

COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS – TAMIL NADU

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.



TAMIL NADU

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 Tamil Nadu, the initiative covered 9 districts with 70 hamlets in the baseline and 9 districts with 69 hamlets in the endline. A total of 14309 adults were covered in the baseline while 15692 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
9	22	62	70	9	20	61	69

Number of Individuals covered		
	Baseline	Endline
TN	14309	15692

Insights on Vaccination of Adults (18+)

In terms of rate of vaccination, it was found that overall rate of vaccination rate was 71% during December, which increased significantly to 85% by the endline. Data collected during the baseline revealed that there were still around 30% individuals that were not vaccinated at all. Vaccination was particularly low amongst the Denotified and Nomadic Tribes (18%). By April it was found that there was a significant increase overall in the number of individuals that were fully vaccinated, with 53% as fully vaccinated. It is important to note that the vaccination among the DNT community increased from 18% fully vaccinated individuals to 36% 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	8%	29%	63%	14%	34%	52%	11%	31%	58%
ST	24%	49%	27%	30%	47%	23%	27%	48%	25%
OBC	38%	33%	29%	45%	34%	21%	41%	33%	25%
DNT	41%	37%	22%	49%	37%	14%	45%	37%	18%
Minority	30%	22%	48%	11%	41%	48%	23%	29%	48%

	Endline								
SC	5%	14%	80%	9%	15%	76%	7%	14%	78%
ST	11%	36%	54%	7%	45%	48%	9%	40%	51%
OBC	4%	22%	74%	5%	25%	69%	5%	24%	72%
DNT	27%	34%	40%	29%	39%	32%	28%	36%	36%
Minority	14%	56%	30%	26%	44%	30%	20%	50%	30%

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 elderlies such as neem would cure Covid infection was rampant as elucidated by the partners from Tamilnadu. 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 that those suffering from asthma too feared vaccination.

Sheer hesitancy towards vaccination has also been observed among the people with addictions. No matter what the team tried to explain and make them understand the need for vaccination – the fear of death and suffering of ill-health like paralysis [so as they won't be able to work anymore] restrained them to get vaccinated. Fake news leading to misconceptions related to alcoholism and vaccination too influenced their decision of no vaccination.

Given the medical condition that puts people with disabilities at high risk, they are considered within the priority groups for vaccination allocation plans. Despite the fact that disability is a priority risk factor and many individuals with disabilities are at a heightened risk of infection, severe illness and even death due to Covid-19 because of their existing medical conditions - the states were not responsive towards arranging special infrastructural provisions for persons with disabilities. Many families were not keen on getting members with disabilities vaccinated. Though persons with disabilities are more likely than others to have chronic conditions and higher risk of weakened immune system, families perceived vaccination to be unnecessary for them since they do not need to go out of the house. Often the taunting like 'burden' caused a lot of additional emotional and mental anguish among them that discouraged them to take vaccines. Fear of death and worsening health conditions also stopped them from getting vaccinated.

"We are working towards promoting vaccination among people with substance addictions. The volunteers have enlisted their names and make regular home visits for generating awareness and convince them to get vaccinated. In case of being unable to convince, they directly approach the family and also seek support of local leaders. The panchayat supported us in organising a special camp and also offered the idea of providing gifts to those who get vaccinated. We are aiming to achieve 100% vaccination in our intervention area including that 15% substance-addicted people." – Theni, Tamilnadu

"Women who got vaccinated had difficulties in breastfeeding the child for 3 to 5 days, this created a fear among them. Anemic pregnant women who were vaccinated were more likely to have increased swelling of hands, dizziness and vomiting sensation. This too created fear among communities." – Krishnagiri, Tamilnadu

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. Pregnant women in their first trimester were worried about having side effects from the vaccination while side effects were perceived to be less after the fourth month of pregnancy. Other reasons pertain to – parents and in-laws fear of vaccination impacting the growth of the fetus, unwillingness of women with first pregnancy due to side effects such as fever and fatigue and lactating women’s fear of inability to breastfeed their children as vaccination is perceived to be affecting their ability to make milk. Such concerns and apprehensions were emerging from intervention locations regarding ‘whose responsibility will it be’ in case of adverse situations.

