



COVID-19 AMBASSADORS TRAINING MANUAL

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FORWARD



FIND is accelerating equitable access to reliable diagnosis around the world. We are working to close critical testing gaps that leave people at risk from preventable and treatable illnesses, enable effective disease surveillance, and build sustainable, resilient health systems. In partnership with WHO, other global health agencies and the G20/G7, we are driving progress towards global health security and universal health coverage. We are a WHO Collaborating Centre for Laboratory Strengthening and Diagnostic Technology Evaluation.

At FIND, we work with partners on targeted advocacy efforts from global and ministerial to community levels, to raise the profile of testing and increase diagnostic literacy. As co-lead of the Access to COVID-19 Tools (ACT) Accelerator Diagnostics Pillar, we had the opportunity to work with 21 civil society and advocacy organizations based in 19 low- and middle-income countries (LMICs) including TB Alert and the Global Coalition of TB Activists.

Our experience working with these partners re-emphasized the important role that communities and civil society organizations play in the prioritization of needs, uptake, and delivery of test and treat approaches. This manual will play a key role in building capacity not only for COVID-19 but towards future pandemic preparedness. Pandemics begin and end in communities and hence communities must be informed and equipped with actionable tools.

Karishma Saran

Senior Manager Advocacy and Communications

FIND



I am pleased to introduce this comprehensive training manual, which aims to build treatment literacy, enhance advocacy skills, and develop tailored messages on COVID-19 testing and diagnostics for marginalized and underserved populations in India.

As the CEO of TB Alert India, I have seen firsthand the devastating impact of COVID-19 on vulnerable communities. COVID-19 has posed a significant challenge for global health, particularly for those with underlying health conditions or limited access to healthcare.

India has made commendable efforts to combat COVID-19, including scaling up testing and vaccination drives. However, we must continue to address the lack of testing and testing delays, and ensure that all populations have access to COVID-19 testing and treatment.

This manual is a step towards achieving that goal. By empowering COVID-19 survivors and marginalized communities to advocate for early COVID-19 diagnosis and treatment, we can increase awareness and demand for testing and treatment services. The tailored messages developed in this manual will also help to address specific barriers that certain communities may face when accessing COVID-19.

I would like to thank my team at TB Alert India and colleagues at Global Coalition for TB Advocates (GCTA) for their efforts in creating this manual and engaging COVID-19 ambassadors and underserved populations. My special thanks to Ms. Blessina Kumar for CEO-GCTA for her inputs and guidance. I hope that this manual will be a useful resource for healthcare providers, advocates, and community members working to combat COVID-19 in India.

Vikas Panibatta

Chief Executive Officer
TB Alert India



The last three years have been extraordinarily challenging for all of us as COVID-19 tossed our world upside down. The loss of lives, the collapse of the healthcare system and the feeling of total helplessness hit us hard. All of us lost friends, family members and colleagues, and this loss is still heavy on our hearts and minds. Add to this the mental trauma and the long covid issues, it is safe to say that life will never be the same again.

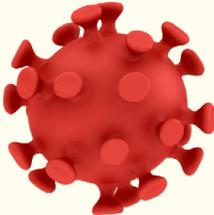
The power of people and communities showcased the resilience of humanity itself. When the systems failed, it was the neighbours, friends, colleagues and TB survivors who went out of their way to help. The value of communities in stitching together a safety or support net to break barriers for access, diagnosis, treatment and prevention can no longer be overlooked.

This training manual is an effort towards building treatment literacy while empowering communities, including marginalized and underserved populations, to advocate for themselves. COVID-19 and TB are interrelated and need to be looked at together. Communities that are COVID-19 and TB literate are able to support communities better.

Blessina Kumar

Chief Executive Officer
GCTA

BACKGROUND



COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of ‘viral pneumonia’ in Wuhan, People’s Republic of China. Most people who fall sick with COVID-19 experience mild to moderate symptoms and recover without special treatment. However, some become seriously ill and require medical attention. Older people and those with underlying medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age. The best way to prevent and slow down the transmission of COVID-19 is to be well informed about the disease and how the virus spreads.

Globally, testing inequity has been massive: of over 4.2 billion tests reported globally, only 0.45% have been performed in Low Income Countries (LICs). World leaders at the UN General Assembly (UNGA) and the US hosted COVID-19 Global Summit in September 2021 reiterated the call to reach global targets of vaccinating 70% of the population by UNGA 2022, if not earlier. They also called for testing rates of one per 1,000 people per day in all countries by the end of 2021, and for all facilities treating people with severe COVID-19 to have sufficient oxygen supply, quality treatments and PPE.

With a sixth of the world’s population, India is the second most populated country in the world. India’s population crossed 1.41 billion in January 2022. As per the WHO India Situation report, as of 18 January 2022, India has tested more than 682 million samples within the period from 31 January 2020 – 18 January 2022. Tests include both RTPCR and Rapid Antigen. India’s current test positivity rate (7DMA: 12-18 January) is 15%. India reported a total of 37,618,271 confirmed cases. A simple analysis based on available data shows that the rate of testing in India is not very low but certain specific populations may have challenges in accessing testing facilities. Reducing barriers to COVID-19 testing, creating culturally appropriate and tailor made interventions along with robust community system strengthening are the immediate needs to respond effectively to COVID-19.

In order to reach the target 1 per 1,000 people per day, the consortium of TBAI and GCTA are currently working to create an enabling environment for increased access to and scale-up the use of COVID-19 testing and linkage to treatment in India engaging COVID ambassadors and underserved and vulnerable populations by developing a multi-pronged advocacy strategy.

OBJECTIVES OF THE MANUAL



To build treatment literacy, capacitate and enhance advocacy skills of COVID-19 survivors, including marginalized and underserved populations (TB-affected, people living with HIV, sex workers, transgender, migrants, etc.) to advocate for early COVID-19 diagnosis and treatment.

To develop tailored messages on COVID-19 testing and diagnostics for advocacy and demand generation among the TB affected, people living with HIV, sex workers, transgender, migrants and MSM communities.



STRUCTURE OF THE MANUAL

This manual has been designed as a complete package for two days of training. Individual modules addressing a particular thematic area or a combination of selected modules may also be used for specific contexts.

HOW TO USE THIS MANUAL

Along with the sessions that they will facilitate, the facilitator(s) are required to read all the topics covered in these modules before training commences in order to have a comprehensive understanding of the scope of each topic and its relevance.

Prior to the training, facilitators will need to consider and discuss how they will use these modules to develop the knowledge and capacity of the participants. The sessions are meant to engage the participants in a participatory learning process based on adult learning principles.

Facilitators are encouraged to:

- Identify participants' needs and what is important to them
- Provide real-life situations and emphasize the application of learning to real problems
- Provide activities that require active participation
- Use a variety of training techniques
- Establish an atmosphere of respect and understanding of differences
- Provide opportunities for sharing information
- Discuss and analyze participants' experiences
- Engage participants as valued resources and encourage them to participate and share their experiences

Each session follows the following arrangement, although facilitators may choose to adapt the sequences and timings as per the requirements of the training:

Time

Duration of the session

Material Required

Suggested list of materials to be used during the training

Objective

Desired learning objective to be achieved by participants by the end of the session

Methodology

Step-by-step participatory methods to engage participants in the learning process

Facilitator's Notes

Notes that provide the facilitator with information and tips for facilitating activities

TIPS FOR TRAINERS

Before each day's training, it is recommended that the facilitators familiarize themselves with the topics to be covered for that day by carefully reading the relevant material. This will enhance their understanding of the concepts raised on each slide and its correlation to the accompanying text. Depending on the skills of the facilitator and their background, they may wish to include examples or case studies to bring further depth and clarity to the topic being presented.

Most trainings require more than one facilitator. In such cases, it should be ensured that the co-facilitators have read all the training materials in this package and that they feel comfortable with the selected topics from the training manual. A meeting of the facilitators before the training should ideally be conducted to agree on the agenda and to decide who is going to teach which topic. Some facilitators feel more comfortable presenting certain topics than other facilitators and for the benefit of the facilitator and the trainees, this should be taken into consideration.

Understand the profiles of the participants attending the training so that the training can be tailored to suit their needs. For example, if it is a Hindi-speaking audience then the training can be conducted in Hindi and the presentations can be translated in Hindi. If the participants are a mix of new and senior staff, then ensure there is space for the senior staff to share their experience with the new staff.

HOW TO FACILITATE

- Facilitators should be familiar with participatory forms of learning
- They should have the ability to ask exploratory open-ended questions and should make it a point to involve all the participants.
- Facilitators should be technically competent to answer intervention-related questions. The topics included may be adapted to suit local needs and priorities
- While presenting, it is suggested to take centre stage – do not hide behind a podium or desk. Face the audience when speaking, not the board or screen. Make eye contact with trainees in all sections of the audience, speak slowly and clearly, and loud enough for everyone to understand and hear. Use natural gestures and facial expressions while avoiding blocking the participants' view
- While discussing, involve all participants. Ask the quiet ones questions. Control the talkative ones. Move around the room - approach people to get their attention or response and use participants' names
- Repeat the participant's responses when it is likely that not everyone heard it. Respond encouragingly to all the answers - correct errors gently. Reinforce participants by thanking them for comments and praising good ideas. Respond adequately to questions - offer to seek answers if not known
- Handle incorrect or off-the-subject comments tactfully
- For group activities, explain clearly the purpose of the activity, what participants have to do, and the time limit

KEY THINGS TO REMEMBER AS A FACILITATOR

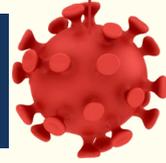
Do

- ▲ Be flexible. Scheduling may have to change depending on the need of the participants
- ▲ Use different teaching methods to enhance participation and retain interest
- ▲ Ensure that teaching materials like hand-outs; charts, etc. are available before the beginning of the session
- ▲ Respect participants' local knowledge
- ▲ Encourage participants to present

Don't

- ▼ Read directly from the PowerPoint presentation – instead, use it as cue cards to elaborate on relevant points
- ▼ Make it a boring experience for participants – intersperse the sessions with energizers/games
- ▼ Speak more than the participants – instead, let the participants brainstorm and discuss
- ▼ Allow distractions like cell phones and chatting among participants
- ▼ Let one person dominate discussions

SESSIONS



SESSION 1: SETTING THE CONTEXT

Time

1 hr

Material Required

Post-It

White board for sticking post-its and facilitators' notes

Flipchart with colour markers

PPT for overview

Pre Training Assessment Questionnaire

Laptop and LCD Projector

Objective

By the end of the session, the participants will introduce themselves to each other and the facilitator, and they will also understand the objectives of the 2-day training program.

Methodology

1. **Introduction (20 mins):** Conduct an ice-breaker to help the participants introduce themselves to each other and get comfortable.
 - a. Divide the participants into groups of 5-6 members.
 - b. Ask them to introduce themselves to each other and discover what they have in common.
 - c. They may also include interesting characteristics that are unique to themselves in these introductions.
 - d. This icebreaker promotes unity as it gets people to realize that they have more in common with their peers than they realize.
2. **Expectations from the training (15 mins)**
 - a. Give each participant a post-it note
 - b. Ask them to answer in one sentence "What are your expectations from the training program today?"
 - c. They should stick this post-it on a board and the facilitator can group the answers into major themes or simply read the post-its aloud.
 - d. The expectations that do not match the agenda of the training can be kept under a spot titled "parking lot". You can address this later or state that it is outside the scope of this training.
 - e. Be sure to check the expectations board at the end of your training program to see if you have covered them all.

