

COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS - BIHAR

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.



BIHAR

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 Bihar, the initiative covered 10 districts with 79 hamlets in the baseline and 11 districts with 70 hamlets in the endline. A total of 7940 households with 30356 adults were covered in the baseline while 7465 households with 31008 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
10	28	59	79	11	26	55	70

Number of Individuals covered		
	Baseline	Endline
Bihar	30356	31008

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 significantly to 88% by the endline. Baseline data on vaccination of adults revealed that there were still around 47% individuals that were not fully vaccinated. Vaccination was particularly low amongst the Denotified and Nomadic Tribes (33%). By April it was found that there was a significant increase overall in the number of individuals that were fully vaccinated, with a remaining 10% as not fully vaccinated. It is important to note that the vaccination among the DNT community increased from 33% fully vaccinated individuals to 72% 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	8%	39%	53%	7%	40%	53%	8%	40%	53%
ST	9%	23%	68%	8%	22%	70%	9%	22%	69%
OBC	8%	31%	61%	6%	30%	64%	7%	31%	63%
DNT	25%	42%	33%	24%	43%	33%	24%	43%	33%
Minority	11%	39%	50%	12%	39%	49%	12%	39%	50%

	Endline								
SC	4%	19%	76%	5%	19%	76%	5%	19%	76%
ST	1%	11%	87%	2%	11%	86%	2%	11%	87%
OBC	3%	13%	84%	2%	12%	85%	2%	13%	85%
DNT	8%	21%	71%	9%	19%	72%	8%	20%	72%
Minority	4%	16%	80%	4%	14%	81%	4%	15%	81%

Challenges and Fears: Learnings from the ground

At the beginning of the vaccination drive, there were lots of confusion, doubts, myths and hesitancy observed among people towards vaccination. People denied speaking to the team when they visited the intervention villages for persuading them to get vaccinated. Lots of confusing and fake information were being circulated across social media and few death incidents might have happened due to existing illness, hence they had doubts with fear of death. With respect to the elderly people in 60 years and above age group, if they had body ache after taking the shot its impact was felt more severely. Even the slightest impact on them stressed them out and they tended to blame the vaccine. It also psychologically affected them. The situation improved after the team explained them the insignificant impacts post vaccination.

“Even if you give us money to get vaccinated, we will not” - Gaya, Bihar

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. Partners from Bihar stated that long queues without safe waiting places and absence of ramps in vaccination centers created accessibility issues, thus making it difficult for this vulnerable group to get vaccinated. Besides the structural barriers, many families were not keen on getting members with disabilities vaccinated. Though persons with disabilities are more likely than others to have chronic conditions and higher risk of weakened immune system, families perceived vaccination to be unnecessary for them since they do not need to go out of the house. In few cases, absence of Unique Disability ID cards made the mobile registration a difficult process as stated by the partners from Bihar.

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 - lactating women’s fear of inability to breastfeed their children as vaccination is perceived to be affecting their ability to make milk and 6 months post-delivery is perceived to be a safer period by their in-laws, fear of side effects of vaccine impacting the new born child, illiteracy leading to misconceptions and apprehensions regarding vaccination. Even if a few pregnant women in Bihar took the first shot, they were fearful of the second shot. Women who got pregnant after taking the first shot refused to take the second shot with a belief that it might harm the unborn child.

Vaccination among 12-17 age group

With regards to vaccination of 12-14 year age group, the survey was conducted during April 2022 among 4356 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that 29% children between 12-14 age group were fully vaccinated. The survey of 15-17 year age group vaccination, conducted with 6855 youth, revealed that 59% had received both their vaccine doses. This was particularly high among the ST community (68%), while the lowest was within the SC community (46%).

