

COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS – TELANGANA

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

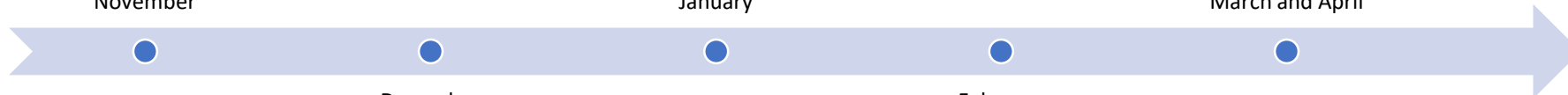
A survey was conducted to better understand the status of vaccination in all states.

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.



TELANGANA

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 Telangana, the initiative covered 2 districts with 36 hamlets in the baseline and 2 districts with 16 hamlets in the endline. A total of 3101 adults were covered in the baseline while 6997 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
2	5	11	36	2	6	16	16

Number of Individuals covered		
	Baseline	Endline
Telangana	3101	6997

Insights on Vaccination of Adults (18+)

In terms of rate of vaccination, it was found that overall rate of vaccination rate was 65% during December, which increased significantly to 77% by the endline. Data collected during the baseline revealed that there were only 34% individuals that were fully vaccinated. Vaccination was particularly low amongst the Minority community (14%). By April it was found that there was an increase overall in the number of individuals that were fully vaccinated, with 57% as fully vaccinated. It is important to note that the vaccination among the Minority community increased from 14% fully vaccinated individuals to 69% 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	13%	45%	42%	12%	45%	44%	12%	45%	43%
ST	0%	75%	25%	0%	75%	25%	0%	75%	25%
OBC	3%	42%	55%	0%	42%	58%	1%	42%	57%
DNT	20%	60%	20%	14%	43%	43%	17%	50%	33%
Minority	50%	40%	10%	50%	25%	25%	50%	36%	14%
	Endline								

SC	6%	32%	62%	7%	31%	62%	7%	31%	62%
ST	8%	45%	47%	5%	49%	46%	6%	47%	47%
OBC	1%	38%	61%	2%	41%	56%	2%	40%	58%
DNT	2%	47%	51%	6%	44%	50%	4%	45%	50%
Minority	18%	18%	65%	0%	25%	75%	10%	21%	69%

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.

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 Telangana 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 as stated by the partner in Suryapeta, Telangana.

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.

Vaccination among 12-17 age group

With regards to vaccination of 12-14 year age group, the survey was conducted during April 2022 among 678 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that only 13% children between 12-14 age group were fully vaccinated. The survey of 15-17 year age group vaccination, conducted with 1025 youth, revealed that 27% had received both their vaccine doses. This was particularly low among the ST community (20%).

	% 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	50%	29%	21%	46%	30%	24%	48%	30%	23%
ST	43%	57%	0%	27%	73%	0%	33%	67%	0%
OBC	52%	21%	27%	48%	34%	18%	49%	28%	22%
DNT	57%	29%	14%	37%	42%	21%	45%	36%	18%
Minority	33%	67%	0%	33%	67%	0%	33%	67%	0%

	% 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	46%	30%	24%	41%	37%	22%	44%	33%	23%
ST	60%	0%	40%	30%	70%	0%	45%	35%	20%
OBC	38%	31%	31%	34%	38%	28%	35%	35%	29%
DNT	33%	13%	53%	47%	27%	27%	42%	22%	36%

Vaccination among vulnerable groups

A. Persons with Disability

The survey focused on a few vulnerable population including persons with disability. 32 households with persons with disabilities were surveyed in the baseline, while 36 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 34% had been fully vaccinated. This increased significantly after intervention by the programme fellows, and increased to 89% fully vaccinated persons with disabilities.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	16%	50%	34%
Endline	3%	8%	89%

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 across the intervention locations of Telangana. 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 15 households with pregnant women during the baseline study, while in April the number was 25. An important finding from the baseline survey was that there were still 80% pregnant women that were not fully vaccinated, and none 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 84% fully vaccinated pregnant women.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	80%	20%	0%
Endline	16%	0%	84%

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. Continuous engagement with the target group 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 16 hamlets, 14 panchayats, 5 blocks in 2 districts. There were 81% hamlets with predominantly SC community population.