- f. Training objectives and overview (5 mins)
3. **On PPT (10 mins):** Highlight the objectives and overview of the 2-day training program.
- a. Among the TB affected, people living with HIV, sex-workers, trans-gender people, migrants and others who are COVID-19 survivors, to:
 - › Build treatment literacy
 - › Capacitate
 - › Enhance advocacy skills
 - › To advocate for early COVID-19 diagnosis and treatment
 - b. To develop, advocate and generate specific messages on COVID-19 testing and diagnostics.
 - c. To disseminate advocacy and treatment literacy materials.
4. **Ground rules (5 mins)**
- a. Interact with participants to list down ground rules to be followed during the training so that there is maximum learning.
 - b. Note their suggestions on a flipchart and put it up on one side of the hall.
 - c. The facilitator may add their own ground-rules, as necessary.
5. **Pre Training Assessment Questionnaire (15 mins)**
- a. Request the participants to complete the Pre Training Assessment Questionnaire.
 - b. Inform participants that a similar Post Training Assessment Questionnaire will also be administered after the last session in this training.
 - c. Note that this is not an examination, but a method to measure the learning and effectiveness of the training.

SESSION 2: ALL ABOUT COVID-19 (PART 1)

SYMPTOMS, EXPOSURE, IMPACT, VACCINES

Time

2 hrs

Material Required

Chocolates as reward

PPT with facts on COVID-19 as instructed in the methodology below

Handout A: Self-Assess your Risk of Getting COVID-19

Video playing facility

Laptop, LCD projector, speakers

Flipchart, colour markers

Objective

By the end of the session, the participants will understand about COVID-19, its symptoms, risk-reduction, long-term effects, exposure and risks and vaccines available to reduce the impact of COVID-19.

Methodology

1. Introduction (20 mins)

- a. Quiz-game to stimulate a mutual understanding of COVID-19 within the group and to provide more information as needed. This game is intended to be a quick revision of known COVID-19 facts.
- b. Prepare 8 to 10 questions on simple facts about COVID-19 in advance. Ask participants to provide answers to these questions. The participant with the greatest number of correct/ballpark answers receives rewards.
- c. Sample questions:
 - › What is COVID-19? 
 - › How does COVID-19 spread? 
 - › How does one reduce the risk of contracting and spreading COVID-19?
 - › What are some of the symptoms of COVID-19?
 - › Are there any long-term effects of COVID-19?
 - › What do you do if you get exposed to COVID-19? 
 - › Which vaccines are available for COVID-19?
 - › What tests should be done to see if someone has COVID-19?

- › How long does it take to develop symptoms of COVID-19?

2. **PPT with explanations to the questions asked (60 mins):** Each question asked above will now be covered in theory.

- Ask the participants to recount their response to “What is COVID-19”? After they reiterate their answer, provide this response on the PPT and expand as needed.
 - › COVID-19 is a disease caused by a new coronavirus called SARS-CoV-2. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of ‘viral pneumonia’ in Wuhan, People’s Republic of China
- Ask participants to recount their response to “How does COVID-19 spread?” After they reiterate their answer, provide this response on the PPT and expand as needed.
 - › The virus spreads mainly between people who are in close contact with each other
 - › The virus can spread from an infected person’s mouth or nose through small liquid particles when they cough, sneeze, speak, sing or breathe
 - › Another person can then contract the virus when infectious particles that pass through the air are inhaled
 - › The virus can spread if infectious particles come into direct contact with the eyes, nose, or mouth
 - › The virus can also spread in poorly ventilated and/or crowded indoor settings, where people tend to spend longer periods of time
 - › People may also become infected when touching their eyes, nose or mouth after touching surfaces or objects that have been contaminated by the virus
- Ask participants to recount their response to “How does one reduce the risk of contracting and spreading COVID-19?” After they reiterate their answer, provide this response on the PPT and expand as needed.
 - › Follow basic precautions given by national, regional and local authorities
 - › Practise physical distancing
 - › Wear a mask
 - › Avoid crowded places
 - › Ventilation is important
 - › Avoid touching surfaces in public places
 - › Frequently clean your hands
 - › Cover your face with a bent elbow when you cough or sneeze
 - › Get vaccinated

Facilitator's Notes

Some points to expand on the above bullet points:

- ▶ Follow basic precautions given by national, regional and local authorities. Their advice is the most relevant information for where you are
- ▶ Keep your distance. Stay at least 1 metre away from others, even if they don't appear to be sick, since people can have the virus without having symptoms
- ▶ Wear a mask. Wear a well-fitting three-layer mask, especially when you can't physically distance, or if you are indoors
- ▶ Avoid crowded places, poorly ventilated, indoor locations and avoid prolonged contact with others. Spend more time outdoors than indoors
- ▶ Ventilation is important. Open windows when indoors to increase the amount of outdoor air
- ▶ Avoid touching surfaces, especially in public settings or health facilities. Clean surfaces regularly with standard disinfectants
- ▶ Frequently clean your hands with soap and water, or an alcohol-based hand rub. If you can, carry alcohol-based rub with you and use it often
- ▶ Cover your coughs and sneezes with a bent elbow or tissue, throwing used tissues into a closed bin right away. Then wash your hands or use an alcohol-based hand rub
- ▶ Get vaccinated

- d. Ask participants to recount their response to "What are some of the symptoms of COVID-19?" After they reiterate their answer, provide this response on the PPT and expand as needed.

Common symptoms of COVID-19

- › Fever
- › Dry cough, nasal congestion
- › Fatigue

Other symptoms that are less common:

- › Loss of taste or smell, sore throat
- › Conjunctivitis (also known as red eyes)
- › Headache, muscle or joint pain,
- › Different types of skin rash,
- › Nausea or vomiting, diarrhoea,
- › Chills or dizziness

Symptoms of severe COVID-19

- › Shortness of breath
- › Loss of appetite
- › Confusion
- › Persistent pain or pressure in the chest
- › High temperature (above 38 °C/100°F)

Facilitator's Notes

People of all ages who experience fever and/or cough associated with difficulty breathing or shortness of breath, chest pain or pressure, or loss of speech or movement should seek medical care immediately. If possible, visit your doctor for a consultation.

- e. Ask participants to recount their response to “Are there any long-term effects of COVID-19?” After they reiterate their answer, provide this response on the PPT and expand as needed.
 - › Long term effects of COVID-19 also include shortness of breath, fatigue, headache, fever, muscle pain, persistent cough, loss of smell or taste, depression, confusion

Facilitator's Notes

Some people who have had COVID-19 whether they need hospitalization or not, continue to experience symptoms, including fatigue, respiratory and neurological symptoms for weeks or months.

- f. Ask the participants to recount their response to “What do you do if you get exposed to COVID-19”? After they reiterate their answer, provide this response on the PPT and expand as needed.
 - › Go to your doctor and ask for a test to be done
 - › If testing is not available, stay home and away from others for 14 days
 - › While you are in quarantine, do not go to work, to school or to public places. Ask someone to bring you supplies
 - › Keep at least a 1-metre distance from others, even from your family members
 - › Wear a medical mask to protect others, including if/when you need to seek medical care
 - › Clean your hands frequently
 - › Keep the room well-ventilated

- › Stay in a separate room from other family members, and if not possible, wear a medical-grade mask
 - › Monitor yourself for any symptoms for 14 days
 - › Try to stay positive by keeping in touch with loved ones by phone or online
- g. Ask the participants to recount their response to “Which vaccines are available for COVID-19”? After they reiterate their answer, provide this response on the PPT and expand as needed.
- › The first mass vaccination programme started in early December 2020
 - › At least 13 different vaccines (worldwide) have been administered
 - › The Pfizer/BioNtech Comirnaty vaccine
 - › The SII/Covishield and AstraZeneca/AZD1222 vaccines
 - › The Janssen/Ad26.COV 2.S
 - › The Moderna COVID-19 vaccine
 - › Sinovac COVID-19 vaccine
 - › The Sinopharm COVID-19 vaccine developed in China



Facilitator's Notes

Once vaccines are demonstrated to be safe and efficacious, they must be approved by national regulators, manufactured to exacting standards, and distributed. WHO is working with partners around the world to help coordinate key steps in this process, including to facilitate equitable access to safe and effective COVID-19 vaccines for billions of people who need them.

- h. Ask the participants to recount their response to “What tests should be done to see if someone has COVID-19”? After they reiterate their answer, provide this response on the PPT and expand as needed.
- › Polymerase chain reaction (PCR) is the most commonly used molecular test
 - › Samples are collected from the nose and/or throat with a swab
 - › A molecular test is used to confirm an active infection, usually within a few days of exposure and around the time that symptoms may begin

- › Rapid antigen tests (sometimes known as a rapid diagnostic test – RDT) detect viral proteins (known as antigens)
 - › Samples are collected from the nose and/or throat with a swab
 - › These tests are cheaper than PCR and will offer results more quickly, although they are generally less accurate
 - › These tests perform best when there is more virus circulating in the community and when sampled from an individual during the time they are most infectious
- i. Ask the participants to recount their response to “How long does it take to develop symptoms of COVID-19”? After they reiterate their answer, provide this response on the PPT and expand as needed.
- › The time from exposure to COVID-19 to the moment when symptoms begin is, on average, 5-6 days and can range from 1-14 days
 - › People who have been exposed to the virus are advised to main at home and stay away from others for 14 days in order to prevent the spread of the virus, especially where testing is not easily available
- j. A method to get participants involved with their own risk assessment so that they can enable others in the community to stay safe and informed. It is also a method to see if the participants have taken in the information and training given so far.
- › Pass Handout A to the participants
- k. Watch the video of appropriate behaviour to ensure that you stay protected (in Hindi, 2 mins): <https://www.youtube.com/watch?v=mRqloAq4hu4>
- l. End this session with questions, clarifications or thoughts thus far (10 mins).

SESSION 3: ALL ABOUT COVID-19 (PART 2)

TRANSMISSION, MYTHS, CARE

Time

2 hrs

Material Required

Chocolates as gifts

Case studies

Video playing facility

LCD, projector, speakers

Handout B: What to do if Someone is Sick in your Household

Handout C: How to Communicate with COVID-19 Suspected or Confirmed Cases

Handout D: Home Care for COVID-19: Guide for Family and Caregivers

Flipchart with markers

Objective

By the end of the session, the participants will learn extensively about COVID-19, its transmission, high risk groups, treatment involved, facts & myths and communicating with those who are affected and who are caregivers.

Methodology

1. **Chinese Whispers:** Begin the session with a game to ensure there is no monotony.
 - a. Divide the participants into groups of 10 and make them stand beside each other in a straight line. The person at the head of each line is given one phrase via a chit. Take the chit back after they read it. They are to whisper the phrase **once** to the person next to them until it reaches the last person in the line (via whispers only). The team that successfully passes the correct message down to the last person wins prizes. Phrases must be the same for all teams. Some sample phrases to write down on a chit are:
 - › Ventilation is important. Open windows when indoors to increase air circulation
 - › Stay positive by keeping in touch with loved ones by phone or online
 - › While you are in quarantine, do not go to work, to school or to public places. Ask someone to bring you supplies
2. **The following video can be played as a recap to all the information shared (10 mins):** Recap on COVID-19 https://www.youtube.com/watch?v=VK_d0Bt-ApY. Ask participants if they have any questions before you continue.