Narratives from the field

“The team directly met the elders, interacted with their family members and assured them all possible support from doctors and Village Health Nurse (VHN). The elders were supported with scheduling appointments, accompanying them to vaccination centers and necessary follow-ups. This way the team has been able to build trust among the community members. Our effort towards linkage with doctors had been another strategy that helped communities gain confidence about vaccination. The doctors directly spoke with those suffering from hypertension and diabetes. Workers registered under MGNREGA were also persuaded to get vaccinated.” –
Tirupattur, Tamilnadu

Vaccination among 12-17 age group

With regards to vaccination of 12-14 year age group, the survey was conducted during April 2022 among 1299 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that 26% children between 12-14 age group were fully vaccinated. The survey of 15-17 year age group vaccination, conducted with 1656 youth, revealed that 42% had received both their vaccine doses. This was particularly low among the DNT community (29%), followed by the Minority community (39%).

	% 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 doses)	% 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 doses)	% of Not Vaccinated	% of Partially vaccinated	% of Fully vaccinated
SC	25%	43%	32%	22%	46%	32%	24%	45%	32%
ST	18%	60%	22%	23%	57%	20%	20%	58%	21%
OBC	30%	44%	26%	41%	50%	9%	35%	47%	18%
DNT	47%	40%	13%	40%	33%	26%	43%	36%	21%
Minority	31%	38%	31%	35%	24%	41%	33%	30%	36%

	% 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	15%	37%	48%	20%	35%	45%	18%	36%	47%
ST	9%	34%	57%	19%	41%	41%	13%	37%	49%
OBC	22%	41%	38%	25%	22%	53%	24%	31%	46%
DNT	32%	40%	28%	40%	30%	30%	36%	34%	29%
Minority	20%	30%	50%	46%	23%	31%	35%	26%	39%

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 hesitant of taking vaccines due to side effects like pain after the first dose. 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, creation of posters by children in Tamilnadu need special mention.

“In Tamilnadu, school authorities asked children to bring consent letter from parents and vaccination was taking place based on parents' consent letters. Though Most of the parents with MGNREGA card faced several challenges, they took the first dose but were hesitant to take the second dose. Hence, they were hesitant to provide consent to their children for vaccination.” – Virudhanagar, Tamilnadu

Vaccination among vulnerable groups

A. Persons with Disability

The survey focused on a few vulnerable population including persons with disability. 97 households with persons with disabilities were surveyed in the baseline, while 102 were surveyed in the endline. It was found that there were still 38 % PwDs that had not been vaccinated at all till December, while only 48% had been fully vaccinated. This increased to 66% fully vaccinated persons with disabilities by April.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	38%	13%	48%
Endline	24%	11%	66%

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. Those who didn't have Unique Disability ID cards or other relevant documents for vaccination were issued the same, for instance, in Tamilnadu the cards were issued in the special camps itself. Frequent visits and follow-ups with relevant departments including ward members and health officers worked as a successful strategy in Tamil Nadu to ensure every disabled person is fully vaccinated. Social media forums and whatsapp groups have also been extensively used by the implementing partners to raise awareness about vaccination especially among persons with disabilities.

B. Pregnant Women

There were 106 households with pregnant women during the baseline study, while in April the number was 91. Finding from the baseline survey revealed that there were still 22% pregnant women that were not fully vaccinated, and only 32% 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 65% fully vaccinated pregnant women.

	% of Not Vaccinated	% of partially vaccinated	% of fully vaccinated
Baseline	22%	46%	32%
Endline	10%	25%	65%

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 Tamilnadu 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.

Community-Level Survey on Social Protection Schemes

A community-level survey was also conducted across 72 hamlets, from 62 Panchayats, 21 blocks and 9 districts. There were 92% locations that had a predominant SC population, while 5% of the locations had a predominantly ST population.

State	Number of Districts	Number of Blocks	Number of Panchayats	Number of Villages
Tamil Nadu	9	21	62	72

Table1: geography of Qualitative Study

Community		Community	
SC	92%	DNT	6%
ST	5%		

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 69% of the hamlets reported that the PDS distribution was effectively taking place and 54% of the hamlets reported to have had access to dry ration from schools, there were 4% of the hamlets reported not having received ration.

PDS	PDS	Proportion	Dry Ration for Schools	Proportion
All received	50	69%	15	54%
Negligible population or none received	3	4%	4	14%
Some received	19	27%	9	32%
Total	72	100%	28	100%

Table 3: Access to PDS and Ratio

Access to Nutrition

The proportion of hamlets receiving the nutritional benefits for the children and women was high, with more than 65% of the villages responding positively to the provision of nutrition across the categories. There was 4% hamlet where it was reported that none of the children between 3-6 years had received food, while 7% hamlets reported that none of the children between 0-3 years received nutritious food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	50	96%
No	2	4%
Total	52	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	49	68%	48	67%	48	67%	50	69%
Negligible population or none received	2	3%	3	4%	5	7%	3	4%
No eligible households	3	4%						
Some received	18	25%	21	29%	19	26%	19	27%
Total	72	100%	72	100%	72	100%	72	100%

