COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS – RAJASTHAN

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.

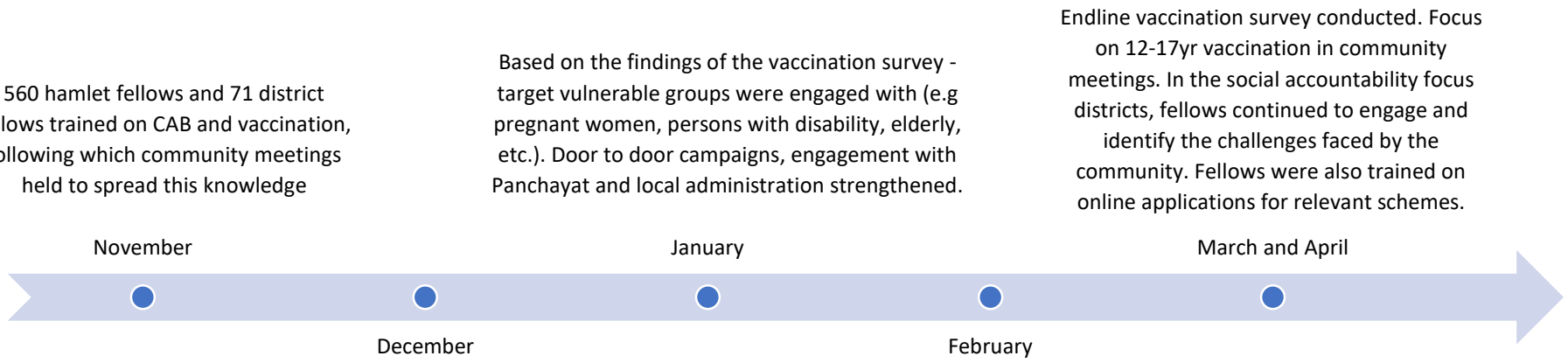
Overall programme

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 parallely.


560 hamlet fellows and 71 district fellows trained on CAB and vaccination, following which community meetings held to spread this knowledge
November
December
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.
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.
January
February
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.
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.
March and April

RAJASTHAN

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 Rajasthan, the initiative covered 5 districts with 36 hamlets in the baseline and 5 districts with 27 hamlets in the endline. A total of 12682 adults were covered in the baseline while 6616 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
5	8	24	36	5	7	17	27

	Number of Individuals covered	
	Baseline	Endline
Rajasthan	12682	6616

Insights on Vaccination of Adults (18+)

In terms of rate of vaccination, it was found that overall rate of vaccination rate was 63% during December, which increased significantly to 89% by the endline. Data collected during the baseline revealed that there were only 49% individuals that were fully vaccinated. Vaccination was particularly low amongst the Scheduled Tribes (31%). By April it was found that there was a significant increase overall in the number of individuals that were fully vaccinated, with 85% as fully vaccinated.

	% 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%	30%	56%	11%	34%	55%	12%	32%	56%
ST	48%	22%	30%	52%	17%	31%	50%	19%	31%
OBC	15%	28%	56%	14%	31%	55%	15%	30%	55%
DNT	25%	25%	50%	25%	26%	49%	25%	26%	49%
Minority	17%	26%	57%	15%	33%	52%	16%	30%	54%

	Endline								
SC	2%	4%	94%	2%	3%	95%	2%	3%	95%
ST	30%	6%	64%	26%	6%	68%	28%	6%	66%
OBC	1%	5%	94%	1%	5%	94%	1%	5%	94%
DNT	10%	7%	83%	9%	6%	85%	10%	6%	84%
Minority	NA	NA	NA	NA	NA	NA	NA	NA	NA

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 about vaccines rampantly spread across social media platforms aggravated people's doubts and thereby the fear of death especially amongst the DNT communities [Sapera, Kalbeliya, Nat, Banjara, Bhil] of Rajasthan, as elucidated by the partners from Rajasthan. In spite of meetings with gram panchayat and ward members, not many people from tribal communities agreed to get vaccinated. Also, the family members of aged people were hesitant to take them to hospital. Availability of transport emerged as one of the major issues in tribal locations. 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.