3. **Case Studies:** Use case studies to discuss knowledge, practice and attitude. Facilitator can narrate the following case studies:

a. **Case Study 1**

Shabana, aged 67, lives alone. She is meticulous with taking her medication for diabetes and hypertension and visits her doctor for regular health checkups. Since the first reported case of COVID-19, she has not left her home without a N-95 mask securely on and always carries a hand sanitizer in her purse. She was very happy when her grandchildren called to tell her that they were coming to visit her. She prepared their favorite sweets and made up the guest room for them. She even insisted that her youngest grandchild, 6-year-old Sher, visit even though he was complaining of a sore throat. She pampered them during the visit and told them bedtime stories. A week after her grandchildren's visit, Shabana tested positive for COVID-19.

b. **Case Study 2**

Pankaj, aged 28, attended the sangeet for his friend's wedding. Him and the groom's friends danced, cheered and had a fun night. The next day, while getting ready for the wedding reception, Pankaj started to feel tired and had a slight cough. He blamed the dancing and cheering the previous night for his symptoms. At the wedding, he mingled with the guests and the bride and groom. Some days later, Pankaj and many other wedding guests tested positive for COVID-19.

4. **Continuing from the last session (60 mins)**

a. Begin the discussion on when infected people transmit the virus. Draw some responses. [Start the PPT on when infected people transmit the virus:](#)

- › Whether or not they have symptoms, infected people can be contagious and the virus can spread from them to other people
- › Laboratory data suggests that infected people appear to be most infectious just before they develop symptoms (namely 2 days before they develop symptoms) and early in their illness
- › People who develop severe disease can be infectious for longer

Facilitator's Notes

While someone who never develops symptoms can pass the virus on to others, it is still unclear how frequently this occurs. More research is needed in this area.

b. **On PPT:** Advice regarding high-risk groups.

› **Children**

- During the COVID-19 pandemic it is even more important to protect children from the flu
- Children under 5 are at more risk of severe disease or complications following an influenza infection

- Symptoms to watch out for and seek immediate medical attention: high fever, blue lips, rapid breathing, chest pain, severe muscle pain, severe vomiting, dehydration, not interacting when awake, unable to drink or breast-feed, lethargy, seizures

› Pregnant women

- How does COVID-19 infection in pregnant women affect the baby?
 - Most (over 95%) newborns of COVID-19 positive mothers have been in good condition at birth
 - In some cases, COVID-19 infection is pregnancy may increase the possibility of pre-mature delivery, baby's weight might be less than 2.5 kg and in rare situations, baby might die before birth
- Which pregnant women are at a higher risk of developing complications after COVID-19 infection?
 - Older than 35 years of age
 - Obese women
 - Have an underlying medical condition such as diabetes or high blood pressure
 - Have a history of clotting in the limbs
- Are there any side effects of COVID-19 vaccines that can either harm the pregnant woman or her foetus?
 - The COVID-19 vaccines available are safe and vaccination protects pregnant women against COVID-19 illness/disease like other individuals
 - Like any medicine, a vaccine may have side effects which are normally mild. After getting the vaccine injection, she can get mild fever, pain at the injection site or feel unwell for 1-3 days
 - The long-term adverse effects and safety of the vaccine for foetus and child is not established yet
 - Very rarely (1 in 1-5 lakh persons), the pregnant women may experience some of the symptoms within 20 days after getting the COVID-19 vaccination which may require immediate attention



- › Health workers
 - Protection against flu is critical. Flu vaccines will reduce risk of infection
 - › Signs older adults, pregnant women, people with chronic health conditions and those living in an area with other infectious diseases, should watch out for
 - If adults are 60 years or older and experiencing flu like symptoms, medical attention is needed
 - Symptoms such as returning fever, loss of speech or mobility, difficulty in breathing, pain or pressure in the chest or abdomen, dizziness or confusion, seizures, severe muscle pain, not urinating, weakness or unsteadiness, worsening of chronic medical conditions
 - Decreased or no movement of baby, in case of pregnant women
- c. **Discussion (15 mins):** Pass out Handout B on what to do if someone is sick in your household and discuss it with the participants through questions and answers.

Facilitator's Notes

Among those who develop symptoms, about 80% recover from the disease without needing hospital treatment. About 15% become seriously ill and require oxygen and 5% become critically ill and need intensive care. Complications leading to death may include respiratory failure, acute respiratory distress syndrome (ARDS), sepsis and septic shock, thrombo-embolism, and/or multi-organ failure, including injury of the heart, liver or kidneys. In rare situations, children can develop a severe inflammatory syndrome a few weeks after the infection.

- d. **On PPT (30 mins):** Treatment for someone who is diagnosed with COVID-19.
- › Scientists around the world are working to find and develop treatments for COVID-19
 - › Optimal supportive care includes oxygen for severely ill people, advanced respiratory support such as ventilation for people who are critically ill
 - › Dexamethasone is a corticosteroid that can help reduce the length of time on a ventilator and save lives of people with severe and critical illness

Facilitator's Notes

Corticosteroids are lifesaving medicines recommended for persons with severe or critical COVID-19. They should be given along with current standard of care for COVID-19 that includes oxygen and other medications. They should not be given to persons with non-severe COVID-19, as it could be harmful to them. A person has severe COVID-19 when they have signs of pneumonia, severe respiratory distress, and low blood oxygen level. A person has critical

COVID-19 when they need life sustaining treatment, have acute respiratory distress syndrome, or have septic shock (evidence of injury to other organs).

- › Vitamin and mineral supplements cannot cure COVID-19. Micronutrients, such as vitamin D, vitamin C and zinc, are critical for a well functioning immune system and play a vital role in promoting health and nutritional wellbeing
- › There is currently no guidance on the use of micronutrient supplements as a treatment for COVID-19
- › Antibiotics do not work against viruses; they work on bacterial infections

Facilitator's Notes

COVID-19 is caused by a virus. Hence, antibiotics should not be used to prevent or treat COVID-19. In hospitals, physicians may use antibiotics to prevent or treat secondary bacterial infections that can be a complication of COVID-19 in severely ill people. They should only be used as directed by a physician to treat a bacterial infection. WHO does not recommend self-medication, including antibiotics, as a prevention or cure for COVID-19. WHO is coordinating efforts to develop treatments for COVID-19 and will continue to provide new information as it becomes available.

e. On PPT: Answer True or False to the statements provided.

- › Hand sanitizers can be used often (True)
- › Alcohol based sanitizers are safe for everyone to use (True)

Facilitator's Notes

Alcohols in sanitizers have not been shown to create any relevant health issues. Little alcohol is absorbed into the skin. Accidental swallowing and intoxication have been described in rare cases.

- › Alcohol-based sanitizers can be used in religions where alcohol is prohibited (True)

Facilitator's Notes

Substances developed to alleviate illness or contribute to better health are permitted by the Qur'an, including alcohol used as a medical agent.

- › The amount of alcohol-based sanitizer you use, matters (True)

Facilitator's Notes

Apply a coin-size full of alcohol-based sanitizer to cover all surfaces of your hands. Rub your hands together using the right technique until they are dry. The entire procedure should last 20-30 seconds.

- › It is safer to clean your hands and not wear gloves (True)

Facilitator's Notes

Wearing gloves risks transferring germs from one surface to another and contaminating your hands when removing them. Wearing gloves does not replace cleaning hands. Health workers wear gloves only for specific tasks.

- › Antibiotics cannot prevent or treat COVID-19 (True)

Facilitator's Notes

Antibiotics work only against bacteria, not viruses. COVID-19 is caused by a virus, and therefore antibiotics should not be used for prevention or treatment. Some people who become ill with COVID-19 can also develop a bacterial infection as a complication. In this case, antibiotics may be recommended by a health care provider.

- › The COVID-19 virus can spread in hot and humid climates (True)

Facilitator's Notes

The Covid-19 virus is transmitted in hot and humid climates. You can catch COVID-19 no matter the weather. Countries with hot weather have reported cases of COVID-19. To protect yourself, make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth, and nose.

- › Drinking methanol, ethanol or bleach does not prevent or cure COVID-19 and can be extremely dangerous (True)

Facilitator's Notes

Methanol, ethanol, and bleach are poisons that are sometimes used in cleaning products to kill virus on surfaces.. Drinking them will not kill the virus in your body! It will harm your internal organs and can lead to disability and death.

- › Adding pepper or chilli soups and food does not prevent cure COVID-19 (True)

Facilitator's Notes

Hot peppers in your food, though very tasty, cannot prevent or cure COVID-19. The best way to protect yourself against the new coronavirus is to keep at least 1 metre away from others and to wash your hands frequently and thoroughly. It is also beneficial for your general health to maintain a balanced diet, stay well hydrated, exercise regularly and sleep well.

- › The likelihood of shoes spreading COVID-19 is very low (True)

Facilitator's Notes

As a precautionary measure, particularly in homes where infants and small children crawl or play on floors, consider leaving your shoes at the entrance of your home. This will help prevent contact with dirt or any waste that could be carried on the soles of shoes.

- Pass Handout C to the participants. **On PPT (30 mins):** How to communicate with people who have or are suspected of having COVID-19.
 - › Be respectful, polite and empathetic
 - › Be aware that they may be stressed or afraid
 - › Listen to their questions or concerns
 - › Answers questions correctly. Where you do not know the answer, acknowledge it and assure them that you will check and get back
 - › Share any approved pamphlets or information
 - › Explain procedures such as testing, isolation, limited visitors etc.
- Pass Handout D to the participants.
- End with a question and answer session (10 mins).

SESSION 4: WHAT CAN I DO?

HUMAN RIGHTS & NEEDS, COUNSELLING

Time

2.5 hrs

Material Required

Flipchart with markers

PPT

Handout E: COVID-19 Parenting: Keep Calm and Manage Stress

LCD, Projector, speakers

Objective

By the end of this session, the participants will understand the various human right violations that persons with COVID-19 undergo and the needs that should be advocated for. Participants will also understand some approaches to support persons with COVID-19.

Methodology

1. **Stigma and discrimination (20 mins):** Let's grow a tree.
 - a. Divide the participants into groups of 6 members each and provide each group with chart paper and markers.
 - b. Instruct each group to draw a tree and list down the following as different parts of the tree:
 - › Roots - causes of stigma
 - › Trunk and branches - actions of stigma
 - › Fruits and flowers - consequences of stigma
 - c. Each group is given 2-3 minutes to present key points of their discussions and clearly identifying the causes, actions and consequences of stigma.

Facilitator's Notes

- ▶ Stigma is discrimination against an identifiable group of people, place, or nation.
- ▶ Stigma is associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumours and myths.
- ▶ No single person or group of people are more likely than others to spread COVID-19.

