



# नेहरु युवा केन्द्र संगठन Nehru Yuva Kendra Sangathan

स्वायत्तशासी संस्था  
युवा कार्यक्रम एवं खेल मंत्रालय  
भारत सरकार

*an Autonomous Body under the  
Ministry of Youth Affairs & Sports  
Government of India*

साथ साथ  
कल की ओर...



Ref.No.NYKS/Spl.Prgg./COVID-19/2020-21/155

14<sup>th</sup> May, 2020

To: All State Directors

From: Dr.M.P.Gupta,Director(Prog.)

**Subject: Role of NYKS in combating Stigma and Discrimination in respect of COVID-19**

Enclosed please find herewith letter from Ms. Preeti Sudan,IAS,Secretary,Deptt. of Health and Family Welfare,Ministry of Health and Family Welfare,Govt. of India.

2. Vide the above referred letter, attention has been drawn to the discriminatory actions against **healthcare and frontline workers** who have unfortunately become the most vulnerable victims of stigma, ostracization and sometimes worst act of unwarranted harassment. Such a situation has hampered the medical community from performing their duties to their optimum best.
3. Considering the current scenario, the Government has launched a **National Campaign to counter Stigma and Discrimination**. The campaign aims to address fears of the population and promote love, care, respect and solidarity based on a positive narrative.
4. In the wake of COVID-19 Pandemic, NYKS with the network of its dedicated volunteers are extending valuable contribution on critical issues such as Hand Wash, maintaining Social Distance, Distribution of food and relief materials to the needy and underprivileged, encouraging people to wear Masks, Public Announcement, Sanitization, helping District Administration in identification of migrant workers, in maintenance of lockdown etc. for combating COVID-19.
5. To fight against such stigma and discrimination, we need to have sustained Community Awareness. NYKS with its large network of volunteers can play pivotal role in such awareness initiative. Further, NYKS has advantage since last two months, most of NYKS Volunteers are already trained and undertaking various activities on COVID-19 Pandemic and they possess fair degree of knowledge, information and field level realities w.r.t. stigma and discrimination
6. **A Reference Material and Message Bank are attached herewith as Annexure-1 and Annexure- 2 for your information.** This will give you proper insight into the context and need of combating Stigma and Discrimination and strategies to be adopted for fighting this menace. The Annexure-1 and Annexure-2 are in English and Hindi, therefore, the same may be **translated into Regional Languages.**
7. It may be noted that the Communication Strategy for combating Stigma and Discrimination has four main components i.e. **Advocacy, Capacity Building, Community Engagement and Accountability and Media Engagement.** Accordingly, some of the suggestive activities to be

भूतल, 4 जीवन दीप भवन, संसद मार्ग, नई दिल्ली-110001  
Ground Floor, 4 Jeevan Deep Building, Parliament Street, New Delhi-110001  
Phone : 011-23442800

Visit us at <http://www.nyks.nic.in>

*M.P.*

undertaken by NYKS are given at **Annexure-3**. These are suggestive. Field Offices, if find other programmes/activities suitable to the cause, they are at liberty to plan and undertake by following Govt.Guidelines and advisory. An amount of Rs. 7000/- is earmarked for each District to meet out the expenses in respect of banners, playcards, slogan writing on walls and other logistic expenses.

8. The outdoor activities (if participants and organizers are willing) will not have more than 8-10 participants. Further, while organizing the outdoor activities, they will maintain social distance, wear Face Masks also take up Hand wash and Sanitization and strictly follow-up Govt. Guidelines and directions for safety in respect of COVID-19.

9. Further, there is scope for convergence also.Since District NYKs are already undertaking various activities in respect of COVID-19, such opportunity can also be utilized for raising awareness on combating stigma and discrimination.

10. You are requested to circulate this communication among District Youth Coordinators under your jurisdiction and ensure compliance.The Progress Report of the activities undertaken should be submitted in an **enclosed proformaat Annexure-4 and be submitted to Sh.Prabhat Kumar,Deputy Director(Spl.Prog.),NYKS,HQ on [prabhatkumarshimla@gmail.com](mailto:prabhatkumarshimla@gmail.com) by 20<sup>th</sup> May 2020**. Thereafter, weekly reports alongwith photographs,Videos and Pressclippings may regularly be submitted which should clearly reflect the name of NYKS, its logo and MoYAS.

With best wishes,



(Dr.M.P.Gupta)  
Director(Prog.)

