

COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS – ANDHRA PRADESH

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.



ANDHRA PRADESH

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 Andhra Pradesh, the initiative covered 3 districts with 23 hamlets in the baseline and 3 districts with 20 hamlets in the endline. A total of 6798 adults were covered in the baseline while 9533 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
3	11	18	23	3	11	18	20

Number of Individuals covered		
	Baseline	Endline
AP	6798	9533

Insights on Vaccination of Adults (18+)

In terms of rate of vaccination, it was found that overall rate of vaccination rate was 67% during December, which increased significantly to 84% by the endline. Data collected during the baseline revealed that there were 52% individuals that were fully vaccinated. Vaccination was particularly low amongst the Scheduled Caste (40%). By April it was found that there was a significant increase overall in the number of individuals that were fully vaccinated, with 76% as fully vaccinated. It is important to note that the vaccination among the SC community increased from 40% fully vaccinated individuals to 82% 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	15%	44%	41%	15%	45%	40%	15%	45%	40%
ST	5%	36%	59%	5%	35%	60%	5%	36%	59%
OBC	NA	NA	NA	NA	NA	NA	NA	NA	NA
DNT	44%	12%	45%	38%	13%	49%	41%	13%	47%
Minority	20%	20%	60%	22%	17%	61%	21%	18%	61%
	Endline								

SC	1%	17%	82%	0%	17%	82%	1%	17%	82%
ST	18%	19%	63%	16%	19%	65%	17%	19%	64%
OBC	0%	0%	100%	0%	0%	100%	0%	0%	100%
DNT	6%	9%	85%	8%	13%	80%	7%	11%	82%
Minority	19%	23%	58%	20%	32%	49%	19%	27%	54%

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. As part of the intervention process, ASHA and ANM workers were made aware about the sense of equality and non-discriminatory behaviour towards vaccination. Though the team were able to overcome attitude related concerns and convince the elderlies to take vaccine shots, issues related to fake certificates owned by the tribal people was one of the key challenges. The team reached out to the government officials for intervention and corrective measures. In spite of meetings with gram panchayat and ward members, not many people from tribal communities agreed to get vaccinated. Availability of transport emerged as one of the major issues in tribal locations.

Sheer hesitancy towards vaccination has also been observed among the people with addictions. No matter what the team tried to explain and make them understand the need for vaccination - it had been extremely challenging to help them overcome their misconceptions related to alcoholism and vaccination.

Given the medical condition that puts people with disabilities at high risk, they are considered within the priority groups for vaccination allocation plans. Despite the fact that disability is a priority risk factor and many individuals with disabilities are at a heightened risk of infection, severe illness and even death due to Covid-19 because of their existing medical conditions - the states were not responsive towards arranging special infrastructural provisions for persons with disabilities.

“Due to prevailing caste discrimination in Krishna district, lots of people are deprived of vaccination support. Influential people and people with political background are being able to get booster shots whereas others in remote locations are unable to access vaccines”. – Chittoor, Andhra Pradesh

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 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. Other reasons pertain to - fear of vaccination affecting the fertility of women, parents and in-laws fear of vaccination impacting the growth of the fetus, fear of side effects of vaccine impacting the new born child, illiteracy leading to misconceptions and apprehensions regarding vaccination etc.

Vaccination among 12-17 age group

With regards to vaccination of 12-14 year age group, the survey was conducted during April 2022 among 1953 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that 36% children between 12-14 age group were fully vaccinated. The survey of 15-17 year age group vaccination, conducted with 1812 youth, revealed that 43% had received both their vaccine doses. This was particularly low among the SC community (31%).

