



# Aapnar Mask I Aapnar Porichoy

**Making | Distribution | Awareness**

**Non-Surgical Fabric Mask**



**FINAL REPORT**

**Response to COVID-19 Pandemic**

**Supported by UNICEF**

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# CHAPTER 1

## A. INTRODUCTION

The COVID-19 pandemic has made it difficult for millions of people to earn a basic livelihood for sustaining their families. The number of COVID-19 cases has been increasing steadily in the state although geographically concentrated in Kolkata and the neighboring districts of North 24 Paraganas, South 24 Paraganas, Howrah and Hoogly. Amidst all this, SHG members have worked as front-line warriors in providing relief to communities in some way or the other. Through this project, the SHGs have benefited large number of slum dwellers in three major wards of Kolkata through awareness generation and mask distribution. SHG's have been skilled in making cloth masks and distribute them in the local community as well as raise awareness on correct usage of masks by house to house visits, distributing masks and IEC booklets as the brand ambassadors of mask usage themselves.



Training in Ward 80

## B. BACKGROUND OF THE PROJECT

UNICEF Office for West Bengal has developed a multi sectoral plan for COVID-19 Preparedness and Response for selected Urban Slums of Kolkata. As part of multi-sectoral programming of UNICEF, West Bengal, a partnership with Anahat designed for COVID-19 mitigation measures have been undertaken with special focus on COVID-19 prevention & communication.

## C. GOAL OF THE PROJECT

The goal of the proposed project is to train and handhold 100 Self Help Group members in ward number 58, 66 and 80 of Kolkata to make WHO standard non-surgical fabric masks and assist community and other partner organization in distribution and awareness generation regarding usage and care of fabric masks.

## CASE STUDY

**ROSHNI ARA** (30) a mother of two has always shown keen interest in stitching and community work, however lately she has been unable to dedicate full time as she has to care for her 18 months old baby girl who lost her eye sight due to prenatal jaundice. She is struggling financially and emotionally to take good care of her children. She has also recently suffered a miscarriage. During this time she decided to join this training not just for earning a livelihood but also for serving the greater good of the community. She has been learning tailoring for the past 1 year and looks forward to working as a diligent member and helping in spreading awareness in her community.



Roshni Ara  
SHG member



## D. EXPECTED PROJECT OUTCOME

1. Skill development of urban SHG members to make non-surgical fabric masks.
2. Livelihood generation among the women from underprivileged community
3. Protecting community members from spreading certain respiratory viral diseases including COVID-19 by free distribution of masks.
4. Generating awareness among community members on usage, washing and care of non-surgical fabric mask.

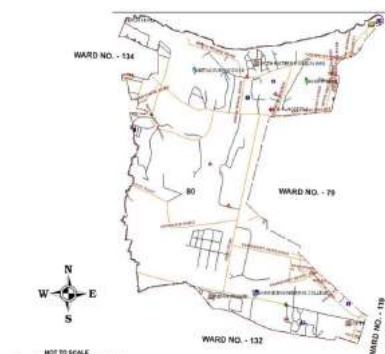
## E. ABOUT NON SURGICAL FABRIC MASKS

The guidelines issued by the office of the Principal Scientific Advisory to the Government of India (April 3rd 2020) as advised by WHO was followed. The key criteria for the proposed masks are ease of access to materials, ease of making at home, ease of use and reuse. Shape of the mask: The flat fold and duckbill formats of masks which are designed to fit closely over the nose, cheeks and chin of the wearer. Flat fold masks are of two sizes- adult and child as specified in the guidelines (Adult 9\*7 inches, Child 7\*5 inches). Duckbill format comes with soft elastic ties whereas flat fold format has cloth ties.

