

UNDERSTANDING THE KEY TRENDS OBSERVED IN COMMUNITY RAPID ASSESSMENTS IN THE CONTEXT OF COVID-19

FINAL REPORT

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(UNICEF)**



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GAME CHANGERS

PREFACE

The COVID-19 pandemic has had a significant impact on health systems and essential health services since it was declared a pandemic by the World Health Organization in March 2020. Effective communication has been crucial in managing the pandemic, including providing accurate and timely information about the virus, encouraging vaccination, and engaging communities and local organizations in the emergency response. Good communication strategies can help to improve knowledge, attitudes, behaviours, and practices related to the virus, and encourage people to take the necessary steps to protect themselves and others. Engaging communities and local organizations, networks, and influencers in the emergency response is also important to effectively combat the pandemic, as these groups can help to disseminate information and mobilize support in their communities.

UNICEF is known for its work on risk communication and community engagement (RCCE) during outbreak responses. RCCE interventions are aimed to reinforce behaviours, strengthen trust and social cohesion, and help mitigate socio-economic impacts. However, a "one-size-fits-all" approach is not effective as communities have different needs, cultures, and ways of communicating. Therefore, RCCE strategies should be tailored to the specific communities being targeted and be based on evidence, including data on the knowledge, attitudes, and practices (KAP) of those communities, as well as how those practices change over time. This ensures that the interventions are relevant, appropriate, and effective in addressing the specific needs of the communities, and in turn will lead to more successful outcomes.

The Community Rapid Assessment (CRA) initiative implemented by UNICEF in India during the COVID-19 pandemic aimed to provide rapid and consistent data on citizens' perceptions and behaviours, underlying drivers and barriers, vaccine acceptance, coping strategies, and evolving needs. This was done through a time-series approach, which involved regularly gathering the same or similar data over time. The goal of the CRA was to inform RCCE approaches and better understand the impact of the pandemic on individuals and communities.

This report presents a cumulative assessment of five rounds of time-series data collection done as part of Community Rapid Assessment (CRA), which was used to inform response strategies and interventions for COVID-19. It provides trends on key indicators over time and the significance of including those indicators in the questionnaire. Key indicators included in this brief report include risk perceptions among the community towards COVID-19, information, communication and trust among the community, trends of individual protective behaviours towards COVID-19, community attitude towards different COVID-19 vaccines, drivers, and barriers towards them. The report also provided need and utilization of essential services specifically school and Anganwadi services post-COVID-19. The data in this brief report on trends is limited to overall findings in each round, pooled for all the states and did not include findings by states or individual rounds or demographic variables included as part of Community Rapid Assessment.

It's important to note that while rapid assessments can provide valuable information quickly, they also have limitations, such as smaller sample sizes, lower data quality, and a higher risk of bias. Therefore, it's important to carefully consider the suitability of this methodology for the specific research question and context, and to report on the limitations of the study accordingly.

1. Introduction

1.1 Community Rapid Assessment- The context

On January 30, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern and in March 2020, it was declared as a pandemic. A complete national lockdown was implemented in India on March 25, 2020, significantly impacting the lives of its citizens and their livelihoods. While lockdown was pertinent to slow down the spread of COVID-19 infection and save lives of citizens, it also posed a challenge to listen to the needs or requirements of the community to navigate those difficult times due to restricted mobility and access of essential services.

Public health emergencies such as COVID-19 demands frequent dissemination of information about potential health risks and actions that could protect against it. Risk Communication and Community Engagement (RCCE) is an effective tool for providing accurate information, often, and in languages and channels that people understand, trust, and use.¹

For COVID-19, it was critical to communicate the known as well as the unknown aspects of the disease, listen to the evolving needs of the community, undertake evidence-based action to contain and alleviate the pandemic.² Regular and proactive communication and engagement with the public and at-risk populations can prevent confusion and bust any myths/ misconceptions/ misunderstandings. An effective RCCE not only helps inform people and makes them understand the health risks that they face, but also helps transform complex scientific knowledge into simple, understandable, and accessible information that is trustworthy.

UNICEF along with Ministry of Health and Family Welfare (MoHFW), Government of India, was working on a coordinated

communication strategy which involved working closely with the communities in response to the pandemic and take an evidence-based decisions to anticipate and address the challenges and risks community may have faced. Through its efforts, UNICEF India Country Office (ICO) aimed to increase awareness, knowledge and understanding on preparedness and response practices against COVID-19 disease to reduce its impact on public, by encouraging the communities to adopt and maintain COVID-appropriate behaviours and enabling them to build their resilience.

1.2 Rationale for Community Rapid Assessment

COVID-19 pandemic presented an unprecedented situation where virus was evolving and spreading rapidly. Due to its fast-paced surge across globe, it gives community almost no time to prepare and respond to it. Rapid assessments allow to promptly gather and analyse information to understand a specific situation and its impact on the community.

The COVID-19 situation demanded to have ground-level data to inform RCCE approaches on changing knowledge, attitudes, and perceptions of the community towards COVID-19, which was vital for designing solutions and advocating for actions that were evidence-based. Community Rapid Assessment (hereafter CRA) was developed to meet this need. CRA adopted a rapid, agile, and cost-effective approach while maintaining a robust methodological structure.

CRA was designed with a goal to collect data directly from the communities in a time-series manner to examine the changing behaviors, coping strategies, and evolving needs of the community during COVID-19 and post COVID-19 transition to recovery.

¹ WHO. *Communicating Risk in Public Health Emergencies*. 10 January 2018.

² WHO. *COVID-19 Strategic Preparedness and Response Plan – Operational Planning Guidelines to Support Country Preparedness and Response*. 12 February 2020.

2. Methodology

2.1 Conceptual Framework

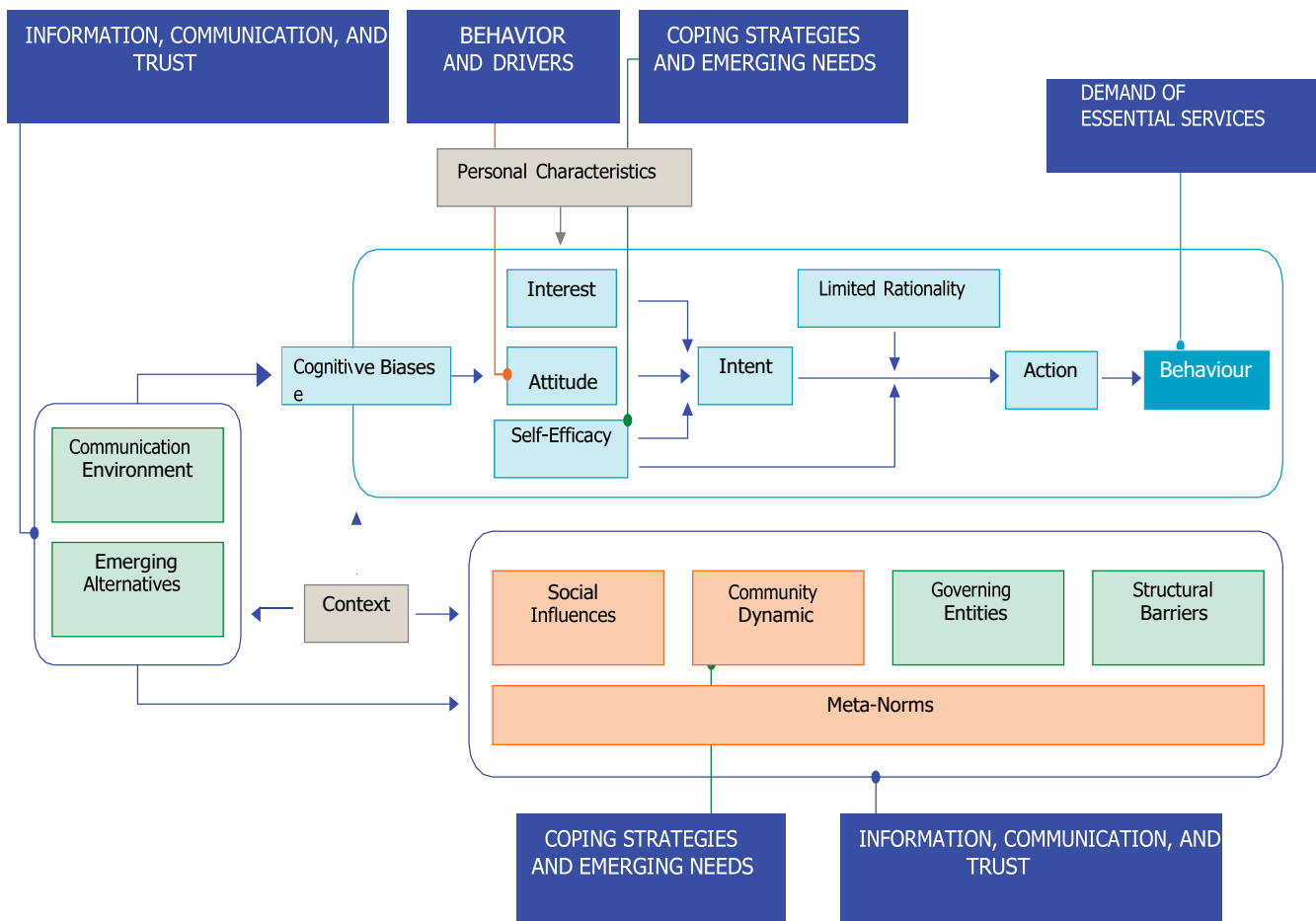
The overall conceptual approach of the CRA drew upon the behavioural driver’s model (BDM). A behaviour driver model is a framework used to identify and understand the underlying motivations and drivers that influence a particular behaviour or decision. It offers a framework for analysing the drivers of certain practices or behaviours in a given context- **why people do what they do.**

Utilizing this analytical framework, CRA explored key issues such as perception about risk of getting COVID-19; prevalence of protective behaviours and the barriers to adopting them; trust in institutions, community groups and information channels; and coping strategies, emerging needs in

relation to COVID-19, and willingness to take COVID-19 vaccine. A modular approach was followed to understand these linkages. CRA broadly adopted 4 modules- Information communication and trust; behaviours and drivers; coping strategies and emerging needs. While the question items in these modules were adapted to the emerging scenario of COVID-19 based on the experience and results of previous rounds, the core set of modules stayed the same in every round to keep it comparable on some parameters.

Demographic variables included gender, rural/urban, age, social group, and education, to test possible relationships between these variables and behaviours.

Figure 1: Behaviour Driver Model components adopted for Community Rapid Assessment across 10 study states.



