

COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS – UTTAR PRADESH

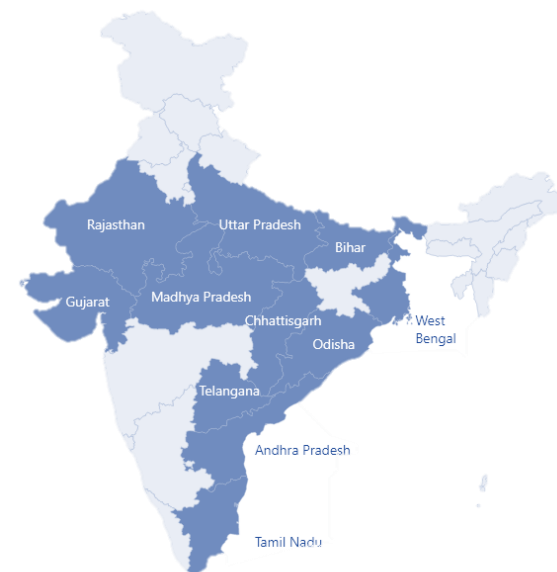
PRAXIS

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.



UTTAR 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 Uttar Pradesh, the initiative covered 10 districts with 74 hamlets in the baseline and 10 districts with 65 hamlets in the endline. A total of 31949 adults were covered in the baseline while 32444 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
10	27	74	80	10	27	74	65

Number of Individuals covered		
	Baseline	Endline
UP	31949	32444

Insights on Vaccination of Adults (18+)

In terms of rate of vaccination, it was found that overall rate of vaccination rate was 66% during December, which increased significantly to 80% by the endline. Data collected during the baseline revealed that there were still around 21% individuals that were not fully vaccinated. Vaccination was particularly low amongst the Denotified and Nomadic Tribes (39%). By April it was found that there was a significant increase overall in the number of individuals that were fully vaccinated, with 68% as fully vaccinated. It is important to note that the vaccination among the DNT community increased from 39% fully vaccinated individuals to 68% 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	16%	32%	52%	15%	31%	54%	15%	32%	53%
ST	18%	27%	55%	14%	25%	60%	16%	26%	58%
OBC	23%	36%	41%	17%	36%	47%	20%	36%	44%
DNT	26%	35%	39%	26%	34%	39%	26%	35%	39%
Minority	30%	39%	31%	24%	41%	36%	27%	40%	34%

	Endline								
SC	12%	17%	72%	12%	18%	70%	12%	17%	71%
ST	16%	28%	57%	16%	29%	55%	16%	28%	56%
OBC	9%	20%	71%	9%	19%	73%	9%	19%	72%
DNT	11%	22%	67%	8%	23%	69%	10%	23%	68%
Minority	8%	21%	71%	7%	20%	73%	8%	20%	72%

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. Lots of confusing fake information circulating across social media platforms and few death incidents that might have happened due to existing illness aggravated people's doubts about vaccination and it led them to believe people might die if they get vaccinated. The fear of death was so prominent among elderlies that if they heard about any deaths in their area their fear increased - many also sent away ANMs/ASHAs. Those suffering from asthma too feared vaccination. Due to lack of access to public transport, lack of money and absence of government support, many of them avoided vaccination as they were losing out on their daily wage if travelling to faraway places for vaccination. Sheer hesitancy towards vaccination has also been observed among the people with substance 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. Fear of being vaccinated was also observed among bidi workers and Muslim women in Uttar Pradesh.

“What is the need to get vaccinated at this age?” - Elderly persons, Jaunpur, Uttar Pradesh

“There are few persons with disabilities in our intervention locations but government rarely conducted vaccination awareness camps especially for this set of people. Even when they do, these are very short-spanned and simply for the sake of conducting camps.” – Chitrakoot, Uttar Pradesh

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 Uttar Pradesh 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. Often the taunting like 'burden' caused a lot of additional emotional and mental anguish among them that discouraged them to take vaccines. Fear of death and worsening health conditions also stopped them from getting vaccinated. Even linking them with schemes is a challenge. Though persons with disabilities get enlisted, no action is taken thereafter.

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 parents and in-laws fear of side effects on the fetus such as - impacting the growth of the fetus, and side effects of vaccine impacting the new born child. There were also apprehension regarding the decision of vaccinating pregnant and lactating women while earlier this population subset was left out from vaccination.