	% 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	15%	62%	23%	15%	63%	22%	15%	62%	22%
ST	13%	41%	46%	9%	42%	49%	11%	42%	47%
DNT	21%	42%	36%	22%	50%	28%	22%	46%	32%
Minority	25%	29%	46%	25%	38%	38%	25%	33%	42%

	% 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	7%	63%	29%	6%	60%	34%	7%	62%	31%

ST	6%	37%	58%	7%	32%	61%	6%	35%	59%
DNT	30%	30%	40%	32%	32%	36%	31%	31%	38%
Minority	30%	27%	43%	29%	26%	45%	30%	26%	44%

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 particularly from instances of people getting infected even after completing two doses, lack of dissemination of information by frontline health workers about the importance of vaccination, persistent fear of aftermath, 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. With regards to the systemic challenges - lack of coordination among local bodies, crowd and long queue outside vaccination centers and mismanagements were some of the key disabling factors for 12-17 years children's vaccination. Absence of mobile phones in every financially unstable family has been a barrier to vaccination because in most cases people are more in numbers in one family whereas only four people can be registered with one mobile number.

Vaccination among vulnerable groups

A. Persons with Disability

The survey focused on a few vulnerable population including persons with disability. 15 households with persons with disabilities were surveyed in the baseline, while 15 were surveyed in the endline. It was found that there were still 47% PwDs that had not been vaccinated at all till December, while only 53% had been fully vaccinated. This increased significantly after intervention by the programme fellows, and increased to 67% fully vaccinated persons with disabilities.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	47%	0%	53%
Endline	13%	20%	67%

Actions on the ground

During the initial phase of programme intervention, the community fellows made home visits and supported persons with disabilities to reach the vaccination centres. Besides doorstep awareness campaigns and community meetings, the partners sought support from panchayat level duty bearers including AWW, ASHA, ANM and panchayat and ward members for community mobilisation, collaboration in awareness campaigns and organising vaccination camps in village or

panchayat. Community mobilisation processes gained momentum with due recognition of the initiative by panchayat and block level government officials who extended their support and joined hands in ensuring village level special camps as well as doorstep vaccination services for those who had been unable to access the same. Frequent visits and follow-ups with relevant departments including ward members and health officers worked as a successful strategy to ensure every disabled person is fully vaccinated. Social media forums and whatsapp groups have also been extensively used by the implementing partners to raise awareness about vaccination especially among persons with disabilities.

B. Pregnant Women

There were 28 households with pregnant women during the baseline study, while in April the number was 24. An important finding from the baseline survey was that there were still 46% pregnant women that were not fully vaccinated. At the time of the survey in April, it was found that the number of pregnant women what were not vaccinated reduced, with a number of them shifting to partially vaccinated.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	46%	14%	38%
Endline	33%	29%	38%

Actions on the ground

Though the government declared vaccination to be safe and can be provided to all citizens which includes pregnant and lactating mothers, certain myths and apprehensions were restraining them from taking vaccines. But the teams' efforts in intervention locations had shown remarkable differences in their thought process at a later stage. They individually met the husbands as well as family members to explain to them the efficacy and safety of Covid vaccination. As the teams were trained by doctors on vaccination related knowledge and oriented to spread the learnings among communities, they helped them understand the science behind that clinical trials of Covid vaccine suggest no harm on embryonic development. Continuous engagement with the target group and dissemination of positive news about vaccinated neighbours helped to mobilise them for vaccination. The frontline health workers i.e. ASHA and ANM also played a significant role in building awareness and mobilising pregnant women for vaccination through home visits. Teams' extensive effort in community outreach through the intervention of panchayat, block and district administration representatives to promote the vaccination agenda brought in notable success.

Community-Level Survey on Social Protection Schemes

A community-level survey was also conducted across 23 hamlets, 18 panchayats, 11 blocks in 3 districts. There were 74% hamlets with predominantly SC community.

