handwash

SN	Benefits of demonstration through one-to-one and video on handwash	No. of respondents	%
1	Very much useful in enhancing knowledge and skills on method of practicing handwash	1364	75.78
2	Much useful in enhancing knowledge and skills on method of practicing handwash	418	23.22
3	Not useful in enhancing knowledge and skills on method of practicing handwash	0	0.00
4	No opinion	18	1.00
	Total	1800	100.00

1800 respondents were interviewed to understand the benefits of demonstration through one-to-one and video screening undertaken on handwash practices.

Amongst 1800 respondents, 1364 (75.78%) of them expressed that this one-to-one and video screening on handwash was very much useful in enhancing knowledge and skills on method of practicing handwash; and 418 (23.22%) of them expressed that, this approach is much useful in enhancing knowledge and skills on method of practicing handwash.

Overall, 100% of the respondents expressed that this approach of demonstration using one-to-one supported with video screening is useful and benefited.

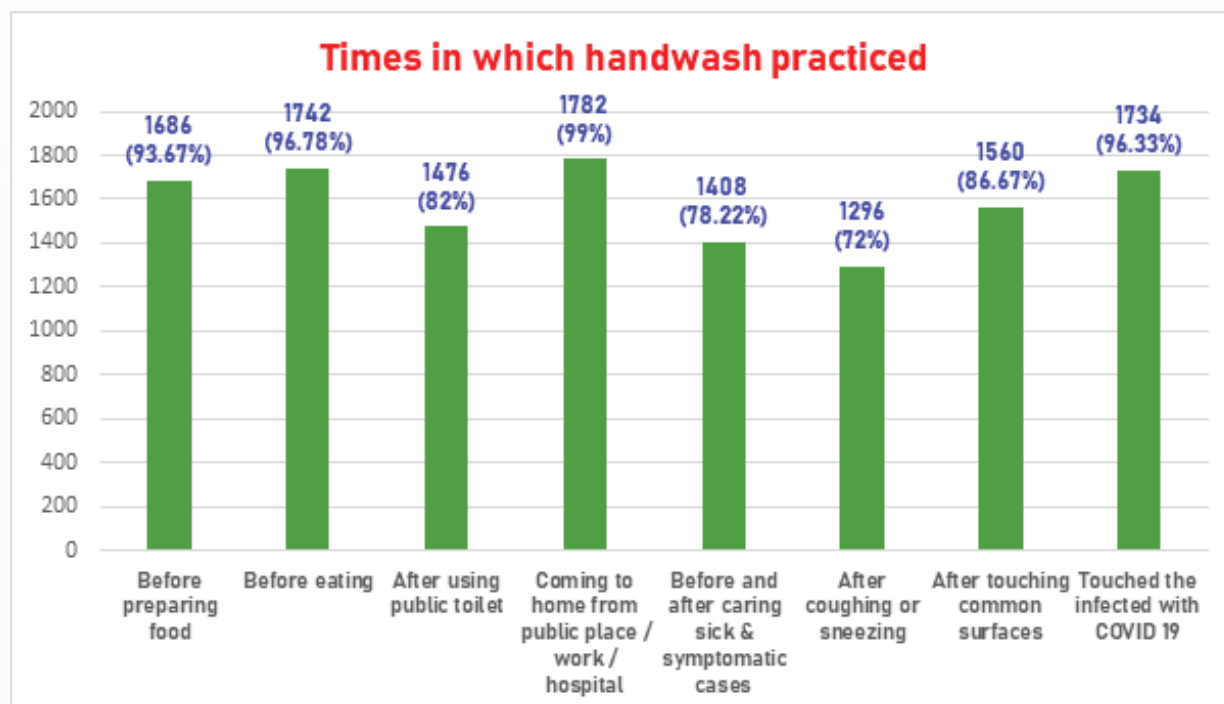
3.2.2. Understanding and practice of seven steps in handwash (based on the demonstration / video screened)

SN	Understanding and practice of seven steps in handwash	No. of respondents	%
1	Yes	1782	99.00
2	No	18	1.00
	Total	1800	100.00

The project has undertaken efforts to communicate the seven steps involved in handwash. In this regard, 1782 (99%) of the respondents opined that they understood the practices of seven steps in handwash; and very meagre of 18 (1%) of respondents expressed that not understood. It reveals that the demonstration enabled the community members in understanding the seven steps of handwash.

3.2.3. Handwash done with soap / sanitizer and important times in which handwash practiced:

SN	Understanding and practice of seven steps in handwash	No. of respondents	%
1	Before preparing food	1686	93.67
2	Before eating	1742	96.78
3	After using public toilet	1476	82.00
4	Coming to home from public place / work / hospital	1782	99.00
5	Before and after caring sick, symptomatic cases	1408	78.22
6	After coughing or sneezing	1296	72.00
7	After touching common surfaces such as doorknobs or handles	1560	86.67
8	Touched the infected with COVID 19	1734	96.33



In the previous table, 99% of the respondents expressed that they understood the seven steps in handwashing. In continuation of this, respondents were asked on the important time in which handwash is practiced. For which, the responses are:

- 1782 (99%) – coming to home from public place / from work / from hospital
- 1742 (96.78%) – before eating
- 1734 (96.33%) – touched the infected with COVID 19 or visited their area
- 1686 (93.67%) – before preparing food
- 1560 (86.67%) – after touching common surfaces
- 1476 (82%) – after using public toilet
- 1408 (78.22%) – before and after caring sick, symptomatic cases, etc
- 1296 (72%) – after coughing or sneezing

From the above responses, it is understood that, the respondents are aware of the important times in which handwash need to be practiced and practicing the handwash during such occasions.

3.2.4. Utilization of sanitizers by self and family members (on their own or using the sanitizers positioned at strategic locations in slum areas or in the shops and other places)

SN	Utilization of sanitizers by self and family members	No. of respondents	%
1	Always using sanitizer as required	1324	73.56
2	Using sanitizer often	298	16.56
3	Using sanitizer at times	92	5.11
4	Not using sanitizer (using soap)	86	4.78
	Total	1800	100.00

Amongst 1800 respondents interviewed on the practice / utilization of sanitizers by self and family members by their own or using sanitizers positioned at the strategic locations / shops / malls, etc. A majority of 1324 (73.56%) expressed as always using sanitizer as required; 298 (16.56%) expressed as using sanitizer often; and 92 (5.11%) expressed as using sanitizer at times. Only meagre 86 (4.78) expressed as not using the sanitizers and comfortable with using soaps. Overall, 1622 (90.12%) of the respondents are using sanitizers as required / often.

3.3. GENDER

3.3.1. Participation in the gender-based activities?

SN	Participation in gender-based activities	No. of respondents	%
1	Yes	1062	59.00
2	No	738	41.00
	Total	1800	100.00

Amongst 1800 women respondents interviewed, 1062 (59%) of the respondents expressed that they have participated in the gender-based activities undertaken by the project and the remaining 738 (41%) expressed that they have not participated in the gender-based activities.

3.3.2. Acceptance for women voices / suggestions among the men at home during COVID 19 situation

SN	Acceptance of women among men	No. of respondents	%
1	Very well accepted	774	43.00
2	To an extent accepted	420	23.33
3	Acceptance according to the situation	422	23.44
4	No changes in acceptance	184	10.22
	Total	1800	100.00

For a question on acceptance for women voices / suggestions among the men at home during COVID 19 situation, amongst 1800 respondents, 774 (43%) of them expressed those women voices are very well accepted among men; almost equally expressed those women voices are to an extent accepted and accepted according to the situation (420 [23.33%] and 422 [23.44%]) respectively. 184 (10.22%) of them expressed that there are no changes in the acceptance among men.

Overall, it is observed that, 1194 (66.33%) of the respondents confidently expressed that the women voices / suggestions are accepted among men due to intervention..

Violence against Women:

3.3.3. Opinion on existence of violence against women in the area and family member affected by violence against women

SN	Opinion	No. of respondents			
		Yes	%	No	%
1	Opinion on existence of violence against women in the area	563	31.28	1237	68.72
2	Family member affected by violence against women	228	12.67	1572	87.33

Amongst 1800 respondents interviewed, 563 (31.28%) of the respondents opined that "there is an existence of violence against women in the area". However, majority 1237 (68.72%) opined that there is no existence of violence against women in the area.

For a question on is there any family member affected by violence against women, 1572 (87.33%) of them expressed that, no family member is affected by violence against women at family. 228 (12.67%) of the respondents responded that family member is affected by violence against women.



3.3.3.i. Details on family member faced by violence against women

SN	Details of family member facing violence	No. of respondents	%
1	Self	146	64.04
2	Daughter / daughter-in-law	58	25.44
3	Mother-in-law	24	10.53
	Total	228	100.00

Amongst 228 respondents, reported as family member faced violence against women, 146 (64.04%) respondents informed that "individual / self facing violence"; 58 (25.44%) respondents informed that daughter / daughter-in-law facing violence; and remaining 24 (10.53%) respondents informed that mother-in-law is facing violence.

