ACT Grants

PLAYBOOK

Vaccine administration for the vulnerable communities

INDEX

Tools and procedures of the vaccination model in Bangalore

Accelerated vaccination strategy for the vulnerable groups

Detailed vaccination approach

- Demand Management
- Allocation Finalisation
- Partner On-boarding
- Vaccination Drive

Monitoring and Evaluation

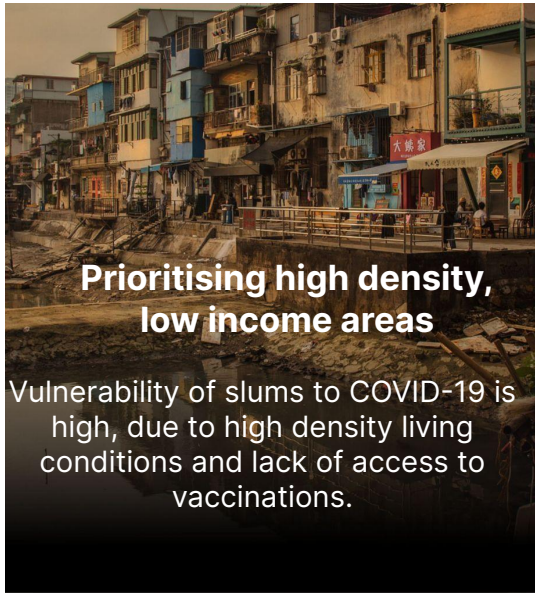
Learnings from the field

The playbook captures all the tools and procedures of the vaccination model in Bangalore

ACT's mission in partnership with United Way Bangalore and Sattva Consulting was to create a model that enables successful **vaccination of marginalized at-risk populations** at an **accelerated pace**.

ACT has demonstrated this model through a targeted **pilot in Bangalore** and has used the learnings to create playbooks that can be used by government administrations, CSRs and others to **replicate in other geographies and enable rapid scale up**.

Reasons to prioritise these sections of vulnerable populations:

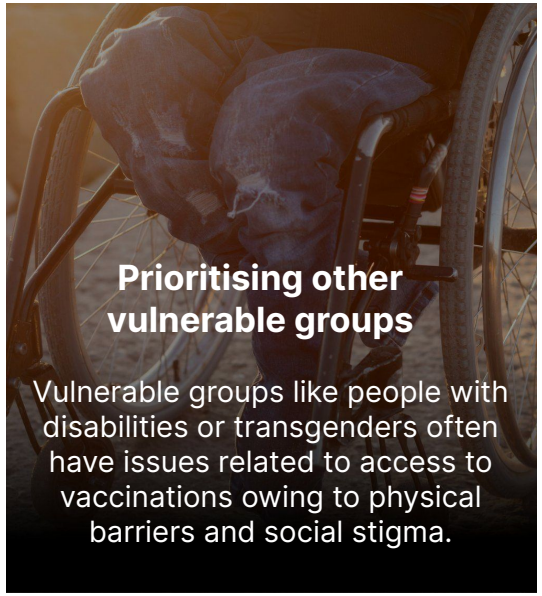


Prioritising high density, low income areas

Vulnerability of slums to COVID-19 is high, due to high density living conditions and lack of access to vaccinations.

Prioritising high risk occupations

Those from the unorganised sector and those below poverty line have had disproportionate access to vaccinations, despite being exposed to it owing to the nature of their occupations.



Prioritising other vulnerable groups

Vulnerable groups like people with disabilities or transgenders often have issues related to access to vaccinations owing to physical barriers and social stigma.

ACT aims to break the following barriers through accelerated vaccination of vulnerable communities

	Access to vaccines	Accelerating the rate of vaccination	Addressing vaccine hesitancy
High density low income areas	Lack of vaccination centers in close proximity and lack of **digital literacy** to register on CoWin are the two major bottlenecks in getting economically vulnerable population vaccinated. We are working with NGOs and municipalities to organise camps in the community and make the process seamless and accessible	Due to a gap between the demand and the supply for vaccines, the vaccination process would be delayed for those from marginalised communities	Vaccine hesitancy is increasingly being observed, particularly amongst marginalised communities, owing to the lack of access to information. We are leveraging local NGOs who have worked with these communities over a long period of time to build trust and tackle hesitancy at a micro level
High risk occupations	Opportunity cost is a barrier to get vaccinated for daily wage workers. Setting up camps at their workplace where they see their peers getting vaccinated has been well received by certain occupational groups	Saturating vaccination of a particular occupational group with high exposure, limits its spread and ensures continued economic activities	
Other vulnerable groups	For other vulnerable groups like PWDs and Transgenders it is often difficult to travel to a health facility and get vaccinated owing to poor infrastructure and social stigma. We increase convenience by setting up camps closer to their communities	Due to a gap between the demand and the supply for vaccines, the vaccination process is delayed for those from vulnerable groups that are often ignored	

The codified playbook includes guidelines across the vaccination process for vulnerable communities

Need and overview of the solution, including planning, implementation, evaluation and roles of different stakeholders

Compilation of learnings and best practices to ensure effective implementation

The playbook is designed to engage & to be used by organisations which are working towards accelerating the vaccination process in cities with **limited supply**

The playbook also contains **all necessary tools**, standard operating procedures, and relevant documents required for the execution of the vaccination process

THE ACCELERATED VACCINATION

strategy for the vulnerable groups

Mapping of vulnerable groups based on geographies, occupations and socio-economic backgrounds that need to be inoculated on priority.