2.2 Study design and approach

CRA adopted a systematic approach to gather data from the community in a time series manner to provide high quality community-sourced data on behavioural and trust component to inform COVID-19 program and policy decisions. It also assessed the effectiveness of UNICEF interventions with specific community level platform members-stakeholders who have been part of capacity building interventions by UNICEF such as Self-Help Group members (SHGs), Panchayati Raj Institution Members (PRIs), Frontline workers (FLWs) and Youth Volunteers (YVs) in selected states.

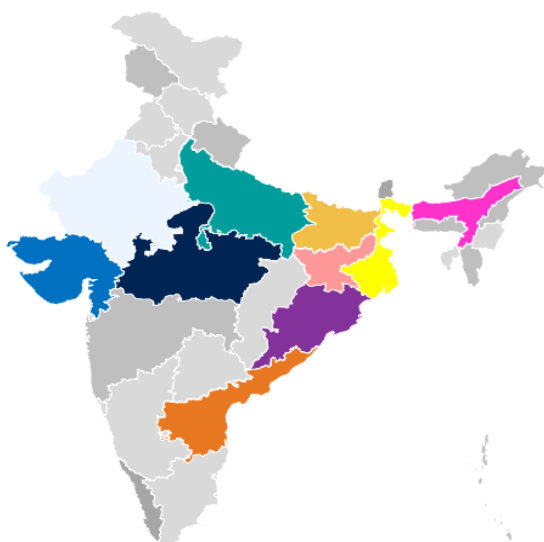
A cross-sectional study design was followed, and data collection was done in 5 rounds (at 6 different point in time) roughly over a period of 2 years. The sample size was determined to represent the general population at state level and to represent the platform member category in a particular state (as presented in Figure 1). The sample size in each state had a 70:30 representation of general population in

rural: urban areas. Furthermore, a gender lens was applied throughout the study covering a soft quota of 50:50 male and female sample both in rural and urban setting. The target respondents included-

1. General Population (*hereafter* GP)—Male and female aged 18 years and above.
2. Platform Members (*hereafter* PM) who have been part of capacity building interventions by UNICEF. This target segment included SHG members, PRI members, FLWs such as ASHA, AWW and ANMs and YVs.

Initially, the geographical scope of CRA included 5 states namely Andhra Pradesh, Bihar, Madhya Pradesh, Odisha, and Uttar Pradesh, however considering its usefulness, it was extended to 5 more states- Assam, Gujarat, Jharkhand, Rajasthan, and West Bengal as depicted in figure below. Additionally, different platform members covered in a state are also shown in figure 2.

Figure 2: Sample coverage in states by type of target respondent



Study States		Sample Selection				
		General Population	Community Platform Members			
			SHG	PRI	FLW	YV
	Andhra Pradesh	✓	✓	✓	✓	
	Bihar	✓			✓	
	Madhya Pradesh	✓		✓	✓	
	Odisha	✓		✓	✓	
	Uttar Pradesh	✓	✓		✓	
	Assam	✓			✓	
	Gujarat	✓				
	Jharkhand	✓		✓	✓	
	Rajasthan	✓			✓	✓
	West Bengal	✓			✓	

Considering the two different target respondent groups who were aimed to be reached as part of this assessment, 2 different sampling frames were needed. A Random Digit Dialling (RDD) approach was adopted to reach out to the general population in selected study states. The sampling

frame for the RDD was developed using the Department of Telecommunication (DoT)s national numbering plan- where the first 4 digit refer to the service provider and the circle/state to which the number belongs to. The sampling frame for each state was the number of phone numbers dialled for

the state to achieve the desired sample size for that state. To reach out to community platform members, list of telephone numbers provided by UNICEF, collated with the help of respective UNICEF state teams were utilized as sampling frame for selection and reaching out for interview. All interviews were completed using Computer Assisted Telephonic Interviews (CATI).

A total of 48,000+ interviews were completed in 5 rounds. The CRA timeline, study states, target sample size and sample achieved by rounds and target respondents (General Population- GP and Platform Members -PM) is presented in Table 1 below.

Sample weights were applied to the general population data to ensure comparability and

representativeness of the data at the state level. The weights were calibrated through post-stratification with selected demographic variables (age, gender, area of residence and education) using data from the National Family Health Survey 2015-16 (NFHS-4). This weighting was done to mitigate any biases due to nonresponse and lack of representation among the general population at the state level. All the general population estimates presented in this report correspond to weighted estimates. On the other hand, since the universe of the community platform members was not completely known, it was decided in discussion with the UNICEF team to not weight it. Hence, unweighted estimates are presented in this report for platform members.

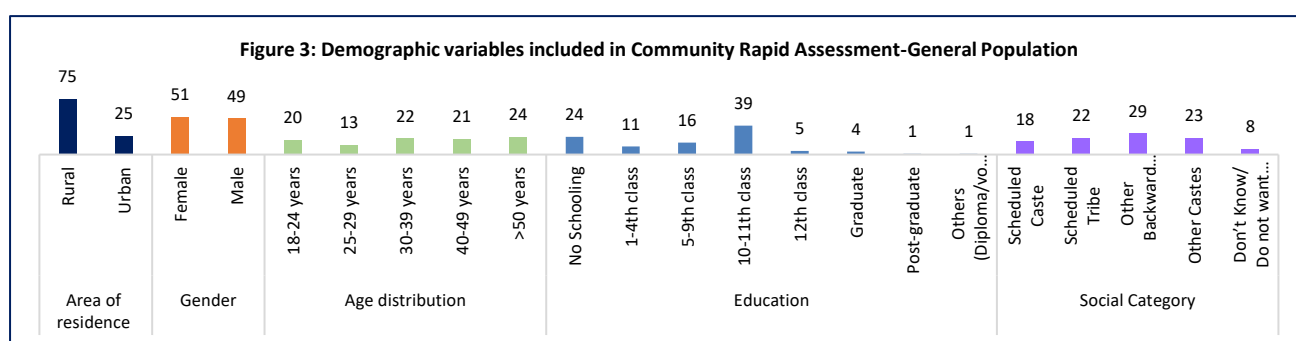
Table 1: CRA timeline, study states, target sample size and sample achieved across 5 rounds by target respondents- General Population (GP) and Platform Members (PMs)

CRA Timeline	Study states	Target Sample			Achieved Sample		
		General Population (GP)	Platform Members (PMs)	Total	General Population (GP)	Platform Members (PMs)	Total
Round 1 (April- May 2021)	5 states (AP, Bihar, MP, Odisha and UP)	2600	2400	5,000	2400	2608	5,008
Round 2 (August- September 2021)	5 states (AP, Bihar, MP, Odisha and UP)	2600	2400	5,000	2631	2645	5,276
Round 2-new states (January 2022)	5 states (Assam, Gujarat, Jharkhand, Rajasthan, and West Bengal)	2600	2400	5,000	3371	2074	5,445
Round 3 (Apr- May 2022)	10 states (AP, Bihar, MP, Odisha, UP, Assam, Gujarat, Jharkhand, Rajasthan, and West Bengal)	5400	4600	10,000	5909	4606	10,515
Round 4 (August- September 2022)	10 states (AP, Bihar, MP, Odisha, UP, Assam, Gujarat, Jharkhand, Rajasthan, and West Bengal)	5400	4600	10,000	6461	5139	11,600
Round 5 (November- December 2022)	10 states (AP, Bihar, MP, Odisha, UP, Assam, Gujarat, Jharkhand, Rajasthan, and West Bengal)	5400	4600	10,000	5538	4831	10,369
Total Sample		24,000	21,000	45,000	26,310	21,903	48,213

3. Demographic characteristics of general population

The demographic characteristics of respondents from the general population in 10 states were analysed based on data collected in five rounds of surveys. The distributions presented here are based on post-stratified analyses of the pooled dataset; consisting of all rounds covered, and they nearly mirror the population distributions of the respective states. To achieve the desired rural-urban distribution, the study used a hard quota where respondents were asked to self-categorize their residence as either a village or city/town. Overall, across rounds a sample of 75% rural and

25% urban respondents was achieved. The gender distribution was almost equal, with 51% females and 49% males. The age distribution was representative of different age groups, but the age group 25-29 years was relatively underrepresented. The highest education level attained was recorded, with the highest representation from respondents who completed secondary schooling (39%). Social groups were well-represented, with 8% of respondents choosing not to specify their social group. (Figure 3)



4. Selected Findings from Community Rapid Assessment conducted over 5 rounds across 10 states of India.

4.1 Understanding risk perception towards COVID-19

This section highlights the importance of understanding risk perception in managing the pandemic such as COVID-19 and factors influencing it.

Risk perception refers to an individual’s perception of the possibility that ‘something bad might happen’ because of an action or change³. Risk perception presented a fluctuating trend across rounds, and it ranged from 22% in April 2021 to 52% in Nov 2022. It was interesting to observe that in January 2022, when the country was facing catastrophic omicron wave, only 37% believed that they were likely to get infected with COVID-19 indicating the possible gap in true understanding of the situation. However, after all the COVID-19 restrictions were lifted in May 2022, close to one-half of respondents (48%) expressed the likelihood of getting infected with COVID-19 probably as a fall

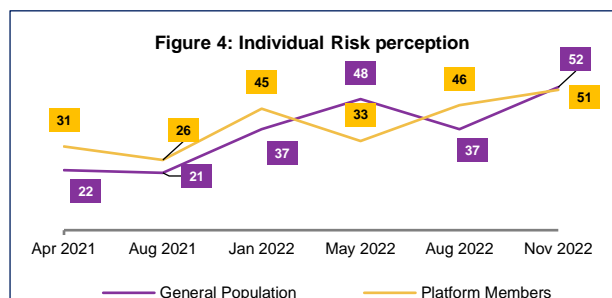
out of severity of Omicron wave. Risk perception around COVID-19 further declined to 37% in August 2022 owing to decline in severity and immediacy of danger. (Figure 4). This observation corroborates with the findings of Cori et al (2020)⁴ paper on risk perception and COVID-19 where in it has been stated that “the perception of risk and its influence on decision-making are driven by familiarity, controllability, voluntary exposure, potential catastrophic, equity, the immediacy of danger, and the level of knowledge”.

