

COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

Facilitating Community-led COVID Appropriate Behaviour and Vaccination Linkages for Marginalised Communities across India

STATE INSIGHTS – CHHATTISGARH

PRAXIS

Introduction

The Collect Risk Communication & Community Engagement is a community led initiative spread across 11 states, supported by UNICEF India. The initiative covers 70 districts, rooted in 560 hamlets, predominantly inhabited by Dalit, Adivasi, De-notified and Nomadic Tribes and minority communities. The programme particularly focuses on building a resource base at community level for an easy access to information and instituting a system of data flow, which can be used to create an evidence-based system of communication with local administration. This holds importance particularly in the context that in these targeted hamlets of marginalised groups, access to digital tools is minimal and even when available, not everyone is able to access these tools owing to varied reasons ranging from ownership to access control.

Overall programme

With the second wave spreading to rural areas mid-2021 and the impending third wave of the pandemic, the immediate problem in most of the selected hamlets was the fear of rural spread of the virus in a rapid way, the lack of awareness about Covid Appropriate Behaviours and the myths clouding the vaccination drive. It was in this background that in November 2021, RCCE Collect initiative began a six-month programme focused on building community level awareness on Covid Appropriate Behaviour (CAB) and ensuring higher vaccination through mobilisation among vulnerable groups. The programme selected hamlet level and district level fellows in each location that were from the community itself. The key objectives of the six-month programme were as follows:

- 1) Fellows understand and practice Covid appropriate behaviours (CAB), are facilitated to make informed decisions about vaccinations and are provided access to the same.
- 2) Enhance capacity/understanding of Covid Appropriate Behaviour of volunteers to help them take the message of CAB to communities
- 3) Link the community with the local health services and administration for early COVID testing, treatment and vaccination with the view to the improvement of vaccination systems overall for the left-out dropped-out community

Programme timeline

In a phased manner, the programme began with a strong and consistent focus on CAB as well vaccination efforts, following this, from the third month onwards work on social accountability aspects with particular focus on government supported schemes and entitlements also began parallelly.



560 hamlet fellows and 71 district fellows trained on CAB and vaccination, following which community meetings held to spread this knowledge

Based on the findings of the vaccination survey - target vulnerable groups were engaged with (e.g pregnant women, persons with disability, elderly, etc.). Door to door campaigns, engagement with Panchayat and local administration strengthened.

Endline vaccination survey conducted. Focus on 12-17yr vaccination in community meetings. In the social accountability focus districts, fellows continued to engage and identify the challenges faced by the community. Fellows were also trained on online applications for relevant schemes.

November

January

March and April

December

February

A survey was conducted to better understand the status of vaccination in all states.

Sessions with doctors and experts held for fellows to understand vaccine myths. Links made with local administration for supporting vaccine camps.

Along with the ongoing efforts for vaccination, 10 districts were selected to focus on social accountability work.

The fellows identified the schemes difficult to access for the community. The capacity of the fellows was built on these schemes and liasoning with local administration for scheme was initiated.

Focus on youth vaccination and its challenges added.



CHHATTISGARH

Under the C-RCCE initiative, surveys were conducted at the start of the project in late December 2021 and then again in April 2022, post six months of the project. In Chhattisgarh, the initiative covered 7 districts with 62 hamlets in the baseline and 6 districts with 55 hamlets in the endline. A total of 16580 adults were covered in the baseline while 15123 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
7	12	49	62	6	11	39	55

Number of Individuals covered		
	Baseline	Endline
Chhattisgarh	16580	15123

Insights on Vaccination of Adults (18+)

In terms of rate of vaccination, it was found that overall rate of vaccination rate was 74% during December, which increased to 83% by the endline. Data collected during the baseline revealed that there were only 42% adults that were fully vaccinated. Vaccination was particularly low amongst the Denotified and Nomadic Tribes (16%). By April it was found that there was a significant increase overall in the number of individuals that were fully vaccinated, with 67% as fully vaccinated. It is important to note that the vaccination among the DNT community increased from 16% fully vaccinated individuals to 61% fully vaccinated individuals.

