

# COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS – WEST BENGAL

**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

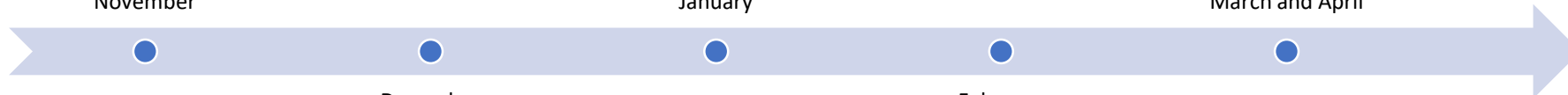
A survey was conducted to better understand the status of vaccination in all states.

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.



## WEST BENGAL

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 West Bengal, the initiative covered 4 districts with 36 hamlets in the baseline and 4 districts with 28 hamlets in the endline. A total of 11053 adults were covered in the baseline while 9562 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
4	7	20	36	4	7	15	28

Number of Individuals covered		
	Baseline	Endline
<b>WB</b>	11053	9562

### Insights on Vaccination of Adults (18+)

In terms of rate of vaccination, it was found that overall rate of vaccination rate was 60% during December, which increased significantly to 92% by the endline. Data collected during the baseline revealed that there were only 35% individuals that were fully vaccinated. Vaccination was particularly low amongst the Denotified and Nomadic Tribes (20%). By April it was found that there was a significant increase overall in the number of individuals that were fully vaccinated, with 88% as fully vaccinated. It is important to note that the vaccination among the DNT community increased from 20% fully vaccinated individuals to 70% 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								
<b>SC</b>	12%	52%	36%	12%	57%	31%	12%	54%	34%
<b>ST</b>	9%	60%	31%	12%	64%	24%	10%	62%	28%
<b>OBC</b>	7%	37%	56%	5%	38%	57%	6%	38%	57%
<b>DNT</b>	11%	68%	21%	10%	71%	19%	11%	69%	20%
<b>Minority</b>	10%	51%	39%	10%	57%	33%	10%	54%	37%

	Endline								
<b>SC</b>	1%	5%	93%	2%	8%	90%	2%	6%	92%
<b>ST</b>	3%	9%	87%	3%	10%	87%	3%	10%	87%
<b>OBC</b>	2%	3%	96%	0%	4%	96%	1%	3%	96%
<b>DNT</b>	7%	22%	71%	6%	24%	70%	7%	23%	70%
<b>Minority</b>	2%	4%	94%	2%	4%	94%	2%	4%	94%

### *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. Two major challenges observed across few locations of Jalpaiguri district are people's lack of money to travel to vaccination centre and fear of body ache. In spite of meetings with gram panchayat and ward members, not many people from DNT communities agreed to get vaccinated. The Sabars [DNT community] were reluctant to get vaccinated while the team had to visit them multiple times and make them understand the importance of vaccination though the team wasn't being able to reach 100% vaccination.

"We drink, Corona will die from the alcohol. Drinkers do not need vaccine. Those who do not drink need vaccine". – Purulia, West Bengal

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.

"In Kudu village, there are nearly 40 people who drink alcohol. Initially they didn't want to take vaccine. They feared of deteriorating health and said that drinkers do not need vaccine." – Bankura, West Bengal

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. vaccinated.

"Even the ASHA workers said old people do not need vaccine. People blame on us if they face any health related difficulties after vaccination." – Jalpaiguri, West Bengal

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 miscarriage as well as delivery of pre mature baby, parents and in-laws fear of vaccination impacting the growth of the fetus, fear of side effects of vaccine impacting the new born child, illiteracy leading to misconceptions

and apprehensions regarding vaccination. Such concerns and apprehensions were emerging from intervention locations regarding ‘whose responsibility will it be’ in case of adverse situations. Myths and superstitions were so engrossed in the community beliefs that certain Christian communities from West Bengal who are believers in God had this superstition that God would save them from COVID-19 infection, hence they would not need vaccines.