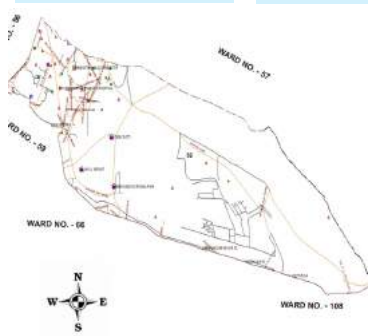
### Cost of Masks

Pieces in a mask	Flat Fold Adult(9''*7'')	Flat fold small(7''*5'')	Duckbill
Rectangular Pieces	5	3	5
Tie for piping	.40	.40	
Long tie	3.1	3.1	
Elastic & Thread	.50	.50	1
Labour Cost	5	5	4
Total (Rs)	14	12	10

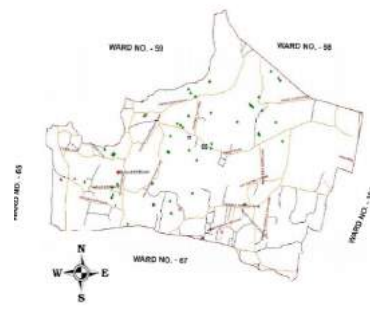
## F.TARGET AREAS



Ward 80



Ward 58



Ward 66

## G. ROLE OF ANAHAT

The roles and responsibilities of Anahat were:

1. To Identify SHGs in the target wards who will be trained in manufacturing of masks.
2. To provide training of mask making to the SHGs
3. To provide the raw materials for making masks to the SHGs
4. To monitor all the SHGs in three wards.
5. Quality control and evaluation
6. To draw a household distribution plan with the SHG's and other partner NGOs of UNICEF
7. To monitor distribution by SHGs
8. To generate awareness among community on usage, washing & care of non-surgical masks through SHG.

## H. WARDS TRAINED

- **Ward 66** – Topsia (Project Location – Al Saaz Training Centre (Next to Maruti Suzuki Service Centre))
- **Ward 80** – Garden Reach (Project Location – Jain Kunj School and 6 women trained at Anahat Office Behala)
- **Ward 58** – Tangra (Project Location – Mayes Ashirwad Marriage hall)

## CASE STUDY



Puja Kumari  
SHG member

**Puja Kumari Rao** (age:18) is one of the SHG members from Ward 58 who attended the three days comprehensive training to make masks. During the focused group discussion she correctly answered all the questions regarding symptoms of corona virus, usage and care of masks etc. She also had complete knowledge about mask usage and care. She has made more than 700 masks and earned enough to celebrate festivals like "chat puja", etc. She knew how to stitch but did not have a sewing machine at the time of the training, so when the campaign started she requested for monetary help from her father and bought a sewing machine. She was an active participant in mask distribution and also motivated people to wear mask, wash hands and to maintain safe distance.

**Lakhi Das**, an inhabitant of Rajarghat, Notun Para of ward 58 had adequate knowledge about COVID-19, mask usage and hand washing. She said that the project was extremely helpful for her as she was sitting idle at home without any work during lock down. She had made 700-800 mask and is happy with the earning. She has also distributed masks in the nearby community. This has also given her some exposure as people have started recognizing her. Some children in her community also call her "Mask Boudi". According to her people do not wear masks when they visit nearby grocery shop, pan shop or while visiting neighbors. She also does not wear mask while visiting neighbors but wears only when she is crossing the radius of their locality which is around 1 km.



Lakhi Das  
SHG member

## H. TRAINING DETAILS

### TOTAL SHG'S TRAINED

- Ward 66- 45 SHGs
- Ward 80 -26 SHGs
- Ward 58 -24 SHGs

**Direct beneficiaries** -SHG members and slum dwellers in three targeted wards.

**Indirect Beneficiaries** – Family members of SHG's

### TRAINING PERIOD AND DATES

#### Ward 66 Training

Batch 1 – 18th and 19th September (15 members trained)  
Batch 2 – 22nd and 23rd September (13 members trained)  
Batch 3 – 24th and 25th September (17 members trained)

#### Ward 80 Training

26th September (6 Members trained)  
28th and 29th September (17 members trained)

#### Ward 58 Training

3rd and 4th September (24 members trained)

## I. WHY SHG'S?

SHG's play a crucial role in amplifying the awareness in their locality and taking complete responsibility of the work given to them. They also possess excellent networking and communication skills which comes in handy in order to mobilize the mass. Moreover, SHG members are constantly looking for avenues to improve their financial condition and get empowered. In this project, they played a pivotal role by empowering more than 12000 households with knowledge to deal with COVID-19.

