

# COVID-FREE VILLAGE (CFV) PROGRAM

## MONITORING DATA REPORT

AUGUST 2021 – MARCH 2022



**BJS**  
Bharatiya Jain Sanghatana



**COVID  
FREE  
VILLAGE**

BHARTIYA JAIN SANGHATANA PUNE



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## Abbreviations

<b>ANM</b>	Auxiliary Nurse Midwife
<b>ASHA</b>	Accredited Social Health Activist
<b>BCC</b>	Behaviour Change Communication
<b>BDO</b>	Block Development Officer
<b>BJS</b>	Bhartiya Jain Sanghatana
<b>CAB</b>	Covid Appropriate Behavior
<b>CCC</b>	Covid Care Centre
<b>CEO</b>	Chief Executive Officer
<b>CFV</b>	Covid-Free Village
<b>DC</b>	District Coordinator
<b>DHO</b>	District Health Officer
<b>GP</b>	Gram Panchayat
<b>IEC</b>	Information Education and Communication
<b>KMS</b>	Knowledge Management System
<b>MO</b>	Medical Officer
<b>NSS</b>	National Service Scheme
<b>PMS</b>	Program Management System
<b>QC</b>	Quarantine Centre
<b>SHG</b>	Self Help Group
<b>TC</b>	Taluka Coordinator
<b>THO</b>	Taluka Health Officer
<b>VTF</b>	Village Task Force

## Executive Summary

### Executive Summary

Covid Free Village (CFV) program was designed and developed by BJS to make villages Covid-resilient through community-led initiatives and collective responsibility. BJS strongly believes in the inherent capacity of communities to find solutions to their problems. Social mobilization led by the Sarpanch, and village leaders facilitates an enabling environment in the village for Covid risk-reduction and resilience. The objective of the CFV program is to empower villagers to take ownership and create a people's movement for containing the pandemic through collective action by forming Village-level Task Forces (VTFs). The CFV program was first initiated on 1<sup>st</sup> August 2021 in rural areas of Pune district and it was implemented across 13 blocks of Pune district till 31<sup>st</sup> March 2022.

The CFV study focused on understanding mainly three aspects viz. community responsiveness towards CFV program, behavior change in the community enabled by CFV and augmentation of government efforts through VTFs. The key objective of the study was to assess the CFV program implementation by Sarpanch and VTFs in managing and controlling the Covid situation across Pune district. The study was conducted to understand the following:

- Responsiveness of Sarpanch and VTFs towards CFV program implementation
- Reach and coverage of the activities implemented by Sarpanchs and VTFs
- Involvement of villagers in supporting VTFs and Covid-related activities

The monitoring data was conducted from all 13 blocks covering a total of 913 GPs out of a total 1198 GPs where VTFs had been established. Data was collected from Sarpanch and VTF members by BJS Taluka Coordinator (TCs) from 25<sup>th</sup> April 2022 to 31<sup>st</sup> May 2022. A uniform structured interview schedule was designed for the data collection. The interview schedule was converted to CAPI form using the KOBO platform to collect data on android phones.

### Results

#### • Participation of GPs and Stakeholders in the CFV Study

The CFV monitoring data was collected from a total 913 (76.21%) GPs out of a total 1198 GPs where VTFs had been established. The CFV data was collected from 721 Sarpanch, 42 Vice-Sarpanch and 150 Gramsevak respondents along with 910 VTF 1 respondents, 913 VTF 2 & 3 respondents, 910 VTF 4 respondents and 909 VTF 5 respondents. It was found that the number of male Sarpanch respondents (50.90%) who participated in the study is almost the same as the number of female Sarpanch respondents (49.10%) compared to the Gramsevak (Male- 70.67%, Female- 29.33%), Upsarpanch (Male- 64.29%, Female- 35.71%), VTF 1 (Male- 61.76%, Female- 38.24%) and VTF 4 respondents (Male- 56.04%, Female- 43.96%) where male respondents were more than the female respondents. It indicates that female members were part of VTF groups in the majority numbers and participated in the implementation of the CFV program.

#### • Establishment and Capacity Building of VTFs

The information submitted in the PMS portal by Sarpanch and TCs shows that VTF groups were formed in 1198 (86.50%) GPs out of a total 1385 GPs in Pune district. The VTFs were established in all GPs of Ambegaon, Baramati, Junnar, Mawal, Purandar and Velhe blocks. It was reported that a total 853 (93.43%)

Sarpanch respondents conducted village-level meetings to form VTFs in their villages. Total 6 blocks (Ambegaon, Haveli, Junnar, Mawal, Mulshi and Purandar) had around 20 or more than 20 members in the VTFs. The registration of all VTF members was done in 674 (73.82%) GPs across Pune district.

The Sarpanch respondents from a total 818 (89.59%) GPs reported that the trainings were arranged for the VTFs with the help of the Taluka administration BJS. All Sarpanch respondents from 7 blocks (Ambegaon, Indapur, Junnar, Mawal, Mulshi, Purandar, and Shirur) made efforts to arrange CFV training for VTF groups from their GP.

- **CMK Establishment- GP Meeting and Fund Mobilization for CMK establishment**

Total 133 (14.57%) Sarpanch respondents reported that they conducted Gram Panchayat meetings with GP members, community members, VTF members etc. for the establishment of CMK. The CMK was established in 48 Gram Panchayats (5.36%) across Pune district. Out of the total Sarpanch respondents who conducted GP meetings, 36.09% Sarpanch respondents established CMK in their GPs.

- **CFV Review Meetings by Sarpanch & VTFs**

Total 393 (43.04%) Sarpanch respondents reported that they conducted weekly meetings with VTFs, GP members and other villagers for the review and follow-up of the CFV program implementation in their villages. On average, a total of 6 weekly CFV review meetings were conducted by the Sarpanch during the CFV program duration. The Sarpanch respondents from Purandar and Velhe blocks reported that they conducted more than 10 CFV review meetings.

The majority of weekly/ monthly meetings were reported by VTF 5 members in 42.90% GPs whereas VTF 2-3 members conducted these meetings in 36.14% GPs. VTF 1 and VTF 4 members conducted these meetings in 31.98% & 30.77% GPs respectively.

- **Preparation of micro plans by VTFs**

As per the monitoring data, Sarpanch of 772 (84.56%) GPs out of 913 GPs reported that VTFs from their village had prepared micro-plans in coordination with them. The data collected from the VTF respondents indicate that the micro-plans were prepared by all VTF groups in the majority of villages. Total 83.52% VTF 1, 87.62% VTF 2-3, 80.00% VTF 4 and 91.31% VTF 5 groups prepared micro-plans across all the blocks.

- **Covid-Appropriate Behaviour Awareness Activities by VTFs**

Total 719 (79.01%) GPs had printed and displayed Behaviour Change Communication (BCC)/ Information, Education and communication (IEC) material at prominent places in the village such as Gram Panchayat office, Temples/ Religious places, ST Stand, Main Chowks etc. for the maximum coverage of the village and visibility to the people.

The VTFs from 714 (78.46%) GPs arranged funds for the printing of the BCC/IEC material. The VTF respondents from a total 631 (69.34%) GPs reported that they collected funds from the GP for printing whereas in 102 (11.21%) GPs, VTF respondents collected funds from villagers. The VTFs in the majority 55.71% GPs reported that they collected funds between 1 to 5000 rupees, around 14.18% of GPs received funds between 5000 to 10000 rupees whereas only 8.13% GPs mobilized more than 10,000 rupees' funds.



The VTF members generated awareness on Covid in 885 (97.25%) GPs whereas the awareness on myths and conceptions of Covid was generated in 890 (97.80%) GPs. In addition to the awareness on Covid, the VTF respondents also sensitized people on nutrition and medicines required for increasing immunity in 873 (95.93%) GPs.

Facebook and WhatsApp were most prominently used by VTFs for awareness in 92.31% VTFs followed by home visits which were used for awareness in 90.55% VTFs. The BCC/IEC posters were displayed in public places in 75.27% VTFs. The village-level groups such as Bachat Gat and Tarun Mandal were also involved in awareness activities in 50.55% and 52.82% GPs respectively.

### • Vaccination Coverage

The VTF 5 respondents conducted the Covid vaccine awareness activities in 891 (98.02%) GPs. VTF 5 respondents conducted vaccination awareness activities through various methods in all the villages from 8 out of 13 blocks in Pune district. The social media platforms such as Facebook, WhatsApp etc. were prominently used in 96.15% villages followed by home visits which were done for vaccine awareness in 91.42% GPs. The village-level groups such as Tarun Mandal and Self-Help Groups also participated in the vaccine awareness activities in 48.18% and 45.54% GPs respectively.

It was reported that the vaccination camps were arranged in 683 (75.14%) GPs across Pune district to increase vaccination coverage and lower the risk of Covid. More than 3 vaccination camps were organized in 505 (55.56%) GPs whereas 1 to 3 (<3) camps were organized in 178 (19.58%) GPs. More than 75% GPs from Baramati, Haveli and Indapur blocks arrange more than 3 vaccination camps whereas more than 50% GPs from Ambegaon, Daund, Junnar, Khed and Purandar blocks arranged more than 3 vaccination camps. The guidance for the vaccination to the villagers who do not normally reside in the village was provided in 811 (89.22%) GPs and the transport facilities were arranged for the elderly, senior citizens, pregnant women, comorbid patients and specially-abled people in 599 (65.90%) GPs across Pune district.

As a result of vaccination awareness activities, vaccination camps and the vaccination support provided to the villagers during the vaccination, 23.54% GPs achieved 100% vaccination (2nd dose) whereas 689 (75.80%) GPs completed the vaccination of 2<sup>nd</sup> dose between 76-99%. The booster dose was also administered to more than 50% population in 6.27% GPs whereas 8.91% GPs had completed vaccination of 25-50% of the population.

Tarun Mandal supported vaccination in 66.01% GPs whereas Mahila Mandal provided vaccination support in 61.61% GPs. Private institutions were also involved in 38.06% GPs in supporting vaccination camps.

### • Prevention and Containment Measures

The efforts to trace and track the Covid-positive patients in the village were taken in 888 (97.26%) GPs by the VTF 2 & 3 respondents in coordination with the ASHA, ANM and the local Sub-centres or PHCs. As reported by the VTF members, total of 877 (96.06%) GPs conducted household surveys. VTF 2 & 3 respondents coordinated with the ASHA for tracing, tracking, testing and treatment in a total 873 (95.62%) GPs across the district.

More than 10 symptomatic cases were identified and referred for early testing in the majority of 44.57% GPs followed by identification and referral of 1 to 5 patients in 30.01% GPs and 6 to 10 villages in 16.54%

GPs. It was reported that more than 2 testing camps were organized in the majority 64.95% GPs, 2 camps were organized in 18.62% GPs and 1 camp was organized in 5.37% GPs.

In a total 862 (94.41%) GPs, the VTF respondents reported guiding all the Covid positive patients from the household whereas in 858 (92.98%) GPs VTF respondents provided all required help to all the Covid positive patients from the household.

VTF members assisted in setting up CCC in 37 (4.05%) GPs whereas QCs were established in 480 (52.57%) GPs with the support of VTF 2-3 respondents. The various amenities such as Hot Water, sanitation, electricity, masks, sanitizers, toilets etc. were arranged in a total 441 (48.30%) CCCs and QCs out of a total established 517 CCCs and QCs across the district to provide proper care and a positive environment to the patients. It was reported that the VTFs in 40.09% GPs referred more than 10 positive patients to the CCC or hospital whereas 6 to 10 positive patients were referred by 16.76% GPs and 1 to 5 patients were referred by 31.54% GPs.

### • Utilization of Government Schemes

VTF-4 respondents provided information about the schemes through awareness in 822 (90.33%) GPs and prepared the list of eligible beneficiaries in 727 (79.89%) GPs and assisted them to apply for the schemes. The VTF-4 respondents also assisted the villagers for availing of Covid-related schemes in a total of 700 (76.92%) GPs. VTFs in around 26.37% GPs reported that 1 to 5 eligible beneficiaries received the benefit of government schemes. 6 to 10 people received benefits in 3.41% GPs and more than 10 people received benefits in 3.96% GPs.

### • Conclusion and Learnings

The CFV Program was implemented in all 13 blocks of Pune district from 1<sup>st</sup> August 2021 to 31<sup>st</sup> March 2022. The monitoring data was collected after the completion of the program from all 13 blocks covering a total of 913 GPs out of a total 1198 GPs where VTFs had been established. Data was collected from Sarpanch and VTF members by BJS Taluka Coordinator (TCs) from 25<sup>th</sup> April 2022 to 31<sup>st</sup> May 2022.

The demand-driven approach resulted in 1198 GPs (86.50%) enrolling in the program and forming VTFs at the village level. The formation of VTFs by Sarpanch created ownership at the community level with a collective responsibility to manage and control the Covid. The involvement of women in VTF groups was significant as the participation from VTF 2-3 and VTF 5 respondents in the CFV study showed that women respondents outnumbered the men respondents.

Not only the formation of VTFs, but efforts for training and capacity building of VTFs by Sarpanchs also showed their ownership and responsiveness towards the program. In 818 (89.59%) GPs, the Sarpanchs took efforts to arrange trainings for VTFs with the help of Taluka administration and BJS. The online training programs helped to cover Sarpanch and VTF members from the majority GPs. The training helped Sarpanch to initiate activities for Covid reduction with the help of VTFs.

The ownership and responsiveness of Sarpanch and VTFs towards the CFV program was also reflected through CFV review meetings by Sarpanch and preparation of micro-plans and weekly meetings by VTFs. As per monitoring data, a total 393 (43.04%) Sarpanch respondents reported that they conducted review

meetings with VTFs, GP members and other villagers for the review and follow-up of the CFV program implementation in their GPs.

VTFs involvement in the CFV program and the Covid-related activities they implemented in the GPs is visible through awareness, tracing, tracking, testing and treatment, and vaccination activities. For the awareness of villagers, the BCC/IEC material was printed and displayed at important places in the village in total 719 (79.01%) GPs and notably VTFs in 714 (78.46%) GPs arranged funds for its printing.

The VTF group responsible for tracing, tracking, testing and treatment played a major role in reducing the Covid burden in the village through their involvement in 4Ts in coordination with ASHA, ANM and the local health system. Tracing and tracking of patients was done by VTF in 888 (97.26%) GPs and for this purpose, VTF coordinated with ASHA in 873 (95.62%) GPs. The VTFs involvement in facilitating vaccination camps in their villages also helped in achieving vaccination coverage. The vaccination camps were arranged in 683 (75.14%) GPs across Pune district to increase vaccination coverage and lower the risk of Covid. As a result of vaccination awareness activities, vaccination camps and the vaccination support provided to the villagers during the vaccination, 23.54% GPs achieved 100% vaccination (2nd dose) whereas 689 (75.80%) GPs completed the vaccination of 2<sup>nd</sup> dose between 76-99%.

The community was also involved in supporting VTFs in reducing the Covid burden from the village. The monitoring data shows that Tarun Mandal in 48.18% GPs and SHGs in 45.54% GPs participated in the vaccine awareness campaign in the villages. The villagers in 102 (11.21%) GPs contributed funds for the printing and display of IEC/BCC material. VTFs involvement and their responsiveness towards the program is also visible through their efforts to conduct weekly/ monthly review meetings under the guidance of the Sarpanch. The majority of weekly/ monthly meetings were reported by VTF 5 members in 42.90% GPs whereas VTF 2-3 members conducted these meetings in 36.14% GPs.

The involvement of VTFs as well as the community in managing and controlling the Covid pandemic through collective action and responsibility shows that if communities are empowered they can effectively address any pandemic or calamity at their level. The CFV program placed the community at the centre of the pandemic response and created their ownership through a demand-driven approach. Through CFV program, the BJS was able to create an ecosystem of community, administration and health systems that complemented and supplemented each other in the fight of the Covid pandemic.

The CFV program showed the creation and strengthening of existing VTF groups at the community level can work and is pivotal for the action and change at the community level. These groups need to be sustained at the community level to address community needs, challenges and other pandemics. The use of technology platforms developed by the BJS enabled universal access to program-related resource material, training and capacity building of Sarpanchs and VTFs during Covid, established systems and processes for program monitoring and dashboards and ensured efficient governance. CFV program is a true example of a community-driven program that can be altered/ replicated, scaled and sustained as per the village's emerging needs and challenges, not only for Covid but for any other pandemics and natural calamities/ disasters.