“At the beginning of Covid pandemic, WHO had identified the groups that would be most affected - in this disability was at the top of the list. This is because ‘touch’ is a very important factor related to Covid infection and especially for persons with disabled. They are highly dependent on others, hence has a direct relation to the impact of Covid as well, since it can spread through touch. Health and disability are state issues, it's not on the central list. The West Bengal government stated that door to door vaccination drive is not possible. Families of persons with disabilities and elderly were keen to have doorstep vaccination, but the government declined. Absence of Aadhar card and Unique Disability ID required for vaccination registration made it even more challenging for many of them. Vaccination centres were often located at a distance, taking fingerprints was also difficult in some cases. There was also long queue at vaccination centres without proper sitting arrangements, making it difficult for them”. – Shampa Sengupta, Disability Rights Activist, Founder - Sruti Disability Rights Centre Kolkata West Bengal, Joint secretary - National Platform for the Rights of the Disabled

### **Vaccination among 12-17 age group**

With regards to vaccination of 12-14 year age group, the survey was conducted during April 2022 among 942 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. The survey of 15-17 year age group vaccination, conducted with 943 youth, revealed that 66% had received both their vaccine doses. This was particularly low among the DNT community (34%).

	% 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
<b>SC</b>	0%	67%	33%	0%	75%	25%	0%	69%	31%
<b>ST</b>	29%	37%	33%	30%	39%	31%	30%	38%	32%
<b>OBC</b>	13%	40%	47%	0%	50%	50%	9%	43%	48%
<b>DNT</b>	48%	29%	23%	49%	28%	23%	49%	28%	23%
<b>Minority</b>	18%	32%	50%	30%	30%	41%	24%	31%	45%

	% 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
<b>SC</b>	0%	11%	89%	0%	15%	85%	0%	13%	88%
<b>ST</b>	19%	26%	55%	22%	23%	55%	21%	24%	55%
<b>OBC</b>	8%	8%	85%	8%	17%	75%	8%	12%	80%
<b>DNT</b>	36%	26%	38%	42%	28%	31%	39%	27%	34%
<b>Minority</b>	21%	4%	75%	17%	9%	74%	19%	6%	75%

### *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, 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. Shortage of vaccine vials as elucidated by partners from Purulia added to the challenge. There had been instances of children not attending school in fear of getting vaccinated. 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, composition of songs by Sabar community in Purulia district need special mention.

#### **Narratives from the field**

“Vaccination for 12-14 years children have started only in government schools. No separate camps haven't yet been set up. There are not much difficulties for 12-14 years Sabar school going children to get vaccinated because they are seeing other children are also taking vaccine. But children of migrant parents are not yet vaccinated. We reached out to the DM to get the list of drop out children so that we can trace them, identify and get them vaccinated. Few Sabar children who are going to school are still afraid of vaccination. Even the parents believe in various myths and restrain the children to get vaccinated. We organised 3-4 meetings in the village and are trying to mobilise them. Once the migrant parents come back, we will prepare a list of those children, submit it to the BMO and organise a camp separately for them. We are in the process of discussion and hopefully will be done by next month. We managed to get vaccinated many Sabars through our initiative under govt. 'Duyare Sarkar' camp.” – Bankura, West Bengal

### **Vaccination among vulnerable groups**

#### **A. Persons with Disability**

The survey focused on a few vulnerable population including persons with disability. 38 households with persons with disabilities were surveyed in the baseline, while 33 were surveyed in the endline. It was found that there were still 47% PwDs that had not been vaccinated at all till December, while only 5% had been fully vaccinated. This increased significantly after intervention by the programme fellows, and increased to 61% fully vaccinated persons with disabilities.



	<b>% of Not Vaccinated</b>	<b>% of partially vaccinated</b>	<b>% of fully vaccinated</b>
<b>Baseline</b>	47%	47%	5%
<b>Endline</b>	33%	6%	61%

### *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. In case of vaccinating elderlies, concept of role models who took vaccines helped in convincing other elderlies. 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 54 households with pregnant women during the baseline study, while in April the number was 24. An important finding from the baseline survey was that there were still 37% pregnant women that were not fully vaccinated, and only 13 % 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 58% fully vaccinated pregnant women.

