

# COLLECT RISK COMMUNICATION & COMMUNITY ENGAGEMENT

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

STATE INSIGHTS – ODISHA

**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

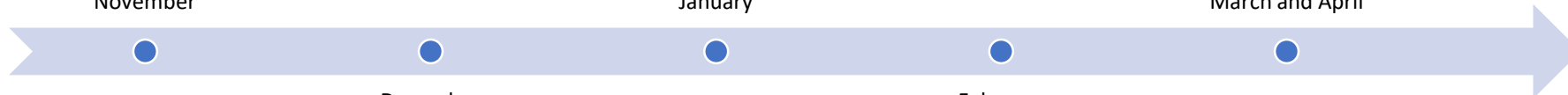
A survey was conducted to better understand the status of vaccination in all states.

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.



## ODISHA

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 Odisha, the initiative covered 9 districts with 70 hamlets in the baseline and 9 districts with 65 hamlets in the endline. A total of 5081 adults were covered in the baseline while 5027 adults were part of the endline survey.

Baseline				Endline			
District	Block	Panchayat	Hamlet	District	Block	Panchayat	Hamlet
9	10	30	70	9	10	28	65

Number of Individuals covered		
	Baseline	Endline
<b>Bihar</b>	5081	5027

### 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 88% by the endline. Data on vaccination of adults reveals that during the baseline around 49% were fully vaccinated, which increased significantly to 70% fully vaccinated individuals in April. Vaccination was particularly low amongst the Minority community (37%). It is important to note that the vaccination among the Minority community increased from 37% fully vaccinated individuals to 51% 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>	8%	40%	52%	8%	41%	50%	8%	41%	51%
<b>ST</b>	9%	40%	50%	9%	41%	50%	9%	41%	50%
<b>OBC</b>	10%	37%	53%	9%	36%	55%	10%	36%	54%
<b>DNT</b>	13%	30%	57%	13%	39%	48%	13%	35%	52%
<b>Minority</b>	2%	62%	36%	2%	60%	37%	2%	61%	37%
	Endline								
<b>SC</b>	2%	14%	83%	3%	16%	82%	2%	15%	83%

<b>ST</b>	5%	17%	78%	6%	17%	77%	5%	17%	78%
<b>OBC</b>	5%	12%	83%	5%	12%	83%	5%	12%	83%
<b>DNT</b>	20%	24%	56%	20%	22%	58%	20%	23%	57%
<b>Minority</b>	12%	35%	54%	15%	36%	48%	14%	36%	51%

### *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 elderlies such as, their likelihood of getting more side effects was rampant as elucidated by the partners. 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. In spite of meetings with gram panchayat and ward members, not many people from tribal communities agreed to get vaccinated. Also, the family members of aged people were hesitant to take them to hospital. Doorstep awareness visits were done for following Covid Appropriate Behavior, informing people the importance of vaccinating aged people so that they don't further spread the infection and encouraging them to take vaccine. It was essential to provide mental support to the aged persons.

"We didn't get infected in last two years, so why shall we take the vaccine?" – Keonjhar, Odisha

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 - it had been extremely challenging to help them overcome their misconceptions related to alcoholism and vaccination.

"The elderlies said that they are any way going to die, then why take vaccine and get unnecessary problems and side effects? We explained them that there are not much side effects and also gave examples of any person who got vaccine without any side effects. We had many more challenges in the first dose but now the situation has got bit better when vaccination has become more common. To avoid any kinds of hassles at a later stage, for instance, in case of hospital admission – we suggested them to get vaccinated as vaccination certificate will be required everywhere." – Keonjhar, Odisha

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. Besides the structural barriers, many families were not keen on getting members with disabilities vaccinated. Though persons with disabilities are more likely than others to have chronic conditions and higher risk of weakened immune system, families perceived vaccination to be unnecessary for them since they do not need to go out of the house. Often the taunting like 'burden' caused a lot of additional emotional and mental anguish among them that discouraged them to take vaccines. 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. 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. Hence, the family members discouraged them to get vaccinated. While fever and fatigue were common side effects, these led to fear and thereby unwillingness to get vaccinated.