- ▶ Fear and anxiety about a disease can lead to social stigma, which is negative attitudes and beliefs toward people, places, or things.
- ▶ Stigma can lead to labelling, stereotyping, discrimination, and other negative behaviours towards others.
- ▶ For example, stigma and discrimination can occur when people begin to link a disease, such as COVID-19, with a population, community, or nationality.
- ▶ Stigma can also happen after a person has recovered from COVID-19 or been released from home isolation or quarantine.
- ▶ Some groups that have experienced stigma- certain racial and ethnic groups, emergency responders and healthcare workers, people who have tested positive for COVID-19 and are recovering, people who have disabilities and have trouble following instructions.
- ▶ Stigma hurts everyone by creating more fear or anger towards ordinary people instead of focusing on the disease that is causing the problem.
- ▶ Stigma can also make people more likely to hide symptoms or illness, keep them from seeking health care immediately, and prevent individuals from adopting healthy behaviours.
- ▶ This means that stigma can make it more difficult to control the spread of an outbreak.

2. **PPT on human rights (15 mins).** Ensure sufficient time is spent on Q&A related to the subject of violence against women.

- a. Existing gender and social inequalities are heightened by COVID-19 and are impacting girls and women in different ways to men and boys.
- b. Reports have highlighted that the stay-at-home measures are placing women at risk of/ or in abusive relationships at increased risk of domestic or intimate partner violence.
- c. Violence against women and girls is an abject violation of human rights.
- d. The health sector can take some steps to mitigate the harms caused by violence, including providing psychological/first-line support and facilitating access to other support services.

3. **PPT on support for vulnerable populations (30 mins).** Ensure sufficient time is spent on Q&A related to the subject of support to vulnerable communities.

- a. According to current guidance, the health risk from COVID-19 to older adults and people with certain pre-existing conditions is considered to be greater than that of the general population.
- b. People of all ages, may have greater vulnerability to COVID-19 depending on:
 - › Living arrangements

- › Children or adolescents at risk of abuse
 - › LGBTQ+ persons living in poverty or discrimination
 - › Financial instability
 - › Lack of specific safeguards impacting their risk of infection, such as persons with disabilities
 - › People who are homeless, refugees, migrants, and prisoners
- c. Evidence shows that violence can increase during and in the aftermath of disease outbreaks.
- d. In several other countries there appears to be a decline in the reported numbers of child abuse victims and women survivors seeking help (in-person or remotely) since lockdown measures were implemented. This is most likely due to the inability to report.
- e. Ask participants this question and solicit responses on the flipchart. Then project on PPT: Why is violence in the home most likely to increase during the COVID-19 pandemic?
- › Increased time spent with abusers in the family
 - › Stress such as economic uncertainty and job loss
 - › Limited or no-access to protective support
 - › Confinement can result in consumption of alcohol or other substances associated with perpetration of violence

Facilitator's Notes

These groups are among the world's most marginalized and stigmatized. Not paying explicit attention to their needs and vulnerabilities subjects them to a higher risk of infection and undermines the broader COVID-19 response. Human rights guarantees and protections require special measures to ensure protection from discrimination and to ensure access to information, social services, health care, social inclusion, and education for vulnerable groups in national COVID-19 responses. Although less reported, this combination of increased risk of violence and reduced ability to obtain help is likely to be similar for older people experiencing abuse and neglect.

- f. **On PPT:** Statistics of violence and abuse during COVID-19.
- › 10-50% increase in domestic violence helpline calls in some countries
 - › 3 times increase in intimate partner violence reports in Hubei province of China
 - › 92,000 child abuse reports to one helpline in India
 - › 10 times increase in abuse and neglect of older people in some settings

4. **PPT on advocacy needs (30 mins).** Addressing community leaders and public health officials can help prevent stigma and ensure human rights are upheld by:
 - a. Maintaining privacy and confidentiality

Facilitator's Notes

Maintaining the privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation.

- b. Quick communication

Facilitator's Notes

Quickly communicating the risk, or lack of risk, from contact with products, people, and places.

- c. Correcting negative language and behaviours

Facilitator's Notes

Correcting negative language that can cause stigma by sharing accurate information about how the virus spreads. This includes speaking out against negative behaviours and statements, including those on social media.

- d. Using visual representation of diverse communities in all communication materials

Facilitator's Notes

Images used in communications should show diverse communities and should not reinforce stereotypes.

- e. Use of all forms of media to communicate

Facilitator's Notes

Using media channels, including news media and social media, to speak out against stereotyping groups of people who experience stigma because of COVID-19.

- f. Appreciating those involved

Facilitator's Notes

Thanking healthcare workers, responders, and other front line workers.

- g. Ensuring communication regarding restrictions are made in a timely manner and lifted in a timely manner

Facilitator's Notes

Human rights require that countries demonstrate that restrictive measures are necessary to curb the spread of infectious diseases in order to ultimately promote the health, rights and freedoms of individuals. If the original rationale for imposing a restriction no longer applies, the restriction should be lifted without delay. Not conforming to these safeguards runs the risk of a range of human rights violations of the most vulnerable and will ultimately undermine the larger public health objectives.

- 5. **Ask participants to call out methods that can be used to counter violence among vulnerable communities and put them down on a flipchart (15 mins).** Use the information below to add to their recommendations and methods.
 - a. Include violence prevention and response in pandemic preparedness.
 - b. Inform the public about the availability of services to prevent and respond to violence via multiple channels.
 - c. Offer multiple means of contact for help lines including phone, text message, chat, or silent calls.
 - d. Collaborate with other sectors, such as criminal justice, health, and social services to address violence.
 - e. Maintain programmes and services for mental health and the prevention of alcohol and substance use.
 - f. Provide advice on stress management, positive coping strategies, and positive parenting.
 - g. Prioritize home visits and contacts with vulnerable populations.
 - h. Support services and mental health resources availability.

Facilitator's Notes

Suggest virtual resources for mental health or other social support services for people who have experienced stigma or discrimination.

- 6. **Counselling:** Skills needed to support people in need of counselling related to COVID-19. **On PPT (15mins):**

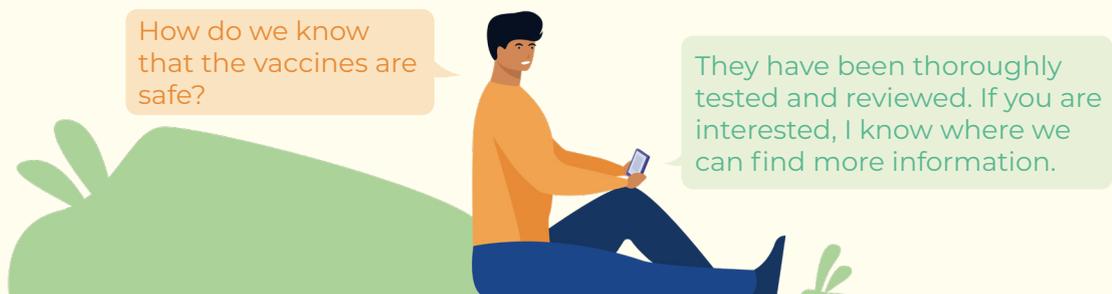
- a. Listen with empathy and acknowledge how they are feeling.



- b. Ask open-ended questions to help you understand their concerns.



- c. Share trusted information. Visit the WHO website or chat with your doctor or nurse to find answers to common questions.



- d. Explore reasons for wanting to get vaccinated. Share your motivations and what helped you overcome any concerns.



* Adapted from an infographic by WHO

7. **Handout E:** Pass to all participants.

Facilitator's Notes

Although the title of this handout suggests it is for children, tips in this handout can be used to manage stress and promote calm in adults.

SESSION 5: ADVOCACY AND STAKEHOLDERS

BASICS, STAKEHOLDER MAPPING, FRAMEWORK

Time

2.5 hrs

Material Required

Flipchart with markers

PowerPoint presentation

Handout F: Advocacy Framework

Laptop, LCD projector, speakers

Objective

By the end of this session, participants will be able to define advocacy, list the steps of advocacy, differentiate between the types of advocacies and describe various advocacy tools.

Methodology

1. **Understanding advocacy (60 mins):** Brainstorming.
 - a. Ask participants to reflect on the term 'advocacy' and ask them to provide one word each that best defines advocacy. Make a note of the terms that emerge and supplement with the standard definitions of advocacy.

Facilitator's Notes

Advocacy denotes activities designed to place the specific issue response high on the political and development agenda, foster political will, increase financial and other resources on a sustainable basis, and hold authorities accountable to ensure that pledges are fulfilled, and results are achieved.

- b. **On PPT:** Advocacy often focuses on influencing policymakers, funding agencies and international decision making bodies through a variety of channels: conferences, summits and symposia, celebrity spokespeople, meetings between various levels of government and civil society organizations, news coverage, official memoranda of understanding, parliamentary debates and other political events, partnership meetings, patients' organizations, press conferences, etc.
- c. Differentiate between the two main types of advocacy: reactive and proactive advocacy, with the help of the following discussion points:
 - › **On PPT:** Types of Advocacy - While reactive advocacy is based on

responding to events after they have happened, the proactive approach focuses on eliminating problems before they have a chance to appear

Facilitator's Notes

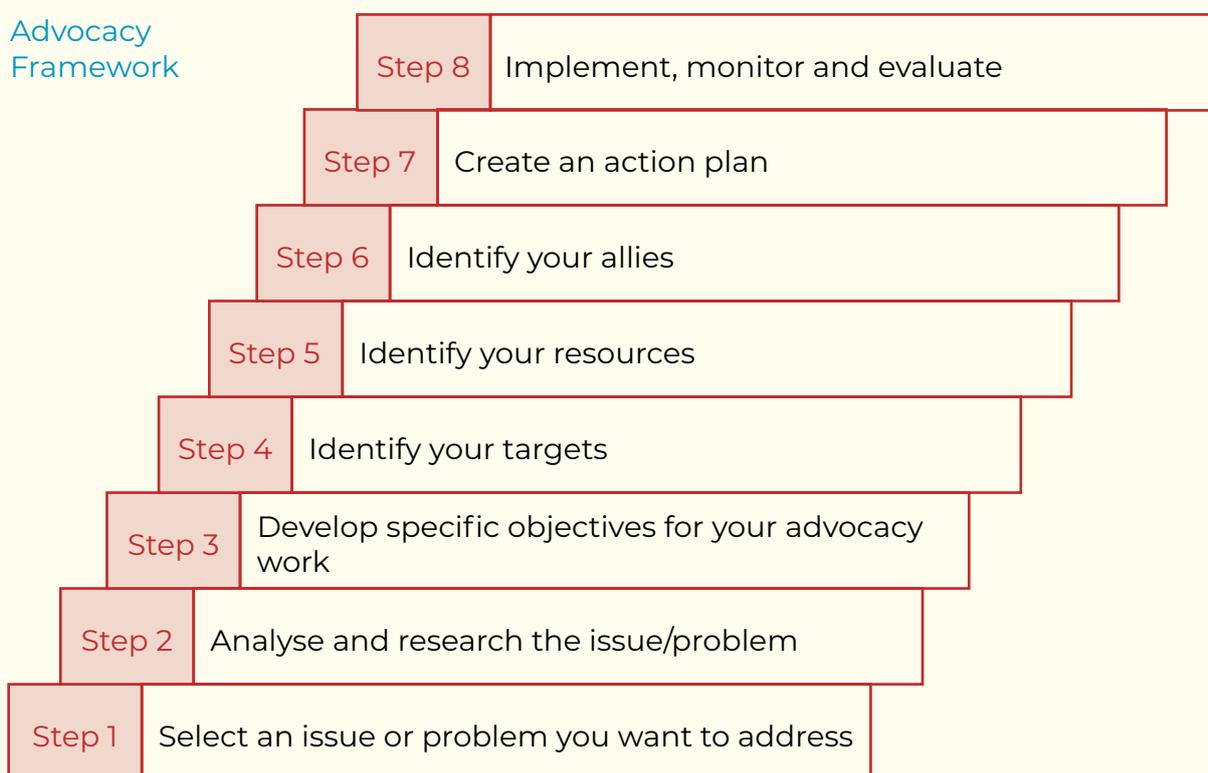
Ask participants for examples of advocacy they have been involved with (or have heard about) and identify whether they were reactive or proactive.