## CFV Program- Background & Introduction

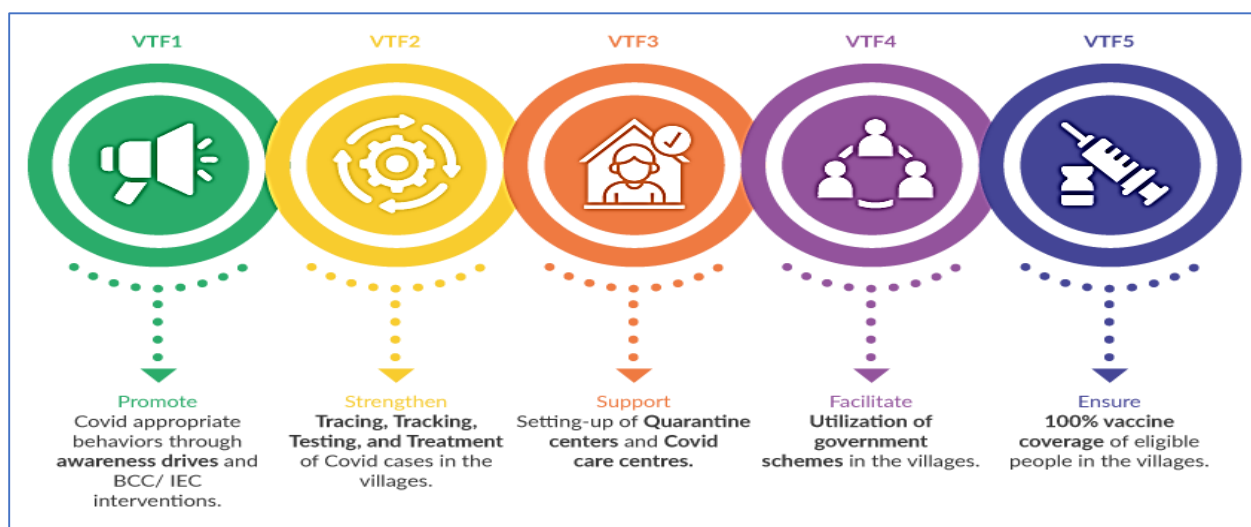
## Background and Introduction of the CFV Program

In a unique initiative to promote the villagers and local elected body to effectively manage and control the Covid surge at the village level, the Government of Maharashtra launched Covid-Free Village Competition Scheme on 2<sup>nd</sup> June 2021 to instill a feeling of healthy competitiveness to achieve the target of Covid-Free Village. This unique initiative was launched after five villages in the state independently achieved Covid-free status. Under this scheme, all Gram Panchayats (GPs) were supposed to form various five village level groups to make their village Covid-free. These five groups were tasked with the responsibilities of Household Survey, Establishment of Isolation Centre, Arrangement of Vehicles for testing and treatment, Covid Helpline and Vaccination.

The rewards from Rs. 15 lakhs to Rs. 50 lakhs to first three villages which will effectively manage and curb the Covid with the help of the above five groups were announced under this scheme. Total 22 indicators of 50 marks were defined in the scheme to evaluate the participated villages for the award based on the assessment of the work done between 1<sup>st</sup> June 2021 to 31<sup>st</sup> March 2022. Some important indicators were the formation of village-level committees and groups for Covid control; survey; contact tracing; testing of the positive cases; referral for treatment at Covid care centers or hospitals; arrangement of transportation for patients and participation of villagers, private doctors and pharmacists.

**Launch of the Covid Free Village (CFV) program by BJS-** To support the government efforts in combating Covid from rural villages, the BJS designed and developed the intervention program called 'Covid Free Village' (CFV) to make villages Covid-resilient through community-led initiatives and collective responsibility. BJS strongly believes in the inherent capacity of communities to find solutions to their problems. Social mobilization led by the Sarpanch, and village leaders facilitates an enabling environment in the village for Covid risk-reduction and resilience. The objective of the CFV program is to empower villagers to take ownership and create a people's movement for containing the pandemic through collective action by forming 'Village-level Task Forces' (VTFs).

The program focuses on the creation of VTFs that take responsibility for preparedness, prevention and containment measures. The following VTF groups were formed under the CFV program at the village level under the leadership of the Sarpanch to manage and control the Covid.



VTFs leverage strong community support for preparedness, prevention and containment actions by:

- Mobilizing village communities to create an enabling environment for Covid-appropriate behaviour and risk reduction through awareness drives and BCC/IEC interventions
- Supporting district/block (taluka) administrations to strengthen tracing, tracking, testing and treatment of Covid cases in the village
- Assisting the taluka administration to set-up and manage Quarantine Centres and Covid Care Centres
- Facilitating coordination with district/taluka administrations for increased uptake of government schemes
- Supporting the vaccination program of the administration by addressing vaccine hesitancy, and by ensuring vaccine uptake by all eligible persons in villages

Increased awareness on Covid-19 and Covid-appropriate behaviour; enabling environment for risk and vulnerability reduction; preparedness, prevention and containment measures implemented by VTFs; and linkages established with district and taluka administrations played a key role in empowering communities to fight and protect themselves from the COVID 19 pandemic.

The CFV program was first initiated on 1<sup>st</sup> August 2021 in rural areas of Pune district in collaboration between Pune district administration and Bharatiya Jain Sanghatana (BJS) and it was implemented across 13 blocks of Pune district till 31st March 2022. Hence, in order to understand and document the CFV initiative in Pune district of Maharashtra, a study was planned and conducted. We believe that the finding that emerged from this study will contribute in getting insights and learning about the CFV which will be useful as a reference document for the future.

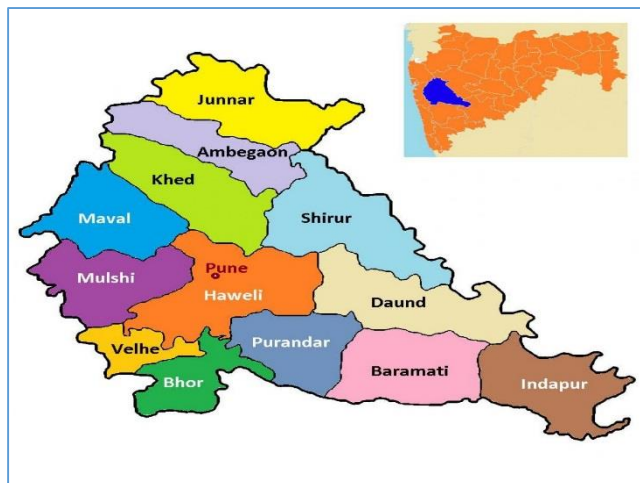


Figure 1: CFV Program Coverage

*Bhartiya Jain Sanghatana considerably helped in this CFV programme. We shared a good relationship with them in this programme. During this programme, we organised a video conference for all Block Development Officers of all Talukas, Sarpanchs and Gramsevak. During that video conference, we explained this programme, the structure of the programme, and the roles and responsibilities of each participant. BJS had prepared excellent informative material for this programme, and it helped to spread awareness. This material was kept in a simple language so that the awareness could be applied at a more significant level. And afterwards, we played our role very well in tasks like coordinating from the district level, guiding everyone and giving pace to this programme.*

**Mr Sachin Ghadge, Dy. CEO Zilla Parishad, Pune**

## CFV Program- Preparation and Capacity Building for Implementation

CFV Program- Preparation and Capacity Building for Implementation

1. Program Development

For the effective implementation of the CFV program, BJS designed and developed the CFV program with clear frameworks, strategies and processes. Appropriate program resources/ materials were also developed for training and handholding of Sarpanch, VTFs and other stakeholders from the village. The interplay of roles and responsibilities of stakeholders were articulated in the program design to ensure clarity at all levels. All these assets were made available on the 'Covid Free Village Knowledge portal' as a public good (<https://kms.covidfreevillage.in/>) that could be accessed by all the stakeholders. The following preparations have been completed by BJS to have the program ready for scaled implementation:



Figure 2: CFV Program: Framework, Strategies and Processes

2. Program Management Platform

A tech-enabled Program Management Platform was developed by BJS to successfully manage the program in thousands of villages across Pune district. The Program Management Platform supported tech-enabled governance, and galvanization of the ecosystem to achieve scale without dilution in quality, besides integrating online Knowledge/Program Management systems to facilitate capacity building, mentoring, handholding, monitoring and reporting processes. The Knowledge Management System (KMS)



was developed for universal access and utilization of resources by stakeholders at all levels and Program Management System (PMS) was developed to facilitate monitoring, data collection, reporting and dashboard processes.

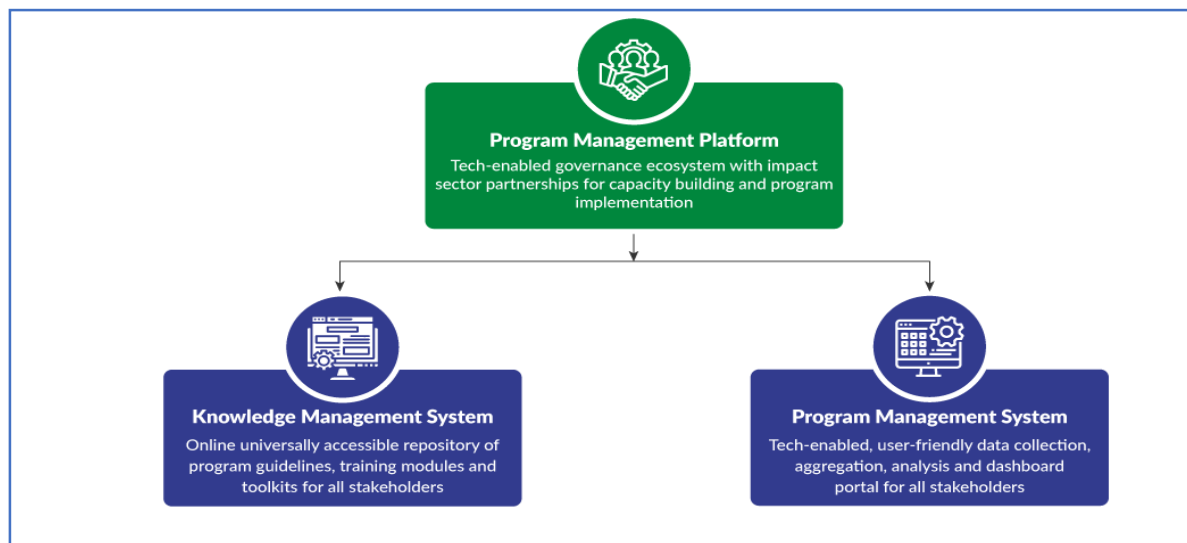


Figure 3: Program Management Platform designed and developed by BJS

### 3. Pilot Implementation in Pune District

The CFV program was piloted in 144 villages identified by the district administration across 11 blocks of Pune district. During initial visits to villages, field teams established contacts with Gram Panchayats and key village stakeholders in all pilot villages. A team of Taluka Coordinators were trained and deployed in the first week of August 2021 to implement the pilot. Village profiles of all villages were developed and Sarpanchs in all villages were trained. The village profiles were developed on the basis of the village level information provided by the Sarpanch and filled on PMS by the BJS TC. Program resources like BCC/ IEC material, guidebooks, audio-visual training modules etc. were used in the pilot to test their effectiveness and user-acceptance. A structured training program was implemented for village-level stakeholders through TCs and student interns.

The training and support provided by the BJS during pilot implementation in 144 villages resulted in the empowerment of villages to take ownership for containing the Covid pandemic through VTF activities. The online trainings and availability of resources on KMS proved useful for the rapid scale-up of training programs across Pune district. The CFV pilot implementation showed that the CFV model is a scalable and sustainable approach, hence the CFV program was expanded to the whole district with the help of the administration and health system.

### 4. CFV Program Scale across Pune District

CFV program was further scaled in all the villages in all 13 blocks of Pune district in collaboration with the Zillha Parishad, Pune. The block (Taluka) level administration and the health system was mainly involved in the CFV implementation as a part of promoting and leveraging existing institutional mechanisms. For each block, one TC was appointed to oversee the implementation of the program by visiting the villages each day. The District Coordinator and TCs were involved in the district and block level Covid Control

Committees respectively. All Sarpanchs were directed to form five VTFs at the GP level to reduce the Covid burden in the villages. To support the Sarpanch in Covid control efforts, VTFs were trained in large numbers with the help of block administration. A detailed strategy for scaled implementation is given below.

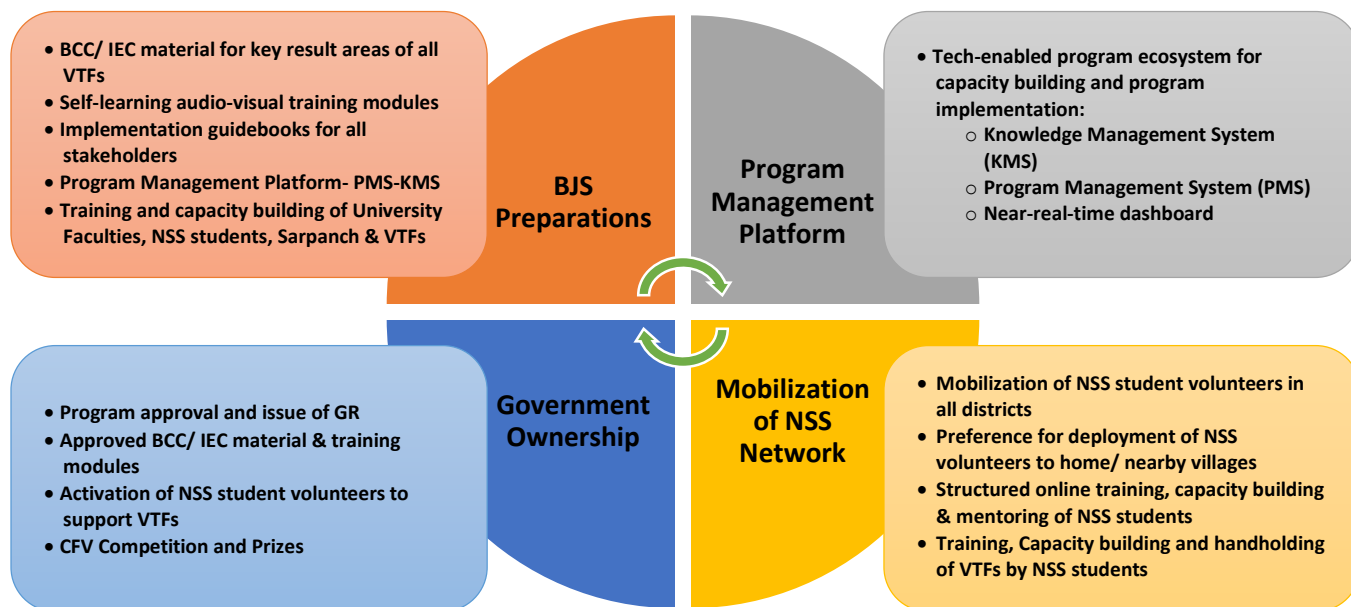


Figure 4: CFV Program Scale Strategy

The CFV program was designed in a such way that its model can be adopted by any village for management and control of the Covid. The participation in the CFV program was voluntary and demand-driven through an application submitted to the Taluka administration. The necessary directives were issued by the district administration at Taluka and village levels for the coordination, implementation and review of the CFV program. The directives were also issued to mobilize NSS student volunteers to support and handhold the Sarpanch and VTF members for the CFV implementation. The process flow of the CFV implementation from the district to the village level is given below in figure 5.

The administration at the district, block and village levels was supported by the DC and TCs of BJS respectively. The DC worked directly with the CEO and Dy. CEO at the district level through issuing timely directives and guidelines for the effective implementation of the CFV program. The regular updates through meetings and presentations on the status of program implementation across various blocks in Pune district were given to the CEO & Dy. CEO for their continuous support and involvement.

At the block level, the TCs provided regular necessary support to the Taluka administration and health system for the CFV implementation at the village level. They coordinated with Block Development Officer (BDO) and Taluka Health Officer (THO) at the block level and provided regular updates regarding the program.

