

COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS – MADHYA PRADESH

PRAXIS

Introduction

The Collect Risk Communication & Community Engagement is a community led initiative spread across 11 states, supported by UNICEF India. The initiative covers 70 districts, rooted in 560 hamlets, predominantly inhabited by Dalit, Adivasi, De-notified and Nomadic Tribes and minority communities. The programme particularly focuses on building a resource base at community level for an easy access to information and instituting a system of data flow, which can be used to create an evidence-based system of communication with local administration. This holds importance particularly in the context that in these targeted hamlets of marginalised groups, access to digital tools is minimal and even when available, not everyone is able to access these tools owing to varied reasons ranging from ownership to access control.

Overall programme

With the second wave spreading to rural areas mid-2021 and the impending third wave of the pandemic, the immediate problem in most of the selected hamlets was the fear of rural spread of the virus in a rapid way, the lack of awareness about Covid Appropriate Behaviours and the myths clouding the vaccination drive. It was in this background that in November 2021, RCCE Collect initiative began a six-month programme focused on building community level awareness on Covid Appropriate Behaviour (CAB) and ensuring higher vaccination through mobilisation among vulnerable groups. The programme selected hamlet level and district level fellows in each location that were from the community itself. The key objectives of the six-month programme were as follows:

- 1) Fellows understand and practice Covid appropriate behaviours (CAB), are facilitated to make informed decisions about vaccinations and are provided access to the same.
- 2) Enhance capacity/understanding of Covid Appropriate Behaviour of volunteers to help them take the message of CAB to communities
- 3) Link the community with the local health services and administration for early COVID testing, treatment and vaccination with the view to the improvement of vaccination systems overall for the left-out dropped-out community

Programme timeline

In a phased manner, the programme began with a strong and consistent focus on CAB as well vaccination efforts, following this, from the third month onwards work on social accountability aspects with particular focus on government supported schemes and entitlements also began parallelly.



560 hamlet fellows and 71 district fellows trained on CAB and vaccination, following which community meetings held to spread this knowledge

Based on the findings of the vaccination survey - target vulnerable groups were engaged with (e.g pregnant women, persons with disability, elderly, etc.). Door to door campaigns, engagement with Panchayat and local administration strengthened.

Endline vaccination survey conducted. Focus on 12-17yr vaccination in community meetings. In the social accountability focus districts, fellows continued to engage and identify the challenges faced by the community. Fellows were also trained on online applications for relevant schemes.

November

January

March and April

December

February

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

Sessions with doctors and experts held for fellows to understand vaccine myths. Links made with local administration for supporting vaccine camps.

Along with the ongoing efforts for vaccination, 10 districts were selected to focus on social accountability work.

The fellows identified the schemes difficult to access for the community. The capacity of the fellows was built on these schemes and liasoning with local administration for scheme was initiated.

Focus on youth vaccination and its challenges added.



MADHYA PRADESH

Under the C-RCCE initiative, surveys were conducted at the start of the project in late December 2021 and then again in April 2022, post six months of the project. In Madhya Pradesh, the initiative covered 5 districts with 41 hamlets in the baseline and 5 districts with 35 hamlets in the endline. A total of 10438 adults were covered in the baseline while 8274 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
5	9	30	41	5	9	24	35

Number of Individuals covered		
	Baseline	Endline
MP	10438	8274

Insights on Vaccination of Adults (18+)

In terms of rate of vaccination, it was found that overall rate of vaccination rate was 80% during December, which increased significantly to 88% by the endline. Data collected during the baseline revealed that there were still around 15% individuals that were not fully vaccinated. By April it was found that there was a significant increase overall in the number of individuals that were fully vaccinated, with 82% 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	9%	20%	71%	9%	22%	69%	9%	21%	70%
ST	3%	32%	65%	4%	39%	57%	4%	35%	61%
OBC	15%	17%	68%	10%	13%	77%	13%	15%	73%
DNT	10%	22%	68%	9%	23%	68%	9%	22%	68%
Minority	13%	18%	70%	7%	12%	81%	10%	15%	75%

	Endline								
SC	4%	12%	84%	4%	14%	81%	4%	13%	83%
ST	2%	21%	78%	3%	23%	75%	2%	22%	76%
OBC	3%	18%	80%	6%	15%	79%	5%	16%	79%
DNT	2%	9%	89%	2%	10%	88%	2%	9%	89%
Minority	3%	14%	83%	7%	11%	81%	5%	13%	82%

Challenges and Fears: Learnings from the ground

At the beginning of the vaccination drive, there were lots of confusion, doubts, myths and hesitancy observed among people towards vaccination. People denied speaking to the team when they visited the intervention villages for persuading them to get vaccinated. Lots of confusing and fake information were being circulated across social media and few death incidents might have happened due to existing illness, hence they had doubts with fear of death. People who were addicted to substances were also explained the utility and effectiveness of vaccination though it was extremely challenging to convince them. The situation improved after the team explained them the insignificant impacts post vaccination. The community leader of Gond tribe from Balaghat, Madhya Pradesh composed Covid awareness songs as part of the intervention strategy.

