

Sustaining Hope

INSIDE THE ISSUE

- 01 Message from the Editor
Cover
- 02 State in Focus: Tamil Nadu
Support to Refugees
Staff Feature
- 03 News & Updates
- 04 News & Updates
- 05 Opinion
Social Inclusion & Community
Engagement to Combat Vaccine
Hesitancy During COVID-19
- 06 Case Story



ADRA India's Newsletter

April-July 2022



ADRA

Message from the Editor

Dear Reader,

There's never a dull moment when working in the development sector. While we are still trying to recover from the destruction left behind by the COVID-19 pandemic, our focus is gradually reshifting to the other several challenges that a developing country as huge and diverse as India faces. We at ADRA had our hands full this quarter as our teams worked relentlessly to reach out to communities struggling with various issues. Our intervention on Assam floods, our work with refugees, and our support to the healthcare centres are some of the highlights of ADRA India's work this quarter. Even though as humanitarians we aspire to rid the world of its miseries through our work, it's still a long journey before we can come close to achieving our goals. Until then, we will continue to hope for a brighter future while focusing on the issues that need our urgent attention.

COVER

ADRA Responds to Assam Floods 2022



ADRA India, along with its consortium partner Caritas is supporting vulnerable communities affected by the seasonal floods in Assam.

The initiative is being supported by European Civil Protection and Humanitarian Aid Operation (ECHO)

The response is providing support to 11,479 households in 33 Villages in Barpeta and Cachar Districts of Assam

The project has officially kicked off the Assam Flood Response in Barpeta and Cachar districts. The project is focusing on the sectors of food security and WASH. The project aims to enhance the purchasing capacity of vulnerable and marginalized households through Unconditional Cash Transfers, besides mitigating the risks of post flood public health hazards through public health promotion, menstrual hygiene management, rehabilitation of WASH facilities and provision of hygiene kit. The hygiene kit distribution drives have already begun in several villages.

ADRA's COVID-19 Response Continues, More OGP's Delivered

- > Two more OGP's delivered to hospitals in Aizawl and Ranchi,
- > All 7 OGP's committed to hospitals across India have reached their destinations
- > HEPA filters provided to 8 hospitals to purify air indoors and reduce the risk of COVID-19

Since the deadly second wave of COVID-19 in India in April-May last year, ADRA India has supported hospitals with essential medical equipment. Two more Oxygen Generation Plants (OGPs) were delivered to hospitals in Aizawl, Mizoram and Ranchi, Jharkhand. The installation process is underway. A total of seven OGP's that were committed have now reached hospitals. Previously, ADRA India delivered OGP's to five hospitals in Surat, Pune, Bengaluru, Nuzvid and Ottapalam cities in the states of Gujarat, Maharashtra, Karnataka, Andhra Pradesh and Kerala respectively.

In this quarter, ADRA India supported the Shimla Sanitarium with the much-needed lab equipment, which will help the hospital in providing up-to-date technological medical services to the people of the district. ADRA also provided 12 HEPA filters to 8 hospitals. The HEPA filters can efficiently capture micro viruses, including the COVID-19 virus. Therefore, they're recommended for disinfecting houses and public spaces during the pandemic.



REACHING OUT



YOUTH LINKED TO JOB MARKET ON WORLD REFUGEE DAY

On the occasion of World Refugee Day, the Commissioner of Rehabilitation in collaboration with UNHCR, NGOs, and Madras School of Social Work (MSSW), organized an event to acknowledge and provide opportunities to Sri Lankan Refugees living in Tamil Nadu. The event "Thirangalin Sangamam" was celebrated on June 25 2022. An employment fair was organized during the event.

ADRA India identified 72 youngsters from the Sri Lankan Tamil community it works with to participate in the job fair. Each participant was given the opportunity to interview with 3 corporates among 8 corporates present at the fair. Out of the 72 candidates, 50 were shortlisted by various corporates. Among them **14** were offered jobs on the spot, and **36** participants cleared the first round of interviews. A total of **6** refugees received appointment letters from Ms. Jacintha Lazarus, IAS, Commissioner of Rehabilitation and Welfare of Non-Resident Tamils on the same day.