### Vaccination among 12-17 age group

With regards to vaccination of 12-14 years age group, the survey was conducted during April 2022 among 1107 children to understand the uptake of vaccination for youth and to document the challenges and fears. It was found that 40% children between 12-14 age group were fully vaccinated. The survey of 15-17 year age group vaccination, conducted with 1202 youth, revealed that 37% had received both their vaccine doses. This was particularly low among the OBC community (17%), followed by the SC community (35%).

	% 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>	35%	36%	29%	32%	33%	35%	34%	35%	31%
<b>ST</b>	39%	46%	15%	36%	47%	17%	38%	46%	16%
<b>OBC</b>	32%	54%	14%	35%	48%	18%	33%	51%	16%
<b>DNT</b>	41%	27%	32%	31%	23%	46%	37%	26%	37%
<b>Minority</b>	0%	0%	100%	0%	0%	100%	0%	0%	100%

	% 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
<b>SC</b>	28%	40%	31%	26%	34%	40%	28%	38%	35%
<b>ST</b>	31%	34%	35%	25%	40%	36%	27%	37%	36%
<b>OBC</b>	51%	30%	19%	57%	29%	14%	54%	30%	17%
<b>DNT</b>	25%	31%	44%	21%	29%	50%	23%	30%	47%
<b>Minority</b>	29%	29%	43%	20%	20%	60%	25%	25%	50%

### *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. But it is important to note, as elucidated by the partners, children of educated parents in Odisha were not hesitant to take vaccines as parents have been successful in convincing their children to get vaccinated whereas, children of illiterate parents were afraid to get vaccinated. With regards to vaccination of 12-14 years' children, there were not much challenges as children availed the vaccination facility in schools.

“While vaccination camps for school and college going students can be organised within the respective institutional premises, camps for school dropout children can be organised in collaboration with the local panchayats. One of the strategies would be to first list out school and college going students and school dropout children and then approach the relevant stakeholders.” – Naupada, Odisha

### **Vaccination among vulnerable groups**

## A. Persons with Disability

The survey focused on a few vulnerable population including persons with disability. 118 households with persons with disabilities were surveyed in the baseline, while 89 were surveyed in the endline. It was found that there were still 18% PwDs that had not been vaccinated at all till December, while only 38% had been fully vaccinated. This increased significantly after intervention by the programme fellows, an increased to 71% fully vaccinated persons with disabilities.

	<b>% of Not Vaccinated</b>	<b>% of partially vaccinated</b>	<b>% of fully vaccinated</b>
<b>Baseline</b>	18%	44%	38%
<b>Endline</b>	20%	9%	71%

### *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, follow-ups and coordination with relevant district departments including ward members and health officers worked as a successful strategy 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.

### **Narratives from the field**

“I was reluctant to get vaccinated, I was afraid it might have negative consequences. Pramila didi came to my home multiple times and told me about the benefits of vaccination. She even got the ASHA didi to speak to me on the issue. Because of this I finally agreed and got vaccinated. I am waiting for my second dose”- a person with disabilities, Sundergarh, Odisha

## B. Pregnant Women



There were 112 households with pregnant women during the baseline study, while in April the number was 84. The survey revealed that there were only 25% pregnant women that were fully vaccinated till December. 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 80% fully vaccinated pregnant women and only 1% were remaining to be vaccinated.

	<b>% of Not Vaccinated</b>	<b>% of partially vaccinated</b>	<b>% of fully vaccinated</b>
<b>Baseline</b>	9%	66%	25%
<b>Endline</b>	1%	19%	80%

### *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. 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, 29 Panchayats in 10 blocks and 9 districts. There were 64% hamlets that were predominantly inhabited by ST population and 28% with a predominant SC population.