3.3.3.ii. Participation in the programs / activities conducted for preventing violence against women

SN	Participation in the programs for preventing violence against women	No. of respondents	%
1	Yes	228	100.00
2	No	0	0.00
	Total	228	100.00

Amongst 228 respondents reported that family member is facing violence against women, all the 100% of the respondents informed that they have participated in the in the programs / activities conducted for preventing violence against women.

3.3.3.iii. Services and guidance provided for benefiting women through programs on prevention of violence against women

SN	Services / guidance	No. of respondents	%
1	One to one	228	100.00
2	Group education	172	75.44
3	Basic counselling	181	79.39
4	Consultation with advocate	66	28.95
5	Referral and linkage (with one stop center, women police station, lawyers, etc)	12	5.26

Amongst 228 respondents, services and guidance received / benefited by women through programs on prevention of violence against women in order of ranking are: 100% of them received / benefited through one-to-one; 181 (79.39%) of them received / benefited through basic counselling; 172 (75.44%) of them received / benefited through group education; 66 (28.95%) of them received / benefited through consultation with advocate; and remaining 12 (5.26%) of them received / benefited through linkage with services such as one stop center, women police station, lawyers, etc.

From the above data, it reveals that the family members faced violence have benefited through various programs organized / provided by the project for prevention of violence against women.



3.3.3.iv. Opinion on awareness and confidence gained in protecting from violence based on the project initiatives

SN	Opinion on awareness and confidence gained	No. of respondents	%
1	Very much gained confidence	98	42.98
2	Gained confidence	74	32.46
3	Gained confidence to some extent	46	20.18
4	Not gained confidence / requires additional services	10	4.39
	Total	228	100.00

Amongst 228 respondents, reported as faced violence and participated in the programs on prevention on violence against women, 98 (42.98%) opined that very much gained confidence; 74 (32.46%) opined that gained confidence; and 46 (20.18%) opined that gained confidence to some extent in protecting themselves from violence based on the project initiatives. Only less than 5% of respondents opined as not gained confidence / requires additional services. Overall, the project has contributed to develop confidence among 172 (75.44%) women in managing or preventing the violence.

3.3.3.v. Opinion on the prevalence / existence – continuation of violence against women after benefiting through intervention (effectiveness of intervention)

SN	Opinion	No. of respondents	%
1	No violence against women in my family (at present)	119	52.19
2	Violence against women reduced in my family	74	32.46
3	Awareness and fear has increased among the family members not to cause violence against women / will not happen	35	15.35
	Total	228	100.00

The same 228 respondents were interviewed on the opinion on the prevalence / existence of violence after the intervention. 119 (52.19%) of them expressed that no violence against women in my family (at present); 74 (32.46%) of them expressed that violence against women reduced in my family; and 35 (15.35%) of them informed that awareness and fear has increased among the family members not to cause violence against women / will not happen.

Overall, all the respondents opined that there is no violence at family, violence against women reduced and fear has increased on not to cause violence against women / will not happen based on the interventions.

3.3.3.vi. If violence against women is happened in your area, will recommend to avail services from whom?

SN	Opinion	No. of respondents	%
1	Helpline	142	62.28
2	Women Patrol / women police station	176	77.19
3	Lawyer	91	39.91
4	Free legal aid center / clinic	136	59.65
5	Local NGO / CBO rendering services for women	113	49.56
6	Nanban (local outreach worker)	185	81.14

228 respondents benefited through the programs conducted for prevention / addressing the violence against women. These respondents expressed that, they will recommend the following services to the needy or if any person affected or undergoing violence against women in the area:

- 185 (81.14%) – Nanban (local outreach worker)
- 176 (77.19%) – Women Patrol / women police station
- 142 (62.28%) – Helpline
- 136 (59.65%) – Free legal aid center / clinic
- 113 (49.56%) – Local NGO / CBO rendering services for women
- 91 (39.91%) – Lawyer

Overall, it is observed that the women members benefited through the intervention are very much aware of the different services available and gained confidence in referring the person affected or undergoing violence against women in the area.

Women Empowerment:

3.3.4. Membership in SHG

SN	Membership in SHG	No. of respondents	%
1	Yes	1286	71.44
2	No	514	28.56

Out of 1800 women respondents, majority of the women members 1286 (71.44%) are in the SHG groups; and the remaining 514 (28.56%) are alone not having membership in the SHG groups.

3.3.5. Having SB account in Bank:

SN	Having SB account in Bank	No. of respondents	%
1	In respondent name	1149	63.83
2	In family head name	417	23.17
3	Above both	172	9.56
4	Not having bank account	62	3.44
	Total	1800	100.00

Amongst 1800 respondents, overall, it is observed that 1,738 (96.56%) are having bank account in the respondent's name; family head / husband name; and having account in both the names. 1149 (63.83%) of them expressed that, they have bank account in the individual / self-name; 417 (23.17%) of the respondent informed that they have a bank account, but it is in the name of family head / husband; and 172 (9.56%) of the respondent informed that, they have bank account both in husband name and wife name. Only 62 (3.44%) of the respondents reported that they are not having bank account.

3.3.5.i. If having SB account, do you access bank directly? / (or) undertake transactions through (during COVID 19):

SN	Transactions through	No. of respondents	%
1	Direct visit	543	31.24
2	Use of ATM card	675	38.84
3	Net banking	91	5.24
4	G-Pay / Paytm / Phone pe, etc.	429	24.68
	Total	1800	100.00

Amongst 1738 respondents having bank account, 675 (38.84%) of them are using ATM card; 543 (31.24%) of them are continuing to undertake direct visit to bank; 429 (24.68%) of them are using G-Pay / Paytm / Phone pe, etc; and the remaining 91 (5.24%) of them are using net banking facility for operating the bank accounts. Overall, it is observed that, 1195 (68.76%) of the respondents are accessing bank accounts through using ATM, net banking, G-Pay / Paytm / Phone pe, etc. These practices has increased more during the COVID 19 pandemic period.

3.3.6. Opinion on the involvement and motivation of life partner on the planned endeavour and initiatives for empowering women

SN	Opinion	No. of respondents	%
1	Highly motivated	278	15.44
2	Motivated	1452	80.67
3	Not motivated	54	3.00
4	No opinion	16	0.89
	Total	1800	100.00

Amongst 1800 respondents, 1452 (80.67%) of the respondents are motivated on involvement of life partner on the planned endeavour and initiatives for empowering women. 278 (15.44%) of the respondents are highly motivated for empowering women. Meagre respondents 54 (3%) of them reported that life partners are not motivated for empowering women and remaining 16 (0.89%) of them have not expressed any opinion. 1730 (96.11%) of the respondents opined that the life partners are well motivated on the planned endeavour and initiatives for empowering women.

3.3.7. Use of awareness, guidance and other services provided through the project during this COVID period and beyond the intervention period

SN	Use of awareness, guidance & other services	No. of respondents	%
1	Yes	1612	89.56
2	No	188	10.44
	Total	1800	100.00

All the respondents were interviewed on "use of awareness, guidance, and other services provided through the project during the COVID 19 period and beyond the intervention period". For this, 1612 (89.56%) of the respondents, expressed that they will continue to practice the awareness, guidance and services provided through the project both during the COVID 19 period and beyond the intervention period.

The remaining 188 (10.44%) of the respondents expressed as "No". The above data shows that overall, the respondents are willing to use the awareness, guidance and other services provided through the project during the COVID 19 period and beyond the intervention period including by themselves.

3.3.8. Stimulus to share the benefits received through the program with fellow women for improvement

SN	Opinion	No. of respondents	%
1	Very well share	1134	63.00
2	Will share	540	30.00
3	May or may not share	36	2.00
4	No opinion / no idea	90	5.00
	Total	1800	100.00

The respondents were interviewed on the stimulus to share the benefits received through the program with fellow women for improvement. In response to this, 1134 (63%) respondents reported as very well share; and 540 (30%) respondents reported as will share. It is also observed that, very meagre 36 (2%) of the respondents expressed that may or may not share. 90 (5%) expressed as no opinion / no idea.

Overall, 1674 (93%) of the respondents are confident to share the benefits received through the program to the fellow women for improvement.



3.4. NUTRITION–Importance and nutrition and inculcating nutrition habits

3.4.1. Details on information and guidance provided on nutrition by the project

SN	Information and guidance on nutrition	No. of respondents	%
1	Yes	1724	95.78
2	No	76	4.22
	Total	1800	100.00

A majority of 1724 (95.78%) of the respondents expressed that they have received information and guidance on nutrition by the project. Only meagre 76 (4.22%) of them expressed that they have not received information and guidance on nutrition provided by the project.