Encl: as above  
CC. PS to D.G.,NYKS

### Communications strategy to counter stigma and discrimination

## #COVID 19

### Why the Strategy?

- In the background of the current COVID-19 pandemic, the most critical service providers i.e. members of healthcare and frontline services who perform relentlessly round the clock to save countless lives, have unfortunately become the most vulnerable victims of stigma and ostracization, which needs to be curbed for effective response measures.
- It is important that people with symptoms immediately come forward to seek help. However, they are apprehensive because of the stigmatization associated with those affected with Covid-19 and their families.
- While the disease is curable, stigmatization against those affected with COVID 19 leads to unnecessary feeling of alienation.

### Some facts about the current scenario in the country:

- About 80% recover without requiring special treatment
- Around 1 in 6 infected people becomes seriously ill and develops difficulty breathing
- Older people and those with underlying medical problems (such as high blood pressure, heart problems or diabetes) more likely to develop serious illness
- Person-to-person spread - Mainly between people in close contact with one another, through respiratory droplets produced when an infected person coughs, sneezes or talks
- Can spread by patients exhibiting mild symptoms during early stages of the disease, but not feeling ill
- Can spread from contact with contaminated surfaces or objects- by touching a surface or object that has the virus on it and then touching own mouth, nose, or possibly their eyes
- 95% respondent considered COVID-19 as highly dangerous, which it is not!
- As people recognize danger, there is likelihood of fear – and **fear is likely to drive stigma.**

### Primarily, 3 groups are facing stigma and discrimination:

- Those in quarantine, whether they have tested positive or not
- COVID 19 affected and their caregivers
- Health workers, frontline workers and Sanitation staff

### The communications strategy will be guided by four pillars namely:

- Advocacy
- Capacity Building
- Community Engagement and Accountability
- Media Engagement

Since the broad objective is to raise social awareness about combating Stigma it is important that appropriate triggers are used and accepted by the people across all spectrums , so that they themselves become 'messengers' in the campaign. The focus therefore needs to be on participatory community techniques and organic promotion and not paid publicity. The role of local influencers and Social Media is therefore critical.

## STRATEGY 1: ADVOCACY:

### Amplify voices of highest leadership at National and State Level:

- Engagement via Chief Ministers
- MPs and MLAs in their constituencies to advocate for the campaign via press briefs, media bytes, and social media handles
- Engagement ideas for Ward members, Mukhiyas, Panchayat & ULB, RWA members

Note: Refer to Annexure 1

### District COVID Dignity Task Force (DCDTF):

- Formation of DCDTF led by the District Magistrates comprising of ADMs, CMOH, DPOs, DICOs, law enforcement representative and other key stakeholders, to plan and operationalize the strategy.
- States with prevalence of “Shanti Samitis” may engage the network to advocate for the campaign via religious leaders, journalists, writers, influencers and local traders.

### Inter-sectoral collaboration and social mobilization

The identified stakeholders (enlisted below) to engage their respective departments, networks and chapters to garner support for awareness generation.

| FORUMS / INSTITUTIONS / ORGANIZATIONS                             | STAKEHOLDERS  |
|---|---|
| <b>National Level</b>   |   |
| Inter-ministerial collaboration                                   | Ministry / state departments of Women and Child Development, (WCD), Panchayati Raj , Minority Affairs, Information and Broadcasting, Housing & Urban Affairs, Defense, Home Affairs, Youth Affairs and Sports, Railways, Labour and Employment , Tribal Affairs, Rural Development, and Agriculture and Farmers’ Welfare. |
| <b>Social Mobilization of national level development partners</b> | Development partners, UNICEF, WHO, USAID, BMGF, UNDP, Tata Trust, CHAI, UNFPA, NIPI, TRIFED   |
| <b>State Level</b>  |   |
| Professional bodies / institutions                                | IMA, IAP, Red Cross, Rotary   |
| PRI institutions and other local bodies                           | Elected representatives, Tea Garden labour unions, employee’s union, Brick Kiln labour union/ committees  |
| Urban Local Bodies  | Mayor, Municipal Corporators, Officers, Resident Welfare Association Presidents and members and ward members  |
| Faith leaders   | Priests, <i>Maulavis</i> , <i>Granthis</i> , Bishops, tribal faith leaders  |
| Non-government organizations, Lobby                               | NGOs/ CBOs/ SHG groups and Federations, Women’s Welfare   |

|                      |  |
|----------------------|--|
| groups               | Societies Army/Police / Air force Officers /Wives Associations, Milk cooperatives, NGO Alliances, Charitable organizations/ Trusts, lawyers' associations, Relief committees |
| Private Sector       | CSR Foundations, Corporate clubs, PPP initiatives  |
| Media Advocacy       | Media agencies, Media houses, various media channels, digital and social media platforms   |
| Public personalities | Celebrities – actors, sportspersons, local celebrities, champions  |

