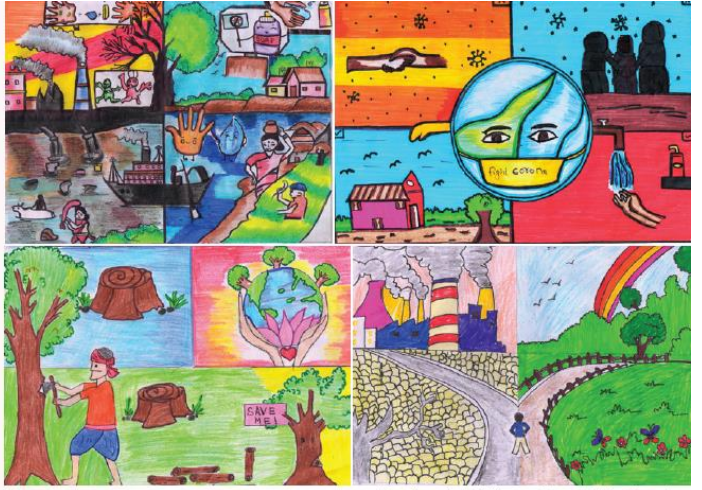
Challenges & Solutions
Risk Communication and Community Engagement (RCCE) in Urban Settings

17th December 2020

SBCC Dhaara Webinar #5



Drawings by Children of Ranchi, Jharkhand

12 Summary Take-Aways

1. <u>Challenges</u>:

Covid-19 Pandemic has unraveled the fragility of social security systems and burden on health system in urban areas. It exposed the vulnerability of people who migrate from village to urban location for livelihood.

Public health challenges faced by urban settings,

- At community level high fear factor, followed by stigma, lack of clarity.
- Pregnant and breastfeeding women and children suffered most as services were shut.
- Facility level stocking was not possible due to short notice. Shortage of TB medicine, Vit A was/is faced.
- Doctors got infected and affected, leading to service disruption again.
- Mental tension noted in all stakeholders precipitated by domestic violence.

Habit, Practices, Faith, Belief, Biases' 'die hard'

The country and people were fighting need and security vs. prevention and precaution

Stigma & Discrimination had to be faced with loss of livelihood, no resources, chances of infection, home returnees

Borrowing shifted to informal channels leading the community back into a poverty cycle

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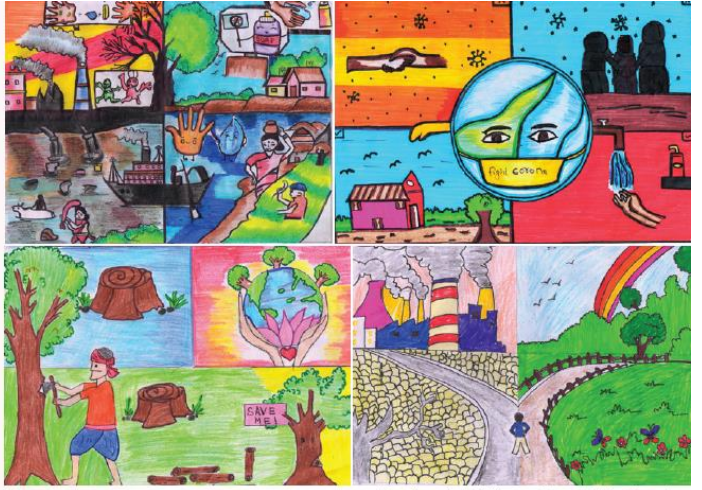

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2.Solutions:

2a. Learnt to encourage 'critical thinking' and 'scientific temperament'.
2b. Stakeholder focus- FLW, SHG, influencers, volunteers, Covid Heroes- helped message outreach

2c.Digital tools and ensured connectedness was very helpful in training, outreach and monitoring. Digital foot soldiers- Worked with/through radio, mike, writing on wall, WA messages, walk in to houses, friendly meetings

2d.Doctors for You,

- Involving local leaders, politicians
- Community based monitoring
- Importance of working with Govt. system esp. in Mumabi/Dharavi
- Need to see products- mask, soap
- Medical insurance was supportive

2e.Faith based organization helped handle stigma & discrimination

2f. Engagement with Resident Welfare Association led to coverage and reach to lower and middle income group population

2g.Feedback system for mental health support was timely

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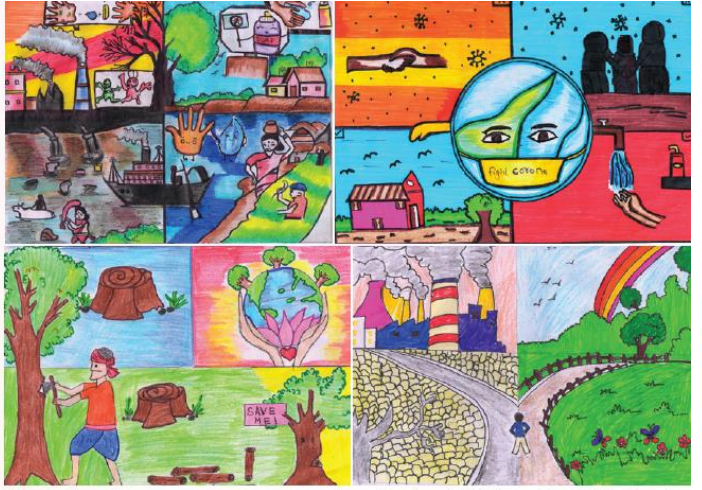

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2h.Conversation with employers in urban areas was helpful. Policy focus for migrant workers. Alternative livelihood required attention. Monitoring through volunteers. Fixing a goal of 'NO cases' in staff and community.

2i.Community centric programs, organized community, empowered community ensured effective outreach. Covid Resource Committees were formed which identified most vulnerable and related. They acted as pivot points.

2j. 'Showing by Doing'- for behavior change

2k. Fulfilling financial needs of the families comes 'first'. Supporting through small loans

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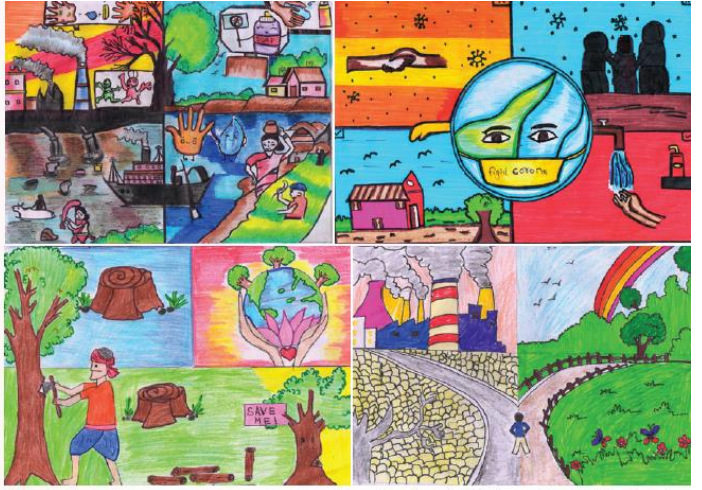

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Keep the children engaged through activities as schools remain closed.

Thank You