3.4.1.i. Details on nutritional demonstration and understanding on the importance and usefulness of taking nutritious food by family members (by self, partner and children)

SN	Details	No. of respondents			
		Yes	%	No	%
1	Nutritional demonstration	1584	91.88	140	8.12
2	Understanding on the importance and usefulness of taking nutritious food by family members (by self, partner and children)	1562	90.60	162	9.40

In the previous table, 1724 respondents reported that they have received the information and guidance provided on nutrition by the project. Amongst these 1724 respondents, 1584 (91.88%) expressed that they have received and benefited through the nutritional demonstration conducted by the Nanban / project team. Similarly, 1562 (90.60%) of the respondents have opined that they have understood the importance and usefulness of taking nutritious food by family members (by self, partner and children). Overall, more than 90% of the respondents have received the nutritional demonstration and understood the importance and usefulness of taking nutritious food by family members.

3.4.1.ii. Adherence and practices of preparing and using locally available nutritious food

SN	Practices on locally available nutritious food	No. of respondents	%
1	Always practicing	1014	58.82
2	Practicing often	544	31.55
3	Planning to practice / will practice	128	7.42
4	No opinion	38	2.20
	Total	1724	100.00

Amongst 1724 respondents benefited through the services on nutrition, a majority 1014 (58.82%) of the respondents expressed that they are always adhering the practices of preparing and using locally available nutritious food; 544 (31.55%) of the respondents expressed that they practice often on preparing and using locally available nutritious food; and 128 (7.42%) of the respondents have expressed that they are planning to practice / will practice on preparing and using locally available nutritious food. From the analysis, it is observed that overall, 1558 (90.37%) of the respondents inculcated the adherence and practice of preparing and using locally available nutritious food based on the information and guidance provided by the Nanban / project team.



3.4.1.iii. Usefulness and benefits of taking nutritious food

SN	Usefulness and benefits	No. of respondents	%
1	Improving immune system	1284	69.84
2	Preventing iron deficiency	552	32.02
3	Preventing diabetic	650	37.70
4	Controlling blood pressure	930	53.94
5	Overall health care	1196	69.37
6	Preventing from infection and diseases	1250	72.51
7	Getting all nutrients for the body directly from the food (as required)	884	51.28
8	Reduction in medicinal cost	1126	65.31
9	Revival of traditional / locally available food habits with nutritional ingredients	768	44.55
10	Lifestyle modification / healthy food habits	1138	66.01
11	Possibility of preventing / managing COVID	1258	72.97

Amongst 1724 respondents benefited through the information and guidance provided on nutrition, for a question on usefulness and benefits of taking nutritious food, the responses received is provided in order of ranking:

- 1284 (74.48%) – improving immune system
- 1258 (72.97%) – possibility of preventing / managing COVID
- 1250 (72.51%) – preventing from infection and diseases
- 1196 (69.37%) – overall health care
- 1138 (66.01%) – lifestyle modification / healthy food habits
- 1126 (65.31%) – reduction in medicinal cost
- 930 (53.94%) – controlling blood pressure
- 884 (51.28%) – getting all nutrients for the body directly from the food (as required)
- 768 (44.55%) – revival of traditional / locally available food habits with nutritional ingredients
- 650 (37.70%) – preventing diabetic
- 552 (32.02%) – preventing iron deficiency

Overall, it is observed that the community members are aware of usefulness and benefits of taking nutritious food.

3.4.2. Having adolescent girl in the family

SN	Details on adolescent girls in the family	No. of respondents	%
1	Yes (having adolescent girl in the family)	422	23.44
2	No – adolescent girl in the family	1378	76.56
	Total	1800	100.00

Amongst 1800 respondents interviewed, only 422 (23.44%) of the respondents are having adolescent girl in the family. The remaining 1378 (76.56%) of them are not having adolescent girl in the family.

3.4.2.i. Provision of nutritious food to the adolescent girls for improving their health and overcoming the anaemia, etc.

SN	Details on providing nutritious food to adolescent girls	No. of respondents	%
1	Always providing	292	69.19
2	Now and then providing	86	20.38
3	Plans to provide / introduce	36	8.53
4	Not providing	8	1.90
	Total	1724	100.00

Amongst 422 respondents having adolescent girl in the family, 292 (29.19%) of the respondents informed that, they always provide nutritious food to the adolescent girls for improving their health and overcoming the anaemia, etc. 86 (20.38%) of the respondents informed that, they provide nutritious food to the adolescent girls now and then. Overall, 378 (89.57%) of the respondents introduced the provision of providing nutritious food to the adolescent girls for improving their health and overcoming the anaemia, etc.

3.4.3. Receipt of provision of Dry Ration / provisions and free foods by the project efforts / mobilization initiatives

SN	Receipt of provision of Dry Ration and free foods	No. of respondents	%
1	Availed Dry Ration / provisions	133	7.39
2	Availed free foods	216	12.00
3	Not received	1451	80.61
	Total	1800	100.00

Amongst 1800 respondents, questions were asked on the details pertaining to the receipt of provision of Dry Ration / provisions and free foods by the project efforts / mobilization initiatives during the COVID 19 including lockdown period as a part of livelihood options. In response to this, 216 (12%) of the respondents availed free foods; and 133 (7.39%) of the respondents availed dry ration / provisions. About 1451 (80.61%) of them have not received the dry ration and free foods. Overall, 349 (19.39%) of the respondents availed either dry ration or free foods as per the need and requirements.

Additional need-based interventions:

3.5. Welfare Support (Dry ration, free food, provision of health kit, linkage with government services, etc)

3.5.1. Participation in the key activities undertaken on welfare support for the Urban Dwellers in the intervention area

SN	Details on adolescent girls in the family	No. of respondents	%
1	Mask distribution	1740	96.67
2	Sanitizer facilities and availed	1628	90.44
3	Kabasura Kudineer	1270	70.56
4	Free food to the needy	627	34.83
5	Dry Ration (through mobilization)	472	26.22
6	Economic assistance to the family members who lost their family member due to COVID	12	0.67
7	Psycho-social support, grief counselling and other support	128	7.11
8	Cleanliness campaign by involving the community members (undertaken in the area – participated / benefited)	1489	82.72
9	Benefited through ensuring water supply, sanitation, mosquito control measures, etc undertaken by the GCC	1592	88.44

The project has undertaken activities on Welfare Support as a part of additional need-based interventions for complementing the core areas of intervention. The respondents were interviewed on the participation in the key activities undertaken on welfare support in the intervention area by the project. Amongst 1800 respondents, the participation in the key activities on welfare support as reported by the respondents on the benefits received in ranking on percentage are:

- 1740 (96.67%) – Mask distribution
- 1628 (90.44%) – Sanitizer facilities and availed
- 1592 (88.44%) – Benefited through ensuring water supply, sanitation, mosquito control measures, etc undertaken by the GCC
- 1489 (82.72%) – Cleanliness campaign by involving the community members (undertaken in the area – participated / benefited)
- 1270 (70.56%) – Kabasura Kudineer
- 627 (34.83%) – Free food to the needy
- 472 (26.22%) – Dry Ration (through mobilization)
- 128 (7.11%) – Psycho-social support, grief counselling and other support
- 12 (0.67%) – Economic assistance to the family members who lost their family member due to COVID

Overall, the project facilitated in ensuring welfare support for the community members. Some of the key activities in which respondents participated and benefited are: mask distribution, sanitizer facilities, conducting cleanliness campaign, provision of Kabasura kudineer, distribution of free food to the needy, benefit through water supply, sanitation, mosquito control, etc, provision of dry ration (through mobilization), psycho-social support and grief counselling and economic assistance to the family members who lost their family member due to COVID 19.

3.6. Medical Assistance (Health camp, linkage with government and private hospitals for availing additional medical services, conducting camps – beyond COVID [Eye, ENT, general medical camp, etc])

3.6.1. Participation in the medical camps conducted by the project in the intervention area (awareness camps, screening camps, vaccination and other health camps)

SN	Medical Assistance	No. of respondents	%
1	Participated in the medical camp	1683	93.50
2	Not participated in the medical camp	117	6.50
	Total	1800	100.00

The project has undertaken activities on Medical Camps as a part of additional need-based interventions for complementing the core areas of intervention. The respondents were interviewed on the participation in the medical camps conducted by the project. Amongst 1800 respondents, 1683 (93.50%) respondents were participated in the medical camps; and the remaining 117 (6.50%) of them reported as not participated in the medical camps conducted at the community level by the project.

3.6.2. Participation in the key activities undertaken on Medical Assistance (based on participation in the medical camps conducted by the project):

SN	Medical Assistance	No. of respondents	%
	COVID 19:		
1	COVID Awareness Camps	1124	66.79
2	Screening Camps	115	6.83
3	Vaccination Camps	932	55.38
	Special Medical Camps:		
4	General Medical Camp / Allopathic	747	44.39
5	ENT Camp	102	6.06
6	Eye Camp	148	8.79
7	Cancer Screening (Oncology)	7	0.42
	Other Health Camps:		
8	Ayurvedic (Ayush)	186	11.05

As a part of the Medical Assistance, the project has undertaken different types of health camps (i.e., COVID 19, Special Medical Camps; and other Health Camps) considering "Medical Camp as an Entry Point".