<b>State</b>	<b>Number of Districts</b>	<b>Number of Blocks</b>	<b>Number of Panchayats</b>	<b>Number of Villages</b>
Odisha	9	10	29	72

*Table1: geography of Qualitative Study*

Community		Community	
OBC	6%	DNT	1%
SC	28%	Minority	3%
ST	64%		

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 83% of the hamlets reported that the PDS distribution was effectively taking place and 90% 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	60	83%	63	90%
Negligible population or none received	3	4%		
Some received	9	13%	7	10%
<b>Total</b>	<b>72</b>	<b>100%</b>	<b>70</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 90% of the villages responding positively to the provision of nutrition across the categories. There was 1% hamlet where it was reported that none of the children between 3-6 years had received food, while 92% hamlets reported that children between 0-3 years received nutritious food from the Anganwadi centre.

Response	Mid-Day Meal	Proportion
Yes	46	94%
No	3	6%
<b>Total</b>	<b>49</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	68	94%	67	93%	66	92%	65	91%
Negligible population or none received	2	3%	1	1%			1	1%
No eligible households			1	1%			1	1%
Some received	2	3%	3	5%	6	8%	5	7%
<b>Total</b>	<b>72</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>72</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 more than 65%, while few hamlets reported that some of the beneficiaries had received the pensions.

Response	Old-Age Pension	Proportion	Widow Pension	Proportion	Disability Pension	Proportion
All received	50	69%	49	68%	59	82%
Negligible population or None received	1	1%				
No eligible Households			1	1%	4	6%
Some received	21	30%	22	31%	9	12%
<b>Total</b>	<b>72</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>72</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 Jan Dhan Yojna at 47%, 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 14%, 4% and 28% of the hamlets.

Response	Ujjwala Scheme	Proportion
All received	10	14%
Negligible population or None received	7	10%
None of them have access to the scheme	18	25%
Not Needed	3	4%
Some received	34	47%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	Ayushman Bharat	Proportion
All received	3	4%
Do not know about scheme	61	85%
Negligible population or None received	4	6%
No one has applied	4	6%
Some received		
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	MNREGA	Proportion
All received	20	28%
MNREGA Not applicable		
Negligible population or None received	22	31%
Not needed	1	1%
Some received	29	40%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	Jan Dhan	Proportion
All have account	34	47%
Negligible population or none have account	14	20%
Some have account	24	33%
<b>Total</b>	<b>72</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 the PDS, Jan Dhan Yojna and pensions, whereas, it was the lowest in Ujjwala Yojna and nil in Ayushman Bharat. There were still 14% locations where the 3 poorest families did not have access to ration cards. The poorest families in 68% 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	8	11%
2 HHs received	8	11%
All 3 households received	14	19%
None of them have access to the scheme	26	36%
None of them received the cylinder	16	22%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	PDS	Proportion
Only 1 HH received	4	6%
2 HHs received	6	8%
All 3 households received	49	68%
Do not have ration card	10	14%
None of them received ration	3	4%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	Jan Dhan Yojna	Proportion
Only 1 HH received	3	4%
2 HHs received	11	15%
All 3 households received	31	43%
None of them	27	38%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	Ayushman Bharat	Proportion
Only 1 HH received	1	1%
Only 2 HHs		
All 3 households received		
Do you know about the scheme	49	68%
Have not applied	8	11%

Response	Pensions	Proportion
Only 1 HH received	4	6%
2 HHs received	7	10%
All 3 households received	41	57%
None of them received	5	7%
Not Eligible	15	21%
<b>Total</b>	<b>72</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, about more than half of the hamlets reported that only some of the children could access online education, whereas, only 1% of the hamlets reported complete access to online education for children. The study of access to online education in the 3 poorest households shows that only 4% of the hamlets saw all the 3 poorest households having access to online education.