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 Rajasthan 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.

Pregnancy and new motherhood decreased the acceptance rate for vaccination. The barriers to vaccination acceptance among pregnant and lactating women were related to vaccine safety, myths and misconceptions due to less knowledge about significance and effectiveness of vaccines. The primary reason associated with stern refusal to vaccination was fear of side effects on the fetus. Other reasons pertain to - fear of vaccination affecting the fertility/ reproductive capacity of women, parents and in-laws fear of vaccination impacting the growth of the fetus, 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 etc. Even if a few pregnant women in Rajasthan 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 873 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that 36% children between 12-14 age group were fully vaccinated. This was particularly low among the SC community (12). The survey of 15-17 year age group vaccination, conducted with 960 youth, revealed that 63% had received both their vaccine doses.

	% 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	22%	65%	13%	18%	71%	12%	20%	68%	12%
ST	25%	10%	65%	34%	15%	51%	30%	13%	57%
OBC	15%	33%	52%	17%	34%	48%	16%	34%	50%
DNT	38%	38%	24%	35%	37%	28%	36%	38%	26%

	% 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	18%	7%	75%	18%	11%	70%	18%	9%	73%
ST	27%	18%	55%	31%	13%	56%	29%	15%	55%
OBC	11%	11%	78%	19%	13%	68%	16%	12%	72%
DNT	35%	12%	53%	36%	15%	49%	35%	13%	51%

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.

"Prevailing myths especially among Nat and Bhil communities is one of the key disabling factors that restrained children from getting vaccinated. While children are being vaccinated in government schools, we are spreading awareness with the support of ANM. But there still persists a sheer reluctance towards vaccination. Those within the communities including children and adults who are educated are taking vaccine." – Sirohi, Rajasthan

Vaccination among vulnerable groups

A. Persons with Disability

The survey focused on a few vulnerable population including persons with disability. 90 households with persons with disabilities were surveyed in the baseline, while 59 were surveyed in the endline. It was found that there were still 38% PwDs that had not been vaccinated at all till December, while only 42% had been fully vaccinated. This increased significantly after intervention by the programme fellows, and increased to 75% fully vaccinated persons with disabilities.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	*38%*	20%	42%
Endline	*17%*	8%	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. One of the sarpanchs from Hanumangarh district of Rajasthan arranged a vehicle that took persons with disabilities to vaccination centres and dropped them back home. Frequent visits and follow-ups with relevant departments including ward members and health officers worked as a successful strategy in Rajasthan to ensure every disabled person is fully vaccinated. As an innovative intervention strategy, the partners from Rajasthan spread awareness through puppet show [Kathputli] and composed songs on vaccination for creating a far-reaching impact. 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.

Narratives from Kalbeliya and Sapera [DNT] communities

"We wanted to get vaccinated because we travel more than other people. We were concerned that the state authorities would either arrest or harass us for not getting vaccinated while we travel to other states. We don't know about identity documents. For other diseases' treatments, documents are not necessary then why for this? We were denied vaccine for the lack of documents. Few people who came to the village listed our names, those who don't have identity proof. They assured us that they will create units with those who have identity documents and get us vaccinated. We are now happy to get vaccinated as vaccination ensured our travel in order to earn a living. We also informed those who were not present in the village so that they can also get vaccinated. If we were not vaccinated, we would have died of hunger first than of other diseases." – Hanumangarh, Rajasthan

B. Pregnant Women

There were 63 households with pregnant women during the baseline study, while in April the number was 29. An important finding from the baseline survey was that there were still 51% pregnant women that were not fully vaccinated, and only 24% 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 66% fully vaccinated pregnant women.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	*51%*	25%	24%
Endline	*17%*	17%	66%

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. Partners facilitated one to one engagements and in-depth conversations with 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 demystifying the widespread rumours, myths and misinformation related to vaccination and thereby 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. Several mobilisation strategies showed positive impacts such as – continuous engagement with the target group, dissemination of positive news about vaccinated neighbours, dissemination of messages created by those who got vaccinated talking about after effects, creation of role models who have received vaccines encouraging others and supporting the vaccination drive. 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

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 37 hamlets, 24 panchayats, 7 blocks and 5 districts. There were 46% hamlets with a predominantly SC community, 35% hamlets with a predominantly ST population.