## CHAPTER 2

STEPS	PROCESS	RESULTS	LIMITATIONS & CHALLENGES
Step 1- Selection of suitable fabric for masks	Anahat undertook extensive research on materials for mask. For pilot testing, Anahat experimented with materials of various kinds including poplin, shirting fabrics, hosiery etc. These masks were made by the underprivileged slum women residing at 10, D.H.Rd. Samples and were sent almost every week to UNICEF for confirmation of material and feedback. A pilot feedback study was also conducted in the same slum with 50 masks. The purpose of the study was collect feedback on quality and type of masks preferred.	After thorough research and feedback sharing by UNICEF, it was decided: 1. The mask will be three layered cotton mask. 2. Shirting cotton fabrics will be used to the mask as it does not crumble after wash. 3. Cloth ties will be used for flat fold masks whereas elastic ties for duckbill. Pilot study showed inclination towards duckbill with elastic ties rather than flat fold due to ease of use. The materials used received positive feedback and hence it was confirmed after several rounds of discussion with UNICEF.	Limitation:  Poplin , pure cotton fabric or hosiery fabric (used in t-shirts) was recommended by GOI for mask production, but in the several rounds of experiment it was found that masks made of popline fabric crumbled after washing. So we finalized on the cotton of finer quality (shirting material) which did not crumble after washing.  Challenges: It was a challenge to procure the finest quality of cotton at a low price.
Step 2- Identification of SHGs	SHG's were chosen as ambassadors of the project because of the great networking and communication skills they possess and also because of their zeal to be empowered. In order to finalize SHGs in three wards we met govt officials from all the three wards in KMC offices and the Mayor in Council, Mr Sapan Samaddar to get details of SHGs.  Through NULM (National Urban Livelihood Mission), we received details of SHGs in ward 66 and through our personal network we arranged SHGs in ward 58. We tried multiple sources to find SHGs in Ward 80. We even called the councilor of ward 80 to get SHG details. However he could not help us.	After finalization of SHG's and collecting their KYC we made arrangements for training. Training dates were fixed. First we decided to train ward 66. We prepared PPT in both English and Bengali languages for the training. We were told that the RCCE module will be conducted by UNICEF in ward 66.	Limitation:  We were provided three target wards -66, 58 and 80. In the process we were also getting requests from surrounding wards to train their SHG's as they were also proficient in sewing and communication. However we restricted our intervention in these three wards.  Challenges: The challenge came from KMC officials. They did not co operate with us for providing the names of SHGs. For Ward 80, even the ward Councillor could not help us. Finally when we received the name, we found that there was lot

## Step 3 Training of SHGs

We managed to meet the manager of State Cooperative Bank in Golpark who gave the names of 4 SHGs in ward 80. Upon further investigation, we got to know that those SHGs were created with the support of World Vision but currently none of them were functional. We visited ward 80 to meet the groups as the bank account still existed and formally the SHG was still present. We decided to train these particular SHGs for mask making.

**Day 1** - The sessions started with temperature check of each participant followed by registration. The training began with orientation & purpose sharing. This was followed by awareness session discussing the facts and figures on COVID-19. Using a power point presentation, members were shown various modes of transmission of the virus and how they can protect themselves from it. Also, their roles in the project was discussed.

**Day 2** - On the 2nd day members were taught mask management in details and also what precautions should be taken by them while visiting their nearby communities for mask distribution. They were also informed about "who should not wear masks and why". The trainers also discussed about HRG in the community.

**Day 3** - The third day began with a overview of the previous day's session followed by stencil cutting. The members were divided in small groups consisting of 3-4 members and each group was provided with mount board and other essential stationary item for making 3 types stencils for masks.

The training went well in all three wards. Participants in three wards were enthusiastic and actively participated in the training. Total of 95 SHG members were trained. Members in ward 66 were fast learners and made flat fold masks on Day 2 and simultaneously started guiding the other women trained in different batches. While doing an overview of the sessions it was found that they had lot of questions related to the pandemic and the Covid -19 virus and wanted to know more about it.

Overall the sessions where interactive and members picked up the training with ease. In just a matter of 3 days, they individually made samples of each masks and presented to the trainers.

of dispute among the members and nobody wanted to operate as a group. Everybody was looking for personal profit.

**Limitations :**  
Due to Covid - 19 pandemic preventive protocols had to be maintained. We could not include more than 15 members in each batch. This also prolonged the period of training.