The nation's successful control of severe waves of COVID-19 was likely due to a combination of strong public health measures, effective communication, and education campaigns. However, this may have also contributed to the community perceiving COVID-19 as a less severe infection, like the flu, and anyone can get infected with it irrespective of

³ COVID-19 Behavioral Drivers and Patterns: A longitudinal assessment from the South Asia region, UNICEF, November 2021
⁴Liliana Cori 1,*, Fabrizio Bianchi 1, Ennio Cadum 2 and Carmen Anthonj (2020), Risk Perception and COVID-19, International Journal of Environmental Research

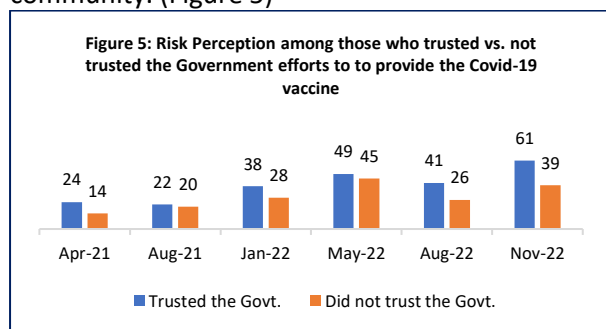
and Public Health,
https://pdfs.semanticscholar.org/83e8/6c4aba61786253d03fa8263e5dbc92d6311d.pdf?_ga=2.268847861.566688329.1674232203-1925385755.1674232203

following COVID Appropriate Behaviours or being vaccinated with COVID-19 vaccine. The same was reflected in the community opinion in November 2022, where more than half of the respondents indicated the possibility of getting a COVID-19 infection possibly perceiving it as a routine infection like common cold.



CRA across rounds found following factors to be positively associated with community risk perception vis-à-vis COVID-19:

Risk perception and trust in Government efforts to provide COVID-19 vaccine: The Community Rapid Assessment (CRA) data showed a correlation between risk perception and trust in government efforts to provide COVID-19 vaccines. The data revealed that individuals who trusted government efforts to provide COVID-19 vaccines were more likely to perceive a higher risk of being infected with COVID-19 compared to those who lacked trust in government efforts. This trend was consistent across all rounds of data collection, indicating the importance of trust in government efforts in shaping risk perception among the community. (Figure 5)

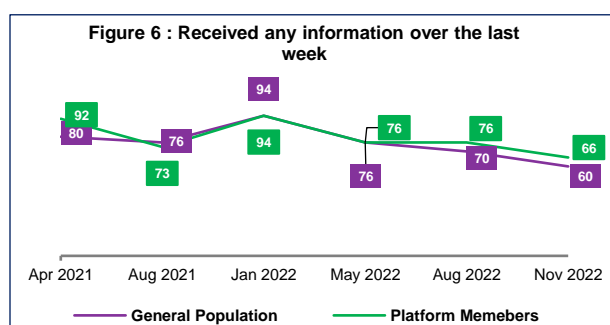


Risk perception and information received around COVID-19 vaccination in past one week:

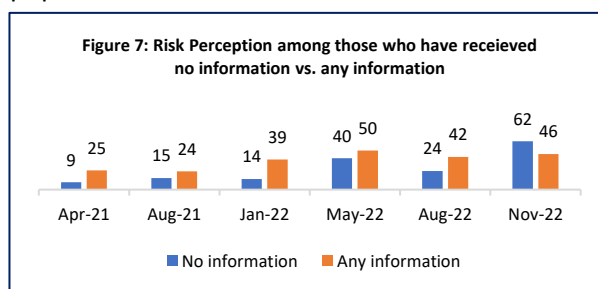
Regular access to correct and actionable information can help individuals understand the

severity of the situation and take appropriate precautions.

A recall question about the frequency of receiving any information around COVID-19 during a regular week showed that the frequency of information peaked in January 2022 during the Omicron wave, most severe wave which impacted the nation. However, it gradually declined after the wave subsided, May 2022 onwards, probably due to reduced number of cases and a decreased in the severity of the infection. (Figure 6)



Further, analysis of data revealed that risk perception was found to consistently more among those who have received any information compared to those who have received no information at all, except in November 2022, which could be attributed to a decline in inflow of the information (Figure 7). This highlights the importance of accurate and regular dissemination of information, as it can contribute to a well-informed decision-making process by the general population.



Key takeaway- Risk perception is socially negotiated based on people’s experiences, values, trust in institutions⁵ and a regular reminder to fostering a sense of shared responsibility for risk management. Risk perception among the community could play a significant role in determining community’s behaviour towards a particular crisis.

⁵ Sarah Dryhurst, Claudia R. Schneider, John Kerr, Alexandra L. J. Freeman, Gabriel Recchia, Anne Marthe van der Bles, David Spiegelhalter & Sander van

der Linden (2020) Risk perceptions of COVID-19 around the world, Journal of Risk Research, 23:7-8, 994-1006, DOI: [10.1080/13669877.2020.1758193](https://doi.org/10.1080/13669877.2020.1758193)

4.2 Information, Communication, and Trust

Clear, consistent, and reliable information based on evidence is crucial for effective risk communication response. Providing accurate and up-to-date information relevant to the specific context and audience on trusted communication channels is vital. Evidence-based information can help build trust and credibility with the public and other stakeholders, which is crucial in any emergency response situation like COVID-19.

This section focuses on the sources of information that were considered trustworthy by the community regarding COVID-19, including sources of mass information, community groups and government. It also examines the community's trust in the government's efforts to provide information about COVID-19 vaccines and make them available to the public.

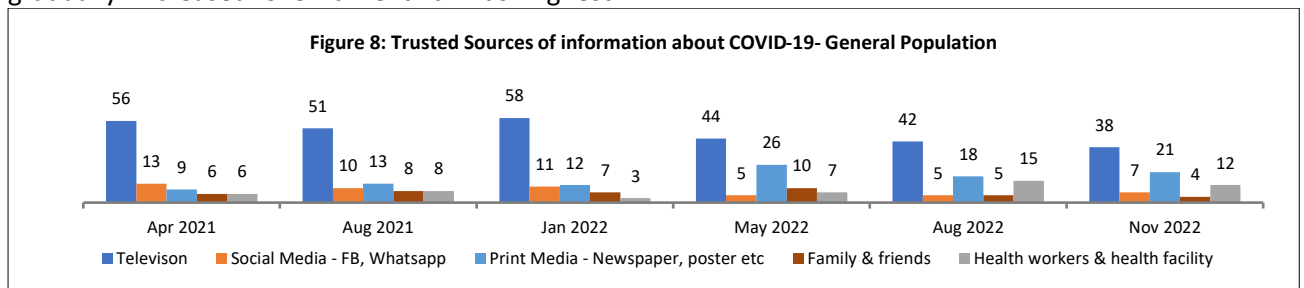
Trusted sources of information about COVID-19: CRA data presents that community accessed and trusted various sources of information during the COVID-19 pandemic across study states, however, its usage pattern changed over time as presented in Figure 8.

Television has been the most accessed and trusted source of information about COVID-19, but its usage declined post Omicron wave (January 2022), indicating a shift towards other sources such as the internet and social media. Social media and print media were also important sources of information, but their trust and usage declined over time, possibly due to the spread of conflicting information. However, trust in print media gradually increased over time and was highest

during the post-Omicron period (May 2022). Family and friends also played a pivotal role in providing information, but their information was not highly trusted. Health workers and health facilities were trusted by a few respondents, but their trust declined post-Omicron wave. Overall, the findings highlight the importance of ensuring the dissemination of accurate and reliable information through a variety of channels to reach the public. These findings conclude the importance of understanding the shifts in the use and trust of different sources of information and ensuring that accurate and reliable information is available through a variety of channels to reach the public.

The key reasons cited by most respondents for trusting these sources were these sources provided clear and factual information; these sources have always been trusted by the community and their family groups in the past and the sources-maintained consistency over time in providing authentic information.

Key Takeaway- Monitoring trusted sources of information among the community is crucial in identifying effective channels for disseminating accurate and reliable information. The CRA data highlights the importance of clear and consistent information to build trust and credibility with the public, which is essential for effective risk communication and emergency response efforts. Understanding how trust in different sources of information changes over time can help adapt communication strategies to the evolving COVID-19 situation.

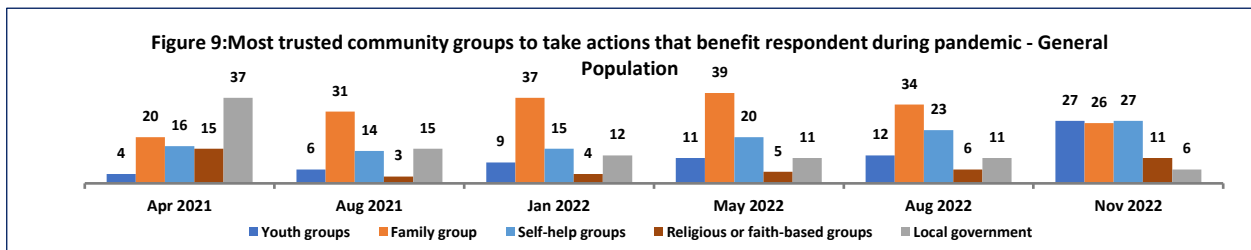


Trust with the community groups: Community groups have played a significant role in educating the general population about the risks associated with COVID-19 and the importance of adhering to public health measures. Over time, there have

been changing trends in terms of which community groups are trusted the most by the people to take actions that benefit them during the pandemic.

Figure 9 highlights that local government was initially most trusted in April 2021 for getting the information that benefits the respondent, but its trust declined over time, especially after the Omicron wave in January 2022. On the other hand, the trust in family groups, youth groups, and self-help groups has shown an increasing trend among respondents, particularly during the Omicron wave and post that. The decline in trust in local government can be attributed to the negative impact of the pandemic on the ties between governments and the public. However, the increasing trust in self-help groups can be indicative of the community's inclination towards collective efforts and support in dealing with the effects of pandemic.

Key takeaway- Community groups during COVID-19 times have played an important role in disseminating and communicating the reliable information to the intended audiences. However, building trust and credibility can be a challenging task, but it can be quickly lost if not maintained properly. The case of local governments provides an example of how trust and credibility can erode if not effectively managed over time. Therefore, it's important to monitor these platforms not only to identify the trusted groups over time but also to support and guide them in reinstating or maintaining the trust by active engagement.

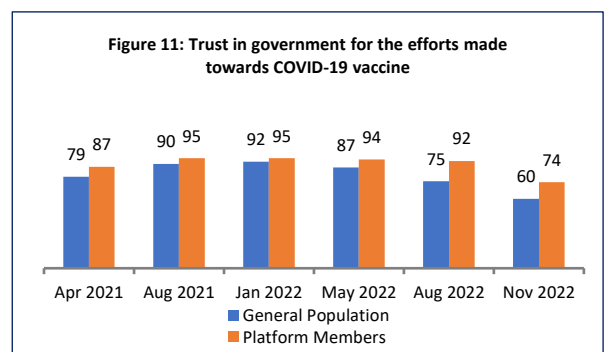
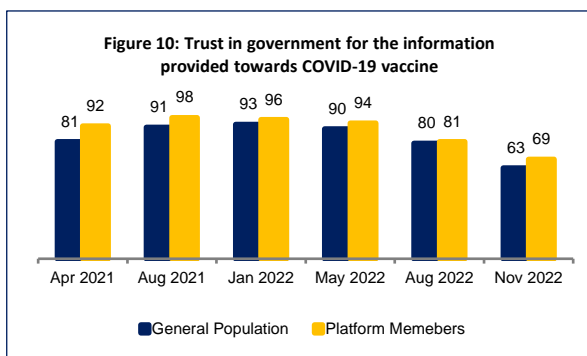


Trust in information provided and efforts made by the government towards COVID-19 vaccine.