- d. On PPT: Advocacy can take on various forms such as
- › **Policy Advocacy:** Informs politicians, etc. on how an issue will affect the country; requests specific actions to improve laws and policies
 - › **Program Advocacy:** Targets opinion leaders at the national/community level to take action
 - › **Media Advocacy:** Validates the relevance of a subject; puts issues on the public agenda, prompts the media to cover
- e. Project or distribute the following suggested framework for advocacy:

Facilitator's Notes

An alternative method would be to note the steps incrementally on a flipchart and pause between steps to explain the details given in the next point (f). The Advocacy Framework may be provided to the participants.

Advocacy Framework



* Adapted from an advocacy framework developed by the Int'l HIV/AIDS Alliance

- f. **On PPT: Advocacy Framework.** Walk the participants through each step of the process, while asking for responses regarding each step and how it can be used for COVID-19 related advocacy. Take time to brainstorm and process how these steps would actually apply to them in their work.
- › **Select an issue or problem you want to address**
 - Prioritize the most urgent issue requiring advocacy for which you have the appropriate resources and knowledge
 - Discuss why you want to take up the issue and what you hope to achieve
 - › **Analyse and research the issue/problem**
 - Gather as much information about the issue as possible
 - What are the key areas you want to focus on? Are there existing advocacy efforts to address these? How much documented evidence is available?
 - What kind of evidence can be used for advocacy? Photographs, testimonies, official records, correspondence, etc.
 - How can these be used?
 - › **Develop specific objectives for your advocacy work**
 - Objectives should be clear and focused
 - Should be a specific statement that clearly describes results that will be pursued within a specific period (specific, measurable, achievable, realistic and time-bound)
 - › **Identify your targets**
 - Primary target audience includes decision makers who have the authority to bring about desired change
 - Secondary target audience includes persons who have access to and are able to influence primary target audience – like other policy makers, community leaders, friends, relatives, media, religious leaders, etc.
 - Identify individuals in the target audience and their positions – determining whether they support, oppose or are neutral to the advocacy issue
 - › **Identify your resources**
 - Resources can include people and funds – not all advocacy initiatives require funding
 - What are the internal resources you have? Can you also access external resources?
 - › **Identify your allies**
 - Potential allies may include other organisations or community groups

- Building a wide support base is essential, as is working in collaboration with other partners – can help pulling together resources, approaching decision makers and rallying supporters
- › **Create an action plan**
 - Create an action plan to guide the advocacy process. This should include details of activities, timelines and allocation of responsibilities
- › **Implement, monitor and evaluate**
 - Build in monitoring and evaluation as an ongoing component to the advocacy strategy
 - Periodically review each step in your plan and determine whether it was implemented effectively, or if course corrections are required

2. Introduction to Advocacy tools (30 mins):

- a. Take the participants through the various tools of advocacy. **On PPT:** Various tools of advocacy include:
 - › **Information:** Gathering, managing and disseminating information lays the basis for determining the direction of an advocacy campaign. Research is one way of gathering information
 - › **Research:** Conducting research and policy analysis uses information from various sources and develops it into policy options that become the key content of an advocacy campaign
 - › **Media:** Various media are used to communicate the campaign's message(s) to the different stakeholders
 - › **Social Mobilization:** Mobilizing the broadest possible support from a range of stakeholders, including the public at large, is essential to building the influence of the campaign
 - › **Influencing:** Convincing decision-makers who have the power to make desired changes involves a set of special knowledge and skills
 - › **Litigation:** Sometimes, using the court system to challenge a policy or law can reinforce an advocacy campaign
 - › **Networks, Alliances and Coalitions:** Sharing of information and resources, and strength in unity and commonality of purpose are key to the success of advocacy work

Facilitator's Notes

These can translate into actions that the community could take up, such as:

- ▶ Hold a public panel discussion
- ▶ Arrange face-to-face meetings with advocacy targets
- ▶ Arrange a formal phone call with specific asks

- ▶ Write letters and emails to decision-makers
- ▶ Write a petition
- ▶ Use social media platforms like Twitter, Facebook and WhatsApp
- ▶ Use audio-visual media
- ▶ Organize a media stunt or public protest
- ▶ Write a press release
- ▶ Organize rallies
- ▶ Hold a press conference

Provide a few tips on what should be kept in mind while developing advocacy strategies or conducting advocacy initiatives.

- ▶ Advocacy is a process to bring about change in the policies, laws and practices of influential individuals, groups and institutions
- ▶ Advocacy is a process of change- a series of activities linked to a defined goal – and not just a one-off event.
- ▶ Advocacy consists of more than one strategy or activity. It entails the implementation of various strategies and activities over time, with creativity and persistence
- ▶ Advocacy victories are often preceded by numerous failures. It is important not to give up, to learn from our mistakes and continually strengthen an organization in its social power and technical capacity
- ▶ Advocacy combines various complementary initiatives to achieve an objective. It influences policy-makers, funders and decision-makers through a variety of channels. It seeks to ensure that governments are committed to implementing COVID-19 policies and activities
- ▶ Advocacy can be written, spoken, sung or acted. It can also vary in the time it takes – from a few minutes to several years. We can do advocacy on our own or with others. It is possible to advocate for other people or for our own selves

3. Stakeholder analysis (60 mins): Understanding our stakeholders. Facilitate an open discussion about the different kinds of people and institutions that the community of people affected by COVID-19 can and should work with, based on the following discussion points:

- a. Who are stakeholders?

Facilitator's Notes

Stakeholders: persons or groups with an interest in our project or campaign.

- b. What is the objective of stakeholder analysis?

Facilitator Notes

To map the importance of the issue to each stakeholder and their level of influence.

- c. Divide participants into groups consisting of 6-7 members in each group. Provide each group with a chart paper and permanent markers.

Facilitator's Notes

Identify Your Stakeholders: Start by brainstorming who the stakeholders are. Ask participants to make a list (on separate post-it notes) of all the people who are affected by their work, how they have influence or power over it, or have an interest in it. Stakeholders can be both organizations and people, but it is important to identify the correct individual stakeholders within a stakeholder organization.

- d. Group members are asked to first list all relevant stakeholders and then come to a consensus on assigning each of the stakeholders to the appropriate levels in the pyramid according to the following sequence:
- › **Bottom Level:** least influential
 - › **Mid-Level:** fairly influential
 - › **Top Level:** most influential

On PPT:



- e. **On PPT:** Revisit the advocacy tools described in the previous session and ask participants to discuss which tools can be used for different levels of stakeholders identified. The following template may be used as an example:
- › Key stakeholders

- › Appropriate tools
- › Key Messages
- f. Ask one spokesperson from each group to present a brief report on the group work to the larger group. Do ask participants to comment on the presentations made by other groups.
- g. Summarize the session with questions and responses and any further clarifications.

SESSION 6: COMMUNICATION AND TOOLS

Time

1 hr

Material Required

LCD projector, laptop

Flipchart and white board with markers

Post-its

Handout G: Communications and Developing Skills for Social Media

Handout H: Social Media Advocacy and Essential Skills for Success

Handout I: COVID-19 Communication and FAQs

Reward for winners

Objective

By the end of this session, participants will be able to describe how digital space can be used for advocacy and differentiate between various social media tools.

Methodology

1. **Understanding Communications (10 mins):** Brainstorming.
 - a. Ask participants to suggest words that come to mind when we think of communication. Note these on a flipchart to demonstrate the range of perspectives to communication.
 - b. Share the following points via a talk or PPT: Being able to communicate effectively is the most important of all life skills.
 - › Communication is simply the act of transferring information from one place to another, whether this be vocally/verbally (using voice)
 - › Written (using printed or digital media such as books, magazines, websites or emails)
 - › Visual (using logos, maps, charts or graphs)
 - › Non-verbal (using body language, gestures and the tone and pitch of voice)
 - › How well this information can be transmitted and received is a measure of how good our communication skills are
2. **Game: 'Jump and Earn' (10 minutes).** Ask the participants to line up on one end of the room and proceed to ask them true or false questions about social media platforms and ask them to jump towards the right if they think the answer is

true and jump towards to left if the answer is false. Audio-visual aids maybe used to make the game more interesting. Allocate points for every correct answer and hand out a prize at the end of the game.

- a. Social media is difficult to handle (Everyone gets a point for whichever answer they provide)
- b. Twitter is a micro-blogging platform (True)
- c. Facebook page and Facebook group are the same thing (False)
- d. A Tweet can have a maximum of 500 characters (False)
- e. It is okay to not have frequent and periodic activity on a social media page (False)
- f. While a Tweet can be edited after a post, a Facebook post cannot be (False)
- g. More women use Facebook compared to men (True)
- h. Facebook caters to a larger market than Twitter (True)
- i. Facebook is more popular with middle aged adults (True)
- j. Social media does not have to be engaged for advocacy (Everyone gets a point for whichever answer they provide)

3. Build on This Knowledge (30 minutes): Begin by introducing why social media can be a best buy for advocacy.

- a. **On PPT:** What is social media advocacy and how can it help you?
 - › Social media advocacy is most simply defined as leveraging your relationships with people who are supporters of your cause through social media so that they help you by sharing their enthusiasm for your company
 - › In most cases, this includes your customers, influencers, and employees
- b. Design a social media advocacy strategy in line with goals.
 - › Your social media advocacy plan should support your larger strategic objectives
 - › The more specific and concrete your goals, the more you can create a social media advocacy strategy that results in the right people viewing and sharing your content
- c. How to create a social media advocacy program that will work for you?
 - › Know your audience
 - Know your demographics – age/gender/language preferred, etc.
 - What do the audiences love/like?
 - What are the audience members passionate about?
 - Remember - you can't provide meaningful content to your audience

if you don't know what they care about

- › To understand your audience better, you have to look no further than your own social media
 - What posts do people respond to and comment on?
 - What kind of posts are met with silence?
 - Think like a detective and make a list of what's working and what is not
- › Don't ignore your employees when identifying social media advocates
- › Build a relationship with your advocates
 - It's vital to nurture the relationship you have with your advocates and show your appreciation for them
 - Use a monitoring system to reach out and identify who is sharing your content and thank them or tag them when they've shared content, participated in your groups, or engaged in your live videos
- › Reward your social media advocates in a creative way
 - If you are looking for ways to incentivize your advocates to share your content, consider offering rewards that they will appreciate
 - Such as access to webinars or training on a skill
- › Give your audience a story to tell, and help them tell it
 - Create a campaign that is humorous, useful, touches the heart, or is otherwise memorable. Your content needs to stand out and inspire
 - **Ask yourself:** What is the remarkable part of this story that would make someone turn to the person standing next to them and tell it?
- › Decide how you will measure the success of your social media advocacy
 - Your social advocacy program should be something you continually watch and measure to determine success
 - Decide what metrics you will track early on in your planning
 - Take notes of who and what is making your program most successful
 - The more you can learn from monitoring your social advocacy program, the better you can plan

4. Further, discuss the basics of choosing and using any social media platform with the aid of Handout G.

a. On PPT: Primary Options for Social Media Advocacy.