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 Madhya Pradesh stated that long queues without safe waiting places and absence of ramps in vaccination centers created accessibility issues, thus making it difficult for this vulnerable group to get vaccinated. Besides the structural barriers, many family members in Neemuch district were busy with agricultural work and hence were not able to take time off to support the disabled family members to get vaccinated. Fear of death and worsening health conditions also stopped them from getting vaccinated.

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, fear of unforeseen side effects of vaccine impacting the unborn child, illiteracy leading to misconceptions and apprehensions regarding vaccination etc. Even if a few pregnant women in Madhya Pradesh 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.

“Whenever we tried to speak about vaccine, substance-addicts would always say that they are anyway drinking 90% alcohol so they do not need sanitizers. Most of those who drink, felt that drinking alcohol had already made them immune. It was only after one of their like-minded friends [who is also substance-addict] died because of Covid, that they were more keen to understand information about vaccines.” – Morena, Madhya Pradesh

“Vaccination can’t save us. It is ‘Haram’. We will die when death comes naturally.” – a member of Muslim community, Sagar, Madhya Pradesh

Vaccination among 12-17 age group

With regards to vaccination of 12-14 year age group, the survey was conducted during April 2022 among 1083 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that 55% children between 12-14 age group were fully vaccinated. The survey of 15-17 year age group vaccination, conducted with 1777 youth, revealed that 79% had received both their vaccine doses. This was particularly low among the ST community (54%).

	% 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	7%	59%	34%	7%	63%	30%	7%	61%	32%
ST	18%	30%	51%	14%	31%	55%	16%	31%	53%
OBC	10%	14%	76%	12%	25%	63%	11%	20%	69%
DNT	8%	60%	32%	8%	50%	41%	8%	54%	38%
Minority	2%	9%	89%	7%	16%	77%	5%	13%	83%

	% 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	4%	19%	77%	9%	10%	81%	6%	15%	79%
ST	15%	28%	57%	16%	33%	51%	16%	30%	54%
OBC	6%	17%	77%	1%	7%	92%	4%	12%	84%
DNT	4%	12%	84%	6%	6%	88%	5%	10%	86%
Minority	1%	14%	85%	0%	2%	98%	1%	9%	91%

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. While parents worrying about how Covid19 vaccine may affect their children, they made their children skip going to school and involved them in agricultural work. Myths and misconceptions regarding the vaccine affecting overall growth of children acted as barriers to 12-17 years' children's vaccination.

Narratives from the field

“When we went to government school, we checked the register to find out how many have registered for vaccination and how many are absent in school. The children were busy in agricultural work with their parents. We went to their houses for follow up but the parents were reluctant, they said that the vaccination centre is located at a distant place. The parents said that government was initially providing pulses but now they are not providing. We tried to make them understand the importance of vaccination instead of receiving pulses. We clarified their doubts about side effects and ensured its safety. The parents were afraid of getting their children vaccinated, so they used to take their children to the field so that none from school can come to the house and take the child to vaccination centre. So we went to the field, spoke to them

and mobilised them to get vaccinated. We also enrolled a 17 years old girl in school and mobilised her to get vaccinated.”
– Mandsaur, Madhya Pradesh

Vaccination among vulnerable groups

A. Persons with Disability

The survey focused on a few vulnerable population including persons with disability. 52 households with persons with disabilities were surveyed in the baseline, while 53 were surveyed in the endline. It was found that there were still 19% PwDs that had not been vaccinated at all till December, while only 44% had been fully vaccinated. This increased significantly after intervention by the programme fellows, and increased to 87% fully vaccinated persons with disabilities.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	19%	37%	44%
Endline	6%	8%	87%

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. Frequent visits and follow-ups with relevant departments including ward members and health officers worked as a successful strategy to ensure vaccination of persons with disabilities. 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 82 households with pregnant women during the baseline study, while in April the number was 48. Findings from the baseline survey revealed that there were still 23% pregnant women that were not fully vaccinated, and only 43% 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 88% fully vaccinated pregnant women.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	23%	34%	43%
Endline	4%	8%	88%

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. The teams in Madhya Pradesh also arranged counseling sessions by doctors for husbands and other family members to clarify prevailing myths and doubts on vaccination during pregnancy. Counseling of husbands helped in 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. Continuous engagement with the target group and dissemination of positive news about vaccinated neighbours helped to mobilise them for vaccination. The frontline health workers i.e. ASHA and ANM also played a significant role in building awareness and mobilising pregnant women for vaccination through home visits. Teams' extensive effort in community outreach through the intervention of panchayat, block and district administration representatives to promote the vaccination agenda brought in notable success.