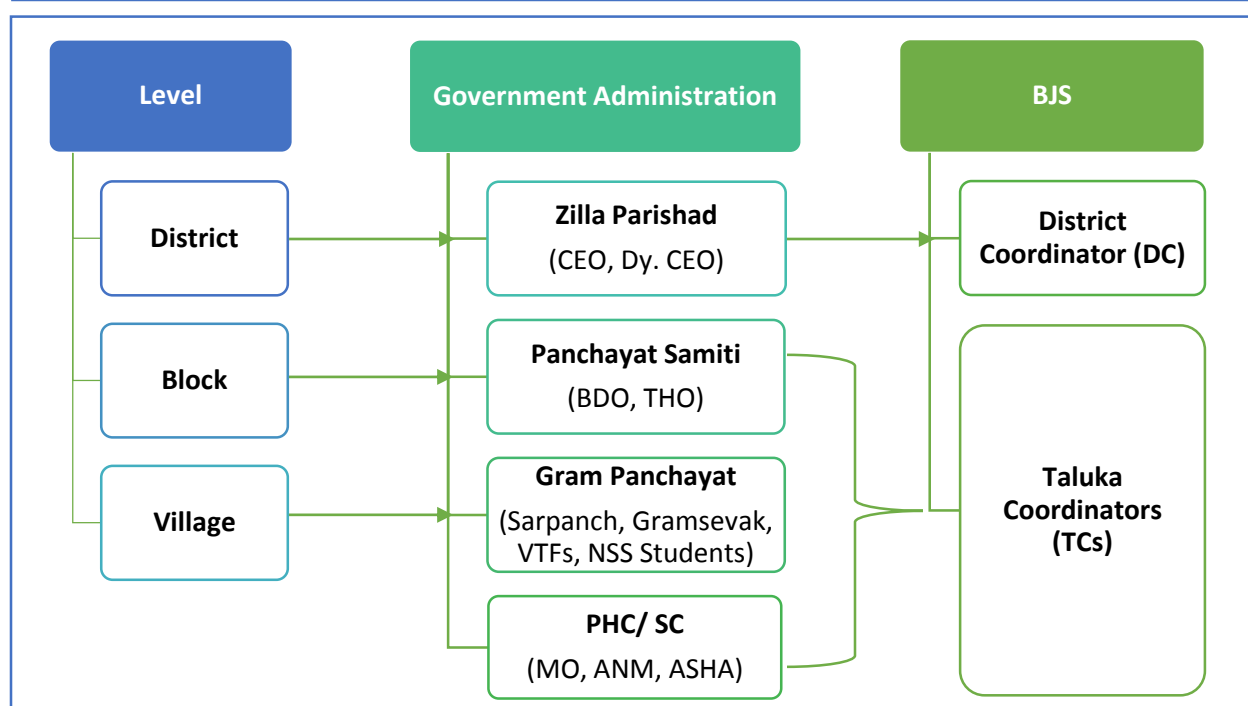


Figure 5: CFV Implementation Process Flow Chart

At the village level also TCs were involved in the direct implementation of the CFV by supporting the Sarpanchs. The TCs with the help of Taluka administration provided support and hand-holding to the Sarpanch in training and capacity building, program facilitation and implementation through making available program tools and awareness materials, and coordination with taluka and district administration for village needs during Covid by connecting VTF members.

## 5. Training of Sarpanch and Village Task Forces

The training of Sarpanch and VTF members was conducted through an online platform by selected trained master trainers of the BJS. Master trainers utilized resources and training aids from the online KMS to impact the training. From August 2021 to March 2022, total 166 training programs were organized by the BJS and facilitated by the BJS TCs. Training programs were scheduled every day at pre-determined hours and delivered using a virtual meeting link circulated to the target audience in advance. The program schedule was prepared by TCs and it was shared with the Sarpanch and VTFs through WhatsApp groups. The details of the trainings are given in figure 6.

The following key topics were covered during the training:

- Importance of the CFV program setting
- Need for empowering villages for Covid containment
- Roles and responsibilities of Sarpanch, Gramsevak and VTFs
- Support from Taluka administration and BJS TCs
- Orientation of online platforms designed for knowledge and program management
- Orientation of WhatsApp policy decided while implementing the CFV program

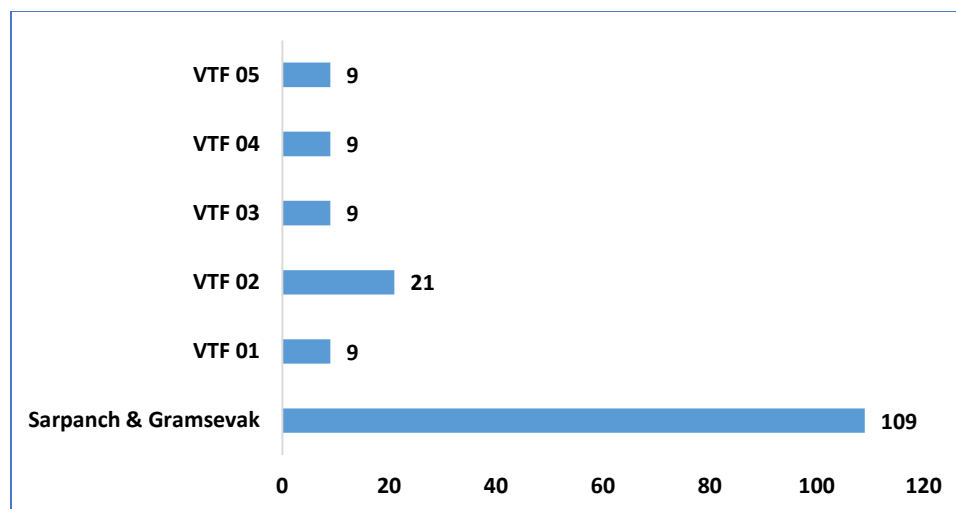


Figure 6: No. of trainings conducted for Sarpanch & VTFs from August 2021 to March 2022

The above chart shows that out of total 166 trainings, total 109 trainings were conducted for Sarpanch and Gramsevak. Among the five VTF groups, the majority of 21 trainings were conducted for VTF 02 group as it was shouldered with the tasks of tracing, tracking, testing and treatment. The role of VTF 02 group was important when the program started. Hence majority of programs were conducted for this group to enable them to identify and refer Covid suspected as well as positive cases. For other VTFs, 09 trainings each were organized by the BJS.

The training of Sarpanch and VTFs were conducted on the Zoom online meeting platform, where audio-visual training modules, pictorial guidebooks, BCC, IEC material and PowerPoint presentations were used to ensure the effectiveness of the training.

The online training programs helped to cover Sarpanch and VTF members from majority villages. In many of the villages, Sarpanch and VTF members couldn't participate in the trainings due to network and internet connectivity issues, however, daily online training programs gave flexibility to Sarpanch and VTF members to participate in the trainings from anywhere as per their convenient time. The training helped Sarpanch to initiate activities for Covid reduction with the help of VTFs. *(The details of the involvement of Sarpanch and VTF members and activities conducted by them are given in the monitoring results section).*

## 6. Involvement and Capacity Building of NSS Students

The NSS network was mobilized by the BJS with support from the State Government to provide on-site handholding support to Sarpanch and VTF members in the implementation of CFV at the village level. The block-wise details of enrollment of NSS students and their duration of involvement in the CFV program are given below.

Total 1029 NSS students (Male- 40.91%, Female-59.08%) were registered to work voluntarily in the implementation of the CFV program in their respective villages. A total 62.10% students were involved in the CFV program for 1 week whereas 24.49% and 13.41% students were involved in the program implementation in their respective villages for the duration of one and two months respectively.

Block	Male	Female	Total	Duration of Involvement		
				1 Week	1 Month	2 Month
Ambegaon	61	52	113	55	35	23
Baramati	48	167	215	134	55	26
Bhor	4	5	9	6	2	1
Daund	54	64	118	77	33	8
Haveli	60	65	125	79	29	17
Indapur	32	43	75	44	19	12
Junnar	57	67	124	81	24	19
Khed	30	35	65	42	15	8
Mawal	1	1	2	1	1	-
Mulshi	7	2	9	6	2	1
Pune City	7	8	15	13	-	2
Purandar	11	40	51	30	13	8
Shirur	49	59	108	71	24	13
<b>Total</b>	<b>421</b>	<b>608</b>	<b>1029</b>	<b>639</b>	<b>252</b>	<b>138</b>

Table 1: Block-wise No. of NSS students registered and their duration of involvement

NSS students were trained online by the BJS master trainers. Total 26 training programs were conducted for these NSS students to enable them to train and handhold Sarpanchs and VTF members. A total 33.63% NSS students participated in the training programs conducted by the BJS. The trained students were deployed in their home/ nearby villages to support Sarpanchs and VTF members. The mobilization of the NSS students in the program implementation ensured that – students get learning opportunities to work for their village, villages receive their assistance for Covid containment and the state get support in terms of effective Covid risk-reduction in villages.

*The Covid Free Village (CFV) program was implemented by Bhartiya Jain Sanghatana (BJS). Initially, it was implemented in 135 villages and later, it was implemented in the whole district. A village-level task forces were formed. The task force carried out awareness programs and guidance. It conducted meetings and provided aid to Covid patients. It also encouraged the villagers to vaccination. These tasks were part of the assistance while volunteers worked in the village for the main task force.*

**Dr. Abhay Tidke, Asst. District Health Officer (DHO), Zillha Parishad, Pune**

*COVID Free Village was a good programme. In many villages, BJS Coordinators helped us. Different groups were formed at the village level to fight against the COVID pandemic. There were separate groups for admitting the patients, contacting tracing, and motivating the population for vaccination. In some villages, many good volunteers came forward. We could do a considerable amount of work with their help. We performed very well there with the help of these village-level groups.*

**Dr. Varsha Gadhave, Taluka Health Officer (THO), Junnar Block, Pune**

## Study Approach, Design & Methodology

## Study Approach, Design & Methodology

### Study Approach

The CFV study focused on understanding mainly three aspects viz. community responsiveness towards CFV program, behavior change in the community enabled by CFV and augmentation of government efforts through VTFs. To understand these aspects, the various indicators have been listed down in the following approach.

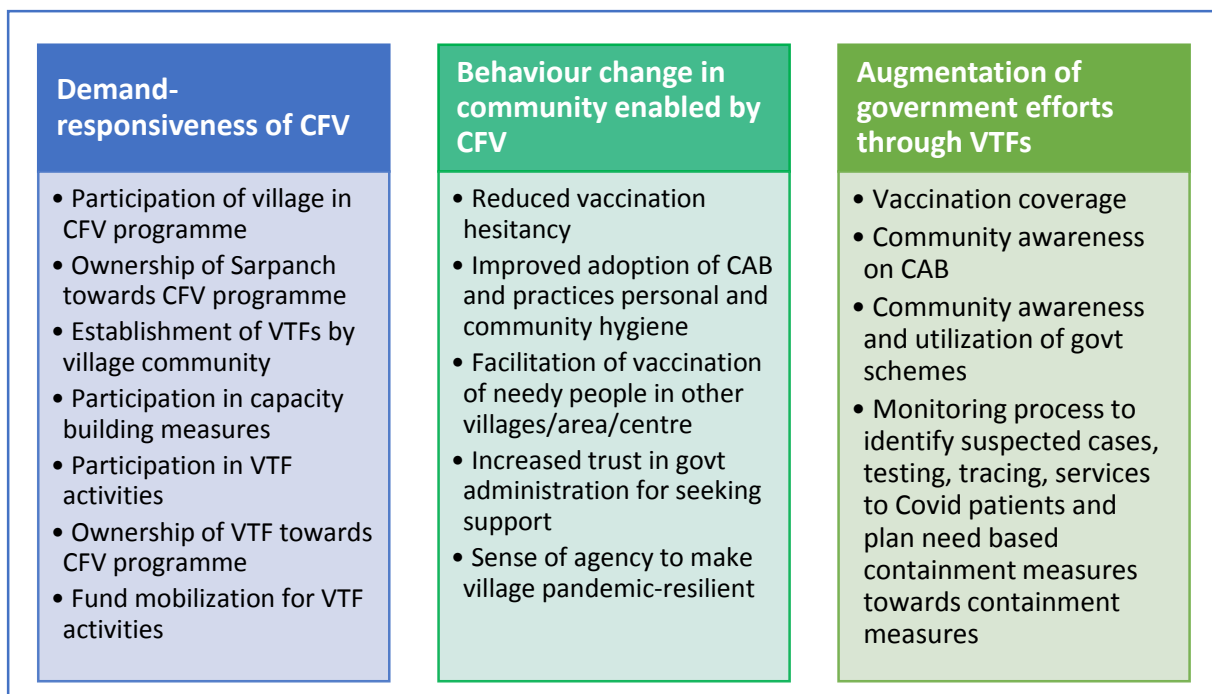


Figure 7: CFV Study Approach

The monitoring data was analyzed across the indicators mentioned above to understand how effectively the CFV program was implemented by Sarpanch and VTF members across Pune district.

### Study Objectives

The key objective of the study was to assess the CFV program implementation by Sarpanch and VTFs in managing and controlling the Covid situation across Pune district. The study was conducted to understand the following:

- Responsiveness of Sarpanch and VTFs towards CFV program implementation
- Reach and coverage of the CFV-related activities implemented by Sarpanchs and VTFs
- Involvement/Engagement of villagers in supporting VTFs and Covid-related activities

### Study Methodology

The monitoring data was conducted from all 13 blocks covering a total of 913 GPs out of a total 1198 GPs where VTFs had been established. Data was collected from Sarpanch and VTF members by BJS Taluka Coordinator (TCs). The quantitative survey method of data collection was used to collect the information from Sarpanchs and VTFs.

### Sample Size

Minimum 50% GPs out of total GPs from each block were targeted for the data collection of the CFV program. From each GP, one Sarpanch/ Gramsevak/ Upsarpanch and 1 member from each VTF group were involved in the study.

### Selection of Villages

Villages, where VTFs were formed, were purposively selected for the study. The GPs which were enrolled in the CFV but didn't form VTFs were excluded from the data collection.

### Selection of Respondents

Information was collected from Sarpanch and VTF members from the selected village. The member from each VTF group from the village was included in the study.

### Methods of Data Collection

A uniform structured interview schedule was designed for the data collection. The interview schedule was converted to CAPI form using the KOBO platform to collect data on android phones.

### Data Collection and Processing

The data collection was carried out with the help of BJS-TCs from 25<sup>th</sup> April 2022 to 31<sup>st</sup> May 2022. Prior to data collection, the TCs were trained on the data collection process, do's and don'ts of the interview, field conduct and use of the KOBO form for data collection.

### Data Analysis

The study data was downloaded from the KOBO platform in excel form for cleaning and analysis. The simple frequency tables were generated for the various indicators mentioned in the study approach.

### Limitations of the Study

The monitoring data was collected in 45 days with a target of 50% GPs from each block where VTFs were formed. Due to time limitations the target was set for the data collection and it was ensured that TCs collect data from at least 50% GPs from each block before 31<sup>st</sup> May 2022. In the absence of Sarpanch on the day of data collection, the Dy. Sarpanch and Gramsevak were included in the study.

*VTF indeed made a difference. It created ample awareness and instilled a feeling of responsibility for working in a particular manner among the villagers. The evident feeling was strengthened due to VTF. Raising awareness about Covid was the main task. VTF was involved in the five-point program of Covid, which consisted of the use of masks, social distancing, personal hygiene, testing, and vaccination.*

**Dr. Abhay Tidke, Asst. District Health Officer (DHO), Zillha Parishad, Pune**



## Monitoring Data Results

### Participation of GPs and Stakeholders in the CFV Study

The CFV monitoring data was collected from a total 913 (76.21%) GPs out of a total 1198 GPs where VTFs had been established. The data was collected from Sarpanch, Gramsevak, Upsarpanch and VTF members.

Block	No. of GPs	Sarpanch	Gramsevak	Upsarpanch	VTF 1	VTF 2-3	VTF 4	VTF 5
Ambegaon	60	46	11	3	60	60	59	60
Baramati	83	37	46		83	83	83	83
Bhor	56	47	7	2	56	56	56	56
Daund	40	38	1	1	40	40	40	39
Haveli	44	43		1	44	44	44	44
Indpaur	87	46	39	2	87	87	87	87
Junnar	98	69	26	3	98	98	98	98
Khed	73	68	4	1	70	71	71	70
Mawal	97	87	5	5	97	97	97	97
Mulshi	59	56	3		59	59	59	59
Purandar	81	75	4	2	81	81	81	81
Shirur	68	63	2	3	68	68	68	68
Velhe	67	46	2	19	67	69	67	67
<b>Total</b>	<b>913</b>	<b>721</b>	<b>150</b>	<b>42</b>	<b>910</b>	<b>913</b>	<b>910</b>	<b>909</b>

Table 2: Block-wise No. of GPs and Stakeholders participated in the CFV study

The CFV data was collected from 721 Sarpanch, 42 Vice-Sarpanch and 150 Gramsevak along with 910 VTF 1 members, 913 VTF 2 & 3 members, 910 VTF 4 members and 909 VTF 5 members. From each GP, at least 1 member per VTF group was included in the study. The Gramsevak and Upsarpanch were included in the study where Sarpanch respondent wasn't available during the data collection. Gramsevak and Dy. Sarpanch were also equally involved in the planning and implementation of the CFV with the Sarpanchs. The gender-wise distribution of these stakeholders is given in the following chart.