The details on the respondent's participation in the different camps conducted by the project are provided in ranking on percentage (on each type of camps conducted):

- **COVID 19:**
 - o 1124 (66.79%) – COVID Awareness Camps
 - o 932 (55.38%) – Vaccination Camps
 - o 115 (6.83%) – Screening Camps
- **Special Medical Camps:**
 - o 747 (44.39%) – General Medical Camp / Allopathic
 - o 148 (8.79%) – Eye Camp
 - o 102 (6.06%) – ENT Camp
 - o 7 (0.42%) – Cancer Screening (Oncology)
- **Other Health Camps:**
 - o 186 (11.05%) – Ayurvedic (Ayush)

3.7. Social Protection (Referral and linkages for availing services for availing Aadhar, old age pension, career guidance, etc)

3.7.1. Details of Social Protection benefits / services availed through the project during COVID 19

SN	Details of Social Protection benefits / services	No. of respondents					
		Availed	%	In process	%	Not availed / not required	%
1	Aadhar card	88	4.89	14	0.78	1698	94.33
2	Ration card	62	3.44	9	0.50	1729	96.06
3	Chief Minister Health Insurance Card	26	1.44				
4	Opening of SB account in bank	105	5.83				
5	Availing ATM cards from the bank	174	9.67				
6	COVID Relief Fund	1419	78.83				
7	Women enrolment in SHGs	226	12.56	109	6.06		
8	Career guidance for employment opportunities	82	4.56				
9	Information for loans available from government and public undertakings	498	27.67				

The project has undertaken activities on Social Protection as a part of additional need-based interventions for complementing the core areas of intervention. The project has undertaken key activities such as: providing information, guidance, extending support in filling up of the forms, counselling, undertaking accompanied visits, initiated follow-up visits, etc with the respective departments / key stakeholders on need based. As a part of the social protection, the project has contributed for arranging social protection benefits / services to the needy / eligible persons. The benefits received by the respondents are: Aadhar card (5.67%), ration card (3.94%), Chief Minister Health Insurance Card (1.44%), opening of SB account in bank (5.83%), availing ATM cards from the bank (9.67%), COVID 19 relief fund (78.83%), women enrolment in SHGs (18.62%), career guidance for employment opportunities (4.56%), and information for loans available from government and public undertakings (27.67%).

3.7.2. Advantages / benefits of support extended by Nanbans in linkage with the social protection

SN	Benefits of engaging Nanban for availing Social Protection	No. of respondents	%
1	Received reliable information from Nanban with comfort	1436	79.78
2	Will avoid middlemen and brokers in availing such services	1602	89.00
3	Follow-up will be provided by Nanbans by ensuring end-to-end solutions	1238	68.78
4	Can approach the Nanbans beyond the lifetime of the project for availing such services	1490	82.78

The respondents were requested to share the advantages / benefits of support extended by Nanbans in linkage with the social protection. In response to this, 1602 (89%) of them reported as "will avoid middlemen and brokers in availing such services"; 1490 (82.78%) of them reported as "can approach the Nanbans beyond the lifetime of the project for availing such services"; 1436 (79.78%) of them reported as "received reliable information from Nanban with comfort;" and 1238 (68.78%) of them reported as "follow-up will be provided by Nanbans by ensuring end-to-end solutions". Overall, it is observed that the support extended by Nanban for establishing linkage for availing services are well accepted by the respondents. Also, they expressed that being local comfortable in discussing and getting help, avoided middlemen / brokers, can contact any time during and beyond the lifetime of the project and follow-up support will be provided by the Nanbans. These elements will also contribute for sustained follow-up efforts and linkages with social protection.

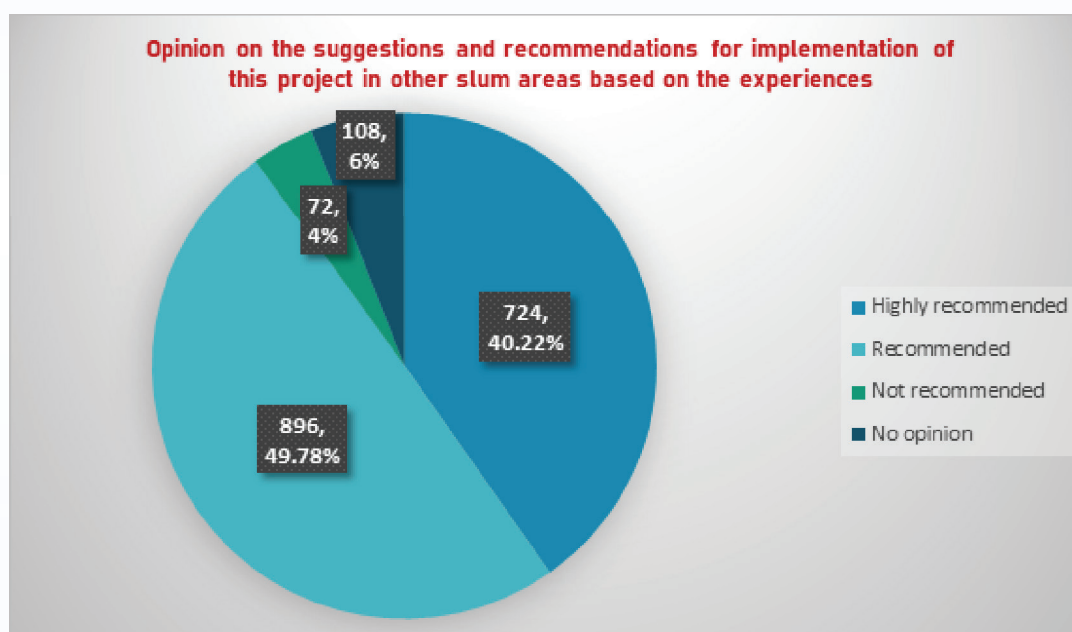
Part 4: Suggestions and recommendations:

4.1. Opinion on the suggestions and recommendations for implementation of this project in other slum areas based on the experiences:

SN	Opinion	No. of respondents	%
1	Highly recommended	724	40.22
2	Recommended	896	49.78
3	Not recommended	72	4.00
4	No opinion	108	6.00
	Total	1800	100.00

The respondents (1800) were requested to share the opinion on the suggestions and recommendations for implementation of this project in other slum areas based on the experiences. Amongst 1800 respondents, 896 (49.78%) of them reported as "recommended"; and 724 (40.22%) of them reported as "highly recommended". Only 72 (4%) of them reported as "not recommended"; and remaining 108 (6%) of them reported as "no opinion".

From the above table, overall it is observed that, 1620 (90%) of the respondents recommended for implementation of the project in other slum areas based on the experiences gained.



Spearheading



**Feedback,
Experiences and Quotes**

5

Feedback, Experiences and Quotes



COMPREHENSIVE EFFORTS FOR COMMUNITY MEMBERS

I have participated in the training programs, studies, assessments and other activities... This has provided good knowledge and skills and also good understanding about the program and how to work with the community... I am 10th passed and first time I am working in this project...

The mentoring support and guidance extended by peers and project team members enabled me to gain confidence, communicate and perform...

Some of the key activities undertaken by me will include: home visits, barefoot counselling, demonstrations, educating on COVID 19 prevention, distribution of masks / sanitizers, extending support in availing needed welfare services, addressing common community needs, submission of reports and many more....

The experience sharing, review meeting, capacity building and mentoring helped me a lot. I feel very happy that I have associated with this COVID 19 project and contributed in educating and empowering people. Also this association enabled me to be safe from COVID 19 and contributed to save our own community members...

Working with the community is always interesting, opportunity to contribute and learn... I am happy that I have done my justice to my own community members through VHS along with my own community members...

Nanban,
Kannagi Nagar



EXPERIENCE IN ENGAGING & WORKING WITH COMMUNITY

Proud to be a part of this project...

This working experience and association really helped me to commit and contribute for the development of slum dwellers on this core and additional need-based intervention areas...

This comprehensive, integrated, coordinated and holistic approach has really welcomed by the community members and stakeholders...

We have taken efforts to network all the key stakeholders, engage the community, mobilize resources, undertaken activities based on the evidence, etc...

Engagement and support of the Nanbans and Field Officers were highly acceptable with the community and sustainability...

This engagement also helped in continuing the intervention and field level activities irrespective of the lockdown, COVID situations, etc.

This project has provided excellent learnings, demonstrated best practices, disseminated the learnings and achieved the results...

Ms. Anitha

Project Coordinator, Kannagi Nagar

NANBAN IS DOST FOR COMMUNITY

I have been designated as “Nanban” and people called me as “Nanban”. This word has provided greater acceptance and recognition....As a “Nanban (Friend)” I will continue to be a friend to the community today and always...I have established very good relationship and they treat me as a friend / Nanban from community members....I will extend my services to the community with same involvement, commitment and enthusiasm.

