

COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS – GUJARAT

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.



GUJARAT

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 Gujarat, the initiative covered 6 districts with 47 hamlets in the baseline and 6 districts with 40 hamlets in the endline. A total of 19064 adults were covered in the baseline while 13766 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
6	14	38	47	6	13	35	40

Number of Individuals covered		
	Baseline	Endline
Gujarat	19064	13766

Insights on Vaccination of Adults (18+)

In terms of rate of vaccination, it was found that overall rate of vaccination rate was 62% during December, which increased significantly to 81% by the endline. Data collected during the baseline revealed that there were still around 59% individuals that were not fully vaccinated. Vaccination was particularly low amongst the Minority community (35%) and the Denotified and Nomadic Tribes (37%). By April it was found that there was a significant increase overall in the number of individuals that were fully vaccinated, with 71% as fully vaccinated. It is important to note that the vaccination among the Minority community increased from 35% fully vaccinated individuals to 74% 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%	32%	54%	12%	32%	56%	13%	32%	55%
ST	18%	41%	40%	18%	40%	42%	18%	41%	41%
OBC	26%	36%	38%	22%	36%	42%	24%	36%	40%
DNT	19%	46%	35%	17%	45%	38%	18%	45%	37%
Minority	26%	41%	33%	23%	40%	37%	25%	41%	35%

	Endline								
SC	4%	24%	72%	4%	24%	73%	4%	24%	72%
ST	12%	23%	65%	12%	23%	65%	12%	23%	65%
OBC	1%	23%	76%	2%	22%	76%	2%	23%	76%
DNT	2%	32%	67%	1%	30%	69%	1%	31%	68%
Minority	6%	22%	72%	5%	20%	75%	5%	21%	74%

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 especially amongst the DNT communities such as immunity would reduce, or their likelihood of getting more side effects were rampant as elucidated by the partners from Gujarat. 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. In spite of meetings with gram panchayat and ward members, not many people from tribal communities agreed to get vaccinated.

Sheer hesitancy towards vaccination has also been observed among the people with substance addictions while doing the household survey. These people who were primarily informal workers were afraid of vaccine and strongly believed that alcoholic people do not need to take vaccines since they drink. The team sought the help of Anganwadi workers, teachers, and some religious leaders to help them overcome their misconceptions related to alcoholism and vaccination and convince them to take vaccine.

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 Gujarat 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. Absence of Unique Disability ID cards made the mobile registration a difficult process as stated by the partners.

"We told them that the vaccine would help their immunity and make them safe from Covid. This way, we made use of scientific knowledge given to us by doctors through webinars. We also gave examples of elderly who have taken the first vaccine and are doing fine. Now around 80% elderly people in DNT communities are coming forward to take the vaccine themselves. Eventually we have managed to gain some success." – Mahesana, Gujarat

Pregnancy and new motherhood decreased the acceptance rate for vaccination. The barriers to vaccination acceptance among pregnant and lactating women were related to vaccine safety, myths and misconceptions due to less knowledge about significance and effectiveness of vaccines. The primary reason associated with stern refusal to vaccination was fear of side effects on the fetus. Other reasons pertain to - fear of vaccination affecting the fertility of women, parents and in-laws fear of vaccination impacting the growth of the fetus, fear of side effects of vaccine impacting the new born child etc. Such concerns and apprehensions were emerging from intervention locations regarding 'whose responsibility will it be' in case of adverse situations.

“Pregnant women in their first trimester were worried about having side effects from the vaccination. Side effects were perceived to be less after the 4th month of pregnancy. Family members discouraged them to get vaccinated. While fever and fatigue are common side effects, these led to fear and hence unwillingness to get vaccinated.” – Ahmedabad, Gujarat

Vaccination among 12-17 age group

With regards to vaccination of 12-14 year age group, the survey was conducted during April 2022 among 1692 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that 40% children between 12-14 age group were fully vaccinated. The survey of 15-17 year age group vaccination, conducted with 1864 youth, revealed that 45% 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	17%	36%	47%	13%	42%	45%	15%	39%	46%
ST	28%	35%	37%	30%	36%	34%	29%	35%	36%
OBC	18%	35%	47%	16%	39%	45%	17%	37%	46%
DNT	35%	26%	39%	29%	31%	40%	32%	29%	39%
Minority	34%	32%	34%	31%	33%	36%	33%	32%	35%