High risk occupational groups

MSME workers

Construction workers

Crematorium workers

Delivery executives

Waste pickers

Private transportation staff

Public transportation staff

Restaurant staff

Warehousing/ Logistics staff

Mandi vendors

Retailers/ mall employees

Milk/ Kirana vendors

Street vendors

Domestic workers

Sex workers

High density low income areas

High density low income areas/ slums

Other vulnerable groups

People with disabilities

Transgenders

Vaccines will be administered amongst vulnerable communities between now and the potential 3rd wave. This will be in addition to the government's vaccination supply and strategy.

A three-pronged strategy was followed for vaccinating vulnerable communities

PRIORITIZATION & ADMINISTRATION

Prioritising
for targeted deployment

Enabling
at-risk populations to get the vaccines

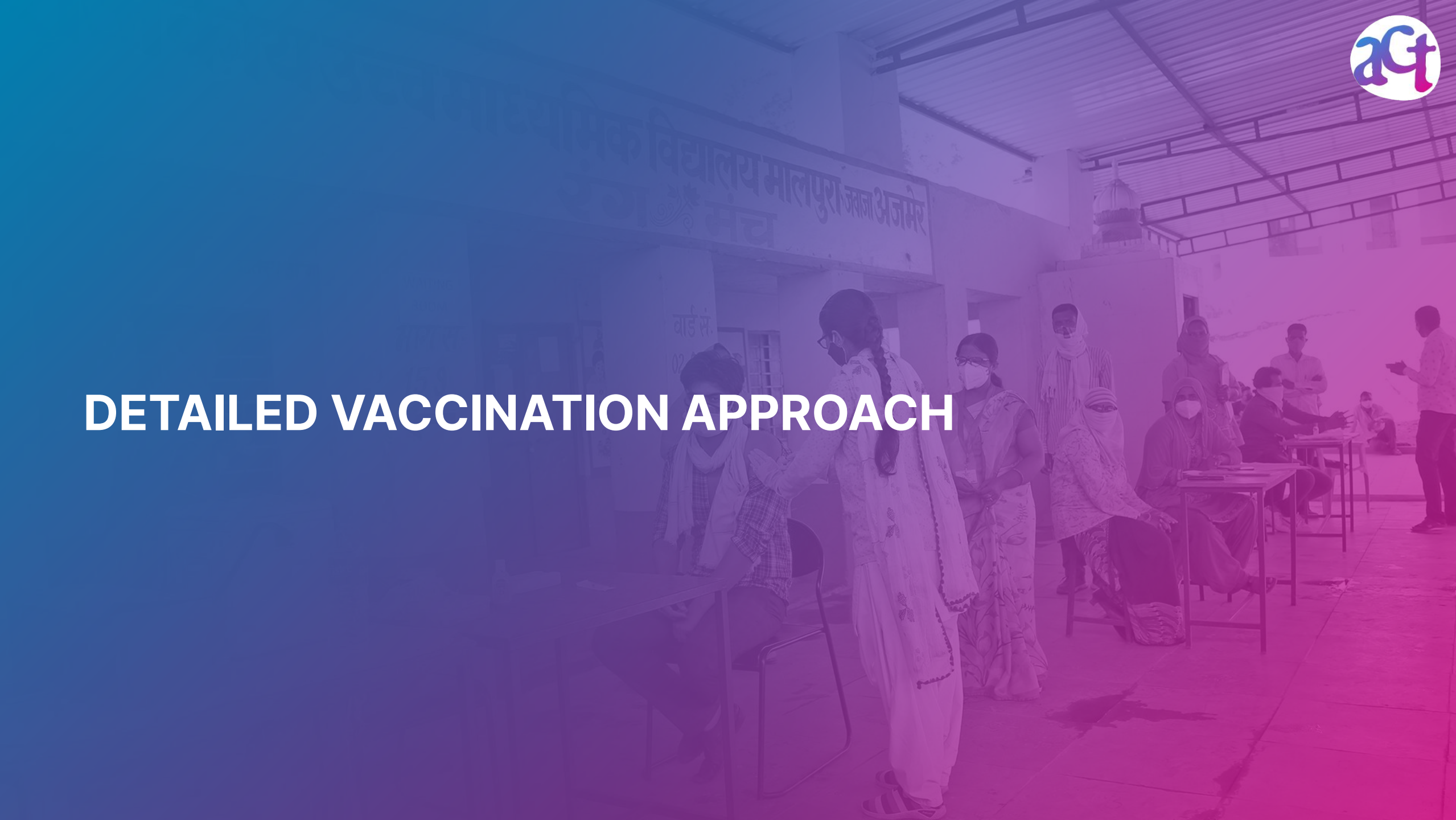
AWARENESS

Partnering with media companies and brands to drive a
nationwide vaccination advocacy campaign

AVAILABILITY

Exploring procurement of doses through
foreign sourcing

DETAILED VACCINATION APPROACH



A 5-stage detailed partner onboarding and implementation approach to scale vaccine distribution

Demand Management

Post-outreach demand generated is mapped to priority groups

Continuous tracking of demand-supply visibility

Allocation Finalisation

Allocation algorithm aligned and finalised

Partner Onboarding

Post-partner due diligence, agreements are signed and roles are defined

Alignment on:

- Geographies
- No. of people
- Scope of implementation

Camp planning and coordination

Vaccination Drive

- ✔ Logistics confirmed
- ✔ Camp checklist
- ✔ Ensured adherence of verification process
- ✔ Ensured post-vaccine follow up

Monitoring & Evaluation

Designing M&E Tool

Implementation of M&E to start data collection

Observations, insights, recommendations synthesised

Data source: covid19india.org

[Click here for the Detailed Standard Operating Procedure]