OTHER INITIATIVES

- # Livelihood Skills Training was provided to 52 camp and non-camp refugees from Kancheepuram, Thiruvallur, Pudukottai, Cuddalore and Namakkal districts of Tamil Nadu. This is the first batch to receive the training in Aari and Computer Training (Tally, JAVA, Python, Tally, DTP, Web Designing). The trainings were chosen and designed to match the job market demand and enable the refugees to create meaningful income generation opportunities for themselves in India and on their return to Sri Lanka.
- # ADRA India created awareness and educated the Sri Lankan Tamils on the dangers of illegal migration. The project disseminated awareness material on the subject. The project reached 10,002 refugees through the distribution drive.

Staff Feature



Madhumathi has been working with ADRA India in the Tamil Nadu office since 2006. After completing her Postgraduate degree, she joined ADRA as a Project Implementation Officer. Madhumathi then worked as community education supervisor in a WASH project for Sri Lankan Refugees, before being promoted to the position of Project Management Associate in a child development project for slum children and children living in Refugee Camps. At present, Madhumathi is working as a Protection Specialist for the LESS Project "I have gained a variety of experiences working at ADRA and have cultivated my skills here. My confidence has grown, and I am learning to be independent. Through ADRA, I have met People who have motivated me and helped me reach this level. The trainings I have received have provided me with valuable knowledge. My journey with ADRA has been beautiful," says Madhumathi.

NEWS & UPDATES

Livelihood Skill Training for Women



Under the Remedial and Inclusive School Education (RISE) Project, ADRA India provided 15 days Sewing Machine Operation Skill Training to women in Pandeswaram village, Tamil Nadu. Additionally, under the LESS Project, livelihood training was given to non-camp refugee women in Chennai on aari work (embroidery work). The training was selected based on the demand and the preferences of the women.

Health Camps organized for Tea Garden Communities of Assam



ADRA India organized health camps for marginalized communities in Assam in collaboration with the govt. The main purpose is to educate communities on several diseases, and and protect people through early detection and awareness. The health camps were organized in tea gardens of Dibrugarh, Tinsukia and Charaideo districts. ADRA India organized eye checkup camps, Tuberculosis surveillance camps, Tobacco control camps, mobile medical unit camps among others.

Felicitating COVID-19 Warriors



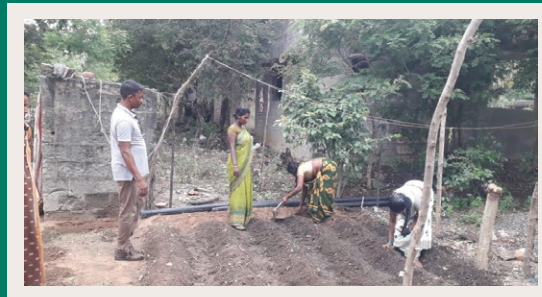
For ADRA India to meet the desired targets of vaccinating communities against COVID-19, support of the Community Mobilizers, Community Action Group members, and other groups was critical. And with their support, ADRA India was able to achieve a high success rate of immunizing target communities. Therefore, to honour the relentless contribution of the heroes, felicitation ceremonies were held in Assam and Uttar Pradesh in May.

Intensified Mission Indradhanus (IMI) Campaign – 4.0



Ministry of Health and Family Welfare launched IMI between March & May to intensify Routine Immunization (RI) services. The campaign aimed to cover children who missed their RI during the pandemic. ADRA conducted trainings for government frontline health workers and Community Action Group (CAG) members in 15 blocks of three CGPP districts and ensured quality implementation through effective community mobilization. In all, 7,336 under five children received all due vaccinations. Also, 1,552 pregnant women received Antenatal Care services, including tetanus and adult diphtheria vaccinations.