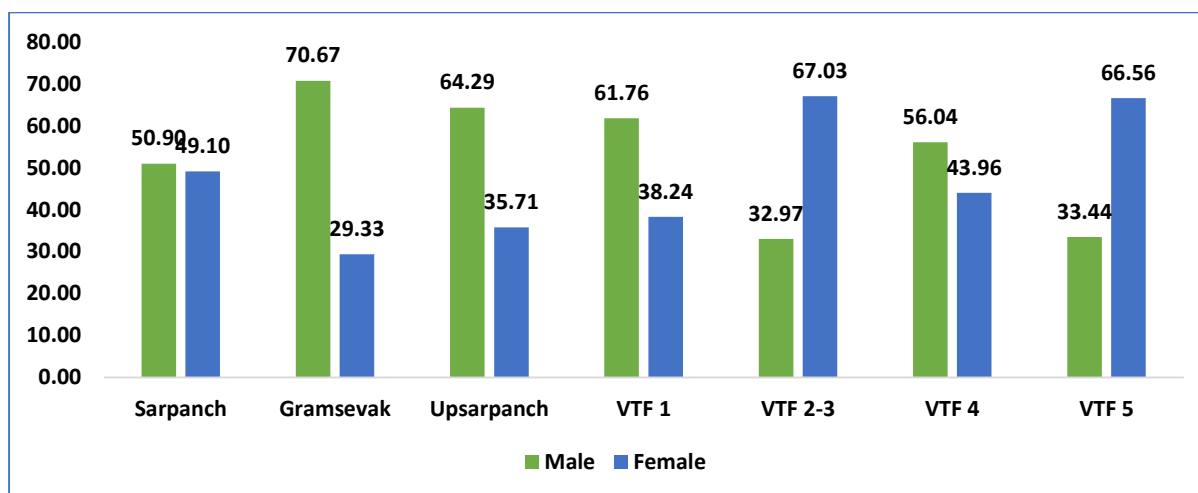


Figure 8: Gender-wise Stakeholders participated in the CFV Study

The above chart shows that the number of male Sarpanch (50.90%) respondents participated in the study is almost the same as the number of female Sarpanch (49.10%) compared to the Gramsevak (Male- 70.67%, Female- 29.33%), Upsarpanch (Male- 64.29%, Female- 35.71%), VTF 1 (Male- 61.76%, Female- 38.24%) and VTF 4 members (Male- 56.04%, Female- 43.96%) where male participants were more than the female participants. However, the participation female members in VTF 2 & 3 (Male- 32.97%, Female- 67.03%) and VTF 5 (Male- 33.44%, Female- 66.56%) was more compared to male VTF members. The above data shows that female members were part of VTF groups in the majority numbers and participated in the implementation of the CFV program.

## Section 1: Demand-responsiveness of CFV

### 1.1 Community responsiveness through the establishment of VTFs

After rolling out the CFV program, the main task of Sarpanch was to establish the VTF groups as per the CFV program norms to support community-based management of the Covid. The information submitted in the PMS portal by Sarpanch and TCs shows that VTF groups were formed in 1198 (86.50%) GPs out of a total 1385 GPs in Pune district. The VTFs were established in all GPs of Ambegaon, Baramati, Junnar, Mawal, Purandar and Velhe blocks.

Block	GPs	VTFs Formed	%
Ambegaon	102	102	100.00
Baramati	99	99	100.00
Bhor	152	69	45.39
Daund	80	76	95.00
Haveli	96	53	55.21
Indapur	111	99	89.19
Junnar	137	137	100.00
Khed	159	132	83.02
Mawal	103	103	100.00
Mulshi	95	92	96.84
Purandar	90	90	100.00
Shirur	90	75	83.33
Velhe	71	71	100.00
<b>Total</b>	<b>1385</b>	<b>1198</b>	<b>86.50</b>

Table 3: Block-wise No. of GPs where VTFs were formed

The VTFs included a minimum of 5 members including 2 female members and were formed by the Sarpanch in consultation with the Gramsevak. To enable Sarpanch and VTF members to effectively perform their roles and responsibilities and implement the CFV program at the village level, the training of Sarpanch and VTFs was conducted by the BJS. The formation of VTFs by the majority Sarpanch shows their responsiveness and willingness to make their village Covid-free. The support of VTFs helped Sarpanch to effectively undertake Covid-containment measures and manage and control the Covid situation in their villages.

### 1.1.1 Village level meeting by Sarpanch for the selection/ formation of VTFs

The various Village Task Forces (VTFs) (VTF 1- Awareness & Covid Appropriate Behaviour, VTF 2 & 3- Tracing, tracking, Testing, Treatment, Quarantine Centre & Covid Care Centres, VTF 4- Covid-related government schemes, VTF-5 Covid Vaccination) needed to be established for the effective implementation of the CFV program at the village level by mobilizing villagers and promoting them for working together for the control and management of the Covid in their villages. The Sarpanch in consultation with Gramsevak was supposed to identify and select VTF members from the village and conduct village-level meetings to establish VTFs. As per monitoring data collected from Sarpanchs, it was reported that a total 853 (93.43%) Sarpanch conducted village-level meetings to form VTFs in their GPs.

Block	Village level meeting to form/establish VTF (%)	Avg. VTF Members
Ambegaon	96.67	20.17
Baramati	98.80	14.42
Bhor	39.29	12.52
Daund	95.00	18.93
Haveli	95.45	22.86
Indpaur	100.00	19.29
Junnar	100.00	22.66
Khed	95.89	19.51
Mawal	100.00	23.71
Mulshi	91.53	20.63
Purandar	100.00	25.74
Shirur	97.06	18.78
Velhe	86.57	17.69
<b>Total</b>	<b>93.43</b>	<b>20.00</b>

Table 4: Percentage of Sarpanch conducted Village level meeting for the selection/ formation of VTFs

The above table also indicates that all Sarpanch from Indapur, Junnar, Mawal, and Purandar blocks participated in the study conducted a village-level meeting for the formation of VTFs. Each VTF was supposed to have five members in the group and all members should be registered on the PMS application. The above table shows that on average, the 5 VTFs had around 20 members from the village. Total 6 blocks (Ambegaon, Haveli, Junnar, Mawal, Mulshi and Purandar) had around 20 or more than 20 members in the VTFs. The registration of all VTF members was done in 674 (73.82%) GPs across Pune district.

## 1.2 Community responsiveness through participation in capacity-building measures

### 1.2.1 Arrangement of CFV training for VTF members

After the formation of VTFs, it was important to ensure that they are trained on their respective roles and responsibilities to support covid-related activities in the GPs in coordination with the Sarpanch. The Sarpanch was responsible for arranging the training of VTFs by coordinating with the Taluka administration and BJS. The Sarpanch from a total 818 (89.59%) GPs reported that the trainings were arranged for the VTFs with the help of the Taluka administration BJS. The table given below shows that all Sarpanchs from 7 blocks (Ambegaon, Indapur, Junnar, Mawal, Mulshi, Purandar, and Shirur) made efforts to arrange CFV training for VTF groups from their GP.

Block	Arrangement of CFV training by Sarpanch	%
Ambegaon	60	100.00
Baramati	82	98.80
Bhor	33	58.93
Daund	38	95.00
Haveli	27	61.36
Indpaur	87	100.00
Junnar	98	100.00
Khed	66	90.41
Mawal	97	100.00
Mulshi	59	100.00
Purandar	81	100.00
Shirur	68	100.00
Velhe	22	32.84
<b>Total</b>	<b>818</b>	<b>89.59</b>

Table 5: Percentage of Sarpanchs arranged CFV training for VTF members

## 1.3 Community responsiveness through ownership of CFV program

### 1.3.1 GP Meeting and Fund Mobilization for CMK establishment

The Sarpanch was responsible for the formation of Covid Madat Kendra (CMK) with the support of the GP for risk-reduction activities in the village. All awareness campaigns and risk reduction activities were managed from CMK. The following chart shows the various activities conducted by the Sarpanch for establishing CMK in the village. Total 133 (14.57%) Sarpanch respondents reported that they conducted Gram Panchayat meetings with GP members, community members, VTF members etc. for the establishment of CMK. In these meetings, topics such as required resources including amenities, infrastructure and funds for the establishment of CMK, roles and responsibilities of GP, VTF and other community members, support required from PHC or Taluka administration etc. were mainly discussed. The CMK was established in 48 Gram Panchayats (5.36%) across Pune district. Out of the total Sarpanch who conducted GP meetings, 36.09% Sarpanch established CMK in their GPs.

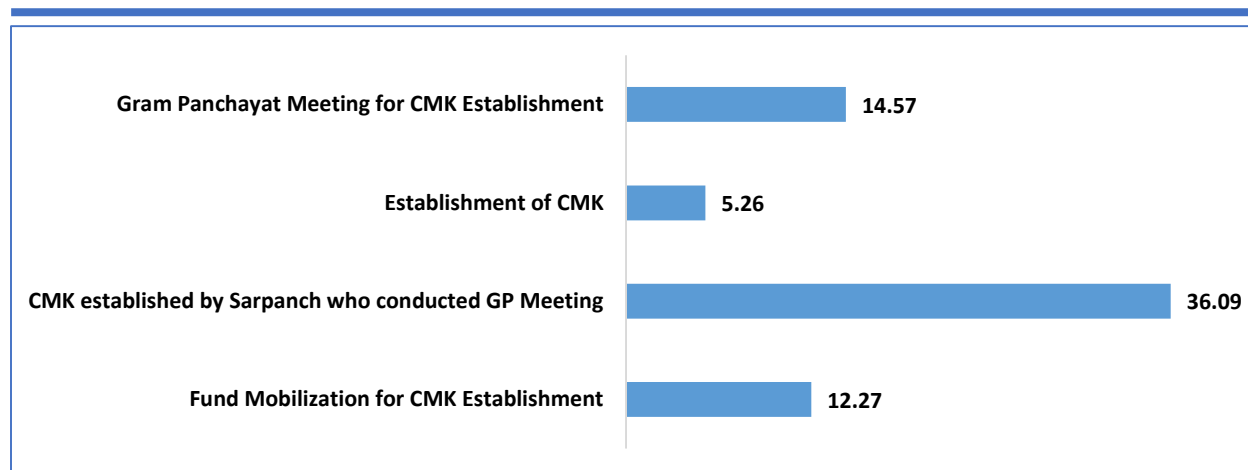


Figure 9: Various Activities conducted by Sarpanch for establishing CMK

To establish the CMK, the fund was mobilized in all Gram Panchayats through GP funds, villagers, influential people, and youth. The activities conducted by the Sarpanch for establishing CMK show their responsiveness to reducing the Covid burden in their village and support the villagers through providing key information on Covid status, Covid-related government schemes and Covid-related activities conducted in the village during Covid time.

### 1.3.2 CFV Review Meetings by Sarpanch

Total 393 (43.04%) Sarpanch respondents reported that they conducted weekly meetings with VTFs, GP members and other villagers for the review and follow-up of the CFV program implementation in their GPs. The above table shows that all Sarpanch respondents from Mawal and Purandar blocks reported that they conducted CFV review meetings whereas more than 50% of Sarpanch respondents from Daund, Haveli, and Junnar blocks conducted these meetings.

Block	Sarpanch conducting weekly CFV meetings (%)	Avg. No. of Meetings conducted by Sarpanch
Ambegaon	31.67	3.21
Baramati	1.20	-
Bhor	32.14	2.39
Daund	55.00	4.59
Haveli	63.64	6.82
Indpaur	6.90	-
Junnar	87.76	6.49
Khed	1.37	-
Mawal	100.00	8.75
Mulshi	28.81	4.24
Purandar	100.00	10.21
Shirur	2.94	-
Velhe	22.39	10.60
<b>Total</b>	<b>43.04</b>	<b>6.37</b>

Table 6: CFV Weekly Review Meetings conducted by Sarpanch

On average, a total of 6 weekly CFV review meetings were conducted by the Sarpanch respondents during the CFV program duration. The Sarpanch respondents from Purandar and Velhe blocks reported that they conducted more than 10 CFV review meetings. Through these meetings, the progress of the Covid work was assessed against plans prepared by individual VTFs. These review meetings led by Sarpanch helped VTFs to improve their implementation strategy by resolving implementation issues and challenges with the support of the Sarpanch and other villagers.

## Section 2: Augmentation of government efforts through VTFs

### 2.1 Preparation of micro plans by VTFs

After the formation of VTFs, each VTF is supposed to prepare micro-plans as per their roles and responsibilities viz. Covid-appropriate behavior (CAB), containment measures, utilization of government schemes and vaccination needs in consultation with other members of the group and under the guidance of the Sarpanch. As per the monitoring data, Sarpanch respondents of 772 (84.56%) GPs out of 913 GPs reported that VTFs from their village had prepared micro-plans in coordination with them. All Sarpanch respondents from Ambegaon, Baramati, Indapur, Mawal, and Purandar reported that VTFs from their GPs had prepared micro-plans for the effective implementation of their respective work.

Block	Total GPs	No. of GPs where VTFs prepared Micro-plans	%
Ambegaon	60	60	100.00
Baramati	83	83	100.00
Bhor	56	20	35.71
Daund	40	30	75.00
Haveli	44	43	97.73
Indapur	87	87	100.00
Junnar	98	94	95.92
Khed	73	30	41.10
Mawal	97	97	100.00
Mulshi	59	58	98.31
Purandar	81	81	100.00
Shirur	68	27	39.71
Velhe	67	62	92.54
<b>Total</b>	<b>913</b>	<b>772</b>	<b>84.56</b>

Table 7: No. of GPs where VTFs prepared Micro-plans

Each VTF group was responsible for preparing their micro-plans in coordination with the Sarpanch and regularly review it to assess the progress. The preparation of micro-plans helped VTFs to collectively plan and prepare for Covid containment in the village and organize village resources for awareness, testing, treatment and vaccination. The VTF-wise details of micro-plans preparation are given in the following table.

Block	VTF1		VTF 2-3		VTF 4		VTF 5	
	N	%	N	%	N	%	N	%
Ambegaon	60	100.00	59	98.33	59	100.00	60	100.00
Baramati	83	100.00	83	100.00	83	100.00	83	100.00
Bhor	26	46.43	31	55.36	23	41.07	36	64.29
Daund	31	77.50	31	77.50	30	75.00	31	79.49
Haveli	43	97.73	44	100.00	44	100.00	44	100.00
Indpaur	87	100.00	87	100.00	87	100.00	87	100.00
Junnar	97	98.98	96	97.96	34	34.69	97	98.98
Khed	8	11.43	44	61.97	46	64.79	65	92.86
Mawal	97	100.00	97	100.00	97	100.00	97	100.00
Mulshi	59	100.00	56	94.92	59	100.00	59	100.00
Purandar	81	100.00	81	100.00	81	100.00	81	100.00
Shirur	23	33.82	24	35.29	26	38.24	25	36.76
Velhe	65	97.01	67	97.10	59	88.06	65	97.01
<b>Total</b>	<b>760</b>	<b>83.52</b>	<b>800</b>	<b>87.62</b>	<b>728</b>	<b>80.00</b>	<b>830</b>	<b>91.31</b>

Table 8: Block-wise Percentage of VTF groups prepared Micro-plans

The data collected from the VTF members indicate that the micro-plans were prepared by all VTF groups in the majority GPs. Total 83.52% VTF 1, 87.62% VTF 2-3, 80.00% VTF 4 and 91.31% VTF 5 groups prepared micro-plans across all the blocks. It should be noted that all VTF respondents from Ambegaon, Baramati, Indapur, Mawal and Purandar blocks reported that they had prepared micro-plans. The preparation of micro-plans by the VTFs shows their willingness to support village and government efforts in managing the Covid at the village level.