DEMAND MANAGEMENT

Outreach conduction with potential partners to map the vaccine demand

Data that can be aggregated from NGOs, CSOs, Government, consortiums, industry bodies and residential associations for demand prioritisation and efficient planning of vaccination drives:

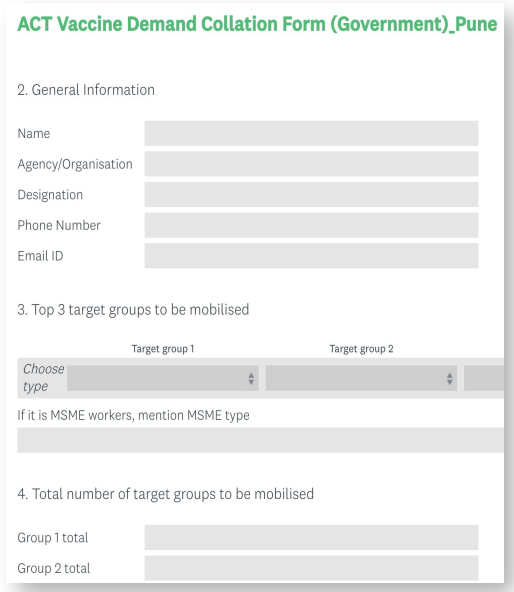
- Geographic location of the camp(s)
- Immediate beneficiaries (category and population)
- Tentative timeline
- Target group verification requirements
- Additional questions regarding due diligence for partner organisations

The information can be collected in a streamlined manner using digital forms

Google Forms

SurveyMonkey®

Sample demand collection forms:



ACT Vaccine Demand Collation Form (Government)_Pune

2. General Information

Name
Agency/Organisation
Designation
Phone Number
Email ID

3. Top 3 target groups to be mobilised

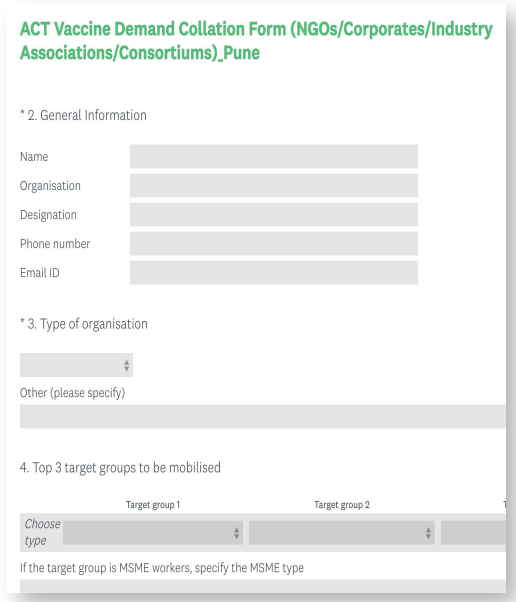
Target group 1 | Target group 2

Choose type

If it is MSME workers, mention MSME type

4. Total number of target groups to be mobilised

Group 1 total
Group 2 total



ACT Vaccine Demand Collation Form (NGOs/Corporates/Industry Associations/Consortiums)_Pune

* 2. General Information

Name
Organisation
Designation
Phone number
Email ID

* 3. Type of organisation

Other (please specify)

4. Top 3 target groups to be mobilised

Target group 1 | Target group 2

Choose type

If the target group is MSME workers, specify the MSME type

ALLOCATION FINALISATION

Based on supply availability, vaccines can be allocated to each track and slums timely

Allocation of limited vaccine amongst the identified population using allocation algorithm

The allocation algorithm formulated for the allocation of doses can be vetted by a Steering Committee consisting of subject experts to ensure efficiency.

ACT's algorithm has been vetted by the following experts:

Gagandeep Kang
Professor of Microbiology,
Christian Medical College

Ireena Vittal
Business Advisor & Expert, Indian Agriculture & Urbanization

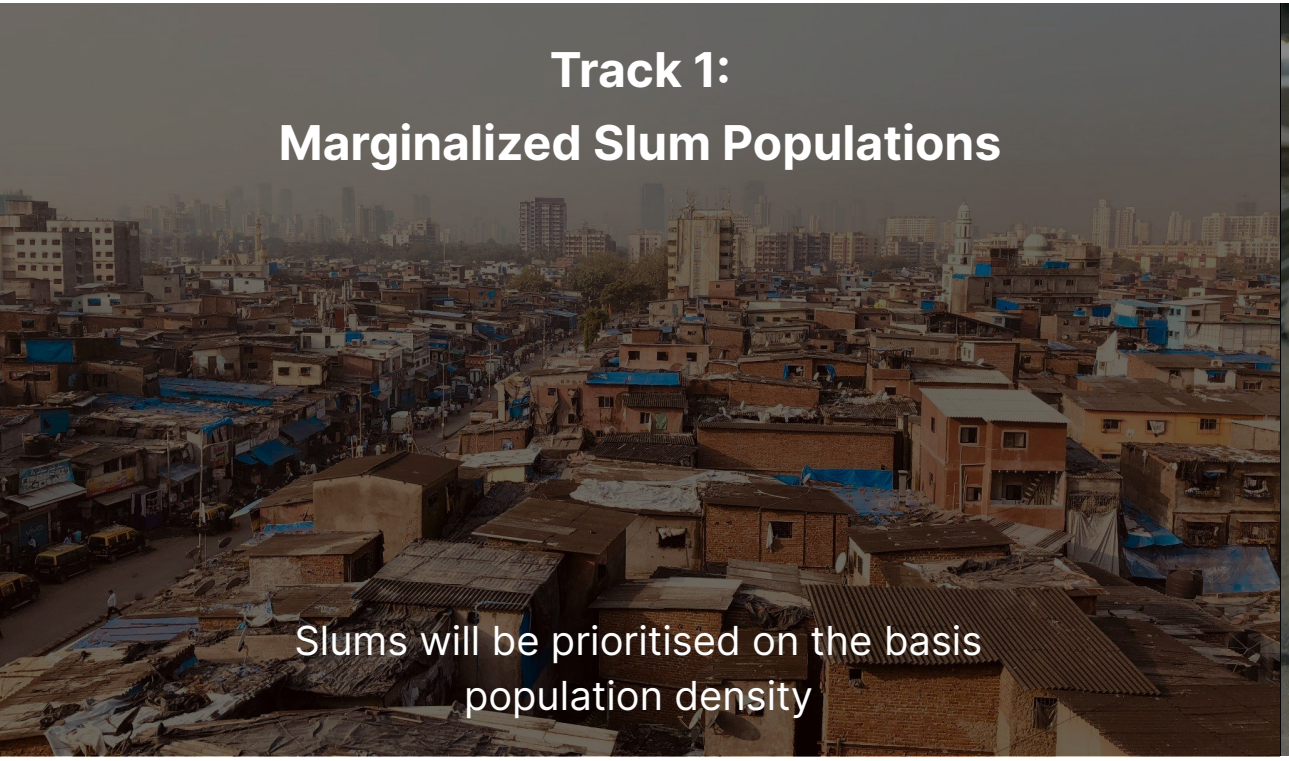
Kiran Mazumdar Shaw
Executive Chairperson,
Biocon Limited