	% of Not Vaccinated (Women 18+)	% of Partially vaccinated / Only single dose (Women 18+)	% of Fully vaccinated / Two doses (Women 18+)	% of Not Vaccinated (Men 18+)	% of Partially vaccinated / Only single dose (Men 18+)	% of Fully vaccinated / Two doses (Men 18+)	% of Not Vaccinated	% of Partially vaccinated	% of Fully vaccinated
	Baseline								
SC	5%	48%	47%	5%	48%	47%	5%	48%	47%
ST	4%	40%	57%	3%	42%	55%	3%	41%	56%
OBC	4%	43%	53%	3%	43%	54%	4%	43%	53%
DNT	9%	74%	17%	6%	78%	16%	8%	76%	16%
Minority	11%	58%	32%	15%	40%	45%	13%	49%	38%
	Endline								

SC	7%	20%	73%	7%	20%	73%	7%	20%	73%
ST	4%	15%	81%	4%	16%	79%	4%	16%	80%
OBC	13%	25%	62%	14%	24%	62%	14%	24%	62%
DNT	3%	36%	61%	3%	34%	62%	3%	35%	61%
Minority	25%	21%	54%	12%	24%	63%	19%	22%	58%

Challenges and Fears: Learnings from the ground

As emerged from the community survey and substantiated from the discussions with implementing partners, vaccine hesitancy was driven by people's lack of confidence, prevailing myths, misleading information, risk calculation and moreover, inconvenience to reach the vaccination centers. Vaccine denial and reluctance has been in existence since beginning of the vaccination drive by the central government. People denied speaking to the team when they visited the intervention villages to persuade them to get vaccinated. Rumors, myths and misinformation/ confusing fake information about vaccines circulating across social media aggravated people's doubts about vaccination.

Pregnancy and new motherhood decreased the acceptance rate for vaccination. The barriers to vaccination acceptance among pregnant and lactating women were related to vaccine safety, myths and misconceptions due to illiteracy and less knowledge about significance and effectiveness of vaccines. The primary reason associated with stern refusal to vaccination was fear of side effects on the fetus. For instance, Korwa community in Chhattisgarh have apprehension that vaccine would impair the growth of the child. They are afraid of pregnant women being unable to give birth to a healthy child if vaccinated. ASHA and ANM are threatened for their outreach visits.

Vaccination among 12-17 age group

With regards to vaccination of 12-14 year age group, the survey was conducted during April 2022 among 1231 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that 25% children between 12-14 age group were fully vaccinated. The survey of 15-17 year age group vaccination, conducted with 1545 youth, revealed that 46% had received both their vaccine doses. This was particularly low among the DNT community (33%).

	% girls between 12-14 years who have not been vaccinated at all	% girls between 12-14 years who have been partially vaccinated (received one COVID vaccine dose)	% girls between 12-14 years who have been fully vaccinated (received both COVID vaccine dose)	% of boys between 12-14 years who have not been vaccinated at all	% of boys between 12-14 years who have been partially vaccinated (received one COVID vaccine dose)	% of boys between 12-14 years who have been fully vaccinated (received both COVID vaccine dose)	% of Not Vaccinated	% of Partially vaccinated	% of Fully vaccinated
SC	34%	33%	34%	44%	35%	21%	38%	34%	28%
ST	27%	50%	23%	27%	55%	18%	27%	52%	21%
OBC	29%	37%	34%	29%	38%	33%	29%	37%	33%
DNT	69%	14%	17%	56%	24%	20%	63%	19%	19%

	% girls between 15-17 years who have not been vaccinated at all	% girls between 15-17 years who have been partially vaccinated (received one COVID vaccine dose)	% girls between 15-17 years who have been fully vaccinated (received both COVID vaccine dose)	% of boys between 15-17 years who have not been vaccinated at all	% of boys between 15-17 years who have been partially vaccinated (received one COVID vaccine dose)	% of boys between 15-17 years who have been fully vaccinated (received both COVID vaccine dose)	% of Not Vaccinated	% of Partially vaccinated	% of Fully vaccinated
SC	19%	29%	52%	19%	26%	55%	19%	28%	54%
ST	10%	45%	45%	14%	44%	42%	12%	44%	44%
OBC	22%	29%	48%	19%	31%	50%	21%	30%	49%
DNT	39%	22%	39%	52%	21%	27%	45%	22%	33%
Minority	20%	40%	40%	0%	0%	100%	17%	33%	50%