## 2.2 Covid-Appropriate Behaviour

### 2.2.1 Printing and display of BCC/IEC material

The VTF 1 group was responsible for creating awareness of Covid Appropriate Behaviour in their respective GPs. To promote Covid-Appropriate Behaviour among villagers, the awareness activities were conducted by the VTF 1 members at the village level. For this purpose, the VTF members had taken efforts for printing and displaying the awareness material at prominent places in the village by arranging funds locally from various village-level resources. The digital copies of the BCC/IEC material were shared by the Taluka administration and BJS with every village for printing and displaying. VTFs were supposed to utilize and select appropriate awareness posters and creatives for the village and identify important locations in the village for the maximum coverage of the village and visibility to the people.

The following table shows that 719 (79.01%) GPs had printed and displayed BCC/IEC material at prominent places in the village such as Gram Panchayat office, Temples/ Religious places, ST Stand, Main Chowks etc. for the maximum coverage of the village and visibility to the people. The key messages on CAB such as sanitization, masking, vaccination and social distancing were given through these posters and creatives to improve knowledge, attitudes, and practices of CAB among villagers.



Block	Printing and displaying BCC/IEC material at prominent places of village		Arrangement of funds for local printing of BCC/IEC material	
	N	%	N	%
Ambegaon	58	96.67	56	93.33
Baramati	83	100.00	83	100.00
Bhor	8	14.29	7	12.50
Daund	31	77.50	31	77.50
Haveli	44	100.00	44	100.00
Indpaur	87	100.00	87	100.00
Junnar	96	97.96	97	98.98
Khed	1	1.43	1	1.43
Mawal	96	98.97	96	98.97
Mulshi	53	89.83	53	89.83
Purandar	81	100.00	81	100.00
Shirur	20	29.41	19	27.94
Velhe	61	91.04	59	88.06
<b>Total</b>	<b>719</b>	<b>79.01</b>	<b>714</b>	<b>78.46</b>

Table 9: Funds Mobilization for the printing and displaying BCC/ IEC material at prominent places in the village

To print and display awareness posters and creatives, the VTF 1 was required to arrange funds from local resources such as GP fund, local sponsors, local donations etc. The VTFs from 714 (78.46%) GPs arranged funds for the printing of the BCC/IEC material. The above data also indicates that the VTFs from all the GPs of Baramati, Haveli, Indapur and Purandar blocks printed and displayed the BCC/ IEC material by arranging funds from various resources and stakeholders. The details of the stakeholders who contributed funds for printing and displaying the awareness material are given in the following charts.

### 2.2.2 Fund mobilization for BCC/IEC material

The chart given below shows that the majority of the fund was mobilized from the Gram Panchayat Fund. The VTF respondents from 631 (69.34%) GPs reported that they collected funds from the GP for printing whereas VTF respondents in 102 (11.21%) GPs collected funds from villagers. For GP funds, VTF members sought help from the Sarpanchs and for other funds, the influential people, villagers, and youth mandals were approached by the VTF members. The VTF respondents from 55.71% GPs reported that they collected funds between 1 to 5000 rupees, around 14.18% of GPs received funds between 5000 to 10000 rupees whereas only 8.13% GPs mobilized more than 10,000 rupees' funds.

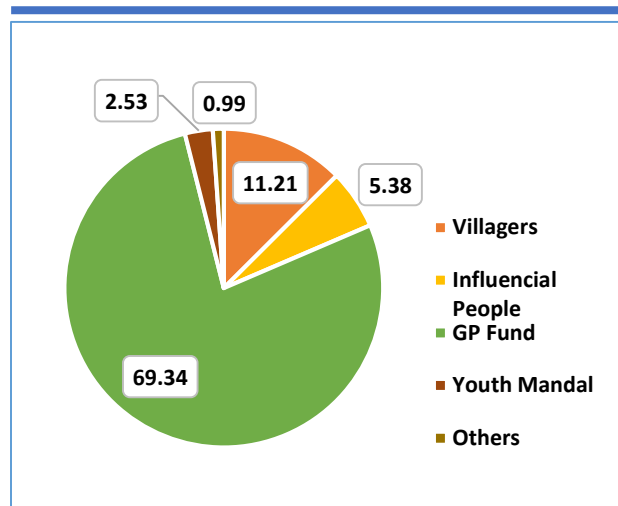


Figure 11: Mobilization of Funds through various stakeholders

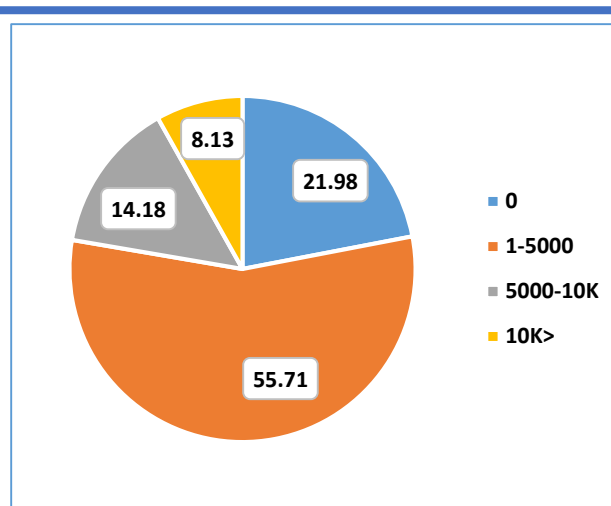


Figure 10: Contribution from various stakeholders

## 2.3 Vaccination Coverage

### 2.3.1 Vaccine Awareness

The VTF 5 group was responsible for creating awareness of the vaccination program in the village. To promote vaccination at the village level, the VTF 5 members conducted vaccination awareness activities. The VTF 5 members conducted the Covid vaccine awareness activities in 891 (98.02%) GPs. The myths and misconceptions regarding the vaccination were addressed through awareness activities and the GPs were promoted to take vaccines at the vaccination camps and government health facilities available at the village level.

Block	Awareness activities on vaccination by VTF 5	
	N	%
Ambegaon	60	100.00
Baramati	83	100.00
Bhor	45	80.36
Daund	37	94.87
Haveli	44	100.00
Indpaur	87	100.00
Junnar	98	100.00
Khed	69	98.57
Mawal	96	98.97
Mulshi	56	94.92
Purandar	81	100.00
Shirur	68	100.00
Velhe	67	100.00
<b>Total</b>	<b>891</b>	<b>98.02</b>

Table 10: % of GPs where VTF 5 members conducted vaccine awareness activities

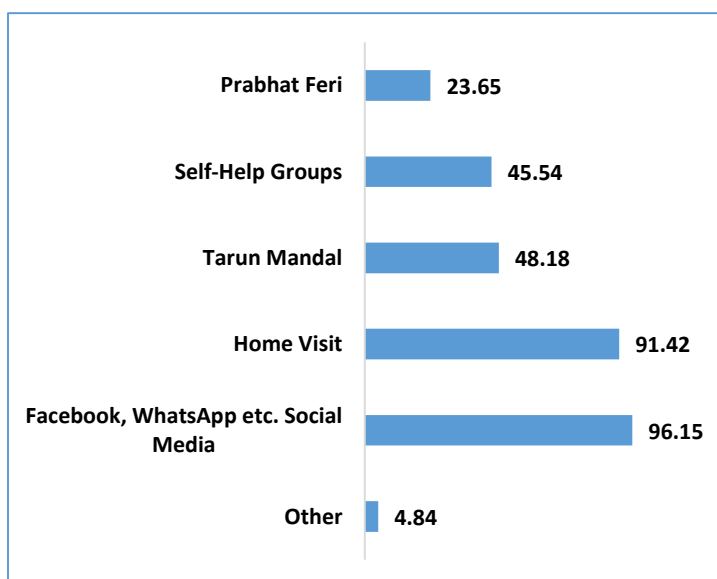


Figure 12: Methods of Covid Vaccine Awareness

The myths and misconceptions regarding vaccination such as side effects, the efficacy of the vaccine, medical contradictions, reduction in immunity, no use of vaccines etc. were addressed through various methods of vaccine awareness. The above table shows that VTF 5 respondents conducted vaccination awareness activities through various methods in all the GPs from 8 out of 13 blocks in Pune district. The social media platforms such as Facebook, WhatsApp etc. were prominently used in 96.15% GPs followed by home visits which were done for vaccine awareness in 91.42% GPs. The village-level groups such as Tarun Mandal and Self-Help Groups also participated in the vaccine awareness activities in 48.18% and 45.54% GPs respectively. Through vaccine awareness, the VTF 5 members addressed vaccine hesitancy and vaccine-related myths and misconceptions among people by providing authentic information about Covid vaccination and encouraged them to get vaccinated.

### 2.3.2 Vaccination Camps

The vaccination drive was initiated in all blocks by arranging vaccination camps at the village level and VTF 5 members were responsible for supporting and coordinating with the administration and health system to arrange vaccination camps in the village. The following table 11 shows that the vaccination camps were arranged in 683 (75.14%) GPs across Pune district to increase vaccination coverage and lower the risk of Covid. Daund and Haveli blocks reported that the vaccination camps were arranged in all the GPs in the block.

The table also shows that more than 3 vaccination camps were organized in 505 (55.56%) GPs whereas 1 to 3 (<3) camps were organized in 178 (19.58%) GPs. More than 75% GPs from Baramati, Haveli and Indapur blocks arrange more than 3 vaccination camps whereas more than 50% Ambegaon, Duand, Junnar, Khed and Purandar blocks arranged more than 3 vaccination camps.

Block	Arrangement of vaccination camps in the village		No. of vaccination camps arranged	
	N	%	<3	3>
Ambegaon	39	65.00	-	65.00
Baramati	69	83.13	-	83.13
Bhor	38	67.86	55.36	17.86
Daund	39	100.00	30.77	69.23
Haveli	44	100.00	22.73	77.27
Indapur	77	88.51	0.00	88.51
Junnar	72	73.47	-	73.47
Khed	56	80.00	5.71	74.29
Mawal	69	71.13	46.39	23.71
Mulshi	36	61.02	10.17	47.46
Purandar	61	75.31	14.81	60.49
Shirur	51	75.00	45.59	29.41
Velhe	32	47.76	40.30	7.46
<b>Total</b>	<b>683</b>	<b>75.14</b>	<b>19.58</b>	<b>55.56</b>

Table 11: Arrangement of vaccination camps in the village

### 2.3.3 Vaccination support by VTF

The vaccination support in the form of guidance to the villagers and transport facilities for the elderly, senior citizens, pregnant women, comorbid patients and especially abled people to maximize the vaccination coverage in the GPs. Table 12 shows that the guidance for the vaccination to the villagers who do not normally reside in the village was provided in 811 (89.22%) GPs.

Block	Guidance to villagers not residing in the village		Transport Arrangement for vaccination	
	N	%	N	%
Ambegaon	60	100.00	60	100.00
Baramati	83	100.00	83	100.00
Bhor	17	30.36	16	28.57
Daund	38	97.44	31	79.49
Haveli	44	100.00	42	95.45
Indpaur	87	100.00	3	3.45
Junnar	46	46.94	39	39.80
Khed	65	92.86	16	22.86
Mawal	97	100.00	96	98.97
Mulshi	59	100.00	58	98.31
Purandar	81	100.00	76	93.83
Shirur	68	100.00	20	29.41
Velhe	66	98.51	59	88.06
<b>Total</b>	<b>811</b>	<b>89.22</b>	<b>599</b>	<b>65.90</b>

Table 12: Guidance and Transport Arrangement for Vaccination

The transport facilities were arranged for the elderly, senior citizens, pregnant women, comorbid patients and specially-abled people in 599 (65.90%) GPs across Pune district. Notably the VTF 5 members from Ambegaon and Baramati blocks reported that the transport arrangement was done in all GPs in the block.

### 2.3.4 Vaccination of people with 2nd & booster doses

As a result of vaccination awareness activities, vaccination camps and the vaccination support provided to the villagers during the vaccination, 23.54% GPs achieved 100% vaccination (2nd dose) whereas 689 (75.80%) GPs completed the vaccination of 2<sup>nd</sup> dose between 76-99%. The increased awareness and decreased vaccine hesitancy in the village are important factors in improved coverage of the vaccination across the GPs in Pune district.

The booster dose vaccination was started in January 2022 and within 3 months of the project period, the booster dose was administered to more than 50% population in 6.27% GPs whereas 8.91% GPs had completed vaccination of 25-50% of the population. The majority 74.70% GPs administered booster doses between 1-25% population till March 2022. The details of 2<sup>nd</sup> dose and booster dose are given in the following table 13 and figure 7.

Block	2nd Dose Vaccination Coverage			
	N	76-99% Vaccination	N	100% Vaccination
Ambegaon	55	91.67	5	8.33
Baramati	82	98.80	1	1.20
Bhor	14	25.00	41	73.21
Daund	29	72.50	10	25.00
Haveli	39	90.70	4	9.30
Indpaur	-	-	87	100.00
Junnar	98	100.00	-	-
Khed	55	78.57	13	18.57
Mawal	95	97.94	2	2.06
Mulshi	57	96.61	1	1.69
Purandar	80	98.77	1	1.23
Shirur	20	29.41	48	70.59
Velhe	65	97.01	1	1.49
<b>Total</b>	<b>689</b>	<b>75.80</b>	<b>214</b>	<b>23.54</b>

Table 13: Block-wise 2nd Dose Vaccination Coverage

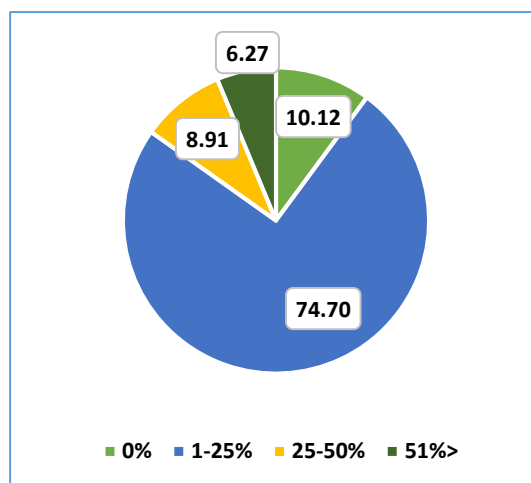


Figure 13: Coverage of Booster Dose

## 2.4 Prevention and Containment Measures

For the prevention and containment of Covid, various measures such as a household survey for tracing and tracking of positive patients, testing camps etc. were planned and conducted at the village level by VTF 2 & 3 members by supporting ASHA, ANM and the Taluka administration.

### 2.4.1 Tracing and tracking of Covid positive patients

The efforts to trace and track the Covid-positive patients in the village were taken in 888 (97.26%) GPs by the VTF members in coordination with the ASHA, ANM and the local Sub-centres or PHCs. For this purpose, the household surveys were conducted with the help of ASHAs from the GPs. As reported by the VTF members, total of 877 (96.06%) GPs conducted household surveys. Among the total blocks, 7 blocks (Ambegaon, Daund, Haveli, Indapur, Junnar, Mawal and Purandar) conducted household surveys in all the GPs in the block. The above table also indicates that an average 6.7 Household surveys were done across the district. More than 10 household surveys were done in Ambegaon, Baramati and Velhe blocks.

The efforts of tracing and tracking through household surveys as well as referral to the testing and treatment were supported with the help of ASHAs. The above table shows that VTF 2 & 3 members coordinated with the ASHA for tracing, tracking, testing and treatment in a total 873 (95.62%) GPs across the district. VTF members also assisted ASHA and ANM in keeping a record of symptomatic patients and encouraged them for testing and treatment. In total 7 blocks, the VTFs reported that they coordinated with the ASHAs for 4Ts.

Block	Efforts by VTF 2 & 3 members to trace and track Covid positive patients in the village		Coordination with ASHA to identify and track Covid positive cases		Household Survey		Avg. HH Survey
	N	%	N	%	N	%	
Ambegaon	60	100.00	60	100.00	60	100.00	10.60
Baramati	83	100.00	82	98.80	82	98.80	11.44
Bhor	33	58.93	23	41.07	36	64.29	3.39
Daund	40	100.00	40	100.00	40	100.00	5.30
Haveli	44	100.00	44	100.00	44	100.00	4.57
Indpaur	87	100.00	87	100.00	87	100.00	7.46
Junnar	98	100.00	98	100.00	98	100.00	7.64
Khed	71	100.00	70	98.59	70	98.59	4.33
Mawal	97	100.00	96	98.97	97	100.00	3.71
Mulshi	59	100.00	59	100.00	51	86.44	4.24
Purandar	81	100.00	81	100.00	81	100.00	6.67
Shirur	68	100.00	66	97.06	63	92.65	3.83
Velhe	67	97.10	67	97.10	68	98.55	10.40
<b>Total</b>	<b>888</b>	<b>97.26</b>	<b>873</b>	<b>95.62</b>	<b>877</b>	<b>96.06</b>	<b>6.70</b>

Table 14: Tracing and Tracking of Covid Positive Patients by VTF 2 & 3 members in coordination with ASHA

ASHA in every village played important role in tracing, tracking, testing and treatment and supported Sarpanch and VTFs in a big way to control and reduce Covid at the village level. ASHAs were involved in the identification of symptoms, symptomatic cases, referrals, home visits, counseling, vaccination etc. which helped in managing the Covid pandemic very effectively at the village level.