	% 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	32%	35%	33%	35%	31%	35%	33%	33%	34%
ST	39%	40%	22%	31%	41%	28%	35%	40%	25%
OBC	29%	47%	24%	33%	39%	28%	31%	43%	26%
DNT	42%	31%	27%	48%	29%	22%	45%	30%	25%
Minority	23%	43%	34%	36%	31%	33%	30%	36%	34%

	% 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%	34%	47%	21%	33%	46%	20%	34%	46%
ST	9%	23%	68%	5%	26%	69%	7%	25%	68%
OBC	13%	33%	54%	17%	33%	50%	15%	33%	52%
DNT	16%	16%	69%	21%	21%	57%	18%	18%	64%
Minority	11%	22%	66%	18%	20%	62%	15%	21%	64%

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. Besides parents worrying about how Covid19 vaccine may affect their children, children themselves were afraid of taking vaccines - there had been instances of children not attending school in fear of getting vaccinated. Myths and misconceptions regarding the vaccine affecting menstrual cycle, reproductive capacity acted as barriers to girls' vaccination.

“We are trying to reach out to 12-14 years' children with the help of Anganwadi workers. We are also working with specially-abled children. Among several challenges, one of the major challenges is that parents think they are liabilities for the families. We are mobilising them to change such mindset. Besides that, we are spreading awareness messages and developing case stories.” – Bhagalpur, Bihar

With regards to the systemic challenges - untimely arrival of vaccine vials leading to shortage of vaccine, 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. District officer in Samastipur, Bihar claimed though to have equally distributed the vaccines but it was seen that only half the population got vaccinated. 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. 314 households with persons with disabilities were surveyed in the baseline, while 269 were surveyed in the endline. It was found that there were still 28% PwDs that had not been vaccinated at all till December, while only 45% had been fully vaccinated. This increased significantly after intervention by the programme fellows, an increased to 75% fully vaccinated persons with disabilities.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	28%	27%	45%
Endline	9%	16%	75%

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. The implementing partner Samvet in Bhagalpur district also suggested to form block level committees/ groups of persons with disabilities that can act as an intensive discussion platform for their issues related to access to entitlements, livelihood, provisions for pension etc. Samvet adopted performative approach to spread awareness through street play [nukkad natak] called 'Afwahon ki Hattya'. 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.

“We went door to door to discuss about Covid appropriate hygiene behaviour and importance of vaccination. This encouraged a few people to take vaccines. In the next phase, we worked closely with ANM and AWW who helped organise some small camps at the anganwadi centre located within the village. As distance was less, few more persons with disabilities were able to access vaccine. The third phase was an initiative by the government called “Ghar Ghar Dastak” - which means knock every door and identify those who need doorstep vaccination service. We have been able to vaccinate at least 95% persons with disabilities through this initiative.” - Bhagalpur, Bihar

Narratives from the field

“There are many elderly people in the communities we are working with. Since they are heads of the households and perceived as the key members of the families, if they do not get vaccinated the whole family would not. In many places we strategically engaged elderlies as volunteers. This brought a big change in the vaccination scenario - when a person of similar age group told others to get vaccinated, it worked quite effectively and motivated them a lot. People in Dalit and Muslim communities were initially unwilling to get vaccinated, we brought in a team of elderlies together to spread information and share their success stories. We started a campaign regarding the percentage of vaccination in the location to motivate people with a healthy competition. We had two death incidents, but we made sure that there were doctors present at the vaccine centres. In such cases, when people spoke about asthma or any other health issues, we directed them to the doctor for immediate consultation and vaccination related advice. We received the death reports and found that they both were due to heart attack. We made sure everyone knows about the reason of death and understand that these were not linked to vaccination. While the situation is changing regarding vaccination, untouchability issues still exist. Many communities were finding it difficult to reach the centres. We took initiative to start vaccine camps in Dom and muslim communities to make it easier for them. We had seen that some other communities were also reaching to the camps put for Dom community to get vaccinated which has been a big positive change”. – Khagaria, Bihar

“With regards to people with substance addictions, the team mobilised and explained them the negative impacts of vaccination if taken in drunken state. The impact of mobilisation was quite successful - for the next three days there was no liquor consumption related incidents nor brewing. The women and others in the locality thanked our team for this. We also arranged provisions for announcements in loudspeaker to spread awareness that people should not consume any kinds of addictive substances till 36 hours of post vaccination.” – Khagaria, Bihar

B. Pregnant Women

There were 310 households with pregnant women during the baseline study, while in April the number was 301. An important finding from the baseline survey was that there were still 63% pregnant women that were not vaccinated, and only 12 % that were fully vaccinated. 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 68% fully vaccinated pregnant women and only 9% were remaining to be vaccinated.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	63%	25%	12%
Endline	9%	24%	68%

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. Counseling of husbands helped in influencing and mobilising other husbands of pregnant and lactating women. Being a sensitive issue and young children involved, multiple rounds of discussions took place with both the women and her family members. Continuous engagement with the target group and dissemination of positive news about vaccinated neighbours helped to mobilise them for vaccination. Samvet adopted performative approach to spread awareness through street play [nukkad natak] called 'Afwahon ki Hattya'. 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.