Challenges and Fears: Learnings from the ground

Although the effectiveness of vaccines on children [12-17 years] was authorized and approved by the government through clinical trials, apparently this wasn't convincing enough to persuade parents to vaccinate their children. Rising doubts about effectiveness of vaccine doses, parents' perceptions regarding unforeseen circumstances that vaccine might have long-term ramifications on their children, and overall, the concerns about potential unknown long-term effects including side effects of vaccine restrained parents from getting their children vaccinated. Presence of child labour in Chhattisgarh has emerged as another issue that hindered the scope of those working children to get vaccinated.

Vaccination among vulnerable groups

A. Persons with Disability

The survey focused on a few vulnerable population including persons with disability. 78 households with persons with disabilities were surveyed in the baseline, while 76 were surveyed in the endline. It was found that there were still 21% PwDs that had not been vaccinated at all till December, while only 46% had been fully vaccinated. This increased significantly after intervention by the programme fellows, an increased to 76% fully vaccinated persons with disabilities.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	21%	33%	46%
Endline	9%	14%	76%

B. Pregnant Women

There were 157 households with pregnant women during the baseline study, while in April the number was 89. The survey revealed an important finding that there were only 8% pregnant women that were fully vaccinated till the baseline. This meant that a large part of the focus of the programme was on working with pregnant women and their families to try to understand their fears and to link them to medical experts for advice. At the time of the survey in April, it was found that the number had significantly increased to 45% fully vaccinated.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	45%	47%	8%
Endline	26%	29%	45%

Community-Level Survey on Social Protection Schemes

A community-level survey was also conducted across 54 hamlets, 41 Panchayats in 12 blocks and 7 districts. There were 61% hamlets that were predominantly inhabited by ST population and 35% with a predominant SC population.

State	Number of Districts	Number of Blocks	Number of Panchayats	Number of Villages
Chhattisgarh	7	12	41	54

Table1: geography of Qualitative Study

Community		Community	
OBC	2%	DNT	13%
SC	35%	Minority	2%
ST	61%		

Table2: Social groups covered

Support systems for recovery

Access to PDS and Dry Ration

In terms of the access to the PDS and the dry ration in schools, about 85% of the hamlets reported that the PDS distribution was effectively taking place and 79% of the hamlets reported to have had access to dry ration from schools, there were 14% of the hamlets reported not having received dry ration from schools.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	46	85%	11	79%
Negligible population or none received	0		2	14%
Some received	8	15%	1	7%
Total	54	100%	14	100%

Table3: Access to PDS and Ratio

Access to Nutrition

The proportion of hamlets receiving the nutritional benefits for the children and women was high, with nearly 60% of the villages responding positively to the provision of nutrition across the categories. There was 19% hamlet where it was reported that none of the children between 3-6 years had received food, while 17% hamlets reported that none of the children between 0-3 years received nutritious food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	37	90%
No	4	10%
Total	41	100%

Table4: Access to MDM

Response	Pregnant Women	Proportion	Lactating Mothers	Proportion	Children (0.5 - 3 Years)	Proportion	Children (3 - 6 Years)	Proportion
All received	36	67%	31	57%	33	61%	34	62%
Negligible population or none received	4	7%	3	6%	9	17%	10	19%
No eligible households			3	6%				
Some received	14	26%	17	32%	12	22%	10	19%
Total	54	100%	54	100%	54	100%	54	100%

Table5: Nutrition for women and children

Access to Pensions

In terms of the pensions, the survey studied the access to the old age pension, widow pension and the disability pension. The hamlets that reported complete coverage of the pensions was ranging from 41% to 54% while 30%-50% hamlets reported that some of the beneficiaries had received the pensions.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	22	41%	29	54%	25	46%
Negligible population or None received	5	9%	5	9%	3	6%
No eligible Households	1	2%	1	2%	8	15%
Some received	26	48%	19	35%	18	33%
Total	54	100%	54	100%	54	100%