	<b>% of Not Vaccinated</b>	<b>% of partially vaccinated</b>	<b>% of fully vaccinated</b>
<b>Baseline</b>	37%	50%	13%
<b>Endline</b>	13%	29%	58%

### *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. 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.

### Community-Level Survey on Social Protection Schemes

A community-level survey was also conducted across 45 hamlets, 16 panchayats across 7 blocks in 4 districts. All locations had a predominant ST population, with 64% of the locations as Denotified and Nomadic Tribes.

State	Number of Districts	Number of Blocks	Number of Panchayats	Number of Villages
West Bengal	4	7	16	45

Table1: geography of Qualitative Study

Community		Community	
ST	100%	DNT	64%
		Minority	7%

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 89% of the hamlets reported that the PDS distribution was effectively taking place and 84% of the hamlets reported to have had access to dry ration from schools, there were 4% of the hamlets reported not having received dry ration from schools.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	40	89%	38	84%
Negligible population or none received	1	2%	2	4%
Some received	4	9%	5	12%
<b>Total</b>	<b>45</b>	<b>100%</b>	<b>45</b>	<b>100%</b>

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 65% of the villages responding positively to the provision of nutrition across the categories. There was 22% hamlet where it was reported that none of the children between 3-6 years had received food, while 4% hamlets reported that none of the children between 0-3 years received nutritious food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	6	50%
No	6	50%
<b>Total</b>	<b>12</b>	<b>100%</b>

Table4: Access to MDM

Response	Pregnant Women	Proportion	Lactating Mothers	Proportion	Children (0.5 - 3 Years)	Proportion	Children (3 - 6 Years)	Proportion
All received	34	76%	34	76%	34	76%	30	67%
Negligible population or none received	3	7%	5	11%	2	4%	10	22%
No eligible households	4	9%						
Some received	4	9%	6	13%	9	20%	5	11%
<b>Total</b>	<b>45</b>	<b>100%</b>	<b>45</b>	<b>100%</b>	<b>45</b>	<b>100%</b>	<b>45</b>	<b>100%</b>

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 less than 30% ranging from 7% to 27% while 30%-60% hamlets reported that some of the beneficiaries had received the pensions.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	12	27%	8	18%	3	7%
Negligible population or None received	4	9%	7	16%		
No eligible Households	2	4%	5	11%	27	60%
Some received	27	60%	25	56%	15	33%
<b>Total</b>	<b>45</b>	<b>100%</b>	<b>45</b>	<b>100%</b>	<b>45</b>	<b>100%</b>

Table6: Access to pensions

## Access to government schemes

On the question of the access to government schemes, the complete coverage was the highest for Ayushman Bharat at 13%, however, it was even lower for the other government schemes including Ujjwala, MNREGA and Jan Dhan with the complete coverage for these schemes respectively being reported by 2%, 11% and 9% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	1	2%
Negligible population or None received	7	16%
None of them have access to the scheme	18	40%
Not Needed	6	13%
Some received	13	29%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	Ayushman Bharat	Proportion
All received	6	13%
Do not know about scheme	16	36%
Negligible population or None received	1	2%
No one has applied	2	4%
Some received	20	44%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	MNREGA	Proportion
All received	5	11%
MNREGA Not applicable		
Negligible population or None received	20	44%
Not needed	3	7%
Some received	17	38%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	Jan Dhan	Proportion
All have account	4	9%
Negligible population or none have account	2	4%
Some have account	39	87%
<b>Total</b>	<b>45</b>	<b>100%</b>

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 PDS, whereas, it was the lowest in Ujjwala Yojna. There were still 2% locations where the 3 poorest families did not have access to ration cards. The poorest families in 22% hamlets reported that they do not know about the Ayushman Bharat scheme, while in 35% hamlets these households did not have Jan Dhan Yojna accounts.

