

## COMMUNITY CAMPAIGN BY A HILLY DISTRICT TO VACCINATE 100% OF ITS TRIBAL POPULATIONS

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### PURPOSE OF THE MISSION

The Nilgiris is a hilly terrain lying in the western ghats with around 500 tribal towns. It has a population of 7,21,949 and is home to 27,032 tribal people. Out of the 75 Particularly Vulnerable Tribal Groups in India, six groups reside in The Nilgiris district: Todas, Kotas, Irulas, Paniyas, Kurumas and Kattunayakans. Though the district had a much lower caseload during the first wave of COVID-19 compared to the state, the second wave saw four times the caseload of the first wave, affecting the tribal populations spread across the forests and hills of The Nilgiris. The Directorate of Public Health and Preventive Medicine (DPH & PM) of The Nilgiris then decided to undertake an initiative to achieve 100% vaccine coverage for the tribal populations on a priority basis. The decision was taken based on close observation and prevalent knowledge of their traditional and cultural practices. Culturally, these populations exhibit a closely knit community behavior. They live very close to each other, and majority of their cultural practices involve coming together or aggregating in groups. Hence, we believed they had increased risk for transmission of COVID-19. Additionally, they live in isolated pockets remote from health facilities and exhibit poor health seeking behavior, rendering them a specifically vulnerable group. With this rationale, we embarked on a challenging endeavor of vaccinating the tribal populations of The Nilgiris on priority basis during March to June 2021.

### STRATEGIES ADOPTED

In general, indigenous populations across continents have been observed to exhibit higher rates of vaccine hesitancy. The Nilgiris was not an exception. Hence, we adopted several strategies to pursue the mission.

#### Arrival of target:

We enumerated of the tribal populations and arrived at an appropriate target with the help of various departments

such as Adi Dravidar and Tribal Welfare Department, Department of Labour and Employment, including our Deputy Directorate of Health Services (DDHS).

#### Administrative support:

We made special requests to the Honourable Minister for Medical and Family Welfare, Principal Secretary for Health and Family Welfare, and Director of Public Health and Preventive Medicine to allocate additional vaccines for this purpose, which they kindly obliged to.

#### Interdepartmental Coordination:

To overcome manpower shortage and to ensure continued health services delivery during the pandemic, we resorted to a cross-sectoral effort involving the, Social Welfare and Women Empowerment Department, Adi Dravidar, and Tribal Welfare Department, and Local government Bodies. Volunteers from these departments played a crucial role in creating awareness and motivating the tribal population to get vaccinated.

#### Collaboration with local Non-Governmental Organisations:

Few NGOs like Nilgiris Adivasi Welfare Association (NAWA), Nilgiris Wynaad Tribal welfare Society (NWTWS), and Adivasi Munnetra Sangam (AMS) have been involved in providing health care services to the tribal population, even before the pandemic. We knew that their involvement was essential for this mission, as persuading people from tribal communities to get vaccinated was not going to be easy. Hence, we involved volunteers from these NGOs in social mobilization and sensitizing the tribal population towards COVID-19 vaccination. Apart from



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this, the NGOs also contributed by sharing infrastructure and other logistical resources to facilitate the vaccine drive.

#### **Vaccination in outreach mode:**

Considering the difficulty in mobilising the tribal populations to the nearest health centres, vaccination was done in an outreach mode. Teams consisting of doctors, staff nurses, village health nurses, health inspectors, and Accredited Social Health Activists (ASHA) traversed the wilderness of Nilgiris district, braving the rain and mist to take vaccines to the doorstep of the tribal people.

#### **Targetted vaccine drive:**

We resorted to a two-staged vaccine drive. In the first stage, we covered the mobile tribal communities in the higher altitudes, namely the Todas and Kotas. We targeted the tribal communities in the plateaus and valleys in stage two, who had the most vaccine hesitancy, namely the Irulas, paniyas, Kurumbas, and Kattunayakans. This was done due to logistics purposes and to tailor-make the campaign strategies based on their socio-cultural practices and beliefs.

#### **Challenges faced during the mission:**

1. Initial vaccine hesitancy exhibited by the tribal population was a significant challenge to the mission. This was amplified by fake news and fear-mongering on media. We sought the help of NGOs who have worked closely with the communities to tap into their culture. The NGOs, in turn, sought the help of the community leaders to address misconceptions around COVID-19 vaccines among their community members. The district administration also broadcasted the statements by the community leaders across the district and released short awareness videos in vernacular languages. Apart from this, the NGOs persuaded the community leaders to take the first jabs to instill vaccine optimism among the community members.

2. Most of the tribal people went out to work during the daytime. Some worked in specific places, while others' work nature required them to be mobile. Hence, we made a double attempt to cover these people by conducting camps at worksites and going to their homes at dusk after they returned from work. This made sure that both types of workers were covered.

3. Rugged terrain coupled with the inclement climate proved a challenge for vaccination outreach. The volunteers and healthcare workers had to take specific precautions and persist through the difficulties to achieve the mission. The district administration, local government bodies, and NGOs provided the much-needed solid and enthusiastic support in logistics and infrastructure to assist the field workers and ensure their safety.

4. There were some technical challenges during the mission. For instance, the absence of individual phone numbers was a challenge while registering them on the COWIN ( COVID Vaccine Intelligence Network) portal. We had to overcome them by registering the tribal people with the phone numbers of their respective ASHAs and volunteers. Due to network issues resulting from the outreach mission, the data collected by the field workers were duly submitted to the office of DDHS, The Nilgiris. They had to be entered in the COWIN portal by the staff positioned at the office of DDHS within the next 24 hours.

#### **The outcome of the mission:**

Out of the total tribal population of 27032, 21435 people were above 18 years, making them then eligible for COVID-19 vaccination. All the eligible beneficiaries other than those with medical contraindications have been vaccinated. Under the able guidance of the state government and the district administration, The Nilgiris district became the first district in Tamil Nadu to achieve 100% tribal population vaccination for COVID-19. This was indeed a community campaign, with coming together of different walks of the community to achieve this time-sensitive mission. We hereby, express our gratitude to the people of The Nilgiris for helping us materialize the mission's success.