State	Number of Districts	Number of Blocks	Number of Panchayats	Number of hamlets
Rajasthan	5	7	24	37

Table1: geography of Qualitative Study

Community		Community	
OBC	19%	DNT	57%
SC	46%	Minority	3%
ST	35%		

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 78% of the hamlets reported that the PDS distribution was effectively taking place.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	29	78%	16	80%
Negligible population or none received				
Some received	8	22%	4	20%
Total	**37**	**100%**	**20**	**100%**

Table 3: Access to PDS and Ratio

Access to Nutrition

A large proportion of the hamlets (92%) where schools were running reported that mid-day meals were being served. 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, except food for children between 3-6 years, where 32% reported that negligible population or none received. It is important to note that 32% hamlets also reported that none of the children between 3-6 years had received food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	33	92%
No	3	8%
Total	**36**	**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	19	51%	20	54%	20	54%	12	32%
Negligible population or none received	2	6%	3	8%	2	6%	12	32%
No eligible households								
Some received	16	44%	14	32%	15	40%	13	36%
Total	**37**	**100%**	**37**	**100%**	**37**	**100%**	**37**	**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 87%.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	34	92%	33	89%	30	81%
Negligible population or None received	1	3%			1	3%
No eligible Households						
Some received	2	5%	4	11%	6	16%
Total	**37**	**100%**	**37**	**100%**	**37**	**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 78%, however, it was low for the other government schemes including Ujjwala, Ayushman Bharat and MNREGA with the complete coverage for these schemes being reported by 3% to 35% of the hamlets

Response	Ujjwala Scheme	Proportion
All received	13	35%
Negligible population or None received	4	11%
None of them have access to the scheme	2	5%
Not Needed	1	3%
Some received	17	46%
Total	**37**	**100%**

Response	Ayushman Bharat	Proportion
All received	1	3%
Do not know about scheme	16	43%
Negligible population or None received	6	16%
No one has applied		
Some received	14	38%
Total	**37**	**100%**

Response	MNREGA	Proportion
All received	13	35%
MNREGA Not applicable		
Negligible population or None received	1	3%
Not needed		
Some received	23	62%
Total	**37**	**100%**

Response	Jan Dhan	Proportion
All have account	29	78%
Negligible population or none have account		
Some have account	8	22%
Total	**37**	**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. The poorest families in 54% hamlets reported that they do not know about the Ayushman Bharat scheme.

Response	Ujjwala	Proportion
Only 1 HH received	5	14%
2 HHs received	17	46%
All 3 households received	7	19%
None of them have access to the scheme	1	3%
None of them received the cylinder	7	19%
Total	**37**	**100%**

Response	PDS	Proportion
Only 1 HH received	3	8%
2 HHs received	9	24%
All 3 households received	23	62%
Do not have ration card	1	3%
None of them received ration	1	3%
Total	**37**	**100%**

Response	Pensions	Proportion
Only 1 HH received	7	19%
2 HHs received	14	38%
All 3 households received	13	35%
None of them received	1	3%
Not Eligible	2	5%
Total	**37**	**100%**

Response	Ayushman Bharat	Proportion
Only 1 HH received	1	3%
Only 2 HHs	4	11%
All 3 households received	3	8%
Do you know about the scheme	20	54%
Have not applied	3	8%
None of them	6	16%
Total	**37**	**100%**

Response	Jan Dhan Yojna	Proportion
Only 1 HH received		
2 HHs received	10	27%
All 3 households received	23	62%
None of them have	4	11%
Total	**37**	**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 8% 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 11% of the hamlets saw all the 3 poorest households having access to online education

Response	Frequency	Proportion
All children	3	8%
Negligible or no children	20	54%
Some children	14	38%
Total	**37**	**100%**

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received		
2 HHs received	4	11%
All 3 households received	4	11%
None of them received	29	78%
Total	**37**	**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 97% 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	8	22%	8	22%		
No	12	32%	13	35%	1	3%
Same as before	1	3%	1	3%		
Yes	16	43%	15	40%	36	97%
Total	**37**	**100%**	**37**	**100%**	**37**	**100%**