“There are several misconceptions related to alcoholism and vaccination. It’s very challenging because no matter what we told those who drink, they don't listen. We started making youth-led village level committees because we realized that we would not succeed without community participation. With their support, we now managed to vaccinate 90% of eligible adults.” – Bulandshahr, Uttar Pradesh

Vaccination among 12-17 age group

With regards to vaccination of 12-14 year age group, the survey was conducted during April 2022 among 3896 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that 30% children between 12-14 age group were fully vaccinated. The survey of 15-17 year age group vaccination, conducted with 6669 youth, revealed that 38% had received both their vaccine doses. This was particularly low among the DNT community (29%), followed by the Minority and ST community (39%).

	% 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	19%	44%	36%	23%	40%	37%	21%	42%	37%
ST	6%	56%	38%	10%	52%	38%	8%	54%	38%
OBC	33%	43%	24%	35%	45%	21%	34%	44%	23%
DNT	59%	17%	24%	62%	18%	20%	61%	18%	22%
Minority	31%	38%	31%	34%	39%	27%	32%	39%	29%

	% 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 doses)	% 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 doses)	% of Not Vaccinated	% of Partially vaccinated	% of Fully vaccinated
SC	15%	41%	44%	17%	41%	42%	16%	41%	43%
ST	12%	50%	38%	12%	48%	40%	12%	49%	39%
OBC	19%	41%	41%	17%	40%	43%	18%	40%	42%
DNT	41%	36%	23%	40%	27%	33%	40%	31%	29%
Minority	17%	45%	39%	17%	44%	39%	17%	44%	39%

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. Misconceptions regarding girls losing fertility emerged as one of the significant challenges in 15-17 years' age group.

"It has been difficult for us to talk and negotiate with parents when we saw a collective decision to avoid children's vaccination. We approached Maulavi, other local influencers, Aganwadi workers, CMO, ASHA workers, Gram Pradhan to seek their support for mobilising the parents. In due course, we have been able to vaccinate 200 children across our intervention locations." – Bulandshahr, Uttar Pradesh

"One of the strategies is to create awareness at the grassroots level. And the possible way forward is collaboration with government - like we collaborated with the Health Department for vaccination promotion." - Coordinator, Uttar Pradesh

Vaccination among vulnerable groups

A. Persons with Disability

The survey focused on a few vulnerable population including persons with disability. 246 households with persons with disabilities were surveyed in the baseline, while 109 were surveyed in the endline. It was found that there were still 16% PwDs that had not been vaccinated at all till December, while only 56% had been fully vaccinated. This increased significantly after intervention by the programme fellows, and increased to 82% fully vaccinated persons with disabilities.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	16%	28%	56%
Endline	13%	6%	82%

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 from health department officials who extended their support and joined hands in ensuring doorstep vaccination services for those who had been unable to access the vaccination centres. Frequent visits and follow-ups with Chief Medical Officer worked as a successful strategy in prioritizing persons with disabilities in vaccination camps. Social media forums and whatsapp groups have also been extensively used by the implementing partners to raise awareness about vaccination.

“Persons with disabilities usually face multiple levels of discrimination. Our aim was to ensure vaccination facility for them with dignity.” – Chitrakoot, Uttar Pradesh

Narratives from the field

“The strategy of creating role models or champions worked. We organised awareness meetings with bidi workers and explained the need to take extra precaution as bidi workers undergo occupational hazards. This type of work affects their lungs and impacts overall health. We disseminated the information we gathered from our sessions with doctors and helped them understand their need for vaccines more than others. There were a few in the group who were very determined not to get vaccinated. We did fail in a few cases, but we are continuing to give our best efforts (primarily working with Muslim community). We always notify them to take the second dose on time. We have also approached the local administration and doctors to visit our area and encourage people for vaccination”. - Jaunpur, Uttar Pradesh

B. Pregnant Women

There were 372 households with pregnant women during the baseline study, while in April the number was 182. An important finding from the baseline survey was that there were still 68% pregnant women that were not fully vaccinated, and only 32 % 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 60% fully vaccinated pregnant women.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	31%	37%	32%
Endline	20%	19%	60%

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. 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. 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.

C. Transgender/Non-binary persons

The survey also covered transgender/non-binary persons in the locations, while 156 were surveyed in the baseline, 17 were surveyed in the endline. It was found that 51% were fully vaccinated during the baseline, and this increased to 82% by the time the endline survey was conducted.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	5%	44%	51%
Endline	0%	18%	82%

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.

A community-level survey was also conducted across 80 hamlets, from 74 Panchayats, 27 blocks and 10 districts. There were 75% locations that had a predominant SC population, while 21% of the locations had a predominantly OBC population.