**Challenges :**  
Due to lack of space, training had to be conducted in batches inward 66 to maintain social distancing. In ward 80 there was lack of coordination among the SHG members which led to obstruction in the training sessions and eventually the mask making could not be carried out properly due to internal conflict.

## Step 4 Monitoring and handholding of SHG members

After the third day members started cutting the fabric using the stencils and stitched the large flat fold masks. The session ended with educational module how to clean and sanitize their masks and also how to store their face masks in a clean place. The sessions were taken in 3 batches to ensure proper social distancing and clear disbursement of roles.

Frequent visits were made at all the 3 wards to monitor the making of masks. Stock check was done during these visits along with quality control. Ground partners were assigned at all 3 wards to maintain daily stock of masks and they reported to Anahat on a regular basis.

Our ground partners and leaders of the SHG groups worked well in co-ordination and reported to us on regular basis. They would take pictures of making and send detailed reports by the end of the day. Also project supervisor from Anahat visited the wards at least twice a week to restock fabric and other materials for mask making.

### Limitations

Initially we could not regularize quality check due to lack of communication between field staff and SHG's. We later designed a mechanism to carry out smooth operations.

### Challenges

As production was done in bulk, standardization was an issue and hence the entire process had to be closely monitored and while doing so many masks had to be sent back to the SHGs for remaking and improving.

## Step 5 Awareness and Distribution

UNICEF had shared the communication strategy and campaign design. Awareness module was designed by Anahat in collaboration with UNICEF which included guidelines on wearing the fabric masks, washing and drying them. It also included details on disposal of masks. Communication activity began with the SHGs who were trained as flag bearers during the sessions. Members handed out the leaflets in the communities while distributing the masks. SHG's shared important messages about usage, washing and disposal of masks along with hand washing, physical distancing and respiratory hygiene.

The SHG's worked well in all the wards in terms of distribution. They had formed groups among themselves with 2 leaders in each group and covered different households on a regular basis. WBDF had procured masks and distributed it in their health camps along with awareness leaflets. Anahat also coordinated with puja pandals for distributing masks during the time of pujas. SHG's had also formed camps and distributed masks among the passerby people in the community.

### Limitations

As almost all staffs were infected by COVID-19 virus during the time of pujas. All pandemic related distribution had to be coordinated from home as our team could not reach out to the field.

### Challenges

The SHGs were not always visiting the households for distribution but organizing camps and distributing among the passerby.



A detail plan was chalked out in all 3 wards. In ward 66 the distribution plan was discussed with WDF(West Bengal Doctor's Forum) as they had distributed our masks at their health camps.

Photographs of distribution was taken and also each person was provided with leaflets . The SHGs also recorded some videos while they explained the basics of Covid-19 and mask wearing from one household to another and also feedback forms were given to the people and some survey was also done by Anahat to receive feedback of distribution in all 3 wards.

SHG's were expecting extra money for door to door distribution as it was time taking and exhausting. In a day they could only cover 20-30 households.

## CASE STUDY



**Rahat Ali**  
Leader of Happy Group

An in-depth interview was conducted with **Rahat Ali** who is the president of Happy Group and one of the most active participant of the campaign "Apnar Mask I Apnar Porichoy". She had a good knowledge about the symptoms and prevention of COVID-19. She was knowledgeable about mask usage, hand washing, maintaining safe distance, isolation of the affected person and treatment of the infected person. She stitched masks and actively assisted in distribution to individual households and informed people about the disease COVID-19, mask usage and cleaning of masks. She pointed out that due to the hugeness of ward 66 it was not possible to distribute mask to every person so, people those who have mask are wearing it but those who have not received it are not wearing mask.

She said the members of Happy Group has earned anywhere between Rs 5000 to Rs 15000. In totality they have stitched 60575 masks, each and every member has earned something by working in their homes. A group of 25 girls were working and each and every one of them have got paid for their work. She was immensely thankful to UNICEF for such a wonderful project. According to her, in this present condition of crisis when there is no work and income, this project came as a huge opportunity for them. With the earnings from this campaign, they could pay school fees if their children. She also said that everyone believes in COVID-19 but there is no one to guide them. She pointed out that there area two kinds of people, the first type is those who have just left everything on the hands of almighty and have a blind faith that almighty will protect them even if they don't wear mask whereas another is the type who get easily influenced by other and don't wear mask because the first type is not wearing. According to her it is mandatory for the women of the house to understand the seriousness of this disease then only they can make their family aware of the fact that how mask usage can protect them from deadly corona virus.