The government played a crucial role in containing the spread of COVID-19 through public health measures and vaccine development and distribution. Overall, communities acknowledged the government efforts for providing vaccine information and making it available by showing a high trust. However, the high trust in Government efforts declined in May, August, and November 2022 which resonated with perceived decrease in the severity of the pandemic, resumption of all services and the return to a new normal shifting

the focus from COVID-19 to new needs of the community. (Figure 10 & 11).

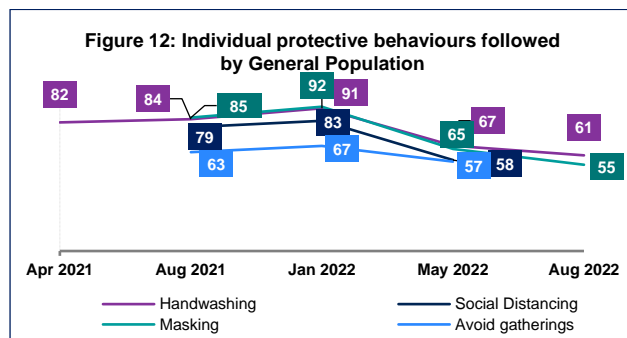
Trust in government had a significant correlation in making the community perceive the seriousness of infection due to COVID-19 as shown in Figure 5 above. The findings clearly established the significant role of Government in driving citizens behaviours and compliances in challenging times such as COVID-19.



4.3 Protective behaviour against COVID-19

COVID-19 was contagious and the spread of it was through droplets generated when an infected person coughed or sneezed as well as if an individual came close physically with an infected person. Various protective behaviours were recommended by World Health Organization (WHO)⁶ and complied by various governments across the globe.

Among all the recommended COVID Appropriate Behaviours (CAB), handwashing followed by masking were the most adopted behaviour across the rounds. Avoiding social gatherings and social distancing were less complied with, across rounds. (Refer figure 12).

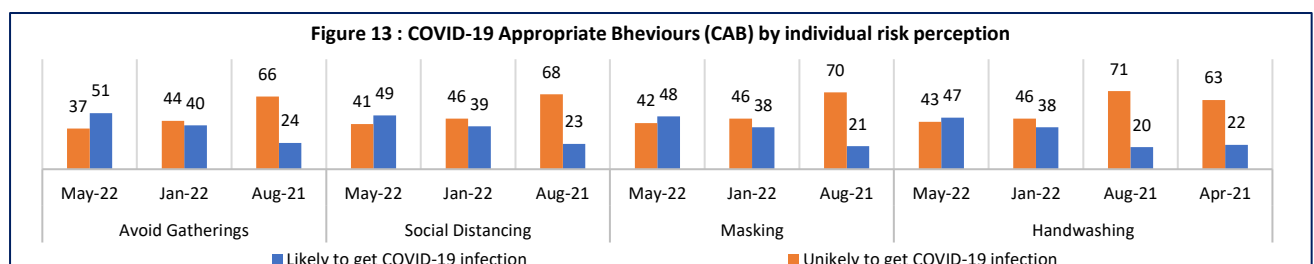


The study also found a similar trend in the adoption of protective behaviour among platform members indicating a good awareness of COVID-appropriate behaviour among platform members. Engagement of platform members in various training were found to have a positive association with their COVID-19 appropriate behaviour and

this was found consistent across rounds. For example, platform members who attended training and followed handwashing were significantly higher than those who did not attend training in April 2021. Similarly, in August 2021, respondents who had undergone training were observed following masking significantly more than who did not attend training.

Compliance with COVID Appropriate Behaviours found to be positively associated with risk perception, trust in government efforts to provide the vaccine and any information received around COVI-19.

COVID-19 appropriate behaviour (CAB) and risk perception: Many studies have established that adoption of preventative health behaviours such as such as handwashing, wearing masks and social distancing significantly correlates with the risk perception.⁷⁸⁹¹⁰ A study published in PLoS One in 2021 found that individuals with lower perceived risk of COVID-19 were less likely to adhere to public health measures. Another study published in BMC Public Health in 2022 found that individuals who perceived COVID-19 as less severe were less likely to comply with public health measures. The findings from Community Rapid Assessments (CRA) also support this, indicating that a higher compliance with COVID appropriate behaviours was observed among those who perceived a higher risk of contracting COVID-19 as compared to those who perceived it was unlikely that they can get an infection from COVID-19. (Figure 13).



⁶ <https://www.who.int/westernpacific/emergencies/covid-19/information/transmission-protective-measures>

⁷ Dryhurst, S., Schneider, C. R., Kerr, J., Freeman, A. L. J., Recchia, G., van der Bles, A. M., ... & van der Linden, S. (2020). Risk perceptions of COVID-19 around the world. *Journal of Risk Research*, 23(7-8), 994-1006. <https://psycnet.apa.org/record/2020-94852-015>

⁸ Harper, C. A., Satchell, L. P., Fido, D., & Latzman, R. D. (2020). Functional fear predicts public health compliance in the COVID-19 pandemic. *International Journal of Mental Health and Addiction*, 1-14.

⁹ Park, H. W., & Park, S. (2020). Influence of trust on COVID-19 information seeking and preventive behaviors: Cross-sectional online survey study. *Journal of medical Internet research*, 22(6), e20674.

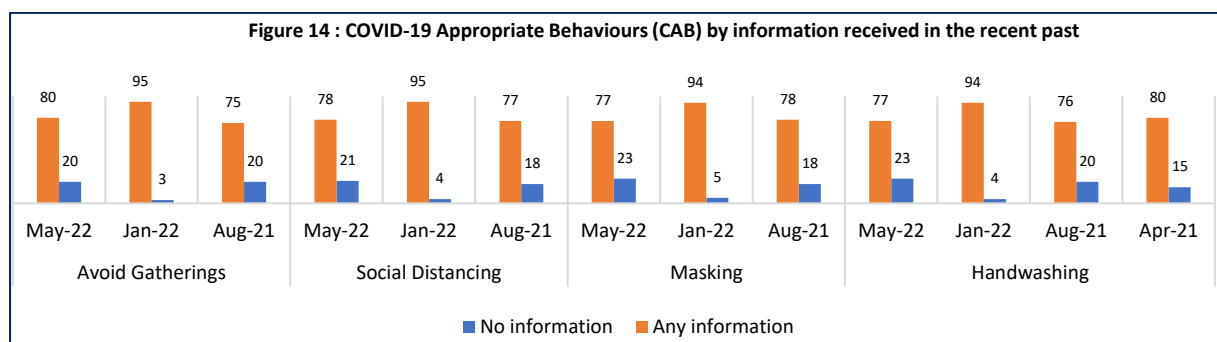
¹⁰ Bish, A., Michie, S., & Yardley, L. (2020). Factors influencing behaviour change during a pandemic: a rapid review of the evidence. *British Journal of Health Psychology*, 25(4), 934-945.

CAB and information received in the recent past:

A higher proportion of respondents who received information in the past week reported following COVID-19 appropriate behaviour across all survey rounds when this question was asked. In January 2022, during the Omicron wave, the frequency of information dissemination was at its highest, so was the reported adoption of COVID-19 appropriate behaviour, such as handwashing, wearing masks, maintaining social distancing, and avoiding gatherings at public places. (Figure 14). The findings suggest that it is crucial for governments and health authorities to prioritize information dissemination to promote and encourage the adoption of appropriate behaviours to combat the pandemic. Likewise, the compliance with CAB behaviours was much higher among

those who trusted in information provided by Government and efforts made towards providing COVID-19 vaccine.

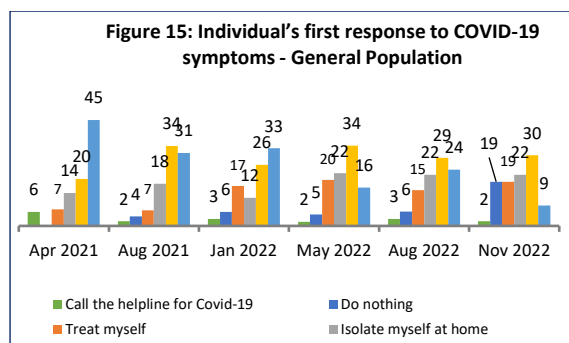
Key takeaway- Compliance with CAB was positively associated with risk perception, trust in government efforts to provide the vaccine, and information received around COVID-19. Effective and transparent communication from various stakeholders was crucial in shaping people's perceptions and behaviours towards COVID-19. The study highlights the importance of regular information dissemination to promote and encourage the adoption of appropriate behaviours to combat the pandemic. Additionally, engaging individuals in training was found to have a positive association with their COVID-19 appropriate behaviour.



Role of information in changing health seeking behaviour.

The pandemic placed a significant strain on health systems, hence understanding the first response to COVID-19 symptoms was a crucial factor in understanding community's health-seeking behaviour. Different actions taken by community from April 2021 to November 2022, respectively are presented in figure 15.

to do when experiencing symptoms of COVID-19¹¹, which emphasized self-isolation as the first step followed by getting tested, consulting a doctor and following COVID Appropriate Behaviours. Despite this guidance, visiting a clinic or hospital as a first step was more prevalent as first action in April 2021, however, it gradually declined over time. (Figure 15).