- › **Twitter:**
 - A platform to share your thoughts with followers in 140 characters or less

- You can tweet at (@) people/groups; use hashtags (#) to create or join a movement referencing certain subject matter and follow other people/groups to get different viewpoints, learn something new, and follow breaking news and what others are doing; and retweet the posts of others to share the idea or news with your followers
 - The more often you tweet and explore on Twitter, the more your follower base and subject matter will grow—getting your word out to a greater volume of people
- › Facebook:
- A platform to share your thoughts with friends and followers. Also has a “group platform” that many organizations use to communicate with other group members or grow support for a certain movement
 - You can post status updates, web links, announcements, photos, documents, etc.
 - Has a similar hashtag system to Twitter, allowing you to create or join a movement involving certain subject matter
 - Has more active users than any other platform
- › Instagram, and YouTube:
- Good resources for sharing videos and photos
- › WhatsApp
- Great way to stay connected with immediate peer group & your community
 - Effective platform for real-time communication
 - You can also use this platform to talk to people about stigma elimination

5. Address any questions, stray comments and dialogue. Pass out Handout H.

6. Networking

- a. On PPT: What is a network?
- › A network refers to an association of groups that come together to
 - Share resources, information, knowledge and skills
 - To increase each member’s strength and sharpen their skills
 - To empower institutions



- To increase collective bargaining power
 - To response better to injustices
 - And to voice the concerns of the marginalized
- › In short, it is a structure that connects people to facilitate information flow and collective action
- b. What are the types of network?
- › Issue based
 - › Areas specific
 - › Ideological (Faith based, etc.)
 - › Funder driven
- c. Why build networks for advocacy?

Facilitator's Notes

Being part of a network brings many benefits to an individual. As a practitioner and member of a network people can represent your organisation and feel shared ownership of the network, its ideas and its advocacy. People can also keep their own organisation up-to-date with new ideas and activities. Active involvement in COVID-19 networks can bring people closer to colleagues and facilitate sharing of challenging, exciting and successful activities.

There are also wider advantages that are the reasons why networks are important for effective advocacy.

- › If groups with different experiences and perspectives work together, this enables participants to learn from each other. Building skills and knowledge together can lead to strong mutual support and solidarity
- › A network helps avoid duplication of effort. Responsibilities and tasks can be shared according to the expertise and capacity of members and such sharing helps key stakeholders (e.g. donors, policymakers and media representatives) to get to know each other better. Exposure to others in the network can lead to new opportunities for visits and training and lead to increased capacity building. Gaining valuable experience in cooperation and compromise and negotiation with members of a network can be very useful when negotiating with government agencies and service providers
- › A network can enable more rounded policy proposals, based on experiences from many localities, different perspectives and critical discussions between members, to be produced. A strong, united voice reduces the risk of contradictory and mixed messages being sent to decision-makers. It also reduces the risk of any one individual being punished for speaking out

- › If institutions such as NGOs and/or community-based organisations (CBOs) participate in sector discussions, there is likely to be more success in changing government policies and practices

d. What are the tips for making networks work?

- › Make key decisions as a group
- › Keep everyone informed
- › Issue must be big enough to motivate members to give priority, time and energy
- › Coming together and fighting for an issue must empower grassroots and build their skills
- › Campaigning must be attractive to engage public attention

7. Address any questions, stray comments and dialogue. End session by summarizing any key points. Pass Handout I to participants.

SESSION 7: ROLES AND RESPONSIBILITIES FOR COVID-19 AMBASSADORS

Time

2 hrs

Material Required

Flipchart paper for group work with markers

Post-its

Whiteboard and markers

Post Training Assessment Questionnaire

Evaluation Form

Objective

By the end of this session, participants will have a fair idea on their roles and responsibilities as COVID-19 ambassadors.

Methodology

1. Make this session as group-oriented as possible, ensuring small groups are deliberating and asking questions among each other. The end goal must be for participants to come out with a realistic list of roles and responsibilities.
2. **Deliberation and Presentation (60 mins):** Divide the large group into smaller groups of 5 members each and hand out flipchart paper and colour markers for deliberation and presentation. Please note that there will be presentations after this session of deliberation.
 - a. Ensure each team assigns a note-taker and a presenter.
 - b. Ask participants to draw a table like the one below on their flipchart.

| Roles → Responsibilities ↓ | Eg. Roles | Eg. Advocacy | Eg. Vigilance regd. COVID-19 |
|-------------------------------|-----------|--------------|------------------------------|
| Do | | | |
| Discuss | | | |
| Decide | | | |

- c. Participants are to define each role that exists from all the information they have gather in the 2-day training.
- d. Discussion about each role: the top 3 priorities they feel the role will assume.
- e. Define the responsibilities for each role and shared responsibilities.

- › **Do:** What are the core activities of their discipline (eg. media, advocacy, awareness, etc.)?
 - › **Discuss:** What do they discuss with the wider team?
 - › **Decide:** What are they responsible for deciding?
- f. After the above activity, pass post-its and ask each member of the team to take 5 minutes to write down the main activities they believe they are responsible for in their role. Limit the number of post-its to a maximum of 5 per person i.e. maximum 5 activities and minimum 3 activities they are responsible for.
- › **Affected support services**
 - Support people with COVID-19 symptoms to go for testing
 - Counsel and help people with COVID-19 in accessing treatment
 - Ensure COWIN enrollment in the case of self-testing
 - Provide information about preventive measures to family members
 - One-on-one interaction with family members
 - › **Communication**
 - Create Whatsapp and other social media groups with all the participants from the training and share awareness messages through these groups
 - Share personal experiences about COVID-19 and other vulnerabilities that the participants have faced with the general community
 - Give interviews to media representatives
 - Support FACT's media campaign
 - Organize COVID-19 awareness and sensitization meetings in small groups at the workplace and in local communities
 - Conduct sensitization meetings
 - Record quotes from COVID-19 ambassadors
 - › **Advocacy**
 - Participate in local forums run by government health departments
 - Check on the services given to people with COVID-19
 - Link to appropriate community groups/NGOs for support based on the vulnerabilities of the person with COVID-19
 - Be a positive speaker at stakeholder meetings and reiterate the need for COVID-19 testing and treatment
 - Give representation to government departments to strengthen COVID-19 services

› Other aspects

- Form a small working group with COVID-19 affected people with vulnerabilities
 - Organize and attend meetings with this working group
3. After completing the deliberations, each team can present their deliberations on the chart for 10-12 mins per group (60 mins). Other participants are encouraged to ask questions and clarifications to the team presenting. Please see note below regarding appointing of one or two note takers during this time.

Facilitator's Notes

While teams are presenting the facilitator can take time to underline on the presenter's charts similarities between each team presentation. Towards the end of the overall presentations, the facilitator can show participants main themes of the deliberations and some common roles and responsibilities can emerge for participants to decide what is practically possible to do on the field. Please be sure to end with clear takeaways and ensure each participant is able to commit to 3-5 activities and responsibilities as COVID-19 ambassadors. There should be one or two note-takers assigned in this section that can take minutes of the conversation in bullet points, along with names and roles and responsibilities assigned to be given to the facilitator after the session is done.

4. Summarize the session and take any closing thoughts and questions to end session.
5. Request the participants to complete the Post Training Assessment Questionnaire.
6. Request the participants to complete the Evaluation Form.

PRE AND POST TRAINING ASSESSMENT QUESTIONNAIRE

Section A: Knowledge

1. COVID-19 is a
 - a. Virus
 - b. Bacteria
 - c. Water-borne disease
2. ____ is a symptom of COVID-19.
 - a. Bad breath
 - b. Watery eyes
 - c. Fever
3. I can get COVID-19 by
 - a. touching someone or something
 - b. someone sneezing or coughing on my face
 - c. someone walking into my house with their shoes on
4. One of the precautions against the COVID-19 disease is
 - a. Self-medication available in the market
 - b. Ensuring I keep a physical distance from others
5. Ideally a COVID-19 positive person should quarantine for
 - a. 2 days
 - b. 4 days
 - c. 14 days
6. Vitamins and minerals can cure COVID-19.
 - a. True
 - b. False
7. COVID-19 has been fully eradicated and there is no need to take any precautions now.
 - a. True
 - b. False
8. Domestic violence and other human right violations decreased during COVID-19.
 - a. True
 - b. False
9. The best way to communicate with those struggling with COVID-19 is
 - a. Aggressively give them facts and forcefully ensure they comply
 - b. Listen, be empathetic, share approved communication
 - c. Run away from them
10. There is not much I can do about COVID-19 except wait till the disease ceases to exist.
 - a. True
 - b. False

Section B: Attitude

| No. | Statement | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-----|---|-------------------|----------|---------|-------|----------------|
| 1 | COVID-19 in 2020 and 2021 was a serious problem. | | | | | |
| 2 | COVID-19 at present is not a serious infection anymore. | | | | | |
| 3 | COVID-19 is like the common cold. | | | | | |
| 4 | Face mask is not required while going to a crowded place. | | | | | |
| 5 | Social distancing is only required at hospitals and health setups at present. | | | | | |
| 6 | If I test positive for COVID-19, I am sure that I can manage at home. | | | | | |
| 7 | I can use the COVID-19 prescribed medicines if I have symptoms of COVID-19. | | | | | |
| 8 | There is no need to be isolated if diagnosed with COVID-19. | | | | | |
| 9 | Testing is not mandatory even if one has symptoms of COVID-19. | | | | | |
| 10 | COVID-19 treatment is simple and can be self-administered. | | | | | |
| 11 | COVID-19 causing virus has become weak and is not life threatening. | | | | | |
| 12 | Taking vaccines is not important anymore. | | | | | |
| 13 | COVID -19 can become serious again. | | | | | |
| 14 | Persons with co-morbidities are not at risk if diagnosed with COVID -19. | | | | | |
| 15 | There is no stigma with COVID -19. | | | | | |

ANSWERS TO THE QUESTIONNAIRE

Section A: Knowledge

1. A
2. C
3. B
4. B
5. C
6. B
7. B
8. B
9. B
10. B

Section B: Attitude

Scoring

- 5 - Strongly Disagree
- 4 - Disagree
- 3 - Neutral
- 2 - Agree
- 1 - Strongly Agree

Instructions

Step 1: Input the values given by each participant against each question horizontally. For instance, in the table below we have entered the scores of 3 participants

| No. | Statement | Participant 1 | Participant 2 | Participant 3 |
|-----|--|---------------|---------------|---------------|
| 1 | COVID-19 in 2020 and 2021 was a big problem. | 5 | 2 | 1 |

Step 2: Add all the responses for each question horizontally and divide the sum by the total number of participants. For the above example, it will be $5 + 2 + 1 = 8$ and $8 / 3 = 2.7$

Step 3: Round the mean for each question to the nearest whole number. If the decimal is less than or equal to 0.5, round it to the lesser number. If the decimal is more than 0.5, round it to the higher number. For the above example, the mean score for Question 1 is "3"

Step 4: Interpretation of the score

- a. If the mean score is 3, it means that the participants have a neutral attitude towards that particular question and can be given information to change their attitude
- b. If the mean score is above 3, it means that the participants have a negative attitude and need to be given proper information
- c. If the score is less than 3, it means that the participants have a positive attitude

The same exercise should be done for the post-test as well. A comparison should be done with the score of the pre-test for each question. For individual participants, scores can be compared individually.