## B. HOUSEHOLD MASK DISTRIBUTION

The entire planning for household distribution began after training and awareness sessions was completed in all wards. Anahat's t sat with the leaders of the SHG groups in all the 3 wards along with ground partners and chalked out a distribution plan. Maps of major areas where people were in urgent need of masks were provided by the SHG leaders. In ward 66, distribution plan had to be discussed with WBDF (West Bengal Doctors Forum) as they were also engaged in conducting health camps and institutional distribution of masks. In order to avoid overlapping, a detailed plan had to be devised. Below is a table showing total number of masks distributed and HH covered areas-wise in all targeted wards of Kolkata.

NAME OF THE WARDS	AREAS COVERED	NUMBER OF MASKS DISTRIBUTED	NUMBER OF HOUSEHOLDS COVERED
WARD 66	JOPARI	2000	400
	PANCHANA	2400	480
	TALI KHOLA MASJID	1400	280
	TOPSIA	2000	4000
	PICNIC GARDEN	4500	900
	G J KHAN ROAD	500	900
	TOPSIA 2ND LANE	1000	200
	SHAPGACHI	5830	1166
	KUSTIYA ROAD	5000	1000
	KOHINOOR MARKET	5000	1000
	SHAPGACHHI CHAPPAN TALAB	1794	358
	LAL MASJID	5000	1000
TOTAL IN WARD 66		36,424	7284
WARD 58	RAJARGHAT NOTUN PARA	7620	1591
	JALPARA	3466	533
	KACHARIPARA	4343	657
	VIVEKANANDA PALLY	2014	326
	MALLIK PARA	3931	750
	PASSERBYS	1237	
TOTAL IN WARD 58		22611	3857

## CASE STUDY



Kashmiri Begum  
Member of Silver Group

Kashmiri Begum is 40 years old. She has been working in the Silver SHG group for the past 4 years. She has a daughter who is 25 years old. She is trained in tailoring and was engaged in mask making during the lock down and had made about 50-60 masks per day. She was interested in working in this project because it is not just about making masks but also about spreading awareness to communities about the COVID-19 pandemic. She also has excellent interpersonal skills and served a great purpose in distributing and creating awareness in tward 66.



## WARD 80

TARATALLA

5139

752

SICK LANE

3911

410

KHALE BARI

4295

735

BB HALL

3914

356

TOTAL IN WARD 80

17259

2253

MASKS DISTRIBUTED IN HOUSEHOLDS BY SHG'S

76,295

MASKS DISTRIBUTED BY WBDF

1,23,500

MASK DISTRIBUTED THROUGH PUJA PANDALS

18,000

TOTAL NO. OF MASKS MADE BY SHG'S

2,17,795



SHG's in Ward 58 distributing masks



SHG's in Ward 58 distributing masks



Anahat's team with SHG's of Ward 58



Distribution of masks through health camps



SHG member of Ward 66 distributing masks to passerby's



SHG of Ward 80 distributing masks in Sick Lane slum





## CASE STUDY

Distribution of masks  
through puja pandal in Ward  
58



**Rupam Shukla distributing  
masks through puja pandels**

### C. MASK DISTRIBUTION THROUGH DURGA PUJA PANDALS

Few weeks before Durga puja, Anahat contacted several puja pandel committees of the three wards and requested them to arrange for distribution of masks through the pandels. Following this, WBDF and Anahat's field staff were allotted their respective pandels to overlook proper distribution and campaigning of masks. Anahat co-ordinated with WBDF ward supervisors and arranged to send the masks at the desired locations. Some pandels distributed the masks on the first day along with blankets and other things while some undertook small distributions each day of the puja in order to avoid overcrowding. A total of 18000 masks were distributed through puja pandals in all 3 wards, a detailed table of puja pandal mask distribution is given below this.