### Celebrating COVID-Heroes:

- Roll-out „Hero“ campaigns engaging local influencer, doctors, nurses, government staff, and patients who have recovered from the COVID 19 (including ones with mild symptoms).
- Develop and disseminate testimonials on mobile and short films of real case studies. Amplify these testimonials via all mass and social media platforms.

## STRATEGY 2: CAPACITY BUILDING

- **Training of call center staff of national helpline (1075) and state helplines**(104 / 102 or other helplines) for COVID and any other helpline offering psychosocial support on addressing queries related to stigma and discrimination using the FAQs and Training Package (Can be accessed via MoHFW website).
- **“Dedicated” guidance/SOPs, modules and communication packages** on preventing stigma and discrimination for frontline workers will be shared with states.
- **Psycho-social Support:** Activation of state level dedicated psycho-social support mechanisms for the victims of stigma. Capacity building of tele-counsellors on mental health and psychosocial support (MHPSS) for those affected by COVID-19. NIMHANS is providing tele-counselling (via toll-free number 080-46110007) and may be contacted.
- **States to leverage NACO’s Integrated Counselling and Testing Centers (ICTC):** Train counsellors at the ICTC on disseminating positive messages to counter stigma and discrimination.
- **Capacitate staff of District Mental Healthcare Programs** on addressing queries related to stigma and discrimination

## STRATEGY 3: COMMUNITY ENGAGEMENT AND ACCOUNTABILITY TO PROMOTE KEY MESSAGES

- **Sensitize and engage regional/local celebrity ambassadors**
- **Celebrated state-level musical groups**, choirs, drum beating teams
- **Power of Faith based organizations:** Amplify engagement with humanitarian networks like the Inter Faith Humanitarian Alliance. Organize state orientations, webinars, and miking (from mosques, temples and churches). The month of April-May is dotted (in some states) with multiple festivals which may be leveraged as an opportunity to disseminate AV materials and written appeals disseminated via religious leaders.
- **Engage SMNET in UP and Bihar** (present in approx. 100 districts) to amplify sensitization and awareness generation via their local networks.
- **Engage non-health platforms** –such as local CSOs, PRIs, Rural Medical Practitioners, SHGs, RWAs and youth networks (NYKS/NCC/NSS/Scouts and Guides), TRIFED to amplify information as „community“s voice“
- Leverage existing Govt. programs like **NRLM and NULM**

## STRATEGY 4: MEDIA ENGAGEMENT

- A 360-degree media engagement strategy and action plan developed to address behavioral barriers related to stigma faced by healthcare workers, support staff and persons affected with COVID 19.
- A comprehensive media sensitization package developed by MoHFW is underway and can be accessed via MoHFW website under *Inspirational series on healthcare service personnel*. Open files of all products will be made available to states.

### **Media Outreach**

- Media sensitization on ethical reporting, appropriate vocabulary and amplification of positive human stories
- Seed positive media coverage, key opinion articles by different stakeholders and influencers in national and regional dailies.
- Amplify on pro bono basis mass media engagement via DD, Cable and local networks
- Sensitize and engage Radio Jockeys (RJs) to advocate messaging on stigma via their FM /Radio networks
- Advocacy with media owners, large private sector companies and their media agencies to glorify the work of health workers through their networks
- Regular monitoring of news media reports

### **Social Media:**

- States to activate their Facebook, Twitter, YouTube and WhatsApp to disseminate messages and creatives
- Promote the national helpline number 1075 and state helpline numbers
- Disseminate sample tweets and infographics (developed by MoHFW) via social media platforms
- **Promote Hashtags** across all media / social media platforms

### Messages to counter stigma and discrimination #COVID 19

In view of COVID 19 a message bank has been developed to sensitize the community towards the nature of the virus, so that fear is lessened, they overcome their apprehensions and can be positive towards the frontline / healthcare workers as well as those impacted by COVID 19. Communities need to be aware of how they behave around families that are in isolation – to treat them with compassion and while ensuring safety and distance, allow them to access essential services. It is time that we began to normalize COVID-19 within daily community conversations.