Response	Ujjwala	Proportion
Only 1 HH received	5	11%
2 HHs received	3	7%
All 3 households received	2	4%
None of them have access to the scheme	26	58%
None of them received the cylinder	9	20%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	PDS	Proportion
Only 1 HH received	1	2%
2 HHs received	5	11%
All 3 households received	36	80%
Do not have ration card	1	2%
None of them received ration	2	4%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	Pensions	Proportion
Only 1 HH received	15	33%
2 HHs received	5	11%
All 3 households received	8	18%
None of them received	6	13%
Not Eligible	11	25%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	Ayushman Bharat	Proportion
Only 1 HH received	6	13%
Only 2 HHs	5	11%
All 3 households received	5	11%
Do you know about the scheme	10	22%
Have not applied	9	21%
None of them	10	22%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	14	31%
2 HHs received	7	16%
All 3 households received	8	18%
None of them received	16	35%
<b>Total</b>	<b>45</b>	<b>100%</b>

Table8: Status of 3 poorest households

### Access to online education

In terms of the access to online education for the children in the hamlets, 23% of the hamlets reported that only some of the children could access online education, whereas, 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 2% of the hamlets saw all the 3 poorest households having access to online education.

Response	Frequency	Proportion
All children	2	4%
Negligible or no children	33	73%
Some children	10	23%
<b>Total</b>	<b>45</b>	<b>100%</b>

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	3	7%
2 HHs received	1	2%
All 3 households received	1	2%
None of them received	40	89%
<b>Total</b>	<b>45</b>	<b>100%</b>

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. 33% 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%	2	4%	1	2%
No	25	56%	34	76%	13	29%
Same as before	4	9%	7	16%	16	36%
Yes	15	33%	2	4%	15	33%
<b>Total</b>	<b>45</b>	<b>100%</b>	<b>45</b>	<b>100%</b>	<b>45</b>	<b>100%</b>

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	8	18%
Same	29	64%
Worse	8	18%
<b>Total</b>	<b>45</b>	<b>100%</b>

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 31% 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. 22% hamlets reported that Community Health Centres were difficult to access, while 18% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	4	9%
No	31	69%
Yes	10	22%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	Immunization of children	Proportion
All children	27	60%
None of the children	4	9%
Some children	14	31%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	Sub-Health Centre	Proportion
Accessible	27	60%
Accessible with good quality treatment	12	27%
Not existent	6	13%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	Primary Health Centre	Proportion
Accessible	14	31%
Accessible with good quality treatment	13	29%
Not Close by	18	40%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	Community Health Centre	Proportion
Difficult to access	10	22%
People are able to go	17	38%
People are able to go and has good quality treatment	18	40%
<b>Total</b>	<b>45</b>	<b>100%</b>

Response	District Hospital	Proportion
Difficult to access	8	18%
People are able to go	33	73%
People are able to go and has good quality treatment	4	9%
<b>Total</b>	<b>45</b>	<b>100%</b>

Table14: Access to Health facilities

TIMELINE	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
Dec 16-31, 2021	1	Update from coordinators on status of data collection, training to be conducted at village level, issues emerging from survey	NA	NA	14	Covid infection and vaccination awareness meeting
Jan 1-15, 2022	NA	NA	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	4	Covid awareness meeting with community
Feb 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	3	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	12 [Panchayat engagements: 1]	Vaccination camp with support from BMOH, ANM, GNM and panchayat representative; Submission of application to BMOH for special vaccination drive for Sabars; Discussion on covid [Omicron Virus] awareness and 15-17 years children's vaccination; Support to vaccination at PHC
Feb 16-28, 2022	NA	NA	1	Update on letter writing, vaccination of 18+ and 15-17 years children, update of register, scheme related information and listing	4	Support to vaccination through Duare Sarkar camp; E-shram registration
March 1-15, 2022	NA	NA	NA	NA	5	Support to form filling in 'Duare Sarkar' camp with local panchayat permission; Support to vaccination of PwD and other people; Application for E-Shram card
March 16-31, 2022	2	Explanation on monthly tracker; Listing of beneficiaries	1	Discussion with coordinators on social welfare schemes related work - feedback on field level challenges, completion of survey on schemes, awareness about	3	Community survey and Focus Group Discussion



				strict following of government declared fixed charges/ guidelines for applying in respective schemes, organizing camp and writing letters to respective Govt. officials for ensuring access to various schemes		
Apr 1-15, 2022	NA	NA	NA	NA	NA	NA
Apr 16-30, 2022	NA	NA	NA	NA	NA	NA