Anahat's community mobilizer, Rupam Shukla has emerged out to be a community champion when it came to distribution and awareness of masks during the time of Durga Puja. She did a commendable job by spending a total of 15 hours for 3 days in selected pandals of Ward 80 during the Puja to supervise the distribution of masks and also to check if the message reaches to the larger audience through miking/leaflet distribution etc. She was also felicitated in one of the pandels by the Ward councillor Tarak Singh for her hard work during mask distribution.



### Ward 58 mask distribution through puja pandels

Club name/Puja Pandel	Person-in-charge & contact details	Number of masks distributed	Location
Dhapa Vivekananda Sporting Club	Anup Das (9804806347)	1200	43 Dhapa Road, Vivekananda Pally -700105
Tangra Milan Sangha	Surojeet Kutty (9073019710)	1000	56 DCB Road, Panchatala Kolkat- 15
Tangra Yubak Sangha	Jai Rana (9883308960)	1000	12 Govindo Kartick Road, Kolkata - 700043
Sitala Sporting Club	Tarak Gay (9831175995)	500	North Tangra, Rajarghat, Janokalyan Jolpara , Kolkata 700105
Star Boy Club	Subhankar Mondl(8013304491	1000	52 Dhapa Road, Kalopachun Bagan, Kolkata - 700105
Kundu Bagan Balak Sangha	TarunKhara (9836429664)	500	54/3 Devendrachandra Road, Opp Dhapa Masjid, Kolkata 700015
Tangra Agragami Tarun Sangha	Club Secretary - Debasish Manna, Contact - 9674191450	800	Khatick Rd (Tangra Rd) Kolkata - 700015

### Ward 80 mask distribution through puja pandels

Taratala Bazaar Yuva Club	Narayan Shaw (9883511058)	1000	Taratala old KOPT Colony, behind ground, 4 no. gate Kolkata 700088
Taratala Milan Tirtha	Santosh Shaw (9339736469)	1000	Taratala new port trust colony near block B ground Kolkata 700088
Ray Bahadur Road Netaji Sporting club	Ratan Hore (9330575557)	1000	147/1 Ray Bahadur Road
Sick Lane Sarbojonin Durga Puja/BNR Rail Sarbojonin Puja	Satendra TMC (9007212831)/Amal Patra (9674945129)	2000	
Notun Dal-Behala		1000	Ray Bahadur Road

### Ward 66 mask distribution through puja pandels

Sunil Nagar Sarbajanin Colony Committee	Bikash Chandra Dey (6290163110)	1000	143/188/1 Picnic Garden Road, Colony Bazaar
Tiljala Agragamin Bhratri Sangha	Subroto Biswas (8910967696)	1000	16, Picnic garden, 3rd lane, Kolkata -700039
39 Pally Sarada Utsav Samity	Goutam Da (9007955827)	400	171 C, Picnic Garden Road, Kol-39

Baishakhi Club	Panchu Chowdhury (8617702625)	1000	40 CN Ray Road, Kolkata 39
Tiljala Jibotirtha Club- Shishu Udhyan Park	Vijay Pillai	1000	48 Kustia Road
Tiljala Tarun Sangha	Sumita Das	600	15 Choubaga Road Kol -700039
Tiljala Library Puja	Rajashree	1000	

**Total masks distributed through puja pandels- 18000**

## CASE STUDIES FROM PUJA PANDELS

### Taratala Bazaar Yuva Club, Ward 80

**Sirajul Haque** was the puja committee member of Taratala Bazaar Yuva Club of ward 80. Our respected Mayor, Bobi Hakim inaugurated the puja for this club. According to Sirajul, the puja of this year was quite different than the previous years. Safety of the people was the main priority this year. They distributed around 500 masks during the entire puja period. Sirajul told us that the masks helped them a lot as many people visited the pandal without wearing any mask. So, all of them were provided with masks so that they can follow the safety guidelines that was issued by the Government of West Bengal before the Durga Puja. According to him, their puja committee got a lot of compliments for maintaining the safety rules and spreading awareness by mask distribution.

### Dhapa Vivekanand Sporting club, Ward 58

Anup Das a member of puja committee of Dhapa Vivekananda Sporting Club of Ward 58. expressed his admiration for the coordination of our SHG members specially how our members gave details explanation to the pandal hoppers about the benefits of wearing masks. Anup Das also pointed out that the kid mask was of great help, as there were many children who came to the mandap without wearing mask. During Dashami, when the deity was taken for immersion, the committee distributed masks to whoever attended the procession.

