

# **Community Intervention Program (CIP):**

**Curbing the Spread of COVID-19 in Chennai** 



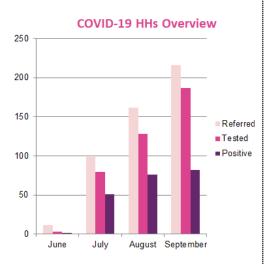
## **Key Findings**

2879

Households (HHs)
Profiled

187

Beneficiaries Tested



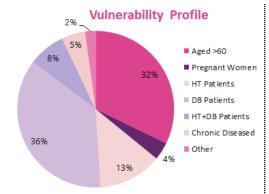
## **Background**

About one year since the outbreak of COVID-19, Tamil Nadu has reported a significant increase in cases, topping 1 million total as per April 2021. While the state figures amongst the top fourth in India for the number of infected people, the metropolitan area of Chennai has been an epicentre of the spread of the virus locally. Specifically, the hazardous conditions characterising life in slums and informal settlements have exposed vulnerable segments of the population to the risk of contracting the virus. Since the first phases of the pandemic, especially in urban areas such as Chennai, improving COVID-19 tracing has thus emerged as the first step to curb the threat of community outspread. For this reason, starting from May 2020, the local government, the NGO sector, and civil society have joined efforts to trace, treat and contain the virus in the Chennai area.

#### **Community Intervention Program (CIP)**

In partnership with the Health Department of the Greater Chennai Corporation (GCC), Blossom Trust was one of the 28 NGOs implementing the Community Intervention Program (CIP). The project ran from May to September 2020, covering 15 zones in the Chennai metropolitan area, of which Blossom was responsible for zone 12, comprising 9 high-risk settlements. At the peak of the COVID-19 pandemic, the

<sup>&</sup>lt;sup>1</sup>JCU CSSE Covid-19 Data, <a href="https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6">https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6</a> [last accessed: 20/04/2021].



#### Results

During the Community Intervention Program, Blossom Trust reached 2879 households in 9 high-risk settlements in Chennai. Risk-profiling allowed identifying a vulnerable beneficiary pool, composed of almost 70% of individuals aged 60 years old or over, and patients with hypertension and Diabetes. Overall, of the 201 individuals referred to the healthcare facilities. 187 were tested for COVID-19. On average, about 40% of tested persons were discovered positive. What emerged from field data is a positive relationship between the increase in the number of people tested and those found positive to COVID-19. This data reflects the importance of testing to improve virus tracing, treatment and containment.

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project aimed to identify symptomatic cases among the most vulnerable households and refer them to the local Primary Healthcare Centre for testing and treatment. Contingent to this, local outreach by Blossom Trust and the NGO consortium also intended to raise awareness on the threat of community spread and the measures and recommendations to follow to mitigate such risk.

### **Risk Profiling and Referral**

During this project, Blossom Trust's Outreach Workers (ORWs) carried out detailed mapping of the assigned area, approaching households directly through house-to-house visits. This way, the team completed risk profiling of 2879 households, reporting symptomatic individuals to the healthcare authorities. Profiled high-risk subjects primarily included people over 60 years old, patients with hypertension (HT), Diabetes (DB), chronic diseases, and pregnant women. Over approximately 123 days of field operations, the ORWs also conducted follow-up visits to monitor the isolation of confirmed cases and record status updates at the household level, including the completion of prescribed home quarantine.



### **Awareness-raising Campaign**

Blossom Trust has long-standing experience in conducting awareness-raising sessions on a variety of health-related topics. During the Community Intervention Program, Blossom's expertise was employed for delivering **Interpersonal Communication Sessions** amongst targeted beneficiaries in Chennai. On the one side, Awareness-raising Campaign aimed at addressing the stigmatisation of COVID-19 positive patients and the lack of trust between community members. On the other side, through demo drills and performances, the ORWs instructed on hand-washing, social distancing, and mask-wearing as safety measures to limit infection within the community.