HANDOUT A: SELF-ASSESS YOUR RISK OF GETTING COVID-19

1. How safe do you think you are behaving with regards to COVID 19?
 - a. I am behaving very safely.
 - b. I am behaving somewhat safely.
 - c. I am never behaving safely.
 - d. I do not know if I am behaving safely.
2. How do you greet people who don't live with you?
 - a. I shake hands.
 - b. I hug and kiss.
 - c. I give the elbow/fist without touching hands.
 - d. I stay at least 1 meter away and wave.
3. How do you decide when to go to indoor public places (restaurants, religious places, etc.)?
 - a. I choose not to go to indoor public places, especially where it can be crowded.
 - b. I go if there is proper ventilation and I can stay at least 1 meter away from people.
 - c. I go when I and everyone else will be wearing a mask in case we can't maintain a 1 meter distance.
 - d. I go regardless of the virus and take no precautions.
4. When going into a public building (mall, store etc) when do you clean your hands?
 - a. Before I leave the house.
 - b. When I come back to the house.
 - c. When I arrive at the public building.
 - d. After I leave the public building.
 - e. Whenever I think I have been exposed to a contaminated surface.
 - f. I generally don't clean my hands after leaving home or returning.
5. When you cough or sneeze, what do you usually do?
 - a. I cover my mouth and nose with my hand.
 - b. I cover my mouth and nose with a tissue and put the tissue in my pocket or purse.
 - c. I cover my mouth and nose with the inside of my bent elbow.
 - d. I don't cover my mouth and nose while coughing or sneezing.
6. If you go to an indoor gym, what do you usually do?
 - a. I clean my hands before walking in and while leaving.
 - b. I keep at least 1 meter distance from everyone.
 - c. I clean the surface of the machines I touch with a disinfection towel before I use it.
 - d. I go at peak times to see my friends.
7. How do you usually travel for daily activities?
 - a. I use personal transportation- bike, car or I walk.
 - b. I commute with others not living with me in a car, or other vehicle.
 - c. I use public transportation like a bus or metro.

8. How do you keep in touch with a family member or friend who is over 60 years old, with an underlying health condition?
 - a. I call on the phone or with a video app.
 - b. I visit the person in his/her home.
 - c. I meet with the person outside, at least 1 meter apart.
9. If you have a job, where do you work?
 - a. In a public place with many people coming and going.
 - b. In an office setting with a controlled number of people.
 - c. At home, I telework.
10. Based on the training provided so far, how do you feel you have fared with the choices you are making every day that protect yourself and others?



HANDOUT B

WHAT TO DO IF SOMEONE IS SICK IN YOUR HOUSEHOLD



Life has to continue even where COVID-19 is spreading.

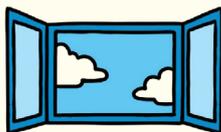
Here's how to stay safe.

1 ISOLATE THE SICK PERSON

Prepare a separate room or isolated space, and keep distance from others.



Keep the room well ventilated and open windows frequently.



3 TAKE CARE OF THE SICK PERSON

Monitor the sick person's symptoms regularly.



Pay special attention if the person is at high risk for serious illness.



Ensure the sick person rests and stays hydrated.

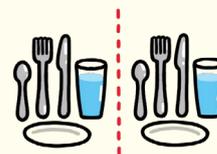
2 REDUCE CONTACT WITH THE VIRUS

Identify one household member to be the contact person who is not at high risk and has the fewest contacts with people outside.



Wear a medical mask if in the same room as the sick person.

Use separate dishes, cups, eating utensils and bedding from the sick person.



Clean and disinfect frequently touched surfaces.



Call your healthcare provider immediately if you see any of these **danger signs**:

- Difficulty breathing
- Confusion
- Loss of speech or mobility
- Chest pain

! DANGER SIGNS



REMEMBER, IT'S ALWAYS SAFER TO



**KNOW YOUR RISK.
LOWER YOUR RISK.**



World Health Organization

**Novel Coronavirus
Disease
COVID-19**

**How to communicate with COVID-19
suspected or confirmed cases?**

- Be respectful, polite and empathetic and use local language salutations
- Be aware that the suspected and confirmed cases, and any visitors accompanying them, may be stressed or afraid
- The most important thing you can do is to listen carefully to the questions and concerns
- Answer any questions and provide correct information about COVID-19
- You may not have an answer for every question: a lot is still unknown about COVID-19 and it is okay to admit that
- If available, share information pamphlets or handouts with your patients
- It is okay to touch, or comfort suspected and confirmed patients when wearing personal protective equipment (PPE)
- Gather accurate information from the patient: their name, address, phone number, date of birth, travel history, list of symptoms etc
- Explain the healthcare facility's procedure for COVID-19, such as isolation and limited visitors, and the next steps
- If a person has symptoms, provide him/her a mask and guide on wearing and safe disposal of mask
- If the patient is a child, the accompanied family member/guardian should be provided and informed on the appropriate use of PPE
- Provide updates to visitors and family when possible



Contact Ministry of Health and Family Welfare Helpline:
+91-11-23978046 & 1075

**Stay
protected!**

**Stay safe from
Coronavirus!**

HANDOUT D

HOME CARE FOR COVID-19: GUIDE FOR FAMILY AND CAREGIVERS



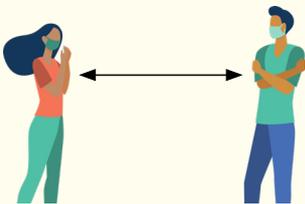
Identify one household member to be the caregiver. The caregiver should have no high risk factors and the fewest contacts with people outside.



Prepare a separate room or isolated space for the person with COVID-19 infection. They should rest, drink plenty of fluids, and eat nutritious food.



Open a window(s) for ventilation and increase the circulation of fresh air.



Wear a medical mask and avoid close contact (less than 1 meter) when in the same room with the person with COVID-19 infection. Do not allow visitors.



Clean hands frequently using soap and water or an alcohol-based hand sanitizer.



Clean and disinfect frequently touched surfaces, especially those touched by the person with COVID-19 infection.



Use separate dishes, cups, eating utensils and bedding from the person with COVID-19 infection.



Take paracetamol/acetaminophen for fever and/or body pain. Antibiotics are not effective for COVID-19 infection.



Monitor the person with COVID-19 infection's symptoms regularly. Call your healthcare provider immediately if you see any of these signs: difficulty breathing, confusions, chest pain, loss of speech or mobility.

* Adapted from an infographic by WHO

5 COVID-19 PARENTING

Keep Calm and Manage Stress

HANDOUT E

This is a stressful time. Take care of yourself, so you can support your children.

You are not alone

Millions of people have the same fears as us. Find someone who you can talk to about how you are feeling. Listen to them. Avoid social media that makes you feel panicked.

Take a break

We all need a break sometimes. When your children are asleep, do something fun or relaxing for yourself. Make a list of healthy activities that YOU like to do. You deserve it!

Listen to your kids

Be open and listen to your children. Your children will look to you for support and reassurance. Listen to your children when they share how they are feeling. Accept how they feel and give them comfort.



Take a Pause

1-minute relaxation activity that you can do whenever you are feeling stressed or worried

- Step 1: Set up
 - Find a comfortable sitting position, your feet flat on the floor, your hands resting in your lap.
 - Close your eyes if you feel comfortable.
- Step 2: Think, feel, body
 - Ask yourself, "What am I thinking now?"
 - Notice your thoughts. Notice if they are negative or positive.
 - Notice how you feel emotionally. Notice if your feelings are happy or not.
 - Notice how your body feels. Notice anything that hurts or is tense.

- Step 3: Focus on your breath
 - Listen to your breath as it goes in and out.
 - You can put a hand on your stomach and feel it rise and fall with each breath.
 - You may want to say to yourself "It's okay. Whatever it is, I am okay."
 - Then just listen to your breath for a while.

- Step 4: Coming back
 - Notice how your whole body feels.
 - Listen to the sounds in the room.

- Step 5: Reflecting
 - Think 'do I feel different at all?'
 - When you are ready, open your eyes.

Taking a Pause can also be helpful when you find your child is irritating you or has done something wrong. It gives you a chance to be calmer. Even a few deep breaths or connecting with the feeling of the floor beneath can make a difference. You can also Take a Pause with your children!

For more information click below links:

Parenting tips from WHO

Parenting tips from UNICEF

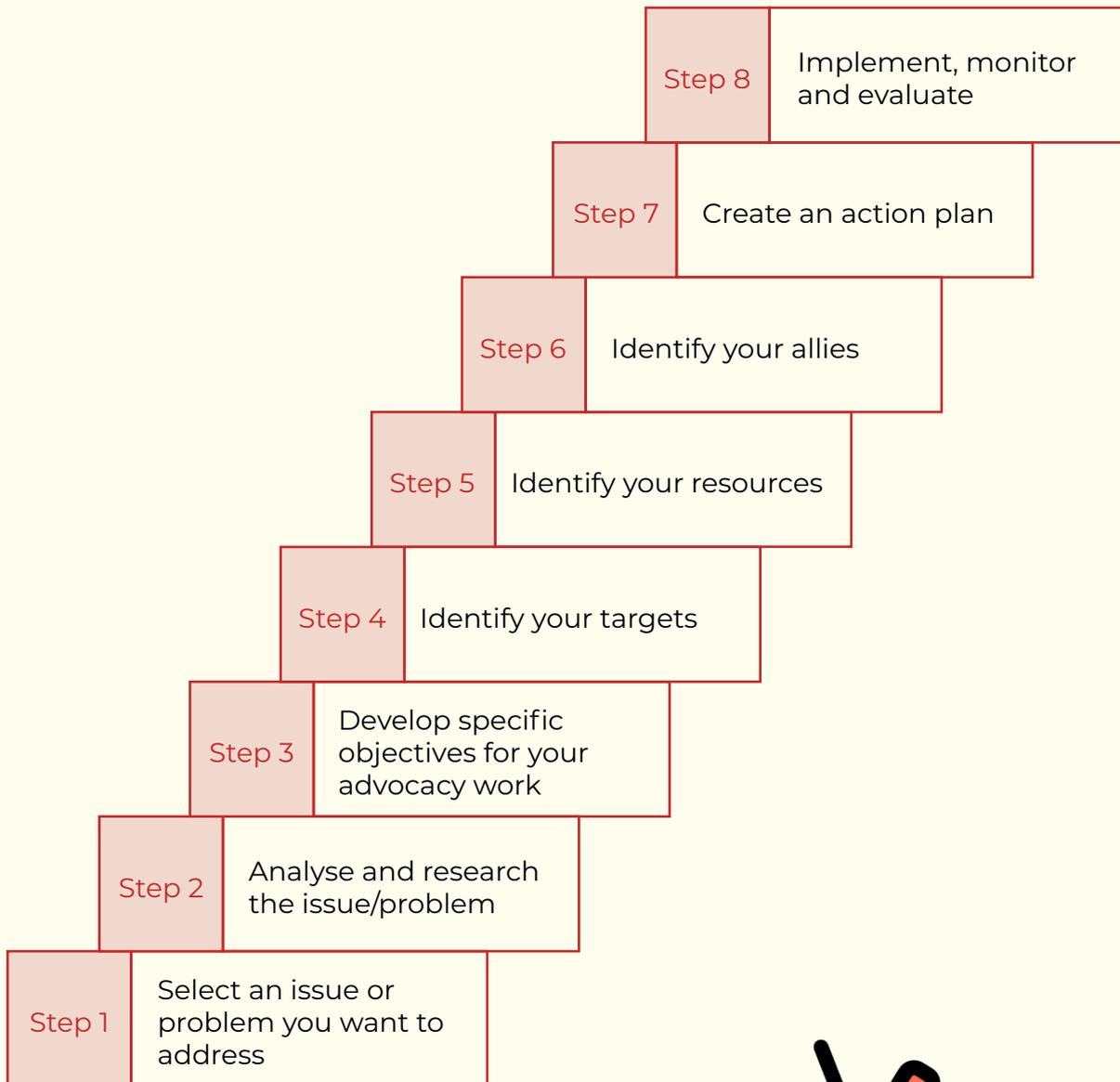
In worldwide languages

EVIDENCE-BASE



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HANDOUT F: ADVOCACY FRAMEWORK



* Adapted from an advocacy framework developed by the International HIV/AIDS Alliance

HANDOUT G: COVID-19 COMMUNICATION AND FAQ'S

1. What is COVID-19?

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. That is why it was called the Novel (new) Coronavirus. NCoV. It was found in 2019.