Table6: Access to pensions

Access to government schemes

On the question of the access to government schemes, the complete coverage was the highest for Jan Dhan at 78%, however, it was even lower for the other government schemes including Ujjwala, Ayushman Bharat and MNREGA with the complete coverage for these schemes respectively being reported by 20%, 12% and 35% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	11	20%
Negligible population or None received	8	15%
None of them have access to the scheme	6	11%
Not Needed	3	6%
Some received	26	48%
Total	54	100%

Response	Ayushman Bharat	Proportion
All received	28	12%
Do not know about scheme	3	20%
Negligible population or None received	1	9%
No one has applied	2	14%
Some received	20	45%
Total	54	100%

Response	MNREGA	Proportion
All received	19	35%
MNREGA Not applicable		
Negligible population or None received	4	7%
Not needed	1	2%
Some received	30	56%
Total	54	100%

Response	Jan Dhan	Proportion
All have account	42	78%
Negligible population or none have account		
Some have account	12	22%
Total	54	100%

Table7: Access to Government Schemes

Status of 3 poorest HHs in the village

The survey also reports the situation of the three poorest households in the hamlet in terms of the access to government schemes. The findings reported the maximum penetration for all the three households was in PDS, whereas, it was the lowest in Ujjwala Yojna. There were still 2% locations where the 3 poorest families did not have access to ration cards. The poorest families in 7% hamlets reported that they do not know about the Ayushman Bharat scheme, while in 17% hamlets these households did not have Jan Dhan Yojna accounts.

Response	Ujjwala	Proportion
Only 1 HH received	3	6%
2 HHs received	10	19%
All 3 households received	23	43%
None of them have access to the scheme	7	12%
None of them received the cylinder	11	20%
Total	54	100%

Response	PDS	Proportion
Only 1 HH received	3	6%
2 HHs received	4	7%
All 3 households received	36	67%
Do not have ration card	1	2%
None of them received ration	10	18%
Total	54	100%

Response	Pensions	Proportion
Only 1 HH received	2	4%
2 HHs received	9	18%
All 3 households received	26	48%
None of them received	10	19%
Not Eligible	7	11%
Total	54	100%

Response	Ayushman Bharat	Proportion
Only 1 HH received	5	9%
Only 2 HHs	5	9%
All 3 households received	29	55%
Do you know about the scheme	4	7%
Have not applied	7	13%
None of them	4	7%
Total	54	100%

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	3	6%
2 HHs received	7	13%
All 3 households received	35	65%
None of them received	9	17%
Total	54	100%

Table8: Status of 3 poorest households

Access to online education

In terms of the access to online education for the children in the hamlets, 70% of the hamlets reported that only some of the children could access online education, whereas, 17% of the hamlets reported complete access to online education for children. The study of access to online education in the 3 poorest households shows that 22% of the hamlets saw all the 3 poorest households having access to online education.

Response	Frequency	Proportion
All children	9	17%
Negligible or no children	7	13%
Some children	38	70%
Total	54	100%

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	3	6%
2 HHs received	16	30%
All 3 households received	12	22%
None of them received	23	42%
Total	54	100%

Table10: Education: Status of 3 poorest households

Social Issues

The study also enquired on the status of distress and violence in the post-Covid situation, the variables studied under distress and violence were physical/domestic violence, child abuse, indebtedness and discrimination in vaccination. 65% of the hamlets responded that there has been an increase in indebtedness.

Response	Increase in Physical/Domestic Abuse	Proportion	Increase in Child Abuse	Proportion	Increase in Indebtedness	Proportion
Don't know	4	7%	1	2%	4	7%
No	42	78%	49	91%	13	24%
Same as before	1	2%			2	4%
Yes	7	13%	4	7%	35	65%
Total	54	100%	54	100%	54	100%

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	30	56%
Same	23	42%
Worse	1	2%
Total	54	100%