All stakeholders need to ensure to refrain from using terminologies like “COVID 19 Cases” or “COVID 19 Patients”, and refer to them as “Persons affected with COVID 19”.

### Messages in support of healthcare, frontline workers and support staff

- Be supportive and empathetic towards doctors, nurses, and community health care providers.

They are risking their lives to protect you and your families' wellbeing

- *We stand by India's protectors, at a time they are needed the most!*

- **While we stay home secured, they are on guard, at all times!**  
*Healthcare workers across the nation are attending to the affected  
Exposing themselves to Coronavirus.  
They are rightfully identified as frontline **warriors** by the nation!*

- **Not all heroes wear capes!**  
*We stand together to condemn  
Any form of violence or discrimination*

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*Exposing themselves to Corona virus.  
They are rightfully identified as **warriors** by the nation!*

- **Not all heroes wear capes!**  
*We stand together to condemn and voice  
Any form of violence or discrimination caused to the protectors who protect us*
- आपने हमारा खयाल रखा है  
हम आपका साथ नहीं छोड़ेंगे
- हमारे डॉक्टर्स, नर्सों जखुद इस बीमारी के शिकार बनते जा रहे हैं  
लेकिन कोरोना की जंग, एक सिपाही की तरह लड़ रहे हैं  
हम सब आपके साथ हैं  
आपके बहुत आभारी हैं
- जिनके होने से है बेफिक्री  
जिनके होने से है उम्मीद  
वह सब जो हमारी हिफाजत के लिए बढ रहे हैं  
मज़बूत करें उन हाथों को  
जो हमारे लिए लड़ रहे हैं
- जो दे रहे हैं जीवनदान  
हम रखेंगे उनका मान
- जो बचा रहे हैं हमारी जान  
करना है उनका सम्मान
- जिनके हाथों मिल रहा जीवन  
उनका सम्मान करें जन जन
- दिन रात जो कर रहे हैं आपकी देखभाल  
आओ रखें उनका खयाल



**Suggestive list of Activities to be undertaken by NYKS in respect of combating Stigma and Discrimination.**

**Advocacy-**(People/Organization /Instrument which support/ amplify the message)

- 1.Engaging Members of Youth Clubs,
- 2.Usage of Webinar Platform,
- 3.Campaign by National Youth Volunteers/EX-NYVs,
- 4.Voices of Peer Group
- 5.Opinion Makers/Village Elders as Associates

**Capacity Building-** (Training,Education,Knowledge Sharing)

1. Sensitization of Members of Youth Clubs/National Youth Volunteers,
2. Formation of Whatasapp Groups, Activating Face book /Twitter,
3. Translation of Messages in Regional Language,

**Community Engagement and Accountability- Social Mobilization**

1. Sharing of Messages/Contents throughWhatsapp/Face book/Twitter,
2. Wall Writings
3. Webinar
4. Focussed Group Discussions
5. Translation of Messages in Regional Languages
6. Posters
7. E-Posters
8. E-Pamphlets
9. E-Generated Messages
10. Translation of Messages in Regional Languages

**Social Media for Addressing Stigma & Discrimination-**

1. Activating Face book/Twitter, Youtube/Whatsapp for Message dissemination,
2. Promotion of National Helpline Number1075 and State Helpline Numbers,
- 3.Dissemination of Sample Tweets and infographics (developed by MoHFW)via social media platform,
4. Linking of MoHFW Official Website([www.mohfw.gov.in](http://www.mohfw.gov.in))

**Nehru Yuva Kendra Sangathan**  
**Action on Combating Stigma and Discrimination in respect of COVID-19**

**Progress Report**

Name of State----- Name of State Director-----

No. of Kendras in the State----- No. of Blocks ----- No. of NY Volunteers.....