	% 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	10%	37%	53%	11%	37%	52%	11%	37%	53%
ST	22%	39%	39%	15%	44%	41%	19%	41%	40%
OBC	9%	44%	47%	6%	44%	50%	8%	44%	49%
DNT	15%	41%	44%	14%	41%	45%	15%	41%	44%
Minority	20%	41%	38%	15%	41%	44%	17%	41%	41%

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, loss of reproductive capacity/ fertility acted as barriers to girls' vaccination. Apart from regular Covid infection and vaccination awareness meetings with children and their parents in schools, AWCs and villages - innovative techniques were adopted by the implementing partners to spread awareness and sensitize communities on vaccination promotion and Covid Appropriate Behavior (CAB). For instance, children's cycle rallies in Gujarat need special mention.

“There is fear among such children that if they don't take vaccine they might be debarred from appearing in exams. Due to this fear of not being allowed to sit in exams, while some children are taking vaccine some are not. However few children are aware about its importance and hence taking vaccine.” – Ahmedabad, Gujarat

Vaccination among vulnerable groups

A. Persons with Disability

The survey focused on a few vulnerable population including persons with disability. 57 households with persons with disabilities were surveyed in the baseline, while 29 were surveyed in the endline. It was found that there were still 21% PwDs that had not been vaccinated at all till December, while only 37% had been fully vaccinated. This increased significantly after intervention by the programme fellows, and increased to 69% fully vaccinated persons with disabilities.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	21%	42%	37%
Endline	17%	14%	69%

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. Similar initiatives were taken in Gujarat where persons with disabilities were on the vaccination priority list and rickshaws were arranged for them to access vaccination centres. Frequent visits and follow-ups with relevant departments including ward members and health officers worked as a successful strategy in Gujarat 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.

Pregnant Women

There were 89 households with pregnant women during the baseline study, while in April the number was 60. An important finding from the baseline survey was that there were still 49% pregnant women that were not fully vaccinated, and only 19% 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 78% fully vaccinated pregnant women.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	49%	31%	19%
Endline	2%	20%	78%

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.

Narratives from the field

“One of the significant strategies we implemented was to disseminate doctors' and health officers' advices regarding common after effects of vaccination that do not have negative impacts on pregnant and lactating women's health. It is important that government spreads information about common after effects of vaccination as to reduce the unnecessary fear amongst people.” – Ahmedabad, Gujarat

A. Transgender/Non-binary persons

The baseline survey covered 151 households with Transgender/Non-binary persons, while 134 in the endline. While 70% were fully vaccinated in the baseline, this increased to 100% vaccination in the endline.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	9%	21%	70%
Endline	0%	0%	100%

Community-Level Survey on Social Protection Schemes

A community-level survey was also conducted across 42 hamlets, in 34 Panchayats across 13 blocks in 6 districts. There were 38% hamlets with dominantly OBC population, 29% hamlets with predominantly ST population and 21% with SC population.

State	Number of Districts	Number of Blocks	Number of Panchayats	Number of Villages
Gujarat	6	13	34	42

Table1: geography of Qualitative Study

Community		Community	
OBC	38%	DNT	12%
SC	21%	Minority	43%
ST	29%		

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 33% of the hamlets reported that the PDS distribution was effectively taking place and 5% of the hamlets reported to have had access to dry ration from schools, there were 14% of the hamlets reported not having received dry ration from schools.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	14	33%	1	5%
Negligible population or none received	0		3	14%
Some received	28	67%	17	81%
Total	42	100%	21	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 only 26%-41% of the villages responding positively to the provision of nutrition across the categories. There was 12% hamlet where it was reported that none of the children between 3-6 years had received food, while 12% hamlets reported that none of the children between 0-3 years received nutritious food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	17	53%
No	15	47%
Total	32	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	17	41%	16	38%	15	36%	11	26%
Negligible population or none received	1	2%	1	2%	5	12%	5	12%
No eligible households	1	2%	1	2%	2	5%		
Some received	23	55%	24	58%	20	47%	26	62%
Total	42	100%	42	100%	42	100%	42	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 even less than 20% while 55%-70% hamlets reported that some of the beneficiaries had received the pensions.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	8	19%	5	12%	6	14%
Negligible population or None received	7	17%	6	14%	6	14%
No eligible Households	3	7%	2	5%	7	17%
Some received	24	57%	29	69%	23	55%
Total	42	100%	42	100%	42	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 19%, however, it was quite low for the other government schemes including Ujjwala, Ayushman Bharat and MNREGA with the complete coverage for these schemes respectively being reported by 10%, 9% and 7% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	4	10%
Negligible population or None received	13	31%
None of them have access to the scheme	6	14%
Not Needed		
Some received	19	45%
Total	42	100%