In an effort to reduce the burden on the health system, UNICEF promoted guidelines on what

The study indicates that there is a significant association between the information received in the past week about COVID-19 and the changing behaviour of the community. Respondents who did not receive any recent information were more likely to approach a hospital or clinic as their first step, in comparison to those who had received recent information. This pattern was observed across most rounds, apart from August 2021 and May

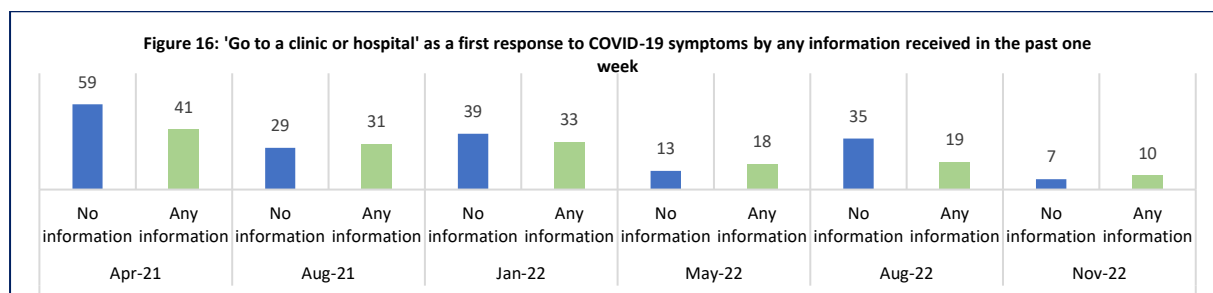
¹¹ <https://www.unicef.org/india/stories/what-do-if-you-have-covid-19>

2022, which corresponded to the recovery phase of the beta wave and omicron wave of COVID-19, respectively. (Figure 16). The finding signifies that regular reminders about correct behaviour can increase the likelihood of community adoption of those behaviours.

A comparable trend was observed among the members of the community platform, with the percentage of those intending to go to a clinic or hospital declining from 34% in January 2022 to 17% in May 2022, further dropping to 13% in August 2022, and finally decreasing to 6% in

November 2022. This sharp decline in the intention to visit a clinic or hospital if displaying COVID-19 symptoms across the rounds underscores the significance of regular and consistent communication and information about the correct behaviour during the pandemic.

Key takeaways- Continued efforts to educate and inform the public are essential for communities to adopt the correct behaviour and contribute to reducing the burden on the health system.



4.4 Vaccination for COVID-19

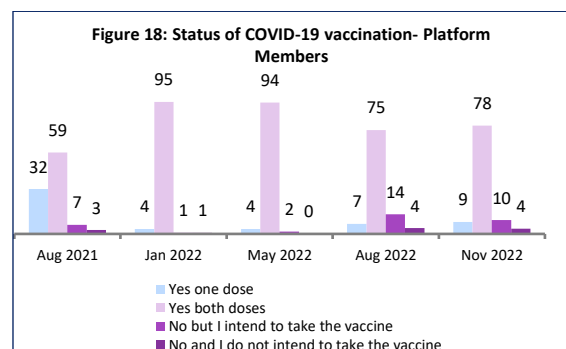
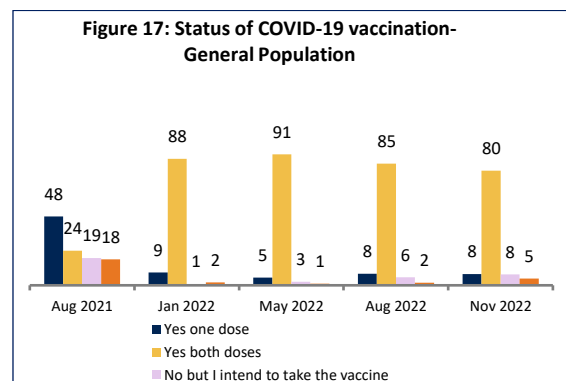
4.4.1 COVID-19 Vaccine

Success of the COVID-19 vaccine rollout and pandemic management relied on community willingness to get vaccinated. It was vital to understand the community's perception and attitude towards the COVID-19 vaccine and identify drivers and barriers to vaccine acceptance. Understanding these factors can guide public health officials in tailoring their messaging and outreach efforts to address specific concerns and increase vaccine uptake.

Since April 2021, the CRA tracked the community's intent to take the COVID-19 vaccine, as well as the drivers and barriers influencing its uptake.

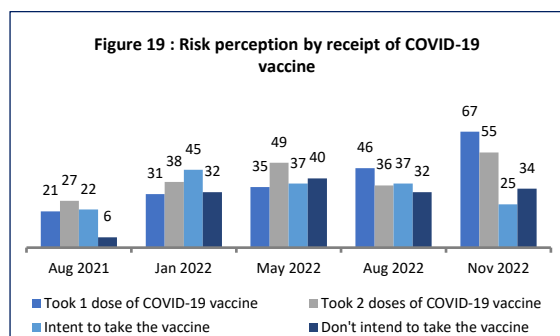
The data consistently showed a positive intent and acceptance towards the COVID-19 vaccine since it was made available to all citizens aged 18 years and above in May 2022 (Figure 17). A similar trend of good vaccine acceptance was seen among community platform members. (Figure 18). Notably, COVID-19 vaccination showed a slow in pace during the last 2 rounds of data collection i.e., August 2022 and November 2022. The waning effect of COVID-

19 and widespread availability of COVID-19 vaccination could have reduced the sense of urgency to get vaccinated.



Vaccine acceptance and risk perception: The acceptance of COVID-19 vaccine was higher among those who perceived themselves to be at risk of getting infected with COVID-19. From August 2021 to November 2022, respondents who had taken two doses of the vaccine perceived themselves to be at greater risk compared to those who had taken one shot, but this trend changed as the effect of COVID-19 waned in August 2022 and November 2022. (Figure 19). People who intended to take the vaccine but faced supply-side challenges, such as non-availability of the vaccine and difficulty in accessing the online registration system, were more fearful of getting infected with COVID-19. This was especially true in rural areas.

Respondents who were indecisive or did not intend to take the COVID-19 vaccine had a very low-risk perception, with only 6% in August 2021 perceiving themselves to be at risk of getting infected with COVID-19. However, the risk perception among this group sharply increased due to the changing COVID-19 scenario in the country, particularly during the severe Omicron wave in January 2022 and afterward. (Figure 19).

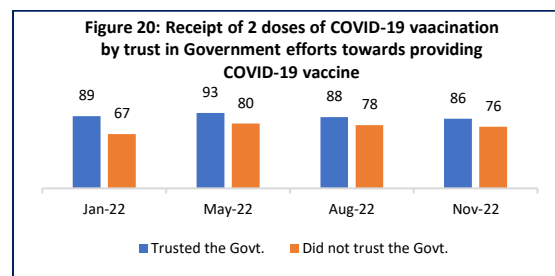


Vitality of trust in Government efforts towards Vaccine acceptance: Studies have consistently shown that trust in government is a key factor in shaping people's attitudes towards COVID-19 vaccination.^{12,13} For example, a survey conducted by the Pew Research Center in March 2021 found that

¹² The Lancet. (2021, April 10). Trust in governments, vaccine hesitancy, and the COVID-19 pandemic. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00784-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00784-4/fulltext)

¹³ Sherman, S. M., Smith, L. E., Sim, J., Amlôt, R., Cutts, M., Dasch, H., ... & Rubin, G. J. (2021). COVID-19 vaccination intention in the UK: Results from the COVID-19 vaccination acceptability study (CoVAccS), a nationally representative cross-sectional

people who had high levels of trust in the government's vaccine distribution efforts were more likely to say they had already been vaccinated or planned to get vaccinated as soon as possible¹⁴. CRA's research corroborated this, individuals who demonstrated high levels of trust in the government's efforts to provide COVID-19 vaccines exhibited greater acceptance of the vaccine compared to those who did not trust the government's efforts, as evidenced in Figure 20. These findings highlighted that confidence in government efforts to contain the pandemic and provide vaccines can play a significant role in promoting vaccine acceptance and adherence to public health guidelines.



Drivers for COVID-19 vaccination: Motivators to take a COVID-19 vaccine shot among those who have taken one dose, or both the doses of COVID-19 vaccine varied across rounds, however, broadly these motivators could be classified as true intent ('Fear of getting COVID', 'Provides protection against COVID, getting very seriously ill'), intent driven by normative reasons ('Because everyone is taking it', 'Because my family suggests it'), and intent mandated by policy ('It is mandatory for travel and access to some services').

Fear of getting infected with COVID-19 has been the highest motivator for the general population to get themselves vaccinated, however, it encountered a declining trend from 69% in January 2022 to 53% in May 2022 to 46% in August 2022, this was in synch with

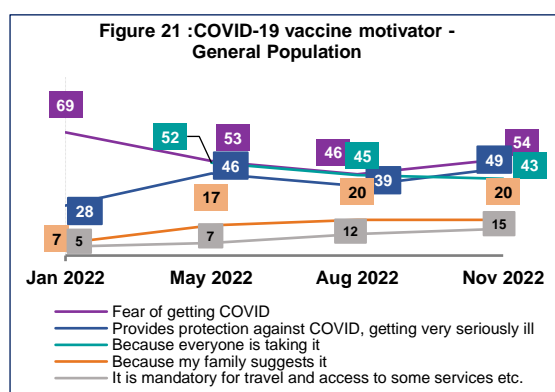
survey. Human Vaccines & Immunotherapeutics, 17(6), 1612-1621. <https://www.tandfonline.com/doi/full/10.1080/21645515.2021.1899852>

¹⁴Pew Research Center. (2021, March 5). Intent to Get a COVID-19 Vaccine Rises to 72% as Confidence in Research and Development Process Increases. <https://www.pewresearch.org/science/2021/03/05/intent-to-get-a-covid-19-vaccine-rises-to-72-as-confidence-in-research-and-development-process-increases/>

the changing COVID-19 landscape in the country due to decline in number of COVID-19 cases, severity of the infection and a good pace of vaccination in the country. But during the same time, respondents who got vaccinated as the vaccine was believed to provide protection against serious illness as a fallout of COVID-19 infection exhibited an exceptional increase from 28% in January 2022 to 46% in May 2022 attributing to the active dissemination of information related to the COVID-19 vaccine and how the vaccine prevents individuals from getting severely infected with COVID-19. (Figure 21)

A considerable proportion also showed a passive vaccine acceptance and were driven by the normative reasons such as everyone is taking it, or their family suggested to take it. This indicated a gap in the community's understanding of the true intent and need for vaccination to contain the pandemic and prevent serious illness from COVID-19. (Figure 21)

Among the community platform members, an analogous trend was observed, while respondents who stated fear of getting COVID-19 and vaccine provides protection against COVID-19 as their reason to get vaccinated plateaued in the range of 59% to 64% and 48% to 49% respectively, the normative reason such as 'because everyone is taking it' demonstrated a good increase from 14% in January 2022 to 46% in May 2022 then declined to 25% in August 2022 and concluded at 45% in November 2022.



Understanding the barriers to COVID-19 vaccine: CRA also intended to understand the reasons that restricted individuals from

getting vaccinated. Understanding the barriers was important to ascertain the gaps in the attitude of the community toward the COVID-19 vaccine, which can be further bridged with effective and frequent communication. Unvaccinated and unwilling respondents were probed for the barriers that prevented them from taking the vaccine even when it was available to them. The key reasons stated by them were declining threat susceptibility ('I think COVID-19 is not a serious risk'), perception towards the effectiveness of COVID-19 vaccine ('I think the vaccine is ineffective'), fear of possible side-effects ('I am concerned about the side effects'), and belief to get a natural immunity ('I want to get natural immunity').