State	Number of Districts	Number of Blocks	Number of Panchayats	Number of hamlets
Andhra Pradesh	3	11	18	23

Table1: geography of Qualitative Study

Community		Community	
SC	74%	DNT	9%
ST	26%		

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, all of the hamlets reported that the PDS distribution was effectively taking place and all have had access to dry ration from schools.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	23	100%	23	100%
Total	23	100%	23	100%

Table3: Access to PDS and Ratio

Access to Nutrition

With regards to the proportion of hamlets receiving the nutritional benefits for the children and women, 100% of the villages responding positively to the provision of nutrition across the categories. 100% hamlets reported that all of the children between 3-6 years and 0-3 years had received nutritious food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	22	100%
Total	22	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	23	100%	23	100%	23	100%	23	100%
Total	23	100%	23	100%	23	100%	23	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 87%-100%.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	20	87%	23	100%	22	96%
Negligible population or None received	1	5%	0		1	4%
No eligible Households	1	4%	0		0	0
Some received	1	4%	0		0	0
Total	23	100%	23	100%	23	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 Ayushman Bharat at 48%, however, it was quite low for the other government schemes including Jan Dhan and MNREGA with the complete coverage for these schemes respectively being reported by 35% and 17% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	0	
Negligible population or None received	1	4%
None of them have access to the scheme	8	35%
Some received	14	61%
Total	23	100%

Response	Ayushman Bharat	Proportion
All received	11	48%
Do not know about scheme	2	9%
Negligible population or None received	2	9%
No one has applied	1	4%
Some received	7	30%
Total	23	100%

Response	Jan Dhan	Proportion
All have account	8	35%
Some have account	15	65%
Total	23	100%

Response	MNREGA	Proportion
All received	4	17%
MNREGA Not applicable	1	4%
Negligible population or None received	2	9%
Not needed	1	4%
Some received	15	65%
Total	23	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 the PDS and pension, whereas, it was the lowest in the Ujjwala Yojna.

Response	Ujjwala	Proportion
Only 1 HH received	10	44%
2 HHs received	2	9%
All 3 households received	1	4%
None of them have access to the scheme	3	13%
None of them received the cylinder	7	30%
Total	23	100%

Response	PDS	Proportion
Only 1 HH received	2	9%
2 HHs received	1	4%
All 3 households received	20	87%
Total	23	100%

Response	Pensions	Proportion
Only 1 HH received	2	9%
2 HHs received	5	22%
All 3 households received	15	65%
None of them received	0	
Not Eligible	1	4%
Total	23	100%

Response	Ayushman Bharat	Proportion
Only 1 HH received	9	39%
All 3 households received	8	35%
Have not applied	4	17%
None of them	2	9%
Total	23	100%

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	10	44%
2 HHs received	1	4%
All 3 households received	11	48%
None of them received	1	4%
Total	23	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, 91% of the hamlets reported that only some of the children could access online education, whereas, 9% 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 52% of the hamlets saw all the 3 poorest households having access to online education.

Response	Frequency	Proportion
All children	2	9%
Some children	21	91%
Total	23	100%

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	0	
2 HHs received	2	9%
All 3 households received	12	52%
None of them received	9	39%
Total	23	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. 82% of the hamlets responded that there has been an increase in indebtedness.

Response	Physical/Domestic Abuse	Proportion	Child Abuse	Proportion	Indebtedness	Proportion
Don't know	3	13%	1	4%	0	
No	9	39%	14	61%	2	9%
Same as before	8	35%	5	22%	2	9%
Yes	3	13%	3	13%	19	82%
Total	23	100%	23	100%	23	100%

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	14	61%
Same	9	39%
Total	23	100%

Table12: Discrimination in vaccination

Access to Infrastructure

With regards to infrastructure, 61% households reported that at least 1 person in family has a smart phone, while 18% households reported kiosks to be non-existent.

Service	Less than 50%	More than 50%
Safe Drinking Water	4%	96%
Electricity	13%	87%
Toilets within households	17%	83%
Cement walls and Roofs	0%	100%
At least 1 person with a smart phone	39%	61%

Response	Kiosks	Proportion
Accessible	18	78%
Accessible and affordable	1	4%
Not existent	4	18%
Total	23	100%

Table 13: Access to Infrastructure

Access to Health Facilities

The survey looked at the hamlets' access to the health facilities. It was reported that there were still 4% 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. 52% hamlets reported that people are able to go and has good quality treatment in Community Health Centres, while 48% hamlets reported that people are able to go and has good quality treatment in District Hospital.