Response	Ayushman Bharat	Proportion
All received	4	9%
Do not know about scheme		
Negligible population or None received	2	5%
No one has applied	7	17%
Some received	19	69%
Total	42	100%

Response	MNREGA	Proportion
All received	3	7%
MNREGA Not applicable	14	33%
Negligible population or None received	3	7%
Not needed	14	33%
Some received	8	20%
Total	42	100%

Response	Jan Dhan	Proportion
All have account	8	19%
Negligible population or none have account	1	2%
Some have account	33	79%
Total	42	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 Jan Dhan Yojna, whereas, it was the lowest in the Ayushman Bharat. There were still 12% locations where the 3 poorest families did not have access to ration cards. The poorest families in 7% hamlets reported that they do not know about the Ayushman Bharat scheme, while in 24% hamlets these households did not have Jan Dhan Yojna accounts.

Response	Ujjwala	Proportion
Only 1 HH received	7	17%
2 HHs received	8	19%
All 3 households received	5	12%
None of them have access to the scheme	9	21%
None of them received the cylinder	13	31%
Total	42	100%

Response	PDS	Proportion
Only 1 HH received	6	14%
2 HHs received	11	26%
All 3 households received	11	26%
Do not have ration card	5	12%
None of them received ration	9	22%
Total	42	100%

Response	Pensions	Proportion
Only 1 HH received	12	29%
2 HHs received	10	23%
All 3 households received	5	12%
None of them received	12	29%
Not Eligible	3	7%
Total	42	100%

Response	Ayushman Bharat	Proportion
Only 1 HH received	13	31%
Only 2 HHs	4	10%
All 3 households received	2	5%
Do you know about the scheme	3	7%
Have not applied	14	33%
None of them	6	14%
Total	42	100%

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	16	38%
2 HHs received	8	19%
All 3 households received	8	19%
None of them received	10	24%
Total	42	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, 96% of the hamlets reported that only some of the children could access online education, whereas, 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 7% of the hamlets saw all the 3 poorest households having access to online education.

Response	Frequency	Proportion
All children	1	2%
Negligible or no children	1	2%
Some children	40	96%
Total	42	100%

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	6	14%
2 HHs received	13	31%
All 3 households received	3	7%
None of them received	20	48%
Total	42	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. 64% 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	2%		
No	12	29%	13	31%	4	10%
Same as before	9	21%	10	24%	11	26%
Yes	21	50%	18	43%	27	64%
Total	42	100%	42	100%	42	100%

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	12	29%
Same	30	71%
Worse		
Total	42	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 83% 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. 21% hamlets reported that Community Health Centres were difficult to access, while 42% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	1	2%
No	22	52%
Yes	19	46%
Total	42	100%

Response	Immunization of children	Proportion
All children	7	17%
None of the children		
Some children	35	83%
Total	42	100%

Response	Sub-Health Centre	Proportion
Accessible	14	33%
Accessible with good quality treatment	15	36%
Not existent	13	31%
Total	42	100%

Response	Primary Health Centre	Proportion
Accessible	15	36%
Accessible with good quality treatment	13	31%
Not Close by	14	33%
Total	42	100%

Response	Community Health Centre	Proportion
Difficult to access	9	21%
People are able to go	20	48%
People are able to go and has good quality treatment	13	31%
Total	42	100%

Response	District Hospital	Proportion
Difficult to access	18	42%
People are able to go	12	29%
People are able to go and has good quality treatment	12	29%
Total	42	100%