#### 2.4.2 Identification and referral of patients to Covid-testing camps

VTF members in the village were actively involved in tracing, tracking, testing and treatment activities in coordination with the ASHAs. More than 10 symptomatic cases were identified and referred for early testing in the majority of 44.57% GPs followed by identification and referral of 1 to 5 patients in 30.01% GPs and 6 to 10 GPs in 16.54% GPs.

For testing of the patients in the village, the testing camps were organized at the village level. As shown in the figure 9, more than 2 testing camps were organized in the majority 64.95% GPs, 2 camps were organized in 18.62% GPs and 1 camp was organized in 5.37% GPs. The details of the patients referred to these testing camps are given in figure 10.

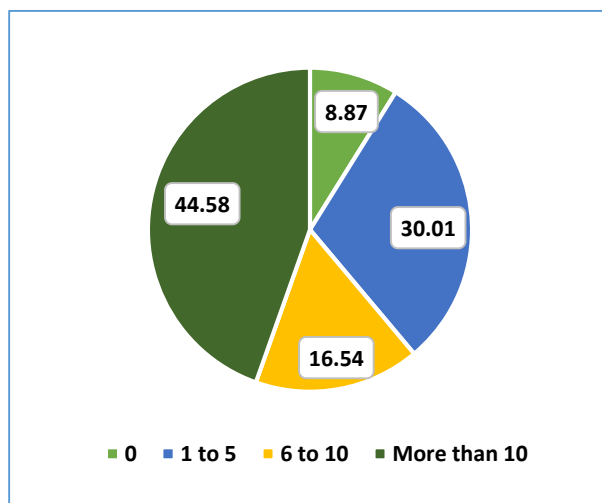


Figure 14: No. of Symptomatic cases identified and referred for early testing

More than 10 patients were referred to the Covid testing camps organized in 47.65% GPs whereas in 29.46% GPs, 1 to 5 patients were referred to the testing camps. 6 to 10 GPs patients were referred to the testing camps in 15.77% GPs.

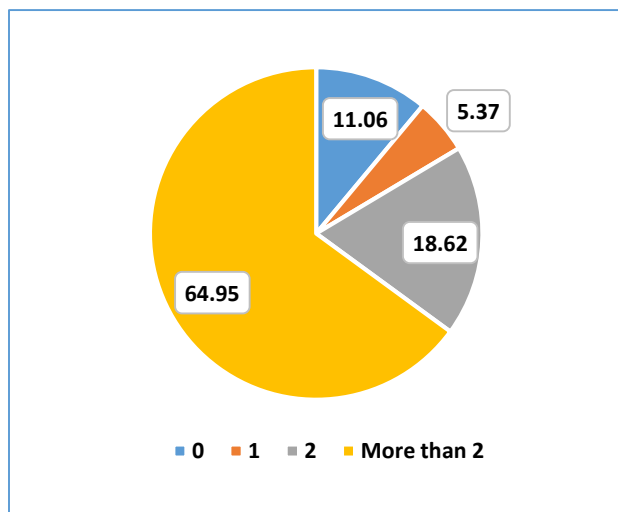


Figure 15: No. of testing camps conducted in the village

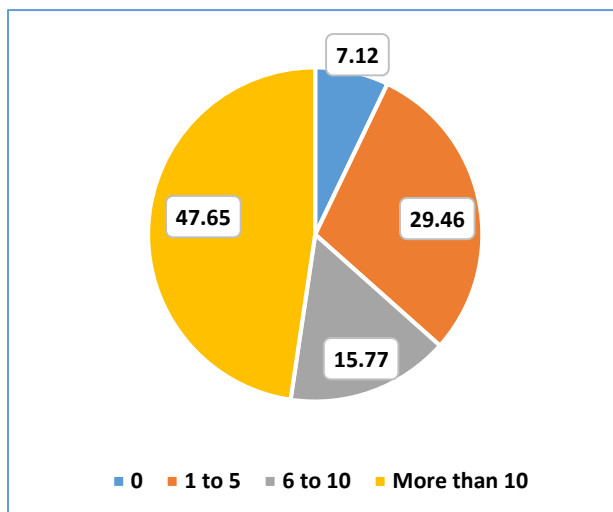


Figure 16: No. of suspected cases referred to Covid Testing Camps

### 2.4.3 Guidance & Assistance to Covid positive patients

VTF 2-3 members as per their role provided guidance and required help to all the Covid positive patients from the household. VTF members guided patients on the process and importance of treatment at Home, CCC or Hospital, precautions to be taken if isolated at home or village isolation centres, and the importance of sanitization, masks and social distancing.

Blocks	GPs where VTF members provided guidance to Covid-positive patients		GPs where VTF members provide required help to Covid positive patients	
	N	%	N	%
Ambegaon	60	100.00	60	100.00
Baramati	82	98.80	83	100.00
Bhor	18	32.14	19	33.93
Daund	40	100.00	40	100.00
Haveli	43	97.73	43	97.73
Indpaur	87	100.00	87	100.00
Junnar	98	100.00	98	100.00
Khed	68	95.77	69	97.18
Mawal	97	100.00	97	100.00
Mulshi	59	100.00	59	100.00
Purandar	81	100.00	81	100.00
Shirur	65	95.59	64	94.12
Velhe	64	92.75	58	84.06
<b>Total</b>	<b>862</b>	<b>94.41</b>	<b>858</b>	<b>93.98</b>

Table 15: Percentage of GPs where VTF members provided guidance and required help to Covid positive patients

They also counseled patients on the importance of self-isolation, myths and misconceptions about Covid, its treatment and vaccination. In addition, the VTF members also assisted Covid positive patients in shifting to CCC or Hospital and arranging transportation facilities for their shifting. The table given below shows that in total 862 (94.41%) GPs, the VTF respondents reported guiding the Covid positive patients from the household whereas in 858 (92.98%) GPs VTF respondents provided all assistance to the Covid positive patients from the household.

The above table also indicates that VTF respondents provided guidance as well as assistance to Covid-positive patients in all the GPs in total 7 blocks (Ambegaon, Daund, Indapur, Junnar, Mawal, Mulshi and Purandar).

#### 2.4.4 Establishment of CCC/QC

The role and support of the VTF 2-3 members was crucial to assist their village in setting up Covid-Care Centres (CCC) and Quarantine centres (QCs) in their GPs with various amenities and ensure proper care of villagers in CCC or QC. VTF members assisted in setting up CCC in 37 (4.05%) GPs whereas QCs were established in 480 (52.57%) GPs with the support of VTF 2-3 members.

Block	Establishment of CCC		Establishment of QC		Arrangement of facilities in CCC/QC	
	N	%	N	%	N	%
Ambegaon	2	3.33	3	5.00	5	8.33
Baramati	1	1.20	82	98.80	82	98.80
Bhor	-	-	26	46.43	-	-
Daund	7	17.50	18	45.00	18	45.00
Haveli	3	6.82	19	43.18	18	40.91
Indapur	1	1.15	86	98.85	83	95.40
Junnar	5	5.10	60	61.22	63	64.29
Khed	1	1.41	6	8.45	5	7.04
Mawal	1	1.03	25	25.77	19	19.59
Mulshi	8	13.56	9	15.25	10	16.95
Purandar	6	7.41	72	88.89	66	81.48
Shirur	1	1.47	16	23.53	15	22.06
Velhe	1	1.45	58	84.06	57	82.61
<b>Total</b>	<b>37</b>	<b>4.05</b>	<b>480</b>	<b>52.57</b>	<b>441</b>	<b>48.30</b>

Table 16: Establishment of CCC and QC and arrangement of facilities in CCC/QC

The CCCs and QCs were mostly established in Gram Panchayat Offices, Community Halls, and schools. The various amenities such as Hot Water, sanitation, electricity, masks, sanitizers, toilets etc. were arranged in a total 441 (48.30%) CCCs and QCs out of a total established 517 CCCs and QCs across the district to provide proper care and a positive environment to the patients.



### 2.4.5 Referral of positive patients to CCC or hospital

The availability of CCC facilities in the village or nearby village helped people to have access to essential Covid care as and when they needed. The following figure no. 11 shows that the majority 40.09% GPs referred more than 10 positive patients to the CCC or hospital whereas 6 to 10 positive patients were referred by 16.76% GPs and 1 to 5 patients were referred by 31.54% GPs. The referral of patients to these CCC or hospital also shows the acceptance of such facilities among villagers and the importance of having such centres at the village level for the healthcare of the people.

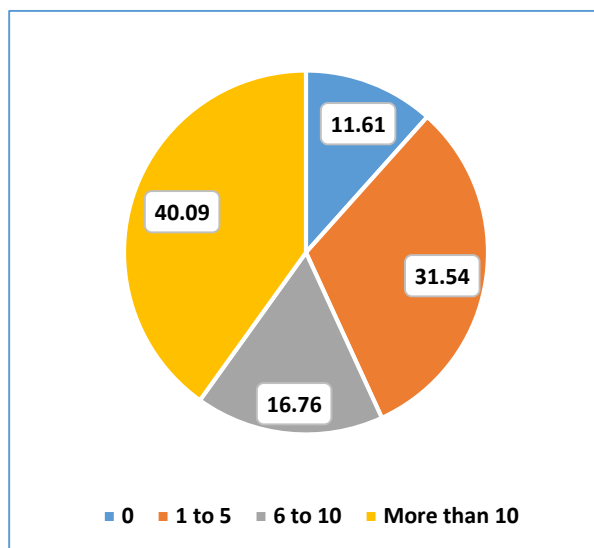


Figure 17: No. of positive patients referred to CCC or Hospital

## 2.5 Utilization of Government Schemes

### 2.5.1 Awareness & Assistance on Covid-related Government Schemes

The VTF-4 members were responsible to provide the required help and support to all the eligible people from the village to avail the benefits of Covid-related government schemes announced by the central and state governments. The following Covid-related schemes were announced by the government:

1. Financial Support for children in the age group of 0 to 18 years who have lost both parents
2. Ex-gratia assistance to Anganwadi/staff who die due to COVID-19 while performing covid-19 related duties
3. Mission Vatsalya Yojana
4. 50,000 Rs. Financial Help if any family member dies due to Covid

To assist beneficiaries, VTF members first had to generate awareness regarding the Covid-related government schemes and prepare a scheme-wise list of eligible people from their villages with the help of the Sarpanch and Gramsevak. VTF-4 respondents provided information about the schemes through awareness in 822 (90.33%) GPs and prepared the list of eligible beneficiaries in 727 (79.89%) GPs and assisted them to apply for the schemes.

Blocks	Awareness on Covid-related govt. schemes by VTF 4 members		Preparation of the list of eligible beneficiaries		Assistance to the villagers to avail benefits of government schemes	
	N	%	N	%	N	%
Ambegaon	59	100.00	52	88.14	50	84.75
Baramati	83	100.00	83	100.00	83	100.00
Bhor	23	41.07	11	19.64	6	10.71
Daund	40	100.00	33	82.50	31	77.50
Haveli	44	100.00	33	75.00	28	63.64
Indpaur	86	98.85	81	93.10	81	93.10
Junnar	53	54.08	74	75.51	73	74.49
Khed	71	100.00	64	90.14	62	87.32
Mawal	97	100.00	76	78.35	74	76.29
Mulshi	59	100.00	51	86.44	50	84.75
Purandar	81	100.00	75	92.59	74	91.36
Shirur	66	97.06	60	88.24	55	80.88
Velhe	60	89.55	34	50.75	33	49.25
<b>Total</b>	<b>822</b>	<b>90.33</b>	<b>727</b>	<b>79.89</b>	<b>700</b>	<b>76.92</b>

Table 17: Awareness on Covid-related government schemes and Preparation of the list of eligible beneficiaries by VTF 4 members

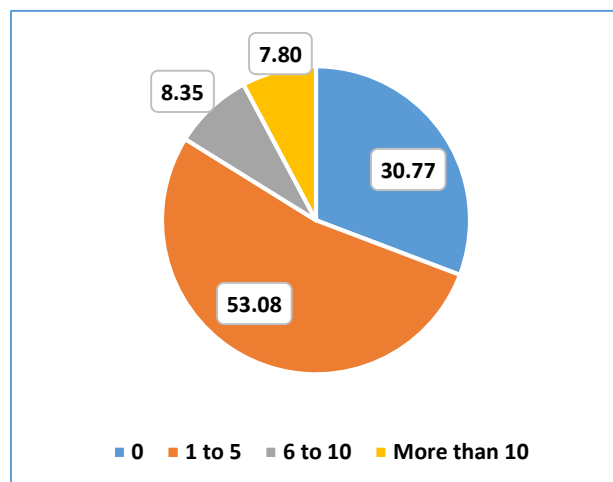


Figure 18: No. of people provided assistance to avail Covid-related schemes

assistance in 8.35% GPs and more than 10 people were assisted in 7.80% GPs.

### 2.5.2 Utilization of government schemes by support through VTFs

The VTFs were the conduits between the government administration and the village community. The support of VTFs in facilitating the

The VTF-4 respondents assisted the villagers for availing of Covid-related schemes in a total of 700 (76.92%) GPs. The assistance was provided in the form of providing information about schemes, ensuring the readiness of the documents required for the applications, and preparing and submitting applications of the eligible people for availing scheme benefits. Figure 18 shows that mostly the 1 to 5 people were assisted to avail Covid schemes in 53.08% GPs, 6 to 10 people were provided

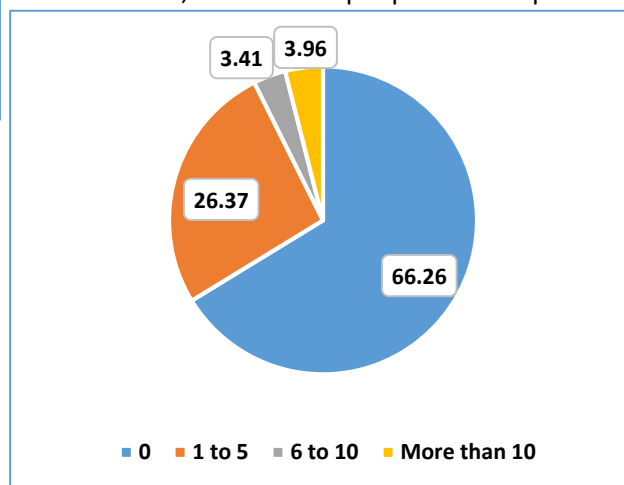


Figure 19: No. of eligible beneficiaries received benefits of Covid-related government schemes

outreach of efforts of the government in Covid management helped strengthen the confidence and trust of people in the government. An indicator for this was the willingness of the villagers in applying for the Covid-related schemes after being made aware of them. Due to the assistance provided by the VTF members to the eligible beneficiaries, Covid-affected individuals who have lost family members due to Covid were able to utilize Covid-related government schemes and avail its benefits. Figure 13 given above shows that VTF respondents in 26.37% GPs reported that 1 to 5 eligible beneficiaries received the benefit of government schemes. 6 to 10 people received benefits in 3.41% GPs and more than 10 people received benefits in 3.96% GPs. The beneficiary count is on the lower side since the schemes were related to Covid fatality/ death only.

### Section 3: Behaviour change in community enabled by CFV

The behaviour change in the community has been interpreted through the sense of agency observed in the villagers in order to make their village Covid-free. This was reflected primarily through aspects such as involvement of the villagers in planning and preparedness, awareness generation efforts for CAB, support for enhancing vaccination coverage, fund-mobilization, self-appraisal and review of their performance and through softer indicators such as reinforcement of trust in the government administration as seen through the uptake of government-sponsored schemes.

#### 3.1 Planning Meetings by VTfs and Sarpanch for understanding Covid situation and vaccination

VTF members were supposed to have meetings with the Sarpanch for understanding the Covid situation in the village and accordingly prepare plans for the management and control of the Covid. The same was oriented to them during training programs conducted for them.