Empowering Women through Kitchen Gardens



ADRA India supported households in Yenambakkam village in Tamil Nadu with backyard kitchen gardens along with seed varieties like corn, brinjal, ladies finger and broad beans. Additionally, the women were trained on operating and maintaining these kitchen gardens. The main aim of this initiative is to provide organic and nutritious food for children. The kitchen garden also indirectly eliminates food insecurity problem and creates opportunities for women to earn income and improve their standard of living.

3,004

ASHA workers,
ANMS, Anganwadi
workers
trained



3765

People reached
through Mental Health
Awareness Campaign

1,658

Adolescents reached
through Awareness
Programme
(ACCHE Clubs)



3,58,139

Population mobilized
for COVID-19 Vaccine

Refusal Families
Mobilized for RI

305



NEWS & UPDATES



World Immunization Week was celebrated by ADRA India in Assam and Uttar Pradesh from April 24-30. Awareness sessions on importance of Routine Immunization and on COVID-19 Vaccination were conducted at High-Risk Group (HRG) sites and with marginalized communities.

ADRA India celebrated Mother's Day in Dibrugarh, Assam. Special vaccination camp for mothers was set-up by ADRA India in collaboration with District Health Department and Marwari Yuva Manch.



ADRA India celebrated Menstrual Hygiene Day on May 28 with the communities living in the tea gardens of Tinsukia, Dibrugarh and Charaideo Districts in Assam. ADRA organised discussions on menstrual hygiene and informative games among the girls of the village. To break the taboo, the teams also provided sanitary napkins manufactured at ADRA India supported Sanitary Napkin Unit.

ADRA India reached out to communities on the importance of continuity in maintaining COVID-19 Appropriate Behaviour. ADRA India team sensitized people on the importance of getting the COVID-19 dose and worked to ensure vaccination for unvaccinated populations. The staff created mass awareness through infotainment vans, addressed rumours, undertook crowd management for vaccination centres, and carried out trainings for community mobilizers and health workers.



On the occasion of World Environment Day, ADRA India organised green activities with children, adolescents and tea garden communities in Assam to make them aware of the importance of working together to save the environment.

ADRA India held the Annual Review Meeting of its Core Group Polio Project (CGPP) from 17-19 May in Srinagar Kashmir. The review meeting helped the organization assess the project's work, key insights and learnings, and create a roadmap for the future. Members from Core Group, country office management members and the entire CGPP team from Uttar Pradesh participated in the review.



Under the Core Group Polio Project, ADRA India is ensuring that children are vaccinated against the Wild Poliovirus and other diseases.

OPINION

Social Inclusion and Community Engagement to Combat Vaccine Hesitancy During COVID-19



By Vivekananda Biswas
Program Manager

On October 21 2021, India crossed the one billion COVID-19 vaccination mark within nine months after launching the world's biggest immunization drive despite vaccine hesitancy, misinformation and lack of awareness. How was it possible? Vivekananda Biswas, through his extensive experience working with communities, explains.

COVID-19 vaccines were new, did not have enough evidence about vaccine safety, there was a shortage of supply at one point, misconceptions were abound, there was a shortage of trained manpower and other logistics arrangements; despite all of this, India became the first country to cross administering one billion COVID-19 jabs without having strict vaccine mandate. So, the big question is, was there any vaccine hesitancy?

The answer is YES. India had to face both vaccine eagerness and hesitancy. Dealing with vaccine hesitancy has never been an easy task. But India has massive experience in running effective immunization programmes and dealing with hesitancy at community level. India used its polio elimination legacy and focused on social inclusion in the COVID-19 vaccine rollout. Development partners were engaged at every level, from vaccine manufacturing and management to vaccine delivery and administration at the last point. Community engagement through development partners was one of the key focus areas.

With the support of USAID, the CORE Group Polio Project (CGPP) partnered with the government of India and engaged in the COVID-19 response since the pandemic started in the country in March 2020. CGPP brought community influencers under the umbrella of the Community Action Group. Despite the limitation of face-to-face interactions and travel restrictions, CGPP trained these influencers very intensively on combating fear and stigma related to COVID-19 and kept them informed on vaccine development, and the impact of COVID-19 on the mass population, including children. All these early responses created an enabling environment for community and health workers for COVID-19 vaccination and routine immunization.