C. Transgender/Non-binary persons

There were three Transgender/Non-binary persons surveyed during the baseline, and only one of them during the endline. All were fully vaccinated.

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 40 hamlets, 27 panchayats, 10 blocks across 5 districts. 58% hamlets had predominantly SC community, and 50% were predominantly DNT communities.

State	Number of Districts	Number of Blocks	Number of Panchayats	Number of Hamlets
Madhya Pradesh	5	10	27	40

Table1: geography of Qualitative Study

Community		Community	
OBC	20%	DNT	60%
SC	58%	Minority	25%
ST	23%		

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 70% of the hamlets reported that the PDS distribution was effectively taking place and 55% of the hamlets reported to have had access to dry rations from schools.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	28	70%	5	55%
Negligible population or none received	0			
Some received	12	30%	4	45%
Total	40	100%	9	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, 27% of the villages responding negatively to the provision of nutrition across the categories. It is important to note that there were 20% hamlets where it was reported that none of the children between 3-6 years had received food, while 18% hamlets reported that no children between 0-3 received nutritious food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	24	73%
No	9	27%
Total	33	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	26	65%	23	58%	23	57%	22	55%
Negligible population or none received	3	7%	4	10%	7	18%	8	20%
No eligible households			2	5%	1	3%		
Some received	11	28%	11	27%	9	22%	10	25%
Total	40	100%	40	100%	40	100%	40	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 65% received widow pension, while 42% and 25% of hamlets respectively reported to have received old-age and disability pensions.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	17	42%	26	65%	10	25%
Negligible population or None received	1	3%			1	3%
No eligible Households			1	3%	12	30%
Some received	22	55%	13	32%	17	42%
Total	40	100%	40	100%	40	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 45%, however, it was quite low for the other government schemes including Ujjwala, Ayushman Bharat and MNREGA with the complete coverage for these schemes being respectively reported by 15%, 8% and 2% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	6	15%
Negligible population or None received	7	18%
None of them have access to the scheme	9	22%
Not Needed		
Some received	18	45%
Total	40	100%

Response	Ayushman Bharat	Proportion
All received	3	8%
Do not know about scheme	10	25%
Negligible population or None received	6	15%
No one has applied	7	17%
Some received	14	35%
Total	40	100%

Response	MNREGA	Proportion
All received	1	2%
MNREGA Not applicable	6	15%
Negligible population or None received	5	13%
Not needed	11	28%
Some received	17	42%
Total	40	100%

Response	Jan Dhan	Proportion
All have account	18	45%
Negligible population or none have account	4	10%
Some have account	18	45%
Total	40	100%

Table7: Access to Government Schemes

Status of 3 poorest HHs in the village

The survey also reports the situation of the three poorest households in the hamlet in terms of the access to government schemes. The findings reported the maximum penetration for all the three households was in Jan Dhan Yojna and PDS, whereas, it was the lowest in the Ayushman Bharat. The poorest families in 30% hamlets reported that they do not know about the Ayushman Bharat scheme, while in 38% hamlets these households did not have Jan Dhan Yojna accounts.

Response	Ujjwala	Proportion
Only 1 HH received	3	8%
2 HHs received	5	12%
All 3 households received	11	27%
None of them have access to the scheme	8	20%
None of them received the cylinder	13	33%
Total	40	100%

Response	PDS	Proportion
Only 1 HH received		
2 HHs received	7	18%
All 3 households received	15	37%
Do not have ration card		
None of them received ration	18	45%
Total	40	100%

Response	Pensions	Proportion
Only 1 HH received	2	5%
2 HHs received	10	25%
All 3 households received	11	28%
None of them received	12	30%
Not Eligible	5	12%
Total	40	100%

Response	Ayushman Bharat	Proportion
Only 1 HH received	3	8%
Only 2 HHs	2	5%
All 3 households received	8	20%
Do you know about the scheme	12	30%
Have not applied	7	17%
None of them	8	20%
Total	40	100%