Concern about side effects was most evident in April 2021 (GP-37% PM-31%) owing to nascent stage of COVID-19 vaccination with limited information available about its impacts. However, it decreased to 15% and 17% in August 2021, among the general population and community platform members respectively which could be attributed to more comprehensive communication. But with rising open-sourced information and rumours about the side effects of the vaccine, the concern of side effects among the general population again increased in January 2022 (29%) and May 2022 (36%), however it was less of a concern post that. On the other hand, among platform members, it further declined to 11% in January 2022 and not found to be a notable concern after that.

Lack of evidence about the functionality of COVID-19 vaccine combined with scepticism towards the vaccine led to community wanting to wait and see if it will bring the results as it was intended to. This emerged most in August 2021, where close to two-fifths (39%) of the respondents stated that they wanted to wait and see. It showed fluctuations from 7% in January 2022 to 15% in May 2022 to 24% in August 2022 and declined to conclude at 19% in November 2022.

Declining threat susceptibility posed a notable barrier, hindering the willingness to get vaccinated among the community.

Repeated exposure to COVID-19 waves and low severity of the infections effected into a less sensitive and more accepting behaviour of the community towards COVID-19 infection. Perception of COVID-19 not being a serious risk has been acting as a major deterrent among the unvaccinated and unwilling respondents and has increased substantially across the rounds of CRA. However, a significant shift was observed since August 2022, when the number of individuals stating the reason rocketed from 9% to 35% in November 2022. Among the community platform members, a similar trend was observed, when the number of community platform members reporting the reasons increased from 17% in August 2022 to 26% in November 2022. The perception of the effectiveness of the COVID-19 vaccine emerged as an alarming reason.

The efficiency of the vaccine was one of the limitations of accepting COVID-19 vaccination since CRA round 1 (April 2021). It persists as a concern among the unvaccinated and unwilling respondents from general population as well as community platform members. Among the general population, the effectiveness of the vaccine has been questioned across the rounds as the respondents stating the reason showed a constant increase from 6% in Aug 2021 to 21% in January 2022 to 26% in May 2022 to 27% in August 2022 and concluded at 31% in November 2022. However, community platform members stating the reason peaked at 46% in November 2022. Amidst the 46 percent community platform members who indicated their lack of trust in the efficacy of the vaccine, almost half have participated in training on COVID-19 since December 2021. Some other factors which have been hindering vaccine acceptance among the unvaccinated respondents were “I want to get natural immunity” which plateaued among the general population in the range of 9% to 12% and among the community platform members the reason exhibited a peak in January 2022, when 22% of community platform members indicated their willingness to acquire a natural immunity as a barrier towards getting vaccinated.

Key takeaway_Risk habituation refers to the phenomenon where people become less concerned about a threat as they are exposed to it over time, even if the threat has not been fully mitigated. This can happen with COVID-19 as people become accustomed to the presence of the virus and may perceive it as less of a threat, especially if they have not personally experienced severe illness or loss. Community Acceptance and Risk Assessment (CRA) rounds have identified this complacency and informed the program teams to mitigate any concerns, myths, and misconceptions around COVID-19 vaccination. The declining trust, effectiveness, and perceived need to take a vaccine have been strengthened by program teams leveraging trusted sources of information and engaging more with platform members who have been part of trainings with UNICEF. These efforts helped in keeping the communities informed about the continued need for vaccination, and the importance of protecting vulnerable populations.

4.4.2 Precautionary (Booster) dose for COVID-19

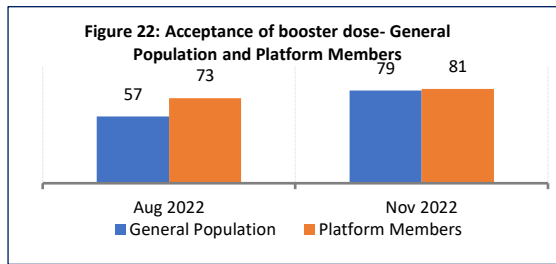
A precautionary booster dose for COVID-19 was introduced in January 2022 and became available to all fully vaccinated adults (18+, double vaccinated) from April 10, 2022. CRA has been tracking awareness, acceptance, and intent to take the booster across 10 study states since May 2022. The findings revealed that the booster dose has not gained as much attention from the community as the initial vaccine for COVID-19.

CRA data showed that it was known to most (GP-71%, PM-82%) in May 2022, when the nation was emerging from the influence of Omicron wave. However, its awareness decreased in subsequent months- August 2022 (GP-65%, PM-74%) and November 2022 (GP-55%, PM-72%). Additionally, the analysis revealed that the awareness was significantly lower among rural respondents (52%) and females (53%) than urban respondents (64%) and males (57%) in November 2022.

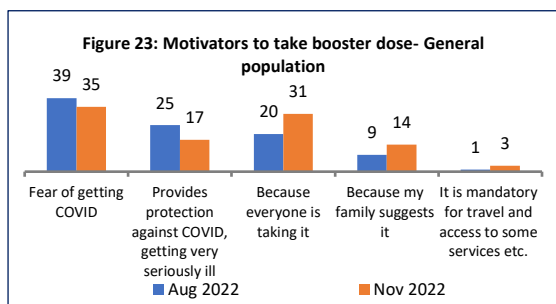
On the other hand, in November 2022, awareness of booster dose was perceptibly more among community platform members

who have received a training (72%) since December 2020 than those who haven't attended any training (65%), specifically among PRI members who have received training (74%) than those who didn't receive any training (66%). However, no significant differences were seen in awareness due to training attended among FLWs, SHGs, and YVs in November 2022.

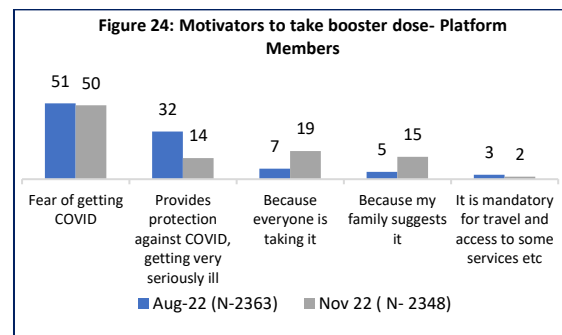
Acceptance of booster dose: A good acceptance was seen among those who were aware of the booster dose and had already received two doses of the COVID-19 vaccine. The acceptance was significantly more among community platform members, contributed primarily by those who been participating in trainings on COVID-19. (Figure 22).



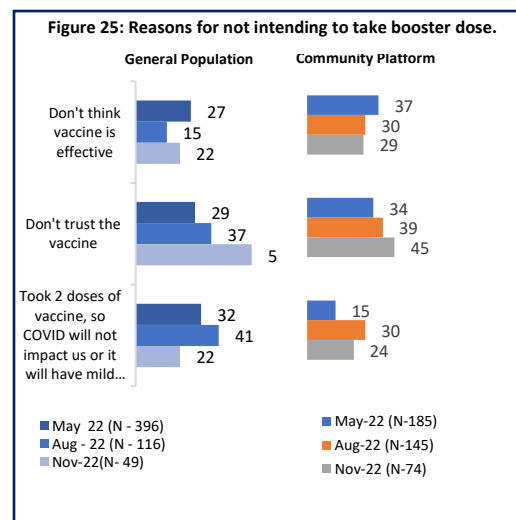
Fear of contracting COVID-19 has been the major motivator for getting the booster dose. It provides protection against COVID-19 and getting very seriously ill was not known to many suggesting that people may not see the booster dose as being as necessary as the initial doses, or that they believe they were already sufficiently protected from the virus. However, normative reasons such as 'because everyone is taking it' remarkably increased from 20% in August 2022 to 31% in November 2022, respondents reporting that they took the booster dose because their family suggested it surged from 9% in August 2022 to 14% in November 2022. (Figure 23 & 24).



Among the community platform members, the highest stated reason for willingness to take the booster dose was 'fear of getting COVID' however, normative reasons such as 'because everyone is taking it' and 'because my family suggested it' emerged in November 2022. It was intriguing to note that in November 2022, most of the community platform members who were a part of different training and communication drives have been organized by different stakeholders during COVID-19 times did not perceive precautionary doses as effective in preventing serious illness from COVID-19.



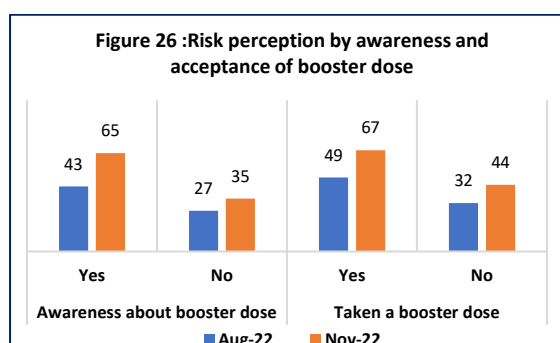
Respondent who stated their unwillingness to take booster dose cited their lack of trust in vaccine, its efficacy and need to take since they have 2 doses of COVID-19 vaccination. These were notified as top 3 both among GP and PMs with slight variations over round. Refer figure 25 for the details.



Influence of risk perception in awareness and acceptance of booster dose

Like COVID-19 vaccination, the decision to take a booster dose was significantly

associated with individuals' risk perception. Individuals who were aware of the availability of booster doses and have taken a booster shot had a higher perception of risk as compared to those who were not aware or have taken a booster dose. This may be because these individuals are more informed about the potential benefits and risks of taking a booster dose and have a better understanding of the current state of the pandemic and the emergence of new variants. (Figure 26).



Information received and acceptance of booster dose.

Similarly, the decision to take a booster dose was significantly associated with information received by the individual in the past one week. Individuals who were aware of the availability of booster doses and have taken a booster shot had received more information in the past week risk as compared to those who were not aware or have taken a booster dose.

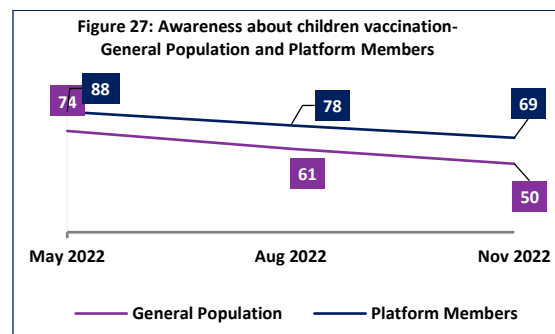
Key takeaway- Booster doses are an important tool in preventing serious illness due to COVID-19 and it is crucial that people are aware of this fact to see the value in getting the booster. Community Rapid Assessment (CRA) findings have highlighted the challenge of low awareness about the need for booster doses which is leading to low acceptance. To address this, a well-planned communication strategy emphasizing the importance of booster doses in preventing serious illness and disseminating these messages through trusted sources of media such as TV, print media, health workers, and health facilities was suggested.