Table5: Nutrition for women and children

Access to Pensions

In terms of the pensions, the survey studied the access to the old age pension, widow pension and the disability pension. The hamlets that reported complete coverage of the pensions was more than 30%, while 40%-57% hamlets reported that some of the beneficiaries had received the pensions.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	23	32%	23	32%	35	49%
Negligible population or None received	6	8%	10	14%	3	4%
No eligible Households	2	3%	1	1%	6	8%
Some received	41	57%	38	53%	28	40%
Total	72	100%	72	100%	72	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 43%, 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 17%, 7% and 32% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	12	17%
Negligible population or None received	5	7%
None of them have access to the scheme	8	11%
Not Needed		
Some received	47	65%
Total	72	100%

Response	Ayushman Bharat	Proportion
All received	5	7%
Do not know about scheme	39	54%
Negligible population or None received	5	7%
No one has applied	3	4%
Some received	20	28%
Total	72	100%

Response	MNREGA	Proportion
All received	23	32%
MNREGA Not applicable		
Negligible population or None received	11	15%
Not needed	2	3%
Some received	36	50%
Total	72	100%

Response	Jan Dhan	Proportion
All have account	31	43%
Negligible population or none have account	3	4%
Some have account	38	53%
Total	72	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 6% locations where the 3 poorest families did not have access to ration cards. The poorest families in 49% 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	19	26%
2 HHs received	10	14%
All 3 households received	17	24%
None of them have access to the scheme	13	18%
None of them received the cylinder	13	18%
Total	72	100%

Response	PDS	Proportion
Only 1 HH received	11	15%
2 HHs received	11	15%
All 3 households received	41	57%
Do not have ration card	4	6%
None of them received ration	5	7%
Total	72	100%

Response	Pensions	Proportion
Only 1 HH received	19	26%
2 HHs received	10	14%
All 3 households received	19	26%
None of them received	13	18%
Not Eligible	11	15%
Total	72	100%

Response	Ayushman Bharat	Proportion
Only 1 HH received	12	17%
Only 2 HHs	4	6%
All 3 households received	3	4%
Do you know about the scheme	35	49%
Have not applied	12	17%
None of them	6	8%
Total	72	100%

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	13	18%
2 HHs received	14	19%
All 3 households received	28	39%
None of them	17	24%
Total	72	100%

Table8: Status of 3 poorest households

Access to online education

In terms of the access to online education for the children in the hamlets, about more than half of the hamlets reported that only some of the children could access online education, whereas, 17% 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 15% of the hamlets saw all the 3 poorest households having access to online education.

Response	Frequency	Proportion
All children	12	17%
Negligible or no children	3	4%
Some children	57	79%
Total	72	100%

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	21	30%
2 HHs received	11	15%
All 3 households received	11	15%
None of them received	29	40%
Total	72	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. 91% 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	6	8%	5	7%	1	1%
No	24	33%	44	61%	5	7%
Same as before	10	14%	2	3%	1	1%
Yes	32	44%	21	29%	65	91%
Total	72	100%	72	100%	72	100%

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	54	75%
Same	17	24%
Worse	1	1%
Total	72	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 21% 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. 18% hamlets reported that Community Health Centres were difficult to access, while 29% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	14	19%
No	23	32%
Yes	35	49%
Total	72	100%

Response	Immunization of children	
All children	50	
None of the children	7	
Some children	15	
Total	72	

Response	Sub-Health Centre	Proportion
Accessible	48	67%
Accessible with good quality treatment	9	13%
Not existent	15	20%
Total	72	100%

Response	Primary Health Centre	Proportion
Accessible	47	65%
Accessible with good quality treatment	13	18%
Not Close by	12	17%
Total	72	100%

Response	Community Health Centre	Proportion
Difficult to access	13	18%
People are able to go	52	72%
People are able to go and has good quality treatment	7	10%
Total	72	100%

Response	District Hospital	Proportion
Difficult to access	21	29%
People are able to go	31	43%
People are able to go and has good quality treatment	20	28%
Total	72	100%