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	2	5%
2 HHs received	7	17%
All 3 households received	16	40%
None of them	15	38%
Total	40	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, 78% of the hamlets reported that only some of the children could access online education, whereas, only 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 23% 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	8	20%
Some children	31	78%
Total	40	100%

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	1	2%
2 HHs received		
All 3 households received	9	23%
None of them received	30	75%
Total	40	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 82% 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	3	7%	4	10%	3	8%
No	16	40%	21	53%		
Same as before	7	18%	8	20%	4	10%
Yes	14	35%	7	17%	33	82%
Total	40	100%	40	100%	40	100%

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	10	25%
Same	29	72%

Worse	1	3%
Total	40	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 35% 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. 33% hamlets reported that Community Health Centres were difficult to access, while 35% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	13	33%
No	7	17%
Yes	20	50%
Total	40	100%

Response	Immunization of children	Proportion
All children	26	65%
None of the children		
Some children	14	35%
Total	40	100%

Response	Sub-Health Centre	Proportion
Accessible	9	23%
Accessible with good quality treatment	12	30%
Not existent	19	47%
Total	40	100%

Response	Primary Health Centre	Proportion
Accessible	7	17%
Accessible with good quality treatment	9	23%
Not Close by	24	60%
Total	40	100%

Response	Community Health Centre	Proportion
Difficult to access	13	33%
People are able to go	15	37%
People are able to go and has good quality treatment	12	30%
Total	40	100%

Response	District Hospital	Proportion
Difficult to access	14	35%
People are able to go	12	30%
People are able to go and has good quality treatment	14	35%
Total	40	100%

Table14: Access to Health facilities

TIMELINE	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
Dec 16-31, 2021	2	CAB survey training for district and hamlet Fellows; Updates from coordinators of Neemuch, Mansor and Sagar, Madhya Pradesh on status of data collection, training to be conducted at village level, issues emerging from survey	4	Orientation on Kobo tool with fellows from Sagar district; update from Morena coordinator on status of data collection, training to be conducted at village level, issues emerging from survey; Orientation of Mandasor team on Kobo Tool Survey form	4	Meeting on covid appropriate behaviour and awareness (few meetings especially with women)
Jan 1-15, 2022	NA	NA	1	Status of household survey, key barriers for vaccination, plan for 15 to 17 age group's vaccination, preparation of IEC in local dialect	4	Stakeholder meeting: 0 Vaccination camp: 0 Support to vaccination in places through frontline workers: 1 [29 people vaccinated] Community meeting: 3
Jan 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	10 [Panchayat engagements: 2]	Awareness programme in presence of AWW, AWW assistant, ASHA; Discussion on maintaining covid guidelines and distribution of masks, Organising vaccination camp, Submission of letter to health dept for organising vaccination camp
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	1	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	3	Support to vaccination of 15-17 years children and women who were left out; Group meeting for discussion on vaccination certificate and E-shram card registration process

Feb 16-28, 2022	NA	NA	2	Update on letter writing, vaccination of 18+ and 15-17 years children, update of register, Scheme related information and listing	6	Information sharing and awareness with ANM and AWW on 15-17 years children's vaccination; Support to registration for Ayushman Bharat card; Discussion on formation of women's collective, training on CAB, collection of necessary documents for registration under Ayushman Bharat; Support to account opening for registration of E-shram card
March 1-15, 2022	NA	NA	NA	NA	18	Support to vaccination of elderly, PwD and pregnant women; Discussion with community and dissemination of information on pension schemes and District Legal Service Authorities (DLSA); Submission of letter to CHO regarding regular functioning of vaccination facilities for PwD [needs to be nearby within accessible distance]; Registration for Ayushman Bharat card of women; Discussion with youths on vaccination and E-Shram card; Health camp for free COVID test, vaccination and distribution of masks; Organising camp for booster dose to women and issuing slip to non-ration cardholders

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 access to various schemes; Explanation on monthly tracker; Listing of beneficiaries	2	Updates on training on schemes	4	Survey and discussion on social protection schemes [old age, widow, disability pension]; Distribution of ration eligibility slips; Support to 12-14 years children vaccination, health check and distribution of free medicines by doctor of district hospital and AWW
Apr 1-15, 2022	NA	NA	NA	NA	5	Community camp for issuing caste certificate and Aadhar card, housing application, health camp, discussion on social protection schemes [widow, old age and disability pension], discussion on covid appropriate behaviour
Apr 16-30, 2022	NA	NA	NA	NA	1	Support in application of caste certificate