Additionally, involving community leaders and health care workers as messengers can increase trust and acceptance of the vaccine.

4.4.3 COVID-19 vaccination for children's (aged 15-18 years)

COVID-19 vaccination for children was initially started for 15-18 years old on January 03, 2022¹⁵. However, it was later extended to age group of 12 to 14 years from March 16, 2022¹⁶.

The level of awareness and the intent to opt for vaccination for their children amongst the parents of children aged 12-18 years was recorded from May 2022 onwards. In line with trends of booster dose, awareness about availability of children vaccine was highest in May 2022 both among general population (74%) and platform members (88%) and it declined in August 2022 (GP-61%, PM-78%) and November 2022 (GP-50%, PM-69%). (Figure 27). Like awareness, parents' intent to get their children vaccinated with a COVID-19 shot was highest in May 2022 and it gradually declined in subsequent rounds (see figure 28 for percentages).



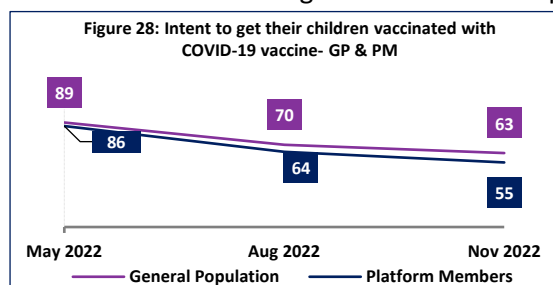
It was interesting to note that while awareness has been higher among platform members across 3 rounds as compared to general population, intent to get a job for their children was observed more among general population than platform members. Parents who didn't want to get their child/children vaccinated were primarily pre-governed by past not-so-good experience with some other vaccine, concerned about safety of COVID-19 vaccine for children and a belief that it could cause infertility among children. These beliefs were

¹⁵ <https://pib.gov.in/PressReleaseDetail.aspx?PRID=1790836>

¹⁶ <https://pib.gov.in/PressReleaseDetail.aspx?PRID=1806104>

almost equally held by general population and platform members. Other concerns reported were effectiveness of vaccine, trypanophobia, negative implication on child growth, children will gain natural immunity, COVID being not a serious risk anymore etc. Efforts focusing on effectively communicating the benefits and safety of COVID-19 vaccination for adolescents to the public could help increase adolescent COVID-19 vaccine confidence and vaccination coverage.¹⁷

Furthermore, examining the data presented that there exists a significant relationship



between the respondents who trust the government’s effort regarding providing the COVID-19 vaccine and the parents who are aware of the availability of the children’s vaccine. In May 2022, 79% of the parents who responded trusting the government’s efforts regarding the COVID-19 vaccine were aware of the availability of the children’s vaccine. However, this trend experienced a dip in August 2022 (72%) and November 2022 (65%). Similarly, trust in government efforts towards providing the COVID-19 vaccine had an impact on parents’ intent to get their child vaccinated, which was recorded as 78% in May 2022, but dipped in August 2022 and November 2022 to 73% and 70% respectively.

4.5. Demand for essential Services

4.5.1 Education Services post-COVID 19

The COVID-19 pandemic caused significant disruptions to essential services in India, including education. The Ministry of Education issued guidelines to continue formal education through online mode to minimize the impact on students' learning progress. However, the transition to online learning was not without challenges. Many students and teachers faced barriers to access reliable internet and technology. Despite these challenges, many schools and educational institutes were able to continue providing education through virtual means.

The CRA from April 2021 to May 2022 aimed to understand the accessibility and effectiveness of online education during the COVID-19 pandemic, as well as parents' attitudes towards sending their children to school during lockdowns and school closures. Results showed that online education was able to support many children in continuing their

education, but its accessibility and effectiveness were challenging. More than three-fifths of the surveyed parents among the general population with school-aged children reported their being children engaged in remote learning during this period (August 2021-61%, January 2022-62%, May 2022-62%). Engagement in online learning among children of platform members was found to be slightly higher (August 2021-68%, January 2022-77%, May 2022-65%). Further, most of the parents expressed a desire to send their children back to school once it opens, with some expressing concern about the risk of COVID-19 infection and wanted to send only when it becomes safe to do so. Considering most educational institution started functioning in nation from April 2022 onwards, it was pertinent to understand if children have started accessing offline education.

¹⁷ Scherer AM, Gedlinske AM, Parker AM, et al. Acceptability of Adolescent COVID-19 Vaccination Among Adolescents and Parents of Adolescents — United States, April 15–23, 2021. *MMWR Morb Mortal*

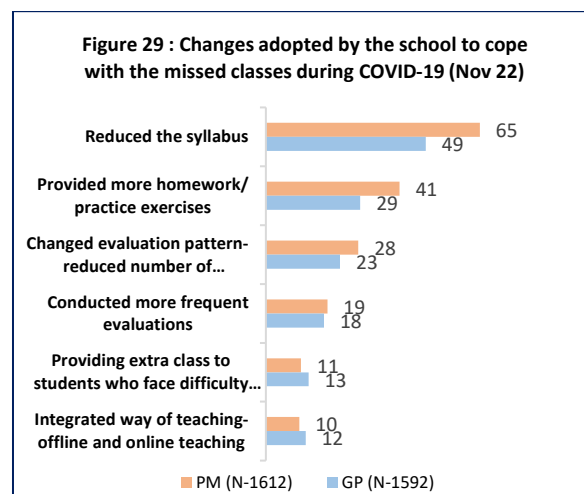
Wkly Rep 2021;70:997–1003.
DOI: <http://dx.doi.org/10.15585/mmwr.mm7028e1external icon>.

The transition back to in-person schooling after the pandemic is a gradual process. In April 2022, when regulatory norms related to COVID-19 were lifted, schools began to operate at full capacity. The CRA aimed to understand parents' attitudes towards sending their children back to offline classes. Following schools re-opening in April 2022, CRA in May 2022 presented that 47% of parents in the general population and 58% of parents among platform members reported sending their children to school. However, by November 2022, almost all the parents (GP & PM -98%) were sending their children to school. Some parents who did not send their children to school cited their children's involvement in other work to support their family and a preference for online learning as challenges.

An effective communication between parents and schools was crucial in understanding the learning needs of the children and whether the changes made by schools were sufficient to address the learning setbacks caused by missed classes. The CRA results indicate that around seven out of ten parents in the general population (August 2022-70% and November 2022-69%) and four-fifths of parents in the community platform members (August 2022-82% and November 2022-80%) were aware of the changes made by their child's school to address missed classes due to pandemic. This suggests that while communication between parents and schools was very good, efforts should be made to engage all the parents in understanding the learning needs of the children and address the setbacks jointly with schools.

Parents who knew about the various changes embraced by the school to cope with the missed classes mentioned them being adjustment in the syllabus, changes to evaluation pattern, increased homework or practice exercises, and extra classes to students who faced difficulty in coping with the syllabus. However, one of the major adjustments made by schools to compensate for the missed classes was the reduction of the

syllabus, as reported by 49%¹⁸ of parents in the general population and 65% of parents in the community platform members. Other responses are presented in figure 29.

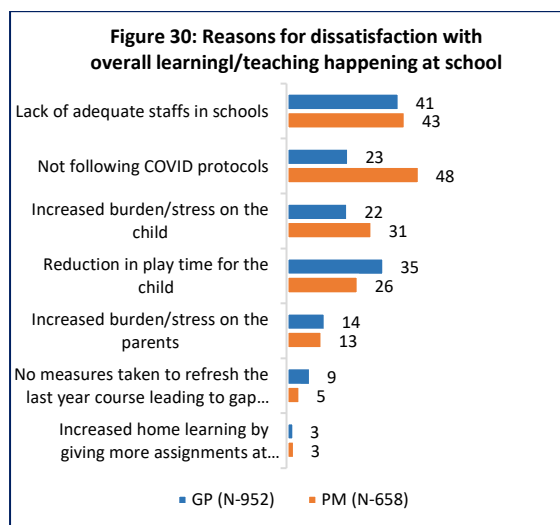


The November 2022 data from the CRA survey showed that out of the parents who were aware of the changes made by their child's school, around 36% of the parents each from general population and platform members expressed dissatisfaction with changes made by the school to cope with missed classes during COVID-19. The key reasons for dissatisfaction were the lack of adequate staff in the schools (GP-51%, PM-67%) and the schools not following COVID-19 protocols (GP-35%, PM-45%).

Further, from August 2022 CRA tracked parents' satisfaction with the overall teaching/ learning happening at school after COVID-19. The results showed that across the two rounds, the satisfaction level of parents in the general population category exhibited a slight declining trend (46% in August 2022 and 40% in November 2022), while among parents from the community platform members category, satisfaction showed an upward trend (46% in August 2022 and 53% in November 2022). Reasons for dissatisfaction were diverse among both categories of parents, but lack of adequate staff in the school remained a key factor across categories (GP-41%, PM-43%). Other key reasons among the parents from

¹⁸ Findings present data from November 2022 only since this question was added in November 2022 only.

both categories include reduction in playtime for the child, increased burden/stress on the child and schools not following COVID-19 protocols. (Figure 30).



Key takeaway: The disruptions caused by the COVID-19 pandemic have had a significant impact on education, leading to gaps in learning for many students. The CRA highlighted the importance of developing contingency plans for future crises that may disrupt education. Such plans should focus on ensuring the continuity of learning while addressing the challenges faced during such situations. These plans should also be designed to minimize the impact on students' learning progress and provide support to teachers and parents to ensure the best possible outcome for students.

4.5.2 Anganwadi Services, post-COVID 19

The Anganwadi Centers are part of the ICDS program, which is a government-run program in India that aims to improve the health and nutrition of children under the age of 6, as well as pregnant and lactating women. The COVID-19 pandemic temporarily interrupted the access to these services, but efforts have been made to gradually resume these services to ensure its continuity.

CRA in November 2022 included a small section on evaluating the accessibility of services provided at Anganwadi Centres (AWCs) to children under 6 years of age, as well as the parents' satisfaction with the services

and reasons for dissatisfaction. It specifically aimed to understand the frequency of utilizing Anganwadi services, types of services availed in general, and satisfaction with four of the services provided at AWC: Supplementary Nutrition, Health and Nutrition Check-up, Immunization, and preschool services.