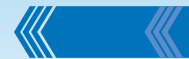
Ms. Devikala,
Nanban, Ezhil Nagar

ACCEPTABILITY OF INFORMATION AND SERVICES FROM NANBAN

Appreciate the effort undertaken by VHS in engaging Nanban – community volunteers in our area and engaging to help us... This Nanbans have extended good support, information, guidance & demonstrations. Also, being our own community member, the entire family members and community members including our neighbourhoods has agreed and we found the comfort zone in learning, clarifying and sharing...

Will avail the services of the Nanbans over the phone or by visiting in person as per needs.

Community member



USE OF ANDROID PHONE FOR LEARNING INFORMATION AT MY DOORSTEPS

I was using Android mobile phone... However, I have used for attending phones and taking photos. The Nanbans enabled me to understand the various features and enhanced our skills to use WhatsApp, Facebook, YouTube, etc. The social media campaign on WASH and mask usage was very useful because, I started using the social media features... I am getting needed information for equipping and protecting me.

Community member

TIMELY SUPPORT TO AVAIL SOCIAL PROTECTION

I am aged 33 and living in Ezhil Nagar... I have not availed the Aadhar Card as a proof of my ID because I came recently to this slum... Nanbans along with the COVID and other health information provided guidance to avail aadhar card. This help is a timely help... This motivated me to value the services of Nanban, participated in the activities, gained benefits and protected me and my family from COVID 19.

Community member

DEMONSTRATION THROUGH VIDEO... EASY WAY TO LEARN AND PRACTICE

The video screened on seven steps in handwash is very interesting to view, learn and practice. This video was screened to me and my family members during the home visits undertaken by the Nanban. These videos are very powerful in communicating to me and to my family members in a way they can understand and practice. Thanks for using such powerful communication.

Community member

WILL CAPITALIZE THE KNOWLEDGE AND SKILLS.... LIFE LONG....

I live in this area. I was doing some help or other on voluntary basis to the community members. With the identification by the community, VHS has provided an opportunity to work as a Field Officer for guiding and coordinating about 10-15 Nanbans on day-to-day basis. The capacity building provided by VHS enabled my knowledge and skills and this will be of permanent usage. We work as a Community Response Team and together we have achieved. Proud to be part of this project, VHS and working with my own community members.

Ms. Sathya,
Field Officer, Kannagi Nagar

GENDER INTEGRATION... NEED OF THE COMMUNITY....

The project has integrated gender-based intervention including violence against women. It is very good initiative and approach. Education, counselling, guidance, training, legal support by advocates and other support by the project really contributed for prevention of violence and empowering women.

Ms. Sangeetha
Field Officer, Ezhil Nagar

COMMUNITY-FRIENDLY MIS SYSTEM...

This project contributed on core areas and additional intervention areas based on the evidence, addressing community needs through engaging community members... Enhanced the capacities of Community Response Team for understanding the reporting indicators, filling reporting formats, submission of reports, analyzing data & evolving plans. The project also extended support in the form of experience sharing, peer mentoring, supportive supervision, providing hands-on training, handholding, etc. The team also undertaken accompanied visits and encouraged more of supportive supervision. The project has also enhanced the knowledge and skills in undertaking different studies, assessments, documentation, etc.... The response and support extended by Community Response Team contributed for achieving the envisaged results, demonstrating best practices and ensuring sustained response.

Ms. K. Priya
Monitoring & Evaluation Officer

Spearheading



**Accomplishments,
Findings and Recommendations**

6

Accomplishments, Findings and Recommendations



6.1. Key achievements of the project

a) Output indicators (August 2020 – September 2021): The project developed output indicators for the Core Areas and tracked the progress on each of the indicators. The overall key achievements on the output indicators are:

Particulars	Male	Female	Total
COVID 19:			
% of community health workers capacitated (including Field Officers – 3 and Community volunteers – 43)	2	44	100%
# of people contacted monthly through outreach, camps / clinics and reached through awareness messages	70,896	85,191	1,56,087
# of people reached through social media campaign on mask usage	22,919	24,829	47,748
# of people identified with Influenza-Like Illness (ILI) symptoms	7,221	8,131	15,352
# of people referred to health facilities	5,844	6,591	12,435(81%)
# of people attended health facilities	4,130	5,480	9,610 (77%)
# of COVID positive cases	161	137	298 (3%)
# of people who got isolated at home	72	65	137 (46%)
# of people who got isolated at COVID care centre	91	88	168 (56%)
# of people who were quarantined	270	283	553
# of Psycho-social issues identified and resolved			7
# of people who died due to COVID	3	5	8 (3%)
# of people who attended vaccine awareness campaigns	9,478	11,704	21,182
# of people who got vaccinated	9,012	10,196	19,208 (91%)
# of quarterly multi-level stakeholders' meetings			7
WASH:			
# of Sewage problems identified			37
# of Sewage problems resolved			32 (86%)
% of households maintaining basic hygiene & sanitation			80%
GENDER:			
# of Domestic violence cases identified			559
# of Legal counselling offered			51
NUTRITION:			
# of anaemic cases identified in house visits (among women and adolescent girls)	0	3,846	3,846
% of households benefited from nutritional interventions			100%

b) Key achievements on additional need-based intervention areas: (August 2020 – September 2021): Overall key achievements on the additional need-based intervention areas such as: Welfare Support, Medical Assistance and Social Protection are:

Particulars	Male
WELFARE SUPPORT:	
# of masks N95 distributed	60,000
# of hand sanitizer dispenser stands established (coordinated with GCC and arranged)	26
# of persons benefited through Kabasura Kudineer (mobilized and provided)	10000
# of Kabasura Kudineer powder packets (mobilized and provided)	6,000
# of persons provided with free food	
Lunch packets (3 meals per day)	8,792
Food for COVID 19 infected / affected families	200
Economic assistance to the families lost their members due to COVID (facilitated the application submission process - @ Rs. 50,000/- per family)	8
# of persons provided with psycho-social support	150
# of persons referred for availing additional psycho-social support	65
# of families provided with grief counselling	8
Dry Ration Kits (mobilized and provided) – including rice, groceries, pulses, oil, vegetables, safety prevention kit, etc for 4 weeks	1170
# of cleanliness campaign conducted	2
MEDICAL ASSISTANCE:	
# of health camps conducted in total (Medical / Awareness / Vaccination Camps, etc)	479
# of screening camps	10
# of vaccination camps	408
# of COVID 19 awareness camps	20
# of medical camps (non-COVID health camps)	41
# of persons benefited through camps	21,182
SOCIAL PROTECTION:	
Social Welfare:	
Old Age Pension	34
Widows Pension	14
Marriage Assistance	9
Enrolment in SHG	180
Revenue:	
Legal heir certificate	7
Health:	
Assistance for Institutional Delivery	112
Death certificate	16

Particulars	Male
Registration of birth / birth certificate	83
Compensation for COVID Death	25
Chief Minister's Health Insurance Card	41
Bank:	
Opening of SB account along with ATM card	149
Linking insurance with SB account	149
Loan	8
New ATM cards for person having SB account already	116
Civil Supplies:	
Ration Card	101
Facilitating COVID Relief Schemes (Ration and COVID Relief Fund)	12,300
Others:	
Aadhar Card	183
Voter ID	210
Career guidance for employment opportunities / Counselling	226
Information on government schemes and loans available – other than the above schemes	1,339

c) Outcome Indicators: Following are the progress towards the outcomes:

1. Increase in knowledge level of the COVID Nanbans and slum residents on preventive behaviours – 87%
2. Decline in new cases reported / active cases in the intervention area –
Since the Corona virus is unpredictable, the virus has changed its mutation and hence the cases started increasing from March 2021.
3. Community Response Teams – processes and protocols established to coordinate an integrated package of response to COVID 19 - The COVID Nanban team is in place, they are empowered to handle their issues. The project is taking efforts to strengthen the networking and linkages for the team to sustain their activities.
4. An SOP on Community Response Team processes and protocols was developed and the field team oriented.
5. Number of children and women in reproductive age with improved Hb levels as a result of nutrition intervention.