Table14: Access to Health facilities

TIMELINE	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
Dec 16-31, 2021	2	Orientation on data collection through Kobo questionnaire; CAB survey training for district and hamlet Fellows	NA	NA	12	COVID-19 and vaccination awareness meetings with different groups such as women, youths and members from Bhanja community; various meetings with AWC workers/ PHC workers/ staff from sanitation dept. etc on vaccination; children's cycle rally for vaccination awareness; poster campaign for vaccination
Jan 1-15, 2022	1	Updation of survey work, preparation of audio messages, challenges for 15 to 18 years vaccination and systems being followed, challenges in accessing certificates	NA	NA	5	Stakeholder meeting: 2 Vaccination camp: 0 Support to vaccination in places through frontline workers: 1 [5 youths vaccinated] Community meeting: 3
Jan 16-31, 2022	1	Training on E-shram registration; Key learnings from ground level outreach; Further identification of schemes	NA	NA	21; [Panchayat engagements: 5]	Meeting on Covid Appropriate Behaviour and linking women with ASHA workers, Vaccination awareness meeting with ANM, AWW under ICDS programme, Awareness meeting with AWW and CDPO about children's vaccination, Awareness meeting with local women leaders (in tribal hamlet) on children's vaccination in presence of Sarpanch, Discussion on issuing Shramik card, Organising vaccination camp , Awareness meeting by ASHA, AWW, PHC nurse with migrant agricultural labourers and those who believe in myths and fear to get vaccinated

Feb 1-15, 2022	NA	NA	NA	NA	17[Panchayat engagements: 2]	Listing of youth beneficiaries for second dose, listing of elderly beneficiaries for booster dose, encouraging children and others for vaccination [examination is going on in schools and colleges, so more children and youth will be able to take vaccine], submission of application to health officer for organising vaccination camp, submission of application to sarpanch; Formation of women leaders and supporting them in creating list of beneficiaries for government schemes, labour protection cards and Ayushman cards; Vaccination awareness meeting with Roj Banja community - discussion on myths and fears related to vaccination, importance of vaccination of 15-18 years children; Discussion on vaccination related myths with DNT communities, pregnant women and newly married couple; Motivating for vaccination; Writing Covid awareness messages on house walls and board of the villages; Meeting with panchayat and ward members - discussion on vaccination; Campaign with different groups for vaccination [Chalo Sath Chale Hum] and support to vaccination of pregnant women; Meeting with young girls at AWC
Feb 16-28, 2022	1	Identification of key schemes and strategies for social accountability focus, review of vaccination work	NA	NA	20	Support with linkage of Aadhar for E-shram registration camp; Submission of letter and organising vaccination camp; Community mobilisation for second dose vaccination; Meeting at AWC on vaccination and E-shram card; Submission of application for free receipt of vaccination certificate; Community meeting for Ayushman Bharat and labour card registration; Clarification of vaccination related myths and prejudices and support to vaccination; Discussion on PMJJY and labour card registration; E-shram registration camp; Doorstep visits for vaccination; Putting up blackboard for disseminating information on welfare schemes and E-shram card

March 1-15, 2022	NA	NA	NA	NA	8	Support to registration for PM KISAN scheme; Mobilisation and support for second dose vaccination; Discussion with brick kiln women workers on significance of International Women's Day, women safety, helpline number, access to basic rights and entitlements, E-shram and initiating STP class for children of migrant labourers; E-shram registration camp for unorganised labourers and discussion on scheme benefits; Discussion with women group on social welfare schemes like E-shram, Sukanya Yojana, importance of opening bank account in presence of health workers, Sarpanch and block official on International Women's Day; Planning meeting with fellows; Meeting with block and district officials on rights to education and housing of DNT communities [Request from officials for submission of application]
March 16-31, 2022	NA	NA	NA	NA	12	Meeting with Sarpanch and AWW on labour card registration and organising camp; Distribution of E-Nirman card and dissemination of information about its benefits; Survey and meeting with school teachers to understand status of dropout and irregular attendance to ensure quality education; Meeting and formation of a core committee with village leaders for discussing and working towards access to E-Nirman card, social welfare schemes by deprived communities; Registration for new E-Nirman cards, application procedure by deprived communities for social welfare schemes; Registration camp for E-shram card at brick kiln [camp with support from village head in one location]; Support to school staff in vaccination of 12-14 years children by clarifying doubts and fears, Discussion related Covid and vaccination with team
Apr 1-15, 2022	NA	NA	NA	NA	1	Meeting with panchayat - discussion on organising camp for E-Nirman card and social protection schemes
Apr 16-30, 2022	NA	NA	NA	NA	5 [gender disaggregation of participants: 7 women, 7 men]	Vaccination awareness meeting with women and awareness for vaccinating 15-18 years children; Meeting with panchayat; Ration kit distribution to economically backward families