With the limited vaccine supply and high demand, it becomes important to have a prioritisation framework to ensure maximum impact of the vaccination campaign. Creating a prioritisation algorithm to guide the vaccine allocation process from the demand collated is crucial for fulfilment of the mission and its goals.

Within these 2 tracks, the prioritisation framework can be used to map geographies and the vulnerable communities within

Prioritisation of population within the geography

The available supply will be distributed equally between **track 1** and **track 2**



*operational feasibility to be considered

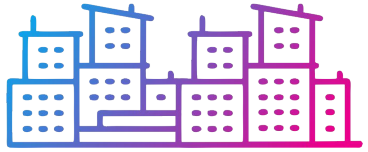
Note: All sourcing, delivery, distribution, allocation, prioritisation and implementation decisions taken by ACT Grants in consultation with relevant administrative, health and policy experts

Ward* prioritisation and allocation approach

Allocation for high density-low income areas

Step 1: Zone Prioritization

Parameter: Slum population in the zone.
Method: Bangalore is divided into 8 zones. For the first iteration, vaccines are divided in the ratio of the total slum population in each of the zones.
Rationale: Zonal priority has been taken into account for the first iteration to facilitate some coverage across all zones. Ward priority (mentioned below) is given preference for all iterations after the first to allow for distribution of vaccines based on actual risk.



Step 2: Ward Prioritisation

Parameter: Population density in the ward.
Method: All the wards in Bangalore are ranked in order of their population density. The ward with the highest density is ranked 1.
Rationale: Population density is deemed to be the most important parameter in the transmission of virus as density is a common impediment to basic social distancing measures and increases the chances of contact.

Step 3: Slum Allocation

Parameter: Slum population in the ward.
Method: In each zone, the wards with the highest population density are identified. Vaccines are allocated to 70% of the slum population in these wards in an attempt to saturate these areas.
Rationale: This localised saturation is believed to be effective in cutting the chain of transmission.

Allocation for occupational and other vulnerable groups

All of these occupations and groups will be given **equal priority** and is **subject to mobilisation feasibility.**

*Please note: A ward is an administrative division of a city or borough that typically elects and is represented by a councillor or councillors.
It can also go by the following names: district, constituency, division, quarter, zone, community, department

Partner On-Boarding

The interventions and processes have different kind of partners with specific roles and responsibilities for efficient execution - 1

