



## Call to Action for widespread promotion of COVID-19 appropriate (protective) behaviours to tackle India's COVID-19 crisis

### Current situation/present challenge

As of end April, India recorded approximately 18 million COVID-19 cases since 2020. Efforts to secure medical services for those infected are essential and ongoing to prevent deteriorating health and deaths. Equally critical, however, are urgent actions to protect a vast population of about 1.28 billion people who are not infected, yet at risk for this infectious disease. COVID-19 appropriate behaviours (CAB) are a vital part of the solution, alongside widespread vaccination to protect millions from avertible infection.

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

### Rationale for action on COVID Appropriate Behaviours and implications for India's second COVID-19 wave

- COVID-19 is an infectious disease that can spread easily through respiratory and contact routes. COVID-19 spreads through respiratory droplets when an infected person exhales, coughs, sneezes or speaks. People can also be infected by touching a contaminated surface and then their eyes, mouth or nose.
- New evidence suggests that coronavirus in respiratory droplets may remain suspended in air in closed rooms and poorly ventilated rooms for a few hours, potentially increasing risk of spread to those in such settings.
- As the first wave of the pandemic came to some level of control, the practice of many COVID appropriate behaviours decreased, enhancing susceptibility to infection..
- Rampant spread of COVID-19 requires extensive testing to identify cases for appropriate treatment. However, testing facilities are overburdened, and in several places in the country, poorly equipped or worse, non-existent.
- A majority of COVID-19 cases will not need hospitalization (mild cases), and will recover at home taking adequate precautions and following medical advice. Moderate and severe cases, those with breathing difficulties and other complications, will require urgent medical care. Preventing infections will ease burden on a strained and overburdened health system.

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



- Vaccination is critical to contain COVID-19, and works to reduce the severity of the disease and lessen the risk of transmission, and provides comprehensive protection when coupled with CABs.
- Countrywide vaccination efforts underway since January 2021, with vaccination open to all adults from 1 May 2021. New information and communication needs for the public have emerged, including how vaccines work, overcoming vaccine hesitancy, and continuing with protective measures between and after vaccinations.

Since February 2020, communication on COVID-19 has largely been information based and/or fear based – necessary to spur us all into action. However, over 14 months, information overload and fatigue have set in, with continued exposure to messages not necessarily bringing about the desired change and levels of protection. Today, priority messages for COVID-19 prevention compete, while partial information and misinformation prevails through many popular communication channels.

Faced with a debilitating second COVID-19 wave, relevant messaging on CABs is vital to keep millions safe from infection, and support recovery of those infected. This Calls to Action urges CSOs working with communities, and with local Government to prioritize messaging on COVID-19 protective measures, address the need for new or more nuanced messaging, and use effective channels to reach communities directly, especially in rural and small town India.

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

*We call upon CSOs, members of local government institutions, youth groups, SHG networks and others to promote the following CABs.*

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

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

1. Consistent and correct use of masks:
  - Use well-fitting masks in the following situations:
    - Anywhere outside the home: Public places, educational institutions, places of work, places of worship, health care facilities, transport hubs
    - In the presence of others (apart from immediately family)
    - Presenting with symptoms or when diagnosed with COVID-19
    - After exposure to a suspected or confirmed case
    - When caring for a COVID-19 patient.
  - Children should be encouraged to wear masks when out of the home, and within the home if there is a suspected or confirmed case.
  - Double masking (use of a triple layer cloth mask with a medical mask) can be considered outside the home. Guidance from the Ministry of Health and Family Welfare awaited.
2. Washing hands with soap and water thoroughly (for at least 40 seconds) and frequently. If soap and water are not available, alcohol based hand rubs must be used well to clean hands. Hands to be washed at these times:
  - After returning from outside, and after contact with any other person
  - After sneezing, coughing, blowing nose
  - After toilet use, cleaning a child's bottom, disposing child faeces