Block	Meeting with Sarpanch to understand Covid situation		Meeting with Sarpanch for vaccination plan	
	N	%	N	%
Ambegaon	59	98.33	60	100.00
Baramati	83	100.00	83	100.00
Bhor	30	53.57	56	60.71
Daund	31	77.50	39	100.00
Haveli	44	100.00	44	100.00
Indpaur	87	100.00	87	100.00
Junnar	97	98.98	98	98.98
Khed	68	95.77	70	98.57
Mawal	97	100.00	97	100.00
Mulshi	59	100.00	59	100.00
Purandar	81	100.00	81	100.00
Shirur	41	60.29	68	92.65
Velhe	67	97.10	67	97.01
<b>Total</b>	<b>844</b>	<b>92.44</b>	<b>909</b>	<b>96.59</b>

Table 18: Percentage of GPs where VTF members conducted meetings with Sarpanch to understand Covid situation and plan vaccination

As per the roles and responsibilities of VTfs, it was observed that VTF members prepared micro-plans and conducted meetings with Sarpanchs for planning and review of their work. The following table shows that

VTF respondents conducted village-level meetings with Sarpanch to understand the Covid situation in 844 (92.44%) GPs across the district. In Baramati, Haveli, Indapur, Mawal, Purandar blocks, these village level meetings were conducted in all the GPs in the block by VTF respondents.

### 3.2 CAB awareness activities by VTFs- Awareness on Covid, its Myths and Misconceptions, Nutrition and Medicines

VTF 1 members were responsible for creating awareness of Covid Appropriate Behaviour in their GPs by various awareness methods and activities and by utilizing the awareness posters and creatives received from the Taluka administration and the BJS.

Block	Awareness related to Covid-19		Awareness on myths and misconceptions about Covid-19		Awareness on nutrition and medicines required for increasing immunity	
	N	%	N	%	N	%
Ambegaon	60	100.00	60	100.00	60	100.00
Baramati	83	100.00	83	100.00	83	100.00
Bhor	41	73.21	40	71.43	29	51.79
Daund	39	97.50	40	100.00	40	100.00
Haveli	44	100.00	44	100.00	43	97.73
Indapur	87	100.00	87	100.00	87	100.00
Junnar	98	100.00	98	100.00	96	97.96
Khed	66	94.29	70	100.00	68	97.14
Mawal	97	100.00	97	100.00	97	100.00
Mulshi	59	100.00	59	100.00	58	98.31
Purandar	81	100.00	81	100.00	81	100.00
Shirur	65	95.59	66	97.06	66	97.06
Velhe	65	97.01	65	97.01	65	97.01
<b>Total</b>	<b>885</b>	<b>97.25</b>	<b>890</b>	<b>97.80</b>	<b>873</b>	<b>95.93</b>

Table 19: Awareness on Covid, its Myths and Misconceptions, Nutrition and Medicines by VTF members

The VTF respondents generated awareness on Covid in 885 (97.25%) GPs whereas the awareness on myths and conceptions of Covid was generated in 890 (97.80%) GPs. In addition to the awareness on Covid, the VTF respondents also sensitized people on nutrition and medicines required for increasing immunity in 873 (95.93%) GPs.

### 3.3 Awareness Activities

The awareness campaign was conducted by the VTFs in their GPs through various effective activities and communication methods to reach out to the villagers to educate them about CAB. The details of the various activities and methods used for awareness generation are given in the following chart.

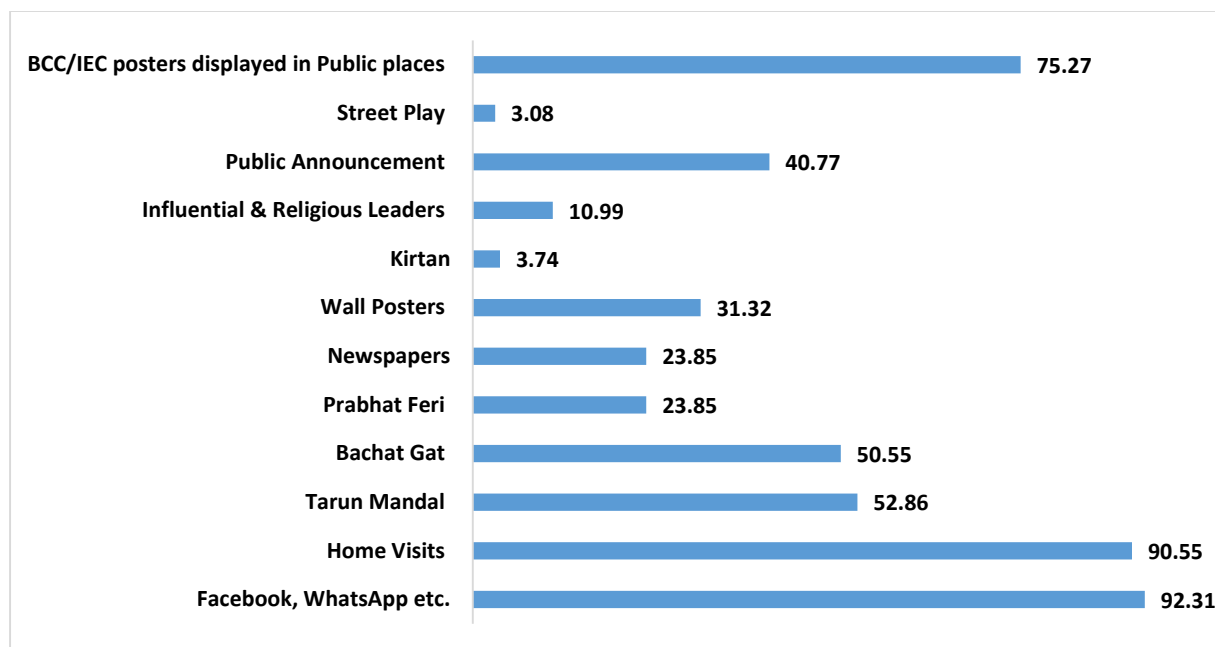


Figure 20: Various activities and methods used for awareness generation on Covid-Appropriate Behaviour

As shown in the above figure, social media platforms such as Facebook and WhatsApp were most prominently used by VTFs for awareness in 92.31% GPs followed by home visits which were used for awareness in 90.55% GPs. The lifting of restrictions related to social distancing and movement of people resulted in large number of home visits for the awareness generation. The BCC/IEC posters were displayed in public places in 75.27% GPs. The village-level groups such as Bachat Gat and Tarun Mandal were also involved in awareness activities in 50.55% and 52.82% GPs respectively.

The awareness methods such as Facebook and WhatsApp, home visits, and BCC/IEC posters helped in spreading awareness in a great extent. The WhatsApp groups of VTFs were formed in each village for sharing regular updates and information regarding Covid, testing, vaccination etc. The awareness campaign helped to aware villages regarding CAB practices, address their myths and misconceptions, and enhance testing and vaccination in the village.

### 3.4 Community Support in Vaccination

The vaccination drives conducted at the village level were supported by the various village-level groups as shown in figure 21. Tarun Mandal supported vaccination in 66.01% GPs whereas Mahila Mandal provided vaccination support in 61.61% GPs. Private institutions were also involved in 38.06% GPs in supporting vaccination camps. BJS also facilitated vaccination camps in 385 GPs across 13 blocks of Pune district. Due to community support in vaccination, as earlier mentioned, 214 (23.54%) GPs achieved 100% vaccination (2nd dose) and 689 (75.80%) villages were able to complete the vaccination of 2<sup>nd</sup> dose between 76-99%. In addition, the booster dose was also administered to more than 50% population in 6.27% GPs.

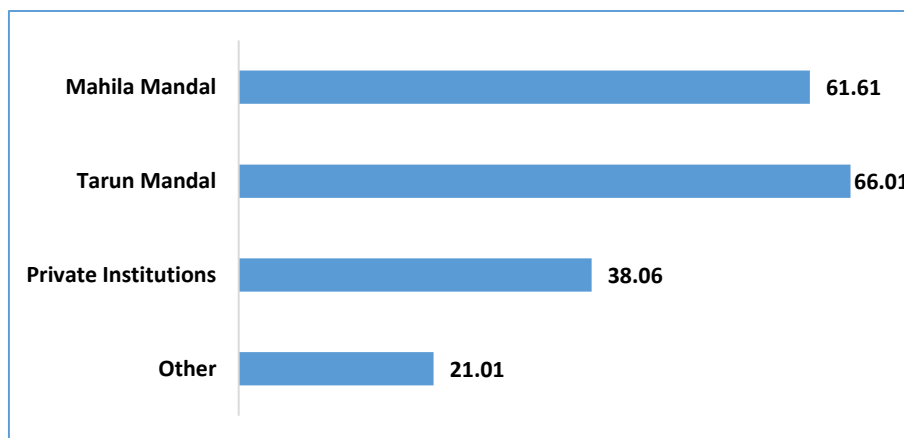


Figure 21: Community support in Vaccination

### 3.5 Weekly/ Monthly reviews by VTFs and Sarpanch

Each VTF group was supposed to have a regular review of their work/ tasks, update their progress and get feedback on performance under the guidance of the Sarpanch for the effective management of Covid in their GPs.

Block	VTF1	VTF 2-3	VTF 4	VTF 5
Ambegaon	31.67	35.00	32.20	31.67
Baramati	1.20	1.20	1.20	3.61
Bhor	19.64	25.00	14.29	33.93
Daund	47.50	50.00	50.00	53.85
Haveli	70.45	68.18	61.36	63.64
Indpaur	5.75	6.90	5.75	4.60
Junnar	10.20	38.78	2.04	94.90
Khed	-	-	-	-
Mawal	100.00	98.97	97.94	100.00
Mulshi	20.34	25.42	25.42	23.73
Purandar	100.00	100.00	98.77	100.00
Shirur	1.47	1.47	1.47	1.47
Velhe	5.97	10.14	10.45	14.93
<b>Total</b>	<b>31.98</b>	<b>36.14</b>	<b>30.77</b>	<b>42.90</b>

Table 20: Percentage of GPs where VTFs conducted regular Weekly/ Monthly Review Meetings

The above table shows that the majority of weekly/ monthly meetings were reported by VTF 5 respondents in 42.90% GPs whereas VTF 2-3 respondents conducted these meetings in 36.14% GPs. VTF 1 and VTF 4 respondents conducted these meetings in 31.98% & 30.77% GPs respectively. The responsiveness of VTFs towards the CFV program is reflected through their efforts to have a regular review of the work planned as per the roles and responsibilities of their group.

Section 4: CFV Program- Response & Support

4.1 Response of Sarpanch towards CFV program

BJS TCs were directly in contact with Sarpanch for the CFV implementation. As the majority GPs from Pune district were enrolled in the CFV program through a demand-driven approach, the response of the Sarpanch was also observed by TCs during the implementation of the CFV program. TCs received a good response by Sarpanch towards the CFV program in the majority 628 (69.09%) GPs whereas they received an excellent response by the Sarpanch in 168 (18.48%) GPs. The average response of the Sarpanch was reported in 93 10.23% GPs.

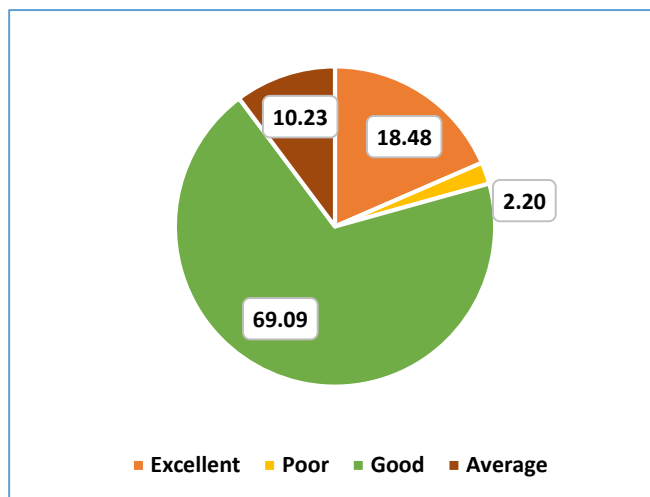


Figure 22: Response of Sarpanch towards CFV program as reported by TCs

4.2 Challenges faced in CFV implementation

The CFV program was successfully implemented across 13 blocks of Pune district. Though in the majority 514 (56.55%) GPs out of a total 909 GPs, no challenges occurred during the implementation of the CFV program, there were few challenges experienced at the village level during the implementation. The challenges faced at the village level are given in the following figure.

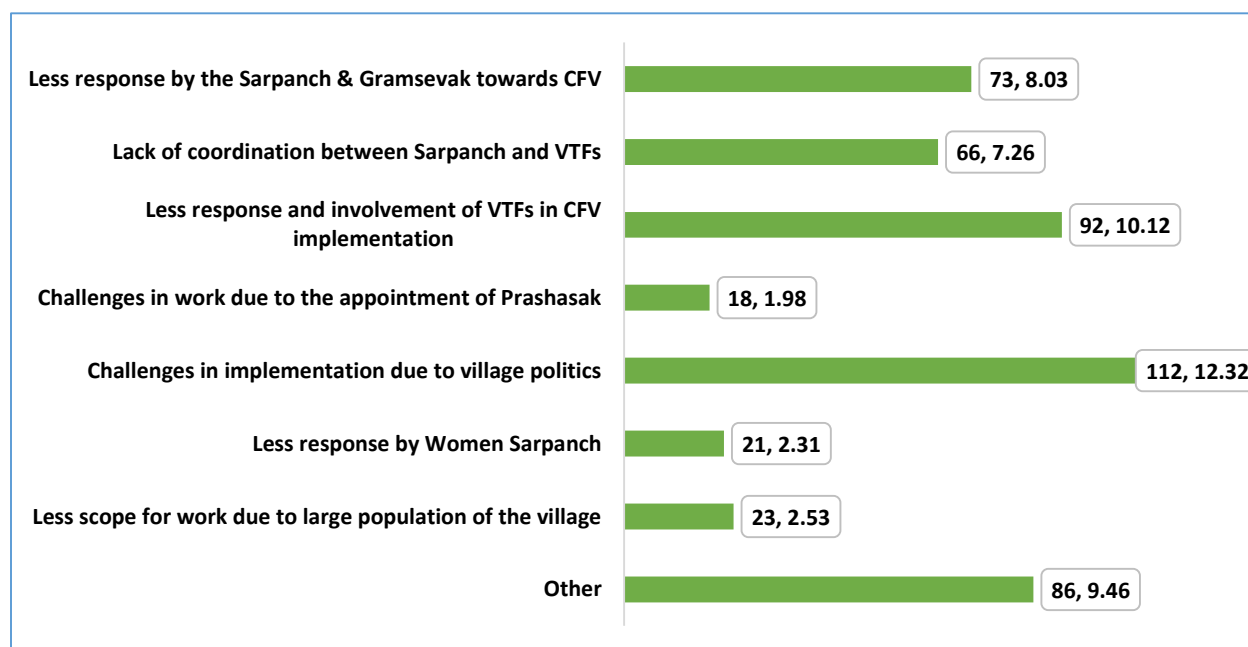


Figure 23: Challenges faced by BJS TCs in the CFV implementation

The challenge of village-level politics was mostly experienced in 112 (12.32%) GPs whereas there was less response and involvement of VTFs in CFV implementation in 92 (10.12%) GPs. The less response by the Sarpanch & Gramsevak towards CFV was observed in 73 (8.03%) GPs whereas there was a lack of coordination between Sarpanch and VTFs in 66 (7.26%) GPs. Despite these challenges, the CFV program was successfully and effectively implemented through the formation of VTFs and capacity building of Sarpanch, Gramsevak and VTFs which helped in controlling Covid in the GPs across Pune district.

### Section 5: Conclusions, Learnings and Recommendations

#### ❖ Conclusions

The CFV Program was implemented in all 13 blocks of Pune district from 1<sup>st</sup> August 2021 to 31<sup>st</sup> March 2022. The monitoring data was collected after the completion of the program from all 13 blocks covering a total of 913 GPs out of a total 1198 GPs where VTFs had been established. The GPs with the formation of the VTFs were purposively selected to understand the work done by Sarpanch and VTF members during Covid period. Data was collected from Sarpanch and VTF members by BJS Taluka Coordinator (TCs) from 25<sup>th</sup> April 2022 to 31<sup>st</sup> May 2022.