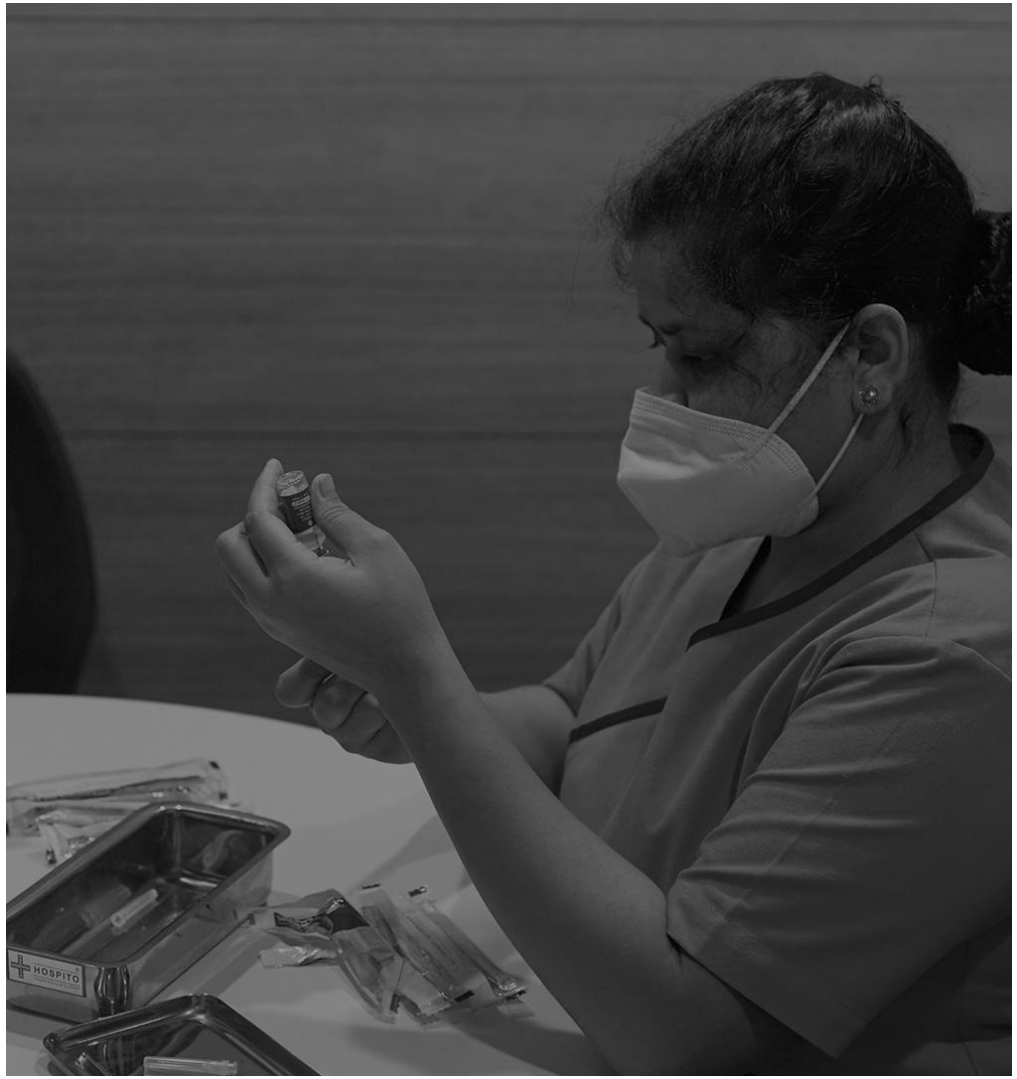
Mobilisation Partner

Mobilisation partners are those organisations (municipal bodies, NGOs, etc.) who have worked with the beneficiaries. They are responsible for mobilising and communicating to them about the vaccination process and camp details. On the day of the vaccination, they will support in overall execution. They are also required to provide an undertaking in instances where 2nd verification is required.

It is important to conduct due diligence by verifying the partner organizations' credibility, scale and ability to help with vaccination drive. Some of the verification criteria for vetting of partners can be as follows:

- Registration of the organisation and the type of registration (Trust, Society, etc.)
- Affiliation to any political party
- Ongoing civil/criminal proceedings
- Past experience
- Duration of experience in the particular area
- Duration of work with the beneficiary group
- Procedure for verifying the beneficiary group

The interventions and processes have different kind of partners with specific roles and responsibilities for efficient execution - 2



Vaccination Administration Partner

The vaccine administration partner is responsible for storing, transporting and administering the vaccine. They are responsible for checking vaccine eligibility, communicating with the beneficiaries about the possible side-effects of the vaccine. They are to ensure all the required medical supplies are available at the campsite.

It is important to conduct due diligence by verifying the partner organizations' credibility, scale and ability to help with vaccination drive. Some of the verification criteria for vetting of partners can be as follows:

- Registration/verification of company license with the State government, PAN card, cancelled cheque
- Verification of CVC license
- Sufficient Cold Chain equipment and capacity
- Sufficient number of trained vaccinators and verifiers
- Ability to manage the Adverse Events Following Immunization (AEFI), as per the norms and guidelines of the ministry

The interventions and processes have different kind of partners with specific roles and responsibilities for efficient execution - 3

Field Management Partner

The monitoring partner is a field management partner responsible for crowd management as well as ensuring hassle-free registration and verification process.

It is important to conduct due diligence by verifying the partner organizations' credibility, scale and ability to help with vaccination drive. Some of the verification criteria for vetting of partners can be as follows:

- Registration of the organisation/company
- Number of employees/volunteers
- Past experience in crowd management

Communication of guidelines to ensure smooth implementation

Beneficiary Mobilisation

- Ensure that the partner is mobilising the promised number of beneficiaries.
- Follow up with them on their mobilisation strategy and milestones

Verification Procedure

Enforce verification of documents as a non-negotiable with the verification process as per this document

Mobilising Requirements

- Alignment on the means of verification
- Conduction of verification
- Conduction of registration
- Arrangements for time slotting & a token system
- Identification of volunteers for crowd management and registration
- Alignment on other logistics such as location spaciousness, arrangement of chairs at a distance, availability of masks, sanitisers

Government of India Guidelines

Ensuring that the identified vaccination centre is aligned with relevant government guidelines

Communication About The Target Group

The vaccine administrator must be told who the target group comprises of, in order to adhere to relevant medical protocol

The following vaccination administration and field management partners were on-boarded for ACT's pilot programme in Bengaluru

Field Management Partner

United Way Bengaluru

United Way Bengaluru

A not-for-profit organization that works with communities to take local action for global impact.

Strategy and Implementation

SATTVA
Delivering High Impact.

Sattva Consulting

A knowledge-driven organisation that has partnered with 500+ corporates, 200+ philanthropic foundations and social purpose organisations to help design and execute inclusive models that are equitable, innovative and economically viable.