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	4	11%
Same	29	78%
Worse	4	11%
Total	**37**	**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 51% hamlets where only some 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. 32% hamlets reported that Community Health Centres were difficult to access, while 68% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	13	35%
No	15	41%
Yes	9	24%
Total	**37**	**100%**

Response	Immunization of children	Proportion
All children	18	49%
None of the children		
Some children	19	51%
Total	**37**	**100%**

Response	Sub-Health Centre	Proportion
Accessible	15	40%
Accessible with good quality treatment	11	30%
Not existent	11	30%
Total	**37**	**100%**

Response	Primary Heath Centre	Proportion
Accessible	17	46%
Accessible with good quality treatment	10	27%
Not Close by	10	27%
Total	**37**	**100%**

Response	Community Health Centre	Proportion
Difficult to access	12	32%
People are able to go	12	32%
People are able to go and has good quality treatment	13	36%
Total	**37**	**100%**

Response	District Hospital	Proportion
Difficult to access	25	68%
People are able to go	1	3%
People are able to go and has good quality treatment	11	29%
Total	**37**	**100%**

Table14: Access to Health facilities

Annexure 1

	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
16th to 31st December 2021	1	Update from coordinators of Sirohi, Pali and Hanumangarh, Rajasthan on status of data collection, training to be conducted at village level, issues emerging from survey	2	Training on Kobo Tool with fellows from Sirohi&Pali districts; Orientation of Hanumangarh team on Kobo Tool Survey form	4	Meeting on covid appropriate behaviour, vaccination awareness and myths related to vaccination, meeting with Kalbeliya and Bhil community on information related to covid19 infection and awareness
January 1 - 15, 2022	NA	NA	1	Training on Kobo Tool for survey for fellows from Bundi	1	Stakeholder meeting: 0 Vaccination camp: 0 Support to vaccination in places through frontline workers: 1 Community meeting: 0
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	14; [Panchayat engagements: 2]	Submission of letter to ANM and ASHA at subcentre for vaccination, Discussing strategy with government hospital's doctor for vaccination of those not having aadhar card, Vaccination awareness with Kalbeliya community for vaccinating migrant workers, Vaccination awareness meeting with Nat, Bhil and Banjara community, support to vaccination, Door to door vaccination awareness visit to Bhil community hamlet
February 1 - 15, 2022	1	Status and keys issues of vaccination intervention programme, discussion of action points by coordinators, preparation of action plan and planning next steps	2	Submission of application letter to respective department, identification of 15-17 years aged out of school children, collection of baseline data on the identified schemes and formation of the community groups based on selected beneficiaries,	7	Submission of application to ANM for vaccination; Vaccination support to deprived people including pregnant women from Sapera community [13-14 people vaccinated in PHC]; Meeting with doctors at PHC regarding vaccination of those without Aadhar card; Vaccination awareness meeting with communities; Support to vaccination of 18+years people and 15-17 years children

				support to vaccination in both first and second dose; update on letter writing procedure, status of vaccination of 18+ years people and 15-17 years children and regular updating of register, identification and listing of schemes		
February 16 - 28, 2022	NA	NA	2	Update on listing of 15-17 years children and schemes, update on vaccination of children and adults, letter submission at Panchayat and block level departments by identifying those whose vaccination is due	5	Submission of letter for vaccination of 15-17 years children; Meeting with district administration officers including SDM, ADM and DPT under the program of Operation Asmita
March 1 - 15, 2022	NA	NA	NA	NA	13	FGD with Banjara, Nat, Kalbeliya and other communities; Support to second dose vaccination of pregnant woman; Mobilisation of MGNREGA workers and registration for E-Shram card; Support to vaccination and in organising health camp; Volunteers meeting for community survey
March 16 - 31, 2022	3	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	NA	NA	2	E-shram registration camp; Village level survey form fill-up

		access to various schemes; Explanation on monthly tracker; Listing of beneficiaries				
April 1 - 15	NA	NA	NA	NA	1	Distribution of masks and discussion on covid appropriate behaviour on World Health Day