"If a pregnant woman takes vaccine, she will suffer from various issues." - Vaishali, Bihar

C. Transgender/Non-binary persons

The survey also covered transgender/non-binary persons in the locations, while 7 were surveyed in the baseline, 46 were surveyed in the endline. It was found that 43% were fully vaccinated during the baseline, and this increased to 74% by the time the endline survey was conducted.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	0%	57%	43%
Endline	0%	24%	74%

Community-Level Survey on Social Protection Schemes

Social accountability is a community-led system wherein an informed group of community members take initiative to generate information on access to some key social security programmes and use the information to generate demand for inclusion vis-a-vis particular entitlements. This initiative is unique in terms of evidence-based data approach, participation of marginal groups and engagement with local administration with regular follow-ups to seek accountability and action. Overall, the focus has been on creating a system at community level to engage with local administration on periodic basis.

For this a community-level survey was also conducted across 85 hamlets, from 57 Panchayats, 28 blocks and 11 districts. There were 64% locations that had a predominant SC population, while 21% of the locations had a predominantly OBC population.

S. No.	State	Number of Districts	Number of Blocks	Number of Panchayats	Number of Hamlets
1	Bihar	11	28	57	85

Social groups			
OBC	21%	DNT	21%
SC	64%	Minority	28%
ST	8%		

Table1: geography and 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 53% of the hamlets reported that the PDS distribution was effectively taking place, there were 5% of the hamlets reported not having received ration.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	45	53%	19	33%
Negligible population or none received	4	5%	15	26%
Some received	36	42%	23	41%
Total	85	100%	57	100%

Table3: Access to PDS and Ratio

Access to Nutrition

The proportion of hamlets receiving the nutritional benefits for the children and women was low, with more than 50% of the villages responding negatively to the provision of nutrition across the categories. It is important to note that there were still 32% hamlets where it was reported that none of the children between 3-6 years had received food, while 20% hamlets reported that no children between 0-3 received nutritious food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	16	40%
No	24	60%
Total	40	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	27%	24	28%	18	21%	15	18%
Negligible population or none received	7	8%	9	11%	17	20%	27	32%
No eligible households					3	4%	5	6%
Some received	55	65%	52	61%	47	55%	38	44%
Total	85	100%	85	100%	85	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 around 30%, while a substantial proportion of hamlets reported that some of the beneficiaries had received the pensions.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	23	27%	26	31%	27	32%
Negligible population or None received	7	8%	9	11%	17	20%
No eligible Households	1	1%	1	1%	10	12%
Some received	54	64%	49	58%	31	36%
Total	85	100%	85	100%	85	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 Yojna at 57%, however, it was quite low for the other government schemes including Ujjwala, Ayushman Bharat and MNREGA with the complete coverage for these schemes being reported by 4% to 15% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	13	15%
Negligible population or None received	13	15%
None of them have access to the scheme	11	13%
Not Needed	4	5%
Some received	44	52%
Total	85	100%

Response	Ayushman Bharat	Proportion
All received	10	12%
Do not know about scheme	17	20%
Negligible population or None received	8	9%
No one has applied	12	14%
Some received	38	45%
Total	85	100%

Response	MNREGA	Proportion
All received	3	4%
MNREGA Not applicable	36	42%
Negligible population or None received	9	11%
Not needed	1	1%
Some received	36	42%
Total	23	100%

Response	Jan Dhan	Proportion
All have account	48	57%
Negligible population or none have account	4	5%
Some have account	33	38%
Total	85	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 the Jan Dhan Yojna, whereas, it was the lowest in the Ayushman Bharat and Ujjwala Yojna. There were still 18% locations where the 3 poorest families did not have access to ration cards. The poorest families in 26% hamlets reported that they do not know about the Ayushman Bharat scheme, while in 21% hamlets these households did not have Jan Dhan Yojna accounts.