Response	Frequency	Proportion
All children	1	1%
Negligible or no children	26	36%
Some children	45	63%
<b>Total</b>	<b>72</b>	<b>100%</b>

Table9: Access to online education

Response	Frequency	Proportion
Only 1 HH received	4	6%
2 HHs received	4	6%
All 3 households received	3	4%
None of them received	61	84%
<b>Total</b>	<b>72</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. 45% of the hamlets responded that there has been an increase in indebtedness.

Response	Physical/Domestic Abuse	Proportion	Child Abuse	Proportion	Indebtedness	Proportion
Don't know	4	6%	3	4%	5	7%
No	53	74%	60	83%	25	35%
Same as before	9	12%	3	4%	9	13%
Yes	6	8%	6	9%	33	45%
<b>Total</b>	<b>72</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>72</b>	<b>100%</b>

Table11: Discrimination

Response	Discrimination in Vaccine	Proportion
Better	54	75%
Same	16	22%
Worse	2	3%
<b>Total</b>	<b>72</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 32% 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. 27% hamlets reported that Community Health Centres were difficult to access, while 24% reported that District Hospitals were difficult to access.

Response	Mental Health	Proportion
Don't know	4	6%
No	21	29%
Yes	47	65%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	Immunization of children	Proportion
All children	49	68%
None of the children		
Some children	23	32%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	Sub-Health Centre	Proportion
Accessible	39	54%
Accessible with good quality treatment	20	28%
Not existent	13	18%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	Primary Health Centre	Proportion
Accessible	31	43%
Accessible with good quality treatment	20	28%
Not Close by	21	29%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	Community Health Centre	Proportion
Difficult to access	19	27%
People are able to go	29	40%
People are able to go and has good quality treatment	24	33%
<b>Total</b>	<b>72</b>	<b>100%</b>

Response	District Hospital	Proportion
Difficult to access	17	24%
People are able to go	24	33%
People are able to go and has good quality treatment	31	43%
<b>Total</b>	<b>72</b>	<b>100%</b>

Table14: Access to Health facilities

TIMELINE	STATE LEVEL	DESCRIPTION	DISTRICT LEVEL	DESCRIPTION	HAMLET LEVEL	DESCRIPTION
Dec 16-31, 2021	1	Orientation on data collection through Kobo questionnaire	NA	NA	NA	NA
Jan 1-15, 2022	NA	NA	NA	NA	34	Stakeholder meeting (block level): 9 Vaccination camp: 0 Support to vaccination: 0 Community meeting: 31
Jan 16-31, 2022	NA	NA	NA	NA	27	Mask distribution and vaccination awareness in weekly market, vaccination awareness program and meeting on Covid Appropriate Behaviour with community, vaccination camp, sensitization meeting, submission of letter to public health extension officer
Feb 1-15, 2022	NA	NA	NA	NA	18	Covid and vaccination awareness meeting; support to vaccination; Awareness workshop with college students
Feb 16-28, 2022	1	Status of vaccination in the intervention areas, challenges faced in ensuring complete vaccination of adult, discussion on the types of people who are reluctant in getting vaccinated, status of vaccination among children 15-18 years, strategies adopted by the district teams to vaccinate the reluctant groups, support and advocacy with the local administration, listing of possible schemes by the district team	NA	NA	6	Covid Appropriate Behaviour and vaccination awareness meeting with communities; Doorstep vaccination; Nuapada district team meeting at Larka Gram Panchayat
March 1-15, 2022	NA	NA	NA	NA	33 [includes interaction during community survey]	FGD and data collection for community survey; Community meetings; Meeting with Anganwadi; Support to vaccination
March 16-31, 2022	NA	NA	NA	NA	1	Support to vaccination
Apr 1-15, 2022	NA	NA	NA	NA	1	Volunteers' training on survey questionnaire format



Apr 16-30, 2022	NA	NA	NA	NA	NA	NA
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