6.2. Key findings from the study

The team has undertaken both qualitative and quantitative studies for understanding the usefulness and effectiveness of the intervention. As a part of the quantitative study, 1800-woman representatives were interviewed and analyzed the data. The key study findings on qualitative data are given below:

Part 1: Personal / Family details:

- Out of 1800 respondents interviewed, 1778 (98.78%) of them are female; and remaining 22 (1.22%) of them are transgenders.
- Overall, 1444 (80.22%) of the respondents are in the age group of 26-45 and the remaining age group falls under the age group of 18-25; 46-55; and 56 and above.
- Overall, it is observed that, 1192 (66.22%) have studied upto primary and high school. The remaining respondent's literacy level are: upto +2 (11.56%); degree (3.22%); able to read and write (9.89%); and remaining 9.11% are without education.
- Majority of the respondents, 1626 (90.33%) of them are married and the remaining are divorced, widow and unmarried.
- Overall, 1350 (75%) of them are with 3-6 members in the family and remaining families with the members of upto 2 (8%) or 7 and above (17%).
- Majority of the respondent, 1276 (70.89%) are living in their own / allotted house; 478 (26.56%) are living in rental house; and the remaining 46 (2.56%) of them are living in the same area on lease basis.
- Overall, 1162 (64.55%) of them are in the category of employed including skilled, unskilled and engaged in company, public service and self-employed. The remaining members are either unemployed or falls in the category of student.
- Majority of the respondents 971 (53.94%) are having family income between 10,001 – 15,000; 629 (34.94%) are having family income between 15,001 – 20,000; and only meagre % of 97 (5.39%) are having monthly family income of more than 20,000. The remaining 103 (5.72%) of them are in the income range less than 10,000.

Part 2: Project activities / services related information:

- 100% of the respondents has expressed that, they are aware of implementation of the gender-based COVID 19 project in their area and all of them opined that, they have participated and benefited through the project.
- 100% of the respondents expressed that, they have benefited through the Nanban (Community Volunteer) / COVID Warrior. This reveals that, Nanbans extended services to each of the community member and 92% of the respondents expressed that the services provided by Nanban are extremely useful and useful.
- Overall, 1764 (98%) of them opined that, the functions and activities provided by Nanbans are useful to the community members.

Part 3: Participation in core areas and additional need-based intervention of the project activities:

Participation in the core areas of intervention: 100% of them have expressed that, they have participated in the COVID 19 related activities. 1662 (92.33%) of the participated in the WASH programs; 1056 (58.67%) of them have participated in the nutritional related activities; and 982 (54.56%) of them have participated in the gender related activities.



Participation in the areas of additional need-based interventions: 1448 (80.44%) of them have expressed that they have participated in the Welfare Support related activities; 1166 (64.78%) of them have participated in the Medical Assistance related activities; and 618 (34.33%) have participated in the Social Protection related activities.

Overall, it is observed that, 100% of the respondents participated through the intervention. Similarly, the respondents availed the services on both core and additional need-based intervention areas as per their need and preferences. The project also served to the needy covering both core areas and additional need-based intervention areas.

3.1. COVID 19:

- Opinion on recall value on knowledge and awareness on the symptoms for COVID 19 has been collected. Amongst 1800 respondents, responses on most common symptoms are: 1800 (100%) fever and cough; 1764 (98%) breathing difficulties; 1602 (89%) tiredness; and 1468 (81.56%) loss of taste or smell. Almost 90% and above were able to recall the most common symptoms for COVID 19. Similarly, recall value on the less common symptoms for COVID 19 has also been collected and the responses in order of ranking are: 1692 (94%) headaches / pains; 1228 (68.22%) Diarrhoea; and 822 (45.67%) sore throats. There are no responses for no symptoms; don't know and other symptoms if any. Overall, it is observed that the respondents has correct recall value on the symptoms for COVID 19.
- Majority of the respondents are aware of the different approaches adapted by the project. Amongst the different approaches adapted, more than 80% of the respondents have expressed the approaches such as: distribution of mask and promoting on use of mask; demonstrations (mask usage, handwash and nutrition); home visits; health camps; communication materials; and one to one. These strategic approaches have helped in reaching and contributing to the needy and communities.
- Majority of them recalled the core prevention (i.e., use of mask; handwash; social distancing; quarantine; and need for vaccine) / safe methods (i.e., improving immune system and taking nutritious food) and other preventive services (i.e., avoid contacts with people having fever or cough, cover mouth while sneezing or coughing, etc) adapted for COVID 19. 100% of the respondents reported that individual / family members are practicing / adhering COVID 19 prevention methods.
- From the reported data, it reveals that, prevention efforts has contributed to make more than 95% of the family as COVID-free family.
- Amongst the 74 respondents affected by COVID, the respondents informed that, 24 (32.43%) of them are head of the family; 22 (29.73%) of them are family members; 16 (21.62%) of them are self; and remaining 12 (16.22%) of them are COVID affected with more than one member in a family.
- It is very hurting to note that 8 (10.81%) members lost their family members due to COVID considering various reasons. It is observed that the intervention facilitated for saving the life of around 89% of the COVID affected members by ensuring time linkages for services and supported with education to the care givers.
- The Nanbans (COVID Warriors) extended needed comprehensive services to the COVID infected / affected families for availing the needed services including: referral for taking treatment at hospital, arranging facilities for quarantine, education, awareness and counselling, arrangements for testing, provision of sanitation kit, educating neighbours, providing tool to the needy and support in getting free rations from ration shops.
- 1694 (94.11%) of them have expressed that the Nanbans / COVID Warriors played a role and enabled the family as safe / COVID free family.

- A majority 1301 (72.28%) of them have expressed that, stigma is not existing. Further, 245 (13.61%) of them expressed that stigma is somewhat existing; 212 (11.78%) of them expressed that stigma is existing; and remaining 42 (2.32%) of them have said no opinion.
- 1704 (94.67%) of them expressed that the initiatives of the project and key stakeholders has contributed for reducing stigma due to COVID 19.
- 1780 (98.89%) of them opined as the services provided Nanbans at doorsteps were helpful in the midst of COVID 19.
- It is observed that, maximum people were provided with mask, supported with demonstration and they gained and have self-motivation to use the mask during the entire COVID 19 period. Majority of the respondents 1738 (96.56%) responded that they wore mask regularly as per the guidelines and requirements (also observed during the interview). 1796 (99.78%) of the respondents have reported that they are using masks regularly / at times. It is imperative to note that 1650 (91.87%) are using recommended masks such as N95, triple-layer medical mask, combination of more than one type of masks, etc.
- Social distancing: 100% of the respondents confirmed that information was provided on the importance of social distancing. Amongst them, 1743 (96.83%) of them expressed that, realized the importance of social distancing and adherence. 1721 (95.61%) of the respondents opined that, they practice social distancing. 1687 (93.72%) of them opined that they have a self-motivation to ensure / practice social distance for prevention of COVID 19.
- Vaccine: Amongst 1800 respondents, 1746 (97%) of the respondents opined that COVID 19 vaccine will protect against COVID 19. 1,468 (81.56%) of the respondents have initiated / accepted the vaccine (either of the doses).

3.2. WASH:

- Overall, 100% of the respondents expressed that this approach of demonstration using one-to-one supported with video screening is useful and benefited.
- 1782 (99%) of the respondents opined that they understood the practices of seven steps in handwash based on the demonstrations and video screening efforts undertaken by the project team. Amongst all the respondents understood the seven steps in using handwash and correctly and clearly reported on the important times in which handwash is practiced.
- 1622 (90.12%) of the respondents are using sanitizers as required / often.

3.3. GENDER:

- 1062 (59%) of the respondents expressed that they have participated in the gender-based activities undertaken by the project.
- 1194 (66.33%) of the respondents confidently expressed that the women voices / suggestions are accepted among men due to intervention.
- Amongst 1800 respondents interviewed:
 - o 563 (31.28%) of the respondents opined that "there is an existence of violence against women in the area". However, majority 1237 (68.72%) opined that there is no existence of violence against women in the area.
 - o 1572 (87.33%) of them expressed that, no family member is affected by violence against women at family.
 - o Only 228 (12.67%) of the respondents responded that family member is affected by violence against women.

- Amongst these 228 respondents, reported as family members faced violence against women will include: 146 (64.04%) - individual / self facing violence; 58 (25.44%) - daughter / daughter-in-law facing violence; and remaining 24 (10.53%) respondents informed that mother-in-law is facing violence. All the respondents 228 (100%) of the respondents informed that they have participated in the in the programs / activities conducted for preventing violence against women.
- Amongst 228 respondents, services and guidance received / benefited by: 100% - through one-to-one; 181 (79.39%) – through basic counselling; 172 (75.44%) - through group education; 66 (28.95%) - through consultation with advocate; and remaining 12 (5.26%) of them received / benefited through linkage with services such as one stop center, women police station, lawyers and other services provided by the project. All the 228 respondents / person affected by violence are provided with needed services for prevention of violence against women.
- The project has contributed to develop confidence among 172 (75.44%) women in managing or preventing the violence.
- All the respondents opined that: there is no violence at family, violence against women reduced and fear has increased among men on not to cause violence against women / will not happen. This shows that intervention has contributed in preventing and reducing the violence in the intervention area.
- **Self-Help Groups:** Out of 1800 women respondents, majority of the women members 1286 (71.44%) are in the SHG groups; and the remaining 514 (28.56%) are alone not having membership in the SHG groups.
- **SB Account:** Amongst 1800 respondents, 1738 (96.56%) are having bank account including 1149 (63.83%) - having bank account in the individual / self-name; 417 (23.17%) – having bank account in the name of family head / husband; and 172 (9.56%) - having bank account both in husband name and wife name. Only 62 (3.44%) of the respondents reported that they are not having bank account. Amongst 1738 respondents having bank account, 1195 (68.76%) of the respondents are accessing bank accounts through using ATM, net banking, G-Pay / Paytm / Phone pe, etc. These practices have increased more during the COVID 19 pandemic period.
- 1730 (96.11%) of the respondents opined that the life partners are well motivated on the planned endeavour and initiatives for empowering women.
- 1612 (89.56%) the respondents are willing to use the awareness, guidance and other services provided through the project during the COVID 19 period and beyond the intervention period including by themselves.
- 1674 (93%) of the respondents are confident to share the benefits received through the program to the fellow women for improvement.