### Tiljala AgragaminBhratri Sangha, Ward 66

Subrata Biswas, a member of Tiljala Agragamin Bharti Sangha thanked UNICEF for this noble act. He specially mentioned that mask is an important thing during Corona period, but when it is enforced by UNICEF, the importance of the message increases manifold. He further said, that people out of respect towards UNICEF, maintained all the rules and regulation towards mask wearing. The puja committee distributed mask for three days. Mainly those who could not afford buying a mask were targeted. Subrata Biswas said that they had distributed masks to domestic workers, rickshaw pullers and children. He also said that the cloth used for the mask was very good as well as the quality of the masks were very high. He praised overall program of mask distribution by UNICEF.

# CHAPTER 3

## A. SUMMARY OF THE FOCUS GROUP DISCUSSION AT WARD 66

In the month of November 2020, a focus group discussion was organized to assess the perception of people regarding COVID-19 and its symptoms, prevention; mask usage, quality of mask distributed by UNICEF, mask making, income generation under the campaign. The discussion involved i) knowledge about COVID-19, symptoms and prevention. ii.) Mask making, mask distribution and awareness program iii.) Income generation by mask making. The discussions revealed the existence of significant lack of awareness among the community members among whom the masks were distributed, it also came in to light that most people not wearing masks have stated several religious reasons. It was also highlighted that the campaign was extremely helpful for the SHG's who were sitting idle since the lock down.

A common denominator of the views expressed by all focus group participants is the relative lack of information and clarity regarding the Covid-19 disease, mask usage and mask cleaning. Participants showed a piecemeal understanding regarding mask usage, symptoms of corona, prevention from the disease. Initial phases of focus group discussions gave an impression of significant achievements in the field, but follow up questions and deeper analysis revealed serious flaws in the understanding of how to prevent the disease, it also showed how people of the households are neglecting the disease thinking that Covid-19 virus is eliminated so the need of mask has also evaporated.



The discussion also revealed about the religious beliefs of the people and how it affects the mask usage among them. The discussion indicated how the campaign proved to be the sole source of income during Covid-19 period and lockdown as they were completely jobless at that time. The participants once again underlined the difficulties that population of ward 66 finds itself in, due to the lack of understanding and unity among them. Another key finding of the discussion was that every member of the ward did not receive the mask and people were afraid to sign the register after receiving mask owing to the issues like NRC and CAA. The SHG members responded that the work of mask making was really a great opportunity for them as they could support the family needs and children's education with the earning during this vulnerable time. They also confirmed about the lack of knowledge about Covid-19 and how they are not concerned about the prevailing condition and importance of mask usage.

Post distribution feedback form was shared with the SHG members to learn in detail how much they have benefited from this project. The questions asked are stated below.

1. Did you participate in distribution of Mask?
2. What did you tell people while distributing mask?
3. Do you think they are wearing Mask whenever they are stepping out of their home?
4. If not, why?

5. If they are not wearing mask, do you feel people in your ward do not believe in COVID-19?
6. If they are not wearing mask, what could be done in your area so that people start wearing mask?
7. What is the best way of distributing masks?
8. How much you have earned through mask making in last month?
9. Where did you invest your money?
10. What are your future plans after this project ends?

## A. SUMMARY OF THE FOCUS GROUP DISCUSSIONS AT WARD 58



In the month of November 2020, a focus group discussion was organized to understand the impact of the campaign and impact of knowledge sharing on the community. The discussion revolved around topics like i) knowledge about COVID-19, symptoms and prevention. ii.) Mask usage in the locality. The discussions revealed the existence of significant lack of awareness regarding mask usage among the beneficiaries and they pointed COVID-19 as a virus which had spread from China and correctly pointed out the symptoms of Covid-19 like cough, cold, fever, breathing trouble, attacks people who have low immunity, heart patients. But they have a misconception too that people who are strong and hardworking can never get infected with Covid-19 and also virus spreads mostly due the fear of the people. Some of them correctly pointed out measure like being careful, washing and sanitizing hands, wearing mask, maintaining safe distance but according to them it is not necessary to wear mask while visiting the neighbors, local pan shop or grocery stores etc. One is only required to wear a mask while visiting office, vegetable market etc. They said they all celebrated “Chhat Puja” by maintaining all protocols. Some of them commented that few are not giving any importance to this disease as they feel that whatever is destined to happen will eventually happen & hence they are neglecting mask usage. They informed that in the population of 3500 only one person was infected with Covid-19 who has now cured. They feel that the quality of the masks were very good and most importantly they do not feel uncomfortable while wearing the masks so they really liked it.