- Before cooking, eating, serving food and before feeding child (including breastfeeding)
  - Before and after tending to a sick person at home
3. Maintain respiratory hygiene – cover mouth and nose when sneezing and coughing (with back of elbow or with cloth), do not remove mask to sneeze and cough. Wash hands with soap, and thoroughly wash cloth used with soap.
  4. Physical distance of 6 feet, to the extent possible, in public spaces
  5. Avoid closed or poorly ventilated spaces, and crowded settings. Gatherings to be conducted in open spaces with a limited number of people who are at a distance from each other.
  6. Timely detection of symptoms and/or exposure to a COVID-19 case (suspected or confirmed), with testing and appropriate action (e.g., quarantine while awaiting test results, self-isolation if home care is possible)

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

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

COVID protective behaviours need to be followed by all - the vaccinated and unvaccinated, the uninfected, asymptomatic cases, those with symptoms (unconfirmed and confirmed cases), and caregivers and family members of suspected and confirmed cases.

Clear cut explanations are needed on how deeper protection can be brought about when COVID-19 vaccines are accompanied by continued adherence to CAB. Universal vaccination will take time, and protective measures must be practiced between the two vaccine shots, and after.

## 3. Use appropriate and credible media and mediums to reach all groups, particularly the hard to reach and vulnerable, to deliver and reinforce essential messages for protection

Digital and mass media are powerful and far reaching. WhatsApp, Facebook, Twitter communicated essential information and solutions (handwashing solutions, maintaining physical distance) in the form of digital posters, audios, videos in the first wave. Television and radio spots communicating information and celebrity endorsements have amplified reach. While these are continued in the second wave, the focus appears more on treatment related support. CABs must be reinforced through these mass media channels.

With increasing spread to peri-urban and rural India, channels of direct communication must be considered and implemented for vulnerable and marginalized groups, and hard to reach populations who have differential and limited access to mass and digital media (e.g., tribal populations, girls and women, seasonal migrants, those with limited mobile phone access).

Some examples that can be considered to reach communities directly are :

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



- Credible, trusted and influential community members who have experienced COVID and follow CABs themselves can be powerful agents of change, providing personal testimonials, practical solutions and reassurance to practice behaviours and address local challenges. They can also create CABs as a desirable personal and social norm, with positive reinforcement. They can address communities directly through loudspeaker announcements, videos and audio messages that can be shared digitally (e.g., on WhatsApp) and through radio channels (community radio and FM). It is critical that credible agents of change are seen to consistently practice CABs themselves.

#### 4. Communication on CABs to be evidence based, clear, visual, positive, and establish CABs as having personal relevance and social benefits

Existing insights from behaviour change communication for COVID-19 prevention highlight the following promising approaches:

- Communicate evidence-based solutions or recommendations simply and effectively (e.g., visually showing how CABs work to protect against the virus)
- Highlight and visualize compliance with CABs (not non-compliance)
- Emphasize CABs as a positive, desirable social norm, practiced by many in the community with benefits for the individual and community (and avoid communication of punishment/censure/sanctions for non-compliance)
- Provide “how to” information that provides clear guidance on new protective actions (e.g., visual posters/videos on double masking, how to quarantine or self-isolate)
- Communicate confidence in the ability to engage in CABs for different groups (e.g., women, men, elderly, children, youth)
- Visual cues and nudges placed appropriately can reinforce CABs (e.g., circles for physical distancing, handwashing message near handwashing station, mask use poster in transport hubs)
- Avoid fear based and negative messaging

#### 5. Support the practice of CABs with improved access to masks, WASH services, and guidance on ventilation

Greater availability of masks in rural areas and small towns needs support through enhanced local production of triple layer cloth masks, with IEC on how to use and maintain masks.

Guidance on essential water supply to support hygiene practices, establishment of handwashing facilities and provisioning of soap, and sanitation facilities in homes, health facilities, and public spaces to be circulated quickly and emphasized.

Simple solutions for ventilating commonly used spaces (at the household, community level, and in health facilities and facilities used for vaccination, treatment) should be communicated.