Vaccine Administration Partners

MyVacc

MyVacc

A platform for vaccinations of children and adults at home, corporates at offices, communities and schools

CLINIKK

Clinikk

A healthcare company which provides a 360 degree healthcare plan

SPARSH HOSPITAL
THE TOUCH OF LIFE

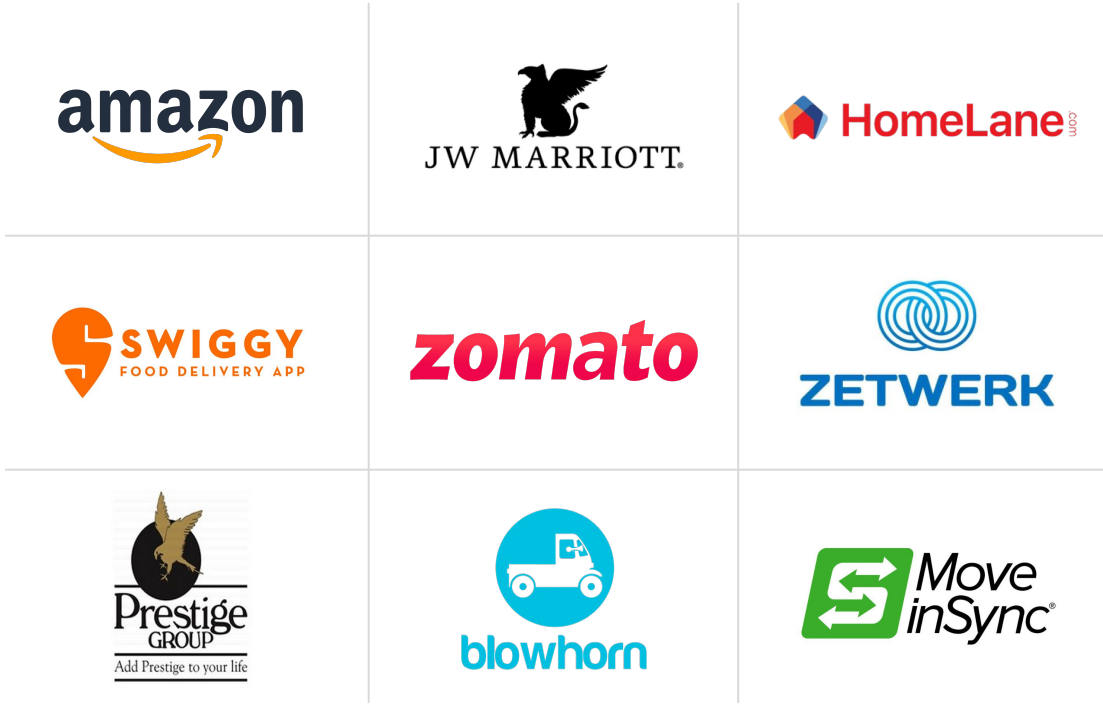
Sparsh

A health facility with multiple health specialisation capacities

The following are some of the mobilisation partners who were on-boarded for ACT's pilot programme in Bengaluru

ACT'S #VaccinateandDonate Initiative

As part of this initiative corporates could sign up to vaccinate their frontline workers and employees at camps organized by partner hospitals. They covered the cost of the vaccination camps for their frontline workers and employees - and also donated doses that was administered to vulnerable communities. Some of the companies that participated in this initiative are mentioned below:



Vaccination Drive

Execution of the vaccination drives (logistics on the day of vaccination)

	Verification	ACT Registration	Cowin Registration	Vaccination	Monitoring and Evaluation
Where?	Entry Point	Registration Desk	Vaccination Centre	Vaccination Centre	Vaccination Centre
By whom?	Field management partner's team supported by volunteers from the mobilisation partner	Field management partner's team & volunteers from mobilisation partner staff	Vaccinator & volunteers from mobilisation partner staff	Vaccination administration partner	Field management partner's team & volunteers from mobilisation partner staff
Best practices	To inform the beneficiaries before hand of the verification process and ensuring they have brought the right documents.	To have multiple registration desks, ensuring this process doesn't act as a bottleneck and slow down the process	Cowin registration of the target group can happen prior to the camp. The mobilisation partner's team can assist beneficiaries with the registration.	The medical professional must communicate to the beneficiaries about possible side effects and measures that needs to be taken.	Timely monitoring progress against target data and relay of insights on effectiveness of intervention areas.

Overall crowd management across the processes will be done by the mobilisation partner. CAC Vaccination Playbook can also be referred for information on Team Role Matrix (p. 12-14) and instruction on crowd control (p. 15-16).

A rigorous yet inclusive verification process should take place, customised to individual populations

Slum Residents	Marginalised populations residing in slums can be verified on the basis on their BPL (below poverty line) cards. Where BPL cards are not available voter ID cards with slum location as address will be used as means of identification. An NGO will be leveraged to identify slum population using voter IDs
Organised high-risk occupational workforce	Marginalised workers from high-risk occupations can be verified on the basis on specific aligned-on identity cards. For example, auto rickshaw drivers will be required to provide their drivers licence and MSME workers will be required to provide their Udhyog Aadhar Card
Unorganised high-risk occupational workforce	Marginalised workers from unorganised high-risk occupations who do not have identity proof can be verified via call centres which will contract both the employer and the employee. For example, domestic help
Sensitive target groups	Sensitive target groups such as sex workers and rag pickers can be verfied by on-ground partner NGOs

Over and above the above verification process, other government databases available to verify the occupational details of underprivileged beneficiaries entitled to several schemes can be explored in consultation with government and experts.
Example: Street vendors in Bangalore listed under the PM Svanidhi scheme.