## B. QUALITATIVE FEEDBACK ON PERCEPTION AND COMPLIANCE OF LOCAL PEOPLE AND SHG's ON USAGE OF MASKS

**Perception of local people-** According to the random survey conducted by us on usage of masks covering all there wards (sample size- 147), we received responses which suggested that local people in the three targeted wards assume the areas of 1km radius of their house to be the extension of their house. They do not in any way feel the need to wear a mask when they are in their house or extension of the house. This came out very clearly from questions we asked like- Do you wear a mask when you visit your neighbour?, do you wear a mask when you visit paan shop or grocery shop?, do you think it is necessary to wear a mask when you go out of your house? etc.



**Perception of SHG's distributing the masks-** From the Focused Group Discussion conducted with the SHG's in three wards, we received several insights from them regarding mask distribution and awareness in the said wards. In ward 80, more specifically in Sickline- our SHG's received backlash from some families who did not accept the masks stating reasons like- "the word Corona is derived from the word Quran, so their community does not require masks as their women wear hijab or burqa. They also received other reasons like- using of sanitizer is considered to be "Haram" in their religion as it contains alcohol. In ward 66, beneficiaries were reluctant to sign after receiving the masks thinking of it as propaganda related to the recent issue of NRC/CAA.

SHG's were also of the view that people were cautious during the lockdown when there use to be police patrolling and stricter rules regarding vehicle movement etc. Now that the rules have been relaxed, people assume that it is no longer required to wear a mask. Several people also stated religious reasons for not wearing a mask.

Another observation made by the SHG's were that passerby's like rickshaw pullers and daily wage labourers asked them to distribute food and other necessities instead if masks. Similarly in ward 80, households requested for other hygiene items like sanitizers & soaps.

## **C. HIGHLIGHTS OF SUCCESS AND CHALLENGES DURING DISTRIBUTION AND STEPS TAKEN TO OVERCOME THE CHALLENGES**

### **Highlights of success**

- In ward 58 and 66, our SHG were able to get the attention of the local councillors and doctors who attended their distribution drive and also supported the campaign by urging people to wear masks and boost the efforts of the SHG's.
- During Durga Puja we were able to popularize the campaign by distributing masks through 7 big Puja Pandels in Ward 58, 6 pandels in Ward 80 and 8 pandels in Ward 66. In total we distributed 18000 masks through puja pandels. Majority of the masks were distributed to needy people through "cloth distribution" drive using a coupon system.
- Our SHG's have distributed 76,295 masks through household visits in each ward. They visited a total of 12,000 households in all three wards in the period of three months.

### **Highlights of challenges**

- Reluctance by SHG's to distribute the masks as it was a time taking procedure. According to them they have to spend 5-7 min in each household explaining the usage and taking the signature of the head of the household. For this purpose SHG's expected some kind of an allowance over the making charges of the masks.
- In some areas of Ward 80 more specifically in Taratalla, our SHG's faced mob violence from the community who overcrowded looking at free masks getting distributed. They did not let the SHG's distribute the masks.
- SHG's were only willing to distribute in the areas closer to their house/place of production. They did not want to travel in other interior areas of their wards stating reasons that women in their community are not allowed to go far from their house/or visit a strangers house.

## Steps taken to overcome challenges

- We helped the SHG's to divide the work of making and distribution. This division was done on the basis of the location of each member.
- In some areas where SHG members could not reach, we arranged distribution of masks through camps. Various COVID protocols were maintained while distribution through camps. Through these camps we collected the basic information like name, signature, no of members in HH etc
- In ward 80 we mobilized field workers separately to distribute masks and maintain register.
- We designed a reporting mechanism where at the end of each day, SHG leaders reported us the total no. of masks distributed, name of the areas and no. of HH covered.