Response	Ujjwala	Proportion
Only 1 HH received	14	17%
2 HHs received	16	19%
All 3 households received	14	17%
None of them have access to the scheme	15	18%
None of them received the cylinder	26	30%
Total	85	100%

Response	PDS	Proportion
Only 1 HH received	8	9%
2 HHs received	14	17%
All 3 households received	34	39%
Do not have ration card	15	18%
None of them received ration	14	17%
Total	85	100%

Response	Pensions	Proportion
Only 1 HH received	17	20%
2 HHs received	21	25%
All 3 households received	21	25%
None of them received	16	19%
Not Eligible	10	11%
Total	85	100%

Response	Ayushman Bharat	Proportion
Only 1 HH received	10	12%
Only 2 HHs	8	9%
All 3 households received	10	12%
Do you know about the scheme	22	26%
Have not applied	21	25%
None of them	14	16%
Total	85	100%

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	15	18%
2 HHs received	18	21%
All 3 households received	34	40%
None of them	18	21%
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, about more than half of the hamlets reported that only some of the children could access online education, whereas, only 2% 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 only 8% of the hamlets saw all the 3 poorest households having access to online education.

Response	Frequency	Proportion
All children	2	2%
Negligible or no children	37	44%
Some children	46	54%
Total	85	100%

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	9	11%
2 HHs received	3	4%
All 3 households received	7	8%
None of them received	66	77%
Total	85	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. 69% hamlets reported an increase in indebtedness.

Response	Increase in Physical/Domestic Abuse	Proportion	Increase in Child Abuse	Proportion	Increase in Indebtedness	Proportion
Don't know	4	5%	5	6%	13	15%
No	46	54%	51	69%	5	6%
Same as before	8	9%	6	7%	8	10%
Yes	27	32%	23	27%	59	69%
Total	85	100%	85	100%	85	100%

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	49	58%
Same	34	40%
Worse	2	2%
Total	85	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 60% 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. 31% hamlets reported that Community Health Centres were difficult to access, while 44% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	16	19%
No	27	32%
Yes	42	49%
Total	85	100%

Response	Immunization of children	Proportion
All children	34	40%
None of the children	15	18%
Some children	36	42%
Total	85	100%

Response	Sub-Health Centre	Proportion
Accessible	37	44%
Accessible with good quality treatment	18	21%
Not existent	30	35%
Total	85	100%

Response	Primary Health Centre	Proportion
Accessible	28	33%
Accessible with good quality treatment	18	21%
Not Close by	39	46%
Total	85	100%

Response	Community Health Centre	Proportion
Difficult to access	26	31%
People are able to go	34	40%
People are able to go and has good quality treatment	25	29%
Total	85	100%

Response	District Hospital	Proportion
Difficult to access	37	44%
People are able to go	24	28%
People are able to go and has good quality treatment	24	28%
Total	85	100%

Table14: Access to Health facilities

Annexure 1

	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
16th to 31st December 2021	2	Orientation on data collection through Kobo questionnaire; Updates from coordinators of Araria and Purnia, Bihar on status of data collection, training to be conducted at village level, issues emerging from survey	4	Update from the Araria, Bihar team regarding 1. Vaccination Survey and 2. Community level meeting and CAB training; Training on questionnaire for Data collection and Kobo Tool Box's basic information with the District Coordinators and the respective volunteers	18	Meeting with ASHA workers for vaccination camps; Discussion with school children on COVID-19 awareness and COVID-19 test; District coordinator's meeting with fellows on COVID-19 awareness programme; Meeting with Panchayat by local NGOs; street plays and other performances on covid appropriate behaviour and vaccination awareness; vaccination camps
January 1 - 15, 2022	NA	NA	NA	NA	21	Stakeholder meeting: 3 Vaccination camp: 8 [563 people vaccinated] Support to vaccination in places through frontline workers: 3 Community meeting: 7
January 16 - 31, 2022	NA	NA	2	Field situations and intervention with regards to vaccination - Fellows experience during vaccination survey; understanding the status of vaccination for pregnant women, lactating mothers and PWD; understanding the status of vaccination for children in the age group of 15-17 years; teams' support towards vaccination	37 [Panchayat engagements: 15]	Discussion on Covid Appropriate Behaviour, importance of vaccination, vaccination awareness for 15-18 years age group with community, supporting people for first as well as second dose vaccine, meeting with women on myths and children's groups on vaccination awareness, encouraging children for vaccination, Covid related awareness meetings with panchayat representatives, ward members and village head
February 1 - 15, 2022	NA	NA	2	Field situations and intervention with regards to vaccination - Fellows experience during vaccination survey; understanding the status and keys issues of vaccination for pregnant women, lactating mothers and PWD; understanding the status of vaccination	9 [Panchayat engagements: 1]	Discussion on needs and application procedures of social protection schemes [ration card, E-shram card, old age pension, widow pension] and vaccination with Mukhia, ward members, community members and other ward members; Awareness meeting with community in slum areas, motivating 15-18 years children for vaccination; Meeting with ANM, ward members and women on vaccination and ration cards; Support to Covid