2. What are the symptoms?

The most common symptoms of COVID-19 are fever, cough and difficulty in breathing. Some people may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty in breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty in breathing should seek medical attention immediately.

3. How does COVID-19 spread?

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter away from a person who is sick.

4. Can COVID-19 be caught from a person who has no symptoms?

The main way the disease spreads is through respiratory droplets expelled by someone who is coughing. The risk of catching COVID-19 from someone with no symptoms at all is very low. However, many people with COVID-19 experience only mild symptoms. This is particularly true at the early stages of the disease. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough and does not feel ill.

5. How long does the virus survive on surfaces?

It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment). If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others. Clean your hands with an alcohol-based hand rub or wash them with soap and water. Avoid touching your eyes, mouth, or nose.

6. Can the virus travel on goods that have come in from infected places?

No. The likelihood of an infected person contaminating commercial goods is low and the risk of catching the virus that causes COVID-19 from a package that has been moved, travelled, and exposed to different conditions and temperature is also low.

7. Do I need medicines?

Avoid self-medication. While the symptoms can be treated as of now there are no medicines which can treat COVID-19. The best way to avoid getting Coronavirus is to wash your hands and not touch your face.

8. What are the most effective ways to protect against COVID-19?

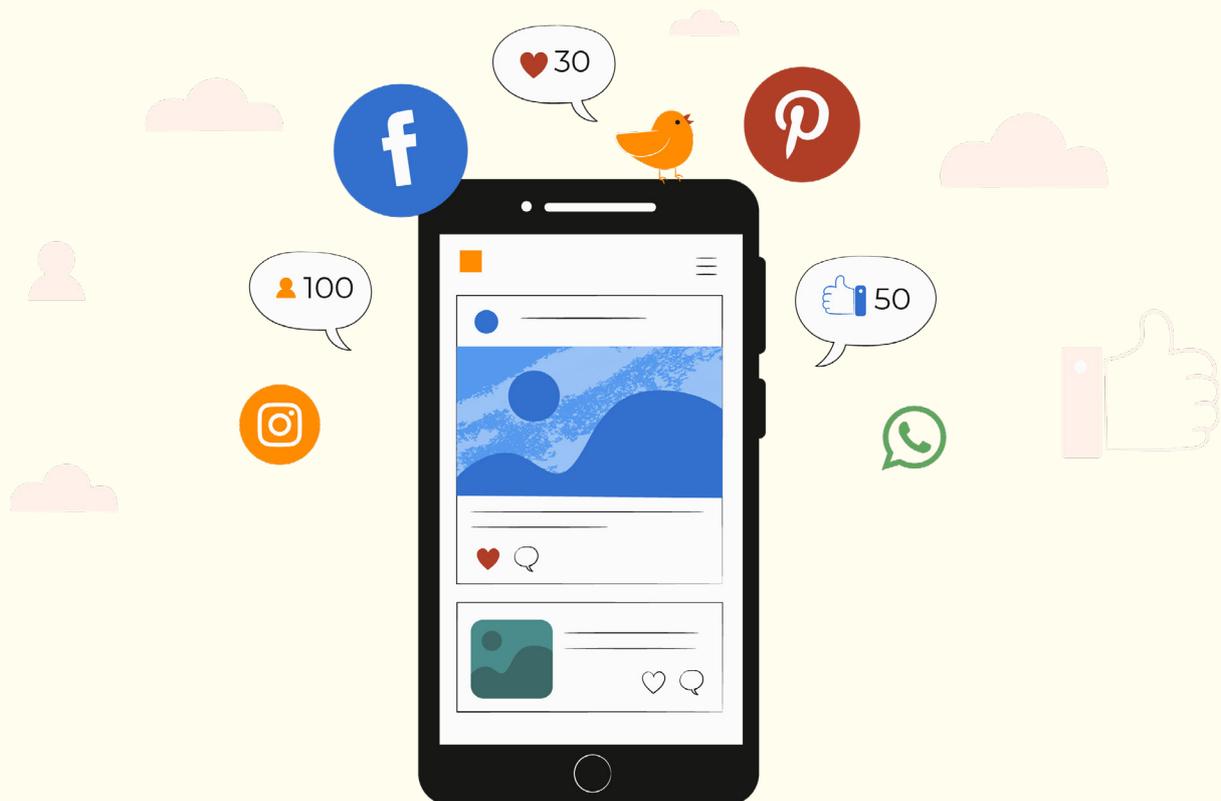
The most effective ways to protect yourself and others against COVID-19 are to frequently clean your hands, cover your cough with the bend of elbow or tissue and maintain a distance of at least 1 meter from people who are coughing or sneezing.

HANDOUT H: COMMUNICATION AND DEVELOPING SKILLS FOR SOCIAL MEDIA

1. Being able to communicate effectively is the most important of all life skills.
2. Communication is simply the act of transferring information from one place to another, whether this be:
 - a. Vocally/verbally (using voice)
 - b. Written (using printed or digital media such as books, magazines, websites or emails)
 - c. Visually (using logos, maps, charts or graphs)
 - d. Non-verbally (using body language, gestures and the tone and pitch of voice)
3. How well this information can be transmitted and received is a measure of how good our communication skills are.
 - a. Communication is the process of imparting or interchanging of thoughts, opinions, or information by speech, writing, or signs.
 - b. Principals of Effective Communication for Health
 - › **Accessible:** Map your stakeholders and tailor your communication channels to fit them
 - › **Actionable:** Messages should encourage decision-makers to take the recommended steps
 - › **Credible:** The action-makers should perceive your information to be credible. Use data points from reliable resources only
 - › **Relevant:** Communicate to help audiences to see the health information, advice or guidance as applicable to them, their families, or others they care about
 - › **Timely:** Communicate the right information at the right time
 - › **Understandable:** Communicate without jargon
4. How to get maximum hits on Facebook
 - a. Post regularly
 - b. Use images, gifs, memes or videos
 - c. Keep it short
 - d. Add a link to all of your emails
 - e. Invite members and stakeholders to write on your wall
 - f. Use contests
 - g. Tell don't sell. Use the 80/20 Rule
 - h. Make it personal, show your human side

5. How to get maximum traction on Twitter

- a. Post regularly
- b. Use images/gifs/memes/videos
- c. Re-use your top posts
- d. Use hashtags strategically
- e. Reply to mentions
- f. Make it personal, show your human side
- g. Build an in-house army of micro-influencers



HANDOUT I: SOCIAL MEDIA ADVOCACY AND ESSENTIAL SKILLS FOR SUCCESS

1. Promote awareness

Education and advocacy is one of the first steps to affecting change. Share your message on social media. Communicate your mission to new followers and spread the word about new initiatives, campaigns, and issues within your community. And connect with the people who need support.

2. Build communities

Grow your base and recruit potential volunteers, speakers, advocates, and mentors. Social media can be a powerful community building tool. Create channels and groups where people can engage, share resources, and stay informed about issues that matter to them.

3. Inspire action

Rally people behind your cause with concrete actions they can take to support your cause. Promote marches, protests, marathons, and other events. Encourage followers to call politicians, pressure or boycott bad actors, or simply adopt more mindful behaviour.

4. Share your impact

Show people what you can accomplish. Build momentum by celebrating victories, big and small. Let your contributors know you value their contributions and see how their help has made a difference. Share achievements, gratitude, and positivity, and you'll attract more support down the line.

5. Technical details to keep in mind for different platforms

a. **Twitter:** With 280 characters, Twitter is a great platform to say what you need to say in a short and concise manner. It might feel restricting, but it is a great platform to reach Government Media and other stakeholders. Tag the relevant people and use the appropriate hashtag in all your posts and see the magic happen!

b. **YouTube:** YouTube is all about videos. When you make videos of more than 60 secs, it is best to upload on YouTube and share the link within your network and on other platforms to increase views. Although it might seem difficult, it is very simple to upload a video on YouTube and have the world see it.

c. **Instagram & Facebook:** Instagram and Facebook are favorable amongst youth. It is a creative space where you can share long form posts, Stories, you can go LIVE, do live interviews with others, you can share 60-sec or longer videos, and multiple pictures!

Get your creative hats on and use stickers, filters, gifs, and share informative and positive content on Instagram. Again, use hashtags and tag people to reach maximum audience.

d. **WhatsApp:** WhatsApp is a great way to stay connected to your immediate peer group and your community. you can form groups, share informative and motivational content with a large group of people who are on the platform. You can also use this platform to talk to people at length. Leverage this to bust myths that might be circulated here.

FEEDBACK FORM

| Sessions | Feedback | | | | Remarks |
|-----------|-----------------------------|------|------|------|---------|
| | Please place check mark (√) | | | | |
| | Excellent | Good | Fair | Poor | |
| Session 1 | | | | | |
| Session 2 | | | | | |
| Session 3 | | | | | |
| Session 4 | | | | | |
| Session 5 | | | | | |
| Session 6 | | | | | |
| Session 7 | | | | | |

1. What did you learn during today's sessions that you anticipate using in your work?

2. Was there anything you did not like during today's sessions? Please provide specific examples.

3. Please provide any other comments or suggestions.

Thank you.

EVALUATION FORM

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-------------------|----------|-------|----------------|
| This course has stimulated and provided me with new insights and knowledge about various issues related to COVID-19 | | | | |
| I feel better informed to address COVID care and response | | | | |
| I believe this course is very useful in my work environment | | | | |
| I have learned new information and skills that I feel I will be able to pass onto others | | | | |

Do you have any comments on:

Trainers?

Training Methods?

Venue, accommodation, food? (where applicable)

What information was missing from this training that you think is important?

Do you have any other suggestions or remarks?