No. Of Kendra submitted reported: ----- No. Of villages covered: -----

| Sr. No | Name of the programme  | Name of activity undertaken   | No. of activity organized | Participants/Beneficiaries |      |        |       | Name of Resource Persons/ Experts/ Moderator |
|--------|--|---|---------------------------|----------------------------|------|--------|-------|--|
|        |  |   |                           | No. of participants        | Male | Female | Total |  |
| 1.     | <b>Advocacy (People/Organization /Instrument which support/ amplify the message for combating stigma and discrimination.</b> | Engaging Members of Youth Clubs                                     |                           |                            |      |        |       |  |
|        |  | Usage of Webinar Platform   |                           |                            |      |        |       |  |
|        |  | Campaign by National Youth Volunteers/EX-NYVs                       |                           |                            |      |        |       |  |
|        |  | Voices of Peer Group  |                           |                            |      |        |       |  |
|        |  | Opinion Makers/ Village Elders as Associates                        |                           |                            |      |        |       |  |
|        |  | <b>Total</b>  |                           |                            |      |        |       |  |
| 2.     | <b>Capacity Building (Training, Education, Knowledge Sharing to combat stigma and discrimination.</b>                        | 1.Sensitization of Members of Youth Clubs/National Youth Volunteers |                           |                            |      |        |       |  |
|        |  | 2.Formation of Whatasapp Group                                      |                           |                            |      |        |       |  |
|        |  | 3.Activating Face book /Twitter                                     |                           |                            |      |        |       |  |
|        |  | 4.Translation of Messages in Regional Language                      |                           |                            |      |        |       |  |
|        |  | <b>Total</b>  |                           |                            |      |        |       |  |

| Sr. No | Name of the programme  | Name of activity undertaken  | No. of activity organized               | Participants/Beneficiaries                          |                                |        |              | Name of Resource Persons/ Experts/ Moderator        |
|--------|--|--|---|---|--------------------------------|--------|--------------|---|
|        |  |  |   | No. of participants                                 | Male                           | Female | Total        |   |
| 3.     | <b>Community Engagement and accountability-Social Mobilization for combating Stigma and Discrimination</b> | 1.Sharing of Messages/Contents Through Whatsapp/Face book/Twitter          |   |   |                                |        |              |   |
|        |  | 2.Wall Writings  |   |   |                                |        |              |   |
|        |  | 3.Webinar  |   |   |                                |        |              |   |
|        |  | 4.Focussed Group Discussion  |   |   |                                |        |              |   |
|        |  | 5. Translation of Messages in Regional Language                            | <b>Name of Regional Language</b>        | <b>No. of people among whom Translated messages</b> |                                |        |              |   |
|        |  |  |   | Male  | Female                         | Total  |              |   |
|        |  | <b>Total</b>   |   |   |                                |        |              |   |
|        |  |  | <b>How many Displayed (Mention no.)</b> | <b>Name the Activity</b>                            | <b>No. of People witnessed</b> |        | <b>Total</b> | <b>Name of Resource Persons/ Experts/ Moderator</b> |
|        |  |  |   |   | Male                           | Female |              |   |
|        |  |  | 5. -Posters                             |   |                                |        |              |   |
|        |  |  | 6. E-Posters                            |   |                                |        |              |   |
|        |  |  | 7.Playcards                             |   |                                |        |              |   |
|        |  |  | 8.Wall Writing                          |   |                                |        |              |   |
|        |  |  | 9.E-Pamphlets                           |   |                                |        |              |   |
|        | 10.E-Generated Messages  |  |   |   |                                |        |              |   |
|        | <b>Total</b>   |  |   |   |                                |        |              |   |
| 4.     | <b>Social Media Engagement for Addressing Stigma &amp; Discrimination</b>                                  | 1.Activating Face book/Twitter, Youtube/Whatsapp for Message dissemination |   |   |                                |        |              |   |
|        |  | 2.Promotion of National Helpline Number1075 and State Helpline Numbers     |   |   |                                |        |              |   |

| Sr. No | Name of the programme | Name of activity undertaken   | No. of activity organized | Participants/Beneficiaries |      |        |       | Name of Resource Persons/ Experts/ Moderator |
|--------|-----------------------|---|---------------------------|----------------------------|------|--------|-------|--|
|        |                       |   |                           | No. of participants        | Male | Female | Total |  |
|        |                       | 3. Dissemination of Sample Tweets and infographics (developed by MoHFW) via social media platform |                           |                            |      |        |       |  |
|        |                       | 4. Linking of MoHFW Official Website (www.mohfw.gov.in)   |                           |                            |      |        |       |  |
|        |                       | <b>Total</b>  |                           |                            |      |        |       |  |
|        |                       | <b>Grand Total of 1+2+3+4</b>   |                           |                            |      |        |       |  |

**Signature**

**State Director with Office Stamp**

**Prepared by Dealing Hand: Name & Signature .....**

Date \_\_\_\_\_