The CFV program was demand-driven that means GPs who are willing to implement the CFV program were only enrolled in the program. The demand-driven approach resulted in 1198 GPs (86.50%) enrolling in the program and forming VTFs at the village level. The formation of VTFs by Sarpanch created ownership at the community level with a collective responsibility to manage and control the Covid. The CFV program provided a community-driven platform which helped Sarpanch in effectively reducing the Covid burden with the help of VTFs.

The CFV monitoring data showed that around 20 members were part of VTF groups and the registration of VTF members was done in 674 (73.82%) GPs across Pune district after the formation of VTFs. The involvement of women in VTF groups was significant as the participation from VTF 2-3 and VTF 5 respondents in the CFV study showed that women respondents outnumbered the men respondents (VTF 2-3- 67% women, VTF 50 66.56% women). Even participation of Women Sarpanch respondents was the same as Men Sarpanch respondents in the study (Men- 50.90%, Women- 49.10%). The VTF 2-3 & 5 groups which were responsible for tracing, tracking, testing and treatment and vaccination respectively played important role in controlling the Covid at the village level and its success can be attributed to the higher number of women especially ASHA and ANMs in these groups. The tracing, tracking, testing and treatment was done in coordination with ASHA and ANMs in a total 873 (95.62%) GPs across the district.

Not only the formation of VTFs, but efforts for training and capacity building of VTFs by Sarpanchs also showed their ownership and responsiveness towards the program. In 818 (89.59%) GPs, the Sarpanchs took efforts to arrange trainings for VTFs with the help of Taluka administration and BJS. The efforts of the Sarpanchs were supported by the BJS by conducting a total 166 trainings for Sarpanchs as well as VTFs (Sarpanch- 109, VTFs- 57) from August 2021 to March 2022. The online training programs helped to cover Sarpanch and VTF members from the majority GPs. The training helped Sarpanch to initiate activities for Covid reduction with the help of VTFs.

The ownership and responsiveness of Sarpanch and VTFs towards the CFV program was also reflected through CFV review meetings by Sarpanch and preparation of micro-plans and weekly meetings by VTFs.



As per monitoring data, a total 393 (43.04%) Sarpanch respondents reported that they conducted review meetings with VTFs, GP members and other villagers for the review and follow-up of the CFV program implementation in their GPs. The micro-plans were prepared by around 85.61% VTFs and its review was taken continuously in coordination with the Sarpanchs by 35.45% VTFs. Due to the preparation of micro-plans, VTF groups were able to effectively conduct various activities related to awareness, tracing, tracking, testing, treatment and vaccination in their villages as per the monitoring data.

VTFs involvement in the CFV program and the Covid-related activities they implemented in the GPs is visible through awareness, tracing, tracking, testing and treatment, and vaccination activities. For the awareness of villagers, the BCC/IEC material was printed and displayed at important places in the village in total 719 (79.01%) GPs and notably VTFs in 714 (78.46%) GPs arranged funds for its printing. The funds were mobilized mostly from GP funds in 631 (69.34%) GPs. It also shows how the local resources are utilized and contributed to the cause of the village. The VTF members generated awareness on Covid in 885 (97.25%) GPs, myths and conceptions of Covid in 890 (97.80%) GPs, nutrition and medicines required for increasing immunity in 873 (95.93%) GPs, vaccination in 891 (98.02%) GPs and Covid-related government schemes in 822 (90.33%) GPs. For the awareness on the abovementioned aspects, VTFs from 92.31% GPs prominently used Facebook and WhatsApp media platforms followed by home visits in 90.55% GPs. The awareness creatives were designed by the BJS and its digital copies were shared with the Taluka administration for dissemination at the village level.

The VTF group responsible for tracing, tracking, testing and treatment played a major role in reducing the Covid burden in the village through their involvement in 4Ts in coordination with ASHA, ANM and the local health system. Tracing and tracking of patients was done by VTF in 888 (97.26%) GPs and for this purpose, VTF coordinated with ASHA in 873 (95.62%) GPs. The identified symptomatic cases were referred to testing camps. The monitoring data shows that more than 2 testing camps were organized in the majority 64.95% GPs. VTFs also assisted in setting up CCCs in 37 GPs and QCs in 480 GPs. Setting up CCC and QC at the village level helped to refer positive people at CCC for treatment and isolate suspected cases at QC. As per the monitoring data, 40.09% GPs referred more than 10 positive patients to the CCC or hospital whereas 6 to 10 positive patients were referred by 16.76% GPs and 1 to 5 patients were referred by 31.54% GPs. Having these facilities at the village level helped local people to have easy access to these facilities as and when they needed.

The VTF members also provided information about the Covid-related schemes launched by the central and state government through awareness in 822 (90.33%) GPs and prepared the list of eligible beneficiaries in 727 (79.89%) GPs. The VTF-4 members also assisted the villagers for availing of Covid-related schemes in a total of 700 (76.92%) GPs. Due to assistance by VTF members, the eligible beneficiaries were able to receive the benefits of Covid-related schemes in a total 33.74% GPs. The support of VTFs in facilitating the outreach of efforts of the government in Covid management helped strengthen the confidence and trust of people in the government.

The VTFs involvement in facilitating vaccination camps in their villages also helped in achieving vaccination coverage. The VTF groups coordinated with the local health system for organizing vaccination camps in their villages in order to vaccinate all eligible populations in the village. The vaccination camps were arranged in 683 (75.14%) GPs across Pune district to increase vaccination coverage and lower the risk of Covid. More than 3 vaccination camps were organized in 505 (55.56%) GPs and more than 75% GPs from Baramati, Haveli and Indapur blocks arranged more than 3 vaccination camps. As a result of vaccination

awareness activities, vaccination camps and the vaccination support provided to the villagers during the vaccination, 23.54% GPs achieved 100% vaccination (2nd dose) whereas 689 (75.80%) GPs completed the vaccination of 2<sup>nd</sup> dose between 76-99%. The booster dose was also administered to more than 50% population in 6.27% GPs.

In all these VTFs efforts, the community was also involved in supporting VTFs in reducing the Covid burden from the village. Community involvement in the awareness campaign, contribution to funds for printing and displaying IEC/BCC material and vaccination drive was also evident through monitoring data. The monitoring data shows that Tarun Mandal in 48.18% GPs and SHGs in 45.54% GPs participated in the vaccine awareness campaign in the villages. The villagers in 102 (11.21%) GPs contributed funds for the printing and display of IEC/BCC material. Tarun Mandal supported vaccination in 66.01% GPs whereas Mahila Mandal provided vaccination support in 61.61% GPs.

VTFs involvement and their responsiveness towards the program is also visible through their efforts to conduct weekly/ monthly review meetings under the guidance of the Sarpanch. The majority of weekly/ monthly meetings were reported by VTF 5 members in 42.90% GPs whereas VTF 2-3 members conducted these meetings in 36.14% GPs. VTF 1 and VTF 4 members conducted these meetings in 31.98% & 30.77% GPs respectively.

The involvement of VTFs as well as the community in managing and controlling the Covid pandemic through collective action and responsibility shows that if communities are empowered they can effectively address any pandemic or calamity at their level.

### ❖ Learnings and Recommendations

People need guidance and direction for a common vision and collective action for addressing their own needs and challenges. The CFV program showed that if communities are empowered through training and capacity building, a community-led platform by the people, of the people and for the people can be created to address any pandemic or disaster. The CFV program placed the community at the centre of the pandemic response and created their ownership through a demand-driven approach.

The pandemic also helped us to learn how planned and organized efforts through involvement and support of the community, administration and health system are important. There is a need to build strong alignment between community, administration and health system as none of these systems can work in isolation due to their limited capacity and availability. Through CFV program, the BJS was able to create an ecosystem of community, administration and health systems that complemented and supplemented each other in the fight of the Covid pandemic. For the greater success of any government program, the alignment and partnership between community and systems is important.

VTF groups at the community level become the backbone and support system to the Gram Panchayat and communities during Covid pandemic. The VTF formation provided an opportunity to the community people to come together and take the responsibility for their problems and address those through collective action. Their involvement in Covid-related activities at the community level in coordination with the Sarpanch, Gramsevak, ASHA, ANM etc. was significant and it helped villages to manage Covid very well. Due to the understanding of the local resources, processes and systems, the VTFs can play an important role in implementing and scaling any program. The CFV program showed the creation and strengthening

of these existing groups at the community level can work and is pivotal for the action and change at the community level. These groups need to be sustained at the community level to address community needs, challenges and other pandemics.

The use of technology platforms developed by the BJS enabled universal access to program-related resource material, training and capacity building of Sarpanchs and VTFs during Covid, established systems and processes for program monitoring and dashboards and ensured efficient governance. The easy availability of such technology platforms can help to implement and expand any large-scale intervention.

CFV program is a true example of a community-driven program that can be altered/ replicated, scaled and sustained as per the village's emerging needs and challenges, not only for Covid but for any other pandemics and natural calamities/ disasters.

*BJS volunteers helped us to mobilise the people. In some places, people were not ready to undergo tests. We wanted to increase the testing. People who work on daily wages, such as shopkeepers, are spreaders. They told us, "We do not have any symptoms. Why are you testing us?" BJS volunteers helped us to counsel such people. Grocery shopkeepers, milk booth owners, and newspaper boys come in contact with many people every day. Such people can quickly come in contact with 150 - 500 people. BJS volunteers helped in educating such people.*

**Dr. Vikram Kale, Taluka Health Officer (THO), Purandar Block, Pune**

*Bharatiya Jain Sanghatana considerably helped in this CFV programme. We shared a good relationship with them in this programme. During this programme, we organised a video conference for all Block Development Officers of all Talukas, Sarpanchs and Gramsevaks. During that video conference, we explained this programme, the structure of the programme, and the roles and responsibilities of each participant. BJS had prepared excellent informative material for this programme, and it helped to spread awareness. This material was in a simple language so that the awareness could be made at a more significant level. And afterwards, we played our role very well in tasks like coordinating from the district level, guiding everyone and giving pace to this programme.*

**Mr Sachin Ghadge, Dy. CEO Zilla Parishad, Pune**

Section 6: CFV Success Stories

**Corona hotspot Mandaki village became Corona-free!**

During the second Corona wave, in the month of June, there were 72 active cases in Mandaki village in Purandar taluka, which has a population of 2,600. Mandaki topped the list of the hotspot villages in Pune district. The number of patients was increasing by the day. Despite many attempts by all, the number of patients was not coming down. Around the same time, Pune Zilla Parishad started implementing the Covid-free Village Programme in Pune district. On this occasion, veteran social worker Shri Shantilal Muttha held a meeting in Mandaki village, in the presence of all villagers and guided the villagers regarding the Corona virus. The village decided to participate in the Covid-free Village Programme.

With the help of Sarpanch Priyanka Shinde, Deputy Sarpanch Vishwas Jagtap, all Gram Panchayat members and Gram Sevak Prabhakar Pawar as well as BJS office bearers, 5 task forces were established in Mandaki village on 22<sup>nd</sup> June 2021. First, with the help of the Task Force assigned to work in the village, a door-to-door survey of families was conducted. The Tracing-Testing-Treatment formula was used. Covid patients were admitted to Covid Care Centre for treatment. Except for essential services, the entire village was shut for one month. Also, as public awareness was created in the village, everyone followed the rules regarding Corona, exactly as instructed. This helped reduce the number of cases gradually.

At the same time, two large vaccination camps were organised with the help of BJS in Mandaki village and thereby, the village achieved 100 percent first dose coverage. This led to a drop in the number of patients. All VTFs, each of its members and CFV District Coordinator Vijay Dhanve, Taluka Coordinator Rahul Shinde – everyone did their job well. The villagers too were actively involved in this. In fact, because a people’s movement started in the village, there has not been a single active Covid case in Mandaki since the last 5 months. This means that the village of Mandaki, which was a Corona hotspot five months ago, is completely Corona-free now. Mandaki village accepted the impossible challenge and successfully tackled it with the proper implementation of Covid-free Village programme and the strong support of all villagers and Zilla Parishad.



### The Covid Centre in Walhe proved to be a support for the villagers!

Walhe in Purandar taluka is a village panchayat of 12 wadi settlements and the village has a population of 5,447. During the second wave, Walhe was one of the hotspot villages in Pune district. The number of patients here was increasing by the day. There was an atmosphere of fear among the villagers.

During this period, Pune Zilla Parishad started implementing Covid-free Village Programme in Pune district. Walhe village participated in this programme. With the help of Sarpanch Amol Khawale, Deputy Sarpanch Chandrashekhar Durgade, all Gram Panchayat members, Gram Sevak Baban Sakhale and BJS office bearers, a Task Force was formed on 22<sup>nd</sup> June 2021. Senior social worker Shri Shantilal Muttha held a meeting in the village and guided the villagers about the misconceptions about the Covid virus and Covid-free Village Programme



After the formation of the Task Force in the village, the first door-to-door survey of the families was conducted. There were a number of positive patients. As these patients could not afford to travel to the city for treatment, Walhe Gram Panchayat and Video Volunteers set up a 25-bed Isolation and Covid Care Centre with oxygen facilities at Maharshi Valmiki Vidyalay. The centre provided services to 4 Gram Panchayats including Walhe. The facility provided medical treatment to 21,000 people in the area.

In four months till 15<sup>th</sup> November 2021, the centre treated 45 Covid positive patients. The crowding at private hospitals, the atmosphere of mistrust and the cost of treatment -- around Rs 1,50,000, was not affordable to the people in rural areas. The centre saved Rs 6.75 crore and brought great relief to the common man. This centre proved to be a real support to the villagers. The Covid Care Centre was established under the guidance and participation of Director of Video Volunteers Stalin, Maharashtra State Coordinator Rohini Pawar, Professor at Walhe Dr Digambar Durgade, Sandeep Shirke, Sarpanch Amol Khawale, social activists Atish Jagtap and Anil Chachar.

Secondly, since Walhe is divided into 12 wadi settlements, the Sarpanch set up a separate Task Force in each wadi settlement. A large number of students and youth of the village were actively involved in this. Moreover, as the village is on the wari (the annual pilgrimage to Pandharpur) route and a marketplace, naturally, the cases were increasing. Therefore, effective use of audio-visual tools was made for public awareness in the village. The Sarpanch, with the help of the Task Force, and in collaboration with the villagers, created a people's movement in the village and equipped the village to fight Corona. The Gram Panchayat too had provided an ambulance for Covid patients at its own cost. As a result, the village of Walhe is Corona-free since the last 5 months. With the efforts of Task Force-5 and in collaboration with the Gram Panchayat, the Health Department and BJS, the village achieved 100 percent first dose coverage. Due to the strict implementation of Covid-free Village Programme, strict adherence to rules, active participation of villagers and strong support from Zilla Parishad and the Health Department, the village has beat Corona.



**Huge response to vaccination by adivasis of Supatewadi!**

During the second wave, the Corona situation in India was quite complicated. The vaccination that had started around the same time, was proceeding slowly because there were many misconceptions among people about vaccination. People were not coming forward to get vaccinated.

The condition of the adivasi community in Supatewadi which comes under the adivasi-abundant Katedi Gram Panchayat in Junnar taluka, was no different. The villagers were not vaccinated. The adivasis were not ready to get vaccinated. But vaccination was the only way to fight Corona. BJS taluka coordinator Meghnath Jadhav held discussions with the members of the Task Force in the Covid-free Village Campaign. They went to wadi settlements and held meetings with villagers. They went door-to-door and convinced the adivasi brothers about the importance of vaccination. All of them had to face difficulties. When they were registering people for vaccination, in the very first house, they had to face the wrath of the family members. Some of them even verbally abused them but the Task Force members did not get scared. The team would register people for vaccination till 10 in the night because the entire day, the adivasis would work on the fields. With great effort, the team succeeded in registering 200 people for vaccination. Gradually, things changed. The adivasis started responding positively and started coming forward to get vaccinated. A large number of adivasis were vaccinated in the village.

When the news spread among the other villages in the taluka, the villagers there came forward to get vaccinated. In the same way, Meghnath Jadhav and all the members of the Task Force completed vaccination of 500-600 tribal brothers, in Inamwadi Talakhi in Kusr village.

Most of the adivasis from these two villages and taluka have been vaccinated. For this vaccination, special efforts were taken by taluka coordinator Meghnath Jadhav with the help of VTFs in 32 villages and by Nitin Shelar with the help of VTFs in 35 villages. Consequently, the vaccination increased. By getting vaccinated, the adivasi brothers and villagers of Supatewadi and Kusr villages, proved that collective efforts are sure to bring success.