Response	Mental Health	Proportion
Don't know	6	26%
No	1	4%
Yes	16	70%
Total	23	100%

Response	Immunization of children	Proportion
All children	22	96%
Some children	1	4%
Total	23	100%

Response	Sub-Health Centre	Proportion
Accessible	16	70%
Accessible with good quality treatment	6	26%
Not existent	1	4%
Total	23	100%

Response	Primary Health Centre	Proportion
Accessible	7	30%
Accessible with good quality treatment	11	48%
Not Close by	5	22%
Total	23	100%

Response	Community Health Centre	Proportion
People are able to go	11	48%
People are able to go and has good quality treatment	12	52%
Total	23	100%

Response	District Hospital	Proportion
People are able to go	12	52%
People are able to go and has good quality treatment	11	48%
Total	23	100%

Table14: Access to Health facilities

TIMELINE	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
Dec 16-31, 2021	2	Training on Covid Appropriate Behaviour, Kobo tool training for volunteers and district coordinators	NA	NA	3	Training on Covid Appropriate Behaviour, meeting with government officials like MRO, MPDO, Medical officer, Housing, electricity, police etc.
Jan 1-15, 2022	1	Updates on data collection, discussion on requirement and purchase of Covid safety kits, preparation of IEC materials, continuation and completion of trainings at hamlet level	NA	NA	1	Stakeholder meeting: 0 Vaccination camp: 0 Support to vaccination in places through frontline workers: 0 Community meeting: 1
Jan 16-31, 2022	NA	NA	NA	NA	29; [Panchayat engagements: 8]	Covid Appropriate Behaviour and vaccination awareness camp with support from health worker, Meeting and letter to religious leaders for motivation for CAB, CAB meeting with Sarpanch and ward counselor, Vaccination camp for 15-18 years, CAB and vaccination awareness meeting for 15-18 years, vaccination camp for second dose, Meeting with other stakeholders like political party leaders, MLA, SI, town president, Meeting with ANM, ASHA and Sachivalaya staff, Community level meeting on CAB in presence of District Secretary, Sarpanch, District-incharge, religious leaders (church) and health workers
Feb 1-15, 2022	NA	NA	NA	NA	19	Vaccination programme in presence of ASHA, ANM, District-in-Charge; Awareness meeting on vaccination of 15-17 years children and second dose vaccination; CAB training with Muslim women; Meeting with Muslim (religious) leaders; CAB training of Village Resource Persons (VRP); Advocacy meeting with ASHA volunteers about their behaviour towards people; Awareness meeting in church; Advocacy meeting

Feb 16-28, 2022	1	Way forward of the project, schemes and entitlements, capacity building training, sharing of vaccination photos and explaining tools of the community survey	NA	NA	20	Submission of letter for vaccination camp to district paramedical officer along with supervisor and lab technician; Meeting with ASHA workers to discuss about special care to alcoholic people; Awareness meeting on vaccination with college going youths; Awareness with SHG women at SC colony; Counselling alcoholic person and support to vaccination; Support to vaccination of pregnant women and lactating mothers; Meeting with HIV affected people to clarify doubts on vaccination; Village level meeting on myths related to vaccinating elderly; Awareness camp with high school children in a govt.high school; Meeting with panchayat members for vaccinating the left outs; Submission of letter to MLA for social entitlements and health camps; Vaccination camp; Programme with MEO, MPDO, MRO, ADDL, collector at mandal and block level
March 1-15, 2022	NA	NA	NA	NA	2	Community meetings
March 16-31, 2022	NA	NA	NA	NA	14	Community survey and Focus Group Discussion
Apr 1-15, 2022	1	District coordinators' meeting	NA	NA	NA	NA
Apr 16-30, 2022	NA	NA	NA	NA	NA	NA