Table14: Access to Health facilities

Annexure 1

TIMELINE	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
Dec 16-31, 2021	NA	NA	2	Kobo Tool training for data collection	16	Vaccination camps, Covid and vaccination awareness meetings
Jan 1-15, 2022	NA	NA	NA	NA	24	Stakeholder meeting: 0 Vaccination camp: 11 [151 people vaccinated] Support to vaccination in places through frontline workers: 0 Community meeting: 11
Jan 16-31, 2022	1	Update on procurement and activities in each district linking with the schemes	NA	NA	59	Discussion on government welfare schemes, vaccination awareness with school students, labours and youths, SC and ST community; vaccination awareness meeting with community, vaccination camp, discussion about panchayat work
Feb 1-15, 2022	NA	NA	NA	NA	104	Online doubt clearing session with doctor on covid awareness; Awareness meeting with ST community on vaccination and social welfare schemes; Baseline data collection on welfare schemes; Vaccination data collection for adolescent boys and girls; Covid vaccination awareness through mobile phone radio; Campaign on reducing vaccine hesitancy and disseminating information regarding its necessity; Identification of non-vaccinated people and support to vaccination at camp; Doorstep vaccination awareness for second dose; Session with CHC doctor on dissemination of vaccination related information and discussion of issues; Discussion with lactating mothers on importance of vaccination; Vaccination of young women and alcohol addicted young men; PRA Mapping on COVID Vaccination details; Meeting with panchayat, ward members, Village Poverty Reduction Committee on vaccination awareness, vaccination camp, CAB and other panchayat level engagements; Orientation of youth groups on skill training and govt's welfare schemes; Awareness meeting with 15-18 years children on spread of infection and need for vaccination, Vaccination camp

Feb 16-28, 2022	1	Planning meeting - way forward, listing of schemes and entitlements and explanation of community survey tool	NA	NA	70	Vaccination Camp; Vaccination awareness with women daily wage labourers; Streetwise awareness on vaccination and Covid Appropriate Behaviour; Discussion on vaccination status of people with disabilities; Listing of names of those who have not been vaccinated [both first and second dose]; Awareness on vaccination and covid safety precaution methods with SC, ST, women, pregnant women, and children; Discussion on importance of healthy Millets & nutritious food for women; Discussion with women farmers' group on government welfare schemes available for farmers; Polio and COVID vaccination camp; Awareness campaign for second dose vaccination
March 1-15, 2022	NA	NA	NA	NA	52[includes interaction during community survey]	Awareness on COVID vaccination in vaccination camp with support from panchayat president, secretary and members; Celebration of women's day, data collection on basic needs and social welfare schemes; Awareness on CAB and public hygiene; Discussion with farmers and women's group on CAB, importance of vaccination and social welfare schemes for individual benefits; Awareness on COVID vaccination in vaccination camp with support from health inspector; Celebration of women's day and signature campaign with MGNREGA workers; Discussion on importance of women's day, social welfare schemes, and government aided trainings for small and medium scale businesses; Streetwise awareness campaign and home visits on CAB and vaccination; Awareness on CAB with children at Anganwadi and vaccination awareness with adolescent boys; vaccination camp; community survey

March 16-31, 2022	NA	NA	NA	NA	22	Participation in a Govt. high school's SMC meeting to discuss on extracurricular activities, reduction in dropout rate, COVID safety measures, importance of personal hygiene; Community meeting on CAB, importance of vaccination, scope of organising vaccination camp, status of vaccination in village and access to social welfare schemes for farmers; Monthly review meeting on status of vaccination; Support to second dose vaccination; Discussion with youths regarding provisions of skill training programmes under various Govt. schemes and required documents for training on coconut tree climbing; Support to Aadhar linkage with phone number; Collaboration with PRI for raising awareness on need of water; Awareness and survey on access to social welfare schemes and vaccination of 12-14 years children; Registration for MGNREGA job card; FGD on COVID awareness; Training and orientation with ST youths on access to social welfare schemes by officials from Machineries Mechanism Dept., Agricultural Regional Research Centre Krishnagiri, Krishi Vigyan Kendra Krishnagiri [training on coconut tree climbing] and Pest and Disease Control Management; Vaccination survey with school going children; Survey with elderlies on status of old age pension
Apr 1-15, 2022	1	District coordinators' meeting	NA	NA	14	Youth meeting on coconut tree climbing training, volunteers' meeting on discussing monthly tracker, district level community volunteers' review meeting, discussion and dissemination of information on social protection schemes, unorganised welfare board card awareness meeting, meeting with adolescent girls for discussing various adolescent issues, training with panchayat federation executives
Apr 16-30, 2022	NA	NA	NA	NA	13[gender disaggregation of participants: 93 women, 25 men, 7 girls]	Vaccination awareness with adolescent boys and girls; Gram sabha meeting [submission of petition to panchayat president]; Streetwise awareness campaign on CAB, vaccination and vaccination camp at panchayat level; Awareness on social protection schemes; women's group meeting; Registration for E-Shram card