Along with the technological innovation (COWIN App), India adopted a people-centric strategy for COVID vaccination. Considering the lessons from the polio eradication journey, the COVID-19 vaccination program never kept the community behind. Instead, systematic community engagement broadened community ownership and accountability in a true sense that ensured reaching out to more than 870 million people (63%) with at least two doses of COVID-19 vaccines within 16 months.

However, the Routine Immunization (RI) coverage tells another part of the story. Since the pandemic started in March 2020, RI services have been interrupted across the country. Like other parts of the country, in Uttar Pradesh (CGPP intervention state), 17% (3,58,647) of sessions were less planned in 2020-2021 than previous year. In CGPP area, 13% of sessions were less planned during the peak pandemic period. Not the fear of the pandemic but unavailability of primary health care and other services triggered vaccine hesitancy for RI. As a result, at least 10,000 children in the CGPP catchments area and at least 975,000 children in Uttar Pradesh missed their vaccines.

Taking the learnings from the COVID-19 vaccination program, CGPP engaged CAG members at the core of RI. CGPP intensively trained these CAG members using cellular and internet technology for behavior change communication and the technicality of the vaccination program, tracking mechanism and analytics of hesitant populations that resulted in maintaining full immunization coverage in the CGPP areas despite the pandemic. Within 14 months, all due vaccines to 37,348 vaccine-hesitant individuals (26,842 for COVID-19 vaccines and 10,506 for other routine doses) were administered.

CASE STORY

Journey of Nisha Devi from Vaccine Hesitancy to Community Action Group Member



Nisha Devi smoking a tobacco pipe

Nisha Devi is a 61-year-old lady of Mohalla Eidgah of Baghpat urban area. She lives alone as all her three daughters are married, and she lost her husband a few years back. When the Core Group Polio Project's Community mobilizer (CM) Anjum approached her for the COVID-19 vaccination, she firmly refused, saying that she had never taken any vaccine in her entire life and would not take the COVID-19 vaccine. She also asked Anjum not to approach her again for the vaccination.

After the incident, Anjum and the Block Mobilizer (BMC) Manju visited her frequently and asked about her well-being but strategically did not approach her for the COVID-19 vaccination. About a month later, Anjum invited her to a Community Action Group (CAG) meeting. Nisha Devi attended the meeting, with a few more vaccine-hesitant individuals. In that particular meeting, the CAG members talked about the importance of COVID-19 vaccination. They also assured the participants that all the CAG members got two doses of the vaccine and were waiting for the 3rd dose.

Nisha Devi became curious and started to ask questions such as whether the COVID-19 vaccine is safe in old age, whether it could prevent the infection, etc. Manju and Anjum cleared her doubts using various IEC materials and audio-visual clips on COVID-19 vaccination. Both Manju and Anjum conducted ten one-on-one sessions with her. A couple of times, they visited her with one of the very influential CAG members, Mr Shameem, also a political leader of the village.



ADRA India staff interacting with Nisha Devi

On June 23, Mr Shameem shared that among 2,426 eligible population (18+) of the ward, only 87 people, including Nisha Devi, has not taken the COVID-19 vaccine. Shameem once again talked to Nisha Devi and finally convinced her positively to take the vaccine. She took her jab on June 24.

During the follow-up visit on June 25, Nisha Devi approached CM Anjum to herself become a CAG member, and was welcomed joyfully. As of July 31, Anjum and the CAG members mobilized and vaccinated the remaining 86 hesitant people in the area.



ADRA

45, Kusum Marg, Block H, DLF Phase 1, Sector 26, Gurugram, Haryana, 122002

Editor

Trisha Mahajan

Contributors

Vivekananda Biswas

Suganthi Merwin

Imran Majid

Eshani Choudhury

Manju Sharma

Himangshu Bailung



ADRAINDIA1



ADRA INDIA



ADRA.INDIA



COMMUNICATIONS@ADRAINDIA.ORG