State	Number of Districts	Number of Blocks	Number of Panchayats	Number of Hamlets
Uttar Pradesh	10	27	74	80

Table1: geography of Qualitative Study

Community		Community	
OBC	21%	DNT	14%
SC	75%	Minority	40%

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 65% of the hamlets reported that the PDS distribution was effectively taking place.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	52	65%	13	20%
Negligible population or none received	1	1%	28	43%
Some received	27	34%	24	37%
Total	80	100%	65	100%

Table 3: Access to PDS and Ration

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 46% hamlets where it was reported that none of the children between 3-6 years had received food, while 21% hamlets reported that no children between 0-3 received nutritious food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	10	42%
No	14	58%
Total	24	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	29	36%	27	34%	17	21%	13	16%
Negligible population or none received	7	9%	5	6%	17	21%	37	46%
No eligible households	1	1%	1	1%	1	1%	3	4%
Some received	43	54%	47	59%	45	57%	27	34%
Total	80	100%	80	100%	80	100%	80	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 15%, 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	11	14%	14	18%	11	14%
Negligible population or None received	17	21%	13	16%	20	25%
No eligible Households	1	1%	2	3%	3	4%
Some received	51	64%	51	64%	46	58%
Total	80	100%	80	100%	80	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 55%, 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 11% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	9	11%
Negligible population or None received	32	40%
None of them have access to the scheme	13	16%
Not Needed		
Some received	26	33%
Total	80	100%

Response	Ayushman Bharat	Proportion
All received	6	8%
Do not know about scheme	2	3%
Negligible population or None received	25	31%
No one has applied	7	9%
Some received	40	50%
Total	80	100%

Response	MNREGA	Proportion
All received	3	4%
MNREGA Not applicable		
Negligible population or None received	34	42%
Not needed	1	1%
Some received	42	53%
Total	80	100%

Response	Jan Dhan	Proportion
All have account	44	55%
Negligible population or none have account	3	4%
Some have account	33	41%
Total	80	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 6% locations where the 3 poorest families did not have access to ration cards. The poorest families in 21% hamlets reported that they do not know about the Ayushman Bharat scheme, while in 31% hamlets these households did not have Jan Dhan Yojna accounts.

Response	Ujjwala	Proportion
Only 1 HH received	9	11%
2 HHs received	10	13%
All 3 households received	16	20%
None of them have access to the scheme	8	10%
None of them received the cylinder	37	46%
Total	80	100%

Response	PDS	Proportion
Only 1 HH received	1	1%
2 HHs received	12	15%
All 3 households received	51	64%
Do not have ration card	5	6%
None of them received ration	11	14%
Total	80	100%

Response	Pensions	Proportion
Only 1 HH received	15	19%
2 HHs received	16	20%
All 3 households received	14	17%
None of them received	28	35%
Not Eligible	7	9%
Total	80	100%

Response	Ayushman Bharat	Proportion
Only 1 HH received	11	14%
Only 2 HHs	6	7%
All 3 households received	12	15%
Do you know about the scheme	17	21%
Have not applied	10	13%
None of them	24	30%
Total	80	100%

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	7	9%
2 HHs received	17	21%
All 3 households received	31	39%
None of them	25	31%
Total	80	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 4% 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 5% of the hamlets saw all the 3 poorest households having access to online education

Response	Frequency	Proportion
All children	3	4%
Negligible or no children	28	35%
Some children	49	61%
Total	80	100%

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	9	11%
2 HHs received	7	9%
All 3 households received	4	5%
None of them received	60	75%
Total	80	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. There were 86% hamlets that reported an increase in indebtedness.

Response	Increase in Physical/Domestic Abuse	Proportion	Increase in Child Abuse	Proportion	Increase in Indebtedness	Proportion
Don't know	9	11%	8	10%	3	4%
No	29	36%	45	56%	4	5%
Same as before	7	9%	6	8%	4	5%
Yes	35	44%	21	26%	69	86%
Total	80	100%	80	100%	80	100%

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	33	41%
Same	46	58%
Worse	1	1%
Total	80	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 64% 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. 40% hamlets reported that Community Health Centres were difficult to access, while 51% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	5	6%
No	50	63%
Yes	25	31%
Total	80	100%

Response	Immunization of children	Proportion
All children	29	36%
None of the children	15	19%
Some children	36	45%
Total	80	100%