State	Number of Districts	Number of Blocks	Number of Panchayats	Number of hamlets
Telangana	2	5	14	16

Table1: geography of Qualitative Study

Community		Community	
SC	81%	DNT	44%
ST	19%	Minority	19%

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 63% of the hamlets reported that the PDS distribution was effectively taking place and 25% of the hamlets reported to have had access to dry ration from schools, there were still 50% of the hamlets reported not having received dry ration from schools.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	10	63%	1	25%
Negligible population or none received			2	50%
Some received	6	37%	1	25%
Total	16	100%	4	100%

Table 3: Access to PDS and Ratio

Access to Nutrition

The proportion of hamlets receiving the nutritional benefits for the children and women was high, with more than 75% of the villages responding positively to the provision of nutrition across the categories [except for children in 0-3 years]. There was 6% hamlet where it was reported that none 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	11	85%
No	2	15%
Total	13	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	13	81%	12	75%	9	56%	13	81%
Negligible population or none received					1	6%	1	6%
No eligible households								
Some received	3	19%	4	25%	6	38%	2	13%
Total	16	100%	16	100%	16	100%	16	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 more than 40%, while 38%-50% hamlets reported that some of the beneficiaries had received the pensions.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	7	44%	9	56%	7	44%
Negligible population or None received	1	6%	1	6%	1	6%
No eligible Households						
Some received	8	50%	6	38%	8	50%
Total	16	100%	16	100%	16	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 Yojn and MGNREGA at 38%, however, it was quite low for the other government schemes including Ujjwala, and Ayushman Bharat with the complete coverage for these schemes respectively being reported by only 13% and 6% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	2	13%
Negligible population or None received		
None of them have access to the scheme	2	13%
Not Needed		
Some received	12	75%
Total	16	100%

Response	Ayushman Bharat	Proportion
All received	1	6%
Do not know about scheme	3	19%
Negligible population or None received	2	13%
No one has applied	5	31%
Some received	5	31%
Total	16	100%

Response	MNREGA	Proportion
All received	6	38%
MNREGA Not applicable	2	13%
Negligible population or None received	3	19%
Not needed	1	6%
Some received	4	25%
Total	16	100%

Response	Jan Dhan	Proportion
All have account	6	38%
Negligible population or none have account	1	6%
Some have account	9	56%
Total	16	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 Jan Dhan Yojna, PDS and pension whereas, it was the lowest in the Ayushman Bharat and Ujjwala. There were still 19% locations where the 3 poorest families did not have access to ration cards. The poorest families in 43% hamlets reported that they do not know about the Ayushman Bharat scheme, while in 6% hamlets none of the households received money.

Response	Ujjwala	Proportion
Only 1 HH received	6	38%
2 HHs received	3	19%
All 3 households received	2	13%
None of them have access to the scheme	1	6%
None of them received the cylinder	4	25%
Total	16	100%

Response	PDS	Proportion
Only 1 HH received	4	25%
2 HHs received	2	12%
All 3 households received	4	25%
Do not have ration card	3	19%
None of them received ration	3	19%
Total	16	100%

Response	Pensions	Proportion
Only 1 HH received	6	38%
2 HHs received	1	6%
All 3 households received	4	25%
None of them received	2	13%
Not Eligible	3	19%
Total	16	100%

Response	Ayushman Bharat	Proportion
Only 1 HH received	2	13%
Only 2 HHs		
All 3 households received	2	13%
Do you know about the scheme	7	43%
Have not applied	5	31%
None of them		
Total	16	100%

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	9	56%
2 HHs received		
All 3 households received	6	38%
None of them received	1	6%
Total	16	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, 75% of the hamlets reported that only some of the children could access online education, whereas, 25% 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 37% of the hamlets saw all the 3 poorest households having access to online education.

Response	Frequency	Proportion
All children	4	25%
Negligible or no children		
Some children	12	75%
Total	16	100%

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	8	50%
2 HHs received		
All 3 households received	6	37%
None of them received	2	13%
Total	16	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. 75% of the hamlets responded that there has been an increase in indebtedness.

Response	Increase in Physical/Domestic Abuse	Proportion	Increase in Child Abuse	Proportion	Increase in Indebtedness	Proportion
Don't know	1	6%	2	13%	1	6%
No	2	13%	3	18%	1	6%
Same as before	2	13%			2	13%
Yes	11	68%	11	69%	12	75%
Total	16	100%	16	100%	16	100%

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	12	75%
Same	3	19%
Worse	1	6%
Total	16	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 63% 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. Though 87% hamlets reported that people are able to go to the Community Health Centres, 13% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	2	13%
No	2	13%
Yes	12	75%
Total	16	100%

Response	Immunization of children	Proportion
All children	6	37%
None of the children		
Some children	10	63%
Total	16	100%

Response	Sub-Health Centre	Proportion
Accessible	13	81%
Accessible with good quality treatment	2	13%
Not existent	1	6%
Total	16	100%

Response	Primary Health Centre	Proportion
Accessible	11	69%
Accessible with good quality treatment	2	13%
Not Close by	3	18%
Total	16	100%

Response	Community Health Centre	Proportion
Difficult to access		
People are able to go	14	87%
People are able to go and has good quality treatment	2	13%
Total	16	100%

Response	District Hospital	Proportion
Difficult to access	2	13%
People are able to go	8	50%
People are able to go and has good quality treatment	6	37%
Total	16	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