Utilizing Anganwadi centre (AWC) services post COVID-19-

The closure of Anganwadi services has had a significant impact on children under the age of six, especially in rural areas. Parents have reported that fear of getting infected with COVID-19 was the main reason for not sending their children to AWCs, along with other reasons such as the facility being distant, dissatisfaction with the quality of services, and unawareness of where to access the service. Even after the resumption of services, a hesitation was observed among parents to send their children to AWCs, with only one-fourth of parents among general population in May 2022 reported sending their children to Anganwadi centres. Parents who were not sending their wards to AWCs in May 2022, the primary hesitation due to fear of COVID-19 infection. However, platform members were more comfortable and around 56% reported utilizing AWC services in May 2022.

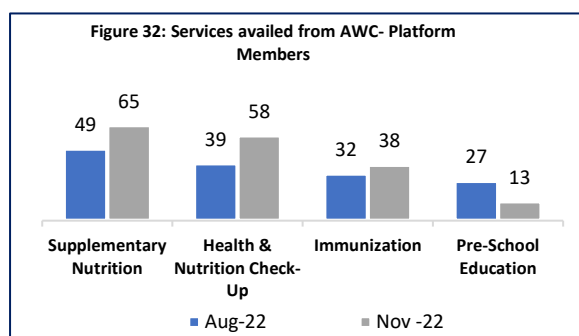
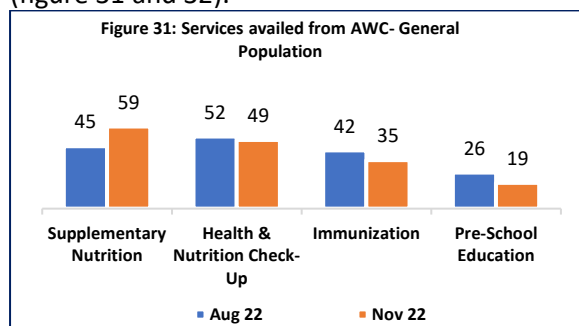
In subsequent rounds (August 2022 and November 2022), it felt appropriate to capture the frequency of availing Anganwadi services, type of services availed, satisfaction with the services received and reasons for dissatisfaction specific to a particular service. This information can be used to evaluate the effectiveness of any measures taken to address the barriers to accessing services, to identify areas for improvement, and to make informed decisions about future services.

Majority of the parents in general population confirmed sending children to AWC across both rounds (August 2022 – 83%, November 2022 – 89%). Half of these parents confirmed sending their child to the centre every day (August 2022-53%, November 2022- 56%). The attitude towards availing AWC services was observed to be more among the platform

members, where almost all respondents sending their child to AWC (August 2022 – 91%, November 2022 – 99%), and more than three-fifths of these parents were sending their child every day (August 2022 – 61%, November 2022 – 64%). This suggests that the community has started utilizing the Anganwadi services more frequently, particularly among platform members.

Services accessed at Anganwadi Centres

Furthermore, a question was asked to understand the type services availed from Anganwadi centres to understand the purpose of sending children to AWCs in August 2022 and November 2022. Supplementary nutrition emerged as the most availed service at the Anganwadi centers in both rounds for both the general population and community platform members. Followed by health and nutrition check-up, with half of the respondents confirming the same across categories followed by immunization services. Pre-school education was the least availed service across rounds and across respondent categories (figure 31 and 32).



Most of the parents have availed 4 specific services- supplementary nutrition, nutrition and health check-ups, immunization and pre-school education and were satisfied with the services received at the center. While the

parents sending their child to AWCs for pre-school were relatively low as compared to other services. The satisfaction was highest for the pre-school education (GP-67%, PM-75%). It was followed by routine immunization (GP-56%, PM-67%) and supplementary nutrition (GP-48%, PM-53%).

Key reasons for dissatisfaction with these 4 services at AWC were –

Supplementary Nutrition- Around one-third of the parents were dissatisfied with the supplementary nutrition received at AWCs due to reasons such as insufficient quantity of the ration/meal (GP-73%, PM- 79%) and the bad taste of cooked food (GP-31%, PMs-54%). Other reasons for dissatisfaction included improper/unhygienic cooking (GP-12%, PMs-26%), not following COVID-19 protocols (GP-10%, PMs-17%). The findings clearly urged to study these in detail to understand the complete picture and mitigate these concerns.

Health and Nutrition Check-ups - Around 28% of parents in both the general population and community platform members reported dissatisfaction with health and nutrition check-ups due to the lack of attention from Anganwadi workers and inadequate equipment for conducting health check-ups.

Preschool Education- Dissatisfaction with preschool education at Anganwadi Centers were reported by around 16% & 17% of parents from the general population and community platform members respectively. The primary concerns were with concerns related to improper infrastructure, such as the non-availability of water and sanitation facilities, insufficient teaching materials, etc (83%), followed by lack of attention from Anganwadi workers due to their busy schedules (61%). For the community platform members, the major reasons for dissatisfaction were irregularity in opening Anganwadi centers (76%), lack of proper teaching/guidance (74%), and lack of required infrastructure (55%).

Routine Immunization services- The major reason for discontent with the immunization services was the non-availability of vaccines in time (GP-66%, PM-75%). Parents were also bothered by the gap in adherence to COVID-19 protocols (GP-59%, PM-51%) and poor quality of services at AWCs (GP-55%, PM-67%). Inadequacy of equipment at the AWC and irregularity of Anganwadi workers were other reasons stated by parents.

Routine Immunization at AWCs post COVID-19- Routine Immunization is vital for children below six years of age, for healthy development of mind and body. Hence, it was important to understand where parents were accessing immunization services for their children following the COVID-19 pandemic. Parents who reported not taking their child(ren) to AWC or not accessing immunization services from AWC were asked about where they took their child(ren) for routine immunization. More than one-third of the parents reported getting their child vaccinated at a government hospital (GP-39%, PM-43%), followed by health camps (GP-33%, PM-32%). Significant number of parents reported getting their child vaccinated at private centres (GP-24%, PM-21%). The information gathered from parents who availed immunization service from places other than Anganwadi centers can be used to identify areas where additional support could be built in to further strengthen immunization services. The key responses for choosing other health centres other than Anganwadi centers included proximity to home (GP-38%, PM-35%), safety of the immunization place for children (GP-31%, PM-38%), and better services (GP-27%, PM-23%).

Availability of all doses of routine immunisation post resumption of services and reasons for not accessing the same

An encouraging proportion of parents (GP-67%, PM-74%), reported that all immunization

doses had been received by their child(ren) post-resumption of services. Though small proportion but a significant proportion of parents (GP-5%, PM-2%) accepted, their child not receiving routine immunization doses since services have been resumed. The reasons cited by parents for not receiving all doses of routine immunization were dissatisfaction with the quality of services (71%) and fear of getting their child infected with COVID-19 (50%), which needs to be addressed. Efforts should be made to ensure the continuation of routine immunization during pandemics such as COVID-19 by addressing the concerns of parents and making routine immunization services accessible, safe, and of high quality.

Key takeaway- Anganwadi centres constitutes a critical gateway to provide many services to the women and children. Community Rapid Assessment (CRA) provided valuable insights with regards to utilization of Anganwadi services as well as underutilization of services available at these centres. This information can be used to identify areas where additional support could be leveraged, and to advocate for changes with policy makers. It can also be used to evaluate the effectiveness of any measures taken to address the barriers to accessing services and to track the progress towards normalcy. CRA also underline a need for a study complementing the current CRA but focussing on service providers to understand the challenges they have faced during pandemic and how they managed the exponential pressure during this period would help policy makers and programs to support them and make them more competent to work in this kind of unprecedented situations. This would also help us better understand the community's expectations from these centres and bridge the gap of underutilization of these available infrastructures to its full potential.

5. Conclusion

The Community Rapid Assessments (CRAs) have demonstrated that a robust evidence-based data collection is feasible in unprecedented situations such as the COVID-19 pandemic, when access to target populations is compromised. The use of RDD (Random Digit Dialling) approach and Computer Assisted Telephone Interviews (CATI) has allowed for a balance between the timeliness of a rapid assessment and the methodological rigor needed for accurate data collection.

CRA has been able to provide a much-needed insights around social and behavioural aspects of COVID-19 pandemic, which were critical for effectively communicating with communities about the risks of the pandemic and the actions they can take to protect themselves and others. The use of Behaviour Drivers Model (BDM) framework enabled to understand the underlying reasons for people's behaviours, attitudes, and practices related to COVID-19, which helped to identify the specific interventions that were needed to change behaviours and attitudes. CRA not only suggested areas for improvement and how they can be addressed, but they have also highlighted the positive work that is happening in communities. The recognition of the positive work happening in communities also helped in maintaining momentum and building on the progress made.

Key trends that emerged from Community Rapid Assessment (CRA)

The findings from CRA suggests that government plays a critical role in providing accurate and reliable information about the pandemic, as well as implementing measures to protect public health and safety. As the government is also responsible for allocating resources and coordinating the response to the pandemic at the national and local level. So, trust in the government is important for ensuring that the public follows recommendations and guidelines such as following COVID appropriate behaviour for preventing the spread of COVID-19. CRA data

showed a high trust in information provided by government towards COVID-19 and its vaccine and efforts made towards containing COVID-19 and rolling out its vaccine, which signified public's belief in the government's efforts towards suppressing the pandemic. The data collected presented that the response to COVID-19 vaccines has been largely positive, across communities. However, there has also been some hesitancy among some individuals about getting vaccinated, due to concerns about the vaccine's safety and efficacy.

During health emergencies, access to accurate information helps individuals and communities make informed decisions about how to protect themselves and others. The findings from CRA underlined that trust in different sources of information can change over time making it critical to be cognizant about these sources of information to utilize them in distributing information. During the pandemic, community groups played an important role in disseminating and communicating reliable information. Hence, monitoring these platforms to identify trusted groups over time and engaging with them closely can be a critical aspect of effective communication strategies during a pandemic. The CRA findings highlighted the importance of understanding and managing risk perception. The likelihood of getting infected with COVID-19 was always found to be positively associated with people following COVID Appropriate behaviours (CAB) and their attitude towards COVID-19 vaccine.

The COVID-19 pandemic has emphasized the importance of proactive and coordinated action in addressing public health crises. CRA's data collection, by monitoring the challenges faced by the community, has shown the barriers and drivers towards following CAB or attitude towards COVID-19 vaccine. By providing access to real-time data, CRA has allowed key decision and policy makers to undertake proactive and coordinated actions. This approach helps to address challenges in a timely and effective manner and can help prevent the spread of the virus and protect public health.



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