Response	Sub-Health Centre	Proportion
Accessible	40	50%
Accessible with good quality treatment	11	14%
Not existent	29	36%
Total	80	100%

Response	Primary Health Centre	Proportion
Accessible	32	40%
Accessible with good quality treatment	6	7%
Not Close by	42	53%
Total	80	100%

Response	Community Health Centre	Proportion
Difficult to access	32	40%
People are able to go	43	54%
People are able to go and has good quality treatment	5	6%
Total	80	100%

Response	District Hospital	Proportion
Difficult to access	41	51%
People are able to go	25	31%
People are able to go and has good quality treatment	14	18%
Total	80	100%

Table14: Access to Health facilities

Annexure 1

	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
16th to 31st December 2021	1	Orientation on data collection through Kobo questionnaire	1	Training on questionnaire for Data collection and Kobo Tool Box's basic information with the District Coordinators and the respective volunteers	1	Immunization camp, house to house registration and awareness campaign
January 1 - 15, 2022	NA	NA	NA	NA	10	Stakeholder meeting: 1 Vaccination camp: 1 [56 youths vaccinated] Support to vaccination in places through frontline workers: 3 [134 people vaccinated] Community meeting: 7
January 16 - 31, 2022	NA	NA	NA	NA	20; [Panchayat engagements: 6]	Awareness meeting with bidi workers on vaccination and government entitlements, support to vaccination of children, volunteers meeting and awareness meeting with community, Meeting among previous and current panchayat members and community, Meeting with village head for discussing campaign for vaccination booster dose, Meeting among panchayat representatives, teachers and community on receiving social entitlements, Strategy planning with MO, ASHA, ANM of PHC for 15-18 years vaccination
February 1 - 15, 2022	NA	NA	NA	NA	16 [Panchayat engagements: 1]	Awareness meeting on spread of covid and its third wave (omicron), detailed discussion on vaccination by village head, discussion on vaccinating pregnant women and lactating mothers; Support in organising vaccination camp in school; Awareness meeting on 15-18 years children's vaccination, submission of letter to CHC for vaccination; Discussion on vaccination and baseline survey for selection of beneficiaries of social protection schemes; Community meeting at mosque on successful completion of 100% vaccination with support from First Aid Officer [11 vaccination camps has been organised in village school]; Meeting with community leader and panchayat

						members on social protection schemes and vaccination; Discussion with women members from the community and ASHA workers on Covid Appropriate Behaviour
February 16 - 28, 2022	1	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	3	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	32	Meeting between community and panchayat pradhan; Mobilisation and support to vaccination; Discussion on vaccination and other issues with a couple with disabilities; Mobilisation, clarification of vaccination related myths through video demonstration and support to vaccination of NT-DNT communities; Meeting with women's group on status of vaccination and awareness about booster dose; Discussion with SC women's group on Omicron virus and preventive measures; Community meeting on Covid Appropriate Behaviour through video demonstration in presence of ASHA and village head; Discussion on vaccinating pregnant women and 15-17 years children; Vaccination camp and community's meeting with AWW, ANM, ASHA; Strategy planning with village level volunteers and leader of beedi workers for vaccination and access to government welfare schemes; Awareness meeting on proning technique and other preliminary measures for low oxygen level; Awareness meeting on government welfare schemes; Support to vaccination of 15+ and 18+ years
March 1 - 15, 2022	1	Orientation of partners on community survey questionnaire	NA	NA	8 [includes interaction during community survey]	Discussion with community on CAB and vaccination in presence of BDC, panchayat representatives and ANM; Organising seminar and raising demands through slogans in a rally 'Break the Bias' by women beedi workers on International Women's Day; Discussion on myths related to vaccination and dissemination of information on children's vaccination; Community survey and FGD on vaccination and livelihood; COVID awareness meeting with community and children's group
March 16 - 31, 2022	NA	NA	NA	NA	13	Door to door campaign for 12-14 years children's vaccination and dissemination of information on various central and state level social welfare schemes; Community meeting

						<p>on Covid Appropriate Behaviour and social welfare schemes like MGNREGA, labour card, e-Shram card, prime minister's security insurance scheme, Kanya Sumangala Yojana, marriage grant, old age pension, widow pension, housing scheme; Training, orientation and awareness with youths on access to social welfare schemes, discussion with ASHA worker and ASHA assistant at PHC on vaccination of DNT communities; Support in organising health check-up camp; Awareness and planning meeting for 12-14 years children's vaccination; support to vaccination of 12-14 years children in school in collaboration with PHC</p>
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