Data source: covid19india.org

Keeping inclusion in mind, verification should be customised to individual occupation groups (1/2)

Verification can be customised to individual occupation groups based on the table provided below. In case of inability to provide '1st verification', a '2nd verification' criteria has been provided be to verify the beneficiaries

Category	1st Verification	2nd verification
Construction workers	Employer id	Call to employer/ beneficiary and verify nature of job
Crematorium workers	NGO/ Municipal ID Card	NGO undertaking/ confirmation through personal verification
Delivery executives	Employer ID/ Occupation certificate	Call to employer/ beneficiary and verify nature of job
Domestic workers	Apartment ID (if applicable)	Call to employer/ RWA
Drivers (truck, bus, auto cars)	Driving Licence	NA
Kirana shops	Registration certificate	Call to beneficiary and verify nature of job
Mandi workers	Registration certificate	Call to beneficiary and verify nature of job
Milk vendors	Federation ID	Call to employer
MSMEs	Udyog Aadhar number	Call to employer/ beneficiary and verify nature of job
People with disabilities	PWD Certificate	NGO undertaking
Restaurant staff	Employer ID/ Occupation certificate	Call to employer/ beneficiary and verify nature of job
Retailer and mall employees	Employer ID/ Occupation certificate	Call to employer/ beneficiary and verify nature of job

Keeping inclusion in mind, verification should be customised to individual occupation groups (1/2)

Verification can be customised to individual occupation groups based on the table provided below. In case of inability to provide '1st verification', a '2nd verification' criteria has been provided be to verify the beneficiaries

Category	1st Verification	2nd verification
Security guards/ Housekeeping	Employer ID	Call to RWA/ employer
Sex workers	NGO undertaking/ confirmation through personal verification	NGO undertaking Call to beneficiary and verify nature of job
Street vendors	ID from Municipal Corporation	NA
Transgender community	NGO undertaking	NA
Warehouse and logistics staff	Employer ID/ Occupation certificate	Call to employer/ beneficiary and verify nature of job
Waste pickers	ID from Municipal Corporation	NGO undertaking/ confirmation through personal verification

Checklist of partner's roles on the day prior to the vaccination drive

- Guidelines for vaccination need to be communicated to execution partners and the volunteers (such as documents required, what to wear, etc.)
- IEC materials include links to useful resources for the same

A call/meeting needs to be scheduled between the operations team, the mobilisation partners and the administration partner (optional) to discuss the following -

- Alignment on timings, location and means of verification
- Alignment on processes such as verification and registration, time slotting and token system
- Going through the *medical SOP* and checklist (medical personnel, ambulance, O_2 cylinder, referral chains for adverse reaction, etc.)
- Ensuring adequate volunteers are present for registration, crowd management, maintaining social distance and conducting M&E
- Alignment on target group to be vaccinated & special measures to be taken for eg for sex workers etc
- Alignment on other logistics such as location spaciousness, arrangement of chairs at a distance, availability of masks, sanitisers, etc.

Checklist of partner's roles on the day of the vaccination drive for its efficient execution

Mobilisation Partners

- Ensure that the time and venue for the vaccination drive and target number of beneficiaries are aligned on between partners
- Utilities(Drinking water, sanitizers, separate registration booths, desks, chairs etc).
- Marked direction route and separate entry & exit.
- Adherence to physical distancing norms at the site (in queue and otherwise)
- Separate Vaccination, Waiting and Observation area (by sections/room).
- Sanitization of site prior vaccination.
- Grievance redressal forms for vaccine, registration and camp site related queries, questions or complaints.

Vaccine Administration Partners

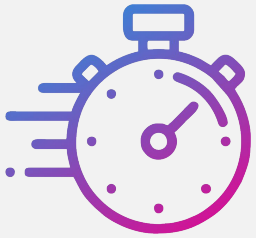
- Safe disposal of immunized waste
- Team of Doctors, nurses and other vaccinating personnel
- EMS (Ambulance, Ventilators)
- Supplies check (Vaccine vials, fresh AD syringes, vial coolers, smartphones for CoWin registration etc).
- Issuing post vaccine note (detailing second dose date, name of vaccine administered) to each beneficiary.
- Checking, monitoring and recording pre-existing medical conditions and vaccine eligibility.

Monitoring Partners

- Established verification and registration process
- Recording and reconciling registered vs actual vaccinated beneficiaries post vaccination
- GOI guidelines to follow

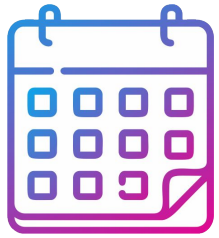
Monitoring and Evaluation

Monitoring & Evaluation should be done with the following outcomes in mind



Short Term Outcomes

- Vaccination hesitancy among target group reduced
- Optimised supply and demand matching models identified
- Successful vaccination of marginalized at-risk populations at an accelerated pace



Long Term Outcomes

- Improved preventive healthcare of community in preparation of COVID 3rd wave
- Improved capacity of last mile vaccination drives

Objectives of Monitoring & Evaluation

Overall M&E Objectives

- **M&E framework design** for accelerated vaccination of priority groups
- **Operationalisation** of M&E systems to enable lean evidence based reporting on rigour and accuracy of targeting and implementation
- **Ground level deployment** of the M&E systems to enable concurrent data monitoring, verification and reporting
- **Reporting through dashboard** with insights on effectiveness of intervention areas in achieving goals

Track	Objective
M&E design	• Partnership - Post vaccination **LFA** designed with outcome areas, indicators, data sources, frequency
Operational systems	• Establish primary and secondary tools for inflow of monitoring data across states and site • Align and train onground partners on Means of Verification and frequency of data flow.
Concurrent Monitoring	• **100% beneficiary identity verification** across target groups and sites • **100% remote verification of vaccinations sites** through photographic and other evidence • Daily partner level information flow on leakage and displacement
Primary Evaluation	• **95% CI sample check on** - identity verification, quality of protocol, awareness on post vaccination support