Table12: Discrimination in vaccination

Access to Health Facilities

The survey looked at the hamlets' access to the health facilities. It was reported that there were still 65% hamlets where not all children were immunized. In terms of the health centers (sub-center, community center, District hospital), the data revealed that they could be accessed but the people were not satisfied with their services. 26% hamlets reported that Community Health Centres were difficult to access, while 43% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	2	4%
No	11	20%
Yes	41	76%
Total	54	100%

Response	Immunization of children	Proportion
All children	18	33%
None of the children	1	2%
Some children	35	65%
Total	54	100%

Response	Sub-Health Centre	Proportion
Accessible	33	61%
Accessible with good quality treatment	9	18%
Not existent	12	21%
Total	54	100%

Response	Primary Health Centre	Proportion
Accessible	27	50%
Accessible with good quality treatment	5	9%
Not Close by	22	41%
Total	54	100%

Response	Community Health Centre	Proportion
Difficult to access	14	26%
People are able to go	34	63%
People are able to go and has good quality treatment	6	11%
Total	54	100%

Response	District Hospital	Proportion
Difficult to access	23	43%
People are able to go	23	43%
People are able to go and has good quality treatment	8	14%
Total	54	100%

Table14: Access to Health facilities

TIMELINE	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
Dec 16-31, 2021	1	Orientation on data collection through Kobo questionnaire	NA	NA	20	Meeting on covid appropriate behaviour, vaccination awareness, meeting with women's groups for need assessment and creating memorandum to submit to government officials
Jan 1-15, 2022	NA	NA	NA	NA	15	Stakeholder meeting: 0 Vaccination camp: 1 Support to vaccination in places through frontline workers: 8 [20 people vaccinated] Community meeting: 8
Jan 16-31, 2022	NA	NA	NA	NA	11	Discussion with community on women's violence, right to education, prevention of covid 19, information on 15-18 vaccinations and constitutional values, Postering for vaccination awareness, Awareness meeting with community on Covid Appropriate Behaviour in presence of frontline health workers
Feb 1-15, 2022	NA	NA	NA	NA	9	Community volunteer training on data collection on issues related to MGNREGA, E-shram card, education and scope of linkage with government [either verbal or written application] for preventive measures; Training of youths on Covid and dissemination of information; Support to vaccination of 15-18 years children and 18+ years people; Mobilising community and support to vaccination
Feb 16-28, 2022	1	Planning meeting	NA	NA	16	Support to vaccination of 15+ years children in higher secondary school; Awareness meeting on Covid Appropriate Behaviour, vaccine booster dose, employment and education at MGNREGA work site; Discussion with SHG on women empowerment; Support to vaccination of 15+ years children and 18+ years people; Training on government schemes, processing and compilation of data; awareness on importance of education; discussion on status of out-migration and the self-reliance of community on availability of employment opportunities and resources in village; discussion on status of vaccination and guidance for data collection; Meeting with Sarpanch and submission of memorandum of problems faced by community; Discussion with community on PDS, social security pension, PM Swasthya Bima Yojana, E-shram card; Mobilising community for attending village health camp organised for COVID
March 1-15, 2022	NA	NA	NA	NA	34 [includes interaction during	FGD with community and community survey; Dissemination of information and awareness about vaccination and social welfare schemes; Celebration of International Women's Day in presence of village leader, government officials and women collective

					community survey]	members; Discussion on social welfare schemes [pension, ration, MGNREGA, MDM] and violence against women; community survey; Discussion and listing of demands and dissemination of information by MNREGA Employment Secretary, ANM and school teacher; Discussion and collection of data on access to social welfare schemes
March 16-31, 2022	NA	NA	NA	NA	4	Mobilising community for vaccination under vaccination drive and support to children's vaccination; Support to vaccination of 12+ years children in middle school; Support to blood sugar check-up camp; Discussion with health workers on aftereffects of vaccination and precautionary measures in village level health camp organised by Dept. of Health
Apr 1-15, 2022	NA	NA	NA	NA	1	Volunteers' training on MIS data
Apr 16-30, 2022	NA	NA	NA	NA	5 [gender disaggregation of participants: 29 women, 28 men]	Meeting with panchayat [sarpanch, former sarpanch and ward panch] on progress and proper implementation of MGNREGA, PDS and other government schemes; Vaccination survey and community meeting; Review meeting with fellows