3.4. NUTRITION

- A majority of 1724 (95.78%) of the respondents expressed that they have received information and guidance on nutrition by the project.
- More than 90% of the respondents have received the nutritional demonstration and understood the importance and usefulness of taking nutritious food by family members.
- 1558 (90.37%) of the respondents inculcated the adherence and practice of preparing and using locally available nutritious food based on the information and guidance provided by the Nanban / project team.

- Amongst 1724 respondents benefited through the information and guidance provided on nutrition, the respondents opinion on usefulness and benefits of taking nutritious food will include: 1284 (74.48%) - improving immune system; 1258 (72.97%) - possibility of preventing / managing COVID; 1250 (72.51%) - preventing from infection and diseases; 1196 (69.37%) - overall health care; 1138 (66.01%) - lifestyle modification / healthy food habits; 1126 (65.31%) - reduction in medicinal cost; 930 (53.94%) - controlling blood pressure; 884 (51.28%) - getting all nutrients for the body directly from the food (as required); 768 (44.55%) - revival of traditional / locally available food habits with nutritional ingredients; 650 (37.70%) - preventing diabetic; and 552 (32.02%) - preventing iron deficiency. Overall, it is observed that the community members are aware of usefulness and benefits of taking nutritious food.
- Amongst 1800 respondents interviewed, only 422 (23.44%) of the respondents are having adolescent girl in the family. Amongst these families, 378 (89.57%) of the respondents introduced the provision of providing nutritious food to the adolescent girls for improving their health and overcoming the anaemia, etc.
- Amongst 1800 respondents, 349 (19.39%) of them are availed either dry ration or free foods as per the need and requirements based on the project mobilization and facilitation initiatives.

Additional need-based interventions:

Welfare Support (Dry ration, free food, provision of health kit, linkage with government services, etc)

- The project facilitated in ensuring welfare support for the community members. Some of the key activities in which respondents participated and benefited are: 1740 (96.67) - Mask distribution; 1628 (90.44) - Sanitizer facilities and availed; 1592 (88.44) - Benefited through ensuring water supply, sanitation, mosquito control measures, etc undertaken by the GCC; 1489 (82.72) - Cleanliness campaign by involving the community members (undertaken in the area – participated / benefited); 1270 (70.56) - Kabasura Kudineer; 627 (34.83) - free food to the needy; 472 (26.22) - Dry Ration through mobilization; 128 (7.11) - Psycho-social support, grief counselling and other support; and 12 (0.67) - Economic assistance to the family members who lost their family member due to COVID. Overall, the community members have availed the need-based welfare support with the help, guidance and support of project team including Nanban / COVID Warriors.

Medical Assistance (Health camp, linkage with government and private hospitals for availing additional medical services, conducting camps – beyond COVID [Eye, ENT, general medical camp, etc])

- 1683 (93.50%) respondents were participated in the medical camps.
- As a part of the Medical Assistance, the project has undertaken different types of health camps (i.e., COVID 19, Special Medical Camps; and other Health Camps) considering "Medical Camp as an Entry Point". The details on the respondent's participation in the different camps conducted by the project are: COVID 19 [1124 [66.79%) - COVID Awareness Camps; 932 (55.38%) - Vaccination Camps; and 115 (6.83%) - Screening Camps], Special Medical Camps [747 (44.39) - General Medical Camp / Allopathic; 148 (8.79) - Eye Camp; 102 (6.06) - ENT Camp; and 7 (0.42%) - Cancer Screening (Oncology)] and Other Health Camps [186 (11.05%) - Ayurvedic (Ayush)]. Overall, the project team adapted medical camps as an entry point and facilitated in conducting different types of community preferred health camps in partnering with various organizations including GCC and VHS.

Social Protection (Referral and linkages for availing services for availing Aadhar, old age pension, career guidance, etc)

- The project team has undertaken efforts for referral and linkages by ensuring needed guidance and support for availing the benefits / services to the needy. The benefits received by the respondents are: Aadhar card (5.67%), ration card (3.94%), Chief Minister Health Insurance Card (1.44%), opening of SB account in bank (5.83%), availing ATM cards from the bank (9.67%), COVID 19 relief fund (78.83%), women enrolment in SHGs (18.62%), career guidance for employment opportunities (4.56%), and information for loans available from government and public undertakings (27.67%).
- The respondents were requested to share the advantages / benefits of support extended by Nanbans / COVID Warriors and reported benefits are: 1602 (89%) - will avoid middlemen and brokers in availing such services; 1490 (82.78%) - can approach the Nanbans beyond the lifetime of the project for availing such services; 1436 (79.78%) - received reliable information from Nanban with comfort; and 1238 (68.78%) - follow-up will be provided by Nanbans by ensuring end-to-end solutions. These elements will also contribute for sustained follow-up efforts and linkages with social protection.

Part 4: Suggestions and recommendations:

- It is observed that, 1620 (90%) of the respondents recommended for implementation of the project in other slum areas based on the experiences gained.

6.3. Suggestions for scaling up / replication

The project has undertaken qualitative study and secondary review. Based on the secondary review and focus group discussions conducted as a part of the qualitative study, it is observed that **“the community members strongly recommending for scaling up / replication of this model project in other slum areas for COVID 19 and other health programs”**. The community members, stakeholders and other partners expressed and shared the following **suggestions** for **consideration** while replicating / scaling up such model intervention in other slums in Chennai or anywhere in India based on the need:

Core areas: As a part of the core intervention areas such as: COVID 19, WASH, GENDER and NUTRITION, the following may also be considered on need-based:

- Continue the comprehensive core interventions for preventing COVID 19 in slum areas with the same model.
- Providing guidance and support for single parent family especially with girl children.
- Enhancing the knowledge and positive attitude among men in understanding women (for ensuring equality of men and women) – exploring more efforts to educate and create awareness among men in understanding the women.
- Continue to promote child to parent education and awareness through intervening in schools and enable all children to be aware of and protect themselves from violence / harassment.
- Prevent open air defecation in the slum areas wherever such practices are in existence.
- Promote water and sanitation and facilitate the availability of safe drinking water in an intensive way (WASH).
- Efforts may be made to introduce water ATMs in other slums wherever such possibilities are feasible.
- Explore on the possibilities of producing or collecting more short videos on nutritious food preparation and introducing more recipes to share through WhatsApp groups and to promote sustained nutritional food practices.

Additional need-based interventions (Welfare Support, Medical Assistance and Social Protection): The Slum intervention project COVID 19 has integrated and implemented additional need-based interventions such as: Welfare Support, Medical Assistance and Social Protection. This complementing efforts and comprehensive approach may be continued as relevant and appropriate.

- Provide guidance and support for orphan girl children (due to COVID – lost parents).
- Developing a handbook on welfare schemes along with application formats and guidelines (for self-reference and use by community volunteers).
- Develop community volunteers with the understanding on the social welfare schemes to enable them to guide and support the needed community members to avail such services. This voluntary approach will help in avoiding the brokers / middlemen.

In addition to the suggestions on core areas and additional need-based interventions, the following suggestions also emerged for complementing the overall intervention and supporting the key program areas:

New areas for consideration:

- Training to the Nanbans to undertake activities among school children on adolescent health / preventing sexual harassment / career guidance, etc.
- Integrate de-addiction considering the existence of alcohol usage and will help in reducing the violence against women among slum women.
- Integrate reproductive health education for adolescents/ women in an intensive way.
- Integrate poverty elevation program / enhancing livelihoods of the urban poor on need-based.
- Establishing one stop center with computer facilities managed by a community volunteer to enable community members to avail such services for submitting online applications, sending online complaints, requests, etc.

Capacity Building:

- Continue to engage Nanban (community member) for sustained initiatives and develop more and more such community volunteers.
- Exploring on the possibilities for sensitizing the proposed newly elected body representatives on gender and COVID to enable them to integrate and execute.
- Organizing update and briefing meeting at regular intervals to the newly elected body representatives and police / media personnel (either through in-person meeting, online meeting or through WhatsApp groups).
- Facilitate experience sharing between various slum development workers to gain more knowledge and skills and integrate best practices for achieving the desired goal and objectives.