Approach for Monitoring & Evaluation

	PHASE 1 Design of Monitoring, and Evaluation framework	PHASE 2 Deployment of MEL framework	PHASE 3 Handholding support and Reporting
Process	• Team finalization • Data Requests • Resource support mapping • MEL framework design (ToC/LFA) • Indicator development • Partner level calls • Tool design	• Create Data Collection Tools • Data sources and frequency defined • Partner level data collection • Data quality check	• Ongoing support for data collection through partners • Synthesis observations, insights, recommendations
Outcomes	• Theory of Change • MEL framework defined and accepted	• MEL framework deployed • Internal governance systems set up • Raw monitored data of progress against targets	• Monitoring report of outputs from interventions • Insights on effectiveness of intervention areas in achieving goals

Design of Monitoring & Evaluation

Measurement Area	M&E Tool	Key Indicators	Frequency
Verification of target priority group	Registration Tool	# of community members receiving vaccination	**Frequency - Daily** **# of beneficiaries verified** and onboarded through tech integration (E.g. ODK App)
		Age, Gender, Contact number of beneficiaries	
Site rigour and compliance (MoHFW guidelines)	Site Checklist (Site setup and daily checklist)	# of vaccination sites set up with MOHFW guidelines (infrastructure, personnel, IEC)	**Frequency - Daily** Concurrent inflow with photographic evidence
		# of personnel available on vaccination sites	
Secondary verification of target priority group **Follow up awareness**	Post Vaccination Call	# of targeted community members verified receiving vaccine	**T + 2 days from the day of vaccination** Stratified sample check of beneficiaries on a concurrent basis. **Pre-digitisation Records** Stratified sample check for verification of beneficiaries
		# of vaccinated members addressed for post vaccination symptoms	
		# of community members with willingness and awareness of the 2nd dose	

M&E Logic Model

Operational Area	Activities - Outputs
Vaccine Equity Committee	• Formation of vaccine steering committee • Finalization of target categories (vulnerable/at-risk) and allocation approach
Demand Management	• Identification verification and finalisation of mobilisation/demand aggregator partners per category • Consolidation of requirement basis geography • Collation of inbound partnership requests • Integration of universal vaccination list for each geography
Allocation and Partner Onboarding	• Identification of partners - local government/district administration/municipality • Approval process from administration • Finalisation of local government support • Focus areas shortlisted based on local government priority • Identify partners per geography for supply of vaccine • Vaccination procurement • Identify partners per geography for administering vaccination • Onboarding process for healthcare providers (Due diligence)

M&E Logic Model

Operational Area	Activities - Outputs
Vaccine Awareness Campaign and Administration Planning	• Awareness Creation: Content development and campaign • Mobilisation of the community • Maintaining a list of finalised camp attendees (continuous) • Finalisation and communication of partner role responsibilities
Vaccination Drive	• Vaccination drive set up with material and supply chain flow requirements • Vaccination drive site equipped up with relevant personnel and safety protocols • Onsite onboarding with verification of selection criteria and target profile match • Onsite CoWin registration and vaccination • Explanation about reactions post vaccination verbally and through IEC materials • Follow up with vaccinated populations

Learnings from the Field

Our key learnings from the Bengaluru pilot which enabled smooth implementation

Planning

- **Setting up clear processes**
  - An understanding of the dynamics of the area needs to be developed in advance through background checks
  - Alignment with the local government is vital

- **Communication**
  - The strategy should be communicated to everyone who partners with the team in the form of FAQs
  - External documents such as SoPs and trackers provide visibility and clarity to stakeholders

- **Transparency**
  - Diligent record of all camps must be maintained and M&E of the same must be followed
  - Vetting of the allocation algorithm by subject matter experts is essential for equitable distribution of the doses

Our key learnings from the Bengaluru pilot which enabled smooth implementation

Execution

- **Setting up clear processes**
  - A 5 day countdown is ideal with 5 to 8 follow-ups reiterating the roles and responsibilities of every partner.

- **Communication**
  - All communication with partners must be low intensity and high-frequency, especially with the Mobilization partner in particular.
  - The trickle-down of information in the partner organization must be documented and monitored. Example, from the zonal commissioner to the joint commissioner to the health officer to the ward level team (health inspector) or to the CEO or project lead to the field team.
  - A Whatsapp group with all calls documented and acknowledged by the partner is important to ensure there is no gap in communication. This needs to be reiterated.

- **Defining roles and responsibilities**
  - A call needs to be arranged before the camp with all the partners across campsites. This will help acquaint the team for the day. Example, for slum dweller camps, a conference call was be arranged with the UWB team, Clinikk team and the BBMP Health inspector to ensure alignment
  - Organizational or government hierarchy and terminology should be explained to all partners 2 days before the camp to have everyone acquainted with all representatives present

Thank You

Annexure

Important Documents

#	Name of the document	Description	Link
1	**Detailed standard operating procedure**	This document includes the set of step-by-step instructions followed by ACT in the implementation of their accelerated vaccination model	https://docs.google.com/document/d/1oEa0LlBmv6ZoR__MTDFanCh301aEyv9adIL7i6bvsJ0/edit?usp=sharing
2	**IEC Material for addressing vaccination hesitancy**	Contains information on what needs to be communicated to the beneficiary groups regarding: ○ Information about the vaccine ○ Information in case of vaccine hesitancy ○ COVID Appropriate Behaviour during and after vaccination: ○ Who can/cannot get a vaccine ○ Information for post-vaccination	https://docs.google.com/document/d/172GbHMj8nAD1t6v7fnpKjsd6VvQ3toJvab5gKJ1haa8/edit
3	**Government of India guidelines**	Guidelines from the central government for vaccination provision	https://docs.google.com/document/d/1sx4IwSMBY33BPifuo_Aq_QjHGOjSKt_Xq4Um2oZnifs/edit?usp=sharing