				for children in the age group of 15-17 years; teams' support towards vaccination; discussion of action points by coordinators, preparation of action plan and planning next steps		test and vaccination of 15-18 years children and 18+
February 16 - 28, 2022	NA	NA	2	Team engagement with vaccination, update regarding letter writing, listing of scheme beneficiaries, listing of 15-17 years children and their vaccination status, plan to engage with Panchayats for CAB awareness meetings, linkages with schemes, community survey process, monthly data tracker updation for next round, capacity building workshop, state-level meetings for sharing collective learnings, creating audio-visual messages for awareness	10	Vaccination awareness meeting with 15-18 years boys and support to vaccination; Discussion with adolescent girls on challenges in education during pandemic and COVID preventive measures; Discussion and awareness campaign on women's safety, vaccination and government welfare schemes; COVID awareness meeting with community
March 1 - 15, 2022	1	Orientation of partners on community survey questionnaire	NA	NA	29	Discussion on women safety and social protection schemes and preparation of list; Discussion on elderly and widow pension schemes and preparation of list; Awareness meeting with middle and high school children on COVID safety measures; Awareness meeting for ward members in presence of Mukhia and oath taking; Discussion with parents of specially abled children on application for UDID card and school enrolment; Listing of deprived people left out from vaccination; Awareness on CAB, sensitisation on children's vaccination and discussion on linkage with social welfare schemes [E-shram, Ayushman Bharat, MGNREGA]; Meeting with Social Welfare Department official on identity documents for

						<p>PwD and UDID card; Discussion with Mahadalit community on vaccination, schemes related to education and employment; Discussion with women on COVID safety measures, value of education and access to basic rights; Mobilising pregnant women and support to her vaccination by ANM; Meeting with ASHA, ANM, panchayat members; COVID-19 awareness meeting with farmers and daily wage labourers; Awareness on CAB and children's vaccination; Meeting with children on CAB, Support to vaccination</p>
<p>March 16 - 31, 2022</p>	<p>NA</p>	<p>NA</p>	<p>4</p>	<p>Discussion with coordinators on social welfare schemes related work - feedback on field level challenges, completion of survey on schemes, awareness about strict following of government declared fixed charges/ guidelines for applying in respective schemes, organizing camp and writing letters to respective Govt. officials for ensuring access to various schemes ; Training and orientation on schemes as well as online and offline application procedures for aadhar card, e-shram, widow pension, old age pension, disability pension and ration card; Updates on training on scheme; Explanation on monthly tracker; Listing of beneficiaries</p>	<p>14</p>	<p>Meeting with police on prevention of child marriage, addiction to liquor consumption, child labor and dowry system; COVID-19 awareness meeting in Mahadalit hamlet; Home visits for Covid awareness and dissemination of information about social welfare schemes; Collectivisation for proper implementation of government schemes at panchayat level; Home visits with medical team for gathering information on status of vaccination; Support to vaccination of 12-14 years children; Meeting with SDO, DSP for migrant issues and provisions of ration card; Support to vaccination of 14-17 years children by ANM; Vaccination awareness meeting with 12-14 years children, Dissemination of information with women and adolescent girls on livelihood and social welfare schemes; Distribution of UDID cards to PwDs</p>