Communication, Research, Documentation and Dissemination:

- Continue to use social media to create awareness, sustain awareness and counter myth and misconceptions.
- Explore on the possibilities of establishing an information corner in slum area for informing slum dwellers on schemes and services.
- Developing more videos / self-learning materials on COVID 19 and other health areas.
- Use the individuals benefited through the program for sharing experiences with other slum community members (Goodwill Ambassadors).
- Undertake more studies / research to enable the government to understand the slum dwellers, problems, issues and needs to influence policy decisions.
- Organizing district or state meet on empowerment of women in slums with the purpose of sharing experiences / best practices, identifying needs and evolving action plans.
- Disseminate the project experiences with government and other stakeholders for appropriate adaption.

6.4. Contributory factors for project success

The COVID 19 Slum Intervention Project, a community-led initiative by the Voluntary Health Services (VHS) funded by the Bill and Melinda Gates Foundation (BMGF) implemented in one of the biggest resettlement colonies in Chennai city, Tamil Nadu, India – Kannagi Nagar and Ezhil Nagar in Zone 15 of the Greater Chennai Corporation. This project has contributed “to reduce COVID 19 incidence and mortality by establishing and fostering Community Response Teams (CRTs) in Kannagi Nagar and Ezhil Nagar Slum Communities of Chennai”. The project has also undertaken strategic and systematic ongoing efforts for achieving the desired objectives, goals and the outputs. Some of the innovative initiatives undertaken and the contributory factors for successful implementation and sustenance of the project will include:

- Community-driven initiative by engaging Community Response Team.
- Implemented the project by using key strategies and comprehensive key approaches.
- Networked and established strong partnerships with key stakeholders.
- Ensured greater level of engagement of GCC from higher level to the zone level health team and coordinated the COVID 19 prevention efforts.
- VHS experience in health and health related field, management support, long innings of relationship with community members through community health programs.
- Technical guidance, motivation, freedom to experiment innovations, mentoring and experience sharing and interactions with the partners along with financial resources.
- Addressed both core (COVID 19, WASH, GENDER and NUTRITION) and additional need-based interventions (Welfare Support, Medical Assistance and Social Protection) considering the comprehensive approach.
- Comprehensive evidence-based community preferred program plan and implementation by involving the community for the community by ensuring geographical coverage.
- Integration of gender and prevention of violence against women as a model approach considering the community needs and addressing the priorities.
- Coordinated team efforts by Project Core Team and Community Response Team for achieving the project goal and objectives in the midst of lockdowns.
- Adapted innovative approaches and used technology enabled communication including effective use of social media platforms.
- Complemented the GCC efforts in addressing the prevention of COVID 19.
- Comprehensive capacity building initiatives supported with follow-up.
- Undertaking various studies and planned and implemented activities based on evidence.
- Leveraged resources for successful implementation of the project and demonstrating the innovations, results and addressing the community needs.
- Utilized the locally available infrastructure and other resources for conducting training, review meetings, experience sharing meetings, partner meetings, etc.
- Adapted medical camps as an entry point and ensured comprehensive approach in addressing COVID 19 prevention.
- Community-friendly Management Information System.

- Ongoing documentation and dissemination of study findings, best practices, challenges, learnings, etc with the community and key stakeholders.
- Initiated efforts to establish a model innovative Water ATM by engaging the community to enable each family to save about Rs. 2,000/- per month. The same is being followed by area level federations of SHGs.
- Integrated the realistic sustainability and follow-up plans during the entire lifetime of the project with clearcut roadmap for follow-up.
- Developed systems, tools, modules, communication materials, studies, capacity building system, etc for adoption / replication by other organizations for use in similar projects.
- Committed, coordinated, consistent and convergence efforts contributed for achieving the project outputs and desired outcomes. Also, contributed for achieving more than planned.
- Transitioned the project activities with the key stakeholders along with need based strategic technical assistance / follow-up by VHS.

The above factors contributed for successful implementation of the project activities along with sustainability and follow-up by the CRT and key stakeholders.

6.5. Recommendations

Based on the secondary review, interactions with the project team and community members, information collected from the community members and stakeholders through qualitative and quantitative studies, based on the analysis, evolved the recommendations for continuation, dissemination, scaling up and contribute for prevention of COVID 19 and other health issues in urban slums:

- **Continue and expand:** Considering the innovations, strategic approaches, best practices and results demonstrated, the same project may be continued in the same area with additional focus, expand such project in other slums in Chennai and provide technical assistance to the NGOs working in the slums.
- **Promote National / Regional Resource Center for Slums:** It is suggested to establish a National / Regional Resource Center for Slums for serving as a nodal center for networking and providing strategic technical support for improving the interventions in slums. Some of the core areas of the resource center may include: capacity building, developing proto-type resource materials, develop pool of experienced consultants, piloting innovations, undertaking important researches, develop standardized research tools, conducting series of training programs, facilitate for linkages to avail additional expertise / resources, support in documentation and dissemination, etc. This center may also serve as a one stop shop for networking and strengthening the slum intervention programs in a region or at national level.
- **E-Center at community level:** Establishing computerized E-Center managed by trained community volunteer to extend support in the areas of: submitting online applications, downloading the needed information for the students, collect and disseminate among youth on job opportunities, extend support in drafting and sending representation to the government development departments, etc. This process will help the slum dwellers including students, adolescents, youths, adults, and others to get acquainted with e-based services considering the emerging requirements.

RECOMMENDATIONS

- **Standardized resource kit on web portal:** Standardize the tools, training materials, communication materials, etc and evolve systems to upload in the e-platform to enable interested organizations and individuals to access and benefit.
- **Develop proto-type communication materials** on all core slum community needs including videos, e-posters, demonstrations, best practices, voices from the goodwill ambassadors / celebrities, etc. These materials may be developed in English or in a regional language to enable all interested organizations to replicate and use with customization. This effort will be of permanent effort and encourage all organizations and stakeholders to communicate effectively and comprehensively.
- **Dissemination of best practices:** VHS has conducted online dissemination on "Need of holistic approach during COVID 19". Similarly based on the multiple learnings and best practices demonstrated, series of online sessions may be conducted on sequential basis to enable the social workers, community professionals, organizations associated with the slum development activities, academicians, researchers, etc.
- **State level conference on experiences of working with slums:** VHS in coordination with key stakeholders can organize a two or three-day state level conference on experiences of working with slums for facilitating technical update, experience sharing and evolving recommendations for strengthening slum intervention programs to represent to government, identifying challenges and evolving plans to address, understand the emerging needs and evolving plans, etc. In this conference, researchers, academicians, NGOs, social workers, health professionals, experts / consultants and others can participate and benefit.
- **Online certificate program on COVID 19 prevention in slums:** VHS with the support of BMGF constituted a state level technical team and develop presentations, formulate online courses and continue to conduct online certificate program to enable interested individuals and organizations to undergo, learn, and adapt. 5-6 contact sessions along with presentations, video screening, etc may be conducted. This will help in enhancing the capacities of the development professionals and integrate the project experiences in the ongoing health and COVID 19 related activities.

Spearheading



Conclusion

7

Conclusion



The COVID 19 Urban Slum Intervention Project – a community-led initiative undertaken by the Voluntary Health Services with the support of BMGF and implemented for a year in Kannagi Nagar and Ezhil Nagar slums in Chennai city. This project has adapted comprehensive strategies, approaches, undertaken evidence based and need-based interventions with the engagement of community and all key stakeholders during the entire lifetime of the project.

The project has engaged Community Response Team in implementation of the project and effectively reached out to the community members by ensuring multiple approaches. Engagement of local Community Response Team has contributed for implementing all the key activities without any hurdles in the midst of lockdowns, COVID 19 and other government restrictions and guidelines. The project addressed both core (COVID 19, WASH, GENDER and NUTRITION) and additional need-based interventions (Welfare Support, Medical Assistance and Social Protection) considering the comprehensive approach.

The project has ensured: networking of all key stakeholders, community driven initiatives, developing community-friendly IEC materials, use of technology enabled communication considering the COVID 19, enhancing the capacities of community, stakeholders, media personnel, etc, leveraged resources with the involvement of partners, effective use of local resources, using medical camp as an entry point for reaching out the community members, ongoing documentation and dissemination, etc which has contributed for achieving the desired goal, objectives, outputs and outcomes.

The project has also contributed by undertaking different studies, researches, documentations, case study collections, etc. The project team also shared its experiences with the BMGF partners and other key stakeholders. The project has demonstrated by developing different tools, communication materials, studies, best practices, innovative approaches, use of technology enabled communication and many more. Such best practices and resource tools can be of permanent use for adaption and replication as required.

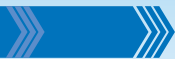
The commitment and involvement of VHS management, Director Projects-VHS, Project Core Team, Community Response Team with the engagement of GCC and other key stakeholders demonstrated a comprehensive model with results for continuation, introduction of such experiences in other slums and possibility of emerging as a national / regional resource center for slums.

CONCLUSION

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- And other documents made available at the project level.



Notes



Notes





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